



# Modular Integrated Curriculum 2K23

## Volume 02



Version 3.0

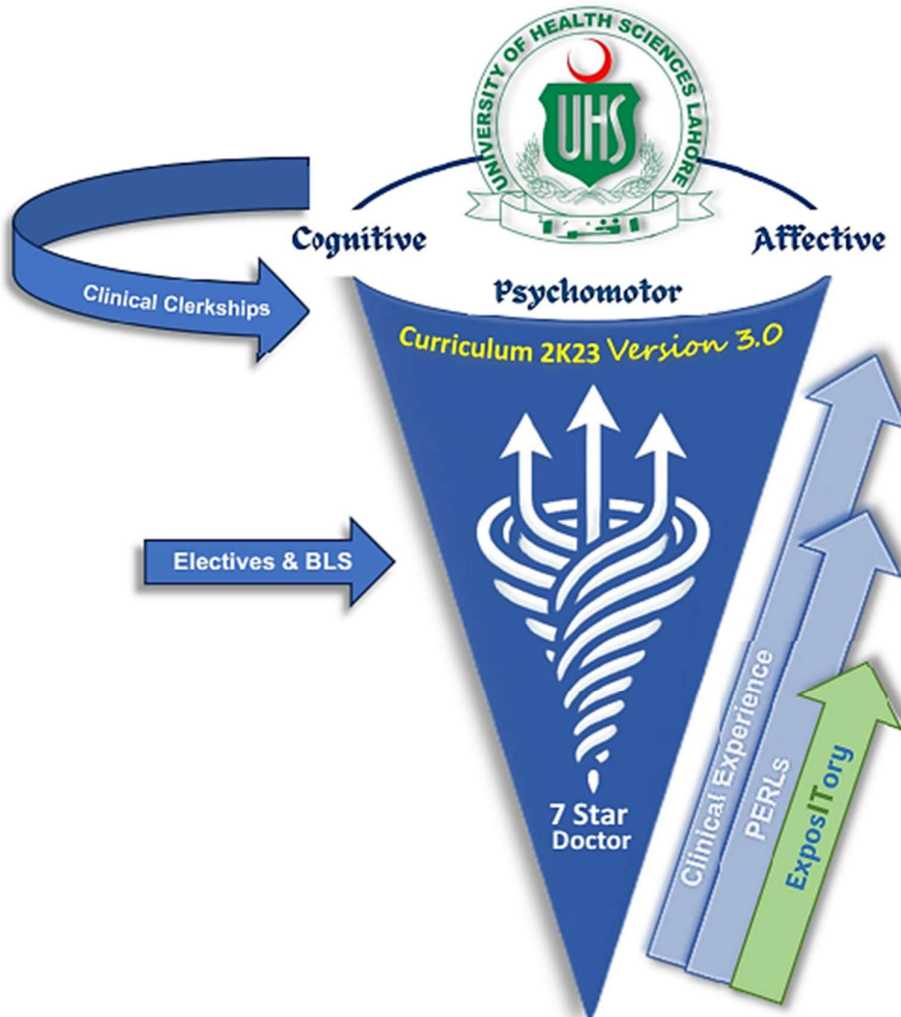


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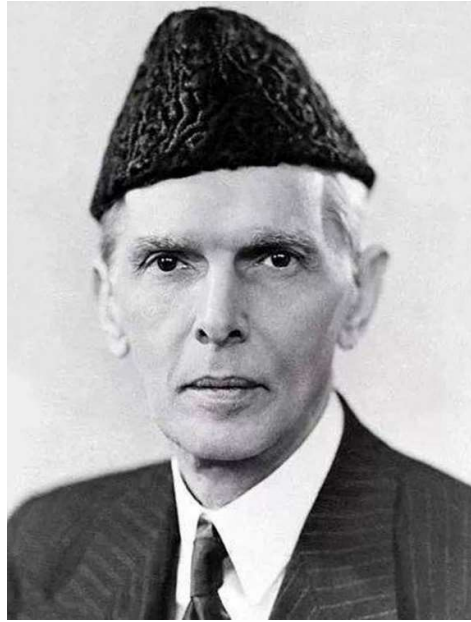
# Modular Integrated Curriculum 2K23

*version 3.0*





**SECTION-01**



Without education it is complete darkness and with education it is light. Education is a matter of life and death to our nation. The world is moving so fast that if you do not educate yourselves, you will be not only completely left behind, but will be finished up.

**Quaid e Azam Muhammad Ali Jinnah**

Islamia College Lahore 1945



GOVERNOR PUNJAB

## MESSAGE

The progressive step taken by the University of Health Sciences Lahore (UHS) to bring forth an integrated undergraduate curriculum for medical students is a much-needed and futuristic move. Curriculum 2K23 by UHS will prove to be a historical milestone for the healthcare academia, faculty of the medical colleges, and specifically for the students in translating theory into practice and in becoming educational leaders of global standards.

The curricular document is concise and systemized to embrace our rich professional heritage, to contextualize local practices, conform to international standards, and incorporate the existing educational and societal needs. The development and implementation of this modular integrated curriculum, proves that the UHS strives to serve as a platform for providing innovative thinking, global vision, and social responsibility through contemporary instructional methodologies and excellence in terms of standards of medical and healthcare education. Punjab, being the largest province of Pakistan, holds a unique position in terms of producing the maximum number of doctors who serve as the healthcare workforce for the nation as well as globally.

I envision our young doctors and students to be able to transform into research-oriented healthcare leaders with a holistic perspective in the education of today's world while developing values, attitudes, and skills to face the challenges of an interconnected world. In addition, this integration shall foster empathy in these graduates where they would be able to recognize, accept and internalize the paradigms of humanism, equality, and professional ethics.

I believe and wish that the newly introduced curriculum will contribute in achieving all these attributes and competencies for the benefit of our nation.

(MUHAMMAD BALIGH UR REHMAN)  
GOVERNOR PUNJAB



**University of Health Sciences Lahore** has a history to constantly reinvent and evolve for the benefit of its affiliated learners, upkeep of its standards and to lead the institutional strides as an internationally ranked university. The currently introduced '**Curriculum 2K23**' is yet another landmark for the greater good of the public health and an outreach to the future healthcare planning. I believe that by adopting the new curriculum all the beneficiaries and learners will be able to put the theory to professional action and excel globally in areas of research, public service, sustainable healthcare solutions and equitable healthcare services. A curriculum is always as good as the professionals adopting it. The dynamicity of a curricular document can only be achieved through the conjoint efforts of the trainers and the trainees. I am confident that these educational efforts based on the integrated curriculum will equip our young doctors for all the global challenges of environment related disease pattern, equity for marginalized, global health solutions and societal service.

**Professor Javed Akram, Tamgha-e-Imtiaz**

Minister of Health,  
Government of Punjab,

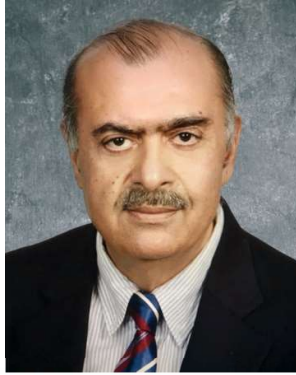
I congratulate the University of Health Sciences for crafting the second version of the newly implemented Integrated Modular **Curriculum 2K23**. The newly crafted Modular **Curriculum 2K23** is a comprehensive document with detailed competencies and outcomes that we want to see in our next yield of doctors. The inclusion of stakeholder input has made it a contextualized document and can address the health challenges of the province. Specialized Health Care & Medical Education Department promotes advanced and innovative educational efforts to enhance the quality of medical education. We endorse implementation in the true letter and spirit. Implementation of Curriculum 2K23 version 2.0 will prove to be a positive change for our students. I believe that University of Health Sciences will continue the flow of feedback and address the implementation requirements if any. I wish the University of Health Sciences Lahore and its affiliated institutes the best of luck in their pursuit of educational excellence.

**Mr. Ali Jan Khan**

Secretary

Specialized Health Care & Medical Education Department  
Government of Punjab, Lahore.





**Vice  
Chancellor**

**UNIVERSITY OF HEALTH SCIENCES LAHORE**

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## **MESSAGE**

I am thankful to Allah that the vision of structuring a standardized, comprehensive and implementable curriculum, has been fulfilled by the inception of Curriculum 2K23. The new curriculum has the potential to host futuristic educational strategies & methodologies.

University of Health Sciences Lahore commits to global trends and best practices of medical education and Curriculum 2k23 is a historical milestone to this claim. We have categorically made sure that the curriculum should embrace all the elements of cognition, skill acquisition, professionalism, ethics, research, and leadership. Such a comprehensive undertaking necessitated an approach which was 'integrated' and had strong 'clinical relevance' in the early years. We have made sure that the curriculum is designed in a way to address the needs and diversity of all our affiliated medical institutes for implementation. This diverse institutional conformity to the curriculum is the main strength, which will enable even our learners of the peripherally placed medical institutes, to benefit from the learning opportunities. Another strength of Curriculum 2K23 is its broad-based foundation which was laid down by the subject experts, medical educationists and healthcare leaders, representing our affiliate institutes. The collaborative effort and centripetal contributions by the team of dedicated professionals made Curriculum 2K23 possible and it will be implemented in true letter and spirit. I pay these leaders my gratitude for their untiring and selfless contributions towards completion of this curriculum in time.

We are confident that with this modular integrated curriculum, our affiliate institutes will be able to generate a yield of doctors who are equipped with competencies to cope up with professional challenges locally and globally.

**Prof Ahsan Waheed Rathore**  
**Vice Chancellor**  
**University of Health Sciences Lahore**



**University of Health Sciences Lahore**, in accordance with its vision, continuously endeavors to offer standardized, structured, and quality education to all its registered students through its affiliated institutes. Keeping all affiliate standards well gauged and educational standards finely calibrated UHS ensures the development of a competent, ethical, and skillful professional. ensures all these parameters meticulously. **Curriculum 2K23** has been drafted in accordance with the national and international standards of Basic Medical Education, thus having a futuristic stride and a local context. University of Health Sciences Lahore, being the custodian of the curriculum, will also manage, aid, govern, and dynamically refine the curriculum and its implementation.

We at the University of Health Sciences Lahore remain committed to the educational training, ethical grooming, and competency acquisition of all the registered learners who are the prime asset of UHS.

**Prof Nadia Naseem**  
Pro-Vice Chancellor  
University of Health Sciences Lahore



As a member of a well interwoven collaborative nexus of Medical Educationists, I am confident that Departments of Medical Education, of all the affiliated institutes will be able to professionally translate, academically implement and reap the intended benefits of **Curriculum 2K23**. The inculcation of the **Curriculum 2K23** intended outcomes for the future doctors, will keep our fraternities, our research work, our sustainable oriented role, our global healthcare contributions, and our humane potentials, at par with the international requirements.

The process of development included revisiting our practices, contextualizing the global standards, incorporating the existing norms, and onboarding the cognitive leads of the profession and onboarding the cognitive leads of the profession.

Medical Educationists using their professional potential and through the latitude offered in **Curriculum 2K23** can easily steer the educational strategies in accordance to their institutional vision. Levitating the institutional work potential while calibrating the learners process for high order yield, has already been embedded in the curriculum's design by the academic leads. All these have to be utilized for learner's benefit by a meticulous adoption of the curriculum by the healthcare leaders.

**Lt. Col. ( R ) Dr. Khalid Rahim Khan, Tamgha-e-Imtiaz ( M )**

Director Medical Education & International Linkages  
University of Health Sciences Lahore



### **Vision Statement**

UHS is a leading University aiming to keep its graduates apt with the ever emerging global health challenges evolving educational methodologies and emerging technological advancements to maintain its distinguishable position as a Medical University.

### **Mission Statement**

UHS shall continue to strive for producing a human resource par at excellence to cater for the health needs of the people of Punjab and Pakistan.



# **TABLE OF CONTENTS**



**Curriculum 2K23 Version 3.0**  
**Volume-01**

**TABLE OF CONTENTS**

Section	Content	Page No.
1	Vice Chancellor's message	9
	Pro-Vice Chancellor's message	10
	Vision & Mission	12
	List of Contributors	17
2	Foreword to Curriculum 2K23 <i>version 3.0</i>	31
3	Curriculum Framework	39
4	Competency Framework	42
5	Preamble	50
	List of Abbreviations	74
6	<b>Year-1 Modules</b>	84
	<u>Block-1</u>	85
	i. Foundation-I	86
	ii. Hematopoetic & Lymphatic	123
	<u>Block-2</u>	136
	iii. Musculoskeletal & Locomotion-I	137
	<u>Block-3</u>	170
	iv. Cardiovascular-I	171
v. Respiratory-I	193	
7	The Holy Quran	214
	Islamiyat	223
	Pakistan Studies	224
	Civics	226
8	Institutional Implementation Recommendations	233
9	Assessment Policy	245
	Table of Specifications	257
10	List of Resources	264
	Guidelines for 'Institutional Study Guides'	269
11	Feedback proforma and process	274
	<b>List of Annexures</b>	280
	CFRC-I	281
	PERLs-I	341
	Expository-I	381
	Portfolio-I	387
	Skill Acquisition Workshops	424

**Curriculum 2K23 Version 3.0**  
**Volume-2**

# TABLE OF CONTENTS

Section	Content	Page No.
1	Vice Chancellor's message	9
	Pro-Vice Chancellor's message	10
	Vision & Mission	12
	List of Contributors	17
2	Foreword to Curriculum 2K23 <i>version 3.0</i>	28
3	Curriculum Framework	36
4	Competency Framework	39
5	Preamble	47
	List of Abbreviations	70
6	<b>Year-2 Modules</b>	75
	<u>Block-4</u>	76
	vi. GIT & Nutrition-I	77
	vii. Renal-I	101
	<u>Block-5</u>	117
	viii. Endocrinology & Reproduction-I	118
	ix. Head & Neck, Special Senses	147
	<u>Block-6</u>	167
	x. Neurosciences-I	168
	xi. Inflammation	186
	7	The Holy Quran
Islamiyat		211
Pakistan Studies		211
Civics		214
8	Institutional Implementation Recommendations	221
9	Assessment Policy	233
	Table of Specifications	245
10	List of Resources	252
	Guidelines for 'Institutional Study Guides'	257
11	Feedback proforma and process	262
	<b>List of Annexures</b>	269
	CFRC-II	270
	PERLs-II	334
	Expository-II	376
	Portfolio-II	382
	Skill Acquisition Workshops	420

**Curriculum 2K23 Version 3.0**  
**Volume-3**

**TABLE OF CONTENTS**

Section	Content	Page No.
1	Vice Chancellor's message	6
	Pro-Vice Chancellor's message	7
	Vision & Mission	9
	List of Contributors	14
2	Preamble	30
	Student Engagement	36
	Creating a Conducive Clinical Culture <i>for the students</i>	38
3	Curriculum Framework	51
4	List of Abbreviations	54
5	<b>Year-3 Modules</b>	64
	<u>Block-7</u>	65
	xii. Foundation-II & EBM	66
	xiii. General & Clinical Pharmacology	82
	xiv. Hematopoetic, Immunity & Transplant	92
	xv. Forensic Medicine & Toxicology-I	106
	<u>Block-8</u>	119
	xvi. Neoplasia	120
	xvii. Infectious Diseases	131
	xviii. Musculoskeletal & Locomotion-II	156
	xix. Forensic Medicine & Toxicology-II	181
	<u>Block-9</u>	195
	xx. Cardiovascular-II	196
	xxi. Respiratory-II	212
	xxii. Community Medicine & Family Health-I	233
xxiii. Forensic Medicine & Toxicology-III	251	
6	Institutional Implementation Recommendations	276
7	Assessment Policy	288
	Table of Specifications	298
8	List of Resources	302
	Guidelines for 'Institutional Study Guides'	307
9	Feedback proforma and process	312
	<b>List of Annexures</b>	318
	CFRC-III	319
	PERLs-III	340
	Expository-III	380
	Portfolio-III	385
	Skill Acquisition Workshops	431





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04	Cardiovascular- I	Dr. Noor i Kiran and Dr. Khalid Rahim Khan
05	Respiratory - I	Dr. Rafia Minhas and Dr. Noor i Kiran
06	GIT and Nutrition – I	Prof. Shahid Sarwar and Dr. Remsha Mustafa
07	Renal – I	Dr. Abeer Anjum
08	Endocrinology and Reproduction-I	Prof. Irum Manzoor and Prof. Alia Bashir
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## CURRICULUM LEADS

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Vice Chancellor, UHS**

**Prof. Nadia Naseem,  
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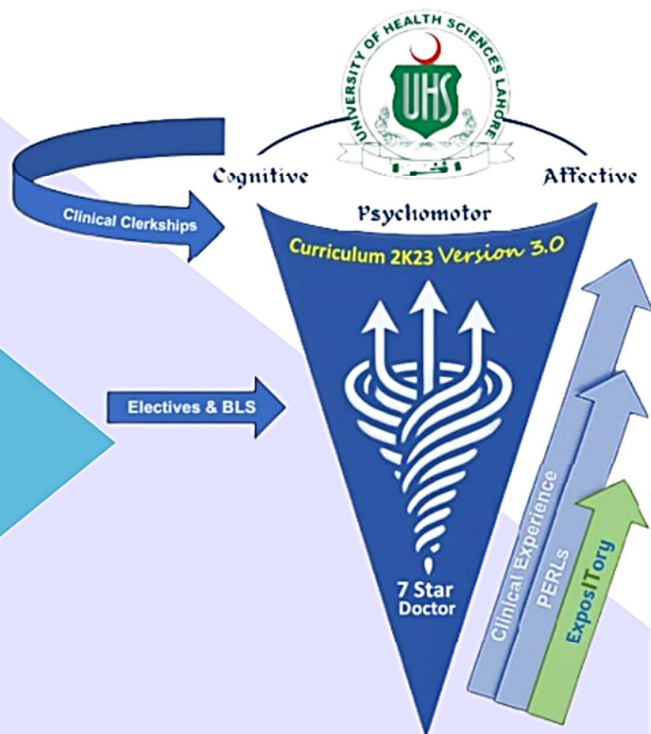
## *Creative Design Version 3.0*

1	Ms. Shehla Noor
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# University of Health Sciences Lahore



## Foreword to Curriculum 2K23 Version 3.0

# Experiential Learning & the Feedback Process

**Curriculum 2K23** is a live document. It was developed with the cognitive insight of experienced subject experts and skilled medical educationists, dedicated to the process of designing an integration which is practical and inclusive of all contextual elements.

The implementation process of the **Curriculum 2K23** was backed by two significant elements. The primary being the intensive faculty training at the inception through workshops and written guidelines. Secondly the continuous feedback from all the stakeholders.

Initial faculty development trainings were done across the affiliate colleges by the team of medical educationist who were involved in the principal designing and a reach out with the subject experts at the time of the development. These multiple interactions between the stakeholders not only ensured the comprehensiveness of the document but also guaranteed the validity of the content drafted. The framework of the designing process itself was authentication to the validity of the document.

Second significant aspect that was grounded into the process of development was to ensure a continuous feedback channel. Section 12 of **Curriculum 2K23** had a detailed but easy process of providing feedback regarding any aspect of the curriculum. All potential stakeholders had an easy and free access to the curriculum feedback channel. Over this last year, we have actively sought feedback from every tier of our learner community and engaged with stakeholders to ensure that the curriculum reflects the evolving needs of our students, faculty, and the community disease patterns at large.

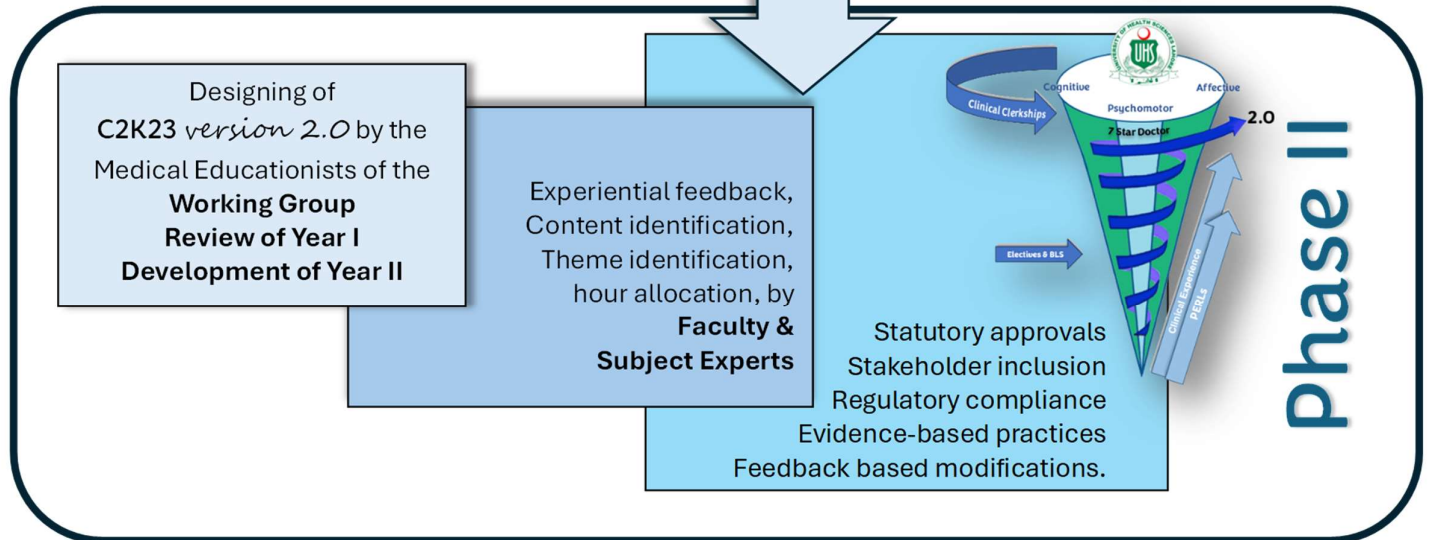
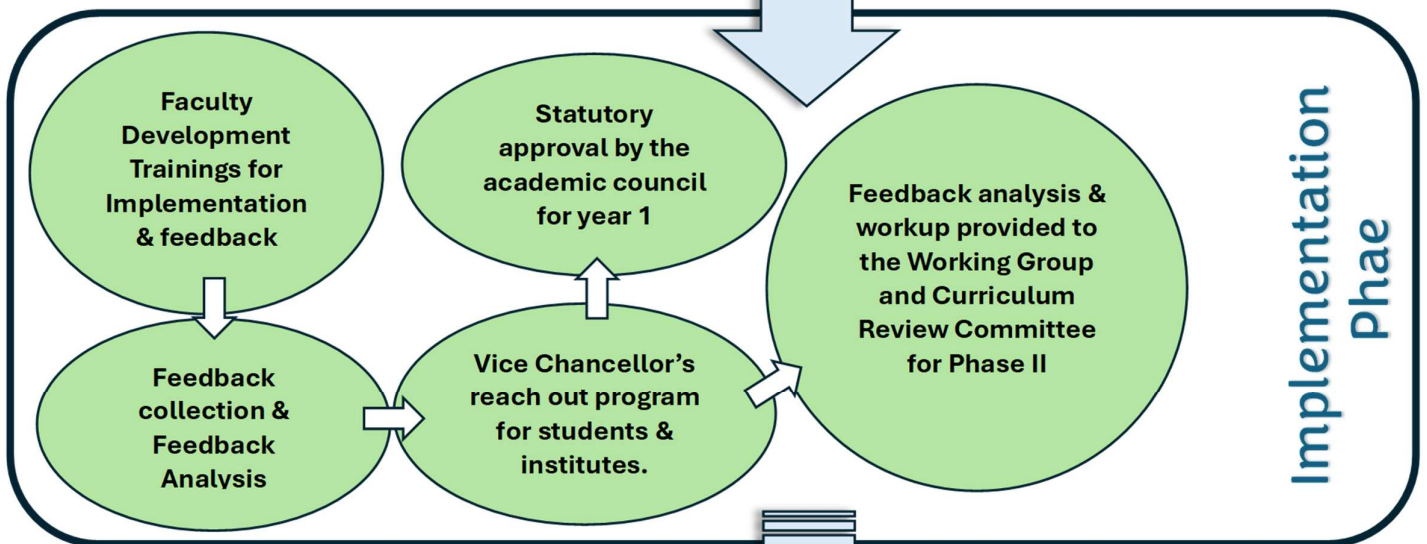
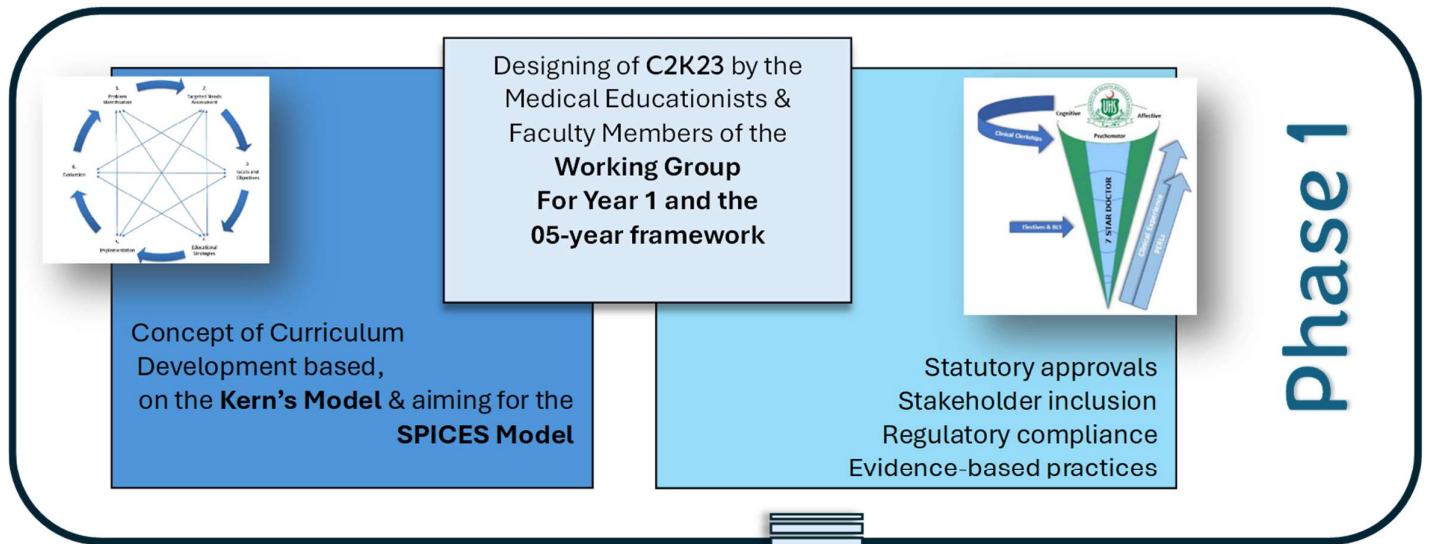
**Vice Chancellor, University of Health Sciences Lahore**, was meticulous regarding the structure, content, usability, feasibility, interpretation and familiarity by the end-users, the students. He adopted a methodology to himself reach out to the students and have one-on-one feedback. Students were called over from different colleges for meetings in a frank, conducive and informal way also to the university for their candid opinions, possible problems and suggestions for improvement. SPICES model of curriculum development holds 'student-centeredness', as a primary feature, so does Curriculum 2K23. The open channels for feedback have allowed us to hear diverse perspectives, understand concerns, and incorporate valuable insights into the new version of the curriculum.

The department of medical education at the University of Health Sciences Lahore has a dedicated cell for the analysis of feedback received, ensuring timely submission of the results of the block exams and collection of the study guides as well as instructional materials for archiving. After analysis of the feedback received it was further processed in one of the two patterns. If the analysis proved an action requiring an immediate incorporation into the curriculum, then a statutory process for approval by the board of studies and the academic council was started. All other analyzed feedback was categorized, and solutions were

developed through the same set of medical educationists of the 'Working Group'. The feedback and their suggested solutions were put up the review committee, subject experts, working group and the university's senior tier, for further changes and additions.

With all these actions of student centeredness, feedback collection, feedback analysis, continuous stakeholder input and transparent process of approval, the validity and viability of the **Curriculum 2K23** was continuously ensured. The experiential learning in the last one year was primarily for all the stakeholders at different points of development and implementation.

**LT. COL.(R) DR. KHALID RAHIM KHAN TI (M)**  
Director Medical Education & International Linkages  
University of Health Sciences Lahore



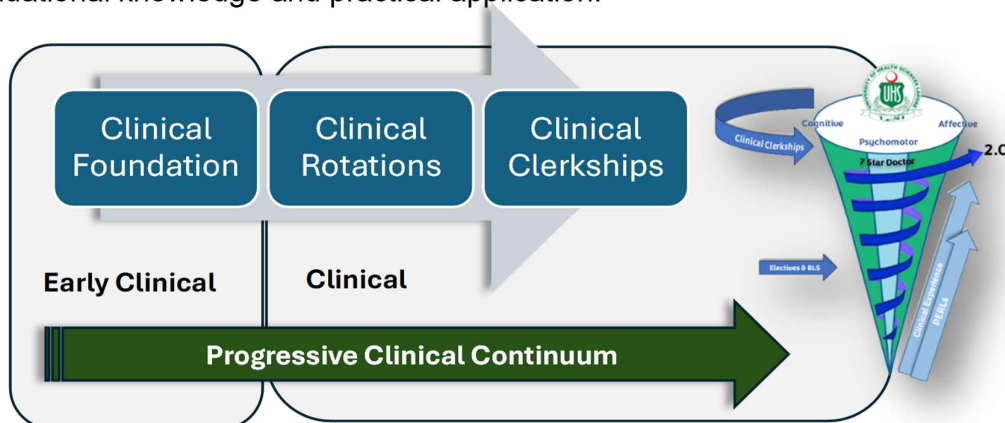
## Preamble to Curriculum 2K23 version 2.0

**Curriculum 2K23 version 2.0** is ready for implementation. As previously this version has also been developed and designed through a structured process for stakeholder inclusion, validation, content identification, impediment rectification, feedback analysis, and contextualization.

**Curriculum 2K23 version 2.0** has been refined and calibrated from the end user's perspective which is the 'student'. An elaborate effort was made all along the year to extend the openness of feedback to the faculty members who were busy engaging in the challenge of transitioning to a modular integrated practice of education. Our experiential learning has led us to a better concept of contexts for the curricular updates. Building upon the success of our initial year of implementation, this revised curriculum is a testament to our commitment to excellence, adaptability, and continuous improvement in medical education. The process of improvement owes its gratitude to our dedicated subject experts, medical educationists & the curriculum review committee, who played a pivotal role in analyzing and responding to the feedback received. Through meticulous deliberation, we have integrated suggestions that enhance the overall quality and relevance of the curriculum. Few components of pathology section edited.

The Curriculum Review Committee, comprising seasoned professionals, was instrumental in the final drafting of the curriculum. Their expertise and insights have ensured that the curriculum aligns seamlessly with the current trends in medical education and addresses the evolving needs of the healthcare landscape.

In addition to refining existing components, we have introduced new features to further enrich the learning experience for our students. The pre-clinical year competency framework is the standard that the University expects the student to achieve before entering to the clinical rotation years. The first two years also had a clinical orientation through the 'Clinical Foundation' segment of C-FRC. However, this level of sub competencies described in the next section will enable the student to have an enriching experience when s/he enters the rotations for all clinical disciplines in the next year. A significant highlight of this integrated curriculum is the proposed competency framework for the pre-clinical years. This framework is designed to empower students to seamlessly apply their knowledge of basic medical sciences to problem-solving scenarios in clinical years and clerkships. It serves as a bridge that ensures a cohesive transition between foundational knowledge and practical application.





Recognizing the challenge of transitioning the **Curriculum 2K23 version 2.0** has been designed to facilitate continuity and depth in the educational journey.

Simultaneously, the **University of Health Sciences** has undertaken exam reforms to introduce more standardized and structured assessments. These reforms, complementing the new curriculum, aim to provide a comprehensive evaluation framework that aligns with the competencies expected from medical professionals.

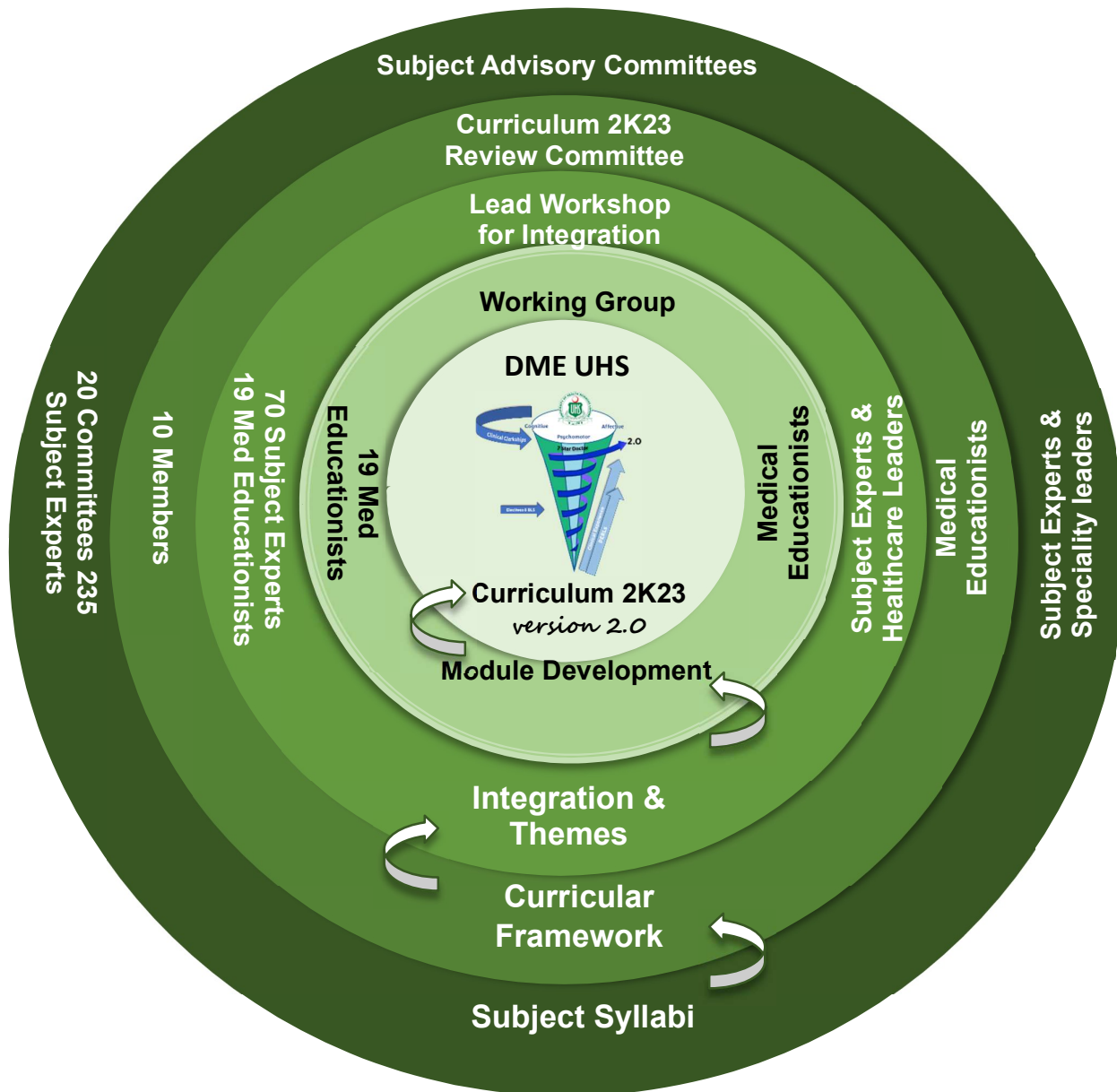
To maintain the integrity of individual disciplines, special attention has been given to preserve the identity of each subject within the integrated framework. This approach guarantees that no discipline is marginalized or overshadowed by others during the integration process.

Lastly, resource identification is a cardinal aspect of our curriculum development. We aim to align the understanding of content and assessment requirements among faculty, examiners, paper setters, and, most importantly, our students. This shared understanding will contribute to a more cohesive and effective learning environment.

In conclusion, this integrated curriculum stands as a proof to our collective commitment to advancing medical education. It is the result of collaboration, feedback, and a shared vision for excellence.

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Director Medical Education & International Linkages  
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# Iterative Model of Curriculum Development by UHS for Phase 2



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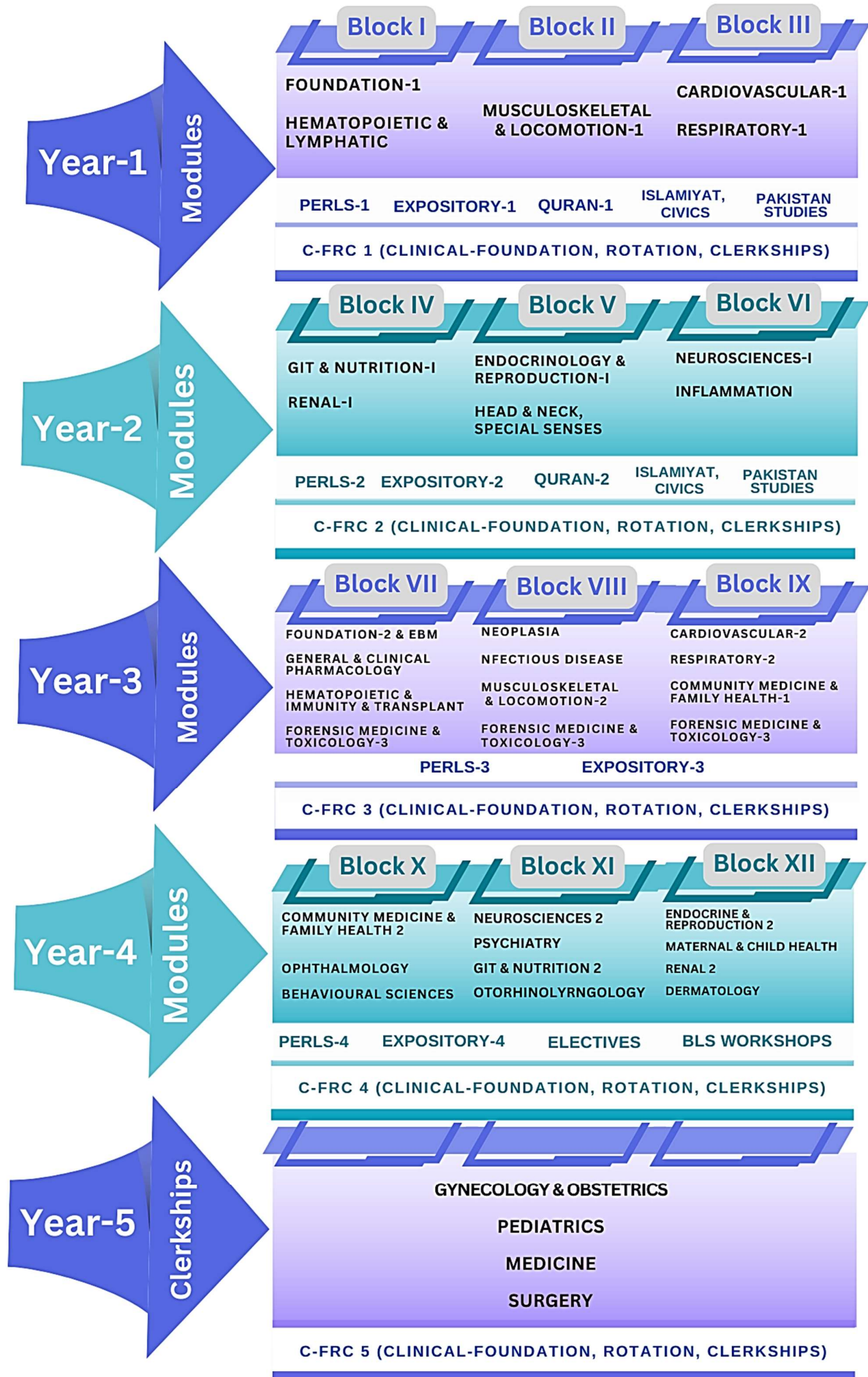




# **CURRICULUM FRAMEWORK**



# Curriculum 2K23 Version 3.0 Framework







# **COMPETENCY FRAMEWORK**

## **EARLY CLINICAL YEARS 1 & 2**



**Curriculum 2K23** *version 2.0* has been purposefully developed and using the expertise of a group of medical educationists from the affiliated colleges, with the input of subject experts & healthcare leaders to have outcomes which are not only locally contextualized but also globally acceptable. With the final professional profile as the foundational underpinning for a framework, the need for precisely defined competencies and outcomes becomes a must.

**University of Health Sciences Lahore** emphasizing on the knowledge base, attributes, professional behaviours, and skills set that the yield of the doctors which are brought forth into the healthcare landscape of the country possess at the time of graduating from its affiliated colleges.

A competency is a blend of background knowledge, skills, and attitude that enables a professional to perform as a job requirement.

The competency framework defined during the development of **Curriculum 2K23** *version 2.0* has further been categorized into the competencies and behavioral descriptors required to enter the clinical segment of the competency continuum and the exit competencies at the end of the 5-year program.

Current edition of **Curriculum 2K23** *version 2.0* contains the competency framework for the preclinical years. This framework elaborates the competencies, sub competencies and their behavioral descriptors which the student must possess before entering the clinical years. The module and assessments of the C-FRC and the early clinically oriented activities that have commenced in the first two years will help steer the students to achieve these goals.

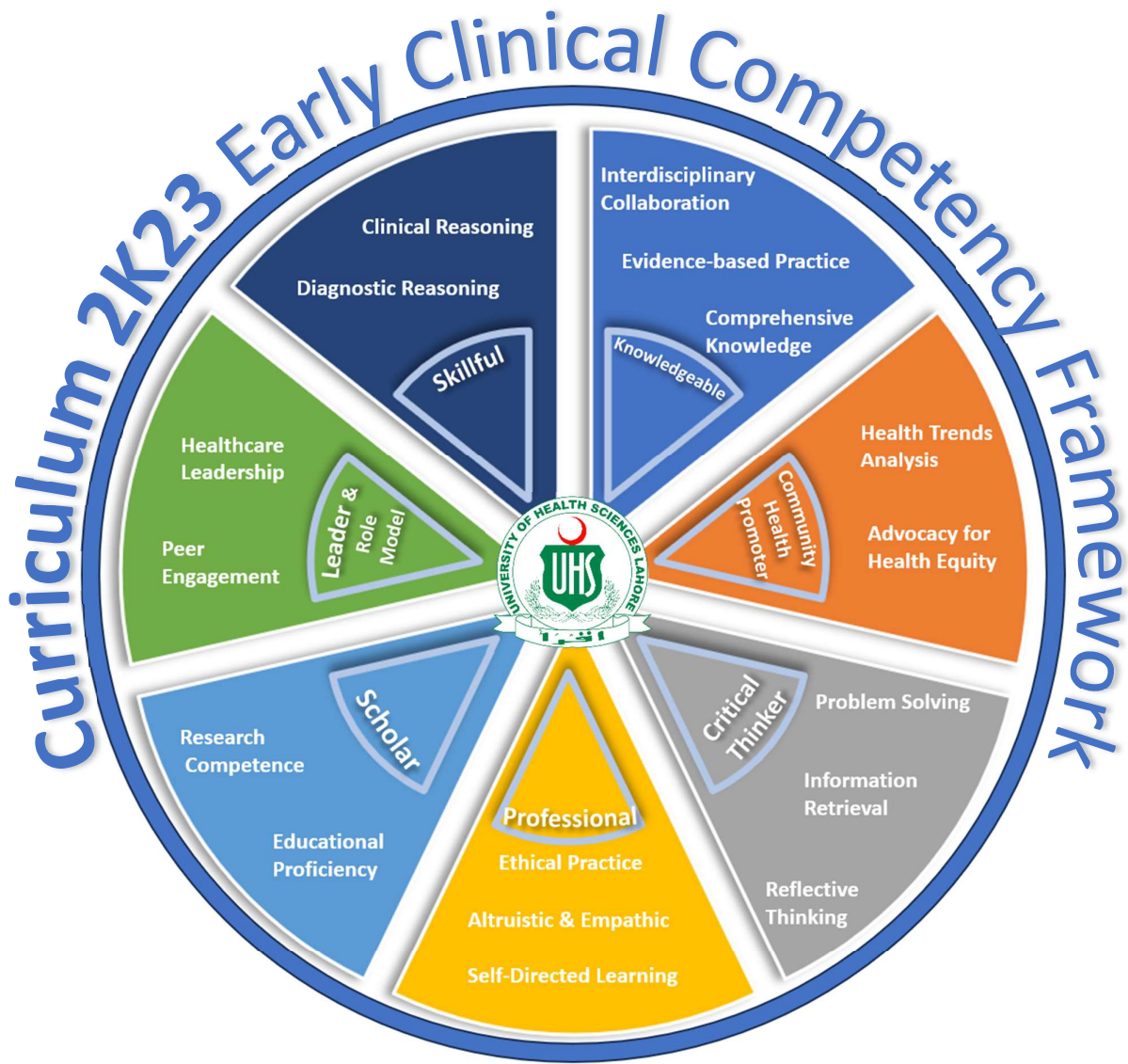
Competency framework anchors the professional requirements, training benchmarks and societal expectations in a concise manner. The relatable aspect of attainment sets the path for the institutional implementation. The students should be capable of a deeper understanding of the concepts of competencies and what professional requirements do they need to fulfill before every next stage of their educational journey and skill acquisition. The departments of Medical Education should not only endorse these expectations but should also help establish a culture of professing to the community and stakeholders for an upkeep of laid down standards. The professed standards defined by the regulatory authority, community or religious integrity.

The current chapter contains the competency framework for the 'Preclinical' years, only. This may serve as a base guideline framework for the institutional designing for their undergraduate training protocols. The sub competencies and their behavioral descriptors are all aligned to the requirements of the 7-star doctor which has been defined by the national regulatory authority and mentioned verbatim in chapter 5. The same set of sub competencies and their behavioral descriptors will diversify into the attributes, clinical



competencies, and sub competencies for the remainder of the competency framework which will follow in the next and final version.

The current framework scopes the behaviour requirements and attributes to be achieved. However, all the affiliate institutions have the latitude to further define the sub competencies and their behavioral descriptors to be achieved, based on their own institutional core values and ideology.



**Core Competencies & Sub-Competencies to be achieved before entering the Clinical Years**

Competency	Sub Competency	Behavioral Descriptors for Early Clinical Years
Skillful	Clinical Reasoning	<ol style="list-style-type: none"> <li>1. Demonstrate the ability to apply fundamental scientific knowledge to clinical scenarios, such as patient histories and hypothetical case presentations showcasing the integration of theoretical learning into practical clinical reasoning.</li> <li>2. Critically assess and evaluate existing medical literature and research to inform decision-making in hypothetical patient scenarios during preclinical case studies.</li> <li>3. Engage in collaborative problem-solving exercises with peers, actively participating in preclinical problem-based discussions to enhance clinical reasoning skills through dialogue and debate.</li> </ol>
	Diagnostic reasoning	<ol style="list-style-type: none"> <li>1. Apply foundational knowledge from basic sciences to critically evaluate the clinical scenarios, to formulate differential diagnoses during preclinical case discussions.</li> </ol>
Knowledgeable	Holistic Understanding and Comprehensive Knowledge	<ol style="list-style-type: none"> <li>1. Demonstrate a thorough understanding of normal and abnormal structures and functions of the body.</li> <li>2. Apply comprehensive knowledge in identifying molecular, cellular, biochemical, and physiological mechanisms.</li> <li>3. Evaluate the impact of growth, development, and aging.</li> <li>4. Explain the various etiological causes and causative agents for specific injuries, illnesses, and diseases.</li> <li>5. Identify and analyse biological and social determinants and risk factors of diseases.</li> <li>6. Recognize and explain patterns of normal and abnormal human behavior</li> </ol>
	Synthesis of Interdisciplinary Knowledge	<ol style="list-style-type: none"> <li>1. Integrate knowledge from various medical disciplines to inform hypothetical clinical decision-making and synthesize information for a comprehensive understanding of hypothetical patient cases.</li> <li>2. Apply a holistic approach by considering the interconnectedness of biological, social, and psychological factors in theoretical healthcare scenarios, and propose integrated solutions to hypothetical clinical problems using interdisciplinary knowledge.</li> </ol>
	Evidence Based Practice	<ol style="list-style-type: none"> <li>1. Critically assess and evaluate existing medical literature and research to inform decision-making in hypothetical patient scenarios during preclinical case studies.</li> <li>2. Integrate knowledge from various scientific disciplines to develop comprehensive and evidence-based explanations for medical phenomena encountered in preclinical coursework.</li> </ol>

<b>Community Health Promoter</b>	<b>Health Trends Analysis</b>	1. Critically review scientific literature to stay informed about health trends.
	<b>Advocacy for Health Equity, Promotion, and Prevention</b>	1. Engage in discussions on health disparities and social determinants of health. 2. Demonstrate an understanding of community health concerns
<b>Critical thinking</b>	<b>Information Retrieval</b>	1. Seeks information from various academic sources, including textbooks, research articles, and online resources.
	<b>Problem solving</b>	1. Critically assesses experimental data during laboratory sessions, showing attention to detail and an understanding of its relevance to medical concepts. 2. Demonstrates effective identification and analysis of medical issues during case-based and problem based discussions. 3. Applies logical reasoning to propose viable solutions in problem-solving exercises. 4. Displays adaptability in integrating knowledge to address complex medical challenges. 5. Shows proficiency in utilizing evidence-based strategies to resolve clinical puzzles during preclinical training.
	<b>Reflective Thinking</b>	1. Sets specific learning goals, creates plans to achieve them, and reflects on progress regularly. 2. Reflects on problem-solving processes, identifying strategies that were effective and areas for refinement.
<b>Professional</b>	<b>Self-directed Learning</b>	1. Regularly evaluates personal academic progress and adjusts study strategies accordingly. 2. Actively engages in collaborative peer study groups to enhance learning. 3. Demonstrates effective use of technology to manage and organize study materials.
	<b>Altruistic and Empathetic:</b>	1. Displays empathy and understanding in peer, faculty, and staff interactions.
	<b>Ethical Practice</b>	1. Demonstrates self and professional accountability, honesty, and ethical behaviour. 2. Uphold principles of academic integrity in all coursework. 3. Consistently exhibits professional conduct, respecting academic and ethical standards, serving as a positive example for classmates.
<b>Scholar</b>	<b>Research Competency</b>	1. Displays foundational skills in research, including the identification of researchable problems, formulation of clear research questions, and engagement in literature reviews, setting the groundwork for future research endeavors.

	<b>Educational Proficiency</b>	<ol style="list-style-type: none"> <li>1. Demonstrates consistent high performance in coursework, showcasing a deep understanding of foundational medical sciences during preclinical years.</li> <li>2. Actively engages in self-directed learning, displaying a strong commitment to mastering educational content and fostering a solid academic foundation in the early years of MBBS.</li> </ol>
<b>Leader and Role Model</b>	<b>Healthcare Leadership</b>	<ol style="list-style-type: none"> <li>1. Demonstrating effective communication and teamwork skills during PBLs, simulations or practical sessions.</li> <li>2. Actively seeks collaboration on group projects, fostering teamwork and collective problem-solving skills.</li> </ol>
	<b>Peer Engagement</b>	<ol style="list-style-type: none"> <li>1. Actively seeks opportunities to assist peers in understanding complex medical concepts, displaying a collaborative and supportive attitude that fosters a culture of shared learning and growth.</li> </ol>

## Institutional Implementation

**Curriculum 2K23 version 2.0** requires to be implemented by all institutions based on their own unique identity but with true letter and spirit.

Competency framework should be adopted, translated, and implemented through all the methodologies and integrated into all the educational processes of the institutions.

The pre-clinical competency framework will serve as the main scaffold for developing the clinical competencies and clerkship related attributes. So, the significance of implementing this is foundational for developing a seven-star doctor.

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**PREAMBLE**

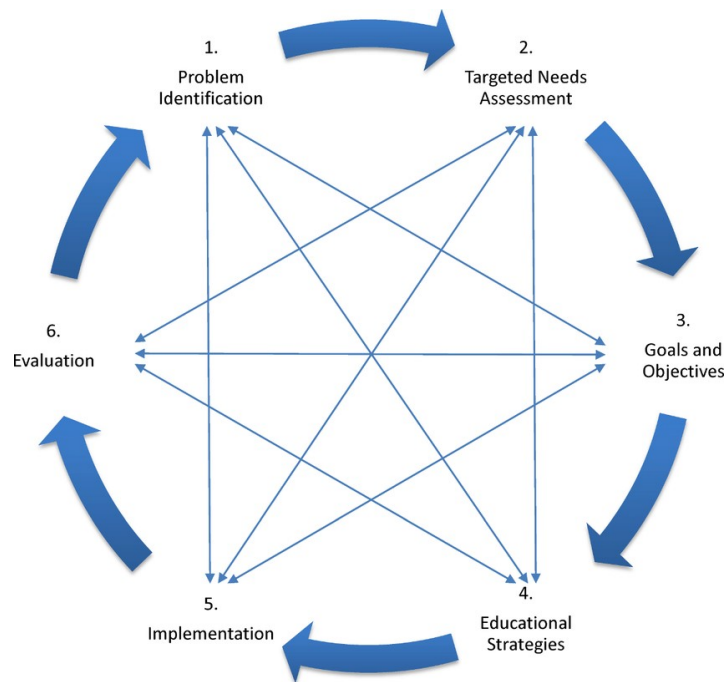


# Introduction

A curriculum that is responsive to societal changes is necessary for positive development and growth of students. It is thus crucial to continually assess and update the curriculum through program evaluations and revamping to fulfill the goal of creating exceptional education program. The medical field provides an excellent example of the need for continual up gradation of the curriculum as the definition of disease itself has evolved over time. Disease was previously defined as a physical change in organ; however, this understanding has now expanded to include the multifaceted influence of social, psychological, and cultural factors on health.

To achieve the mission of producing a seven-star doctor having the generic competencies of “Skillful, Knowledgeable, Community Health Promoter, Critical Thinker, Professional, Scholar, Leader and Role Model”, The **University of Health Sciences Lahore**, is introducing a modular integrated undergraduate curriculum for its constituent and affiliated medical colleges. These competencies are further outlined by various enabling traits specifying knowledge, skills, and attitude.

Our concept and process of curriculum development is grounded in the Kern’s model for medical curriculum development.



*Figure. 1*

## *Kern’s Cycle of Medical Curriculum Development*

The purpose of integrated modular curriculum is to encourage the students to think as doctors from the day they enter medical school. In vertical integration approach, basic science learning is placed in the context of clinical and professional practice along with behavioral sciences, thus leading to a broader conception of ways to teach and learn medicine. Overlap of content in different subjects hampers the pace of concept development and increases reluctance to learning. This must be curtailed through integrated approach. Readiness of knowledge availability is



another factor which encourages a priority of knowledge acquisition in the formal undergraduate settings. Such calibrations and refinement through an integrated approach prioritizes core concepts and the 'must know' principles for a student.

## **Role of University of Health Sciences Lahore**

**University of Health Sciences Lahore** is a public sector internationally ranked university with a QS ranking of #651-670. Since its inception in October 2002, it has come a long way in terms of training healthcare professionals, developing educational disciplines and contributing to the healthcare infrastructure of the province. University of Health Sciences Lahore (UHS) is a vibrant, internationally recognized, student-centered, research university with 128 colleges and institutes affiliated and around 106,916 undergraduate and 9157 postgraduate students registered with it.

It was the first dedicated health sciences university established in the province with a vision to bring qualitative and quantitative revolution in medical education and research through evolution. Almost all the public and private medical and dental colleges of the Punjab province are affiliated with UHS.

The University is focused on delivering high-quality instruction in Basic Medical Sciences, revitalizing the essential fields of Nursing and Allied Health Sciences, pioneering courses in Medical Education, Human Genetics, Behavioral Sciences, and fostering indigenous research activities through its state-of-the-art laboratories and the Research and Development center. It is one of the five main degree awarding institutes of the country and the Degrees awarded are recognized by the HEC & PMDC.

University of Health Sciences Lahore (UHS) bears the onus of the structured accredited training, and skill acquisition of the students for MBBS in the province. A constant upkeep in terms of the content identification, structured framework of training, enlisting tangible resources and inculcation of newer methodologies for faculty trainings is undertaken.

University of Health Sciences Lahore (UHS) being the degree awarding institute ensures that the learning outcomes are achieved by respective medical colleges before the students are assessed by exit exams. The clarity of assessment policy aligned with the program outcomes endorses the transparency of the assessment and structured training of the graduates.

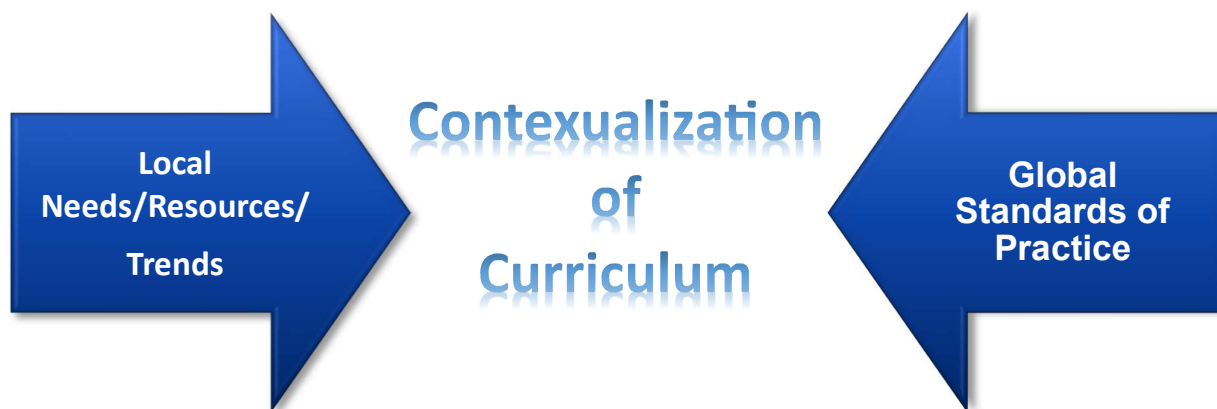
University of Health Sciences Lahore (UHS) endorses, patronizes, guides, and monitors all educational standards for the benefit of the principal stakeholder and the main beneficiary of the entire process which is the 'student'.

## **Rationale & Need for Contextualization**

**University of Health Sciences Lahore** is a dynamic institution having a vision for conforming to any global health standards and is ever evolving for any newer innovative methodologies. Since its inception in 2002 the University of Health Sciences Lahore has catered for the affiliation protocols, faculty development and institutional practices.

Contextualization in the curriculum refers to the process of integrating the local needs and global standards into the curriculum. It ensures that the curriculum is relevant to the needs of the local community, while also meeting the global standards.

In the context of health professionals, contextualization is essential as it helps students to be better prepared for the real world, where they will be providing healthcare services to diverse populations.



Content identification, contextualization, and validation at the time of curriculum development requires consideration of the local needs and global standards simultaneously, by the relevant leaders and experts. To achieve this, University of Health Sciences Lahore involved the subject experts and medical educationists. The university plans to have an input from all the local stakeholders. This will help to ensure that the curriculum meets the currently required needs.

#### **Why Contextualization is Required for Pakistan Where Old Discipline-Based Curriculum is Used?**

In Pakistan, where an old discipline-based curriculum is used, contextualization is required to ensure that the curriculum is relevant to the needs of the local community. The need for contextualization in curriculum development in Pakistan is evident due to the country's unique healthcare challenges such as the high burden of infectious diseases, malnutrition, and maternal and child mortality, in addition to the socioeconomic factors. The high burden of communicable and non-communicable diseases, limited healthcare resources, and cultural and linguistic diversity require a tailored approach to medical education.

#### **How Contextualization of Curriculum Will Affect the Performance of Graduates?**

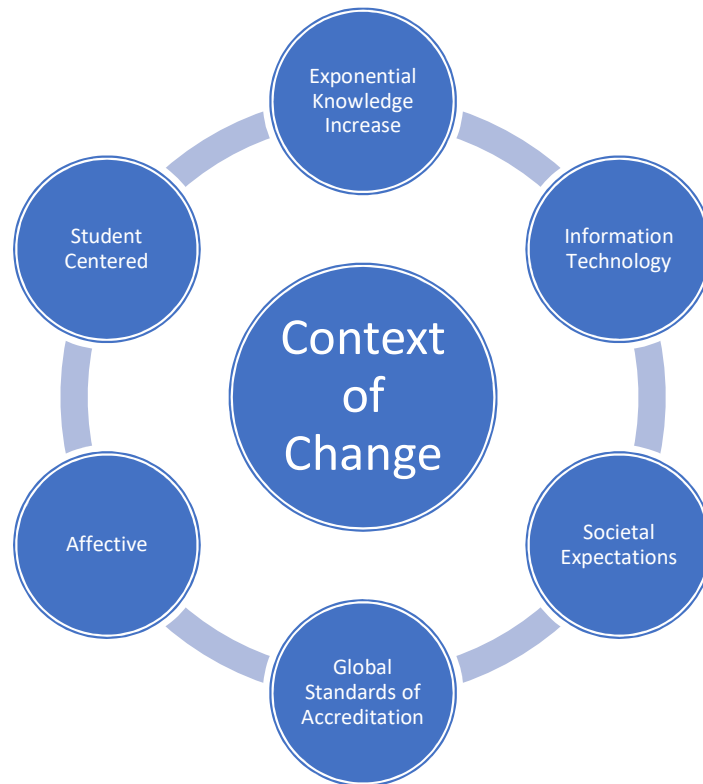
Contextualization of the curriculum is likely to have a positive impact on the performance of graduates. By integrating basic and clinical subjects, by having early clinical orientation, by developing an understanding of the context of learning with the practical approach the graduates will be better prepared to address the health challenges in their local communities. This will improve their competence, confidence, and ability to provide high-quality healthcare services to diverse populations.

# Context Facets of Curriculum 2K23

**University of Health Sciences Lahore** believes in the globally accepted best practices for any formal undertaking of development. All the processes of syllabi identification, thematic structure, content validation and contextualization of curricula a structured process was designed by the Department of Medical Education UHS. The scaffolding principle of development remained the incorporation of the existing teaching and learning practices merged with the global recommendations for change.

A few perspectives for the context of change were:

- Exponential increase in the course content has been identified over the past few years. This increased volume of knowledge base is due to educational advancements, technological enhancements, and scientific discoveries, which have made their way into the mainstream body of work. This increase in the required knowledge base requires prioritization, expunging of redundant concepts, and modern modes of information transfer.
- Societal expectations from the healthcare workers are always in an evolving mode. The patient satisfaction and health system responsiveness ideally should be equally poised. Paradigms like the societal needs, healthcare access, equity of resources and systems awareness are the undercurrents that steer the healthcare systems. These elements evolve and redefine constantly thus setting the pace and specifics for the social accountability for the healthcare workforce. These elements need to be formally addressed in the curriculum for the professional trainings, social grooming, and sense of accountability of the graduates.
- Post pandemic world has transformed to a newer level of educational and meetups paradigms. With the advent of hybrid learning, online monitoring, and blended courses the methodologies need to shelter the possibility, to blend methodologies for a hybrid framework if required. Such a framework was only possible with the advent of the technological advancements.
- As the curriculum was being revamped, evaluated, and drafted it was calibrated against in vogue globally accepted standards of Basic Medical Education. Conformity to the national regulatory authorities is a mandatory requirement. However, aligning with the international accrediting bodies gives a purposeful direction to the curriculum thus ensuring international acceptance and global employability.



- Previously the curriculum was always expanded for the knowledge base and skill acquisition. However now the societal expectations, social awareness, legal bindings, increasing accountability and community interactions required a categorical structured training of the 'affective' domain of the young learners. This perspective was also kept forth while designing a dedicated 'spiral' for the affective training. To ensure the training of this domain and to make it objective-driven the spiral of 'PERLs' will be subjected to assessment also.
- Finally, the most significant underpinning to the success of any curriculum, the 'student-centeredness' was grounded into the modus of delivery. Introduction of Problem based learning and the elements like 'Electives', Self-directed learning sessions and portfolio development, will place the control of learning with the students, per se.

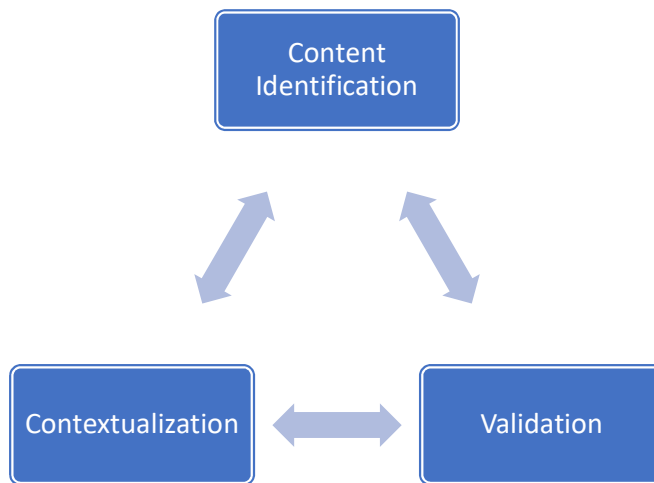
# Process of Curriculum Development

With a backdrop for contextualization of curricular elements and a need for developing a newer curriculum while maintaining a connect with the previously established educational and professional practices a clearly demarcated process was designed to have a standardized input by the subject experts. **University of Health Sciences Lahore**, has a claim to immense cognitive richness based on the faculty members and subject experts which represent all the affiliated colleges of UHS. These subject experts and medical educationists were called in sequentially to play the cardinal roles of syllabi identification, thematic listings, hours allocation, defining scope of integration, module nomination, sequencing of content and identification of integrating components. An iterative process of deliberation and decision making was adopted through numerous meetings and workshops to refine all the previously mentioned elements of curriculum.

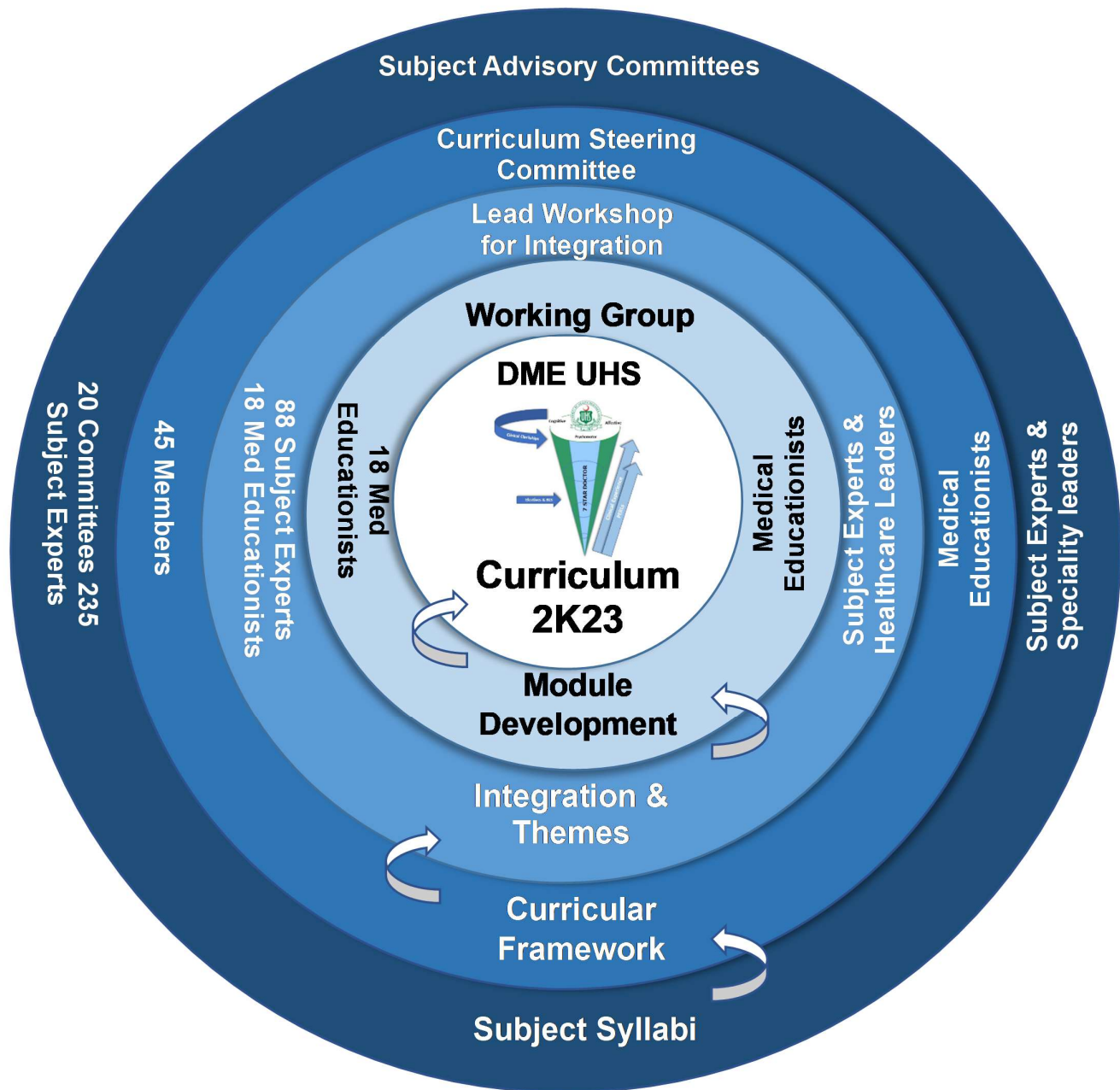
- The initial syllabi identification was undertaken by 20 subject advisory committees all represented by respective subject experts. These subject experts ensured the inclusion of all the essential components of the subject into the respective syllabi, leaving behind any redundant, outdated, or non-contextual element. These committees are comprised of more than 233 subject experts.
- As a next step the Curricular Steering committee was called in. The steering committee is comprised of Medical Educationists from all the affiliated medical colleges. A 42 membered committee evaluated and approved the process of finalizing the 05 years framework of a 'Modular Integrated Curriculum' with all its proposed elements, spirals, patterns, modules, and clerkships. They primarily focused on the curricular framework, module identification, module placements, clerkships, and alignment with the assessment methodologies.
- The next step of curricular design and development entailed the theme identifications, placement of elements of syllabi in the respective modular patterns in accordance to the identified themes, defining topics to be covered for each learning objective and allocation of hours for different components. This was done in a continuous activity as a hands-on-development-&-design-workshop. It was carried out by 88 subject experts and 18 medical educationists. The subject experts mostly represented the subject advisory committees. However, all the subject experts were leaders of their own respective specialties and had noteworthy educational experience for their disciplines.
- As a final step a working group all comprising of Lead Medical Educationists and the Department of Medical Education finalized the modules with the decided structure, themes, allocation of hours, syllabi content, respective topics and recommended clinical relevance.
- The finalized modules, assessment policy and framework have gone through the statutory process of Board of Studies, Academic Council, ASRB and the Syndicate.
- The Curriculum being a live document, any recommendations, additions, or deletions that were recommended throughout the statutory approvals were incorporated in the curriculum guidelines.
- It has also been ensured that a pattern of feedback and curricular evaluations becomes a part of the entire implementation process so that the revamping and time to time additions could be undertaken. This final

maneuver is necessary to guarantee inclusion of any educational element and ensure no redundancy in the delivery of content.

- The entire method of stakeholder inclusion, discipline perspective, medical educationists monitor and leadership participation for the curricular development.



# Iterative Model of Curriculum Development by UHS for Phase 1



# Challenges to Curriculum Development

The stakeholder and healthcare leader inclusion expunged any conventional challenges for developing curriculum, reluctance to paradigm shift or possible impediments to implementation of the curriculum.

However, there was just one challenge which UHS identified for the process. One challenge which a university with a broad base of affiliated institutes faces is the 'diversity'. University of Health Sciences Lahore has a diverse set of affiliations. This diversity spans in terms of geographical locations of the colleges as well as in terms of tangible and human resources available to different medical colleges. A dichotomy of public/private sector institutional perspectives is yet another factor to be addressed in terms of diversity. However even from the diverse stand points the most challenging was the number of students per institution, which varied from 100 to > 300 in certain colleges. Any curricular revamping or educational reform undertaken or implemented have to cater for the needs of all its affiliated and constituent institutes.

This challenge of 'diversity' was accepted by University of Health Sciences Lahore by endorsing the 'diversity'. By formulating guidelines which are compatible with the institutional needs while addresses the revamp required. The guidelines ensure that conformity to the principal change is plausible and implementable for all the stakeholders. However, a latitude of adoption in terms of modes of information transfer and timetable designing etc. was left for the institutional discretion.

**Curriculum 2K23** is a modular integrated outcome-based curriculum. The conformity to its standards and implementation of its learning outcomes is possible for all the affiliated colleges keeping their own institutional identity and college vision aligned. Conformity to the curricular standards and elements will be possible in an explicit, structured and methodical way by any affiliated institute irrespective of its available tangible or human resources.

## Scope of Integration

The curricular reforms and program evaluations are a dynamic need for the upkeep of learning, to implement innovations, contextualize educational processes with the societal needs and to keep pace with the advancements in the healthcare systems and technology. **University of Health Sciences Lahore** fully endorses these denominators of change and such a dynamic sustainment is in line with the university's vision.



We are living in times when a century old concept based on the Flexner's report for division into pre-clinical and clinical stages has now evolving into newer paradigms of integration across years & integration across disciplines. Meizrow's theory of 'transformative learning' which roots into creating dynamic relationships between teachers, students, and a shared body of knowledge to promote student learning and personal growth, is forming another basis for curricular reforms.

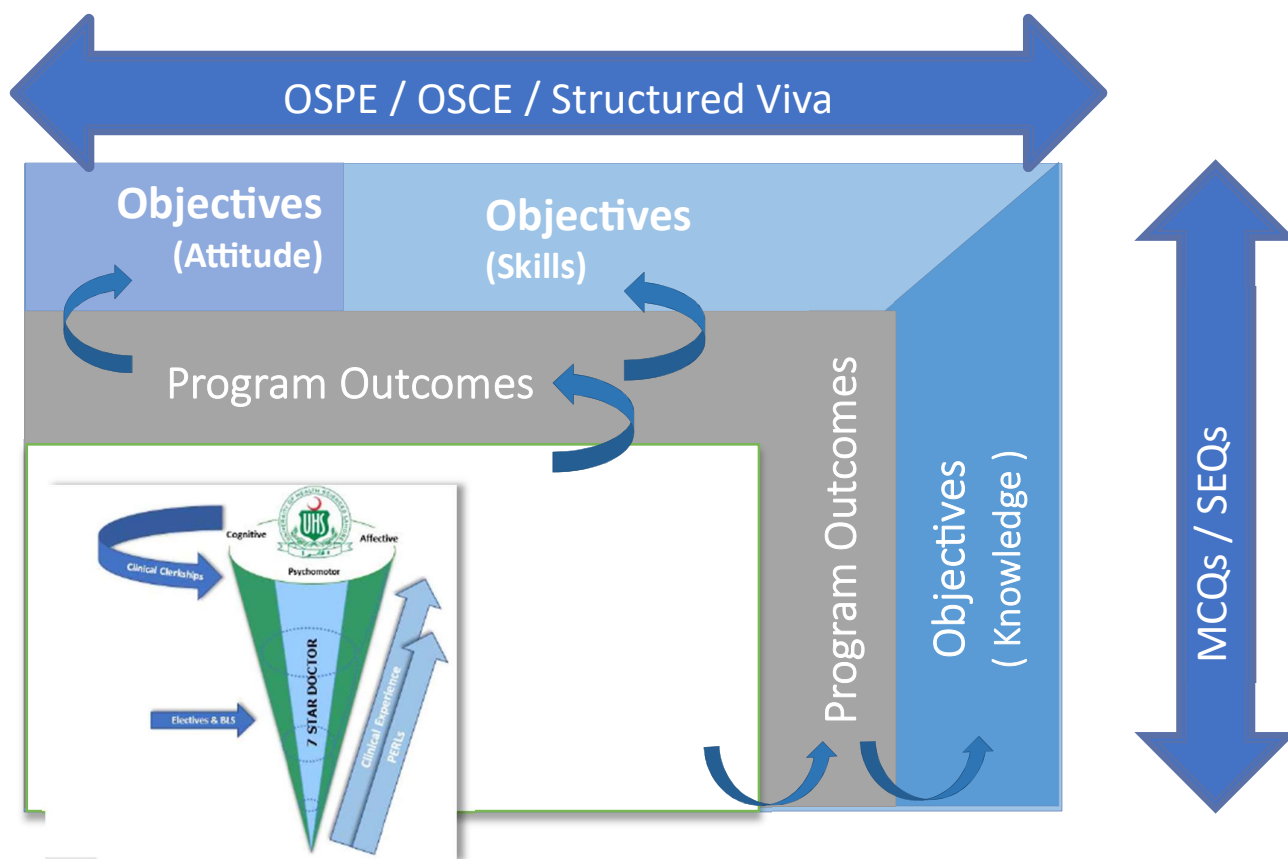
The modular integrated curriculum aligns the MBBS program outcomes with the nationally defined competencies of seven-star



doctors. The program outcomes are at par with the outcomes that the national regulatory authorities have processed till date for the MBBS graduates. Curriculum 2K23 outcomes translate the seven-star competencies to the objectives specific learning outcomes for the sessions. The outcomes are fragmented to objectives representing the three domains of learning and then graduated in spirals and horizontally integrated so as to acquire a professional approach, develop a broad-based practical knowledge, to nurture the learner's epistemic curiosity and to promote higher order thinking.


Another aspect of curricular designing that has been kept forth is to incorporate element of individual learning embedded into the broader practices and collective learning situations. MITs like PBL and small group discussions foster the individual learning tendencies flourishing.

Practicality and applied knowledge require early clinical exposure which has been the foremost perspective while drafting the spiral of C-FRC (Clinical Skills Foundation, Rotation and Clerkships). An early clinical exposure in the first two years despite being limited still augments the curiosity and generates clinical contexts of learning.



# Seven Star Competencies

A few salient features that have been incorporated in **Curriculum 2K23** for all the three domains of training, after deliberations and through an iterative process by subject experts, medical educationists and the University lead are as follows:

<b>Horizontal Integration</b> <p>The framework of <b>Curriculum 2K23</b> has 44 modules spanning 05 years. The horizontal integration is evident in the modular configuration where different basic disciplines approach the themes simultaneously. Modules have been structured where all the basic disciplines are represented based on their respective weightage of content. Assessment framework ensures that the applied/clinical aspect also is inculcated in the concept development of the learner keeping the clinical relevance and context at the core.</p>	<b>Cognitive</b>
<b>Clinical Relevance &amp; Themes</b> <p>All module objectives are preceded by the recommended themes and clinical relevance. These are grounded in the rationale of the module so that pattern of learning could be steered for a practical professional approach. However institutional discretion does not prohibit adopting any other thematic approach provided that the program outcomes are adequately achieved.</p>	
<b>Vertical Integration</b> <p>Spiral placement of the modules within the framework ensures a revisit of the basic sciences. In the first step the applied / clinical learning objectives orientate the learner and the repetitive module horizontally rhymes with the clinical rotations with a backdrop of basic sciences. The final year of clerkship is the final revisit, which is primarily workplace based and principally involves the perfect integrated blend of tri-domain learning.</p>	
<b>C-FRC</b>	<b>Psychomotor</b>

Clinical Skills follow a spiral which is entirely skills dominant. This spiral is the core of psychomotor training. The first two years will be of **Clinical Skills- Foundation** which will represent clinical orientation. The clinical orientation will be conducted in wards, skills lab and simulation centers (depending on the available resources). The clinical orientation along with the applied/clinical component of the knowledge base will channelize the learner for the practical and professional aspect of learning.



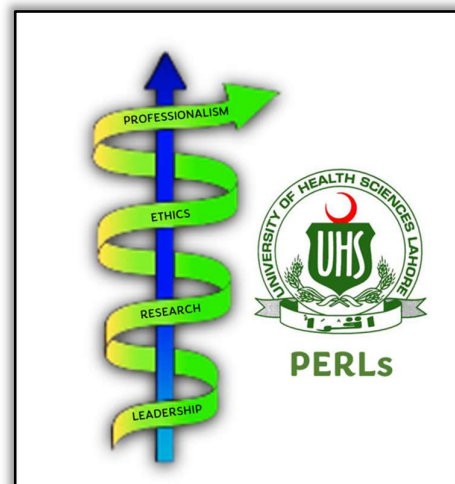
The subsequent two years the spiral will move on to **Clinical Skills – Rotations**. The rotations in different wards will be based on foundational developmental already commenced in yesteryears. The year 3 and year 4 which have the rotations will also have the second visit of the modules which would now be more clinically inclined with a stronger base of Pharmacology and Pathology. Community oriented practices and family medicine will also be broadening the element of systems thinking and diversity of practice for a healthcare leader of tomorrow.

Finally, **Clinical Clerkships** are aimed to be entirely facilitated in workplace environments. The clerkship model will involve the delegation of duties thus adding to the acquisition of professional accountability as a competency. The psychomotor training and skills acquisition will be the maximum in the year of clerkship. The entire process of C-FRC will be endorsed in a logbook which would be the training base of the learner for future references and exam evaluations.

## PERLs

Affective training has been formally inculcated in the curricular framework. The model of PERLs has been introduced so that the yield of doctors has a strong, resilient, ethically driven character. PERLs stands for Professionalism, Ethics, Research and Leadership skills. PERLs rounds up professional development for the effective application of the knowledge and skills base achieved. For a professional to be social accountable and to be able to play the healthcare leadership role for societal elements like advocacy, equity or resources and healthcare access, a formal training is a must. The categorical approach for this training has been achieved by rolling in the assessment of the competencies acquired along with development of portfolios. PERLs will run throughout the year via portfolio development. The portfolio development itself is a

## Affective



methodology which ensures student centered learning. The method of self-reflection which is integral for portfolio development places the learner in the right spot to steer his/her own learning needs.

The spiral of PERLs will be monitored directly by the respective department of Medical Education. However, the teaching sessions, and mentoring process, can and will be assigned to other disciplines. For example, communication skills can have an input from the faculty of Family Medicine and research can be facilitated by the Community Medicine & Public Health faculty. Ethics can be jointly covered by the Forensic department and Behavioral sciences. Leadership is an ambit where the students will be motivated if the institutional leads themselves get involved and can also have the input of the successful alumni. The Faculty of Medical Education will look after the entire process and will also engage in the teaching sessions, when and wherever required.

Type of evidence, activities to be performed, learning situation for the acquirement of the competencies, for the portfolio should be defined and enlisted by the academic council along with the help of the department of medical education. A 'mentoring platform' can flaunt the spirit of affective learning through the PERLs spiral. So, it is recommended that a mentorship program should be developed at the respective institutes.

## Other Curricular Elements

The framework of **Curriculum 2K23** has certain other newer elements. These elements define our local context, our existing educational practices and conformity to evidence relating best international practices. Some will be commencing from the first year, however, rest will be a part of the following years. A few of these are:

- Quran
- Clinical Entrepreneurship
- Family Medicine
- Minimal Service Delivery Standards
- Electives
- Basic Life support

The purpose of developing a medical curriculum is to produce competent, empathetic, and efficient healthcare practitioners who can provide quality care to the sick. To achieve this goal, a modular integrated curriculum has been created that aligns the MBBS program outcomes with the seven-star doctor competencies defined nationally.

## STANDARDS FOR A SEVEN STAR DOCTOR

The expected generic competencies in a medical graduate are as follows:

1. Skillful
2. Knowledgeable
3. Community Health Promoter
4. Critical Thinker
5. Professional
6. Scholar
7. Leader and Role Model

A 'seven-star doctor' Pakistani medical graduate should be able to demonstrate various traits as detailed under each competency. These attributes are the bare minimum requirements.

The program outcomes are at par with the outcomes that the national regulatory authorities have processed till date for the MBBS graduates. **Curriculum 2K23** outcomes translate these Seven-star competencies to the objectives specific learning outcomes for the sessions.

According to national regulatory authority a Pakistani medical graduate who has attained the status of a 'seven-star doctor' is expected to demonstrate a variety of attributes within each competency. These qualities are considered essential and must be exhibited by the individual professionally and personally.

### 1. SKILLFUL (CLINICAL, COGNITIVE AND PATIENT CARE SKILLS)

Competent medical graduates require sound clinical skills grounded in knowledge of patient-centered care. They should be able to demonstrate that they can:

- a. Take a focused history and identify the patient's risk factors with appreciation of the bio-psycho- social model taking into consideration the environment, ethnicity, race, religion, gender, age, sexual orientation, occupation, and cultural practices.
- b. Perform physical and psychological examinations in order to identify specific problems and differentiate those from others and non-conformity to anatomical or physiological configurations.

- c. Formulate a provisional diagnosis with justification, and two to three most likely differential diagnoses.
- d. Order appropriate investigations and interpret their reports to either confirm the diagnosis or differentiate from others.
- e. Perform various common procedures ensuring infection control in giving injections (I/M, I/V, S/C, I/D), managing infusion lines and blood transfusion, providing first aid, basic life support (including cardiopulmonary resuscitation), nebulization, wound care and dressings, oxygen therapy, taking swabs and smears, recording ECG, performing peak flow spirometry, blood sugar testing by glucometer, proctoscopy, urinary catheterization, urinalysis, and simple skin suturing.
- f. Debate the advantages, disadvantages, indications, contra-indications, limitations, and complications of the current treatment modalities, justifying the use of each by best available evidence.
- g. Formulate management plans in partnership with patients ensuring their safety by:
- h. Diagnosing and managing common health problems independently.
- i. Using cost-effective best evidence patient-safe approaches, reporting adverse drug reactions and drug interactions.
- j. Recognizing alternate medicine as an option with its effect on health.
- k. Incorporating patients' concerns, expectations & understanding, determining the extent to which the patients wish to be involved in decision-making, and respecting the decisions and rights of the patients.
- l. Recognizing, stabilizing (first aid and basic life support), investigating, and managing the patient as necessary (Transport, Triage, Neglect, Abuse).
- m. Being readily accessible when on duty.
- n. Alleviating pain and distress, including end-of-life care.
- o. Recognizing and working within the limits of own competence, making use of available resources, and taking advice from colleagues where appropriate, following the consultation process.
- p. Advice and counsel the patient and their family members for appropriate health promotion, rehabilitation and support, prevention of risk factors for family members including genetic counseling, immediate treatment and medications, complication, and prognosis, using simple terms and lay man language.
- q. Educate the patient regarding the health problem, available choices, management plan, self-care, and use of prescribed drugs and equipment.

- r. Recognize and take into consideration issues of equality, equity and diversity, and that opportunities are missed if not perceived to be useful by others.
- s. Describe and debate the reasons for the success or failures of various approaches to increase prevention and to decrease social inequities.
- t. Manage time and prioritize tasks and use of resources.
- u. Ensure patient safety always including strict infection control practices.

## 2. KNOWLEDGEABLE (SCIENTIFIC KNOWLEDGE FOR GOOD MEDICAL PRACTICE)

This embodies knowledge of basic medical and clinical sciences required for the practice of medicine.

A medical graduate should be able to:

### a. Differentiate between:

- Normal and abnormal structure and functions of the body, to recognize and identify abnormalities in body structure in the context of different diseases.

Normal and abnormal molecular, cellular, biochemical, and physiological and pathophysiological mechanisms and processes (physical and mental) that maintain and derange homeostasis, in health and disease.

- Normal and abnormal human behavior and relate the abnormality to its psychopathological and pathophysiological basis.

- Effects of growth, development and ageing upon the individual, family, and community in the human life cycle.

- Biological and social determinants and risk factors of disease,

- Various etiological cause(s) and causative agents for specific injuries, illnesses, and diseases.

- Available therapeutic options to select the most appropriate treatment modality or drug(s) for common diseases based on pharmaco-dynamics and/or efficacy.

Other relevant biochemical, pharmacological, surgical, psychological, social interventions in acute and chronic illness, rehabilitation and end-of-life care and recognizing the role of religious and cultural interventions in such situations.

### b. Relate:

- The effects and interactions of physical, emotional, and social environments to health and disease of humans.

- The natural history of acute and chronic, communicable, and non-communicable diseases with respective etiologic agents and effect of appropriate interventions on the progress of disease

**c. Apply:**

- Evidence-based medicine concepts to provide best possible cost-effective care.

**d. Ensure:**

- Compliance with the legal system as it impacts health care and regulations.

Patient safety guidelines.

**3. COMMUNITY HEALTH PROMOTER (KNOWLEDGE OF POPULATION HEALTH AND HEALTHCARE SYSTEMS)**

To deal with problems of population-based primary health care, including health promotion and disease prevention with special emphasis on vulnerable populations, medical graduates require knowledge of population health and healthcare systems. The graduates should understand their role and be able to take appropriate action for protecting and promoting the health of populations.

They should be able to:

**a. Understand their role and be able to take appropriate action** for protecting and promoting the health of their community.

**b. Relate effects of lifestyles, genetic, demographic, environmental, social, cultural, economic, and psychological determinants of health** and their impact on the community.

**c. Take appropriate action for infectious, non-communicable disease and injury prevention**, and in protecting, maintaining, and promoting the health of individuals, families, and communities.

**d. Evaluate national and global trends in morbidity and mortality** of diseases and injuries of social significance, the impact of migration and environmental factors on health and the role of national and international health organizations on health status.

**e. Work as an effective member of the healthcare team** and demonstrate acceptance of the roles and responsibilities of other health and health related personnel in providing health care to individuals, populations, and communities.

**f. Adopt a multidisciplinary approach for health promoting** interventions which require



shared responsibility and partnerships of the health care professions with the population served as well as inter-sectoral collaboration.

- g. Apply the basics of health systems including policies**, organizations, financing, cost-containment measures of rising healthcare costs, and principles of effective management to the care of populations, families, and individuals.

Promote and implement mechanisms that **support equity** in access to healthcare and its quality.

#### 4. CRITICAL THINKER (PROBLEM SOLVING AND REFLECTIVE PRACTICE)

The ability to critically evaluate existing knowledge, technology, and information, and to be able to reflect on it, is necessary for solving problems. Medical and dental graduates should be able to demonstrate:

- a. Use of information** obtained and correlated from different sources.
- b. Critical data evaluation** (interpret, analyze, synthesize, evaluate to form decisions)
- c. Dealing effectively with complexity, uncertainty, and probability** in medical decision-making, reflecting on the latest evidence and its application to health issues.
- d. Regular reflection on their practice** and standards of medical practice.
- e. Initiating, participating in, or adapting to change as required**, to ensure that the profession and the patients benefit.
- f. Flexibility and a problem-solving approach**
- g. Commitment to quality assurance** and monitoring by participating in chart audits and reporting critical incidents to improve medical practice and decrease risk to self, patients and the public.
- h. Raising concerns about public risk and patient safety.**

#### 5. PROFESSIONAL (BEHAVIOR AND PROFESSIONALISM)

Competent medical graduates require professional values, attitudes and behaviors that embody good medical practice i.e., life-long learning, altruism, empathy, cultural and religious sensitivity, honesty, accountability, probity, ethics, communication skills, and working in teams. Medical graduates should be cognizant of the PMC competencies. Graduates should be role models of their code of conduct, professionalism, and values, on and off duty, throughout their lives, and thus lead by example, to justify the trust reposed in them by the public. Their behavior must enhance public trust in the profession.

**i. Life-long Self-directed Learner**

Medical graduates must continually acquire new scientific knowledge and skills to maintain competence and incorporate it into their day-to-day medical practice. For life-long learning, they should demonstrate a desire for continuing medical education during their professional life through personal development activities to continuously acquiring and using new knowledge and technologies. Medical graduates should be able to:

- a. Demonstrate continuous learning** based on regular self-assessment.
- b. Seek peer feedback.** This also includes a continuous undertaking of self-directed study and credited, continuous medical education activities up to re-licensure and recertification.
- c. Manage information effectively** to use it for efficient and effective self-learning, medical problem solving and decision-making:

- **Accurately document** and maintain records of their practice for better patient care and for analysis and improvement.
- **Retrieve patient-specific information** from a clinical data system.
- **Using information** and communication technology based on its value and limitations.
- **Search, collect, organize, and interpret** health and biomedical information from credible databases and sources.
- **Match patient information to evidence available in literature** to form judgments for diagnostic, therapeutic, preventive or prognostic decisions and for surveillance and monitoring of health status.

**d. Provide evidence of continuing career advancement** by pursuing further training in specific fields or continuing professional development (CPD) by attending CPD programs in their primary discipline or as a professional. This evidence may be collated by maintaining professional development portfolios.

**e. Function effectively as a mentor and a trainer** in order to appraise, assess, teach, and provide.

feedback to themselves, peers, colleagues, and students.

**f. Respond positively to appraisals and feedback.**

**ii. Altruistic and Empathetic**

Medical graduates should be able to demonstrate professional values of empathy, altruism and cultural sensitivity in arranging or coordinating the best possible care with:

- Appropriate **demeanor and dress code**.
- **Responsibility, compassion, empathy, honesty, and integrity**.
- **Tolerance for diversity**.
- **Caring** attitude towards patients and health problems.
- **Put patients first** and the patient's needs before their own.
- **Have patient safety** as a top priority.
- **Culturally sensitive and respectful** of all religious beliefs.

**Special sensitivity towards vulnerable populations.**

iii. **Ethical**

Medical graduates should be able to demonstrate professional values of self and professional accountability, honesty, probity, and ethics.

**a. Without discrimination** on the basis of age, gender, religion or beliefs, color, race, ethnic or national origin, culture, disability, disease, lifestyle, marital or parental status, sexual orientation and social or economic status.

**b. Strive for constant improvement of self and health delivery systems.**

**c. Respect the views and interests** of the patient and patient's family.

**d. Uphold principles** of patient autonomy, beneficence, non-maleficence, justice, confidentiality and informed consent.

**e. Use moral reasoning in decision-making** while dealing with conflicts amongst ethical, legal and professional issues including those raised by economic constraints, commercialization of healthcare, and scientific advances.

**Being accountable for regulation of self and the profession**, through audits and performance reviews, in setting up one's practice and in dealing with pharmaceutical and other commercial enterprises.

iv. **Collaborator**

The medical graduate should be able to demonstrate skills of teamwork to best serve the interests of the patient, profession and institution by:

**a.** Working as an effective team member, understanding the importance of each role.

**b.** Demonstrating collegiality and respect for juniors, peers, seniors and the healthcare team.

**c.** Continuously assessing themselves and others in their roles and acting accordingly.

**d.** Sharing information and handing over care appropriately.

Focusing on a collegial but problem-solving approach.

v. **Communicator**

The medical graduates should be able to demonstrate:

**a. Non-Verbal communication skills**, including active listening, empathy and a caring attitude; and demonstrating considerate and sensitive manners while dealing with patients and their families, nurses, other health professionals, community, the general public and the media.

**b. Verbal communication skills**, clearly expressing themselves in layman's language; counselling patients sensitively and effectively, providing information in a manner which ensures that patients and families have understood the full information, so that they make educated decisions when consenting to any procedure or therapy; clear, effective and sensitive communication for breaking bad news, dealing with an angry or violent patient, difficult circumstances and vulnerable patients; presentation skills.

**c. Written and electronic communication skills**, with well-organized, legible, accurate, complete and concise documentation of prescriptions, medical records, procedural and progress notes, discharge summaries and referral letters including all important information and fulfilling medico legal requirements.

**d. Confidentiality**, and balance confidentiality with public risk.

**Dissemination of information and research findings** to improve health care.

## 6. SCHOLAR & RESEARCHER

The medical graduates are expected to demonstrate constructive criticism, a spirit of enquiry, creativity and a research-oriented attitude. The graduates should be able to:

**a. Identify** a researchable problem and critically review the literature

**b. Phrase** succinct research questions and formulate hypotheses

**c. Identify** the appropriate research design(s) in epidemiology and analytical tests in biostatistics to answer the research question.

**d. Collect, analyze, and evaluate** data, and present results.

**e. Demonstrate** ethics in conducting research and in ownership of intellectual property.

## 7. LEADER AND ROLE MODEL

The medical graduates are expected to demonstrate 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 and dental profession by being exceptional rolemodels at work and when away.
- e. Accepting leadership roles if required.
- f. Providing leadership in issues concerning society.

**LT. COL.(R) DR. KHALID RAHIM KHAN TI (M)**  
Director Medical Education & International Linkages  
University of Health Sciences Lahore



## **LIST OF ABBREVIATIONS**



## LIST OF ABBREVIATIONS

Abbreviations	Subjects
A	Anatomy
ABG	arterial blood gas
Ag	Aging
AKI	acute kidney injury
ALT	alanine transaminase
AMP	Adenosine monophosphate
ANS	Autonomic Nervous System
AST	aspartate aminotransferase
AV	Atrioventricular
B	Biochemistry
BhS	Behavioral Sciences
C	Civics
CBC	Complete Blood Count
C-FRC	Clinical-Foundation Rotation Clerkship
CK	Creatine kinase
CM	Community Medicine
CNS	Central Nervous System
CO	Carbon monoxide
CO <sub>2</sub>	Carbon dioxide
COPD	Chronic obstructive pulmonary disease
COX	cyclooxygenase
CPR	Cardio pulmonary Resuscitation
CT	Computed tomography
CV	Cardiovascular
CVA	cerebral vascular accident
DALY	Disability-Adjusted Life Year
DCMLS	Dorsal column medial lemniscus system
DLC	differential Leukocyte Count
DNA	Deoxy Ribonucleic Acid
ECF	Extra Cellular Fluid
ECG	Electrocardiography
ECP	Emergency contraceptive pills
EEG	Electroencephalogram

EnR	Endocrinology & Reproduction
ENT	Ear Nose Throat
ER	Emergency Room
F	Foundation
FEV1	Forced Expiratory Volume 1
FM	Forensic Medicine
FVC	Forced Vital Capacity
GFR	Glomerular Filtration Rate
GIT	Gastrointestinal tract
GMP	guanosine monophosphate
GO	Gynecology and Obstetrics
GTO	Golgi Tendon Organ
HCL	Hydrochloric acid
H & E	Hematoxylin and eosin
HL	Hematopoietic & Lymphatic
HMP	Hexose Monophosphate
HNSS	Head & Neck and Special Senses
ICF	Intra Cellular Fluid
IL	Interleukin
IN	Inflammation
INR	International Normalized Ratio
IUD	Intrauterine device
IUGR	Intra Uterine Growth Restriction
JVP	Jugular Venous Pulse
LDH	Lactate Dehydrogenase
M	Medicine
MALT	Mucosa Associated Lymphoid Tissue
MCH	Mean Corpuscular Volume
MCV	Mean Corpuscular Volume
MRI	Magnetic resonance imaging
MS	Musculoskeletal
MSD	Musculoskeletal disorders
NEAA	non-essential amino acids
NMJ	Neuro Muscular Junction
NS	Neurosciences
O	Ophthalmology



Or	Orientation
P	Physiology
Pa	Pathology
PAF	Platelet activating factor
PBL	Problem Based Learning
PCR	Polymerase Chain Reaction
PDGF	Platelet derived growth factor
Pe	Pediatrics
PEM	Protein Energy Malnutrition
PERLs	Professionalism, Ethics, Research, Leadership
Ph	Pharmacology
PNS	Peripheral Nervous System
Psy	Psychiatry
PVC	Premature Ventricular Contraction
QALY	Quality-Adjusted Life Year
QI	Quran and Islamiyat
R	Renal
Ra	Radiology
RBCs	Red Blood cells
RDA	Recommended Dietary Allowance
Re	Respiratory
RFLP	Restriction Fragment Length Polymorphism
RMP	Resting Membrane Potential
RNA	Ribonucleic Acid
S	Surgery
SA	Sinoatrial
TCA	Tricarboxylic acid cycle
TNF	Tumor Necrotic Factor
USG	Ultrasonography
UTI	Urinary Tract Infections
WBCs	White Blood Cells

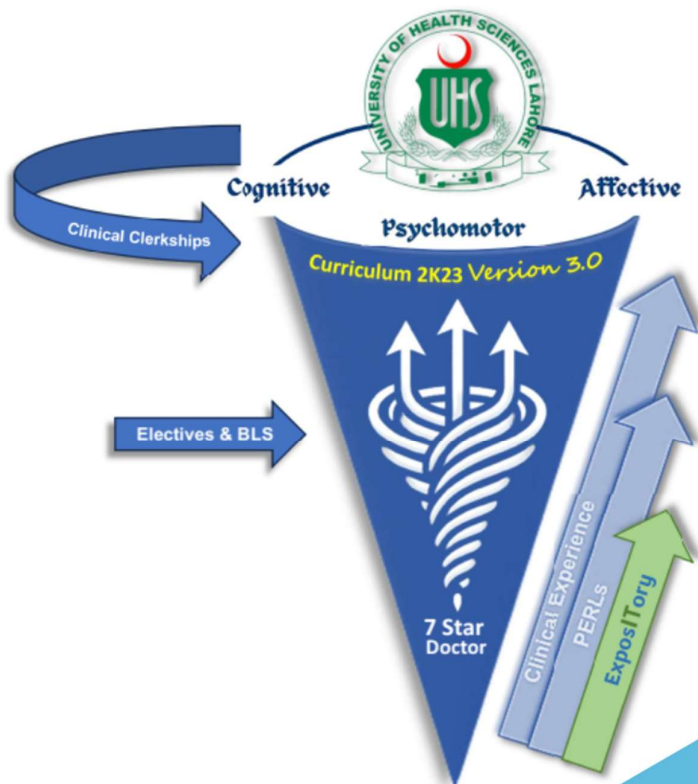




# Modular Integrated Curriculum 2K23

## Year-2

Reviewed & updated



Version 3.0

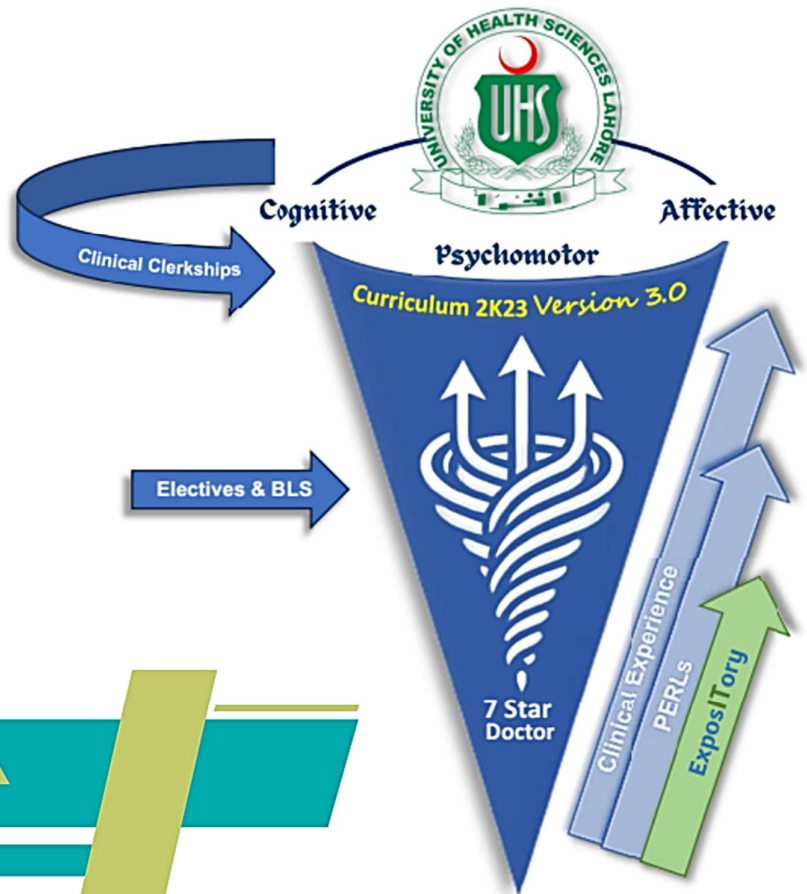
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# Modular Integrated Curriculum 2K23

*version 3.0*

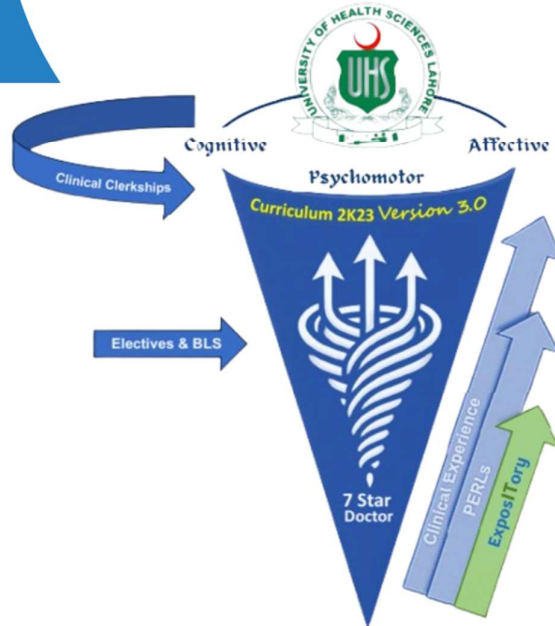
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# MODULE-06 GIT & NUTRITION-I

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## MODULE RATIONALE

Gastrointestinal system is an integral part of human body which is primarily related to consumption, digestion and assimilation of food to provide nutrition and calories on regular basis to human body which are essential for basic functioning of each organ of human beings.

We will study in detail regarding different parts of gastrointestinal system, their functional, embryological and histological anatomy, physiological and biochemical aspects of its functioning. Students will also be briefly introduced to clinical and pathological aspects, pharmacological interventions and preventive measures of common diseases related to the system.

We have assigned six (6) weeks in academic calendar of 2nd year curriculum of MBBS to Gastrointestinal Module. We have divided our module into eight (8) themes. For every theme, anatomy, physiology, biochemistry, pathology, pharmacology, community medicine, behavioral sciences, general medicine and surgery will need to plan for integrated teaching of students for better comprehension and understanding of subject. We have outlined learning outcomes for each discipline along with allocated time to be taught.

## MODULE OUTCOMES

- To describe gross and microscopic anatomy of different parts of gastrointestinal system and associated organs
- To describe the embryological development of different parts of gastrointestinal system and associated organs
- To describe the functional anatomy and physiology of different parts of gastrointestinal system and associated organs
- To describe the motility, secretory and digestive function of gastrointestinal system
- To describe the biochemical aspects of carbohydrate metabolism
- To discuss pathological aspect and management of gastrointestinal related diseases
- To discuss the pharmacological treatment of diarrhea
- To discuss the psychosocial impact of gastrointestinal diseases in society
- To discuss the preventive measures related to gastrointestinal diseases
- To comprehend concept of balanced diet and malnutrition

## THEMES

- Oral cavity & Esophagus (O &E)

- Walls of Abdomen & Peritoneum
- Stomach
- Small intestine
- Large intestine (Cecum, Appendix, Colon, Rectum & Anal Canal)
- Liver & Biliary tree
- Pancreas & Spleen
- Nutrition

#### **CLINICAL RELEVANCE**

- Diseases of oral cavity, esophagus and stomach
- Diseases of small and large intestine
- Diseases of hepatobiliary system
- Diseases related to malnutrition

## IMPLEMENTATION TORs

- The time calculation for completion of modules and blocks is based on 35 hours per week. Total hours of teaching, learning and formative/summative internal assessment to be completed in a year are 1200.
- The hours mentioned within each module are the mandatory minimum required. The rest of the hours are left to the discretion of the institution that can be used in teaching, learning and assessment as per decision of the institutional academic council.
- The content and the intended learning outcomes written are mandatory, to be taught, at the level required, as the end year assessment will be based on these.
- However, the level of cognition can be kept at a higher level by the institution.
- The Table of Specifications provided will be used for the three papers of the Second professional examination. The same table of specifications should be used for the respective three block exams for internal assessment.





## NORMAL STRUCTURE

### THEORY

CODE	GROSS ANATOMY	TOTAL HOURS = 35	
	SPECIFIC LEARNING OUTCOMES	DISCIPLINE	TOPIC
GIT-A-001	Describe the gross anatomical features of oral cavity with its neurovascular supply and lymphatic drainage	Human Anatomy	Oral Cavity and Oropharynx
	Discuss the location, anatomical features, relations and vascular supply of tonsils: nasopharyngeal, palatine and lingual.		
	Discuss the skeletal framework of hard palate with its neurovascular supply and lymphatic drainage		
	Describe the gross anatomical features of soft palate with its neurovascular supply and lymphatic drainage		
	Describe the attachments, nerve supply and actions of muscles of soft palate		
	Describe the structure of tongue with attachments of muscles, blood supply, nerve supply and lymphatic drainage		
	Discuss the anatomical basis of injury to hypoglossal nerve		
	Describe anatomical features, relations and neurovascular supply of parotid gland and its duct, mentioning the structures entering and exiting the gland.		
	Discuss the clinical correlates of parotid gland: parotiditis, Mumps, Frey's syndrome, parotid duct injury and parotid tumor surgery with its complications.		
	Describe the Waldeyer's ring.		
	Describe anatomical features, relations and neurovascular supply of submandibular and sublingual glands with their ducts.		
Name the parts of pharynx giving their extent, anatomical features, structure, neurovascular supply and Lymphatic drainage			

	Name the pharyngeal constrictor muscles defining their attachments, innervation and structure traversing the gaps between adjacent muscles.		
GIT-A-002	Describe the planes and quadrants of abdomen	Human Anatomy	Anterior Abdomen Wall
	Draw and label the cutaneous innervation and dermatomes of anterior abdominal wall and anterolateral Abdominal wall and describe the clinical correlates (Abdominal pain, Muscle rigidity, Referred pain, anterior abdominal nerve block)		
	Describe the fascia of anterior abdominal wall with its clinical significance		
	Describe anterolateral Abdominal wall arteries, Veins and Lymphatics and related clinical correlates—Caput Medusae		
	Describe the attachments, nerve supply and actions of muscles of anterior abdominal wall		
	Identify the muscles of anterolateral abdominal wall on anatomical model and/or cadaver		
	Describe the extent, formation and contents of rectus sheath		
	Give the formation and extent of inguinal ligament		
	Describe the formation of superficial and deep inguinal rings and conjoint tendon		
	Locate the position of superficial and deep inguinal rings on simulated subject or Cadaver		
	Describe the extent, boundaries and contents of inguinal canal		
	Define the following hernias: umbilical, epigastric, incisional, Spigelian, lumbar, femoral, internal and inguinal		
	Differentiate between direct and indirect inguinal hernias		
	Describe the location of abdominal surgical incisions		
	Mark the abdominal incisions on simulated patient/ subject and explain their anatomical basis		
List the structures and coverings of spermatic cord			

GIT-A-004	Trace the horizontal and vertical peritoneal reflections	Human Anatomy	Peritoneum
	Describe the relationship of viscera to the peritoneum		
	Describe the gross anatomical features of the following: <ul style="list-style-type: none"> <li>1. Mesentery</li> <li>2. Omentum</li> <li>3. Peritoneal ligaments</li> <li>4. Peritoneal fold</li> <li>5. Peritoneal sac,</li> <li>6. Recesses,</li> <li>7. Spaces and</li> <li>8. Gutters</li> </ul>		
	Describe the nerve supply of Peritoneum		
	Describe the anatomical basis and manifestations of the following: <ul style="list-style-type: none"> <li>1. Peritonitis and ascites</li> <li>2. Peritoneal adhesions (and adhesiostomy)</li> <li>3. Abdominal paracentesis</li> </ul>		
GIT-A-005	Describe the extent of esophagus, its constrictions, neurovascular supply and lymphatic drainage	Human Anatomy	Esophagus
	Discuss the anatomical basis of esophageal varices, achalasia and Gastro Esophageal Reflux Disease (GERD)		
GIT-A-006	Describe the location, position, parts, external and internal structure, relations, vascular and nerve supply and lymphatic drainage of stomach	Human Anatomy	Stomach
	Draw and label a diagram illustrating the lymphatic drainage of Stomach		
	Describe the clinical presentation and the anatomical basis and manifestations of the following conditions: Carcinoma of stomach and peptic ulcers		
	Identify and demonstrate the parts, external and internal features of stomach on anatomical model and cadaver		
GIT-A-007	Describe the location, position, parts, relations, neurovascular supply and lymphatic drainage of duodenum, Jejunum & Ileum (Small Intestine)	Human Anatomy	Small & Large Intestine

	<p>Describe the anatomical basis and manifestations of the following conditions:</p> <ol style="list-style-type: none"> <li>1. Duodenal Ulcers</li> <li>2. Ileal diverticulum</li> <li>3. Diverticulosis</li> <li>4. Large bowel cancer</li> <li>5. Appendicitis</li> <li>6. Volvulus</li> <li>7. Intussusception</li> </ol>		
	Demonstrate the various positions of appendix		
	Identify and demonstrate the Parts and external features of small and large intestines on anatomical model and cadaver		
GIT-A-008	Describe the origin, course, branches (tributaries in case of veins) and distribution of the blood vessels of GIT	Human Anatomy	Liver
	Describe the formation, tributaries and drainage of hepatic-portal vein		
	Discuss the sites and vessels contributing in portosystemic anastomosis		
	Describe the clinical picture and anatomical basis for the blockage of porto-systemic anastomosis		
	Identify the blood vessels supplying GIT on anatomical model and cadaver		
	Describe location, lobes, important relations, peritoneal ligaments, blood supply, lymphatic drainage, nerve supply, related clinical correlates of liver and subphrenic spaces.	Human Anatomy	Liver
GIT-A-009	Describe components of Biliary tree- hepatic duct and bile duct	Human Anatomy	Biliary System
	Describe relations, functions, blood supply, lymphatic drainage and nerve supply of Gallbladder		
	Describe related clinical correlates- gall stones, biliary colic, cholecystectomy, gallbladder gangrene		
GIT-A-010	Describe the location, surfaces, peritoneal reflections, relations, neurovascular supply and lymphatic drainage of pancreas	Human Anatomy	Pancreas

	Describe the anatomical basis and manifestations of pancreatitis and pancreatic cancer		
	Identify the parts of the pancreas		
GIT-A-011	Describe the location, surfaces, peritoneal reflections, relations, neurovascular supply and lymphatic drainage of spleen	Human Anatomy	Spleen
	Describe the anatomical basis and manifestations of splenic trauma and splenomegaly		
	Identify the borders, surfaces and Impressions of spleen		
	Demonstrate the correct anatomical positioning of spleen		
GIT-A-012	Describe the gross anatomical features, peritoneal relations, blood supply, nerve supply and lymphatic drainage of cecum ascending and descending colon, sigmoid colon, rectum and anal canal	Human Anatomy	Sigmoid Colon, Rectum & Anal Canal
	Describe the anatomical basis for Sigmoidoscopy, rectal prolapse, rectal examination, rectal cancer and hemorrhoids		
GIT-A-013	Outline the anatomical basis and surgical treatment plan for the following diseases: <ol style="list-style-type: none"> <li>1. Esophageal Injuries</li> <li>2. Gastric Carcinoma</li> <li>3. Intestinal Obstruction</li> <li>4. Pancreatic Carcinoma</li> <li>5. Obstructive Jaundice</li> <li>6. Gall Stones</li> </ol>	Human Anatomy integrated with Surgery	Surgical Intervention
GIT-A-014	Describe the fascia of posterior abdominal wall with its clinical significance	Human Anatomy	Posterior Abdomen Wall
	Describe anterolateral Abdominal wall arteries, Veins and Lymphatics and related clinical correlates		
	Describe the attachments, nerve supply and actions of muscles of posterior abdominal wall		

CODE	EMBRYOLOGY & POST-NATAL DEVELOPMENT	TOTAL HOURS = 08	
	SPECIFIC LEARNING OUTCOMES	DISCIPLINE	TOPIC
GIT-A-015	Describe the development of tongue	Embryology	Oral Cavity
	Describe the embryological basis of tongue tie		
	Describe the development of palate		
	Describe the embryological basis of various facial clefts		
	Identify the parts of the developing tongue and palate		
GIT-A-016	Describe the formation and divisions of gut tube	Embryology	Foregut
	Describe the development of mesenteries		
	Describe the development of esophagus		
	Describe the embryological basis of esophageal atresia and/or tracheoesophageal fistula		
	Describe the development and rotation of stomach		
	Describe the embryological basis of pyloric stenosis		
	Describe the development of duodenum, liver and gall bladder		
	Describe the embryological basis of intrahepatic and extrahepatic biliary atresia		
	Describe the development of pancreas		
Describe the embryological basis of annular pancreas			
GIT-A-017	Describe the development of midgut especially mentioning physiological herniation, rotation, retraction of herniated loops and mesenteries of the intestinal loops	Embryology	Midgut
	Describe the embryological basis of the following <ul style="list-style-type: none"> <li>1. mobile cecum</li> <li>2. volvulus</li> <li>3. retro colic hernia</li> <li>4. Omphalocele</li> <li>5. gastroschisis</li> </ul>		
	Describe the embryological basis of Meckel's diverticulum		
	Describe the embryological basis of; <ul style="list-style-type: none"> <li>1. Gut rotation defects</li> <li>2. Gut atresia and stenosis</li> </ul>		

GIT-A-018	Describe the development of hindgut	Embryology	Hindgut
	Describe the embryological basis of; 3. Rectourethral and rectovaginal fistulas 4. Recto anal fistulas and atresia 5. Imperforate anus 6. Congenital megacolon		
	Identify the parts of the developing foregut, midgut and hindgut originating from the endoderm		
<b>CODE</b>	<b>MICROSCOPIC ANATOMY (HISTOLOGY &amp; PATHOLOGY)</b>	<b>TOTAL HOURS = 07</b>	
	<b>SPECIFIC LEARNING OUTCOMES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
GIT-A-019	Describe the light microscopic structure of; 1. Lips 2. Tongue including lingual papillae and taste buds 3. Oral Cavity (Cheeks, Teeth gums, hard & Soft palate) Describe the histological structure of parotid, submandibular and sublingual glands.  Compare and contrast the histological structures of parotid, submandibular and sublingual glands.	Histology	Oral Cavity & Esophagus
	Describe the serous and mucous acini and give histological differences between the two.  Describe the structure and location of serous demilunes. Describe histology of oropharynx		
	Relate the characteristics of various layers of GIT with their function		
	Describe the light microscopic structure of esophagus		
	Tabulate the histological differences between different parts of esophagus		
	Describe the histological changes associated with reflux esophagitis and Barrett's esophagus		
GIT-A-020	Describe the light microscopic structure of stomach	Histology	Stomach



	Describe the role of parietal cells in pernicious anemia		
GIT-A-021	Describe the light microscopic structure of 1. Duodenum 2. Jejunum 3. Ileum	Histology	Small Intestine
	Discuss the histological basis of celiac disease		
	Discuss the histological basis of Crohn's disease		
GIT-A-022	Describe the light microscopic structure of 1. Colon 2. Appendix 3. Rectum  Define colorectal cancer, anal abscess, hemorrhoids	Histology	Large Intestine

## PRACTICAL

CODE	HISTOLOGY	TOTAL HOURS = 12	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
GIT-A-023	Identify, draw and label the histological sections of Tongue and Lips and enumerate points of identification	Histology Practical	Oral Cavity
GIT-A-024	Identify, draw and label the histological sections of Salivary glands (Submandibular, Sublingual and Parotid)	Histology Practical	Salivary Gland
GIT-A-025	Identify, draw and label the histological structure of the esophagus and enumerate points of identification  Identify, draw and label the histological structure of stomach and enumerate points of identification	Histology Practical	Upper GIT
GIT-A-026	Identify, draw and label the histological structure of small intestine (Duodenum, Jejunum, and Ileum) and enumerate points of identification	Histology Practical	Small Intestine
GIT-A-027	Identify, draw and label the histological structure of large intestine and enumerate points of identification	Histology Practical	Large Intestine
GIT-A-028	Identify, draw and label the histological sections of Gall bladder, liver and enumerate points of identification	Histology Practical	Organs associated with GIT

	Identify, draw and label the histological sections of pancreas and enumerate points of identification	Histology Practical	Organs associated with GIT
GIT-A-029	Identify, draw and label the histological sections of Palatine tonsil, appendix, peyer's patches and enumerate points of identification	Histology Practical	Lymphatic tissue associated with GIT
<b>NORMAL FUNCTION</b>			
<b>THEORY</b>			
<b>CODE</b>	<b>MEDICAL PHYSIOLOGY</b>	<b>TOTAL HOURS = 20</b>	
	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
GIT-P-001	Classify the components of enteric nervous system	Medical Physiology	General Principles of GIT Function - Motility, Nervous Control & Blood Flow
	Discuss the location and significance of myenteric plexus		
	Describe the Meissner's plexus		
	Differentiate between myenteric and Meissner's plexuses		
	Explain the mechanism of developing slow wave		
	Explain the mechanism of developing spike potential		
	Enlist the factors that depolarize & hyperpolarize the GIT membrane		
	Enlist the excitatory & inhibitory neurotransmitters of enteric nervous system		
	Explain the role of sympathetic & parasympathetic nervous system in controlling GIT function.		
	Enlist the gastrointestinal reflexes & explain the functions of these reflexes		
	Enlist the hormones acting on GIT, their stimuli, site of release and actions		
	Enumerate different types of movements that occur in GIT		
	Discuss the functions and control of GIT movements		
Discuss the effect of gut activity and metabolic factors on GIT blood flow / Splanchnic circulation			
Explain the nervous control of GIT blood flow / Splanchnic circulation			
GIT-P-002	Trace the reflex arc of mastication		Oral Cavity &

	Explain the process and importance of chewing reflex	Medical Physiology	Esophagus
	Enlist the stages of swallowing		
	Describe the mechanism of voluntary stage of swallowing		
	Trace the reflex arc of involuntary stage of swallowing		
	Enlist the steps involved in involuntary stage of swallowing	Medical Physiology	
	Explain the effect of swallowing on respiration	Medical Physiology	
	Discuss the mechanism of esophageal stage of swallowing	Medical Physiology	
	Enlist causes of dysphagia	Medical Physiology integrates with Surgery	
	Explain the types and role of different peristalsis originating in esophagus	Medical Physiology	
	Discuss the role of Lower Esophageal Sphincter (Gastroesophageal)	Medical Physiology	
	Discuss the pathophysiology of achalasia & Megaesophagus	Medical Physiology	
	Enlist the features and treatment of achalasia	Medical Physiology	
GIT-P-003	Explain storage function of stomach	Medical Physiology	Stomach
	Describe the basic electrical rhythm of stomach wall	Medical Physiology	
	Explain the role of pyloric pump and pyloric sphincter in gastric emptying	Medical Physiology	
	Explain the factors that promote Stomach Emptying	Medical Physiology	
	Discuss the duodenal (nervous & hormonal) factors that inhibit Stomach emptying	Medical Physiology	
	Enlist the factors that initiate enterogastric inhibitory reflexes	Medical Physiology	
	Enumerate the causes, features, and pathophysiology of gastritis	Medical Physiology integrates with Medicine	
Explain the physiological basis of each feature of gastritis	Medical Physiology integrates with		

		Medicine	
	Recommend treatment of gastritis		
	Enumerate the causes, features, and pathophysiology of peptic ulcer	Medical Physiology integrates with Medicine	
	Explain the physiological basis of each feature of peptic ulcer		
GIT-P-004	Enumerate and explain the secretions and movements of small intestine	Medical Physiology	Small Intestine
	Explain the term “peristaltic rush”		
	Explain the functions of ileocecal valve and sphincter		
	Enumerate the types of intestinal sprue	Medical Physiology integrates with Medicine	
	Enlist the features of intestinal sprue		
	Explain the consequences of sprue on the body		
GIT-P-005	Enumerate the types of movements taking place in colon	Medical Physiology	Large Intestine
	Explain the mechanism of developing movements of colon and their control through Gastrocolic and Duodenocolic Reflexes	Medical Physiology	
	Enlist the defecation reflexes	Medical Physiology	
	Explain the mechanism of defecation reflex	Medical Physiology	
	Trace the reflex arc of defecation	Medical Physiology	
	Name the other autonomic reflexes that affect bowel activity	Medical Physiology	
	Explain the pathophysiology of constipation	Medical Physiology integrates with Medicine	
	Discuss the causes of diarrhea		
Describe the cause of Hirschsprung’s disease integrate with Medicine	Medical Physiology		
GIT-P-006	Explain the functions of liver	Medical Physiology	Liver
	Differentiate between liver and gall bladder bile and the hormones acting on them	Medical Physiology	

	Enumerate the causes and composition of developing gall stones	Medical Physiology Integrate with Surgery	
GIT-P-007	Explain function and secretions of pancreas	Medical Physiology	Pancreas
	Enlist the causes and pathophysiology of acute and chronic pancreatitis	Integrate with Medicine	
	Enumerate the features of acute pancreatitis and explain the physiological basis of each feature of pancreatitis	Integrate with Medicine	
GIT-P-008	Describe the stages of vomiting act	Medical Physiology	Vomiting Reflex
	Trace the reflex arc of vomiting	Medical Physiology	
	Explain the role of chemoreceptor trigger zone for initiation of vomiting by drugs or by motion sickness	Medical Physiology	
GIT-P-009	Define Acute Diarrhea	Integrated with Medicine Gastroenterology	Acute & Chronic Diarrhea
	Define Chronic Diarrhea		
	Enlist various causes for acute and chronic diarrhea		
<b>CODE</b>	<b>BIOCHEMISTRY</b>	<b>TOTAL HOURS = 40</b>	
	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
GIT-B-001	Give the composition and importance of saliva and related clinical disorder (xerostomia)	Biochemistry	Biochemistry of GIT /GIT secretions & digestion and absorption of dietary carbohydrates
	Give the composition and importance of gastric juice with special reference to mechanism of HCl secretion and related clinical disorders (achlorhydria, gastric ulcer		
	Give the composition and importance of pancreatic juice, bile and succus entericus and related clinical disorders (pancreatitis, cystic fibrosis, cholelithiasis).		
	Describe digestion and absorption of dietary carbohydrates along with inherited and acquired disorders (lactose intolerance, sucrase-isomaltase deficiency).		
GIT-B-002	Elaborate key features of various transport systems for entry of glucose into cells.	Biochemistry	Carbohydrate metabolism/ Entry of glucose into cells

GIT-B-003	Enlist the hormones that play important roles in regulating carbohydrate metabolism.	Biochemistry	Carbohydrate metabolism/ Hormonal control of BSL
	Elaborate the metabolic effects of these hormones.		
	Infer the consequences of deficiency and excess of these hormones		
GIT-B-004	Describe the glycolytic pathway along with its regulation and significance.	Biochemistry	Carbohydrate metabolism/ Glycolysis
	Compare key features of aerobic and anaerobic glycolysis.		
	Calculate the number of ATP produced during aerobic and anaerobic glycolysis.		
	Explain hemolytic anemia in subjects with pyruvate kinase deficiency based on your biochemical knowledge.		
	Clearly differentiate between substrate level phosphorylation and oxidative phosphorylation.		
GIT-B-005	Discuss the metabolic fates of pyruvate.	Biochemistry	Carbohydrate metabolism/ Metabolic fates of pyruvate
	Describe the transport of pyruvate from cytosol to mitochondria.		
	Elaborate the reaction catalyzed by pyruvate dehydrogenase complex (PDH) along with regulation and significance.		
	Enlist inherited and acquired causes of lactic acidosis and give biochemical explanation for lactic acidosis in each condition.		
GIT-B-006	Describe the TCA cycle along with regulation & significance. Calculate the energy yield of TCA	Biochemistry	Carbohydrate metabolism/ Kreb's Cycle
GIT-B-007	Define gluconeogenesis and enumerate gluconeogenic substrates (precursors)	Biochemistry	Carbohydrate metabolism/ Gluconeogenesis
	Delineate the reactions involved in synthesis of glucose from various gluconeogenic substrates.		
	Elaborate the regulation and importance of gluconeogenesis.		

	Explain the significance of Cori cycle and glucosealanine cycle		
GIT-B-008	Illustrate the reactions of glycogenesis, glycogenolysis along with their regulation and significance	Biochemistry	Carbohydrate metabolism/ Glycogen metabolism
	Enlist various types of glycogen storage diseases (GSDs)		
	Infer the key biochemical and clinical features of various GSDs from the respective enzyme deficiencies.		
GIT-B-009	Describe the reactions and regulation of Hexose Mono Phosphate Pathway (HMP).	Biochemistry	Carbohydrate metabolism/ HMP Hexose Monophosphate Pathway
	Discuss the importance of HMP shunt		
	Explain hemolytic anemia in subjects suffering from G6PD deficiency.		
	Diagnose G6PD (glucose-6-phosphate dehydrogenase) deficiency based on given data.		
GIT-B-010	Describe the reactions, regulation, and biomedical importance of uronic acid pathway and sorbitol pathway	Biochemistry	Carbohydrate metabolism/ Uronic acid pathway & sorbitol pathway
GIT-B-011	Outline the reactions involved in ethanol metabolism.	Biochemistry	Carbohydrate metabolism/ Ethanol metabolism
	Explain how ethanol consumption causes hypoglycemia and fatty liver.		
GIT-B-012	Diagrammatically illustrate the organization of electron transport chain (ETC) depicting the flow of electrons	Biochemistry	Respiratory chain & oxidative phosphorylation /ETC
	Enlist the components of complex I, II, III, and IV		
	Enumerate clinically important inhibitors of electron transport chain and mention their site of action.		
GIT-B-013	Elaborate the structure of ATP synthase (complex V).	Biochemistry	Respiratory chain & oxidative phosphorylation /ATP synthesis
	Explain how the free energy generated by the transport of electrons by ETC is used to produce ATP from ADP + Pi (i.e. chemiosmotic hypothesis)		
	Elaborate the effect of oligomycin and uncouplers on ATP production.		
	Describe the effect of arsenic poisoning on carbohydrate metabolism and ATP production.		

	Elaborate the glycerol 3-P shuttle and malate-aspartate shuttle for the transfer of reducing equivalents from cytosol into the mitochondria.		
GIT-B-014	Define and classify nutrients into macro and micronutrients.	Biochemistry	Nutrition/ Balanced diet
	Elaborate the concept and importance of Balanced Diet		
	Enlist the components of balanced diet and elaborate the importance of each component.		
GIT-B-015	Delineate special nutritional requirements during pregnancy, lactation, growth, and old age.	Integrate with Community Medicine	Nutrition/ Special nutritional requirements
	Suggest dietary advice for patients suffering from diabetes mellitus, hypertension, obesity, renal disease, lactose intolerance, gluten enteropathy, hypercholesterolemia, and hemorrhoids.		
GIT-B-016	Enlist causes and types of Protein Energy Malnutrition (PEM).	Integrate with community Medicine/ Pediatrics	Nutrition/ PEM
	Differentiate between Kwashiorkor and Marasmus based on the given data		
	Enlist symptoms and signs Outline treatment strategies		
GIT-B-017	Define energy balance.	Biochemistry	Nutrition/ Caloric requirements
	Compare the energy content of macro nutrients and alcohol.		
	Suggest a simple method for estimation of caloric requirements of sedentary adults, moderately active adults, and very active adults		
GIT-B-018	Define basal metabolic rate (BMR)	Biochemistry	Nutrition/ BMR
	Elaborate the effect of various physiological and pathological factors on BMR.		
GIT-B-019	Define body mass index (BMI).	Integrate with community Medicine	Nutrition/ BMI & Obesity
	Categorize individuals into underweight, normal, overweight, obese, and morbidly obese based on their BMI values.		



	Elaborate the role of genetic, environmental, and behavioral factors in determining body weight.		
	Clearly differentiate between upper body obesity and lower body obesity.		
	Enlist health risks associated with obesity.		
GIT-B-020	Define Marasmus and Kwashiorkor	Integrated with Pediatrics	Malnutrition
	Define Malnutrition Identify various causes of malnutrition Identify the risk factors of malnutrition Outline treatment strategies	Integrated with Medicine Gastroenterology	

## PRACTICAL

CODE	BIOCHEMISTRY	TOTAL HOURS = 11+06	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
GIT-B-021	Estimate blood glucose level by glucose oxidase method and interpret the results	Biochemistry Practical	Estimations of blood/urine analytes
	Determine blood glucose level by glucometer and interpret the result.		
	Interpret the graphs related to GCT and GTT		
	Determine urine glucose by dipstick method and by chemical method and interpret the result.		
	Estimate serum amylase and interpret the result.		
GIT-B-022	Calculate BMI of given subject and interpret the results.		Interpretation of results
GIT-B-023	Demonstrate Cranial nerve V, IX & X testing	Physiology	Cranial nerve

## AGING

CODE	THEORY	TOTAL HOURS = 01	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
GIT-CM-001	Identify causes and risk factors for malnutrition in elderly		

	Outline treatment strategies	Community Medicine	Preventive Medicine in Geriatrics
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### PATHOPHYSIOLOGY AND PHARMACOTHERAPEUTICS

CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 05	
		DISCIPLINE	TOPIC
GIT-Ph-001	Classify anti diarrheal drugs and describe the pharmacokinetics, mechanism of action, pharmacological effects, uses and adverse effects	Pharmacology	Anti Diarrheal Drugs
GIT-Pa-001	Define gastritis. Enlist the types of gastritis Describe the morphological features of gastritis	Pathology	Gastritis
GIT-Pa-002	Describe the salient feature of peptic ulcer disease Discuss the role of H. Pylori in causing peptic ulcer disease	Pathology	Peptic Ulcer
GIT-Pa-003	Enumerate common infectious agents of diarrheal diseases Discuss pathogenesis and clinical features of common pathogens	Microbiology	

## PRACTICAL

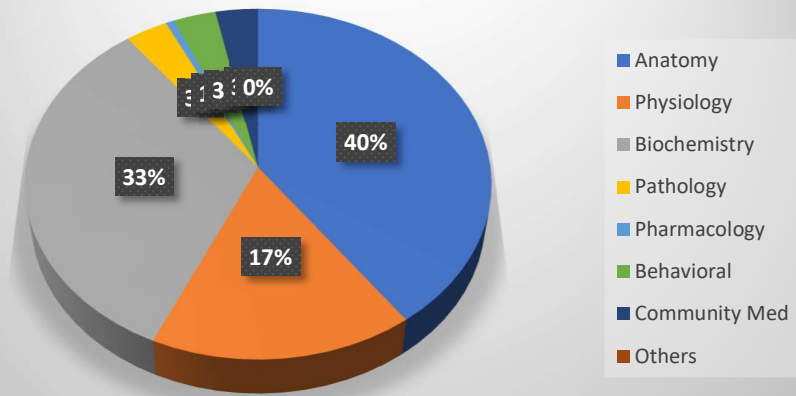
CODE	PATHOLOGY	TOTAL HOURS = 01	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
GIT-Pa-004	Describe salient features of acute & chronic gastritis	Pathology	Gastritis

### DISEASE PREVENTION & IMPACT

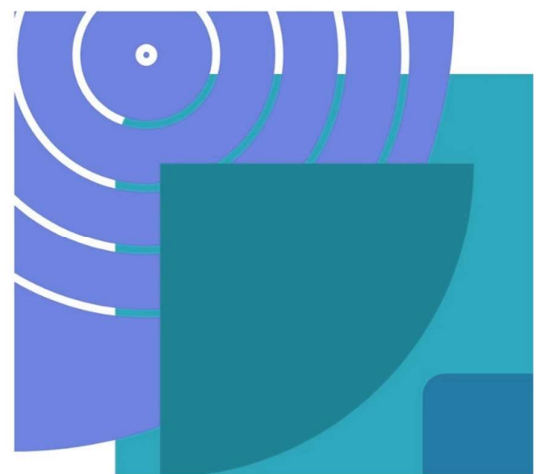
CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 09	
		DISCIPLINE	TOPIC
GIT-BhS-001	Identify health related behaviors and apply principles of learning to modify eating and addictive patterns	Behavioral Sciences	Health related behaviors
GIT-BhS-002	Discuss health belief model and its application in managing common presentations related to gastro-intestinal system		Health related believes

	Explain the transtheoretical model of changing behaviors to modify the diseases pattern		
GIT-BhS-003	Describe motivational interviewing and outline a management plan to help the individuals with obesity and diabetes to lose weight		Management of Obesity
GIT-BhS-004	Describe and distinguish Medically Un described Symptoms (MUS)		Medically Un described Symptoms
	Describe the association of psychosocial factors with MUS		
	Outline the principles of management plan according to biopsychosocial model		
	Describe role of Cognitive Behavioral Therapy (CBT)		
GIT-BhS-005	To identify effect on mental development of nutritional deficiencies		Role of nutritional deficiencies in mental development
GIT-CM-001	Describe prevention and control of polio, viral hepatitis A, cholera, typhoid and food poisoning	Community Medicine	Epidemiology of communicable diseases (Intestinal infection)
	Describe prevention and control of amoebiasis, ascariasis, hook worm infestation		
GIT-CM-002	Describe the advice to be given for breast feeding, weaning and childhood		Preventive medicine in pediatrics
	Discuss risk factors, prevention and management of protein energy malnutrition (PEM)		
GIT-CM-003	Describe balanced diet for adult and obesity		Nutrition & Health
	Plot and interpret growth chart for children under 5 years of age		
	Describe prevention and control of deficiency of Vitamin A and D		

## GIT & Nutrition-I



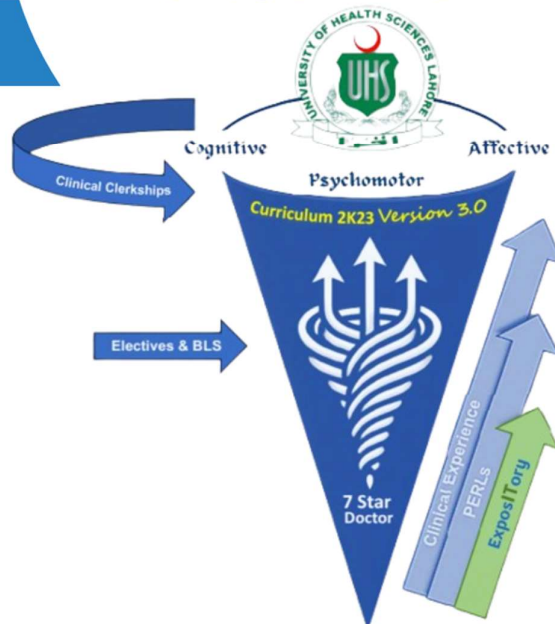
Module Weeks	Recommended Minimum Hours
06	155





# MODULE-07 RENAL-I

Modular Integrated  
Curriculum 2K23  
*version 3.0*



## MODULE RATIONALE

The renal module for second-year MBBS (Bachelor of Medicine, Bachelor of Surgery) students is a crucial component of the medical curriculum. This module is designed to provide students with a comprehensive understanding of the structure, function, and pathology of the kidneys, as well as the principles of renal physiology and the clinical management of and electrolyte balance, acid-base balance, and blood pressure. Understanding renal physiology is essential for comprehending various disease renal disorders. Here are some key rationales for including a renal module in the curriculum:

## MODULE OUTCOMES

- Discuss the gross and microscopic anatomy of kidney and urinary system.
- Explain the embryological development of kidney and urinary tract
- Explain common developmental abnormalities of renal system
- Identify role of renal system in maintaining blood pressure and acid base balance
- Enlist functions of kidney and pathologies related to them.
- Explain method of electrolyte balance and pathologies related to it.
- Highlight pathologies related to kidneys and their distinctive clinical features
- Interpret investigations done to diagnose abnormal structural and functional presentations.

## THEMES

- Kidney
- Ureter
- Bladder
- Acid/base balance

## CLINICAL RELEVANCE

- Protein in urine.
- Kidney stones.
- Kidney pain.
- Blood in urine (hematuria)
- Kidney infection.
- Acute kidney injury (AKI)
- Kidney cancer.
- Dialysis
- Control of blood pressure

## IMPLEMENTATION TORs

- The time calculation for completion of modules and blocks is based on 35 hours per week. Total hours of teaching, learning and formative/summative internal assessment to be completed in a year are 1200.
- The hours mentioned within each module are the mandatory minimum required. The rest of the hours are left to the discretion of the institution that can be used in teaching, learning and assessment as per decision of the institutional academic council.
- The content and the intended learning outcomes written are mandatory, to be taught, at the level required, as the end year assessment will be based on these.
- However, the level of cognition can be kept at a higher level by the institution.
- The Table of Specifications provided will be used for the three papers of the Second professional examination. The same table of specifications should be used for the respective three block exams for internal assessment.






## NORMAL STRUCTURE

### THEORY

CODE	GROSS ANATOMY	TOTAL HOURS = 14	
	SPECIFIC LEARNING OUTCOMES	DISCIPLINE	TOPIC
R-A-001	Describe gross features and facial coverings of kidneys.	Human Anatomy	Kidney
	Compare and contrast the relations of right and left kidneys.		
	Describe blood supply, lymphatics and nerve supply of kidney		
	Discuss the clinical aspects of kidneys		
	Demonstrate the surface marking and radiographic anatomy of kidney. Identify the side of kidney		
R-A-002	Compare and contrast the relations of right and left ureter	Human Anatomy	Ureter
	Give the constrictions of ureter		
	Describe the blood supply nerve supply and lymphatics of ureter		
	Identify the ureter.		
R-A-003	Describe the gross anatomical features, relations, surfaces, blood supply, nerve supply and lymphatics of urinary bladder	Human Anatomy	Urinary bladder
	Give the clinical correlates of urinary bladder		
	Identify the gross features and surfaces of urinary bladder		
R-A-004	Interpret basic urological signs/symptoms & investigations.	Integrate with urology	Sign/symptom/investigations
R-A-005	Describe the etiology, and management of urinary retention.		Urinary retention
R-A-006	Identify and describe the various anatomic landmarks of the renal system on radiographs.	Integrate with Radiology	radiograph
R-A-007	Describe the parts of urethra.	Human Anatomy	Urethra

CODE	EMBRYOLOGY & POST-NATAL DEVELOPMENT	TOTAL HOURS = 05	
	SPECIFIC LEARNING OUTCOMES	DISCIPLINE	TOPIC
R-A-008	Describe development of intermediate mesoderm and its derivatives	Embryology	Development of urinary system
	Describe the development of pronephros, mesonephros and metanephros	Embryology	
	Describe positional changes during descent of kidney with correlation to its blood supply	Embryology	
	Describe the development of urinary bladder and urethra	Embryology	
	List and describe the common congenital anomalies of kidney, urinary bladder and urethra.	Embryology	
CODE	MICROSCOPIC STRUCTURE	TOTAL HOURS = 04	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
R-A-009	Describe the histological, structural organization and functions of kidney with clinicals.	Histology	Structure of kidney
R-A-010	Describe the light and ultrastructure of Juxtaglomerular apparatus and glomerular filtration barrier	Histology	Juxtaglomerular apparatus
R-A-011	Describe the histological structure of ureter	Histology	Structure of ureter
R-A-012	Describe the histological structure of urinary bladder Discuss clinical correlates (Cystitis, Urinary bladder cancer, Urinary Tract Infections (UTIs))	Histology	Structure of urinary bladder
<b>PRACTICAL</b> 			
CODE	HISTOLOGY	TOTAL HOURS = 06	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
R-A-013	Identify and draw and label the histological structure of kidney and enumerate points of identification	Practical	Kidney

R-A-014	Identify, draw and label the histological structure of ureter and enumerate its points of identification	Practical	Ureter
R-A-015	Identify, draw and label the histological structure of urinary bladder and enumerate its points of identification	Practical	Urinary bladder
<b>NORMAL FUNCTION</b>			
<b>THEORY</b>			
<b>CODE</b>	<b>MEDICAL PHYSIOLOGY</b>	<b>TOTAL HOURS = 36</b>	
	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
R-P-001	Explain the general organization of the kidney and urinary tract Explain the physiological anatomy of the nephron	Physiology	Physiological anatomy of kidneys
R-P-002	Explain the renal blood supply		Renal Blood Supply
R-P-003	Discuss the sites and mechanism of action of different diuretics		Diuretics
R-P-004	Describe major composition of intracellular and extracellular fluids		Body fluid compartment
	Define Hypo and hypernatremia		
	Explain the causes of hypo & hypernatremia and their effects on Composition of body fluid compartments		
	Describe difference between iso-osmotic, hyper-osmotic, hypo-osmotic fluids		
R-P-005	Enumerate causes of Intracellular and extracellular edema	Integrate with Medicine	Edema
	Describe safety factors that prevent edema		
R-P-006	Explain the functions of the kidney	Physiology	Function
R-P-007	Describe the mechanism of micturition and its control		Micturition reflex
	Explain the role of higher center on micturition		
	Explain the physiological anatomy and innervation of bladder		
	Discuss the voluntary control of micturition		

R-P-008	<p>Explain the causes, pathophysiology, and features of atonic bladder.</p> <p>Discuss the causes, pathophysiology, and features of automatic bladder.</p> <p>Write the causes, pathophysiology, and features of uninhibited neurogenic bladder</p>	Integrate with Pathology	Abnormalities of micturition
R-P-009	<p>Enlist the steps of urine formation</p> <p>Explain the physiological anatomy and functions of glomerular capillary membrane</p> <p>Discuss the composition of filtrate</p> <p>Explain the minimal change nephropathy and increase permeability to plasma protein</p>	Physiology	Urine formation
R-P-010	<p>Define Glomerular Filtration Rate (GFR).</p> <p>Describe the determinants of GFR</p> <p>Explain the factors affecting GFR</p> <p>Discuss the hormones and autocooids that affect GFR</p> <p>Explain mechanisms of autoregulation of GFR</p> <p>Enlist the physiological and pathological factors that decrease GFR</p> <p>Explain the effects of angiotensin II blocker on GFR during renal hypoperfusion</p>	Physiology	Glomerular filtration
R-P-011	<p>Enumerate different types of transport along the kidney tubules for reabsorption</p> <p>Explain the reabsorption and secretion along different parts of the Nephron</p> <p>Explain the regulation of tubular reabsorption</p> <p>Discuss the forces / pressure and hormones that determine renal tubular reabsorption</p> <p>Explain the reabsorption of water along different parts of nephron</p> <p>Define obligatory and facultative reabsorption</p> <p>Discuss the characteristics of late distal tubules and cortical collecting ducts</p>	Physiology	Reabsorption

	Discuss the characteristics of medullary collecting ducts		
R-P-012	Explain the use of clearance method to quantify kidney function	Physiology	Clearance method
R-P-013	Describe mechanism of re-absorption of sodium along different parts nephrons	Physiology	Transport maximum
	Define and explain the term Transport maximum for the substances		
	Define filtered load for the substance		
	Justify the difference of transport maximum and renal threshold of glucose in renal tubules		
R-P-014	Explain the renal mechanisms for excreting Dilute urine	Physiology	Urine concentration and dilution
	Explain the mechanism for forming a concentrated urine		
	Discuss the role of urea in the process of counter current multiplier mechanism		
	Describe the countercurrent exchange in vasa Recta to preserve hyperosmolarity of renal medulla		
R-P-015	Define and explain the term obligatory urine volume. Define and explain free water clearance. Define Urine specific gravity.	Physiology	Obligatory urine volume
R-P-016	Enumerate different abnormalities of urinary concentrating ability	Physiology	Disorders of urine concentrating ability
R-P-017	Enumerate the types of Diabetes insipidus	Integrate with Medicine	Diabetes insipidus
	Enlist the features of diabetes insipidus		
	Explain the pathophysiology and treatment of central diabetes insipidus		
	Discuss the pathophysiology of nephrogenic diabetes insipidus		
R-P-018	Make the flow chart to show the Osmoreceptor-antidiuretic hormone ( <i>ADH</i> ) feedback mechanism for	Physiology	Osmoreceptor-ADH Feedback

	regulating extracellular fluid osmolarity in response to a water deficit.		System
	Enlist the factors which increase and decrease the release of ADH		
R-P-019	Explain the mechanism of thirst		Thirst
R-P-020	Enumerate the factors that can alter potassium distribution between intracellular and extracellular fluids	Physiology	Renal regulation of potassium
	Discuss the process of secretion of potassium by renal tubules Explain the regulation of internal potassium distribution and potassium secretion		
R-P-021	Explain the control of extracellular fluid osmolarity and sodium concentration		Control of ECF osmolarity
R-P-022	Explain the integration of renal mechanism for control of Extracellular Fluid (ECF)		Control of ECF
	Explain the importance of pressure natriuresis and diuresis in maintaining body sodium and fluid balance		
R-P-023	Explain the renal handling of calcium concentration to regulate plasma calcium concentration		Renal regulation of calcium Renal regulation of phosphate
	Enumerate the factors that alter renal calcium		
	Enlist the factors that alter renal phosphate excretion		
R-P-024	Explain the nervous and hormonal factors that increase the effectiveness of renal body fluid feedback control	Renal body fluid feedback control	
R-P-025	Explain the conditions that cause large increase in blood volume and ECF volume	Physiology	ECF and blood volume
	Explain the conditions that cause large increase ECF volume but with normal blood volume		
R-P-026	Explain the renal handling of H <sup>+</sup> ion.		Acid base balance
R-P-027	Analyze the acid base disturbances on the basis of pH, HCO <sub>3</sub> and CO <sub>2</sub>	Physiology	Acid base disturbance

	Explain the causes and compensation of metabolic acidosis		
	Explain the causes and compensation of metabolic alkalosis		
	Explain the causes and compensation of respiratory acidosis		
	Explain the causes and compensation of respiratory alkalosis		
	Explain the causes and compensation of mixed acid base disorder		
R-P-028	Define and explain anion gap	Physiology	Anion gap
<b>CODE</b>	<b>MEDICAL BIOCHEMISTRY</b>	<b>TOTAL HOURS = 23</b>	
	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
R-B-001	Discuss the synthesis and degradation of purines (De-Novo and salvage pathway)	Medical Biochemistry	Purine metabolism
R-B-002	Discuss the synthesis and degradation of pyrimidine (De-Novo and salvage pathway)		Pyrimidine metabolism
R-B-003	Outline the sequence of reactions that converts IMP to AMP and GMP and to their corresponding triphosphates		Nucleotide metabolism
R-B-004	Discuss the regulation of purine and pyrimidine biosynthesis and degradation		Regulation of purine and pyrimidine
R-B-005	Interpret the Lesh-Nhyan syndrome. Gout, SCID/ADA on basis of sign symptoms and data		Purine metabolism disorders
R-B-006	Interpret Orotic aciduria in relevance to nucleotides and urea Differentiate between CPS I and II	Medical Biochemistry	Pyrimidine metabolism disorders
R-B-007	Interpret the role of synthetic analogues of nucleotides in medicine based on sign/symptoms and data e.g Methotrexate, 5 Flurouracil and Allupurinol. Interpret the role of PABA analogs and mycophenolic acid in purine biosynthesis		Analogues of nucleotides

R-B-008	Discuss the role of Ribonucleotide reductase in Nucleotide metabolism (hydroxyurea)		Role of Ribonucleotide reductase
R-B-009	<p>Define acidosis and alkalosis.</p> <p>Classify acid base disorders.</p> <p>Enlist causes of metabolic acidosis and give its compensation.</p> <p>Enlist causes of respiratory acidosis and give its compensation.</p> <p>Enlist causes of metabolic alkalosis and give its compensation.</p> <p>Enlist causes of respiratory alkalosis and give its compensation.</p>	Biochemistry/ Integrate with Medicine	Acid Base balance imbalance/ Types of acid base disorders
R-B-010	<p>Interpret disorders metabolic and respiratory disorders of acid base balance on basis of sign, symptoms and arterial blood gas (ABG) findings</p> <p>Give biochemical explanation for tetany associated with alkalosis</p>	Biochemistry	Acid Base balance imbalance/ Tetany in alkalosis

## PRACTICAL

CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 02+10=12	
		DISCIPLINE	TOPIC
R-P-029	Perform a complete examination of the urine sample URS-10 (using urine reagent-10) and interpret its report	Physiology Practical	Interpretation of report
	Determine the specific gravity of urine		
R-B-011	Estimate blood urea, creatinine & creatinine clearance and interpret the results.	Biochemistry Practical	Interpretation of results



	Determination of proteins in urine by dipstick method and by chemical methods and interpret your results.		
	Estimate serum uric acid by kit method		
<b>PATHOPHYSIOLOGY AND PHARMACOTHERAPEUTICS</b>			
CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 14	
		DISCIPLINE	TOPIC
R-Ph-001	Classify diuretics & carbonic anhydrase inhibitor. MOA, clinical uses, and adverse effects	Pharmacology & Therapeutics	Diuretics
	Describe Thiazide & loop diuretics their Mechanism of Action, clinical uses, and adverse effects.		
	Describe Potassium sparing and osmotic diuretics their mechanism of action, clinical uses, and adverse effects.		
R-Pa-001	Discuss the etiology and pathogenesis of different types of stones.	Pathology	Renal Stones
R-Pa-002	Identify the causes, morphological aspect & outcome of hydronephrosis.		Hydronephrosis
R-Pa-003	Define pyelonephritis and enumerate its types. Describe the morphological features of acute and chronic pyelonephritis		Pyelonephritis
R-Pa-004	Define acute and chronic cystitis. Describe morphological features of different types of cystitis.		Cystitis
R-Pa-005	Enlist common causative agents of urinary tract infections and describe pathogenesis and clinical features of common causative agents of UTI.	Microbiology	UTI causative agents
R-Pa-006	Define various presentations of glomerulonephritis. Define nephrotic and nephritic syndrome. List various risk factors and outline management of glomerulonephritis.	Integrate with Medicine	Glomerulonephritis

R-Pa-007	Define AKI (acute kidney injury) Identify various risk factors and causes for AKI. Outline management strategies.		Acute Kidney Injury
R-Pa-008	Define UTI (Urinary Tract Infection)		Urinary tract infection
	Identify various risk factors and causes of UTI.		
	Describe signs and symptoms of UTI.		
	Outline management strategies.		

## PRACTICAL

CODE	PATHOLOGY	TOTAL HOURS = 01	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
R-Pa-009	Identify morphological features of acute pyelonephritis Identify morphological features of Chronic pyelonephritis	Pathology	Pyelonephritis

### DISEASE PREVENTION AND IMPACT

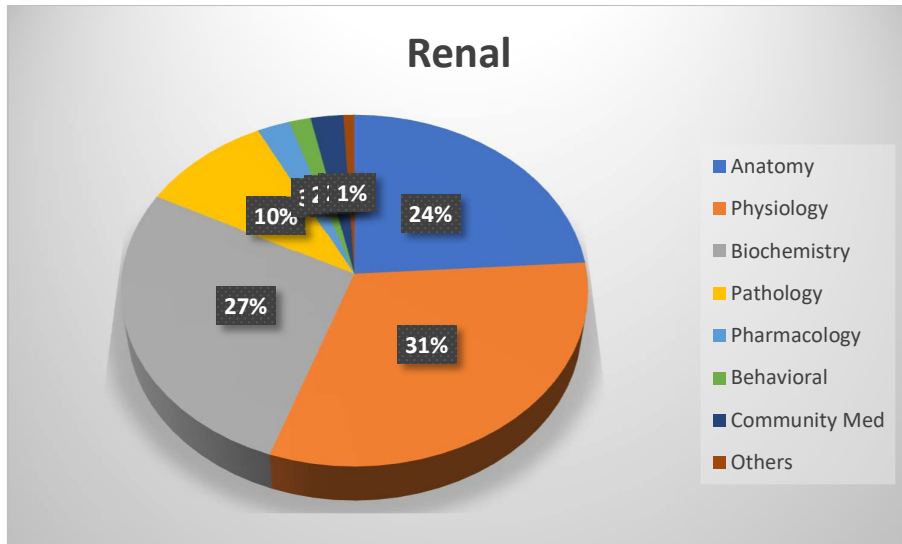
CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 04	
		DISCIPLINE	TOPIC
R-CM-001	Discuss the significance of quality of life in disease and treatment settings. Measures of health status. Disability-Adjusted Life Year (DALY) and Quality-Adjusted Life Year (QALY) Life expectancy.	Community Medicine and Public Health	Quality of life
R-BhS-001	To identify the behavioral abnormalities caused by renal function.	Behavioral Sciences	Dementia, uremic encephalopathy, delusion, muscle paralysis & Societal impact
	To identify the cognitive abnormality.		
	To identify the dangers for the patient, his family, and society.		

### AGING

CODE	THEORY	TOTAL HOURS = 02	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC

R-Ag-001	To define preventive care in diseases related to urinary system(adults). Primary, secondary, and tertiary prevention.	Community	Disease prevention
R-Ag-002	Define urinary incontinence. Outline management strategies.	Medicine	Urinary incontinence





Module Weeks	Recommended Minimum Hours
<b>04</b>	<b>121</b>

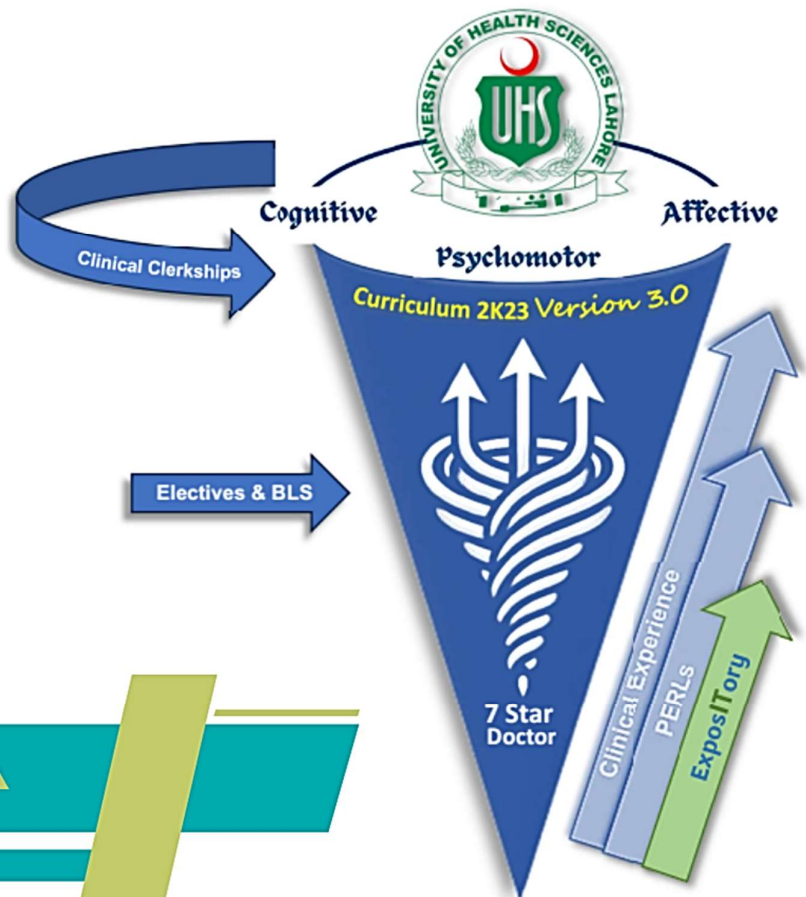




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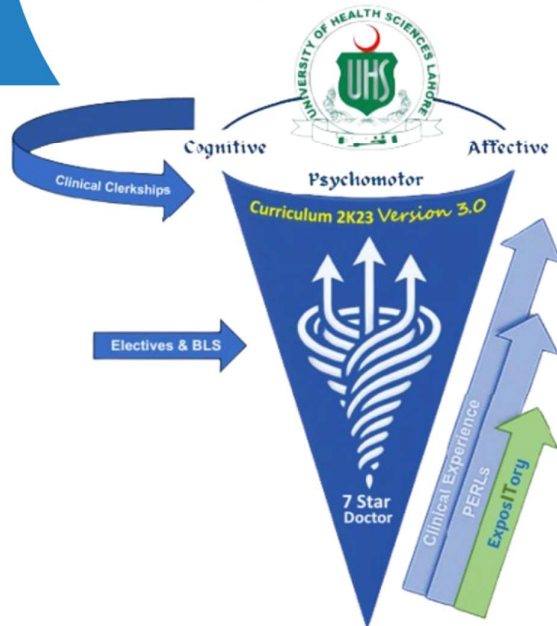
## BLOCK-05





# MODULE-08 ENDOCRINOLOGY & REPRODUCTION-I

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## MODULE RATIONALE

Endocrinal system is a unique system consists of glands which control body systems through its secretions known as hormones. These chemical compounds known as hormones play an integral role in maintaining cell activity and organ functions through biochemical signals. Human reproduction is controlled by hormones released by gonads.

Changes in hormonal levels can affect human fertility.

In this module the anatomy and physiology of the endocrine organs, functional biochemistry of the hormones secreted will be taught in integrated fashion with reference to common disease occurring in Pakistani community.

## MODULE OUTCOMES

- Explain Development, structure, hormones and regulation of pituitary gland, thyroid gland, parathyroid gland, endocrine pancreas, adrenal glands, testes and ovaries.
- Describe the etiology, pathophysiology, relevant clinical features and common investigations of disorders of these glands.
- Apply levels of prevention for common endocrinal public health issues in Pakistan.
- Elaborate events in normal pregnancy and principles of genetics.

## THEMES

- Introduction to Endocrinology, Mechanism of action, Second messenger, measurements
- Pituitary gland
- Thyroid Gland & Parathyroid Gland
- Adrenal glands
- Pancreatic Hormones
- Reproduction & Genetics

## CLINICAL RELEVANCE

- Diabetes
- Hypothyroidism & Hyperthyroidism
- Cushing Syndrome & Addison's disease
- Dysfunctional Uterine Bleeding
- Infertility

## IMPLEMENTATION TORs

- The time calculation for completion of modules and blocks is based on 35 hours per week. Total hours of teaching, learning and formative/summative internal assessment to be completed in a year are 1200.
- The hours mentioned within each module are the mandatory minimum required. The rest of the hours are left to the discretion of the institution that can be used in teaching, learning and assessment as per decision of the institutional academic council.
- The content and the intended learning outcomes written are mandatory, to be taught, at the level required, as the end year assessment will be based on these.
- However, the level of cognition can be kept at a higher level by the institution.
- The Table of Specifications provided will be used for the three papers of the Second professional examination. The same table of specifications should be used for the respective three block exams for internal assessment.





## NORMAL STRUCTURE

### THEORY

CODE	GROSS ANATOMY	TOTAL HOURS = 35	
	SPECIFIC LEARNING OUTCOMES	DISCIPLINE	TOPIC
EnR-A-001	Describe the location, anatomy blood supply and functions of pituitary gland	Anatomy	Diencephalon (Endocrinology)
EnR-A-002	Describe the Thyroid, Parathyroid with their type, Relations, blood supply, and nerve supply.	Anatomy	Thyroid & Parathyroid gland
	Explain the anatomical basis for surgical removal of the glands of neck with special emphasis on the complications that can be encountered	Anatomy	
	Identify the Thyroid with their type, relations, blood supply, and nerve supply.	Anatomy	
EnR-A-003	Describe the structure, fascia, coverings, blood and nerve supply of testis	Anatomy	Testis
EnR-A-004	Describe the gross anatomical features and neuro-vasculature of epididymis and vas deferens, Seminal vesicles, Bulbourethral gland	Anatomy	Accessory Male organs
EnR-A-005	Describe the morphological features and neurovascular supply of prostate. Describe, Draw & Label Lobes of prostate gland Correlate the clinical manifestations of prostate with lobes and/or zones of prostate		Prostate
EnR-A-006	Describe the anatomical basis and manifestations of the following conditions: 1) Hydrocele of spermatic cord and/or testes 2) Hematocele of testes 3) Torsion of the spermatic cord 4) Varicocele Vestigial remnants of embryonic genital duct	Anatomy	Testis clinical conditions
	Describe the anatomical basis of vasectomy, & metastasis of cancer of testis and scrotum	Anatomy	

EnR-A-007	Describe shape, relations blood supply & nerve supply of suprarenal gland	Anatomy	Supra-Renal Gland
	Explain the anatomical causes of Adrenal Abnormalities	Anatomy	
EnR-A-008	Define Bony Pelvis (Girdle) and describe the structures forming it.	Anatomy	Pelvic Girdle
	Describe the bones and salient anatomical features of Bony pelvis (girdle)	Anatomy	
EnR-A-009	Describe the type, articulations and mechanics of movements {axes and planes} of the following joints: 1) Sacro-Iliac 2) Pubic Symphysis 3) Lumbosacral 4) Sacrococcygeal	Anatomy	Sacroiliac-Joint
EnR-A-010	List the contents of True and False Pelvis	Anatomy	Bony Pelvis (Girdle)
	Tabulate the differences between male and female pelvis	Anatomy	
	Describe different types of pelvises	Anatomy	
	Describes different diameters of pelvis and their application in obstetric practice	Anatomy (Obs & Gynae)	
EnR-A-011	Describe the anatomical basis of pelvic fractures and their consequences	Anatomy	Pelvic Girdle
	Describe the topographical anatomy of pelvic walls and its components	Anatomy	
	Describe the mechanics of changes occurring in pelvic ligaments and joint mobility in late pregnancy	Anatomy (Obs & Gynae)	
EnR-A-012	Describe the topographical anatomy of pelvic floor.	Anatomy	Pelvic floor
	Describe origin, insertion, nerve supply and actions of muscle forming pelvic floor	Anatomy	
EnR-A-013	Tabulate the attachments, innervations and actions of muscles forming the pelvic walls and floor	Anatomy	Pelvic Muscles
EnR-A-014	Describes injury to pelvic floor during child birth and its complications	Anatomy (Obs & Gynae)	Pelvic Girdle
EnR-A-015	Describe the peritoneal reflections in the male and female pelvis	Anatomy	Peritoneum peritoneal cavity of pelvis

EnR-A-016	Describe the gross anatomical features of Sacrum	Anatomy	Sacrum
EnR-A-017	Describe the gross anatomical features of pelvic fascia	Anatomy	Pelvic Fascia
EnR-A-018	Describe the boundaries of pelvic outlet and inlet	Anatomy	Pelvic Outlet and inlet
	Enumerate the structures passing through the pelvic inlet and pelvic outlet	Anatomy	
EnR-A-019	Tabulate the differences in peritoneal reflections in male and female pelvis	Anatomy	Peritoneal Reflection in Pelvis
EnR-A-020	Describe the origin, course, branches and distribution of common iliac artery	Anatomy	Pelvic Vessels
	Describe the origin, course, branches and distribution of external and internal iliac arteries	Anatomy	
	Describe the origin, course, tributaries and area of drainage of pelvic veins	Anatomy	
EnR-A-021	Describe the location, afferents and efferent of pelvic lymph nodes	Anatomy	Pelvic Lymph Nodes
EnR-A-022	Tabulate the origin, course, distribution and anastomosis of arteries of the pelvis	Anatomy	Pelvic Vessels & Pelvic nerves
	Describe the origin, root value, course, relations, branches and distribution of Pelvic nerves	Anatomy	
	Describe the anatomical basis and clinical picture for ligation of internal iliac artery and collateral circulation in pelvis	Anatomy	
	Describe the clinical picture and anatomical basis for the injury to pelvic nerves	Anatomy	
	Give anatomical justification for pelvic nerve blocks	Anatomy	
EnR-A-023	Describe the morphological features of urethra (male and female)	Anatomy	Pelvis
	Tabulate the parts of the male urethra with their location and salient features	Anatomy	
	Describe the clinical picture and anatomical justification for Ureteric Calculi, Cystocele, Suprapubic Cystotomy, Rupture of Bladder	Anatomy	

	Describe the clinical picture and anatomical justification for Hypertrophy of Prostate	Anatomy	
	Describe the gross anatomical features of Ovaries and Fallopian Tubes with their relations, blood supply, nerve supply and lymphatic drainage  Describe related clinical conditions: 1) Positions of ovaries 2) Cysts of ovaries 3) Ectopic pregnancy 4) Tubal ligation 5) Salpingitis	Anatomy	
	Describe the gross anatomical features, parts, peritoneal ligaments, blood supply, nerve supply & lymphatic & clinical aspects of Uterus and Vagina  Describe related clinical conditions 1. Prolapse of uterus 2. Vaginal trauma 3. culdocentesis	Anatomy	
	Describe, identify, justify and demonstrate the supports of uterus	Anatomy	
EnR-A-024	Describe the gross anatomical features of Boundaries & divisions of perineum	Anatomy	Perineum
	Draw and label the boundaries of perineum	Anatomy	
	List the contents of perineum	Anatomy	
	Tabulate the differences between the Male and female perineum	Anatomy	
	Describe the attachments of the perineal membrane and list its relations	Anatomy	
	Discuss the formation of Superficial and Deep Perineal Pouches	Anatomy	
	List the contents of Superficial and Deep Perineal Spaces	Anatomy	

	Tabulate the attachments, actions and nerve supply of muscles of perineum	Anatomy	
	Describe the topographical anatomy and neuro-vasculature of Penis	Anatomy	
	Tabulate the muscles forming the perineal body with their attachments and nerve supply	Anatomy	
EnR-A-025	Describe the clinical presentation and anatomical justification for: <ul style="list-style-type: none"> <li>1) Hypospadias</li> <li>2) Phimosis</li> <li>3) Circumcision</li> <li>4) Erectile Dysfunction</li> <li>5) Internal Hernias</li> <li>6) Suprapubic Cystotomy</li> <li>7) Rupture Of Bladder</li> <li>8) Rectal Examination</li> <li>9) Disposition Of Uterus</li> </ul>	Anatomy	Pelvis
EnR-A-026	Describe the extent, structure, vascular supply, lymphatic drainage of Breast (Mammary Glands)	Integrate with Medicine	Mammary Gland
	Demonstrate palpation of breast and define its relation to the Fibrous septa in Carcinoma of Breast	Integrate with Surgery	
	Explain the anatomical basis of position adopted for breast examination and mammography.	Integrate with Radiology	
<b>CODE</b>	<b>EMBRYOLOGY &amp; POST-NATAL DEVELOPMENT</b>	<b>TOTAL HOURS = 14</b>	
	<b>SPECIFIC LEARNING OUTCOMES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
EnR-A-027	Describe the contributing factors, histogenesis and sequence of events of the development of Thyroid gland	Anatomy	Development of Thyroid gland
	Explain the embryological basis of the Thyroglossal Cyst	Anatomy	
	Draw a concept map highlighting the development of thyroid gland	Anatomy	
EnR-A-028	Describe the development of para-thyroid glands	Anatomy	Development

	Draw a concept map highlighting the development of para-thyroid gland	Anatomy	Of Parathyroid glands
EnR-A-029	Anatomically justify the clinical presentation of: 1. Ectopic Parathyroid 2. Aberrant Thyroid	Anatomy	Development of Thyroid, Parathyroid
EnR-A-030	Describe the development of pituitary gland Describe the embryological basis for the congenital anomalies of pituitary development	Anatomy	Development of Pituitary Gland
EnR-A-031	Describe the contributing factors, histogenesis and the development of adrenal gland	Anatomy	Development Of Adrenal Gland
	Draw a concept map for the development of adrenal gland	Anatomy	
	Describe the embryological basis for the congenital anomalies of adrenal development	Anatomy	
EnR-A-032	Identify the stages in the development of the adrenal gland	Anatomy	Adrenal Gland
EnR-A-033	Describe the indifferent gonads	Anatomy	Development of Reproductive system
	List and describe the Factors influencing the differentiation of gonads		
	Evaluate the role of the factors influencing Sex determination and differentiation		
	Describe the Development and descent of testis	Anatomy	
EnR-A-034	Describe the embryological basis and locations of undescended testes	Anatomy	Testis
EnR-A-035	Draw a concept map highlighting the development of testis	Anatomy	Development of Reproductive system
	Explain the Development and descent of ovaries	Anatomy	
	Draw a concept map highlighting the development of ovaries	Anatomy	
	Describe the anatomical basis for indifferent gonads, Klinefelter, turner syndromes & androgen insufficiency	Anatomy	
	Describe the Formation of Genital Ducts In different stage (paramesonephric and mesonephric ducts)	Anatomy	

	Development of Mammary gland. Describe related clinical anomalies.		
	Describe the development of female genital ducts and glands, Development of uterus & Vagina. Describe related clinical anomalies: 1) Uterus Arcuatus 2) Uterus septus 3) Uterus Bicornis Bicolis 4) Uterus Bicornis Unicollis 5) Uterus Unicornis 6) Atresia of vagina 7) Double vagina 8) Imperforate hymen	Anatomy	
	Describe the development of male genital ducts and glands	Anatomy	
	Discuss the Development of male external genitalia	Anatomy	
	Describe the Development of female external genitalia	Anatomy	
	Explain the anatomical basis for the Associated congenital anomalies of male and female external genitalia (Hyposidiasis, Epispidiasis)	Anatomy	
	Describe the development of inguinal canal and descent of testis and embryological basis for Cryptorchidism, Ectopic Testis, Congenital Inguinal Hernia, Hydrocele	Anatomy	
	Klinefelter, turner syndromes & androgen insufficiency Describe the embryological basis for the coverings of testis	Anatomy	
<b>CODE</b>	<b>MICROSCOPIC STRUCTURE (HISTOLOGY &amp; PATHOLOGY)</b>	<b>TOTAL HOURS = 14</b>	
	<b>SPECIFIC LEARNING OUTCOMES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
EnR-A-036	Describe the histological basis and manifestation of Gastric Carcinoid Tumors	Anatomy/ Pathology	Stomach
	Classify the principal Enteroendocrine Cells on the basis of type, location, hormone produced and Actions	Anatomy	
EnR-A-037	Describe microscopic structure of Pituitary gland.	Anatomy	Pituitary Gland



	Classify pituitary gland on the basis of cell type, hormone produced and functions	Anatomy	
	Explain the histological basis and manifestation of Pituitary Adenomas	Anatomy	
EnR-A-038	Describe the light microscopic structure of Adrenal Gland	Anatomy	Adrenal Gland
	Explain the histological basis and manifestation of Addison disease	Anatomy	
EnR-A-039	Describe the light microscopic structure of endocrine pancreas	Anatomy	Pancreas
	Classify the pancreatic islets on the basis of cell type, hormone produced and functions	Anatomy	
	Explain the histological basis and manifestation of Diabetes Mellitus	Anatomy	
	Explain the components and functions of neuroendocrine system	Anatomy	
EnR-A-040	Describe the light microscopic structure of Thyroid Gland	Anatomy	Thyroid Gland
	Describe the light microscopic structure of Parathyroid Gland	Anatomy	
	Describe the light microscopic structure of Pineal gland	Anatomy	
EnR-A-041	Describe the light and ultramicroscopic structure of Testes, structure & function of Sertoli cells. Describe Blood testes Barrier	Anatomy	Testes
	Describe the histological basis and manifestation of Orchitis, Cryptorchidism	Anatomy Pathology	
EnR-A-042	Describe the light microscopic structure of Epididymis	Anatomy	Epididymis
EnR-A-043	Describe the light microscopic structure of vas deferens	Anatomy	Vas deferens
EnR-A-044	Describe the light microscopic structure of seminal vesicle	Anatomy	Seminal Vesicle
EnR-A-045	Describe the light microscopic structure of Prostate Gland	Anatomy	Prostate gland
	Describe the lobes of prostate and correlate with the pathologies of prostate	Anatomy pathology	
EnR-A-046	Describe the light microscopic structure of ovaries	Anatomy	Ovaries

	Describe the light microscopic structure of ovarian follicles in different stages of menstrual cycle.	Anatomy	
	Describe the histological basis and manifestation of Polycystic Ovary Syndrome	Anatomy Pathology	
EnR-A-047	Discuss the light microscopic structure of uterus	Anatomy	Uterus
	Describe the light microscopic structure of different stages of Menstrual cycle	Anatomy	
	Describe the histological basis and manifestation of Endometriosis	Anatomy Gynae & Obs.	
EnR-A-048	Describe the light microscopic structure of Fallopian Tube.	Anatomy	Fallopian Tube
EnR-A-049	Describe the light microscopic structure of Cervix	Anatomy	Cervix
	Describe the histological basis and manifestation of Cervical Carcinoma	Anatomy Pathology	
EnR-A-050	Describe the light microscopic structure of Vagina	Anatomy	Vagina
EnR-A-051	Describe light microscopic structure of mammary gland (inactive, during pregnancy, after lactation) Discuss histological basis of Breast cancer	Anatomy pathology	Mammary Gland

## PRACTICAL

CODE	HISTOLOGY	TOTAL HOURS = 11	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
EnR-A-052	Identify draw & Label the Pituitary gland under light microscope	Anatomy	Pituitary gland
EnR-A-053	Identify draw & label the Thyroid & Parathyroid glands under light microscope	Anatomy	Thyroid & Parathyroid
EnR-A-054	Identify draw & Label the Adrenal gland under light microscope	Anatomy	Adrenal Gland
EnR-A-055	Identify draw & Label Testes, Epididymis & Vas deferens under the light Microscope	Anatomy	Testes Epididymis Vas Deferens

EnR-A-056	Identify draw & label the seminal vesicle & prostate gland under light Microscope	Anatomy	Seminal Vesicle Prostate Gland
EnR-A-057	Identify, draw and label the ovaries under light microscope	Anatomy	Ovaries
EnR-A-058	Identify, draw and label the slide of different phases of uterus under light microscope	Anatomy	Uterus
EnR-A-059	Identify, draw and label the fallopian tube under light microscope	Anatomy	Fallopian Tube
EnR-A-060	Identify, draw and label the cervix under light microscope	Anatomy	Cervix
EnR-A-061	Identify, draw and label the vagina under light microscope	Anatomy	Vagina
EnR-A-062	Identify, draw and label the mammary gland (different stages) under light microscope	Anatomy	Mammary gland

## NORMAL FUNCTION

### THEORY

CODE	MEDICAL PHYSIOLOGY	TOTAL HOURS = 59	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
EnR-P-001	Define different chemical messengers. Enlist endocrine organs and hormones of the body. Enlist the hormones on the basis of chemical nature. Discuss the feedback control of hormone secretion. Explain the up and down regulation of receptors. Enlist the location of hormone receptors. Explain the mechanism of intracellular signaling after hormone receptor activation. Name the hormones that use enzyme-linked hormone receptors signaling. Explain the mechanism of enzyme linked receptors. Enlist second messenger mechanisms for mediating intracellular hormonal functions. Define second messenger system. Explain the adenylyl cyclase– cAMP Second Messenger System.	Physiology	Introduction to Endocrinology

	<p>Enumerate the hormones that use the adenylyl cyclase–cAMP Second Messenger System.</p> <p>Explain The cell membrane phospholipid second messenger System.</p> <p>Enumerate the hormones that use cell membrane phospholipid second messenger system.</p> <p>Explain the mechanism of calcium Calmodulin system.</p>		
EnR-P-001	<p>Name the hormones/ factors of hypothalamus.</p> <p>Name the hormones of anterior pituitary.</p> <p>Name the hormones of posterior pituitary.</p> <p>Describe the functional relationship between hypothalamus, anterior and posterior pituitary gland.</p> <p>Explain the significance of hypothalamic- hypophysial portal circulation.</p> <p>Explain the hypothalamic pituitary tract.</p> <p>Explain the mechanism of action of growth hormone.</p> <p>Explain the actions of Growth hormone on Carbohydrate.</p> <p>Discuss the actions of Growth hormone on protein metabolism.</p> <p>Describe the actions of Growth hormone on fat metabolism.</p> <p>Explain the effect of growth hormone on skeletal growth and age.</p> <p>Explain the significance of somatomedins in mediating the actions of growth hormone.</p> <p>Describe the regulation of Growth Hormone.</p> <p>Describe the causes and features and treatment of panhypopituitarism in adults and childhood.</p> <p>Define Sheehan's syndrome.</p> <p>Enlist the types of dwarfism according to cause.</p> <p>Explain the pathophysiology and features of gigantism and acromegaly.</p> <p>Explain the mechanism of action of antidiuretic hormone.</p> <p>Discuss the actions of antidiuretic hormone.</p>	Physiology	Hypothalamus / Pituitary Gland

	<p>Regulation of antidiuretic hormone production.</p> <p>Elaborate the mechanism of action of oxytocin.</p> <p>Discuss the actions of oxytocin.</p>		
EnR-P-002	<p>Discuss the transport of thyroid hormone</p> <p>Discuss the mechanism of action of thyroid hormone</p> <p>Explain the actions of thyroid hormone on carbohydrate metabolism</p> <p>Discuss the actions of thyroid hormone on protein metabolism</p> <p>Explain the actions of thyroid hormones on fat metabolism</p> <p>Explain the non-metabolic functions of thyroid hormone</p> <p>Explain the regulation of thyroid hormone</p> <p>Enumerate antithyroid substances and explain their mechanism of action</p> <p>Enumerate the causes of hyperthyroidism</p>	Physiology	Thyroid gland
	<p>Explain the features, pathophysiology and treatment of thyrotoxicosis/ grave's disease</p> <p>Explain the thyroid function test to investigate hypo and hyperthyroidism</p> <p>Enlist the causes of hypothyroidism</p> <p>Explain the pathophysiology of Hashimoto hypothyroidism</p> <p>Discuss the features and pathophysiology and treatment of myxedema</p> <p>Explain the pathophysiology and features of endemic colloid goiter</p> <p>Discuss the pathophysiology and features of nontoxic colloid goiter</p> <p>Enlist the causes of cretinism</p> <p>Discuss the features and pathophysiology of cretinism</p>		
EnR-P-003	<p>Name the hormones of adrenal cortex.</p> <p>Explain the physiological anatomy of adrenal cortex.</p> <p>Explain the cellular mechanism of Aldosterone action.</p> <p>Explain the effects of mineralocorticoid hormone.</p>	Physiology & Pathology	Adreno cortical hormones

	<p>Discuss the regulation of aldosterone secretion.</p> <p>Discuss the metabolic and non-metabolic functions of cortisol</p> <p>Explain the interconversion of active cortisol and inactive cortisone by the 2, 11 beta hydroxysteroid dehydrogenase isoform.</p> <p>Explain the mechanism for regulation of glucocorticoid secretion by hypothalamus and pituitary</p> <p>Name adrenal androgens and enlist the functions of adrenal androgens.</p> <p>Discuss the causes, features, pathophysiology and treatment of hypoadrenalism (Addison's disease).</p> <p>Enlist the causes of hyperadrenalism.</p> <p>Explain the features, pathophysiology and treatment of Cushing's syndrome.</p> <p>Differentiate between Cushing's syndrome and Cushing's disease</p> <p>Explain the clinical importance of dexamethasone suppression test to diagnose Cushing's syndrome.</p> <p>Discuss the features, pathophysiology and treatment of Conn's syndrome.</p> <p>Enlist the cause, features and pathophysiology of congenital adrenal hyperplasia/ Androgenital syndrome.</p>		
EnR-P-004	<p>Enumerate the types of pancreatic cells with their hormones.</p> <p>Explain the mechanism of action of insulin.</p> <p>Discuss the synthesis and mechanism of release of insulin.</p> <p>Explain the effects of insulin on carbohydrate, protein and lipid metabolism.</p> <p>Enlist the actions of insulin on liver, adipose tissue and skeletal muscle.</p> <p>Enlist the factors and conditions that increase or decrease insulin secretion.</p>	Physiology	Pancreatic hormones

	<p>Explain the role of insulin (and other hormones) in “switching” between carbohydrate and lipid metabolism.</p> <p>Discuss the effects of glucagon on carbohydrate and lipid metabolism.</p> <p>Explain the factors that regulate the secretion of glucagon.</p> <p>Explain the 24-hour regulation of glucose.</p> <p>Discuss the importance of blood glucose regulation.</p> <p>Explain the actions of somatostatin.</p>		
EnR-P-005	<p>Enlist the types of diabetes mellitus</p> <p>Explain the causes of Type I and type II diabetes mellitus</p> <p>Discuss the features and pathophysiology of diabetes mellitus</p> <p>Explain the role of insulin resistance, obesity and metabolic syndrome in developing type II diabetes mellitus</p> <p>Explain how to diagnose the diabetes mellitus</p> <p>Explain the treatment of type I and type II diabetes mellitus</p> <p>Explain the features, cause of insulinoma</p>	Physiology	Abnormalities of Glucose regulation
EnR-P-006	<p>Discuss the physiological anatomy of parathyroid gland</p> <p>Explain the rapid and slow mechanism of resorption of bone by parathyroid hormone</p> <p>Discuss the actions of parathyroid</p> <p>Explain the control of parathyroid secretion by calcium ion concentration</p>	Physiology	Parathyroid hormones
EnR-P-007	<p>Discuss the effects of Vitamin D</p> <p>Discuss the effects of calcitonin on calcium</p> <p>Discuss the regulation of calcium (the first &amp; second line of defense)</p> <p>Explain the causes and features of hypoparathyroidism</p> <p>Explain the causes and the features of primary and secondary hyperparathyroidism</p> <p>Enumerate the causes and features of osteoporosis</p>	Physiology	Regulation of calcium in body
EnR-P-008	<p>Enlist the functions of adrenal medullary hormones and explain pheochromocytoma</p>	Physiology	Adreno medullary hormones

EnR-P-009	<p>Describe the hormonal factors that affect spermatogenesis</p> <p>Explain the maturation and storage of sperm in epididymis</p> <p>Discuss the structure and physiology of a mature sperm</p> <p>Describe the composition of semen</p> <p>Discuss the functions of prostate &amp; seminal vesicles in the formation of semen</p> <p>Explain the phenomenon of capacitation and its significance</p> <p>Describe the acrosome Reaction and its significance</p> <p>Discuss the role of pineal gland in reproduction</p>	Physiology	<p>Spermatogenesis</p> <p>Capacitation &amp; Acrosome reaction</p>
EnR-P-010	<p>Discuss the site of secretion of testosterone</p> <p>Name the active form of testosterone</p> <p>Explain the production of estrogen in males</p> <p>Describe the basic intracellular mechanism of action of testosterone</p> <hr/> <p>Explain the functions of testosterone in intrauterine life and after birth</p> <p>Discuss the regulation of male sexual functions by hormones from the hypothalamus and anterior pituitary gland</p>	Physiology	Testosterone
EnR-P-011	<p>Enumerate and explain the phases of ovarian cycle along with the hormonal changes</p> <p>Explain the postulated mechanism of ovulation</p> <p>Explain the formation and involution of Corpus luteum</p> <p>Endometrial cycle</p> <p>Explain the structural and hormonal changes of endometrial cycle</p> <p>Explain the regulation of female monthly cycle</p> <p>Discuss the role of progesterone on female sexual organs</p>	Physiology	Menstrual cycle
EnR-P-012	<p>Enumerate the ovarian hormones</p> <p>Discuss the synthesis of estrogen and progesterone</p>	Physiology	Female sexual hormones



	Describe the interaction of follicular theca and granulosa cells for production of estrogens with the help of a diagram Explain the functions of the estrogens on different organs Discuss the role of progesterone on female sexual organs		
EnR-P-013	Explain the physiological basis of puberty, menarche Define menopause Explain the cause of menopause Discuss the physiological changes in the function of the body at the time of menopause	Physiology	Puberty, menarche & menopause
EnR-P-014	Explain the non-hormonal functions of placenta Explain the hormonal factors in pregnancy/ hormones of placenta Explain the changes in non- placental hormones during pregnancy Response of the mother's body to pregnancy Explain the mechanical and hormonal factors that increase uterine contractility during parturition	Physiology	Normal Pregnancy
EnR-P-015	Explain the physiology of lactation Discuss the actions of prolactin Justify the suppression of ejection of milk during pregnancy Discuss the physiological basis of suppression of the female ovarian cycles in nursing mothers for many months after delivery	Physiology	Lactation
<b>CODE</b>	<b>MEDICAL BIOCHEMISTRY</b>	<b>TOTAL HOURS = 35</b>	
	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
EnR-B-001	Define different chemical messengers. Enlist endocrine organs and hormones of the body. Enlist the hormones on the basis of chemical nature. Discuss the feedback control of hormone secretion. Explain the up and down regulation of receptors. Enlist the location of hormone receptors.	Biochemistry	Introduction to Endocrinology

	<p>Explain the mechanism of intracellular signaling after hormone receptor activation.</p> <p>Name the hormones that use enzyme-linked hormone receptors signaling.</p> <p>Explain the mechanism of enzyme linked receptors.</p> <p>Explain the mechanism of hormones that receptors present in cytoplasm and nucleus (act on genetic machinery).</p> <p>Enlist second messenger mechanisms for mediating intracellular hormonal functions.</p> <p>Define second messenger system.</p> <p>Explain the adenylyl cyclase– cAMP Second Messenger System.</p> <p>Enumerate the hormones that use the adenylyl cyclase– cAMP Second Messenger System.</p> <p>Explain The cell membrane phospholipid second messenger System.</p> <p>Enumerate the hormones that use cell membrane phospholipid second messenger system.</p> <p>Explain the mechanism of calcium Calmodulin system.</p>		
EnR-B-002	Describe the features of Signal transduction Describe different types of receptors	Biochemistry	Signal Transduction
EnR-B-003	Discuss the classification of hormones	Biochemistry	Classification of hormones
EnR-B-004	<p>Describe different types of second messengers</p> <p>Differentiate the G protein and non-G protein mediated pathways of signal transduction</p> <p>Discuss the hormones which act through: Cyclic AMP (Adenosine monophosphate)</p> <p>Discuss the hormones which act through: Cyclic GMP (guanosine monophosphate)</p> <p>Discuss the hormones which act through calcium phosphoinositol</p> <p>Describe the Receptor tyrosine kinase pathway of signal transduction</p>	Biochemistry	Second messengers

	<p>Explain the Serine threonine kinase pathway of signal transduction</p> <p>Discuss the Nuclear Receptor mediated pathway of signal transduction</p> <p>Describe the Receptor coupled to Jak Stat pathway of signal transduction</p>		
	Explain the control and negative feedback mechanism of hormone regulation	Biochemistry	
	Discuss the biosynthesis, secretion, mechanism of action and metabolic functions of Insulin, glucagon, epinephrine, cortisol, thyroid and growth hormone with special reference to carbohydrate, protein and lipid metabolism	Biochemistry	
	Interpret disorders of hormones on the basis of sign, symptoms and given data	Biochemistry	
EnR-B-005	Explain the synthesis, secretion, transport and clearance of steroid and protein hormones.	Biochemistry	Synthesis of Hormones
EnR-B-006	Enlist the steps in the synthesis of adrenocortical hormone. Explain the synthesis and secretion of ACTH (Adrenocorticotropic hormone) in association with melanocyte-stimulating hormone, lipotropin, and endorphin.	Biochemistry	Synthesis of ACTH & adrenocortical
EnR-B-007	Explain the structure, biosynthesis, secretion, transport, regulation, catabolism, mechanism of action and biochemical role of testosterone, progesterone and estrogen	Biochemistry	Synthesis of testosterone, progesterone and estrogen
EnR-B-008	Discuss the role of steroid hormones in oral contraception, Infertility	Biochemistry	Steroid in infertility
EnR-B-009	Define the following terms: chromosome, allele (dominant and recessive), gene, locus, heterozygote, homozygote, hemizygous, autosome, genotype, phenotype, haploid and diploid number of chromosomes, aneuploidy, proband, proposita, pedigree, propositus, penetrance, codominance and polygenic	Biochemistry	Nomenclature of genetics

EnR-B-010	Discuss the structures of genes, how they are organized and regulated.	Biochemistry	Genes
EnR-B-011	Describe Mendelian Law of Segregation and Law of Independent Assortment.	Biochemistry	Mendelian laws
EnR-B-012	Describe the patterns of inheritance characteristic of autosomal dominant, autosomal recessive, X- linked dominant, X-linked recessive and mitochondrial traits.	Biochemistry	Patterns of inheritance
EnR-B-013	Interpret genetic symbols as they appear in pedigrees.	Biochemistry	Pedigrees
EnR-B-014	Analyze pedigree to determine the mode of inheritance of following traits: 1) X-linked recessive (Duchenne Muscular dystrophy) 2) X-linked dominant (Rickets) 3) Autosomal recessive (Xeroderma Pigmentosum) 4) Autosomal dominant (Huntington's Disease)) Mitochondrial disorder (Mitochondrial diabetes)	Biochemistry	Mode of inheritance
EnR-B-015	Discuss different structural and numerical chromosomal abnormalities.	Biochemistry	Chromosomal abnormalities
EnR-B-016	Interpret the normal human karyotype in terms of number and structure of chromosomes.	Biochemistry	Karyotypes
EnR-B-017	Describe the effect of the following chromosomal mutations on a segment of DNA: point mutation, frameshift mutation, deletion, insertion, inversion, Robertsonian Translocation and mosaicism.	Biochemistry	Mutations
EnR-B-018	Discuss the concept of central dogma from gene to protein	Biochemistry	Central dogma
EnR-B-019	Describe in detail all the steps in prokaryotic DNA replication with emphasis on: Different proteins required, Primers, DNA polymerase; their different components and functions, Initiation, elongation and termination of replication, Topoisomerases	Biochemistry	Prokaryotic DNA replication
EnR-B-020	Describe in detail all the steps in Eukaryotic DNA replication with emphasis on differences between Pro- and Eukaryotes	Biochemistry	Eukaryotic DNA replication

EnR-B-021	Discuss telomeres and Telomerase and their clinical significance		Telomeres and Telomerase
EnR-B-022	Describe DNA repair, mutation and cancers		DNA Repair
	Interpret Xeroderma pigmentosa on basis of sign /symptoms and data		
EnR-B-023	Explain the transcription in prokaryotes focusing on the following key points; RNA polymerase, its components and functions, Initiation, elongation and termination of transcription.		Transcription in prokaryotes
EnR-B-024	Illustrate the transcription in eukaryotes focusing on the differences between pro- and eukaryotic replication		Transcription in Eukaryotes
EnR-B-025	Discuss post transcriptional modifications		post transcriptional modifications
EnR-B-026	Describe the role of Wobble hypothesis in codon recognition by tRNA	Biochemistry	Wobble hypothesis
EnR-B-027	Interpret the translation focusing on the following key points: Initiation, elongation and termination		Translation
EnR-B-028	Describe Post-translational modification of proteins		Post-translational modification
	Illustrate RNA dependent synthesis of RNA and DNA		
EnR-B-021	Discuss the gene expression especially Lac operon and Tryptophan operon	Biochemistry	Gene Expression
	Discuss the regulation of eukaryotic gene expression with special emphasis on iron metabolism and RNA interference		
EnR-B-022	Discuss the following Recombinant DNA techniques with reference to their principles, procedures and application: <ol style="list-style-type: none"> <li>1) PCR (Polymerase Chain Reaction)</li> <li>2) RFLP (Restriction Fragment Length Polymorphism)</li> <li>3) Cloning</li> <li>4) Human Genome Project</li> <li>5) Blotting Techniques</li> <li>6) DNA (Deoxyribose Nucleic Acid) sequencing</li> <li>7)</li> </ol>	Biochemistry	Techniques

# PRACTICAL

CODE	BIOCHEMISTRY	TOTAL HOURS = 06+02=08	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
EnR-B-023	Demonstrate DNA extraction	Biochemistry	DNA
EnR-B-024	Demonstrate Gel Electrophoresis	Biochemistry	Electrophoresis
EnR-B-025	Demonstrate PCR	Biochemistry	PCR
EnR-B-026	Demonstrate ELISA (enzyme-linked immunoassay) to measure concentration of hormones	Biochemistry	ELISA
EnR-P-016	Perform Pregnancy test	Physiology	Pregnancy test

## PATHOPHYSIOLOGY AND PHARMACOTHERAPEUTICS

CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 02	
		DISCIPLINE	TOPIC
EnR-Ph-001	Explain the mechanism of action of thyroxine	Pharmacology	Anti thyroid substance & MOA, uses, effects
	Explain Clinical uses and potential adverse effects with use of Thyroxine		

CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 12	
		DISCIPLINE	TOPIC
EnR-Pa-001	Enumerate clinical manifestations along with hormone levels of anterior pituitary Classification of pituitary adenomas	Pathology	Pathology of Anterior Pituitary Gland
EnR-Pa-002	Enumerate and describe posterior pituitary syndromes (inappropriate ADH (Anti Diuretic Hormone) secretion, diabetes insipidus)	Pathology	Pathology of Posterior Pituitary Gland
EnR-Pa-003	Define thyroiditis Describe salient morphological features of clinically significant subtypes of thyroiditis i. Hashimoto Thyroiditis ii. Granulomatous Thyroiditis	Pathology	Thyroiditis

EnR-Pa-004	Describe the pathogenesis & salient morphological features of Grave's Disease Describe the pathogenesis & salient morphological features of Diffuse and Multinodular goiter	Pathology	Grave's Disease
EnR-Pa-005	Enumerate causes of hypo and hyperthyroidism along with levels of thyroid hormones	Pathology	Pathology of Thyroid Gland
EnR-Pa-006	Enumerate causes of hypercalcemia, hyper and hypoparathyroidism Describe the histopathological features of parathyroid hyperplasia	Pathology	Pathology of Parathyroid Gland
EnR-Pa-007	Give etiological Classification of DM (Diabetes Mellitus) Differentiating features of DM-I and DM-II on the basis of pathogenesis, clinical features, diagnosis and complications	Pathology	Pathology of Endocrine Pancreas Gland
EnR-Pa-008	Enumerate causes of Cushing syndrome with lab investigations Causes and clinical features of adrenocortical insufficiency (Addison disease)	Pathology	Pathology of Adrenal Gland
EnR-Pa-009	Describe the morphological features of inflammatory disorders of breast.		Breast
EnR-Pa-010	Enumerate the infectious agents that cause the lower genital tract infections and PID's along with lab investigations	Microbiology	Female Reproductive Pathology
	Enumerate causes of infertility in females along with hormonal investigations Causes of dysfunctional uterine bleeding with histopathological features Pathophysiology and lab diagnosis of eclampsia and preeclampsia Causes of placental implantations (ectopic pregnancy)	Pathology	

EnR-Pa-011	Enumerate causes of inflammation of male genital tract Causes of male infertility with semen analysis Describe pathological features of testicular torsion	Pathology	Male Reproductive Pathology
<b>DISEASE PREVENTION AND IMPACT</b>			
CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 05	
		DISCIPLINE	TOPIC
EnR-CM-001	Define Diabetes Mellitus according to WHO (World Health Organization) criteria Classify types of Diabetes Mellitus Describe epidemiological risk factors for Diabetes Epidemiological distribution & statistics of DM Screening of community for Diabetes Apply levels of prevention for control of Diabetes.	Community Medicine and Public Health	Diabetes
EnR-CM-002	Classify types of genetic disorders common in community. Describe health promotional measures to control genetic diseases. Describe screening programs for community to prevent genetic disorders. Apply levels of preventive and social measures for control of genetic abnormalities.	Community Medicine	Genetics
EnR-CM-003	Define women health and life cycle approach for health-related events. Highlight statistics related to human reproductive health issues.	Community Medicine	Reproductive health
	Enumerate health related problems across a woman's reproductive lifetime. Explain the components of reproductive health.		

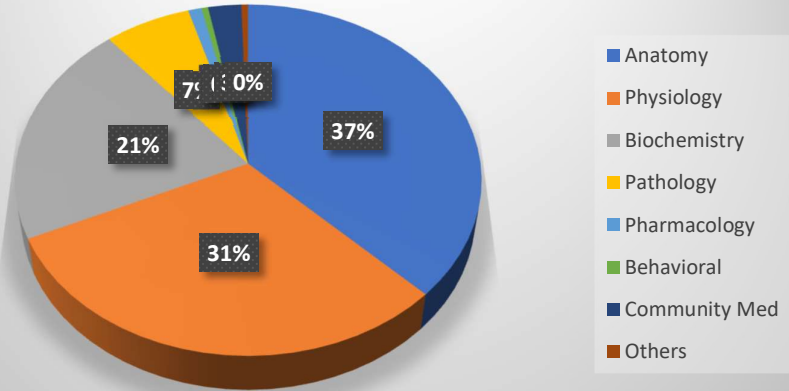


CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 1	
		DISCIPLINE	TOPIC
EnR-BhS-001	<p>Discuss common sexual dysfunctions and their prevalence, with emphasis on culture bound syndromes.</p> <p>Identify the various biological, psychological, and relational factors that can contribute to sexual difficulties.</p> <p>Discuss barriers to seek help.</p> <p>Discuss the importance of person centered and nonjudgmental approach when discussing sexual health concerns.</p> <p>Explain the ethical obligations of healthcare professionals in respecting patient confidentiality and informed consent when addressing sexual health issues.</p>	Behavioral Sciences	Sexual difficulties and Medical Practices

### AGING

CODE	THEORY	TOTAL HOURS = 01	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
EnR-Ag-001	Enlist the changes that occur in female body after menopause.	Gynae/ OBS	Menopause

# Endocrinology & Reproduction-I



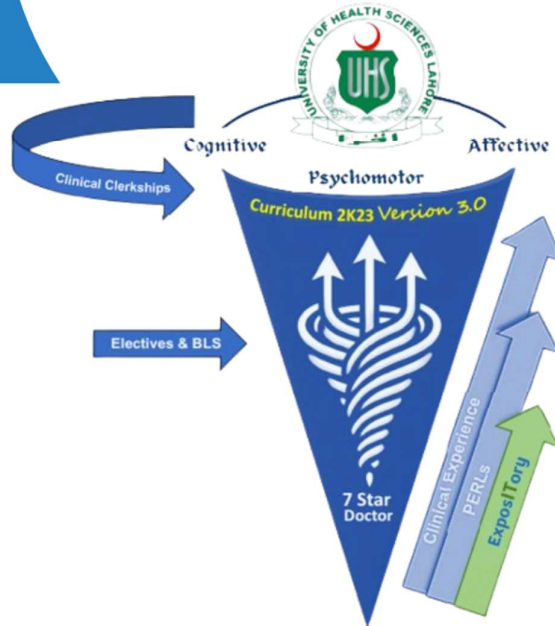
Module Weeks	Recommended Minimum Hours
07	197





## MODULE-09 HEAD & NECK, SPECIAL SENSES

### Modular Integrated Curriculum 2K23 *version 3.0*



## MODULE RATIONALE

The second year MBBS students will have a detailed understanding of the anatomy, physiology, and clinical aspects of the Head and Neck, Special Senses. This knowledge is critical for the diagnosis and treatment of a wide range of diseases associated with these senses.

This module covers the important structures and functions of the Head & Neck, eye, ear, tongue, nose, as well as the pathologies and treatments associated with them. This includes common conditions such as cataracts, glaucoma, aging changes, hearing loss, tinnitus, otitis media, olfactory disorders.

Additionally, the special senses module includes training in relevant clinical examination skills, such as ophthalmoscopy, otoscopy, rhinoscopy, and vestibular testing. These skills are essential for identifying and diagnosing special senses conditions, and for monitoring the effectiveness of treatments.

An understanding of these structures is important for the general practice of medicine as they play a critical role in the overall health and well-being of patients. For example, vision and hearing loss can lead to a decline in cognitive function and social isolation, while smell and taste disorders can affect appetite and nutrition.

## MODULE OUTCOMES

- Integrate the anatomical and pathophysiological aspects of the Head & Neck, eye, ear, nose, tongue, vestibular system and the neural pathways, receptors involved in their function with the clinical aspects.
- Develop the ability to identify and diagnose common pathologies such as cataracts, glaucoma, age-related degeneration, hearing loss, impacted wax, otitis media and olfactory disorders.
- Demonstrate the clinical examination (simulation) skills necessary for the assessment of special senses, such as ophthalmoscopy, otoscopy, rhinoscopy, and vestibular testing.
- Differentiate the differential diagnosis and options available for special senses conditions, including medical, surgical, and rehabilitative approaches.
- Illustrate awareness of the impact on overall health and well-being, the importance of preventing and early detection of related disorders.
- Develop the ability to communicate effectively with patients and their families, including explaining diagnosis and treatment options, and providing emotional support.
- Practice the attitude to work in a multidisciplinary team, collaborating with other healthcare professionals to provide comprehensive care for patients.

Equip themselves with the ability to appreciate the significance of lifelong learning and professional development to keep up with latest advances in the clinical field.

## THEMES

- Vision
- Hearing
- Taste
- Olfaction
- Head & Neck

## CLINICAL RELEVANCE

- Glaucoma
- Cataract
- Night Blindness
- Conjunctivitis
- Impacted Wax
- Otitis Media
- Otomycosis
- Glue Ear
- Rhinitis

## IMPLEMENTATION TORs

- The time calculation for completion of modules and blocks is based on 35 hours per week. Total hours of teaching, learning and formative/summative internal assessment to be completed in a year are 1200.
- The hours mentioned within each module are the mandatory minimum required. The rest of the hours are left to the discretion of the institution that can be used in teaching, learning and assessment as per decision of the institutional academic council.
- The content and the intended learning outcomes written are mandatory, to be taught, at the level required, as the end year assessment will be based on these.
- However, the level of cognition can be kept at a higher level by the institution.
- The Table of Specifications provided will be used for the three papers of the Second professional examination. The same table of specifications should be used for the respective three block exams for internal assessment.



## NORMAL STRUCTURE

### THEORY

CODE	GROSS ANATOMY	TOTAL HOURS = 56		
	SPECIFIC LEARNING OUTCOMES	DISCIPLINE	TOPIC	
HNSS-A-001	Define the boundaries and openings of orbital cavity. List orbital contents and structures traversing these openings.	Human Anatomy	Vision	
	In a tabulated manner list the extraocular and intraocular muscles of eyeball giving their nerve supply and actions			
	List and define the movements of eyeball with special reference to orbital and visual axis			
	Describe the functional modalities, course, distribution, branches of oculomotor, trochlear and abducent nerve. Describe the location, roots and distribution of ciliary ganglion.			
	Describe the course and distribution of optic nerve in reference to visual pathway. Give the effects of its lesions.			
	Give the clinical correlates of nerves supplying the eyeball and its muscles. Give anatomical justification for Horner's syndrome.			
	Describe the course and branches of ophthalmic artery mentioning its origin and termination.			
	Describe the structure of eyelids, conjunctiva and tarsal glands with their neurovascular supply			
	List the parts of Lacrimal apparatus giving their location and anatomical features. Describe the nerve supply of lacrimal gland.			Human Anatomy
	Describe the location, roots and distribution of pterygopalatine ganglia.			Human Anatomy
Give the anatomical structure of eyeball emphasizing on its three coats and their neurovascular supply	Human Anatomy			




HNSS-A-002	Describe the boundaries of nasal cavity: nasal septum, lateral wall of nose, roof and floor. Give their anatomical features and neurovascular supply.	Human Anatomy	Olfaction
	Describe the anatomical features and neurovascular supply of external nose	Human Anatomy	
	List the paranasal sinuses giving their locations, openings, neurovascular supply and clinical significance.	Human Anatomy	
	Describe the course and distribution of olfactory nerve in reference to olfactory pathway. Give the effects of its lesions.	Human Anatomy	
	Describe the anatomical features and neurovascular supply of external ear	Human Anatomy	
HNSS-A-003	Describe the boundaries, contents, neurovascular supply and communications of middle ear cavity.	Human Anatomy	Hearing
	Describe the parts, anatomical features and neurovascular supply of internal ear.	Human Anatomy	
	Describe the course and distribution of vestibulocochlear nerve mentioning the effects of its lesion. Describe auditory pathway.	Human Anatomy	
HNSS-A-004	Describe the anatomical features of tongue with emphasis on its mucosa, attachments, musculature, vascular supply and lymphatic drainage.	Human Anatomy	Taste
	Describe the nerve supply of tongue (general sensory, special sensory and motor) with reference to their lesions and embryological basis.	Human Anatomy	
	List taste buds mentioning their structure, location and nerve supply. Describe the taste pathway.	Human Anatomy	
	Discuss lesions of motor and sensory nerves supplying the tongue. Discuss the anatomical correlates of lingual carcinoma in reference to lymphatic drainage of tongue.	Human Anatomy	

HNSS-A-005	Describe the features of Norma Frontalis, Norma Verticalis, Norma Parietalis, Norma occipitalis and Norma Basalis	Human Anatomy	Skull
	Describe the features of Norma lateralis: temporal, infratemporal & pterygopalatine fossae giving their boundaries, contents and communications.	Human Anatomy	
	Discuss the sutures and fontanelles of skull, their age changes and clinical significance.	Human Anatomy	
HNSS-A-006	List the layers of scalp and describe the anatomical features with neurovascular supply and lymphatic drainage of scalp.	Human Anatomy	Scalp
	Give anatomical justification of spread of scalp infections, profuse bleeding in superficial scalp lacerations, gaping of scalp wounds and black eye.	Human Anatomy	
HNSS-A-007	Enlist in tabulated manner the muscles of facial expression and mastication, giving their nerve supply and actions. Define modiolus.	Human Anatomy	Muscles of facial expressions
HNSS-A-008	Describe the functional modalities, course, branches, and distribution of cranial nerves innervating the face (sensory and motor): trigeminal and facial nerves	Human Anatomy	Neurovascular supply of face
	Describe the vascular supply and lymphatic drainage of face.	Human Anatomy	
	Draw a diagram to illustrate cutaneous innervation of face.	Human Anatomy	
	Discuss anastomoses of facial artery with contralateral vessels and branches of internal carotid artery with their clinical significance.	Human Anatomy	
HNSS-A-009	Describe the danger area of face with its clinical significance. Define the routes of spread of infection from face and scalp to intracranially.	Human Anatomy	Danger area
	Describe the bony features and muscle attachment of mandible.	Human Anatomy	Mandible.

HNSS-A-010	Classify temporomandibular joint mentioning its ligaments, relations, nerve supply and movements (with their mechanics and muscles producing them).	Human Anatomy	
HNSS-A-011	Describe anatomical features, relations and neurovascular supply of parotid gland and its duct, mentioning the structures entering and exiting the gland	Human Anatomy	Parotid gland
	Discuss the clinical correlates of parotid gland: parotiditis, Mumps, Frey's syndrome, parotid duct stones and parotid tumor surgery with its complications	Human Anatomy	
HNSS-A-012	Describe the parts and boundaries of oral cavity and give its relation to the Waldeyers' ring.	Human Anatomy	Waldeyers' ring
HNSS-A-013	Describe the anatomical features of hard and soft palate with their neurovascular supply.	Human Anatomy	Hard and soft
HNSS-A-014	Describe anatomical features, relations and neurovascular supply of submandibular and sublingual glands with their ducts.	Human Anatomy	Submandibular Sublingual glands
HNSS-A-015	Describe the location, roots and distribution of otic and submandibular ganglia.	Human Anatomy	Otic and Submandibular ganglia.
HNSS-A-016	Describe the anatomical features of Hyoid bone and give attachments on the bone.	Human Anatomy	Hyoid bone
HNSS-A-017	Enumerate the types of cervical vertebrae and list the differences between them. Describe the anatomical features and attachments on cervical vertebrae.	Human Anatomy	cervical vertebrae
	Classify the joints of cervical vertebrae mentioning their ligaments, movements with muscle producing them and neurovascular supply.	Human Anatomy	
HNSS-A-018	List the prevertebral muscles of cervical region. Describe their attachments, actions and innervation.	Human Anatomy	Prevertebral muscles
HNSS-A-019	Enumerate parts of deep cervical fascia with their respective extents, attachments, relations and contents.	Human Anatomy	Deep cervical fascia

HNSS-A-020	Describe the facial spaces in head and neck mentioning their communications and their relation to spread of infection.	Human Anatomy	Facial spaces
HNSS-A-021	Describe the attachments, actions and nerve supply of infrahyoid and suprahyoid muscles of neck.	Human Anatomy	Infrahyoid and suprahyoid muscles
HNSS-A-022	Describe the location, formation and distribution of ansa cervicalis.	Human Anatomy	Ansa cervicalis.
HNSS-A-023	Describe the attachments, actions and nerve supply of sternocleidomastoid and trapezius.	Human Anatomy	Sternocleidomastoid and trapezius
HNSS-A-024	Describe the boundaries and contents of suboccipital, anterior and posterior triangles of neck.	Human Anatomy	Triangles of neck
HNSS-A-025	Describe the cervical part of trachea and esophagus with their neurovascular supply.	Human Anatomy	Trachea and esophagus
HNSS-A-026	Describe the location, anatomical features and vascular supply of thyroid and parathyroid glands. List the variations in location of parathyroid glands.	Human Anatomy	Thyroid, Parathyroid glands
HNSS-A-027	Describe the carotid arteries mentioning their origin, course, branches, distribution and termination.	Human Anatomy	Carotid arteries
HNSS-A-028	Describe carotid body and carotid sinus and give their clinical significance.	Human Anatomy	Carotid body
HNSS-A-029	Give the venous drainage of Head and Neck region. Describe the formation, tributaries and area of drainage of vessels constituting jugular venous system.	Human Anatomy	Head & Neck venous supply
HNSS-A-030	Name the superficial and deep cervical lymph nodes and give their location and drainage areas	Human Anatomy	Lymphatics
HNSS-A-031	Describe the location, formation, branches, distribution and lesions of cervical plexus	Human Anatomy	Cervical plexus
HNSS-A-032	Name the parts of pharynx giving their extent, anatomical features, structure and neurovascular supply.	Human Anatomy	Pharynx
	Name the pharyngeal constrictor muscles defining their attachments, innervation and structure traversing the gaps between adjacent muscles.	Human Anatomy	

HNSS-A-033	Name the parts of larynx giving their extent, anatomical features, musculoskeletal framework and neurovascular supply.	Human Anatomy	Larynx
HNSS-A-034	Discuss the location, anatomical features, relations and vascular supply of tonsils: nasopharyngeal, palatine and lingual.	Human Anatomy	Tonsils
<b>CODE</b>	<b>EMBRYOLOGY &amp; POST-NATAL DEVELOPMENT</b>	<b>TOTAL HOURS = 15</b>	
	<b>SPECIFIC LEARNING OUTCOMES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
HNSS-A-035	List the components of pharyngeal apparatus. Describe the development of pharyngeal arches, grooves, pouches and membrane and give derivatives and fate of each of them.	Embryology	Pharyngeal apparatus pharyngeal arches
HNSS-A-036	Describe the development and histogenesis of auditory tube, tympanic cavity, tonsils, thymus and parathyroid	Embryology	auditory tube, tympanic cavity, tonsils, thymus and parathyroid
HNSS-A-037	Discuss the embryological basis of congenital anomalies related to the development of pharyngeal arches, pharyngeal clefts and pharyngeal pouches: cervical sinus/fistula/cyst, 1 <sup>st</sup> arch syndrome, DiGeorge syndrome, congenital malformations of thymus and parathyroid glands	Embryology	Congenital anomalies
HNSS-A-038	Describe the development of face and nasolacrimal duct and their respective congenital anomalies.	Embryology	Face and nasolacrimal duct
HNSS-A-039	Describe the development of nasal cavity and paranasal sinuses. Give the associated congenital anomalies.	Embryology	Nose
HNS-A-040	Describe the development of lip and palate and their associated congenital malformations.	Embryology	Lips and palate
	Explain the types and embryologic basis of cleft lip and cleft palate.	Embryology	
HNSS-A-041	Describe the development of optic vesicle and retina.	Embryology	Eye & ear

	Describe the development of cornea, sclera, choroid, iris, ciliary body and lens and relate it to their respective congenital anomalies.	Embryology	
	Describe the development of internal ear and give the embryological basis of associated congenital anomalies.	Embryology	
<b>CODE</b>	<b>MICROSCOPIC ANATOMY (HISTOLOGY &amp; PATHOLOGY)</b>	<b>TOTAL HOURS = 08</b>	
	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
HNSS-A-042	Describe the light and electron microscopic structure of tongue mentioning the histological structure of lingual papillae and taste buds.	Histology	Tongue
HNSS-A-043	Describe the histological structure of parotid, submandibular and sublingual glands.	Histology	Glands
	Compare and contrast the histological structures of parotid, submandibular and sublingual glands.	Histology	
HNSS-A-044	Differentiate between serous and mucous acini. Describe the structure and location of serous demilunes. Describe the serous and mucous acini and give histological differences between the two.	Histology	Head & Neck
HNSS-A-045	Describe the histological structure of layers of eyeball, eyelid and retina.	Histology	Eye
	Describe the light and electron microscopic structure of cornea.	Histology	
HNSS-A-046	Describe the histological and ultramicroscopic structure of internal ear with special reference to Organ of Corti.	Histology	Ear
<b>PRACTICAL</b> 			
<b>CODE</b>	<b>HISTOLOGY</b>	<b>TOTAL HOURS = 09</b>	
	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>

HNSS-A-047	Identify, draw and label diagrams to show histological structure of tongue, lingual papillae and taste buds.	Histology	tongue
HNSS-A-048	Draw and label diagrams to show histological structure of serous demilunes, serous and mucous acini.	Histology	Head & Neck
HNSS-A-049	Draw and label diagrams to show histological structure of eyelid and cornea.	Histology	Eye
	Draw and label a diagram to show histological structure of retina. List its histological layers and their respective components	Histology	
HNSS-A-050	Draw and label a diagram to show histological structure of internal ear.	Histology	Ear
<b>NORMAL FUNCTION</b>			
<b>THEORY</b>			
<b>CODE</b>	<b>MEDICAL PHYSIOLOGY</b>		<b>TOTAL HOURS = 30</b>
	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
HNSS-P-001	Define and describe the visual acuity	Physiology	Visual Acuity
	Define Emmetropia	Physiology	
	Enlist the errors of refraction	Physiology	
	Explain the cause, features, physiological basis, and correction of Hyperopia	Physiology	
	Explain the cause, features, physiological basis, and correction of myopia	Physiology	
	Explain the cause, features, physiological basis, and correction of astigmatism	Physiology	
	Describe the pathophysiology and treatment of cataract	Integrate with Ophthalmology	
HNSS-P-002	Interpret common treatment modalities for Refractive errors	Integrate with Ophthalmology	Refractive Errors

HNSS-P-003	Describe the mechanism of formation and outflow of aqueous humor	Physiology	Fluid systems of the Eye
	Describe normal value of intraocular pressure and its regulation	Physiology	
	Describe the method for measuring the intraocular pressure	Integrate with Ophthalmology	
HNSS-P-004	Discuss the clinical features of Open Angle and Angle Closure Glaucoma Describe the causes and features and pathophysiology of glaucoma	Integrate with Ophthalmology	Glaucoma
HNSS-P-005	Describe the physiological anatomy and function of structural elements of retina	Physiology	Retina
	Enlist different layers of retina		
	Explain the significance of melanin pigment in retina		
	Describe macula and foveal region of retina and their significance		
	Describe the structure of rods and cones		
	Comment on the location of optic disc and its significance		
	Describe the cause, features, and treatment of retinal detachment		
	Differentiate the Visual Pathway from the Cones to the Ganglion Cells and from rods to the ganglion cells		
Enlist the current investigations for Retinal Diseases	Integrate with Ophthalmology		
HNSS-P-006	Describe the rhodopsin-retinal visual cycle	Physiology	Photochemistry of vision
	Describe the mechanism of excitation of rods/ rods receptor potential	Physiology	
	Describe the causes and treatment of night blindness	Physiology	
	Define and describe different mechanisms of light adaptation	Physiology	Adaptation



HNSS-P-007	Define and describe different mechanisms of dark adaptation	Physiology	
	Enumerate the diseases leading to Night Blindness and retinal detachment	Integrate with Ophthalmology	
HNSS-P-008	Explain the tri color mechanism of color determination	Physiology	Color vision
	Define term protanopes, deuteranopes, tritanopes	Physiology	
	Enlist the types of color blindness and their causes	Physiology	
	Enlist clinical features of Color vision deficiencies	Integrate with Ophthalmology	
HNSS-P-009	Trace the visual pathway	Physiology	Visual Pathways
	Enlist and describe the abnormalities of visual pathway & visual field		
	Explain the effect of removal of primary visual cortex		
HNSS-P-010	Define the physiological blind spot and describe its location	Physiology	Field of vision
	Define scotoma/ pathological blind spot and enlist causes	Physiology	
HNSS-P-011	Illustrate the abnormalities of field of vision	Integrate with Ophthalmology	Visual fields
HNSS-P-012	Describe the muscular and neural control of eye movements	Physiology	Eye movements
HNSS-P-013	Define and enlist the types of Strabismus	Integrate with Ophthalmology	Strabismus
HNSS-P-014	Explain the mechanism of accommodation	Physiology	Accommodation
	Enlist the components of near response in accommodation	Physiology	
	Describe the neural pathway for accommodation reflex	Physiology	
	Describe the regulation of accommodation	Physiology	
	Enlist the clinical features of Presbyopia	Integrate with Ophthalmology	
HNSS-P-015	Trace the neural pathway for pupillary light reflex	Physiology	Pupillary light reflex
	Explain the pupillary light reflexes or reactions in CNS diseases	Physiology	

	Describe the cause and features of Horner syndrome	Physiology	
	Illustrate the differential diagnosis of Anisocoria	Integrate with Ophthalmology	
HNSS-P-016	Describe the physiological anatomy of outer and middle ear	Physiology	Sense of hearing
	Enlist the functions of middle ear	Physiology	
	Discuss clinical features and treatment of impacted wax	Integrate Otorhinolaryngology	
	Define causes and clinical features of Otomycosis	Integrate Otorhinolaryngology	
	Describe the mechanism of impedance matching and its significance	Physiology	
	Describe the mechanism of attenuation reflex and its significance	Physiology	
HNSS-P-017	Describe the physiological anatomy of inner ear	Physiology	Inner Ear/ Cochlea
	Describe the mechanism of transmission of sound waves in cochlea	Physiology	
HNSS-P-018	Describe the physiological anatomy and function of organ of Corti	Physiology	Organ of Corti
	Describe the mechanism of generation of endocochlear potential and its significance	Physiology	
HNSS-P-019	Write down the normal range of frequency for hearing	Physiology	Determination of sound frequency
	Describe the role of place principle in determination of sound frequency	Physiology	
	Describe the role of volleys principle in determination of sound frequency	Physiology	
HNSS-P-020	Discuss determination of loudness of sound		Determination of Loudness
HNSS-P-021	Trace the normal auditory nervous pathway	Physiology	Auditory pathway
	Describe the types of deafness	Physiology	
	Discuss the clinical features and investigations of Congenital and Acquired hearing loss	Integrate with Otorhinolaryngology	

HNSS-P-022	Enlist the primary taste sensations	Physiology	Sense of Taste
	Define and explain the term taste blindness	Physiology	
	Describe the physiological anatomy and location of taste buds	Physiology	
HNSS-P-023	Describe the mechanism of stimulation of taste buds/ receptor potential	Physiology	Excitation of Taste buds
	Trace the pathway of taste sensation	Physiology	
HNSS-P-024	Define and explain the terms: Ageusia, Hypergeusia, Hypogeusia and dysgeusia	Physiology	Abnormalities of Taste sensations
	Describe the senile changes in taste buds		
HNSS-P-025	Explain the terms: Taste preference and taste aversion	Physiology	Taste preference and aversion
HNSS-P-026	Enlist the primary sensations of smell	Physiology	Sense of smell
	Describe the physiological anatomy and location of olfactory membrane	Physiology	
	Explain the mechanism of excitation of olfactory cells, membrane potential and action potential on olfactory cells		
	Discuss the Adaptation of olfactory sensations Discuss the transmission of smell signals in the the CNS		
HNSS-P-027	Enlist the causes and clinical features of Rhinitis		Integrate with Otorhinolaryngology
	Differentiate between viral and allergic Rhinitis	Integrate with Otorhinolaryngology	
<b>CODE</b>	<b>MEDICAL BIOCHEMISTRY</b>		<b>TOTAL HOURS = 7</b>
	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
HNSS-B-001	Discuss the metabolism of mono and disaccharides	Biochemistry	Metabolism of mono and disaccharides
	Interpret Hereditary fructose intolerance, fructosuria, galactosemia and lactose intolerance, in relevance to the clinical findings	Biochemistry	

	Explain the Polyol pathway and effect of hyperglycemia on sorbitol pathway	Biochemistry	
	Discuss the sources, metabolically active forms, biochemical role and clinical correlation of Vit-A with vision	Biochemistry	

## PRACTICAL

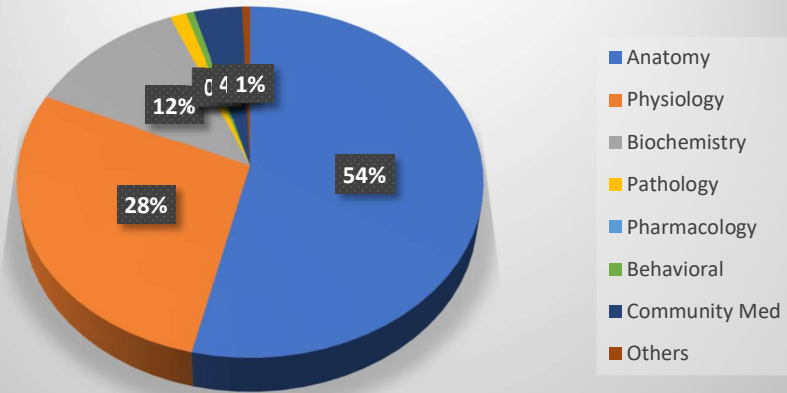
CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 16+05=21	
		DISCIPLINE	TOPIC
HNSS-P-028	Examine the Second, Third, Fourth & Sixth Cranial Nerves	Physiology	Cranial Nerves
HNSS-P-029	Examination of Light Reflex		Light reflex
HNSS-P-030	Determine the Visual Acuity for Far and Near vision		vision
HNSS-P-031	Perform Ophthalmoscopy		ophthalmoscopy
HNSS-P-032	Examine Field of Vision and interpretation of visual field plotted	Physiology	Visual field
HNSS-P-033	Examine Color Vision		Color vision
HNSS-P-034	Perform Tuning fork test and audiometry, interpret the report		Ear
HNSS-B-002	Interpretation of insulin and C peptide	Biochemistry	Interpretation of results
HNSS-B-003	Demonstrate HbA1C		HbA1C
HNSS-B-004	Detect abnormal constituents in urine by chemical methods		Abnormal constituents in urine

### PATHOPHYSIOLOGY AND PHARMACOTHERAPEUTICS

CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 03	
		DISCIPLINE	TOPIC
	Enlist the common causative agents of Eye, Ear infections	Pathology (Microbiology)	Eye/Ear infections

HNSS-Pa-001	Discuss the pathogenesis and clinical features of common pathogens		
<b>DISEASE PREVENTION AND IMPACT</b>			
CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 06	
		DISCIPLINE	TOPIC
HNSS-CM-001	Identify factors leading to noise pollution	Community Medicine/ Otorhinolaryngology	Hearing loss
HNSS-CM-002	Describe the common causes of blindness in community	Community Medicine	Blindness
	Describe risk factors and preventive strategies for blindness at community level		
HNSS-BhS-001	At end of module the students will learn the psychosocial aspects of pain which will help in understanding the complex and multidimensional nature of pain.	Behavioral Sciences	Pain
<b>AGING</b>			
CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 03	
		DISCIPLINE	TOPIC
HNSS-Ag-001	Familiarize with the age-related hearing loss	Otorhinolaryngology	Deafness
HNSS-Ag-002	Discuss the age changes of mandible	Anatomy	Head & Neck

## Head & Neck and Special Senses



Module Weeks	Recommended Minimum Hours
05	158

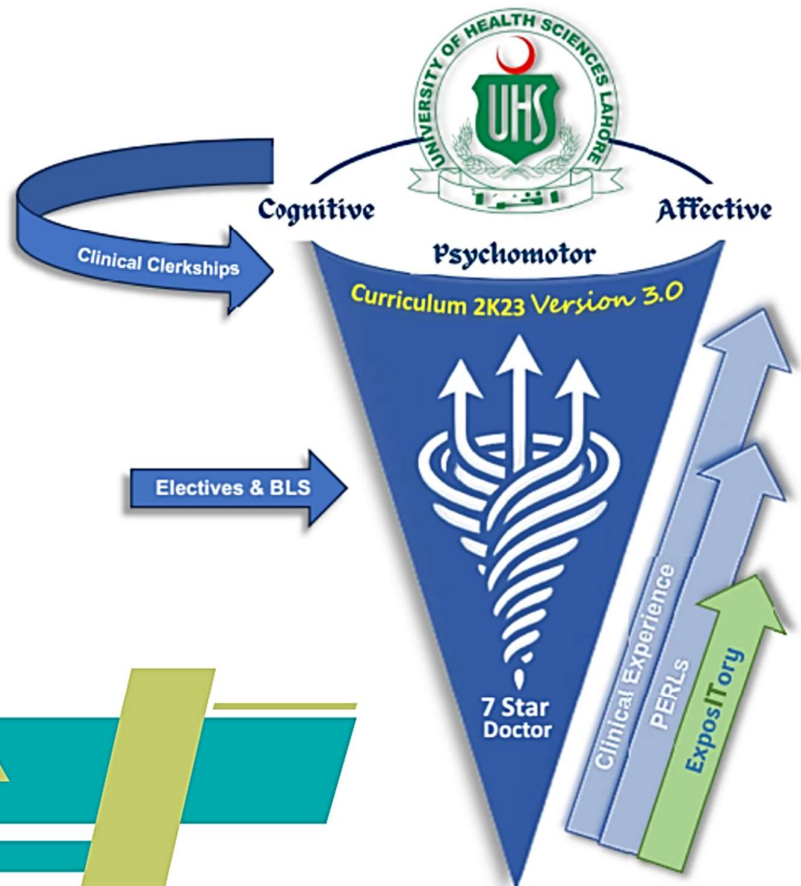




# Modular Integrated Curriculum 2K23

*version 3.0*

## BLOCK-06





# MODULE-10 NEUROSCIENCES-I

## Modular Integrated Curriculum 2K23 *version 3.0*





## MODULE RATIONALE

The neurosciences module is crucial as understanding the brain and nervous system is essential for diagnosing and treating a wide range of neurological and psychiatric conditions. This includes conditions such as Alzheimer's disease, Parkinson's disease, epilepsy, migraines, traumatic brain injuries, depression, schizophrenia, and autism. By studying neurosciences, medical students will gain the knowledge and skills necessary to accurately diagnose and effectively treat these conditions.

## MODULE OUTCOMES

- Describe the neuroanatomy, histology and embryology of the central nervous system.
- Discuss the physiology of Autonomic Nervous System (ANS), motor and sensory system.
- Explain the pathophysiology of common diseases pertaining to the nervous system.
- Explain a basic management and prevention plan for common neurological disorders.
- Appreciate the burden of neuroscience disorders and their psychosocial impact.

## THEMES

- Neurons/ nerve fibers and receptor
- Cerebrum
- Spinal cord and tracks
- Cerebellum and brainstem, basal ganglia
- Autonomic Nervous System (ANS)

## CLINICAL RELEVANCE

- Neurons/ nerve fibers and receptor
- Cerebrum
- Spinal cord and tracks
- Cerebellum and brainstem, basal ganglia
- ANS

## IMPLEMENTATION TORs

- The time calculation for completion of modules and blocks is based on 35 hours per week. Total hours of teaching, learning and formative/summative internal assessment to be completed in a year are 1200.
- The hours mentioned within each module are the mandatory minimum required. The rest of the hours are left to the discretion of the institution that can be used in teaching, learning and assessment as per decision of the institutional academic council.
- The content and the intended learning outcomes written are mandatory, to be taught, at the level required, as the end year assessment will be based on these.
- However, the level of cognition can be kept at a higher level by the institution.
- The Table of Specifications provided will be used for the three papers of the Second professional examination. The same table of specifications should be used for the respective three block exams for internal assessment.



# SYLLABUS

## NORMAL STRUCTURE

### THEORY

NORMAL STRUCTURE			
THEORY			
CODE	GROSS ANATOMY	TOTAL HOURS = 46	
	SPECIFIC LEARNING OUTCOMES	DISCIPLINE	TOPIC
NS-A-001	Describe the basic organization of nervous system	Human Anatomy	Nervous system
	Identify and describe the components of the Nervous system and their function	Human Anatomy	
NS-A-002	Trace the Origin, exit from vertebral canal, branches & Distribution of typical spinal nerve.	Human Anatomy	Spinal Nerves
NS-A-003	<p>Identify the Location, Extent, Coverings and Blood supply of spinal cord</p> <p>Discuss &amp; tabulate nuclear organization at different levels of Spinal cord.</p> <p>Describe, draw &amp; label the transverse section of spinal cord at mid cervical level showing ascending &amp; descending tracts</p> <p>Tabulate the sensory nerve endings, and anatomical sites of first, second, third order neurons of ascending tracts</p> <p>Tabulate first, second, third order neurons of descending tracts.</p> <p>Elaborate on the Cross-sectional details of white and gray matter of cervical, thoracic and lumbar segments of Spinal cord for localization of site of lesion.</p>	Human Anatomy	Spinal cord Clinical correlates (Spinal cord)
NS-A-004	Differentiate clearly between upper and lower motor neuron lesions	Human Anatomy	Brainstem
	Location, Relations, Blood supply and external features of medulla, pons midbrain.	Human Anatomy	

	<p>Cross sectional details of white and grey matter of Brain stem (mid brain, pons, medulla)</p> <p>Discuss clinical correlates of brain stem Medial and lateral medullary syndrome Weber syndrome, Benedikt syndrome</p>		
NS-A-005	<p>Location, Relations, Functional classification &amp; Blood supply along with major connections of Cerebellum (Cerebellar Peduncles)</p> <p>Define important clinical correlates</p>	Human Anatomy	Cerebellum
NS-A-006	Identify the Lobes, Sulci & Gyri, Cortical areas. Describe Venous drainage and arterial supply of each lobe	Human Anatomy	Cerebrum
	Describe Functional areas of cerebrum. Draw and Label Homunculus. Define important clinical correlates		
	Describe internal structure of cerebral hemisphere; <ul style="list-style-type: none"> <li>1. white matter</li> <li>2. Basal ganglia</li> <li>3. Lateral ventricle</li> </ul>		
NS-A-007	Describe components & functions of Limbic system & Reticular formation		Limbic system. Reticular formation
NS-A-008	<p>Explain the origin, exit from the brain and intracranial course of cranial nerves</p> <p>Describe the Functional Components and specific functions of each cranial nerve.</p>	Human Anatomy	Cranial nerves
NS-A-009	Identify the Location and sub division of Diencephalon.	Human Anatomy	Diencephalon
NS-A-010	<p>Discuss the Location, Relations, Blood supply, nuclei and major connections of Thalamus, Hypothalamus, Epithalamus, Subthalamus, Metathalamus</p> <p>Describe and Illustrate the Hypothalamic and pituitary gland Nuclei with their functions, location afferents.</p> <p>Describe the Hypothalamo-Hypophyseal Portal System</p>	Human Anatomy	Thalamus and hypothalamus

	Describe the functions of Hypothalamus Explain the anatomical basis for the Thalamic Cauterization, Thalamic Pain, Thalamic Hand and Hypothalamic Disorders		
NS-A-011	Explain the Gross anatomy of Intracranial fossae with intracranial foramina	Human Anatomy	Intracranial fossa
NS-A-012	Explain the attachments, blood supply and nerve supply of the meninges of the brain	Human Anatomy	Meninges
NS-A-013	Discuss the Origin, tributaries & area of drainage, termination of Dural venous sinuses	Human Anatomy	Dural venous sinuses
NS-A-014	Explain the Formation, circulation and absorption into venous system of CSF (Cerebrospinal fluid) Describe ventricular system, Lateral, 3 <sup>rd</sup> & 4 <sup>th</sup> ventricles	Human Anatomy	CSF
NS-A-015	Discuss the Origin, course, branches and distribution of internal carotid artery, vertebral artery Formation, Location, branches and area of supply of Circle of Willis	Human Anatomy	Blood supply of brain & spinal cord
NS-A-016	Explain the Major subdivision of ANS into Sympathetic and parasympathetic nervous system with comparison of anatomical differences.	Human Anatomy	ANS
NS-A-017	Describe the Location, connections and functions of autonomic ganglion	Human Anatomy	Autonomic ganglia
NS-A-018	Explain the origin, termination and branches of the sympathetic chain Localize spinal cord lesions	Human Anatomy	Sympathetic chain
<b>CODE</b>	<b>EMBRYOLOGY &amp; POST-NATAL DEVELOPMENT</b>	<b>TOTAL HOURS = 03</b>	
	<b>SPECIFIC LEARNING OUTCOMES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
NS-A-019	Explain the Development of Neural tube and Brain vesicles. Discuss related clinical anomalies	Embryology	Neural tube development
NS-A-020	Describe the development of the spinal cord and related clinical anomalies	Embryology	Spinal cord development

CODE	MICROSCOPIC ANATOMY (HISTOLOGY & PATHOLOGY)	TOTAL HOURS = 05	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
NS-A-021	Describe the histological structure of Nervous tissue, Neuron, Nerve fiber, Sensory & motor nerve endings, Neuroglia, Blood brain barrier, ganglia	Histology	Nervous tissue
NS-A-022	Describe the histological structure of the spinal cord	Histology	Spinal cord
NS-A-023	Describe the histological structure of Cerebrum, Cerebellum	Histology	Cerebrum, Cerebellum

## PRACTICAL

CODE	HISTOLOGY	TOTAL HOURS = 07	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
NS-A-024	Identify draw & label light microscopic structure of Peripheral nerve sensory ganglia, autonomic ganglia	Histology	CNS
NS-A-025	Identify Draw & label the light microscopic structure of the spinal cord	Histology	Cerebrum
NS-A-026	Identify Draw & label the light microscopic structure of the Cerebrum	Histology	Cerebellum
NS-A-027	Identify Draw & label the light m structure of the Cerebellum	Histology	Spinal Cord

## NORMAL FUNCTION

### THEORY

CODE	MEDICAL PHYSIOLOGY	TOTAL HOURS = 60	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
NS-P-001	Describe the general organization of nervous system	Medical Physiology	Organization of Nervous System, Neurons and Synapses
	Classify synapses		
	Explain physiological anatomy of synapses		
	Describe the properties of synaptic transmission		
	Classify the substances that act as neurotransmitters		
	Classify all sensory receptors in the body		
	Enumerate the properties of receptors		
	Explain the mechanism of adaptation of receptors		
	Enlist the rapid adapting mechanism of receptors		
NS-P-002	Explain the properties of receptors	Medical Physiology	Nerve fibers
	Explain the general classification of nerve fibers		
	Explain the numerical classification of nerve fibers		
	Explain Gasser classification of nerve fibers		
	Explain summation and its types		
NS-P-003	Describe the sensory areas of brain	Medical Physiology	Sensory areas of the brain
	Enlist Brodmann number of sensory areas		
	Describe the effects produced by damage to each sensory area of brain		
	Describe the pathophysiology and features of personal neglect syndrome		
NS-P-004	Classify and explain somatic sensations	Medical Physiology	Somatic sensations
NS-P-005	Enumerate the ascending tracts/Pathways	Medical Physiology	Ascending Tracts/ pathways
NS-P-006	Name the sensations carried by Dorsal column medial lemniscus system DCMLS	Medical Physiology	Anterolateral system
	Trace the pathway of DCMLS		




NS-P-007	Classify pain		Pain
	Differentiate between slow pain and fast pain		
	Describe the analgesia system in brain and spinal cord		
	Describe the cause and features of Brown Sequard Syndrome		
	Define & explain the mechanism of referred pain Explain visceral and parietal pain		
NS-P-008	Describe the Physiological anatomy of spinal cord		Spinal cord
	Name the anterior motor neurons and their location		
	Explain the Renshaw cells feedback		
	Classify the spinal cord reflexes according to number of synapses		
NS-P-009	Describe the structure & functions of Muscle spindle		Muscle Spindle and stretch reflex
	Trace the reflex arc of stretch reflex		
	Discuss the clinical significance of stretch reflex		
NS-P-110	Define tone and how it is maintained		Tone
NS-P-011	Trace the reflex arc of Golgi Tendon Organ GTO, Golgi tendon reflex Explain the importance of Golgi tendon reflex	Medical Physiology	GTO
NS-P-012	Define and explain flexor reflex and cross extensor reflex. Discuss the reflexes of posture and locomotion Describe the spinal cord reflexes for scratch, muscle spasm and autonomic reflexes		Spinal cord reflexes
NS-P-013	Name the motor areas of brain		Motor areas of the brain
	Enlist Brodmann number of motor areas of brain		
	Explain the features produced due to damage to the motor areas		
NS-P-014	Enlist the functions of brain stem	Medical Physiology	Brainstem
NS-P-015	Enumerate the descending tracts		Descending tracts
	Describe the functions of Pyramidal tract		

	Describe the effect of lesions in motor cortex of brain or pyramidal tract		
NS-P-016	Discuss the location of upper and lower motor neuron		Location of motor neurons
	Explain the features of upper motor neuron lesion		
	Explain the features of lower motor neuron lesions		
NS-P-017	Define spinal shock		Spinal shock and hemi section
	Enumerate and explain the stages of spinal shock		
	Describe the features of hemi section of spinal cord (at the level, above the level, below the level)		
NS-P-018	Name the functional parts of cerebellum		Cerebellum
	Explain the functions of spinocerebellum		
	Describe the functions of cerebro cerebellum		
	Discuss the functions of vestibule cerebellum		
	Explain the clinical features of cerebellar disease		
NS-P-019	Name the components of Basal ganglia	Medical Physiology	Basal Ganglia
	EXPLAIN the putamen and caudate circuits		
	Enlist the neurotransmitters in basal ganglia and enlist the functions of basal ganglia		
	Enumerate and explain the clinical abnormalities of putamen circuit		
	Explain the pathophysiology and features of Huntington's disease		
	Explain the types of rigidity		
	Differentiate spasticity and rigidity		
	Define decerebrate rigidity		
NS-P-020	Enumerate the components of vestibular Apparatus		Vestibular apparatus
	Name the sensory organs of vestibular apparatus		
	Describe the role of vestibular Apparatus in maintenance of linear and angular equilibrium		
NS-P-021	Enlist the components of limbic system		Limbic system
	Describe the functions of amygdala		

	<p>Explain the effects of bilateral ablation of the amygdala—The Klüver-Bucy Syndrome</p> <p>Explain the functions of hippocampus</p> <p>Explain the functions of Hypothalamus</p> <p>Explain Functions of Thalamus</p> <p>Discuss the Thalamic syndrome</p>		
NS-P-022	define brain stem reticular formation (BRF), name the neurotransmitters of BRF, enlist functions of BRF, differentiate between the functions of Pontine and medullary reticular Formation	Medical Physiology	Brain stem reticular formation
NS-P-023	Enumerate and discuss the physiological basis of Electroencephalogram EEG waves		EEG
NS-P-024	<p>Explain the types of sleep</p> <p>Discuss the stages of slow wave sleep</p> <p>Explain the changes in EEG during sleep wake cycle</p> <p>Enumerate the areas and hormones/ neurotransmitters involved in sleep</p> <p>Describe sleep disorders (narcolepsy, cataplexy, insomnia, somnolence, somnambulism, bruxism, nocturnal enuresis and sleep apnea)</p>	Medical Physiology	Sleep
NS-P-025	<p>Enumerate different types of epilepsy</p> <p>Explain the features and physiological basis and EEG waves in different types of epilepsy</p>		Epilepsy
NS-P-026	<p>Define memory</p> <p>Classify memory on the basis of duration and information stored</p> <p>Explain the Molecular Mechanism of Intermediate Memory</p> <p>Enumerate the structural changes of long-term memory</p> <p>Explain the higher intellectual functions of prefrontal association cortex</p> <p>Explain the mechanism of consolidation of memory</p>	Medical Physiology	Memory

	Explain retrograde and anterograde amnesia		
	Explain the physiological basis and features of Alzheimer's disease		
NS-P-027	Enlist the areas of speech		Speech
	Explain the functions of motor and sensory areas of speech		
	Trace and explain the pathway of written and heard speech		
	Enlist the abnormalities of speech		
	Explain the features of motor aphasia		
	Elaborate the features of sensory aphasia		
	Define dyslexia, alexia, agraphia		
NS-P-028	Discuss the sites of CSF secretion, flow of CSF, and abnormalities of CSF production	Medical Physiology	CSF (Cerebrospinal Fluid)
	Discuss the formation, flow and absorption of CSF		
	Explain the functions of CSF		
	Explain the composition and flow of CSF and pathophysiology of hydrocephalus.		
	Explain the regulation of CSF pressure, increase in CSF pressure in pathological conditions of the brain, and measurement of CSF pressure.		
<b>CODE</b>	<b>MEDICAL BIOCHEMISTRY</b>	<b>TOTAL HOURS = 20</b>	
	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
NS-B-001	Explain the digestion and absorption of lipids with enzymes involved in it. Discuss role of bile acids and salts in lipid digestion and absorption	Medical Biochemistry	Digestion and absorption of lipids
NS-B-002	Explain the concept of lipid transport and storage. Discuss the metabolism of cholesterol along with its regulations and associated disorders		Lipid transport and storage and cholesterol metabolism

NS-B-003	Discuss the reactions of beta-oxidation, alpha and omega oxidation of unsaturated and saturated fatty acids Calculate energy yield from palmitate in oxidation		Sphingolipidosis
NS-B-004	Discuss role of carnitine shuttle		Carnitine shuttle
NS-B-005	Discuss the role of citrate shuttle in fatty acid synthesis		Citrate shuttle
NS-B-006	Explain the pathway of fatty acid synthesis and its regulation Explain the steps of the reactions of hepatic ketogenesis and regulation		Fatty acid synthesis
NS-B-007	Describe utilization of ketone bodies by extrahepatic tissue. Describe the Synthesis and degradation of phospholipids and sphingolipids interpret the disorders related to enzyme deficiencies.		Metabolism of phosphor and sphingolipids
NS-B-008	Discuss the metabolism of glycolipids interpret the disorders related to enzyme deficiencies.		Glycolipid metabolism
NS-B-009	Explain fast feed cycle with reference to pathways activated and suppressed in each tissue in starved and fed state Discuss integration of metabolism		Fast feed cycle
NS-B-010	Explain fast. Discuss the structure, biochemical function and metabolism, dopamine, serotonin, histamine, GABA, Acetylcholine Correlate the biochemical functions of these neurotransmitters with their deficiency diseases		Medical Biochemistry
NS-B-011	Explain proto-oncogene, oncogene and tumor suppressor genes concept.		Oncogene
NS-B-012	Discuss tumor markers and their significance.		Tumor markers
NS-B-013	Explain the role of genetics in cancers especially breast, ovary, lung and colon.		Cancer

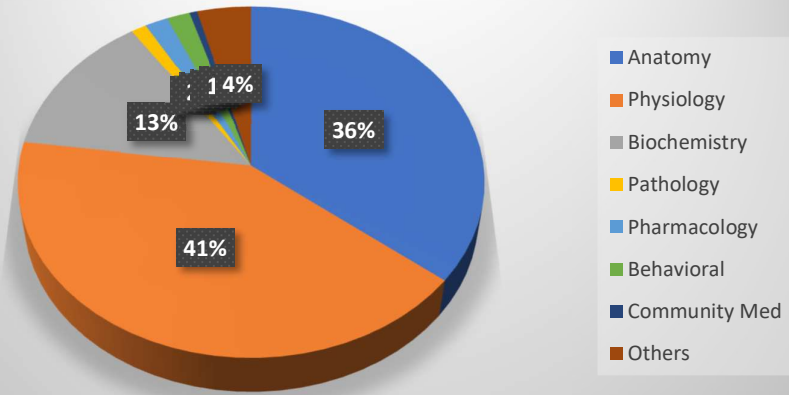
NS-B-014	Discuss the metabolism of xenobiotics.		Xenobiotics
<b>PRACTICAL</b> 			
CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 17	
		DISCIPLINE	TOPIC
NS-B-015	Interpret the lysosomal storage diseases on given data Neiman pick disease, Gaucher's disease etc.	Biochemistry Practical	Data Interpret
NS-B-016	Perform the estimation of serum triglycerides, cholesterol, HDL by kit method and calculate LDL and VLDL		Estimation of lipids
NS-P-029	Examine the Sensory System	Physiology Practical	Sensory system
NS-P-030	Examine the Superficial Reflexes		Superficial Reflexes
NS-P-031	Examine the Deep Reflexes		Deep Reflexes
NS-P-032	Demonstrate Cerebellar Function Test		Cerebellar Tests
NS-P-033	Demonstrate the testing of Cranial Nerve (CN) VII		CN VII
NS-P-034	Demonstrate the Testing of Cranial Nerves (XI, XII)		CN X, XI, XII
NS-P-035	Examine the Motor system		Motor system
<b>PATHOPHYSIOLOGY AND PHARMACOTHERAPEUTICS</b>			
CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 05	
		DISCIPLINE	TOPIC
NS-Ph-001	1.Classify various opioid receptors 2.Describe Mechanism of Action (MOA), pharmacological actions, clinical uses and adverse effects of opioid agonist, mixed agonist -antagonist and antagonist	Pharmacology	Opioids
NS-Ph-002	1.Classify various CNS stimulants and depressants 2.Describe MOA, pharmacological actions, clinical uses and adverse effects of CNS stimulant and depressants		CNS stimulants & depressants
NS-Pa-001	Discuss the pathophysiology of cerebral vascular accident (CVA).	Pathology	CVA

NS-Pa-002	Define Meningitis Identify types of meningitis	Microbiology	Meningitis
<b>DISEASE PREVENTION AND IMPACT</b>			
CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 10	
		DISCIPLINE	TOPIC
NS-CM-001	Students should be able to depict the depth of problem in context of mental illnesses	Community Medicine and Public Health	Epidemiology of Mental Disorders
NS-CM-002	Able to learn the general approach to prevent mental illnesses at community level		Community based interventions for Mental Illnesses
NS-BhS-001	Explain the theoretical basis of classic conditioning, operant conditioning and observational learning with examples in medical practice Incorporate learning principles to help prepare people for medical interventions	Behavioral Sciences	Learning and Behavior
NS-BhS-002	Outline the structure of memory and explain the distinction between short- and long-term memory. Describe memory improvement techniques and how the appropriate ones will help patients recall long and complex explanations		Memory
NS-M-001	Identify various types of CVA (cerebrovascular accident) Describe various symptoms and signs Outline management strategies	Medicine	Stroke/CVA
NS-S-001	Discuss the role of surgery in stroke	Surgery	Stroke/CVA
NS-M-002	Define Epilepsy Enlist various types of epilepsy Identify various symptoms and signs Outline management strategies	Medicine	Epilepsy
NS-M-003	Enlist various types of meningitis Describe symptoms and signs Outline management strategies	Medicine/ Neurology	Meningitis
NS-S-002	Describe triage in ER Emergency Room	Surgery	Head injury
NS-S-003	Identify the various types of hematomas	Neurosurgery	Hematoma/ CVA

NS-Pe-001	Describe the clinical features of Cerebral Palsy	Pediatrics	Cerebral Palsy
<b>AGING</b>			
<b>CODE</b>	<b>THEORY</b>	<b>TOTAL HOURS = 01</b>	
	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
NS-Ag-001	Define dementia	Medicine	Dementia
	Discuss various causes for dementia		
	Discuss various risks for dementia		
	Outline management strategies		



## Neurosciences-I



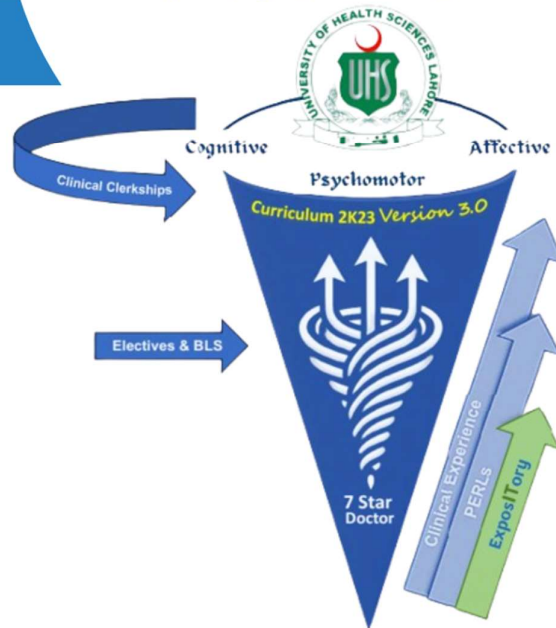
Module Weeks	Recommended Minimum Hours
07	174





# MODULE-11 INFLAMMATION

Modular Integrated  
Curriculum 2K23  
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The objective of teaching inflammation to undergraduate students is to impart knowledge about cellular and molecular mechanisms of cell injury, inflammation, and repair. This understanding serves as the foundation for comprehending most disease processes within the body. It equips students to apply this knowledge in the clinical field when working with real-life patients.

### **MODULE OUTCOMES**

- Define inflammation and describe its fundamental characteristics.
- Explain the cellular and molecular mechanisms that underlie the inflammatory response.
- Differentiate between acute and chronic inflammation
- Discuss the physiological role of inflammation in tissue repair and host defense.
- Identify how dysregulated inflammation contributes to the pathogenesis of various diseases.
- Describe the key inflammatory mediators, including cytokines, chemokines, and prostaglandins.
- Illustrate the signaling pathways involved in the initiation and resolution of inflammation.
- Recognize the roles of different immune cells (e.g., neutrophils, macrophages, lymphocytes) in the inflammatory response.
- Discuss the pharmacological aspects of steroidal and non-steroidal anti-inflammatory drugs
- Discuss the clinical aspects of inflammation.

### **THEMES**

- Role of inflammation in embryology
- Inflammatory response and role of leukocytes
- Eicosanoids
- Acute inflammation
- Chronic inflammation
- Cell repair
- Prostaglandin analogues
- Anti-inflammatory drugs
- Steroidal anti-inflammatory drugs
- Non-steroidal anti-inflammatory drugs
- COX- inhibitors
- Histamines and antihistamines

- Communicable diseases and their prevention
- Psychological stress and inflammation
- Aging

#### **CLINICAL RELEVANCE**

- Inflammation, in medical terminology, refers to a collection of classical signs and symptoms, such as edema, erythema, increased warmth, pain, and loss of function.
- It represents a complex and dynamic series of responses to tissue injury, primarily triggered by toxic chemicals, environmental factors, trauma, overuse, or infection.
- Diseases in which inflammation plays a predominant pathological role are typically denoted by the suffix 'itis,' examples of which include encephalitis and meningitis.

## IMPLEMENTATION TORs

- The time calculation for completion of modules and blocks is based on 35 hours per week. Total hours of teaching, learning and formative/summative internal assessment to be completed in a year are 1200.
- The hours mentioned within each module are the mandatory minimum required. The rest of the hours are left to the discretion of the institution that can be used in teaching, learning and assessment as per decision of the institutional academic council.
- The content and the intended learning outcomes written are mandatory, to be taught, at the level required, as the end year assessment will be based on these.
- However, the level of cognition can be kept at a higher level by the institution.
- The Table of Specifications provided will be used for the three papers of the Second professional examination. The same table of specifications should be used for the respective three block exams for internal assessment.



## NORMAL STRUCTURE

### THEORY

CODE	EMBRYOLOGY & POST-NATAL DEVELOPMENT	TOTAL HOURS = 03	
	SPECIFIC LEARNING OUTCOMES	DISCIPLINE	TOPIC
IN-A-001	Identify role of inflammation in implantation Development of cells involved in acute & chronic inflammation Development of integumentary system	Embryology	Role of inflammation in Implantation & Development of Integumentary System
CODE	MICROSHOPIC STRUCTURE	TOTAL HOURS = 02	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
IN-A-002	Discuss the microscopic structure of components involved in inflammation (cells, capillaries) Discuss the histology of integumentary system	Histology	Integumentary system & Inflammatory Response at Cellular Level

## PRACTICAL

CODE	HISTOLOGY	TOTAL HOURS = 02	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
IN-A-003	Draw and identify microscopic structure of integumentary system	Histology	Integumentary System
CODE	MEDICAL BIOCHEMISTRY	TOTAL HOURS = 01	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
IN-B-001	Explain the biochemical and therapeutic roles of eicosanoids (prostaglandins, leukotrienes, thromboxane and prostacyclin)	Medical Biochemistry	Eicosanoids

**PATHOPHYSIOLOGY AND PHARMACOTHERAPEUTICS**

CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS = 06+12	
		DISCIPLINE	TOPIC
IN-Ph-001	Enumerate prostaglandin analogues Discuss the clinical use and adverse effect of prostaglandin analogues	Pharmacology & Therapeutics	Prostaglandin analogues
IN-Ph-002	Enlist anti-inflammatory drugs Differentiate between steroidal and non-steroidal anti-inflammatory drugs		Anti-Inflammatory drugs
IN-Ph-003	Discuss mechanism of action, clinical usage, and adverse effects of steroidal anti-inflammatory drugs		Steroidal anti-Inflammatory drugs
IN-Ph-004	Discuss mechanism of action, pharmacological effects, clinical usage, and adverse effects of non-steroidal anti-inflammatory drugs		Non-steroidal anti-Inflammatory drugs (NSAIDs)
IN- Ph-005	Differentiate between selective and non-selective cyclooxygenase (COX) inhibitors Differentiate between Aspirin and paracetamol Classify antihistamines Discuss the role of histamines and antihistamines in inflammation and allergies, adverse effects and drug interactions		COX inhibitors
IN-Pa-001	Define acute inflammation Enlist stimuli for Acute Inflammation Recognize microbes, necrotic cells, and foreign substances causing acute inflammation Identify different components of inflammation Define necrosis and explain its type with example	Pathology	Acute inflammation
IN-Pa-002	Discuss the role of vascular and cellular events in acute inflammation Differentiate between transudate and exudate Classify chemical mediators Describe the different pathways of synthesis of chemical mediators and their role in clinical practice	Pathology	Process of acute inflammation



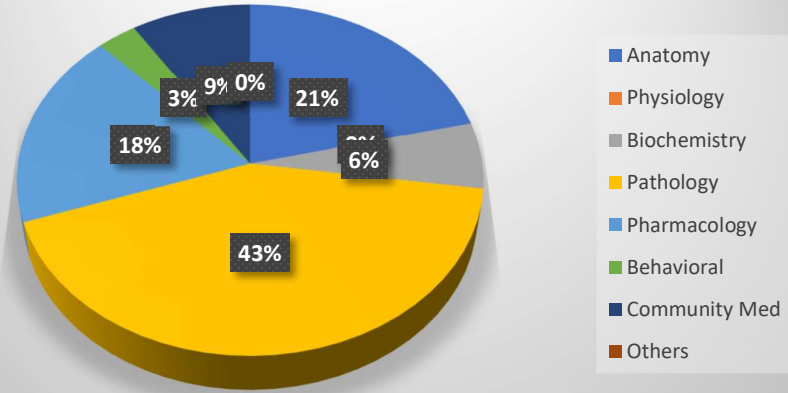
	<p>Discuss the role of different chemical mediators in acute inflammation</p> <p>Describe the different morphological patterns and outcomes of acute inflammation</p>		
IN-Pa-003	<p>Define chronic inflammation</p> <p>Discuss the role of chronic inflammatory cells and mediators in chronic inflammation</p> <p>Discuss the causes, pathophysiology and morphology of granulomatous inflammation</p> <p>Classify mycobacteria</p> <p>Explain the pathogenesis and lab diagnosis of mycobacterium tuberculosis</p> <p>Discuss the Runyon classification of atypical mycobacteria</p> <p>Discuss pathogeneses and lab diagnosis of leprosy</p>	Pathology	Chronic Inflammation
		Microbiology	
IN-Pa-004	<p>Discuss the concept of Cell Proliferation, the Cell Cycle and Stem Cells in tissue repair</p> <p>Discuss the role of Growth Factors, receptors, signal transduction and extracellular matrix Involved in Regeneration and Repair</p> <p>Explain the types of healing along with the steps in scar formation</p> <p>Identify the factors that influence the tissue repair</p> <p>Discuss the complication of wound healing</p> <p>-keloid, Hypertrophy, Scarring</p>	Pathology	Cell Repair

## PRACTICAL

CODE	PATHOLOGY	TOTAL HOURS = 02	
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
IN-Pa-005	Identify the pathological features of acute inflammation	Pathology	Inflammation
	Identify the pathological features of chronic inflammation & granulomatous inflammation		

<b>DISEASE PREVENTION AND IMPACT</b>			
<b>CODE</b>	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>TOTAL HOURS = 03+01</b>	
		<b>DISCIPLINE</b>	<b>TOPIC</b>
IN-CM-001	<p>Discuss the mode of transmission of communicable diseases</p> <p>Explain the general concept of prevention of communicable diseases</p> <p>Discuss the primary, secondary and tertiary prevention of acute and chronic diseases</p> <p>Discuss the role of immunoprophylaxis and chemoprophylaxis in prevention of communicable diseases</p>	Community Medicine and Public Health	Communicable Diseases
IN-BhS-001	Understand the correlation between psychological stress and inflammation	Behavioral Sciences	Role of Psychological stress in Inflammation
<b>AGING</b>			
<b>CODE</b>	<b>THEORY</b>	<b>TOTAL HOURS = 01</b>	
	<b>SPECIFIC LEARNING OBJECTIVES</b>	<b>DISCIPLINE</b>	<b>TOPIC</b>
IN-Ag-001	Explain inflammatory changes and role of leukotriene and cytokines in old age	Biochemistry	Inflammatory changes & signaling molecules in Aging

# Inflammation



Module Weeks	Recommended Minimum Hours
01	33

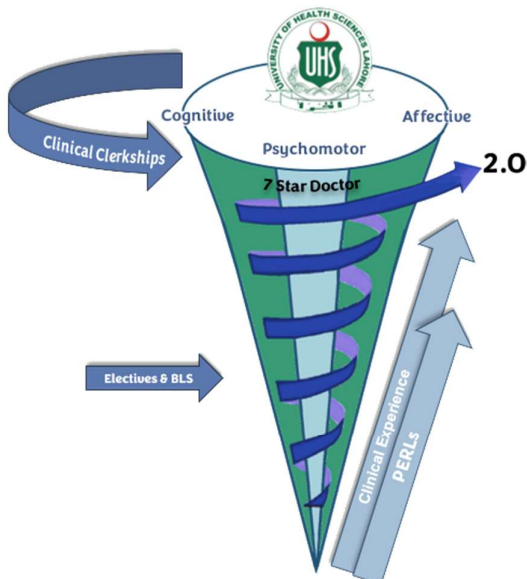




# MODULAR LANDSCAPE

## CURRICULUM 2K23

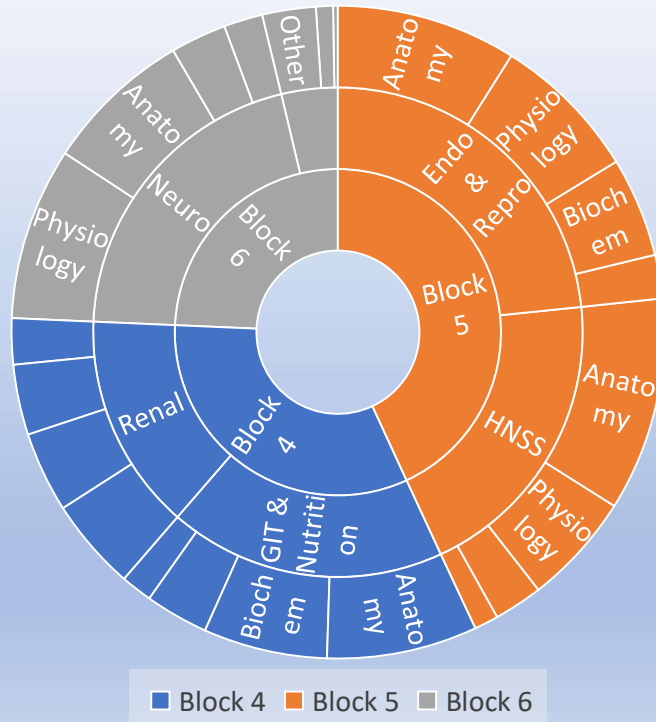
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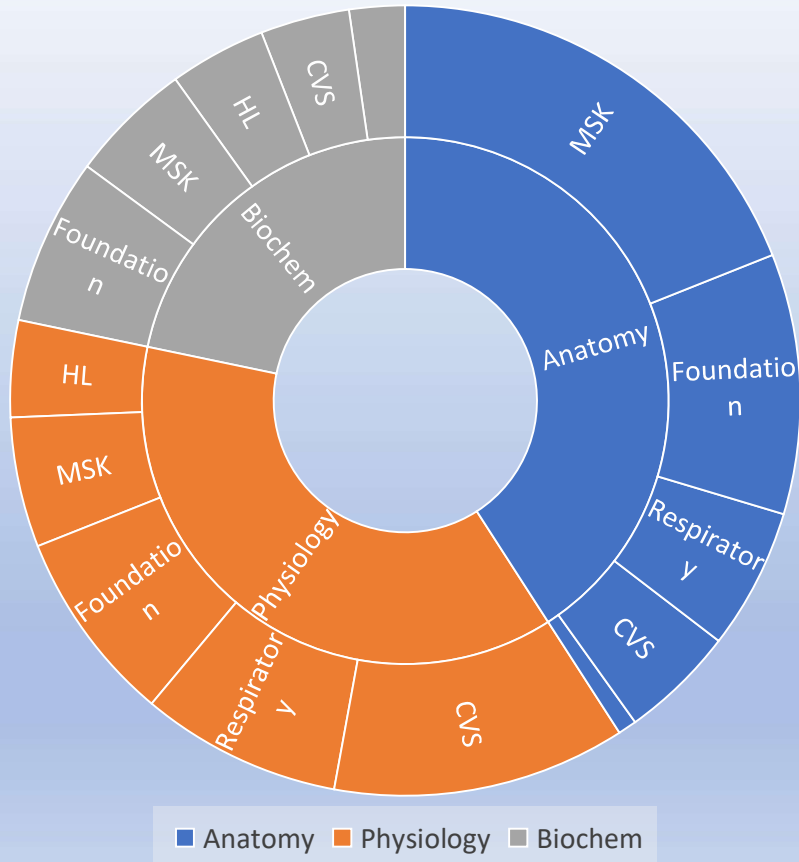
## Year-1



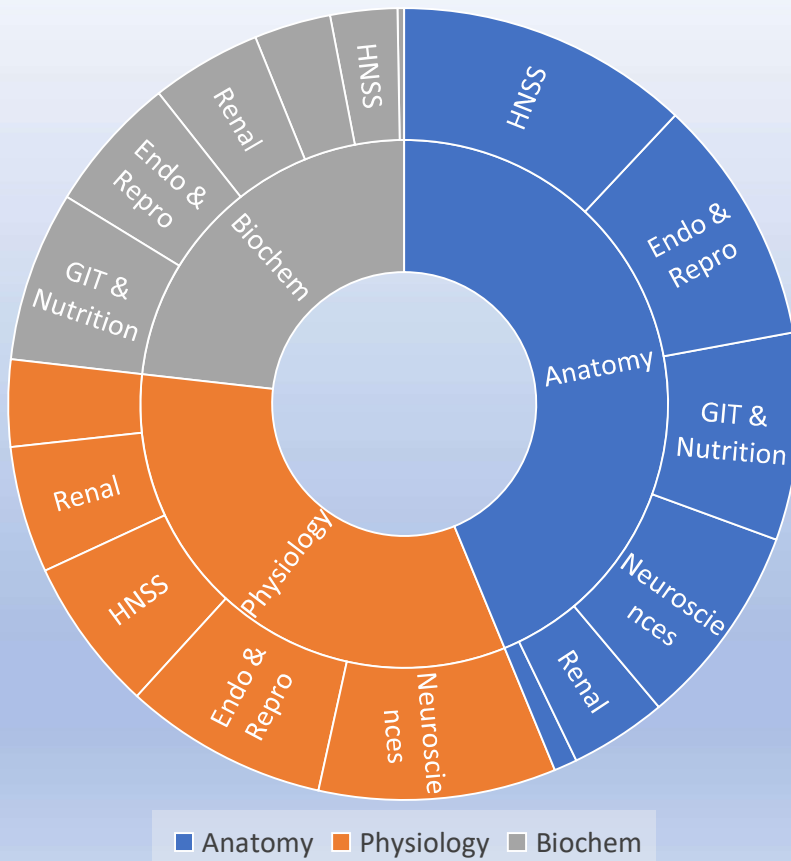
## Year-2



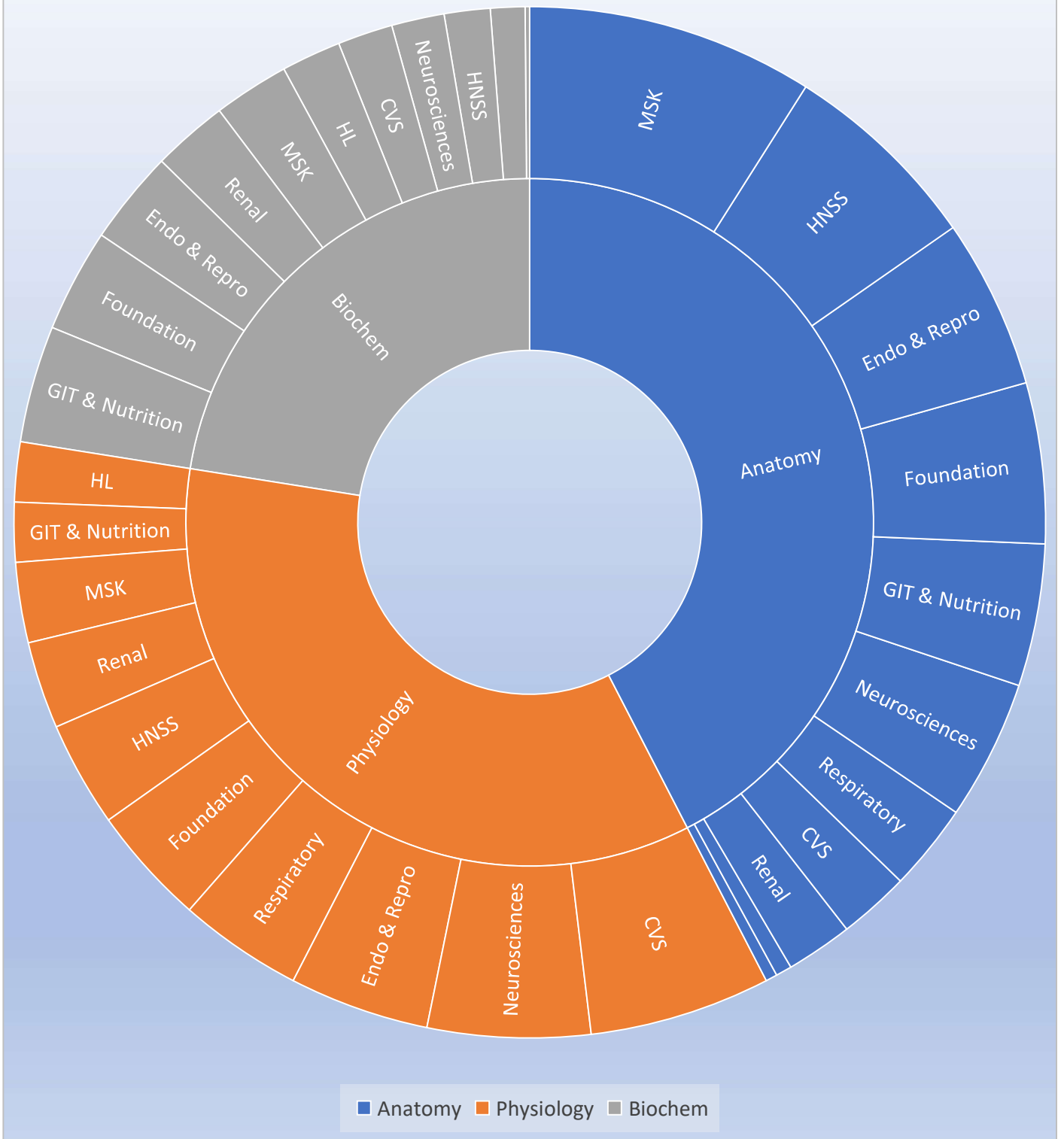
## Year-1 Subjects



## Year-2 Subjects



# Year I & 2 Subjects



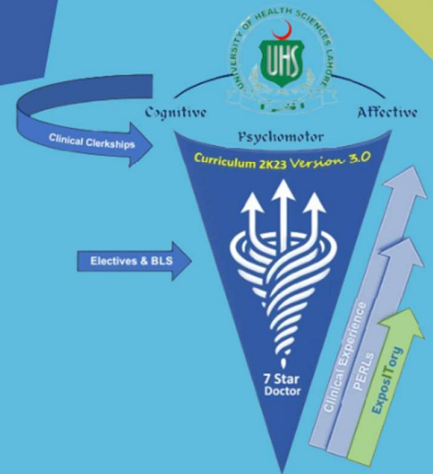






# Modular Integrated Curriculum 2K23

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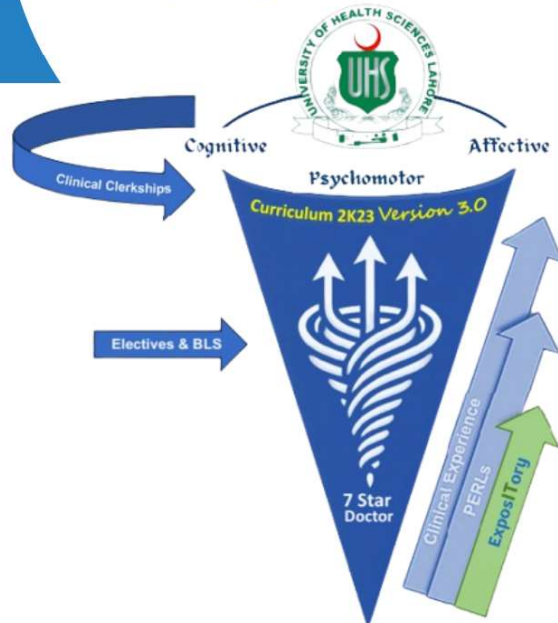


**THE HOLY QURAN  
PAKISTAN STUDIES  
ISLAMIAT  
CIVICS**



# THE HOLY QURAN

## Modular Integrated Curriculum 2K23 *version 3.0*



## 1. MODULE RATIONALE

The Holy Quran provides wisdom and knowledge to be followed in every applied component of modern civilization covering Ethical, Social, Legal, Financial and Healthcare Domains. The complete Quran encompasses the guidelines, all full of 'Hikmah' (wisdom) to deal with all practical scenarios encountering patients and health professionals. As the Holy Quran is the guiding light for humanity and a way of life for all the believers of one true Allah, therefore, understanding the message of this Holy Book is mandatory for realizing the duties which one has towards other human beings in general and the profession in particular. Holy Quran is a guide for the modern society and scientific development therefore, orbiting around Quranic doctrines and axioms of Hadith, all challenges faced by modern healthcare can be solved. Therefore, this longitudinal curriculum is developed so that all health professionals can get, as enunciated by the Holy Quran itself, "the best of this world as well as the best of the Hereafter".

## 2. VISION & MISSION

**2.1: Vision:** Building the personality and character of health professionals in light of teachings of the Holy Quran and Sunnah, to alleviate human sufferings.

**2.2: Mission:** Teaching Holy Quran and Sunnah to undergraduate students of Health Sciences, building their personality and character, enabling them to apply these principles in patient care and innovative research.

## 3. CURRICULUM DESIGN AND ORGANIZATION

**3.1: Course Aim:** The Holy Quran course aims to imbibe Health profession students with professionalism, general and medical, based on Divine teachings. The professionals thus groomed shall be able to correlate religion with healthcare delivery and modern science with an understanding that evidence-based practice itself originated from the system by which the "Hadith" was preserved after centuries.

**3.2: Mode of Delivery:** The module will be taught in the form of interactive lectures.

**3.3: Learning Experience:** Classroom environment will be used.

**3.4: Attendance:** Seventy five percent (75%) attendance is mandatory to be eligible to sit in the professional examination.

### 3.5: Course Modules for Year 1 and Year 2

The curriculum will be taught under three Major Sections

- Faith
- Worship
- Specific Quranic Commandments

**3.6: Module Credit hours & Contact hours:** This will be a three (03) credit hour course where each credit hour will be equivalent to eighteen (18) contact hours distributed over four years.

**3.7: Assessment Portfolio**

The assessment will be done through student portfolios based on four written assignments and two quizzes per year. The portfolio submission to the Quran teacher will be mandatory for sending admission to the university and sitting in the professional examination. The assignments will be based on the topics discussed during the year. One will be given after first half of the course will be completed for the year and second will be given at the completion of the Quran course.

**3.8: Reference Material**

- Translations of the Holy Quran approved by the Quran Board
- Six Authentic Books of Hadith

**3.9. Module Faculty**

At least one full time faculty member (Lecturer or above) will be hired for running the Holy Quran course throughout four years. The qualifications of the faculty member will be certified by the academic council of the college/institution to be declared as the teacher of Holy Quran course.



## SECTION ONE: FAITH (AQAIID)

### LEARNING OUTCOMES

#### a. Oneness of Allah (SWT) (Tawheed)

- i. Describe Unity of Allah in being
- ii. Describe Unity of Allah in attributes
- iii. Describe concept of Shirk
- iv. Impact of Tawheed in human life

#### b. Prophethood (Risalat)

- i. Explain Significance of Risalat
- ii. Identify Prophets as role models
- iii. Recognize finality of Prophethood - Prophet Muhammad (PBUH)

#### c. Belief in Hereafter (Aakhirat)

- i. Appraise continuity of life beyond material world
- ii. Concept of Doomsday and its various stages
- iii. Concept of Day of Judgment and accountability in the Hereafter
- iv. Concept of "Meezan"

#### d. Divine Revelations (Holy Books)

- i. Explain the divine decree in sending the Holy Books
- ii. Identify the Holy Quran as the only preserved & authenticated divine revelation to date
- iii. Interpret Quran as Furqan

#### e. Angels

- i. Discuss belief in angels and its significance
- ii. Describe the universal role of angels (their specific duties)

#### f. Qadr

- i. Identify Taqdeer as Knowledge of Allah
- ii. Explain the concept of Faith in Good and Evil

### CONTENTS

1. Oneness of Allah subhan wa taala (Tawheed)
2. Prophethood (Risalat)
3. Belief in Hereafter (Aakhirat)
4. Devine revelations (Holy Books)

## SECTION TWO: WORSHIP (IBADAAT)

### LEARNING OUTCOMES

#### a. Prayer (Namaz)

- i. Recognize the importance of physical purity (Taharah)
- ii. Discuss the philosophy of prayer and its role in purification of soul
- iii. Recognize the importance of prayer in building personal character - sense of duty, patience, perseverance, punctuality and self/social discipline
- iv. Spiritual, moral and social impact of prayer in building of righteous community
- v. Role in creating brotherhood, equality and unity in ummah
- vi. Identify the conditions in which relaxation in prayer is allowed e.g. during operation, travelling etc.

#### b. Obligatory Charity (Zakat)

- i. Identify obligatory importance of Zakat and other items as outlined under the title of 'Infaq-fee-sabilillah'
- ii. Categorize the people who can be the beneficiaries of Zakat
- iii. Role of zakat in eradication of greed and love of material world
- iv. Effect of Zakat and sadaqat in circulation of wealth and alleviation of poverty
- v. Explain the essence of zakat and sadaqat in building just communities
- vi. Describe the role of state in collection and disbursement of zakat

#### c. Fasting (Roza)

- i. Discuss the importance and significance of fasting
- ii. Relate the Holy Quran and the month of Ramadan
- iii. Role of fasting in building personal qualities like self-control, piety and soft corner for the poor and needy persons
- iv. Identify the applications of "Taqwa" through fasting

#### d. Pilgrimage (Hajj)

- i. Discuss the importance and significance of Hajj
- ii. Identify the conditions in which Hajj becomes an obligation
- iii. Role of manasik-e-Hajj in producing discipline and complete submission
- iv. Recognize the importance of Hajj in uniting the ummah
- v. Sacrifice for Allah subhan wa taala (essence of qurbani)

### TOPIC AREAS

1. Prayer (Salah/Namaz)

2. Obligatory charity (Zakat)
3. Fasting (Saum/Roza)
4. Pilgrimage (Hajj)



# Quran: Year-2

## SECTION THREE: SPECIFIC QURANIC COMMANDMENTS

### LEARNING OUTCOMES

#### a. Importance of the protection of Human life

- i. Concept of the sanctity of human life in Quran and Sunnah
- ii. Importance and significance of a single human being even during war
- iii. Concept of punishment in regard to the killing of a human being, voluntarily or involuntarily

#### b. Jihad

- i. Concept of Jihad and its significance (hikmat)
- ii. Different forms of Jihad and their importance
- iii. Principles and preparation of Jihad
- iv. Devine reward of Jihad

#### c. Heirship/Inheritance (Virasat)

- i. Heirship and division of wealth in accordance with divine teachings
- ii. Heirs and their shares
- iii. Legal aspect of virasat (Hud-e-Ilahi)

#### d. Amar-bil-marooif-wa-Nahi-anil-munkar

- i. Differentiation between Marooif and Munkar
- ii. Importance and significance (effects of avoiding this principle)
- iii. Necessary conditions of both amar-bil-marooif and nahi-anil-munkar
- iv. The different stages and the necessary prerequisites

#### e. Haddood-e Illahee and taazeerat

- i. Meaning and various types of haddood-e-Illahee
- ii. Authority for fixation of limit (hudd)
- iii. Criteria and permissible relaxation in fixing the limits
- iv. Difference between 'Haddood', 'Qisas' and 'Tazeerat'. Punishments which are left to the court of law
- v. Benefits for the good of community

#### f. Justice (Adal-o-insaf)

- i. Justice of Allah subhan wa taala
- ii. Importance of justice for the survival of community
- iii. Need of justice to be prevailed irrespective of religion
- iv. Devine reward for fair justice

**g. Business (Bay-o-tijarat)**

- i. Importance of fair business and its necessary constituents
- ii. Permissible and impermissible conditions of businesses
- iii. Concept of loan in businesses

**h. Interest (Riba or Sudi karobar)**

- i. Meaning of Riba or interest and its different forms
- ii. Impact of Riba on a society in general
- iii. Devine declaration and its punishment both in this world and Hereafter

**i. Nikah-o-talaq**

- i. Basic rulings regarding marriage and divorce
- ii. Importance of Nikah and its constituents
- iii. Conditions of Nikah and various forms of prohibited/impermissible nikah
- iv. Misconception of dowry
- v. Talaq and its various forms
- vi. Meaning of Khula and its conditions

**CONTENTS**

1. Importance of the protection of Human life
2. Jihad
3. Heirship/Inheritance (Virasat)
4. Amar-bil-marooif-wa-Nahi-anil-munkar
5. Haddood-e Illahee and taazeerat
6. Justice (Adal-o-insaf)
7. Business (Bay-o-tijarat)
8. Interest (Riba or Sudi karobar)
9. Nikah-o-talaq



# ISLAMIYAT & PAKISTAN STUDIES

**Modular Integrated  
Curriculum 2K23**  
*version 3.0*



## MODULE RATIONALE

This module comprises of Islamiyat & Pakistan Studies. All the medical or other curricula relate to our core context and internal fiber. The study of religion and country endorses all relevancy and competency acquisition for the purpose of service to humanity and community orientation.

### ISLAMIYAT

A short course on Islamic Studies will be completed in First and Second year with an exam at the end of second year.

#### Course Content:

1. Understand the basic principles of Islam.
2. Explain the concept of the Islamic state.
3. Explain the Quran as a guide for modern society and scientific development.
4. Describe the life of the Holy Prophet Peace be upon him as an example to follow.
5. Explain ethics in the Islamic prospective.
6. Describe the rights of the individual in Islam.
7. Describe the rights of women and children in Islam.
8. Explain the contribution of Islamic scholars to science and medicine.
9. Understand Islam in terms of modern scientific development.
10. Explain the concept of Rizk-e-Hilal.
11. Explain the concept of Hukook-ul-Ibad.

### PAKISTAN STUDIES

A short course on Pakistan Studies will be completed in First and Second year with an exam at the end of second year.

#### Course Content:

1. Describe brief the salient features of the Pakistan movement.
2. Explain the basis for the creation of Pakistan.
3. Give a brief account of the history of Pakistan.
4. Explain the ethnic and cultural distribution of the population of Pakistan.
5. Describe the Provinces and resources available in Pakistan.
6. Explain current problems faced by Pakistan.
7. Describe the social, economic and health problems of the rural population of Pakistan.

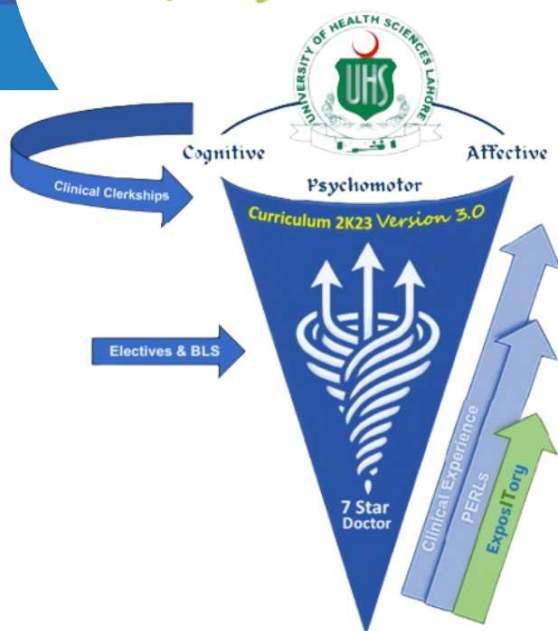
## ISLAMIYAT AND PAKISTAN STUDIES BOOKS

- Standard Islamiyat (Compulsory) for B.A, B.Sc., M.A, M.Sc., MBBS by Prof. M.Sharif  
Islahi Ilmi Islamiyat (Compulsory) for B.A. B.Sc., & equivalent.
- Pakistan studies (Compulsory) for B.A. B.Sc., B.Com., Medical/Engineering by Prof. Shah Jahan Kahlun
- Pakistan studies (Compulsory) for B.A, B.Sc., B.Com., B.Ed., Medical/Engineering by Prof. Shah Jahan Kahlun



# CIVICS

## Modular Integrated Curriculum 2K23 *version 3.0*



## 1. MODULE RATIONALE

Civics is part and parcel of life and the study of Civics has major thrust on improvement of the quality of life and welfare of human beings. This discipline enhances the approach towards rational behavior and daily life.

There is a need for us to know role of a citizen with specific reference to Global Village, the Citizen and Daily life issues, Citizenship, Rights and Responsibility, Role of Government and State, Implementation

Issues of Devolution plan, Social Welfare Institutions/ NGOs and their role at basic level, social interactions and the new discoveries in IT and mass media, relations with International Organizations and Pakistan and its neighbors. Civics goes beyond the cognitive level to deal with social values and attitudes. From the earliest stages of the course, it is important to respect students' opinions while helping them to develop a rationale for their opinions. This curriculum is adapted from Agha Khan University Examination Board curriculum for higher secondary examination.

## 2. VISION & MISSION

**2.1: Vision:** Building the personality and character of health professionals

**2.2: Mission:** Teaching Civics to undergraduate students of Health Sciences, building their personality and character, enabling them to apply these principles in patient care.

## 3. CURRICULUM DESIGN AND ORGANIZATION

### 3.1: Course Aim:

- To develop understanding of the social nature and significance of civics, its key concepts and civic life.
- To emphasize learning of related themes in a way that encourages creativity, curiosity, observation, exploration and questioning.
- To create awareness of the nature of civic life and the relationship between civics and other social sciences.
- To promote understanding about the ideology of Pakistan and the struggle of an independent state.
- To inculcate the behavior patterns of national character, and qualities of a good citizen, self-reliance, patriotism and leadership.
- To create a strong sense of national unity, integration and cohesion.

- To prepare students as future citizens, conscious of their positive role in a society and the world at large.

**3.2: Mode of Delivery:** The module will be taught in the form of interactive lectures.

**3.3: Learning Experience:** Classroom environment will be used.

**3.4: Attendance:** Seventy-five percent (75%) attendance is mandatory to be eligible to sit in the professional examination.

**3.5: Assessment:** The assessment will be done through two written assignments and two quizzes per year. The assignments will be based on the topics discussed during the year. One will be given after first half of the course will be completed for the year and second will be given at the completion of the course.

**3.7: Module Faculty:** At least one full time faculty member (Lecturer or above) will be hired to run the civics course throughout four years. The qualifications of the faculty member will be certified by the academic council of the college/institution to be declared as the teacher of civics.





LEARNING OUTCOMES	TOPICS
<ul style="list-style-type: none"> <li>i. Define civics</li> <li>ii. Describe how civics can improve the citizenship</li> <li>iii. Illustrate the scope of civics</li> <li>iv. Discuss the nature of civics</li> <li>v. Give examples how civics can help in the national development</li> </ul>	Civics-Meaning & Nature
<ul style="list-style-type: none"> <li>i. Examine the significance of civics</li> <li>ii. Explain how civics is important to know the problems of daily life</li> <li>iii. Discuss how civics can help to bring improvements in the civics life of citizens</li> <li>iv. Evaluate how civics can improve the sense of love and respect for human relationship</li> <li>v. Discuss that studying civics can develop a sense of gratitude</li> <li>vi. Give examples how civics is important to develop the global unity</li> </ul>	Significance and Utility
<ul style="list-style-type: none"> <li>i. Compare civics with political science, history, economics, sociology and ethics</li> </ul>	Relationship with Social Sciences
<ul style="list-style-type: none"> <li>i. Describe the term harmonic relationship</li> <li>ii. Explain the harmonic relationship among different members of society. (Women, children and senior citizens)</li> <li>iii. Explain how harmonic relationship develop for respect of religion</li> </ul>	Harmonic Relationship
<ul style="list-style-type: none"> <li>i. Define the term individual in relation to civics</li> <li>ii. Define the term state</li> <li>iii. Explain the relation between an individual and a state</li> <li>iv. Describe the importance of an individual in a state</li> <li>v. Enlist the responsibilities of an individual in a state</li> </ul>	Individual and state
<ul style="list-style-type: none"> <li>i. Identify the basic unit of social institution Discuss and characterize the different types of family</li> <li>ii. Give the importance of basic unit of social institution in the development of a state Enlist the responsibilities of family in general</li> <li>iii. Analyze your role for the betterment of the family Compare and contrast the impact of the deterioration of family in the western society and give examples</li> </ul>	Family

<ul style="list-style-type: none"> <li>i. Define community</li> <li>ii. Explain the nature and significance of community</li> <li>iii. Discuss the role of a family in community</li> <li>iv. Analyze the role of an individual for the betterment of the community</li> </ul>	Community
<ul style="list-style-type: none"> <li>i. Define society</li> <li>ii. Elaborate the relation between an individual and society and society and state</li> <li>iii. Analyze the role of an individual for the betterment of society</li> </ul>	Society
<ul style="list-style-type: none"> <li>i. Define the term nation, nationality and ummah differentiate between nation and nationality distinguish between nation and ummah analyze the value, behavior and the pattern of society based on religions</li> <li>ii. Evaluate the characteristics of society developed by religions</li> </ul>	Nation, Nationality
<ul style="list-style-type: none"> <li>i. Trace the origin of state with reference to the theories of Divine Origin, Force and Social</li> <li>ii. Contract (Hobbs, Lock, Rousseau)</li> <li>iii. Describe the elements of a state (sovereignty, population, territory, Government)</li> <li>iv. Compare and distinguish the role of state, society and government</li> </ul>	Origin and elements of State
<ul style="list-style-type: none"> <li>i. Describe the functions of state</li> <li>ii. Describe the factors which are necessary for proper functioning of state</li> <li>iii. Analyze the situation when a state does not function properly</li> <li>iv. Describe the characteristics of a welfare state Analyze how a welfare state guarantees the equity and justice on the issues of gender, religion, and social classes</li> </ul>	Functions of state. (Defense, law and order, welfare etc.)
<ul style="list-style-type: none"> <li>i. Define the concept of sovereignty in west</li> <li>ii. Discuss different kinds of sovereignty</li> <li>iii. Explain Austin's concept of sovereignty</li> <li>iv. Analyze critically Austin's concept of sovereignty</li> </ul>	Sovereignty



**SECTION-08**



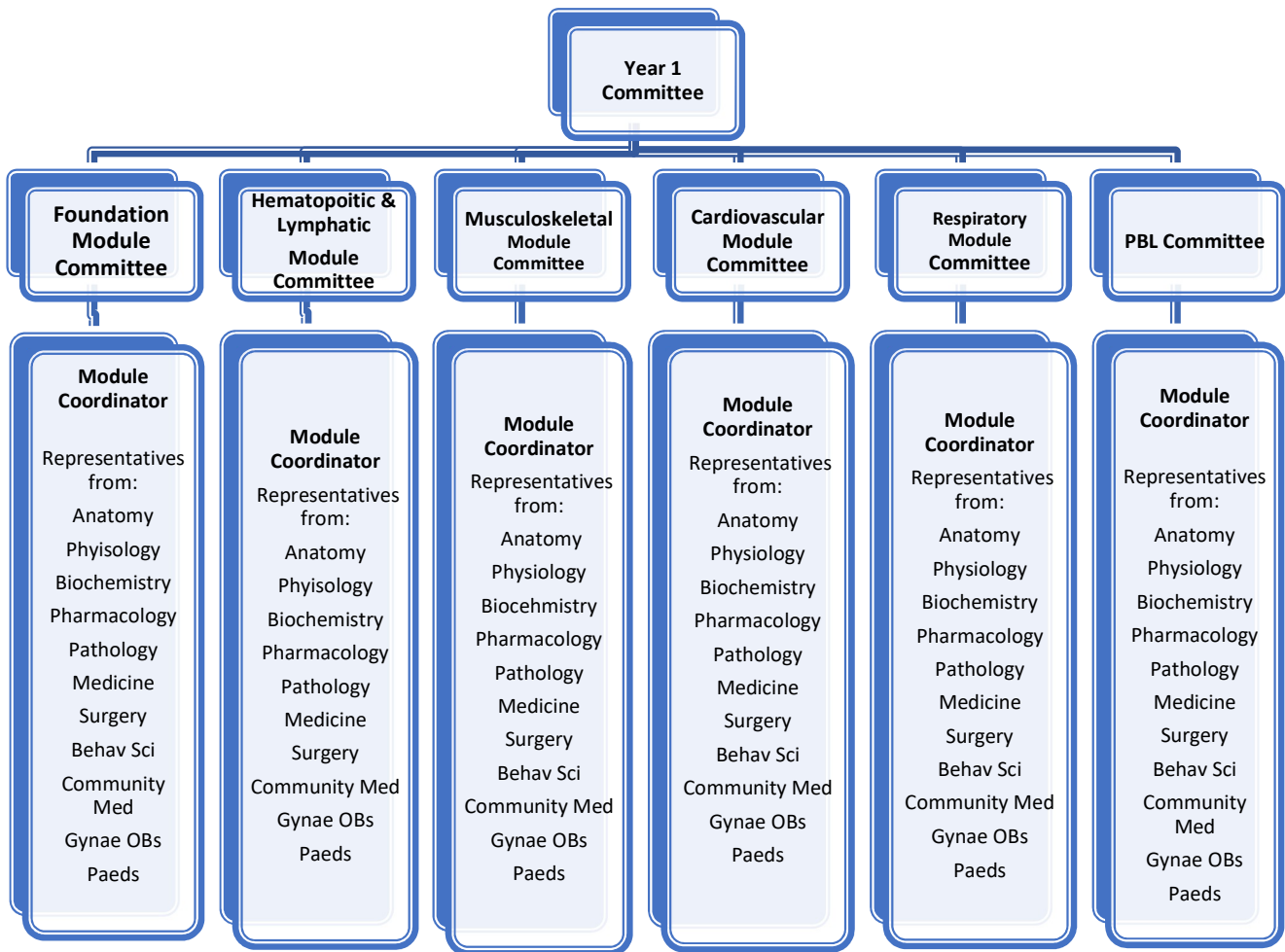
**INSTITUTIONAL IMPLEMENTATION**  
**RECOMMENDATIONS**



# RECOMMENDED IMPLEMENTATION SOPs

The implementation of the modular integrated approach requires to be categorical and methodical. It is recommended that the institutes should have an internal hierarchy for the smooth conduction of the educational process and for fine detailing the interpretation of the curricular guidelines.

A recommended organogram is given below:



A few recommended organizational titles and responsibilities are as follows:

### **YEAR COMMITTEE**

- Identify the philosophy for implementing future Curriculum.
- Ensures module requirements ahead of time.
- Any adjustment of schedule if required.
- Liaison with the chairperson of the mentoring program.
- Quality assurance of teaching and learning.
- Hold regular meetings.
- Compliance to schedule and timetable.
- Compliance to proposed internal assessment.
- Oversee completion of Logbooks and Portfolio.
- Oversee the foundation component of C-FRC.
- Ensure student centeredness and feedback from students.
- Develop timetables.
- Analyze the implementation of current curriculum.
- Strategize communication with both faculty and students.

### **MODULE COMMITTEE**

- Module committee should be headed by module coordinator.
- The nomination of the 'Module Coordinator' will be based on the maximum content present in the respective module e.g., Musculoskeletal will have a module coordinator from Anatomy.
- The coordinator will develop module team.
- Collaboration and consultation with all the relevant departments.
- Follow the curricular guidelines by the modules provided by UHS.
- Coordinate with the Assessment Cell.
- Arrange regular meetings.
- Develop study guides in collaboration with the Department of Medical Education
- Liaison with the PBL Committee.

### **PBL COMMITTEE**

- PBL committee should be headed by PBL coordinator.
- Responsible for coordination of the PBL meetings

- Responsible for training of tutors by incorporating experiential learning, small group work and critical reflection.
- The tutors must possess both content expertise and group facilitation skills.
- Forwarding the PBL to coordinator year committee / DME for the purpose of Quality assurance
- Ensure the teaching resources available for delivery of PBL.
- Quality assurance visits to the PBL site.
- Coordination with year committee head as well as Director Medical Education.

## MENTORING COMMITTEE

- Design a mentorship program by establishing the idea and need for program to increase professional competence of students and interest in research and post-graduation.
- A senior faculty member with a keen interest in medical education and student affairs can chair the committee.
- Members of the committee include faculty from basic as well as clinical side voluntarily.
- Training of volunteer mentors through a workshop
- Assigning of mentorship groups (10-12 mentees per mentor)
- Build up a professional network for the mentees and personal growth.
- Improve their level of performance and satisfaction.
- Build relationships with colleagues and feel part of the community.
- Manage the integration of job, career, and personal goals.
- Regular monitoring of program and providing support to mentorship groups
- Evaluation every 6 months based on feedback from the faculty and students and individual performance of students.

## DEPARTMENT OF MEDICAL EDUCATION

- The department of medical education serves as a backbone to provide effective and high-quality education to both undergraduate and post graduate medical and dental students.
- The Department of Medical Education needs to play the integral role in the implementation and adoption of **Curriculum 2K23** *version 2.0*.
- DME will be overall responsible for the spirals of PERLs & C-FRC.



- DME will be monitoring the portfolio development by the students and the completion of logbook.
- DME will be responsible for developing a mentoring platform.
- Faculty development trainings for mentoring, reflective writing and portfolio development will be undertaken.
- Planning the affective training competency acquisition framework with the academic council will be the most pivotal role.
- Collaboration with other disciplines for the training sessions for different aspects of Professionalism, Ethics, Research and Leadership skills.

### **GENERAL RESPONSIBILITIES OF DME**

- Contribute and design, train the trainer activities which fulfil the need for undergraduate and post graduate training.
- Shape and develop medical education research activities of the college.
- Facilitating & organizing workshops, seminars, symposia & conferences
- Conducting CME activities to leverage culture of awareness, journal club.
- Networking by representing the college, when needed, in national /international meetings or conferences.
- Student counseling
- Supervising students' academic progress
- Academic Committees Development and Support
- Staff Support and Development
- Curriculum development and reform
- Collaborate with curriculum committee and faculty members to develop quality instructional material such as modules, lecture, or study guides.
- Standard Operating Procedures for DME development
- Skill lab management
- Assessment analysis which includes blue printing, pre-exam review, item analysis and standard setting and provide feedback to concerned faculty and students on the learning outcome achievement.
- Develop and conduct periodical review of process of the program, learning and teaching activities, and assessment process.
- Identify opportunities for use of IT in teaching and learning, assessment and faculty development activities.

- Exam Cell management
- Quality Assurance Cell management
- Record keeping of departmental data.
- Leadership and management
- Participation in overall planning and management of teaching in liaison with the departments

# INSTRUCTIONAL STRATEGIES

Delivery of a curriculum also needs a diversity of educational vernacular for the different learning styles. Following are a few of the recommended instructional strategies. It is advised that at least **three different methods of instructions** should be adopted in the institutional planning. This will enable the diversity of learning patterns to be facilitated.

## Large Group Interactive Session (LGIS)

Lecture format is the most widely used approach to teaching especially in a large class size with average attention span of 20-30 mins. Interactive lecturing involves a two-way interaction between the presenter and the participants. Interactive methods like brainstorming, buzz group, simulation, role play, and clinical cases can be used.

### Significance of its usage

- Relaxed environment, diverse opinions, active involvement
- Increase attention and motivation.
- Independence and group skills.
- Cost effective.
- Suitable for taking advantage of available audiovisual technologies.

## Team based learning (TBL)

TBL is a uniquely powerful form of small group learning. It provides a complete coherent framework for building a flipped course experience. There are four essential elements of TBL which include:

- Teams must be properly formed and managed (5-7 students)
- Getting students ready
- Applying course concepts
- Making students accountable

### Significance of its usage

- Students are more engaged.
- Increased excitement in TBL classroom
- Teams outperforms best members.
- Students perform better in final and standardized exams.

## Problem based learning (PBL)

It is an instructional student-centered approach in which students work in small groups on a health problem, identifying their own educational needs and being responsible for the acquisition of the knowledge required to understand the scenario.

### Significance of its usage

- Teamwork
- Critical evaluation of literature
- Self-directed learning and use of resources
- Presentation skills
- Leadership
- Respect for colleagues' views

## Case based learning (CBL)

It is an inquiry structured learning experience utilizing live or simulated patient cases to solve, or examine a clinical problem, with the guidance of a teacher and stated learning objectives.

### Significance of its usage

- Induce a deeper level of learning by inculcating critical thinking skills.
- Flexibility on use of case
- Helps students acquire insightful information.
- Stay abreast with novel advancements in healthcare

## Tutorials

Tutorial is a class or short series of classes, in which one or more instructors provides intensive instruction on some subject to a small group. Its purpose is to explore students' point of view, allowing time for discussion, and inculcating self-directed, reflective learning skills.

### Significance of its usage

- Develop and assess the extent of background knowledge of students, which enables them to properly understand concepts which may not have been understood in lectures.
- Develop problem-solving skills.
- Develop practice of self-learning.
- Reduced time to understand the topic.

## Reflective Writing

It is a metacognitive process that occurs before, during and after the situation with the purpose of developing greater understanding of both the self and situation so that future encounters with the situation are informed from previous encounters.

### **Significance of its usage**

- Questioning attitude and new perspectives.
- Areas for change and improvement.
- Respond effectively to new challenges.
- Critical thinking and coping skills

## **Bedside Teaching**

Teaching and learning that occurs with actual patient as the focus. It occurs in wards, emergency departments, operating rooms, and high dependency units.

### **Significance of its usage**

- Stimulus of clinical contact
- Psychomotor skills
- Communication skills
- Language skills
- Interpersonal skills
- Professional attitudes and empathy
- Role modelling

## **Simulation**

Person, device or set of conditions, which attempts to present education and evaluation of problems authentically. The student or trainee is required to respond to the problems as s/he would under natural circumstances.

### **Significance of its usage**

- Safety for patients
- Liberty to make mistakes.
- Manageable/variable complexity of tasks
- Opportunity to develop self-efficacy before real patient encounter.
- Repeatability of tasks
- Learning at different pace is permissible

## Skill laboratories

It refers to specifically equipped practice rooms functioning as training facilities offering hands on training for the practice of clinical skills within non-threatening environment prior to their real-life application This applies to both basic clinical skills as well as complex surgical skills.

### Significance of its usage

- Controlled, anxiety-free, and risk-free learning environment to students.
- A platform for repeated practice for mastery in relevant clinical skills
- Increase the preparedness of student learners before transitioning to the real hospital setting.
- Build strong communication skills.
- Enable learners to make critical decisions.

## Clinical Case based Conference

Clinical Case based conferences allow clinicians and medical students to present difficult case material and include discussions of diagnostic, clinical formulation, and/or treatment issues.

### Significance of its usage

- Provides detailed (rich qualitative) information.
- Provides insight for further research.
- Permitting investigation of otherwise impractical (or unethical) situations.

## Laboratory Practical

Lab practical involve things like identifying a structure, a type of stain through a microscope, a problem with a preparation, reading biochemical test results and answering safety questions. These simulations allow students to attempt the experiments in the laboratory in a risk-free way that provides the opportunity to make mistakes and learn how to correct them using the immediate feedback generated.

### Significance of its usage

- Enhance mastery of subject matter.
- Develop scientific reasoning.
- Develop practical skills.
- Develop teamwork abilities.

## Ward Rounds

It is a composite clinical practice to review inpatients' management and progress, to make decisions about further investigations, treatment options and discharge from hospital. It is an opportunity for clinicians, students, and patients to participate in education and training at bedside.

### Significance of its usage

- Patient management skills
- History taking
- Physical examination
- Time management skills
- Communication skills

## Demonstrations

The demonstration method in teaching can be defined as giving a demo or performing a specific activity or concept. It is a teaching-learning process carried out in a very systematic manner.

### Significance of its usage

- Promotes learning and correlates theory with practice.
- Sharpens the observation skills.
- Sustain interests in learning environment.
- Helps teacher to evaluate students' response

## Case Presentations

It is a teaching method which provides descriptive information about a clinical patient scenario and to share this educational experience with the general medical and scientific community. It prepares students for clinical practice, using authentic clinical cases by linking theory to practice with the help of inquiry-based learning methods.

### Significance of its usage

- Cultivate the capacity for critical analysis.
- Judgement and Decision making
- Facilitate creative problem solving.
- Allow students to develop realistic solutions to complex problems







# **ASSESSMENT POLICY**



## Statutes

1. The First Professional MBBS Examination shall be held at the end of the first year MBBS, whereas, the Second Professional MBBS Examination shall be held at the end of the second year.
2. Every candidate shall be required to study contents of Anatomy (including Histology), Physiology, Biochemistry, Behavioural Sciences, Community Medicine & Public Health, Pathology, Pharmacology & Therapeutics, Islamic Studies/ Civics and Pakistan Studies, Clinical skills and Professionalism, Ethics, Research and Leadership. The teaching and assessment shall be done in three modular blocks.
3. There will be three papers in the first professional examination, and four papers in the second professional examination:

### First Professional Exam:

- a. Paper 1 will be based on contents of Block 1;
- b. Paper 2 will be based on contents of Block 2;
- c. Paper 3 will be based on contents of Block 3;

### Second Professional Exam:

- a. Paper 1 will be based on contents of Block 4;
  - b. Paper 2 will be based on contents of Block 5;
  - c. Paper 3 will be based on contents of Block 6;
  - d. Paper 4 will be based on contents of Islamic studies/Civics and Pakistan Studies
4. Each paper will comprise of two components "Written" and "Oral/Practical/Clinical" examinations.
  5. The "Written" and "Oral/Practical/Clinical" examination in each paper will carry **175** marks each, making the total marks of **350** for each of the papers 1,2, and 3 (inclusive of Internal Assessment).
  6. Total marks for the First and Second Professional Examinations shall be 1050, each. Marks of Islamic Studies/Civics and Pakistan Studies shall not be counted towards total marks of any professional examination, and determination of position or merit of a candidate. However, the candidates failing in the subject of Islamic Studies/Civics & Pakistan Studies, while passing other subjects of 2nd Professional examination, may not be subjected to detention, as the subject has no contribution towards total marks of any professional examination, and determination of position or merit. The students may rather be allowed to pass the examination in the subject, before appearing in their Final Prof. MBBS examination, and in case of their failure to clear the subject they may not be allowed to take their Final Professional MBBS Examination.
  7. Major content areas of the first two professional years shall be from:
    - a. Anatomy including applied/clinical Anatomy;
    - b. Physiology including applied/clinical Physiology;
    - c. Biochemistry including applied/clinical Biochemistry.



8. The Applied/Clinical content for the Anatomy, Physiology and Biochemistry shall be based on clinical correlations.
9. Integrated clinical content areas of the both years include Behavioral Sciences, Community Medicine & Public Health, Pathology, Pharmacology & Therapeutics, Clinical Foundation- I & II and PERLs- I & II.

### Written Examination

- a. The written component of Papers 1, 2, and 3 will consist of 'One-best-type' Multiple Choice Questions (MCQ) and Structured Essay Questions (SEQ) in a ratio of **65:35** %.
- b. Each MCQ will have five options (one best response and four distractors) and will carry one (01) mark.
- c. There will be no negative marking.
- d. There will be one section/s within an SEQ, and it will be a structured question with five (05) marks each.
- e. SEQ will only be based on the content areas of the year.
- f. There will be total of **90** MCQs and **10** SEQs in every written paper in Papers 1, 2, and 3.
- g. The duration of each written paper will be **195** minutes (**03 hours & 15 min**).
- h. The MCQ section will be of **95** minutes duration and the SEQ section of **100** minutes.

### Oral/Practical/Clinical Examination

- i. The 'Oral/Practical/Clinical' component of each Papers 1, 2, and 3 will consist of a total of sixteen (**16**) OSPE/OSCE/OSVE stations in each "Oral/Practical/Clinical" examination.
- j. Eleven (11) Observed OSPE (Objective Structured Practical Examination) stations will be from major subject areas. Each OSPE station will have the practical component and an evaluation of the underlying principle relevant to that practical with a component of applied knowledge.
- k. There will be two (02) Observed OSCE (Objective Structured Clinical Examination) stations, based on C-FRC1 and PERLs-1 in each "Oral/Practical/Clinical" examination.
- l. There will be three (03) Observed interactive OSVE (Objective Structured Viva Examination) from major subject areas. Each OSVE station will have a structured viva, to assess a practical component along with evaluation of the underlying principle relevant to that practical with an element of applied/practical knowledge and related clinical application.
- m. Each OSPE station will carry eight (08) marks.
- n. Each OSCE from C-FRC1 and PERLs-1 Will carry **5 marks**.
- o. Each OSVE station will carry fourteen (14) marks
- p. The duration of each 'Oral/Practical/Clinical' examination will be 100 minutes.
- q. Time for each OSPE, OSCE and OSVE station will be six (06) minutes.



10. Every candidate shall take the examination in the following Blocks (Modules) in First & Second Professional MBBS Examinations: -

**Year 1**

A. Block 1 (Foundation-I + Hematopoietic & Lymphatic) Marks	350
B. Block 2 (Musculoskeletal & Locomotion-I) Marks	350
C. Block 3 (Cardiovascular-I+ Respiratory-I) Marks	350

**Year 2**

A. Block 4 (Gastrointestinal Tract & Nutrition-I + Renal-I) Marks	350
B. Block 5 (Endocrinology & Reproduction-I + Head & Neck, Special Senses) Marks	350
C. Block 6 (Neurosciences-I + Inflammation) Marks	350
D. Islamic Studies/ Civics + Pakistan Studies Marks	100

**A. Block 1 (Foundation-I + Hematopoietic and Lymphatic)**

The examination in Block 1 shall be as follows: -

- I. One written paper of **140** marks having two parts:
  - i. Part I shall have ninety (90) Multiple Choice Questions (MCQs) of a total of **90** marks (01 mark for each MCQ) and the time allotted shall be **95** minutes. There will be no negative marking.
  - ii. Part II shall have ten (10) Structured Essay Questions (SEQs) of a total of **50** marks (05 marks for each SEQ) and the time allotted shall be **100** minutes.
- II. The "Oral/Practical/Clinical" examination shall have **140** marks in total.
- III. The duration of each 'Oral/Practical/Clinical' examination will be 100 minutes. Time for each OSPE. OSCE and OSVE stations will be six (06) minutes
- IV. The continuous internal assessment through the 'Block Examination', conducted by the college of enrollment shall carry **70** marks, i.e., **20%** of the total allocated marks (350) for the block. The score will be equally distributed to the Written and "Oral/Practical/Clinical" Examinations.

**B. Block 2 (Musculoskeletal & Locomotion-I)**

The examination in Block 2 shall be as follows: -

- I. One written paper of **140** marks having two parts:
  - i. Part I shall have ninety (90) Multiple Choice Questions (MCQs) of total **90** marks (01 mark for each MCQ) and the time allotted shall be **95** minutes. There will be no negative marking.
  - ii. Part II shall have ten (10) Structured Essay Questions (SEQs) of total **50** marks (05 marks for each SEQ) and the time allotted shall be **100** minutes.
- II. "Oral/Practical/Clinical" examination shall have **140** marks in total.
- III. The duration of each 'Oral/Practical/Clinical' examination will be 100 minutes. Time for each OSPE. OSCE and OSVE stations will be six (06) minutes



- IV. The continuous internal assessment through 'Block Examination', conducted by the college of enrollment shall carry **70** marks, i.e., 20% of the total allocated marks (**350**) for the block. The score will be equally distributed to the "Written" and "Oral/Practical/Clinical" Examinations.

### C. Block 3 (Cardiovascular-I + Respiratory-I)

The examination in Block 3 shall be as follows: -

- I. One written paper of **140** marks having two parts:
  - i. Part I shall have ninety (90) Multiple Choice Questions (MCQs) of total **90** marks (01 mark for each MCQ) and the time allotted shall be **95** minutes. There will be no negative marking.
  - ii. Part II shall have ten (10) Structured Essay Questions (SEQs) of a total **50** marks (05 marks for each SEQ) and the time allotted shall be **100** minutes.
- II. The "Oral/Practical/Clinical" examination shall have **140** marks in total.
- III. The duration of each 'Oral/Practical/Clinical' examination will be 100 minutes. Time for each OSPE, OSCE and OSVE stations will be six (06) minutes
- IV. The continuous internal assessment through the 'Block Examination', conducted by the college of enrollment shall carry **70 marks**, i.e., 20% of the total allocated marks (**350**) for the block. The score will be equally distributed to the "Written" and "Oral/Practical/Clinical" Examinations.

### D. Block 4 (Gastrointestinal & Nutrition-I + Renal-I)

The examination in Block 4 shall be as follows: -

- I. One written paper of **140** marks having two parts:
  - i. Part I shall have ninety Multiple Choice Questions (MCQs) of a total **90** marks (01 mark for each MCQ) and the time allotted shall be **95** minutes. There will be no negative marking.
  - ii. Part II shall have ten Structured Essay Questions (SEQs) of a total **50** marks (05 marks for each SEQ) and the time allotted shall be **100** minutes.
- II. "Oral/Practical/Clinical" examination shall have **140** marks in total.
- III. The duration of each 'Oral/Practical/Clinical' examination will be 100 minutes. Time for each OSPE, OSCE and OSVE stations will be six (06) minutes
- IV. The continuous internal assessment through 'Block Examination', conducted by the college of enrollment shall carry **70** marks, i.e., 20% of the total allocated marks (**350**) for the block. The score will be equally distributed to the Written and 'Oral/Practical/Clinical' Examinations.

### E. Block 5 (Endocrinology & Reproduction-I + Head & Neck, Special Senses)

The examination in Block 5 shall be as follows: -

- I. One written paper of **140** marks having two parts:
  - i. Part-I shall have ninety (90) Multiple Choice Questions (MCQs) of total **90** marks (01 mark for each MCQ) and the time allotted shall be **95** minutes. There will be no negative marking.
  - ii. Part-II shall have ten (10) Structured Essay Questions (SEQs) of total **50** marks (05 marks for each SEQ) and the time allotted shall be **100** minutes.
- II. "Oral/Practical/Clinical" examination shall have **140** marks in total.

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III. The duration of each “Oral/Practical/Clinical” examination will be 100 minutes. Time for each OSPE, OSCE and OSVE stations will be six (06) minutes

IV. The continuous internal assessment through ‘Block Examination’, conducted by the college of enrollment shall **carry 70 marks**, i.e., 20% of the total allocated marks (**350**) for the block. The score will be equally distributed to the Written and “Oral/Practical/Clinical” Examinations.

#### F. Block 6 (Neurosciences-I + Inflammation)

The examination in Block 6 shall be as follows: -

- I. One written paper of **140** marks having two parts:
  - i. Part I shall have ninety (90) Multiple Choice Questions (MCQs) of a total of **90** marks (01 mark for each MCQ) and the time allotted shall be **95** minutes. There will be no negative marking.
  - ii. Part II shall have ten (10) Structured Essay Questions (SEQs) of a total of **50** marks (05 marks for each SEQ) and the time allotted shall be **100** minutes.
- II. The “Oral/Practical/Clinical” examination shall have **140** marks in total.
- III. The duration of each ‘Oral/Practical/Clinical’ examination will be 100 minutes. Time for each OSPE, OSCE and OSVE stations will be six (06) minutes
- IV. The continuous internal assessment through the ‘Block Examination’, conducted by the college of enrollment shall carry **70** marks, i.e., 20% of the total allocated marks (**350**) for the block. The score will be equally distributed to the “Written” and “Oral/Practical/Clinical” Examinations.

#### G. ISLAMIC STUDIES/CIVICS AND PAKISTAN STUDIES

The examination in Islamic Studies/Civics and Pakistan Studies shall be as follows: -

- I. One written paper of 100 marks in Islamic Studies/ Civics and Pakistan Studies having two components:
  - i. The Islamic Studies/Civics component having total 60 marks. There will be three (3) Long Essay Questions (LEQs) to be attempted out of five (5), having 20 marks each.
  - ii. Pakistan Studies component having total 40 marks. There will be two (2) Long Essay Questions (LEQs) to be attempted out of four (4), having 20 marks each.

**Note:** Islamic Studies for Muslims, and Civics for Non-Muslims candidates.

11. The marks distribution in each subject is given in Table 1:



**Table 1**

<b>YEAR-1</b>						
<b>Subject</b>	<b>Theory</b>		<b>Practical</b>			<b>Total</b>
<b>Block 1</b> <b>Modules</b> (Foundation-I + Hematopoietic and Lymphatic)	Part I MCQs (90)	90 Marks	Practical /Clinical Examination	01 OSPE 02 OSCE 03 OSVE	Marks 88 10 42	<b>350</b>
	Part II SEQs (10)	50 Marks				
	Internal Assessment 10%	35 Marks	Internal Assessment 10%	35 Marks		
	<b>Total</b>	<b>175</b>	<b>Total</b>	<b>175</b>		
<b>Block 2</b> <b>Modules</b> (Musculoskeletal & Locomotion-I)	Part I MCQs (90)	90 Marks	Practical /Clinical Examination	11 OSPE 02 OSCE 03 OSVE	Marks 88 10 42	<b>350</b>
	Part II SEQs (10)	50 Marks				
	Internal Assessment 10%	35 Marks	Internal Assessment 10%	35 Marks		
	<b>Total</b>	<b>175</b>	<b>Total</b>	<b>175</b>		
<b>Block 3</b> <b>Modules</b> (Cardiovascular-I & Respiratory-I)	Part I MCQs (90)	90 Marks	Practical /Clinical Examination	11 OSPE 02 OSCE 03 OSVE	Marks 88 10 42	<b>350</b>
	Part II SEQs (10)	50 Marks				
	Internal Assessment 10%	35 Marks	Internal Assessment 10%	35 Marks		
	<b>Total</b>	<b>175</b>	<b>Total</b>	<b>175</b>		
<b>Total Marks:</b>						<b>1050</b>
<b>YEAR-2</b>						
<b>Block 4</b> <b>Modules</b> (GIT & Nutrition-I + Renal-I)	Part I MCQs (90)	90 Marks	Practical /Clinical Examination	11 OSPE 02 OSCE 03 OSVE	Marks 88 10 42	<b>350</b>
	Part II SEQs (10)	50 Marks				
	Internal Assessment 10%	35 Marks	Internal Assessment 10%	35 Marks		
	<b>Total</b>	<b>175</b>	<b>Total</b>	<b>175</b>		
<b>Block 5</b> <b>Modules</b> (Endocrinology & Reproduction-I +	Part I MCQs (90)	90Marks	Practical /Clinical Examination	11 OSPE 02 OSCE 03 OSVE	Marks 88 10 42	<b>350</b>
	Part II SEQs (10)	50Marks				

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Head& Neck, Special Senses)	Internal Assessment 10%	35 Marks	Internal Assessment 10%	35 Marks		
	Total	<b>175</b>	Total	<b>175</b>		
<b>Block 6</b> <b>Modules</b> (Neurosciences-I + Inflammation)	Part I MCQs (90) Part II SEQs (10)	90 Marks  50 Marks	Practical /Clinical Examination	11 OSPE 02 OSCE 03 OSVE	Marks 88 10 42	<b>350</b>
	Internal Assessment	35 Marks	Internal Assessment	35 Marks		
	Total	<b>175</b>	Total	<b>175</b>		
<b>Total Marks:</b>						<b>1050</b>
<b>Islamic Studies/ Civics and PakistanStudies</b>	<b>Islamic Studies/Civics</b> 3 LEQs of 20 marks each		60 Marks		<b>100*</b>	
	<b>Pakistan Studies</b> 2 LEQs of 20 marks each		40 Marks			
	<b>Total</b>		<b>100</b>			

12. No grace marks shall be allowed in any examination or practical under any guise or name.

13. At least 25% MCQs & 25% SEQs shall be based on applied/clinical/case scenario to assess high order thinking in the papers set for the students of First and second Professional MBBS Examinations.





# Regulations

1. Professional examination shall be open to any student who: -
  - a. has been enrolled/registered and completed one academic year preceding the concerned professional examination in a constituent/affiliated college of the University.
  - b. has his/her name submitted to the Controller of Examinations, for the purpose of examination, by the Principal of the college in which he / she is enrolled & is eligible as per all prerequisites of the examination.
  - c. has his/her marks of internal assessment in all the Blocks sent to the Controller of Examinations by the Principal of the college along with the admission form.
  - d. produces the following certificates duly verified by the principal of his / her college:
    - (i) of good character;
    - (ii) of having attended not less than cumulative 85% of the full course of lectures delivered and practical conducted in the particular academic session, while maintaining 75 % attendance in each block,
    - (iii) Certificate of having appeared at the Block Examinations conducted by the college of enrolment with at least 55 % cumulative percentage in aggregate of blocks 1,2 and 3 for the 1<sup>st</sup> Year and 4,5, and 6 for the Second year;
    - (iv) Candidates falling short of block/s attendance shall not be admitted to the annual examination unless they take remedial classes to complete the requirement.
2. The minimum number of marks required to pass the professional examination for each paper shall be fifty-five percent (55%) in Written and fifty-five percent (55%) in the 'Oral/Practical/Clinical' examinations and fifty-five percent (55%) in aggregate, independently and concomitantly, at one and the same time.
3. Candidates who secure eighty five percent (85%) or above marks in any of the papers shall be declared to have passed "with distinction" in that Block, subject to having at least 80 % marks in the Written component of that paper, concomitantly. However, no candidate shall be declared to have passed "with distinction" in any paper, who does not pass in all the papers of the Professional Examination as a whole at one and the same time,
4. A candidate failing in one or more paper of the annual examination shall be provisionally allowed to join the next professional class till the commencement of supplementary examinations. Under no circumstances, a candidate shall be promoted to the next professional class till he / she has passed all the papers in the preceding professional examination.
5. If a student appears in the supplementary examination for the first time as he/she did

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not appear in the annual examination because of any reason and fails in any paper in the Supplementary Examination, he/she will be detained in the same class and will not be promoted to next class.

6. The colleges may arrange remedial classes and one re-sit for each block examination after approval from the Competent Authority.
7. The remedial classes and re-sit examination can be conducted during summer vacation/weekends, before or during preparatory leave, for the concerned professional examination, subject to the following conditions:
  - i. At the completion of each block, the principals of the colleges shall submit a detailed report to the university, including cases of students with short attendance, poor performance/absence in the block examination along with the reasons and evidence for the same, proposed schedule for remedial classes and re-sit examination.
  - ii. Competent Authority UHS will have the cause and the submitted evidence evaluated and documented, before permitting the colleges to arrange remedial classes and re-sit examination at the concerned block. No college is allowed to conduct remedial classes or re-sit examination without prior approval of the competent authority.
  - iii. The students can appear in remedial classes / re-sit of a block examination, However, conduct of remedial classes shall be permitted only in the cases of students, who shall have attended at least 50 % of total attendance of the concerned block in the first instance.
    - a. However, in special circumstances a student can be allowed to attend the 'remedial classes' for a certain block, with the permission of the Competent Authority, to complete his/her requirement of attendance, even if the block attendance is less than 50%. In such cases, the evidence of reason will be provided by the college after the Principal has endorsed the case.
    - b. The students who have attained a cumulative attendance of 85% directly or with remedial classes, can appear in the 'annual' professional examination.
    - c. The valid reasons for short attendance in a block or absence from a block examination may include major illness/accident/surgery of the student or sickness / death of an immediate relative/being afflicted by a natural/man-made calamity or disaster or detained students (missed the first block of the year) or UHS permitted late admission students
8. The application for admission of each candidate for examination shall be submitted to the Controller of Examination, through the Principal of the College, in a prescribed format, as per notified schedule, accompanied by the prescribed fee.
9. The marks of internal assessment through block/s exam and attendance shall be submitted to Controller of Examinations three times, within two weeks of completion of each block examination.
10. At the end of each block, the colleges are required to submit question papers and keys for the block examination, internal assessment marks and attendance record to the

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Department of Examinations UHS. Further, parent-teacher meetings shall be arranged by the colleges after every block examination to share feedback on the progress of students with their parents. Minutes of parent teacher meetings shall be submitted to the Department of Medical Education UHS.

11. It is emphasized that fresh internal assessment or a revision of assessment for supplementary examination shall not be permissible. However, a revised internal assessment for the detained students can be submitted. The internal assessment award in a particular year will not be decreased subsequently detrimental to the detainee candidate. A proper record of the continuous internal assessment shall be maintained by the concerned department/s in the colleges.
12. The candidates shall pay their fee through the Principal of their respective Colleges who shall forward a bank draft / pay order / crossed cheque in favor of Treasurer, University of Health Sciences Lahore, along with their Admission Forms.
13. Only one annual and one supplementary of First and Second Professional MBBS Examinations shall be allowed in a particular academic session. In exceptional situations, i.e., national calamities, war or loss of solved answer books in case of accident, special examination may be arranged after having observed due process of law. This will require permission of relevant authorities, i.e., Syndicate and Board of Governors.
14. The internal assessment will be sent according to the following scheme:



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## Internal Assessment Theory

	Scoring Parameter	Marks out of 20%	Marks Distribution
1	Attendance in Lectures	85-90%=1% , > 90%=2%	85-90%= <b>01</b> mark > 90%= <b>02</b> marks
		Remedial classes – re-sit examination allowed only after case endorsed and submitted by the college <b>Principal</b> and approval given by the <b>Competent Authority</b> . However, no marks given	
		Remedial classes – re-sit examination allowed only in genuine cases after approval from <b>Competent Authority</b> . However, no marks given	
2	Block Examination	15%	<b>22</b>
3	Continuous Internal Assessment/Class Quiz/Class participation/ Professional Behaviour/ Ethical practices/ Leadership traits/ Module Exam Discipline/Punctuality	3%	<b>06</b>

## Internal Assessment Practical & Behavioral

	Scoring Parameter	Marks out of 20%	Marks Distribution
1	Attendance in Practicals & Rotations	85-90%=1% , > 90%=2%	85-90%= <b>01</b> mark > 90%= <b>02</b> marks
		Remedial classes – re-sit examination allowed only after case endorsed and submitted by the college <b>Principal</b> and approval given by the <b>Competent Authority</b> . However, no marks given	
		Remedial classes – re-sit examination allowed only in genuine cases after approval from <b>Competent Authority</b> . However, no marks given	
2	Block Examination (OSPE/OSCE/OSVE)	15%	<b>26</b>
3	CFRC Log Book / PERLs Portfolio	04%	<b>07</b>

**MBBS 1<sup>st</sup> Professional**

**Block-1**

Theme	Subject	Written Exam			Oral/Practical/Clinical Exam			
		MCQ (1 mark)	SEQ (5 mark each)	Marks	OSPE (8 marks each observed)	OSCE (5 marks each observed)	OSVE (14 marks each observed)	Marks
Normal Structure	Anatomy applied/clinical	20	04	40	04	-	01	46
Normal Function	Physiology applied/clinical	22	03	37	03	-	01	38
	Biochemistry applied/clinical	24	02	34	02	-	01	30
Disease Burden & Prevention	Community Medicine & Public Health	06	-	06	-	-	-	-
	Behavioral Sciences	05	-	05	-	-	-	-
Pathophysiology & pharmacotherapeutics	Pathology	08	01	13	1	-	-	8
	Pharmacology	05	-	05	1	-	-	8
CFRC	CF-I	-	-	-	-	01	-	05
PERLs	PERLs-I	-	-	-	-	01	-	05
<b>Total</b>		<b>90</b>	<b>10x5=50</b>	<b>140</b>	<b>11 stations x 08 = 88</b>	<b>02 stations x 05 = 10</b>	<b>03 stations x 14=42</b>	<b>140</b>

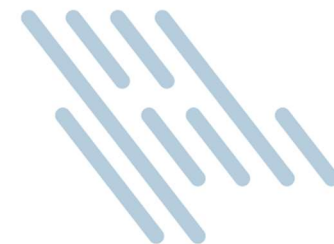
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**MBBS 1<sup>st</sup> Professional****Block-2**

Theme	Subject	Written Exam			Oral/Practical/Clinical Exam			
		MCQ (1 mark)	SEQ (5 mark each)	Marks	OSPE (8 marks each observed)	OSCE (5 marks each observed)	OSVE (14 marks each observed)	Marks
Normal Structure	Anatomy applied/clinical	35	04	55	05	-	01	54
Normal Function	Physiology applied/clinical	17	02	27	02	-	01	30
	Biochemistry applied/clinical	13	02	23	02	-	01	30
Disease Burden & Prevention	Community Medicine & Public Health	06	-	06	-	-	-	-
	Behavioral Sciences	04	-	04	-	-	-	-
Pathophysiology & pharmacotherapeutics	Pathology	10	01	15	01	-	-	08
	Pharmacology	05	01	10	01	-	-	08
CFRC	CF-I	-	-	-	-	01	-	05
PERLs	PERLs-I	-	-	-	-	01	-	05
<b>Total</b>		<b>90</b>	<b>10x5=50</b>	<b>140</b>	<b>11 stations x 08 = 88</b>	<b>02 stations x 05 = 10</b>	<b>03 stations x 14=42</b>	<b>140</b>

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**MBBS 1<sup>st</sup> Professional**

**Block-3**

Theme	Subject	Written Exam			Oral/Practical/Clinical Exam			
		MCQ (1 mark)	SEQ (5 mark each)	Marks	OSPE (8 marks each observed)	OSCE (5 marks each observed)	OSVE (14 marks each observed)	Marks
Normal Structure	Anatomy applied/clinical	17	03	32	03	-	01	38
Normal Function	Physiology applied/clinical	31	04	51	04	-	01	46
	Biochemistry applied/clinical	19	02	29	02	-	01	30
Disease Burden & Prevention	Community Medicine & Public Health	06	-	06	-	-	-	-
	Behavioral Sciences	02	-	02	-	-	-	-
Pathophysiology & pharmacotherapeutics	Pathology	10	01	15	01	-	-	08
	Pharmacology	05	-	05	01	-	-	08
CFRC	CF-I	-	-	-	-	01	-	05
PERLs	PERLs-I	-	-	-	-	01	-	05
<b>Total</b>		<b>90</b>	<b>10x5=50</b>	<b>140</b>	<b>011 stations x 08 = 88</b>	<b>02 stations x 05 = 10</b>	<b>03 stations x 14=42</b>	<b>140</b>

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**MBBS 2<sup>nd</sup> Professional**

**Block-4**

Theme	Subject	Written Exam			Oral/Practical/Clinical Exam			
		MCQ (1 mark)	SEQ (5 mark each)	Marks	OSPE (8 marks each observed)	OSCE (5 marks each observed)	OSVE (14 marks each observed)	Marks
Normal Structure	Anatomy applied/clinical	23	03	38	04	-	01	46
Normal Function	Physiology applied/clinical	18	02	28	03	-	01	38
	Biochemistry applied/clinical	22	03	37	02	-	01	30
Disease Burden & Prevention	Community Medicine & Public Health	06	-	06	-	-	-	-
	Behavioral Sciences	05	-	05	-	-	-	-
Pathophysiology & pharmacotherapeutics	Pathology	11	01	16	01	-	-	08
	Pharmacology	05	01	10	01	-	-	08
CFRC	CF-2	-	-	-	-	01	-	05
PERLs	PERLs-2	-	-	-	-	01	-	05
<b>Total</b>		<b>90</b>	<b>10x5=50</b>	<b>140</b>	<b>11 stations x 08 = 88</b>	<b>02 stations x 05 = 10</b>	<b>03 stations x 14=42</b>	<b>140</b>

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**MBBS 2<sup>nd</sup> Professional**

**Block-5**

Theme	Subject	Written Exam			Oral/Practical/Clinical Exam			
		MCQ (1 mark)	SEQ (5 mark each)	Marks	OSPE (8 marks each observed)	OSCE (5 marks each observed)	OSVE (14 marks each observed)	Marks
Normal Structure	Anatomy applied/clinical	30	04	50	04	-	01	46
Normal Function	Physiology applied/clinical	20	04	40	03	-	01	38
	Biochemistry applied/clinical	14	01	19	01	-	01	22
Disease Burden & Prevention	Community Medicine & Public Health	07	-	07	-	-	-	0
	Behavioral Sciences	04	-	04	-	-	-	0
Pathophysiology & pharmacotherapeutics	Pathology	13	01	18	2	-	-	16
	Pharmacology	02	-	02	1	-	-	08
CFRC	CF-2	-	-	-	-	01	-	05
PERLs	PERLs-2	-	-	-	-	01	-	05
<b>Total</b>		<b>90</b>	<b>10x5=50</b>	<b>140</b>	<b>11 stations x 08 = 88</b>	<b>02 stations x 05 = 10</b>	<b>03 stations x 14=42</b>	<b>140</b>

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# MBBS 2<sup>nd</sup> Professional

## Block-6

Theme	Subject	Written Exam			Oral/Practical/Clinical Exam			
		MCQ (1 mark)	SEQ (5 mark each)	Marks	OSPE (8 marks each observed)	OSCE (5 marks each observed)	OSVE (14 marks each observed)	Marks
Normal Structure	Anatomy applied/clinical	24	03	39	03	-	01	38
Normal Function	Physiology applied/clinical	27	04	47	04	-	01	46
	Biochemistry applied/clinical	12	02	22	01	-	01	22
Disease Burden & Prevention	Community Medicine & Public Health	04	-	04	-	-	-	-
	Behavioral Sciences	03	-	03	-	-	-	-
Pathophysiology & pharmacotherapeutics	Pathology	12	01	17	02	-	-	16
	Pharmacology	08	-	08	01	-	-	08
CFRC	CF-2	-	-	-	-	01	-	05
PERLs	PERLs-2	-	-	-	-	01	-	05
<b>Total</b>		<b>90</b>	<b>10x5=50</b>	<b>140</b>	<b>11 stations x 08 = 88</b>	<b>02 stations x 05 = 10</b>	<b>03 stations x 14=42</b>	<b>140</b>

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**SECTION-10**





## **LIST OF RESOURCES**





### **Anatomy**

- Snell's Clinical Anatomy 10<sup>th</sup> ed.
- Langman's Medical Embryology 12<sup>th</sup> ed
- Medical Histology by Laiq Hussain Siddiqui 8th edition.
- General Anatomy by Laiq Hussain Siddiqui 6th edition.

### **Biochemistry**

- Harpers illustrated Biochemistry (latest edition). Rodwell.V.W MCGrawHill publishers.
- Lippincott illustrated Review (latest edition). Kluwer.W.
- Essentials of Medical Biochemistry vol 1&2 by Mushtaq Ahmed.

### **Pathology**

- Vinary Kumar, Abul K. Abbas and Nelson Fausto Robbins and Cotran, Pathologic basis of disease. WB Saunders.
- Robbins and Cotran Pathological Basis of Disease. Kumar, V., Abbas, A. and Aster, J. Latest Edition
- Richard Mitchall, Vinary Kumar, Abul K. Abbas and Nelson Fausto Robbins and Cotran, Pocket Companion to Pathologic basis of diseases, Saunder Harcourt.
- Walter and Israel. General Pathology. Churchill Livingstone.
- Robbins & Kumar, Medical Microbiology and Immunology Levinson.

### **General Medicine**

- Principles and Practice of Medicine by Davidson (latest edition)
- Clinical Medicine by Parveen J Kumar & Michael Clark
- Oxford Handbook of Medicine
- Macleod's Clinical Examination book
- Medicine and Toxicology by C.K. Parikh
- Hutchison's Clinical Methods by Michael Swash. 21st edition

### **Pharmacology And Therapeutics**

- Katzung and Trevor's Pharmacology: Examination and Board Review- 15th Edition
- Basic and Clinical Pharmacology by Bertram G Katzung (case scenarios only) - 16th Edition-
- Current Medical Diagnosis and Treatment- reference book –Edition-2024
- Basic and Clinical Pharmacology by Bertram G Katzung (case scenarios only) - 15th Edition

- Basic and Clinical Pharmacology by Katzung, McGraw-Hill. 16th Edition.
- Pharmacology by Champe and Harvey, Lippincott Williams & Wilkins 8th Edition.
- Katzung Basic and Clinical pharmacology, Lippincott Illustrated reviews.
- Clinical Pathology Interpretations by A. H. Nagi

### **Behavioural Sciences**

- Handbook of Behavioural Sciences by Prof. Mowadat H.Rana, 3rd Edition
- Medical and Psychosocial aspects of chronic illness and disability 6th edition by Donna R.Falvo and Beverly E.Holland,
- Integrating behavioral sciences in healthcare, Asma Humayun,2003, 1st edition

### **Community medicine**

- Parks Textbook of Preventive and Social Medicine. K. Park
- Public Health and Community Medicine by Ilyas Ansari
- MSDS manual of Government of Punjab
- Text book of Community Medicine by Park J E. Latest Edition

### **Surgery**

- Bailey & Love's Short Practice of Surgery (latest edition)
- Browse's Introduction to the Symptoms & Signs of Surgical Disease 4th Edition
- Bailey & Love Short Practice of Surgery, Clinical Surgery pearls by Dayananda Babu RACS for Surgical Audits.

### **Patient Safety**

- Patient Safety Curriculum Guide: Multi Professional Guide

### **Microbiology**

- Levinson's review of Microbiology
- Medical Microbiology and Immunology by Levinson and Jawetz,

### **Pediatrics Medicine**

- Nelson Textbook of Pediatrics
- Basis of Pediatrics by Pervez Akbar Khan

### **Gynecology**

- Gynecology by Ten Teachers

### **Infection Control**

- National Guidelines Infection Prevention and control, National Institute of Health Pakistan

### **Biosafety**

- Biosafety in Microbiological and Biomedical Laboratories, 6th Edition (CDC, USA)
- WHO Laboratory Biosafety Manual, Fourth Edition, And Associated Monographs
- WHO safe management of wastes from healthcare facilities chapter 7 -8 page 77-99, 105-125)

## **Family medicine**

- Oxford Handbook of General Practice, 5th Edition

## **Orthopedics**

- Apley and Solomon's System of Orthopaedics and Trauma by Ashley Blom (Editor)

## **Rheumatology**

- Davidson's Principles and Practice of Medicine
- Clinical Medicine by Parveen J Kumar & Michael Clark
- Hutchison's Clinical Methods by Michael Swash

## **Radiology**

- Aids to Radiological Differential Diagnosis by Chapman S. and Nakielny R. 4th edition. Elsevier Science Limited; 2003.

## **Forensic Medicine**

- Knight's Forensic Pathology by Barnard Knight 3rd edition
- G. Principles and Practice of Forensic Medicine by Prof. Nasib R. Awan, 2nd edition
- Forensic DNA Typing – 2nd Edition, Author: John M. Butler
- Parikh's Text book of Medical Jurisprudence, Forensic Medicine and Toxicology by C.K. Parikh 6th Ed., CBS Publisher.
- Gun Shot Wounds 2nd edition by V.J. Deimaio
- Knight B. Simpson's Forensic Medicine.
- Knight and Pekka. Principles of Forensic Medicine

## **Forensic Pathology**

- Forensic pathology 2nd edition by V.J. Deimaio CRC press Boca Raton London New York Washington DC

## **Toxicology**

- Principles of clinical toxicology 3rd edition Thomas . Gossel CRC press Taylor and Francis group

## **Forensic Sciences**

- Fundamentals of Forensic Science- 3rd Edition: Author: Max M Houck, Jay A. Siegel
- Text Book of forensic medicine and toxicology Principles and Practice 5th edition by Krishan Vig

## **Biomedical ethics**

- Principles of Biomedical ethics, 8th edition by Tom. L. Beauchamp, James F. Childress.

## **Evidence Based Medicine**

- Databases for the latest articles/manuscripts
- Clinical Practice Guidelines- local and international - (within last 3 years)
- Books (Latest edition-within last 5 years)

### **Pediatrics**

- Nelson's Book of Pediatric 22 edition Illustrated book of Pediatrics, Pervaiz Akbar textbook pediatrics medicine

### **Islamiyat**

- Standard Islamiyat (compulsory) for B.A, BSc, MA, MSc, MBBS by Prof M Sharif Islahi.
- Ilmi Islamiyat(compulsory) for BA, BSc & equivalent.







**GUIDELINES FOR INSTITUTIONAL STUDY**  
**GUIDES**



# Guidelines for Development of Study Guide for the Faculty & Students

Institutions are advised to develop one study guide for each module of the curriculum.

The study guide should have:

1. **Title page** having the name of the module and the year it is being taught.
2. **Table of contents**
3. **List of abbreviation**
4. **Curriculum frame work** This is a comprehensive statement that provides an overview of how various subjects are integrated into different modules on a yearly basis, and it is applicable to all
5. **Introduction to the study guide** The introduction of the study guide should clearly state its purpose and outline the information it conveys, specifically addressing the following questions: What is the main objective of the study guide? What message does it aim to convey? Additionally, it should specify the intended audience for whom the guide was developed
6. **Introduction to module** In the introduction to the module, students are informed of the course name, year number, and the duration of the module. The module is focused on specific systems, such as the cardiovascular system or respiratory system. Students are informed of the relevance of these topics to real-life scenarios, emphasizing the importance of the knowledge they will gain and about end of module assessment.
7. **Module committee** the modular committee includes the coordinator, co-coordinator, and departmental representatives from areas such as internal medicine, surgery, pediatrics, and medical education. Together, they work to create an integrated and current curriculum that supports the educational objectives and prepares students for healthcare careers.
8. **Curriculum map of the module (optional)** to give a clear overview of the learning goals, progression, and connections between subjects in a module.
9. **Time table**
10. **Distribution and duration of teaching activities amongst different disciplines**  
Tabulate the total contact hour for each such subject and their further distribution for different teaching activities

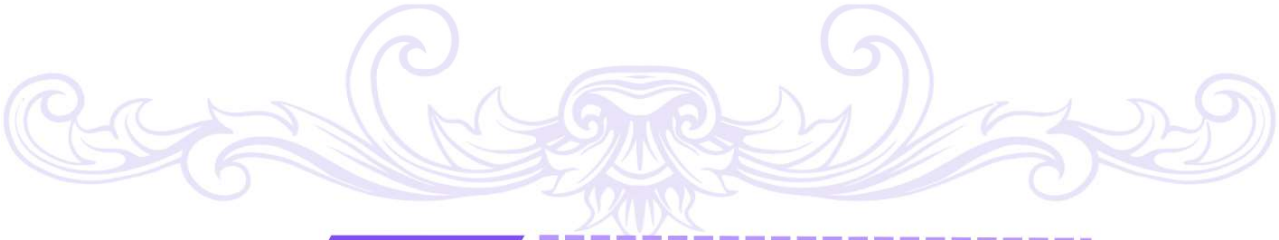
- 11. The modular outcomes** to help students understand what they will learn by the end of a module, it is important to provide a list of the specific outcomes that will be covered in a modular format.
- 12. The learning objectives** of the module distributed according to subject and theme. The provision of learning objectives to students alongside modular outcomes serves to define the particular abilities or information that they are expected to gain, as well as to provide guidance on the goals and trajectory of their learning.
- 13. Operational definitions** of the different teaching activities aligned with those published in the curriculum.
- 14.** The assessment section needs to provide a clear description of the following.
- Write the **assessment policy** regarding internal assessment and professional examination in terms of format and regulation.
  - Provide the **assessment schedule**
  - Mention the **assessment tools** that are going to be used for the formative and summative assessment. These assessment tools should be the recommended
  - Provide the operational definitions for the assessment instruments in alignment with those published in the curriculum.
  - **Sample questions from each category** of assessment tool (optional) so that student may understand the format of exam (optional)
- 15. The books and reading resources** for every subject should be mentioned.

# *Innovating & Strategizing Healthcare Academia*



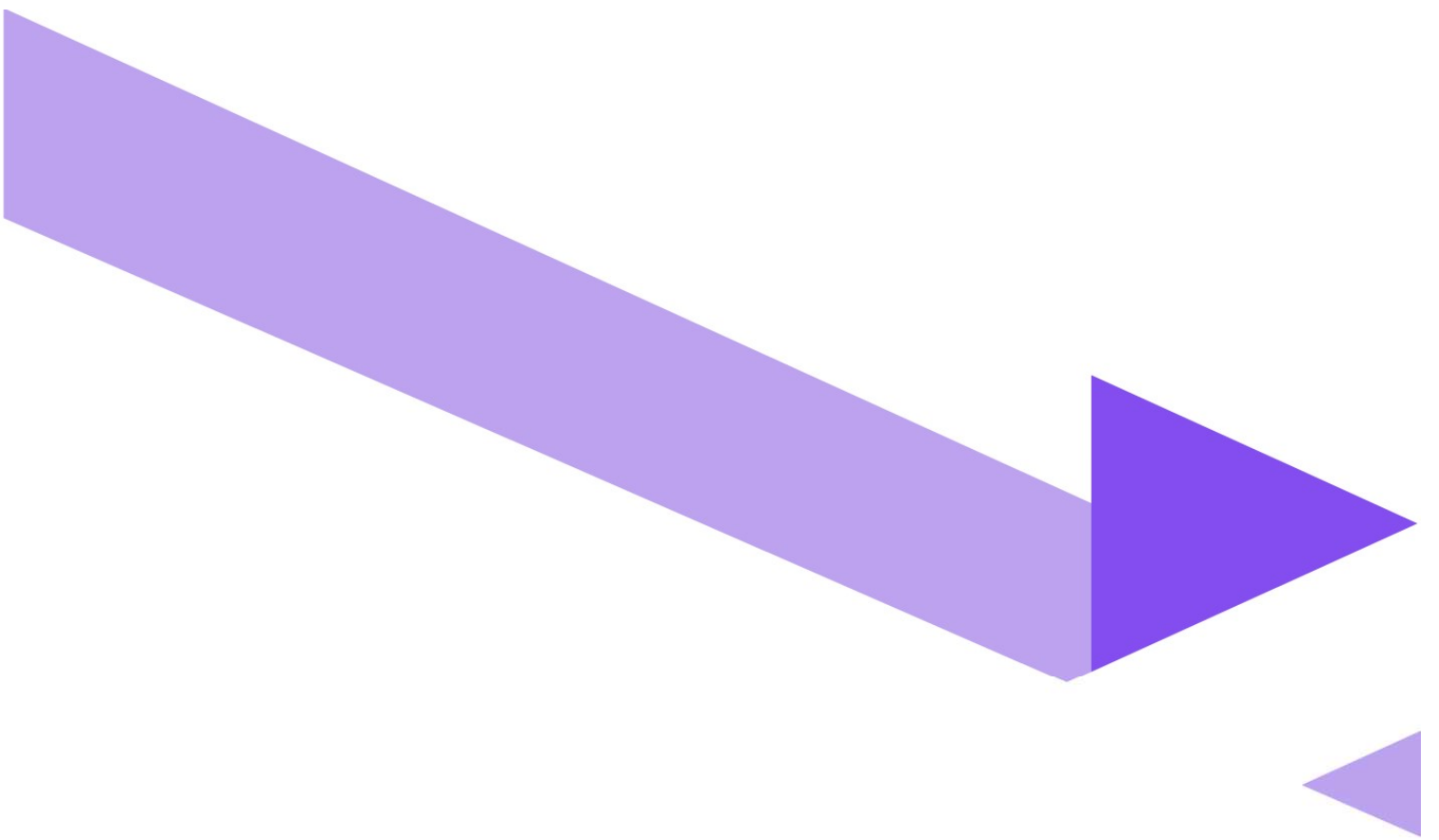
**University of Health  
Sciences Lahore**





**SECTION-11**





# **FEEDBACK PROFORMA**

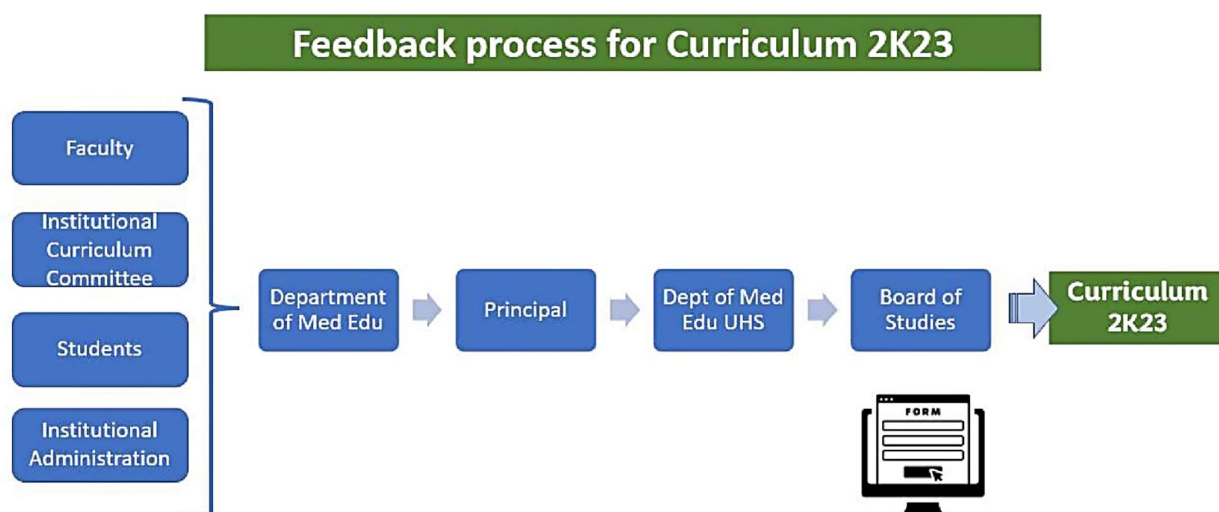


# Program Evaluation & Feedback

In continuation to the contextualization and development process undertaken by all the subject experts and stakeholders, the process of implementation is also vital. DME University of Health Sciences Lahore, considers the implementation segment of the entire continuum as the most vital and significant step. A curriculum is a live document and its viability dependence on the collaborative ownership of all the stakeholders. These stakeholders are inclusive of curriculum designers, students, faculty members, institutional administration, institutional leads, examiners, paper setters, question bank developers, PBL architects and program evaluators. To address such broad-based evaluation response UHS aims to keep the channel of feedback patent so that any possible glitch, omission, overlap, adjustment, or nuance could be addressed in a methodical manner.

A feedback proforma has been annexed which will also be available on the website. This if filled and routed through the channel mentioned below will be assessed at DME University of Health Sciences Lahore and then processed by the subject expert committee. In addition to the educationists at UHS we have module in charge and subject expert committees who can further process any recommendation or define a solution.

After the processing the recommended solution will be put up for approval by the Board of Studies before being conveyed across the board to the affiliated colleges and being implemented.



# Curriculum Feedback/Suggestion Proforma



<b>Name of the respondent / applicant</b>
<b>Title of the respondent / applicant (student/faculty member/ Principal)</b>
<b>Registration Number (or any official identification number)</b>
<b>Name of Department (in case of students mention year of entry)</b>
<b>Name of Institution</b>
<b>Observation / Impediment to training identified</b>



**Area of observation / Impediment**  
(content, theme, resources, instructional strategy, timetable, implementation, assessment, logbooks, clarity of instruction etc. )

**Any recommended solution:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE**

Remarks by Director Medical Education

Signature Director Medical Education: \_\_\_\_\_

Name & Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks by Principal

[Empty rectangular box for Principal's Remarks]

Signature: \_\_\_\_\_

Name & Stamp: \_\_\_\_\_

Date: \_\_\_\_\_



# **LIST OF ANNEXURES**



# MODULAR INTEGRATED CURRICULUM 2K23

*version 3.0*

## VOLUME:02



## LOGBOOK

**CLINICAL-FOUNDATION  
ROTATION CLERKSHIP**

**C-FRC**

# LOGBOOK C-FRC

## C-FRC-2 YEAR-2



<b>Table of Contents</b>	
<b>Contents</b>	<b>Page No.</b>
List of Abbreviations	475
Preamble	477
Miller's Pyramid	478
GIT & Nutrition-I	478
Renal-I	493
Endocrinology and Reproduction-I	500
Head & Neck, Special Senses	511
Neurosciences-I	519
Inflammation	526



## LIST OF ABBREVIATIONS

Abbreviations	Subjects
A	Anatomy
Ag	Aging
B	Biochemistry
BhS	Behavioral sciences
C	Civics
CM	Community Medicine
C-FRC	Clinical-Foundation Rotation Clerkship
CV	Cardiovascular
EnR	Endocrinology & Reproduction
ENT	Ear Nose Throat
F	Foundation
FM	Forensic Medicine
GIT	Gastrointestinal tract
GO	Gynecology and Obstetrics
HL	Hematopoietic & Lymphatic
HNSS	Head & Neck and Special Senses
IN	Inflammation
M	Medicine
MS	Musculoskeletal
NS	Neurosciences
O	Ophthalmology
Or	Orientation
P	Physiology
Pa	Pathology
Pe	Pediatrics

PERLs	Professionalism, Ethics, Research, Leadership
Ph	Pharmacology
Psy	Psychiatry
QI	Quran and Islamiyat
R	Renal
Ra	Radiology
Re	Respiratory
S	Surgery

## PREAMBLE

The Aim of Medical training is to deliver the best possible patient care. This is not possible until medical students are holistically trained to deliver standardized patient care, with management and counselling skills. The competencies given by PMDC for a graduating physician include:

1. Skillful
2. Knowledgeable
3. Community Health Promoter
4. Critical Thinker
5. Professional
6. Scholar
7. Leader and Role Model

All the above cannot be accomplished without a robust Clinical clerkship program.

The purpose of this document is to provide an outline to the UHS clinical clerkship program which will serve as a vertically integrated module throughout the five years of medical college, transitioning from Clinical Foundation (CF) in the first two years to Clinical Rotations (CR) in the third and fourth year and finally to a complete clinical clerkship (CC) in final year of MBBS.

Keeping in view the 45 affiliated medical colleges under the umbrella of UHS, we have tried our best to devise a flexible program which colleges can tailor according to their capacities and resources. We are hopeful this innovative new step will lead to standardization of patient care for UHS lead colleges in the best possible way.

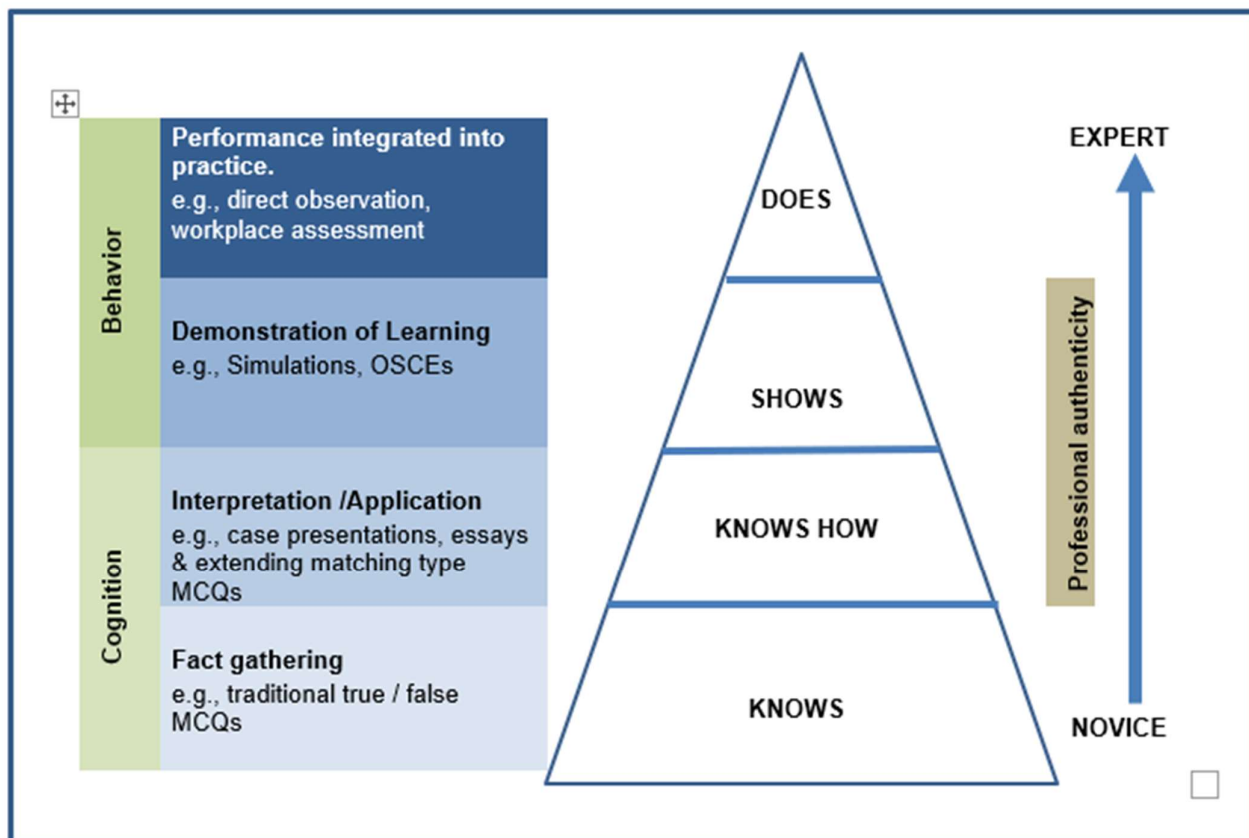
### **How to use this logbook:**

- ❖ Each clinical skill has an entry in this logbook along with the checklist to be filled by the supervisor in the ward.
- ❖ Number of entries per skill is also mentioned in the modular study guides.
- ❖ The Clinical supervisor must tick all boxes deemed fulfilled and give feedback to the student regarding their performance.



# MILLER'S PYRAMID

The basis to assess clinical skills is the Miller's pyramid. Different skills throughout the CFR-C module scale from Knows How (e.g., Interpretation of CXR) to does (administer IM injections etc.).





# **BLOCK-04**

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## GIT AND NUTRITION-1 MODULE

Objectives	Skill	Miller's Pyramid Level Reflected
Demonstrate steps of abdominal examination	Abdominal Examination	Shows
Demonstrate the procedure of shifting dullness	shifting dullness	Shows
Identify organs on X-ray abdomen	X-ray Abdomen	Shows
Assess dehydration in infant/young child and explain procedure of making home made ORS	Dehydration	Does

Place a “√” in case box if step/task is performed satisfactorily, an “X” if it is not performed satisfactorily, or N/O if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

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Date Observed: \_\_\_\_\_

<p align="center"><b>CHECKLIST FOR ABDOMINAL EXAMINATION</b> (Some of the following steps/tasks should be performed simultaneously.)</p>	<p align="center"><b>CASES</b> (Minimum 3 Entries)</p>		
<b>STEP/TASK</b>			
<p><b>GETTING READY:</b></p> <ol style="list-style-type: none"> <li>1. Has performed hand washing</li> <li>2. Introduces himself/herself to patient</li> <li>3. Explains Procedure and Asks for consent</li> </ol>			
<p><b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b></p>			
<p><b>THE PROCEDURE:</b></p> <p><b>GENERAL EXAMINATION:</b></p> <p><u>Examine the following features to check for any pathology related to the GIT:</u></p> <ol style="list-style-type: none"> <li>i. Facies</li> <li>ii. Body build</li> <li>iii. Posture</li> <li>iv. Color of skin</li> <li>v. Vital signs</li> <li>vi. Head</li> <li>vii. Neck</li> <li>viii. Upper limbs</li> </ol>			



<ul style="list-style-type: none"> <li>ix. Lower limbs</li> <li>x. Chest and heart</li> <li>xi. Spine</li> </ul> <p><b>INSPECTION OF THE ABDOMEN:</b></p> <ol style="list-style-type: none"> <li>1. Position the patient in the supine position and drape the patient, exposing only the areas needed for assessment.</li> <li>2. Inspect the abdomen for shape/contour, symmetry, pigmentation/colour, lesions/scars, pulsation, and visible peristalsis</li> <li>3. Examination was carried out in good light, looking from either end of the bed from the side, and finally tangentially</li> <li>4. Looked for: <ul style="list-style-type: none"> <li>i. shape (contour)</li> <li>ii. sub costal angle</li> <li>iii. epigastric pulsation</li> <li>iv. divarication of recti</li> <li>v. position of the umbilicus</li> <li>vi. hair distribution</li> <li>vii. skin(pigmentation, scars)</li> <li>viii. dilated veins</li> <li>ix. hernia orifices (ask pt to cough)</li> <li>x. visible movements</li> <li>xi. genitalia</li> <li>xii. back (all back exam at the end)</li> </ul> </li> <li>5. Type of breathing (ask the patient to take deep breath)</li> </ol>			
<p><b>PALPATION:</b></p> <ol style="list-style-type: none"> <li>1. Stand by the right side of the patient</li> <li>2. Relax the abdominal wall by asking the patient to flex his hip and knees, and ask him to open the mouth and breathe quietly in and out.</li> <li>3. Make sure that his/her hand is warm</li> <li>4. If a painful area or mass is present, palpate that area at the end.</li> <li>5. Started by light palpation (superficial palpation):</li> </ol>			

<p>i. Tenderness: Ask the patient to locate the site of tenderness. If he/she is not able to; ask them to take a deep breath or to cough.</p> <p>Elicit Rebound tenderness</p> <p>ii. Differentiate rigidity from guarding: rigidity is generally a sign of peritoneal irritation, it is present throughout the abdominal wall, the wall feels stiff and board like to touch.</p> <p>Guarding is a protective mechanism usually triggered by touch or patient's anticipation to pain.</p> <p>iii. (Swelling: If there is a swelling; - Ask the patient to contract his/her abdominal wall muscles by raising his/her head ( to determine if it is intra or extra abdominal swelling)</p> <p>Notice the swelling mobility with respiration</p> <p>iv. Hernia orifices: Examine the anatomical sites of hernia for swelling and any expansile impulse with cough.</p> <p>Elicit deep palpation:</p> <p>i. Start Palpation of normal solid viscera (the liver, the spleen and the kidneys):</p> <p><b>A. <u>Palpation of the liver:</u></b></p> <p>i. Place hand in the right iliac fossa, (hand may either rest transversely and flat at right angle to the linea semilunaris and parallel to the costal margin, or placed with fingers pointing towards the head of the patient). The other hand is placed in the loin.</p> <p>ii. Ask the patient to take a deep breath.</p> <p>iii. Keep hand still during inspiration and during expiration slide the hand a little nearer to the right costal margin.</p>			
<p><u>When examining a hepatic swelling record:</u></p> <p>i. The degree of enlargement in a fingerbreadth below the costal margin.</p> <p>ii. The character of the edge (sharp or rounded).</p> <p>iii. The surface (smooth or nodular)</p> <p>iv. The consistency (soft, firm, hard or heterogeneous)</p> <p>v. The presence of tenderness</p> <p>vi. The degree of movement on respiration.</p>			

## **B. Palpation of the spleen**

There are several clinical methods for the detection of an enlarged spleen:

### a) The standard method or bimanual examination:

Start palpation from the right iliac fossa with the tips of the examining hand directed towards the left axilla. The left hand is placed over the lateral aspect of the left costal margin, exerting a certain amount of compression. Followed the rules of palpation moving toward the left hypochondrium until feeling the spleen.( If the spleen is not felt, lift the rib cage forwards as the patient inspired).

### b) The hooking method:

If the spleen is not felt by the bimanual method, ask the patient to place the fist of the left hand under the lower ribs in order to push the spleen forward. Then stand on the left side of the patients head and place the fingers of both hands over the costal margin. The patient is instructed to take deep breath.

### c)The right lateral position:

If the spleen is not felt by the ordinary method ask the patient to turn to his right side and palpate the spleen by insinuating hand below the costal margin and ask the patient to take deep breath till feeling the lower edge of the spleen .

### d)Dipping method:

In the presence of tense ascites. Place hand in the left hypochondrium and push the abdominal wall downwards and wait for the return impulse to hand

## **C). The kidneys:**

a) The right kidney is examined by the left hand behind the patient's right loin (between the last rib and the iliac crest) lift the loin and the kidney forward. Put the right hand on the right lumbar region just above the anterior superior iliac spine and as the patient to take deep breath. During expiration push the right hand deeply but gently and keep it still during inspiration and repeat as patient takes his breath.

b) The left kidney is examined by the same procedure on the left side by either standing on the patient's left side or by leaning across

<p>the patient, putting the right hand in the left loin and feeling the kidney with the left hand.</p> <p><b>D). <u>Palpation for other abdominal swellings:</u></b></p> <p>Parietal swellings: Swellings of the anterior abdominal wall are differentiated from the intra-abdominal swellings by three signs:</p> <ol style="list-style-type: none"> <li>i. Relation to the costal margin.</li> <li>ii. Behavior on contraction of the abdomen.</li> <li>iii. Movement with respiration.</li> </ol> <p>❖ If abdomen was tense, started percussion before palpation</p>			
<p><b>PERCUSSION:</b></p> <ol style="list-style-type: none"> <li>i. Percuss over the whole abdomen and particularly over any masses.</li> <li>ii. light percussion is necessary.</li> <li>iii. Start from resonant to dull in the midline</li> </ol> <p><b><u>A) Percussion of the liver (span of the liver):</u></b></p> <ol style="list-style-type: none"> <li>i. Determine the upper border of the liver by heavy percussion. (started from the 2<sup>nd</sup> intercostal space, opposite the sternocostal junction)</li> <li>ii. Percuss down along each interspace and when reaching the liver dullness of the upper border ask the patient to take a deep breath and hold it. Percuss again, and then asked him/her to exhale and re-percuss (tidal percussion). Percuss onto the abdomen until the liver dullness disappeared.</li> <li>iii. Mark the lower border of the liver.</li> <li>iv. Measure the distance between the upper and lower border in the right mid- clavicular line.</li> </ol> <p><b><u>B) Percussion of the spleen:</u></b></p> <p>The three methods for percussion of the spleen</p> <p>(a) <u>Percussion in the right lateral position.</u></p> <p>Start at the lower border of pulmonary resonance in the posterior axillary line and carry down obliquely towards the lowest mid- anterior costal margin.</p> <p>(b) <u>Percussion in the supine position:</u> start from the right iliac fossa towards the left costal margin then continue to the mid axillary line.</p>			

<p>(c) <u>Percussion of the Traube`s space:</u></p> <p>Area defined by the left sixth rib superiorly, the left midaxillary line laterally, and the left costal margin inferiorly.</p> <p><b><u>C)Percussion of the kidney:</u></b></p> <p>Percuss the renal angle.</p>			
<p><b><u>AUSCULTATION:</u></b></p> <ul style="list-style-type: none"> <li>i. Intestinal sounds</li> <li>ii. Bruits</li> <li>iii. Venous hum</li> <li>iv. Succussion splash</li> </ul> <p><b><u>Examination of the back:</u></b></p> <ul style="list-style-type: none"> <li>i. Ask the patient to sit</li> <li>ii. Inspect for any swellings, deformities or scars</li> <li>iii. Palpate for edema over the sacrum</li> <li>iv. Palpate for the tenderness in the renal angles, palpate for tenderness over vertebrae</li> <li>v. Auscultate the renal angles for bruit</li> </ul>			
<p><b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b></p>			
<p><b>Signatures of Supervisor</b></p>			

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CHECKLIST FOR FLUID THRILL/SHIFTING DULLNESS (Some of the following steps/tasks should be performed simultaneously.)	CASES (Minimum 3 Entries)		
<b>STEP/TASK</b>			
<b>GETTING READY:</b>			
1. Washed hands/sanitized hands			
2. Explained procedure to the patient and take consent			
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>			
<b>The Procedure:</b>			
1. Percuss from the umbilical region to the patient’s left flank. If dullness is noted, this may suggest the presence of ascitic fluid in the flank.			
2. Whilst keeping your fingers over the area at which the percussion note became dull, ask the patient to roll onto their right side (towards you for stability).			
3. Keep the patient on their right side for 30 seconds and then repeat percussion over the same area.			
4. If ascites is present, the area that was previously dull should now be resonant (i.e. the dullness has shifted).			

<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>			
<b>Signatures of Supervisor</b>			

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<p style="text-align: center;"><b>CHECKLIST FOR X-RAY ABDOMEN</b> (Some of the following steps/tasks should be performed simultaneously.)</p>	<p style="text-align: center;"><b>CASES</b> (Minimum 2 Entries)</p>	
<b>STEP/TASK</b>		
<p><b>Patient Information</b></p> <ol style="list-style-type: none"> <li>1. Verify patient identification (name, date of birth).</li> <li>2. Confirm the date and time of the X-ray.</li> </ol>		
<p><b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b></p>		
<p><b>Technical Factors</b></p> <ol style="list-style-type: none"> <li>1. Check the X-ray for proper exposure, focus, and positioning.</li> <li>2. Assess the image for any artifacts or technical errors.</li> <li>3. Ensure the correct orientation of the X-ray (anterior-posterior or posteroanterior view).</li> </ol>		
<p><b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b></p>		
<p><b>Procedure:</b></p> <ol style="list-style-type: none"> <li>1. Identify and evaluate the integrity of the bony structures, including the spine, ribs, and pelvic bones.</li> <li>2. Assess the soft tissues, looking for any masses, swellings, or abnormalities.</li> </ol>		



3. Identify the presence and distribution of gas throughout the abdomen and bowel loops.		
4. Examine the diaphragm for any abnormalities, such as elevation or flattening.		
5. Evaluate the cardiac silhouette for size and shape.		
6. Identify abdominal organs: i. Liver: assess the size, shape, and density of the liver ii. Spleen: Evaluate the size and contours of the spleen iii. Stomach: identify the gastric air bubble and its location iv. Pancreas: look for pancreatic shadow v. Kidneys: identify both kidneys, assess their size, shape and density vi. Bladder: check for presence of urine in bladder		
7. Small Bowel: Evaluate for normal loops and check for any signs of obstruction.		
8. <i>Colon</i> : Assess the size and contour of the colon.		
9. Vascular structures: Aorta: evaluate the size and course of the abdominal aorta Inferior Vena cava: check the patency and size		
10. Muscles: examine abdominal wall muscles for symmetry and abnormalities. Fat: assess the distribution and amount of intraabdominal fat.		
11. Abnormalities: identify any abnormalities such as calcification, masses, abnormal densities.		
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>		
<b>Signatures of Supervisor</b>		

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Date Observed: \_\_\_\_\_

<p align="center"><b>CHECKLIST FOR ORS FORMULATION AND DEHYDRATION ASSESSMENT</b></p> <p align="center">(Some of the following steps/tasks should be performed simultaneously.)</p>	<p align="center"><b>CASES</b> (Minimum 2 Entries)</p>	
<p><b>STEP/TASK</b></p>		
<p><b>Introduction</b></p> <ol style="list-style-type: none"> <li>Gain consent from parent / child for examination after explaining procedure</li> <li>Make sure hands are washed and warm</li> </ol>		
<p><b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b></p>		
<p><b>Procedure:</b></p> <ol style="list-style-type: none"> <li>Ask about diarrhea/vomiting and any reduction in urine output</li> <li>Inquire about color of urine (darker indicates dehydration)</li> <li>Look for dry cracked lips, dry mouth</li> <li>Inspect eyes if they appear sunken (sign of dehydration)</li> <li>Notice if child is generally irritable/has an altered mental status</li> <li>Examine for absence of tears</li> </ol>		

9. Check pulse (dehydration results in tachycardia)		
10. Skin pinch is assessed by pinching the skin of the abdomen between the thumb and forefinger without twisting. If the skin goes back in <1 second it is normal, if it takes more than that, dehydration is likely		
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>		
<b>Formulation of ORS at home</b>		
1. Counsel patient regarding rehydration		
2. Explain the procedure of adding 6 teaspoons levelled of sugar, ½ teaspoon of salt and exact 1 liter of water (Approx. 5 cups of 200 ml)		
3. Mix the ingredients well and make sure the salt and sugar amount are exact		
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>		
<b>Signatures of Supervisor</b>		

## RENAL MODULE

<b>Objectives</b>	<b>Skill</b>	<b>Miller's Pyramid Level Reflected</b>
Detail the steps of urinary catheterization in females	*Catheterization	Knows how
Detail the steps of urinary catheterization in males	*Catheterization	Knows how

- ❖ These skills are at the 'Knows how' level of the miller's pyramid, meaning thereby that students need not perform them themselves but may develop a perception regarding them by observing performance/working on simulated patients/facilitation with video.

## FEMALE CATHETERIZATION

Place a "✓" in case box if step/task is performed satisfactorily, an "X" if it is not performed satisfactorily, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

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CHECKLIST FOR FEMALE CATHETERIZATION (Some of the following steps/tasks should be performed simultaneously.)	(Minimum 1 Entry)
1. Identification of patient	
2. Washed hands/ sanitized hands	
3. Preparation: gloves, in place, Foley catheter kit, extra pair of sterile gloves, Velcro™ catheter securement device to secure Foley catheter to leg, wastebasket, and light source	
SKILL/ACTIVITY DESCRIBED SATISFACTORILY	
4. Explain procedure to the patient and obtain consent, and explain the need of a chaperone ( for male students)	
5. Assess for latex/iodine allergies, GYN surgeries, joint limitations for positioning, and any history of previous difficulties with catheterization.	
6. Position the female patient in a dorsal recumbent position. Uncover the patient, exposing the patient's groin, legs, and feet for positioning and sterile field (female = dorsal recumbent; may need assistance to position patient and help support legs). Drape the patient with a bath blanket, exposing only the necessary area for patient privacy.	
7. Create a sterile field on the over-the-bed table.	

8. Open the outer package wrapping. Remove the sterile wrapped box with the paper label facing upward to avoid spilling contents and place it on the bedside table or, if possible, between the patient's legs. Place the plastic package wrapping at the end of the bed or on the side of the bed near you, with the opening facing you or facing upwards for waste.
  
9. Open the kit to create and position a sterile field:
  - a. Open the first flap away from you.
  - b. Open the second flap toward you.
  - c. Open side flaps.
  - d. Only touch within the outer 1" edge to position the sterile field on the table.
  
10. Carefully remove the sterile drape from the kit. Touching only the outermost edges of the drape, unfold and place the touched side of drape closest to linen, under the patient. Vertically position the drape between the patient's legs to allow space for the sterile box and sterile tray.
  
11. Wash your hands and apply sterile gloves.
  
12. Empty the lubricant syringe or package into the plastic tray. Place the empty syringe/package on the sterile outer package.
  
- Simulate application of iodine/antimicrobial cleanser to cotton balls.
  
13. Carefully remove the plastic catheter covering, while keeping the catheter in the sterile box. Attach the syringe filled with sterile water to the balloon port of the catheter; keep the catheter sterile.
  
14. Lubricate the tip of the catheter by dipping it in lubricant and place it in the box while maintaining sterility.
  
15. Tell the patient that you are going to clean the catheterization area and they will feel a cold sensation.
  
16. With your nondominant hand, gently spread the labia minora and visualize the urinary meatus. Your nondominant hand will now be nonsterile. This hand must remain in place throughout the procedure.


<p>17. With your dominant hand, use an antiseptic swab or pick up a sterile antiseptic soaked cotton ball with plastic forceps to clean the labia minora farthest from you using a downward stroke, then discard the swab or cotton ball. Repeat for the labia minora closest to you. Use another antiseptic swab or antiseptic soaked cotton ball to clean the area between the labia minora. Discard the cotton ball after use into the plastic bag, not crossing the sterile field. Repeat for a total of three times using a new cotton ball each time. Discard the forceps in the plastic bag without touching the sterile gloved hand to the bag</p>	
<p>18. Pick up the catheter with your sterile dominant hand. Instruct the patient to take a deep breath and exhale or “bear down” as if to void, as you steadily insert the catheter maintaining sterility of the catheter until urine is noted.</p>	
<p>19. Once urine is noted, continue inserting the catheter 2-3” farther.” Do not force the catheter.</p>	
<p>20. With your dominant hand, inflate the retention balloon with the water-filled syringe to the level indicated on the balloon port of the catheter. With the plunger still pressed, remove the syringe and set it aside. Pull back on the catheter until resistance is met, confirming the balloon is in place.</p>	
<p>21. Remove your gloves and perform hand hygiene.</p>	
<p>22. Apply new gloves. Secure the catheter with securement device, allowing room as to not pull on the catheter.</p>	
<p>23. Place the drainage bag below the level of the bladder, attaching it to the bed frame.</p>	
<p>24. Remove your gloves and perform hand hygiene. Assist patient to a comfortable position.</p>	
<p><b>SKILL/ACTIVITY DESCRIBED SATISFACTORILY</b></p>	
<p><b>Signatures of Supervisor</b></p>	

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Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: \_\_\_\_\_

<p align="center"><b>CHECKLIST FOR MALE CATHETERIZATION</b> (Some of the following steps/tasks should be performed simultaneously.)</p>	<p align="center"><b>(Minimum 1 Entry)</b></p>
<p>1. Identification of patient</p> <p>2. Collect the equipment required for the procedure and place it within reach on the clean trolley. Check the expiry date on the catheter, sterile water, normal saline and lidocaine gel. Ensure a clinical waste bin is placed nearby</p>	<p></p>
<p><b>SKILL/ACTIVITY OBSERVED AND DESCRIBED SATISFACTORILY</b></p>	<p></p>
<p>1. Wash hands</p> <p>2. Introduce yourself to the patient, explain the procedure and take consent</p> <p>3. Explain the need for a chaperone (for female students)</p> <p>4. Setup up the sterile field by first removing the outer packaging from the catheter pack and then opening the catheter pack from the corners without touching the inner surface of the field.</p> <p>5. Using aseptic non-touch technique (ANTT) empty the catheter, lidocaine gel syringe, sterile water syringe and sterile gloves onto the field.</p> <p>6. Pour the 0.9% sodium chloride solution over the cotton balls which should already be located within the gallipot of the catheter pack</p> <p>7. With the patient lying supine, ensure the bed is at an appropriate height for you to comfortably carry out the procedure</p> <p>8. Wash your hands again and don a pair of sterile gloves</p> <p>9. Ask your chaperone to remove the sheet covering the patient's genitals to allow you to maintain sterility</p> <p>10. Place a sterile absorbent pad underneath the patient's genital region, ensuring you maintain sterility</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p>



11. With your dominant hand pick up a cotton ball and use a single stroke moving away from the urethral meatus to clean an area of the glans. Dispose of the first cotton ball into the clinical waste bin and continue to repeat this process with a new cotton ball each time until all areas of the glans have been cleaned	
12. Discard your used gloves, wash your hands again and don a new pair of sterile gloves	
13. Place the sterile drape over the patient's penis, positioned such that the penis remains visible through the central aperture of the drape. Some drapes come with a hole already present for this purpose, whereas others will require you to create one	
14. Place the sterile urine collection bowl below the penis but on top of the sterile drape	
15. Warn the patient that the anesthetic gel might initially sting, but then should quickly cause things to become numb with your dominant hand place the nozzle of the syringe of anaesthetic gel into the urethral meatus. Empty the entire 10mls of anaesthetic gel into the urethra at a slow but steady pace . Continue to hold to the penis in the vertical position to ensure the gel remains within the urethra and allow 3 to 5 minutes for the lidocaine gel to reach its maximum effect	
16. Pick up the catheter which should be on your sterile field in its wrapper. Remove the tear-away portion of the wrapper near the catheter tip, making sure not to touch the catheter. Clean away any urine spillage or excess lubricating gel and cover the patient with the sheet. Dispose of your equipment into a clinical waste bin 46 Provide the patient with privacy to get dressed	
17. Hold the penis again using sterile gauze with your non-dominant hand	
18. Warn the patient you are about to insert the catheter. Insert the exposed catheter tip into the urethral meatus using your dominant 'clean hand'	
19. Advance the catheter slowly whilst gradually removing more of the wrapper to expose more of the catheter. You should continue to advance the catheter until it is fully inserted into the penis	
20. Once the catheter is fully inserted, inflate the catheter balloon with the 10ml syringe of sterile water to secure it within the bladder	
21. Once the balloon is fully inflated, remove the syringe and gently withdraw the catheter until resistance is noted, confirming the catheter is held securely within the bladder	
22. Attach the catheter bag tubing to the end of the catheter securely. Position the catheter bag below the level of the patient to facilitate effective drainage of urine	
23. Clean away any urine spillage or excess lubricating gel and cover the patient with the sheet Dispose of your equipment into a clinical waste bin. Provide the patient with privacy to get dressed	
24. Dispose of your equipment into a clinical waste bin.	
25. Provide the patient with privacy to get dressed	

<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>	
<b>Signatures of Supervisor</b>	



# **BLOCK-05**

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## ENDOCRINOLOGY & REPRODUCTION-1 MODULE

Objectives	Skill	Miller's Pyramid Level Reflected
Examination of the thyroid gland	Thyroid examination	Shows
Examination for Acromegaly	Examination for acromegaly	Shows
Measurement of blood glucose levels	Blood sugar measurement	Shows
Suturing	Suturing	*Knows how

- ❖ These skills are at the 'Knows how' level of the miller's pyramid, meaning thereby that students need not perform them themselves but may develop a perception regarding them by observing performance/working on simulated patients/facilitation with videos.

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Date Observed: \_\_\_\_\_

CHECKLIST FOR THYROID EXAMINATION (Some of the following steps/tasks should be performed simultaneously.)	CASES (Minimum 3 Entries)		
<b>STEP/TASK</b>			
<b>GETTING READY:</b>			
1. Wash your hands and don PPE if appropriate			
2. Introduce yourself to the patient including your name and role			
3. Gain consent to proceed with the examination			
4. Ask the patient to sit on a chair for the assessment			
5. Adequately expose the patient’s neck and upper sternum			
6. Ask if the patient has any pain before proceeding			
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>			
<b>THE PROCEDURE:</b>			
7. Inspect the patient whilst at rest, looking for clinical signs suggestive of underlying pathology			
8. Inspect the patient’s face for clinical signs suggestive of thyroid pathology (dry skin, excessive sweating, eyebrow loss)			
9. Inspect the patient’s eyes for evidence of lid retraction, inflammation and exophthalmos			
10. Assess for eye movement abnormalities			
11. Assess for lid lag			

12. Inspect the midline of the neck for evidence of thyroid enlargement, lumps or scars			
13. Ask the patient to protrude their tongue and repeat inspection			
14. Palpate the patient's thyroid gland assessing size, symmetry and consistency. Also note any masses present in the thyroid tissue.			
15. Ask the patient to protrude their tongue whilst you palpate			
16. Palpate local lymph nodes to assess for lymphadenopathy			
17. Inspect for tracheal deviation			
18. Percuss downwards from the sternal notch for evidence of retrosternal dullness			
19. Auscultate each lobe of the thyroid for a bruit			
20. Thank the patient			
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>			
<b>Signatures of Supervisor</b>			

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<p style="text-align: center;"><b>CHECKLIST FOR ACROMEGALY</b> (Some of the following steps/tasks should be performed simultaneously.)</p>	<p style="text-align: center;"><b>CASES</b> (Minimum 3 Entries)</p>		
<b>STEP/TASK</b>			
<b>THE PROCEDURE:</b>			
1. Wash your hands and gain consent from the patient			
2. Ask the patient if he/she has any pain in any region			
3. Perform a brief general inspection of the patient, looking for clinical signs suggestive of acromegaly such as: a. Facial features: coarse features, such as prominent supraorbital ridges and prognathism, may be indicative of acromegaly.			
4. Hands and feet: may be enlarged.			
5. Skin: may display thickening in the hands and face and excess sweating or oiliness in acromegaly.			
6. Posture: patients with acromegaly can present with signs of osteoarthritis, especially in the weight-bearing joints (knees and hips).			

7. Hair growth: hirsutism in women and hypertrichosis may occur.			
8. Skin tags: acromegaly can cause an increase in the number of skin tags.			
9. Gait: acromegaly can cause a rolling gait or varus deformity.			
10. Clothes: clothes or jewellery may appear tight if significant weight gain has occurred.			
11. Hands: Inspect for: a. Enlargement: grossly increased size of the hands may be assessed by comparing your hands to the patient's, accounting for natural size differences. b. Wasting: thenar wasting can indicate untreated carpal tunnel syndrome. c. Scars: carpal tunnel release scar may indicate previous median nerve compression. d. Skin changes: skin thickening and excess sweating can occur in acromegaly. e. Finger pricks: finger prick marks on the tips of the fingers may indicate diabetes, which is linked to acromegaly. f. Palpation g. Assess for thickening of the patient's skin by pinching the skin overlying the third metacarpophalangeal joint. This can be compared with your own hand's skin to detect any differences.			
12. Axillae: Whilst supporting the patient's arm, inspect each axilla for the following: a. Acanthosis nigricans: darkening (hyperpigmentation) and thickening (hyperkeratosis) of the axillary skin which can be benign (most commonly in dark-skinned individuals) or associated with insulin resistance (e.g., type 2 diabetes mellitus) as a complication of acromegaly. b. Hypertrichosis: increased hair growth can occur as a result of the effects of growth hormone.			
13. Palpate for thyroid gland			
14. Look for raised JVP			
15. Face: a. General features:			

<ul style="list-style-type: none"> <li>b. Inspect the general appearance face for coarse features associated with acromegaly:</li> <li>c. Frontal bossing: a prominent or protruding brow can occur with excess GH.</li> <li>d. Large nose, ears, and lower lip: aspects of soft-tissue overgrowth.</li> <li>e. Prognathism: overgrowth of the jaw can lead to a mandibular protrusion</li> </ul>			
<p>16. Mouth: Inspect the inside of the mouth for the following:</p> <ul style="list-style-type: none"> <li>a. Macroglossia: tongue enlargement may cause the tongue to appear large for the mouth or even cause visible partial airway obstruction in extreme cases.</li> <li>b. Wide spaced teeth: growth of the soft palate may cause interdental separation of the lower jaw.</li> <li>c. Prognathism: overgrowth of the jaw may only be discernible on closer inspection.</li> </ul>			
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>			
<b>Signatures of Supervisor</b>			



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<b>CHECKLIST FOR EXAMINATION OF BLOOD GLUCOSE LEVELS</b> (Some of the following steps/tasks should be performed simultaneously.)	<b>CASES</b> (Minimum 3 Entries)		
<b>STEP/TASK</b>			
<b>THE PROCEDURE:</b> <ol style="list-style-type: none"> <li>1. Explain the procedure to the patient and get a verbal consent to proceed.</li> <li>2. Gather the relevant equipment and place in a clean tray:                             <ol style="list-style-type: none"> <li>i. Non-sterile gloves</li> <li>ii. Blood glucose reader (a.k.a. glucometer): calibrate using calibration fluid if required.</li> <li>iii. Spring-loaded lancet: to obtain the blood sample.</li> <li>iv. Testing strips: make sure the expiry date is valid.</li> <li>v. Gauze</li> <li>vi. Tape</li> </ol> </li> <li>3. Ensure the patient’s finger is cleaned prior to measuring capillary blood glucose:                             <ol style="list-style-type: none"> <li>i. It’s important that the skin over the site being tested has been cleaned, as substances on the skin can affect the accuracy of capillary blood glucose results (e.g. substances containing sugar).</li> <li>ii. Ask the patient to wash their own hands or alternatively you can clean the site with an alcohol swab (70% isopropyl).</li> </ol> </li> </ol>			

iii. Make sure the skin over the testing site has dried completely before performing capillary blood glucose measurement.			
4. Turn on the capillary blood glucose monitor and ensure it is calibrated.			
5. Load a test strip into the glucose monitor.			
6. Don a pair of non-sterile gloves.			
7. Pick up the lancet and carefully remove the protective cap.			
8. Prick the side of the patient's finger with the lancet and gently squeeze the finger from proximal to distal to produce a droplet of blood. Some guides advise cleaning away the first drop of blood, however, there is no evidence that this significantly impacts the reliability of blood glucose results.			
9. Gently touch the tip of the test strip against the droplet of blood to allow it to be absorbed into the strip.			
10. Apply gauze or cotton wool to the puncture site to stop the bleeding and ask the patient to maintain pressure over the site			
11. Safely dispose of the lancet into a sharps bin.			
12. Dispose of the test strip and the cotton wool/gauze into a clinical waste bin. If the patient's finger is still bleeding, keep the cotton wool or gauze in place and secure with some tape.			
<b>POST PROCEDURE:</b>			
1. 'Wash your hands, thank the patient'			
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>			
<b>Signatures of Supervisor</b>			

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**Date Observed:** \_\_\_\_\_

CHECKLIST FOR SIMPLE INTERRUPTED SUTURE (Some of the following steps/tasks should be performed simultaneously.)	CASES (Minimum 2 Entries)		
<b>STEP/TASK</b>			
<b>EQUIPMENT:</b>			
Collect a procedure trolley, and clean the top surface using an alcohol surface disinfectant wipe. Next obtain a plastic tray, and clean it in a similar manner. You will then need to collect a number of items.			
<u>For cleaning:</u>			
<ul style="list-style-type: none"> <li>i. A pair of non-sterile gloves.</li> <li>ii. Five 10mL sachets of 0.9% sodium chloride (saline) solution.</li> <li>iii. Gauze.</li> </ul>			
<u>For anaesthesia:</u>			
<ul style="list-style-type: none"> <li>i. A pair of sterile gloves.</li> <li>ii. Alcohol wipe (2% chlorhexidine in 70% alcohol).</li> <li>iii. 20mL 1% lidocaine solution (with or without adrenaline).</li> <li>iv. Drawing up needle (≤18 gauge).</li> <li>v. Subcutaneous needle (25-27 gauge) and syringe (20mL).</li> <li>vi. Sharps bin.</li> </ul>			
<u>For suturing:</u>			
<ul style="list-style-type: none"> <li>i. Suture pack (containing needle holder, scissors, toothed forceps, non-toothed forceps).</li> <li>ii. A pair of sterile gloves.</li> <li>iii. Suture material.</li> <li>iv. Sterile drape.</li> <li>v. Sharps bin.</li> </ul>			
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>			

<b>THE PROCEDURE:</b>			
i.	Explain the procedure to the patient and take consent		
<b>Inspection:</b>			
ii.	Assess the size and depth of the wound as well as the state of its border. Inspect for any pus inside which may suggest infection. Ensure that there are no foreign bodies present, such as glass. Finally, check the surrounding skin for any bruising or erythema which may suggest a cellulitis infection.		
<b>Cleaning</b>			
iii.	To clean the wound, take the gauze and soak it in saline solution. Carefully wipe the area starting from the centre of the wound and continuing outwards.		
<b>Anaesthesia</b>			
iv.	Before injecting the anaesthetic, confirm with the patient that they have had no previous reactions to local anaesthetic. Once this has been confirmed, clean the surrounding area using an alcohol wipe. Whilst waiting for the skin to dry, draw up the lidocaine solution into the syringe.  a) Once ready to inject, switch the needle on the syringe and don some sterile gloves. Using proper technique, inject 2mL of lidocaine solution subcutaneously into the surrounding skin. After doing so, manoeuvre the needle and continue to inject small amounts of anaesthetic such that all of the surrounding skin is anaesthetised. For medium to large wounds, you will need to withdraw the needle and reinject at another area.		
v.	Wash and dry both your hands and the distal third of your forearms and then put the sterile gloves on using correct sterile technique. Allow the anaesthesia at least 5 minutes to work.		
vi.	Carefully position the part of the body with the wound and apply the sterile drape over it. At this point, explain to the patient that it is very important for them to keep still and not touch anything on the sterile field to avoid contamination.  a) Using the toothed forceps, pinch the sides of the wound to test for numbness, and ask the patient whether they can feel any pain. Be sure to warn the patient before you do this. The patient may be able to feel a sense of pressure but should not feel any pain.		
vii.	Use the forceps to position the needle in the needle holder so that the needle holder is two-thirds of the way up from the tip of the needle.		

viii. Hold the needle holder in your dominant hand and the toothed forceps in the other. Starting from the middle of the wound, use the forceps to pull the skin up on the wound side closest to your dominant hand. Insert the needle into the skin on the same side at a 90° angle, at least 5mm from the wound edge.			
ix. Push the needle through the skin, supinating your forearm to follow the curvature of the needle as you do so. Remove the needle from the needle holder and pull the needle through that side of the wound using the forceps.  a) Position the needle back into the needle holder and insert it into the dermis of the other side of the wound, around 5mm below the skin surface. Again, supinate your wrist such that the needle emerges to the skin surface. Pull the needle through such that only 15cm of thread remains on the other side.			
x. To secure the suture in place, you will need to tie a surgical knot. This is achieved by tying three smaller “throw” knots. xi. 1 <sup>st</sup> throw: Hold the needle holder directly above and parallel to the wound. Wrap the longer end of the thread around the needle holder twice in a clockwise direction and then use the tip of the needle holder to grasp the shorter end of the thread and pull in opposite directions, tying the first throw. xii. 2 <sup>nd</sup> throw: Once again wrap the longer end of the thread around the needle holder, however this time, do so only once and in an anticlockwise direction. Then, as before, use the tip of the needle holder to grasp the shorter end of the thread. Pull the suture material through, tying another throw. xiii. 3 <sup>rd</sup> throw: Tie this throw in a clockwise direction in a similar manner to the 1 <sup>st</sup> . However, only wrap the thread once around the needle holder.			
xiv. Once you have completed the three throws, you should have a strong surgical knot. Try to position the knot on one side of the wound. Next, cut both ends of the suture such that there is 5mm of thread on either side. This is so that it is easy to identify the suture. Insert more sutures as required about 5-10mm apart. xv. Once you are finished, dispose of the needle in the sharps bin.			
xvi. Press lightly on the sides of the wound to stop any bleeding. Once satisfied, remove the drape and your gloves. Arrange for the wound to be dressed using a non-adherent dressing.			
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>			
<b>Signatures of Supervisor</b>			

## HEAD AND NECK, SPECIAL SENSES MODULE

Objectives	Skill	Miller's Pyramid Level Reflected
Examination of the nose	Nasal examination	Shows
Examination of neck lumps	Neck lump examination	Shows

- ❖ These skills are at the 'Knows how' level of the miller's pyramid, meaning thereby that students need not perform them themselves but may develop a perception regarding them by observing performance/working on simulated patients/facilitation with videos.

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Date Observed: \_\_\_\_\_

<b>CHECKLIST FOR EXAMINATION OF THE NOSE</b> (Some of the following steps/tasks should be performed simultaneously.)	<b>CASES</b> (Minimum 3 Entries)		
<b>STEP/TASK</b>			
<b>THE PROCEDURE:</b>			
1. Explain the procedure to the patient and get a verbal consent to proceed.			
<u>Inspection:</u>			
2. Inspect the external surface of the nose from the front, side and behind the patient to identify any abnormalities.			
3. Skin changes: <ul style="list-style-type: none"> <li>I. Inspect for skin lesions:               <ul style="list-style-type: none"> <li>i. Basal cell carcinoma: pearly lesions with telangiectasia and rolled edges.</li> <li>ii. Squamous cell carcinoma: scaly lesions, sometimes with associated ulceration and hyperpigmentation.</li> <li>iii. Keratoacanthoma: raised lesions with a core of scaly keratin.</li> </ul> </li> </ul>			
II. Deformity <ul style="list-style-type: none"> <li>i. Inspect for any deviation in the nasal bones or cartilage suggestive of a fracture. This is best performed by standing behind the patient with their head tilted slightly backwards.</li> </ul>			

<p>III. Palpation:</p> <p>i. Warn the patient that you will be applying some pressure to their nose and ask them to let you know if they experience any pain.</p>			
<p>4. Palpate the nasal bones assessing:</p> <p>i. Alignment ii. Tenderness iii. Irregularity (suggestive of fracture)</p>			
<p>5. Palpate the nasal cartilage assessing:</p> <p>i. Alignment ii. Tenderness</p>			
<p>6. Palpate the infraorbital ridges and assess eye movement if there is a history of trauma to screen for an orbital blowout fracture.</p>			
<p>*An orbital blowout fracture is a fracture of the orbital floor or medial wall resulting from blunt trauma to the eye socket (e.g., tennis ball). Typical findings on clinical examination include infraorbital tenderness, epistaxis and restricted eye movement (usually on vertical gaze).</p>			
<p>7. The correct method for using a nasal speculum is slightly counter-intuitive, however, it does allow the best visualization of the nasal mucosa:</p> <p>i. Insert your index finger into the bend of the speculum and support it above with the thumb.</p> <p>ii. The middle and ring fingers are used to manipulate the prongs of the speculum.</p> <p>iii. You will be aiming to look at the gap between these two fingers.</p> <p>iv. Press the prongs of the speculum together to allow them to be placed within the nostril and then reduce your grip on the speculum to widen the prongs until an optimal view of the nasal cavity is achieved.</p>			
<p>a) Nasal vestibule: inspect for inflammation, ulceration or oedema affecting the nasal mucosa.</p> <p>b) Nasal septum: note any polyps, deviation, perforation, haematoma, superficial vessels or areas of cautery.</p>			



c) Inferior turbinates: note any asymmetry, inflammation or polyps.			
8. Place a cold shiny surface, such as a metal tongue depressor under the nose.			
9. Observe for misting of the metal surface as the patient breathes and compare the misting pattern of the two nostrils.			
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>			
<b>Signatures of Supervisor</b>			

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<p style="text-align: center;"><b>CHECKLIST FOR EXAMINATION OF NECK LUMPS</b> (Some of the following steps/tasks should be performed simultaneously.)</p>	<p style="text-align: center;"><b>CASES</b> (minimum 2 entries)</p>		
<b>STEP/TASK</b>			
<b>THE PROCEDURE:</b>			
<ol style="list-style-type: none"> <li>1. Explain the procedure to the patient and get a verbal consent to proceed.</li> <li>2. Inspect the patient, looking for clinical signs suggestive of underlying pathology:               <ol style="list-style-type: none"> <li>i. Scars: may indicate previous neck surgery (e.g. thyroidectomy, lymph node biopsy/excision, radiotherapy related scarring).</li> <li>ii. Cachexia: ongoing muscle loss that is not entirely reversed with nutritional supplementation. Cachexia is commonly associated with underlying malignancy.</li> <li>iii. Hoarse voice: caused by compression of the larynx due to thyroid gland enlargement (e.g. thyroid malignancy).</li> <li>iv. Dyspnoea or stridor: may indicate compression of the upper respiratory tract by a neck mass.</li> <li>v. Behaviour: anxiety and hyperactivity are associated with hyperthyroidism (due to sympathetic overactivity). Hypothyroidism is more likely to be associated with low mood.</li> <li>vi. Clothing: may be inappropriate for the current temperature. Patients with hyperthyroidism suffer from heat intolerance whilst patients with hypothyroidism experience cold intolerance.</li> <li>vii. Exophthalmos: bulging of the eye anteriorly out of the orbit associated with Graves’ disease.</li> </ol> </li> </ol>			

3. Ask the patient to point out the neck lump's location if relevant.
  - i. Inspect the neck lump from the front and side, noting its location (e.g. anterior triangle, posterior triangle, midline).
4. If a midline mass is identified during the initial inspection, perform some further assessments to try and further narrow the differential diagnosis.

Swallowing

Ask the patient to swallow some water and observe the movement of the mass:

- i. Thyroid gland masses (e.g. a goitre) and thyroglossal cysts typically move upwards with swallowing.
- ii. Lymph nodes will typically move very little with swallowing.
- iii. An invasive thyroid malignancy may not move with swallowing if tethered to surrounding tissue.

Tongue protrusion

Ask the patient to protrude their tongue:

- i. Thyroglossal cysts will move upwards noticeably during tongue protrusion.
- ii. Thyroid gland masses and lymph nodes will not move during tongue protrusion.

Further Assessment

- i. If you identify a midline neck lump or systemic signs indicative of thyroid disease, ask the examiner if a full thyroid status examination should be performed.
5. Palpate the neck lump assessing the following:
    - i. Site: assess the lump's location in relation to other anatomical structures (e.g. anterior triangle, posterior triangle, midline).
    - ii. Size: assess the size of the lump.
    - iii. Shape: assess the lump's borders to determine if they feel regular or irregular.
    - iv. Consistency: determine if the lump feels soft (e.g. cyst), hard (e.g. malignancy) or rubbery (e.g. lymph node).
    - v. Mobility: assess if the lump feels mobile or is tethered to other local structures. Asking the patient to turn their head as you


<p>palpate, the mass can reveal if it is tethered to the underlying muscle (e.g. malignant tumour).</p> <ul style="list-style-type: none"> <li>vi. Fluctuance: hold the lump by its sides and then apply pressure to the centre of the mass with another finger. If the mass is fluid-filled (e.g. cyst) then you should feel the sides bulging outwards.</li> <li>vii. Temperature: increased warmth may suggest an inflammatory or infective cause (e.g. infected epidermoid cyst).</li> <li>viii. Overlying skin changes: note any overlying skin changes such as erythema (e.g. inflammatory/infective aetiology) or a punctum (a pore in the epidermis indicative of an underlying epidermoid cyst).</li> <li>ix. Pulsatility: suggests vascular origin (e.g. carotid body tumour, aneurysm).</li> <li>x. Tenderness: may indicate infective and/or inflammatory aetiology (e.g. ruptured epidermoid cyst, infected cyst).</li> </ul>			
<p>Other characteristics of the lump may include:</p> <ul style="list-style-type: none"> <li>i. Transillumination: apply a light source to the lump, if it is illuminated it suggests the lump is fluid-filled (e.g. cystic hygroma).</li> <li>ii. Vascular bruit: auscultate the lump to listen for a bruit suggestive of vascular aetiology (e.g. carotid artery aneurysm).</li> </ul>			
<p>6. Assess cervical lymph nodes and thyroid gland as explained in previous checklists</p>			
<p>7. Assess the submandibular gland if a swelling is found in that area. Each submandibular gland can be palpated inferior and posterior to the body of the mandible. Move inwards from the inferior border of the mandible near its angle with the patient's head tilted forward. To assess the gland thoroughly, you should perform bimanual palpation with one gloved finger palpating the floor of the mouth whilst the other palpates externally underneath the mandible.</p> <p>❖ Submandibular gland swellings are usually singular, whereas lymphadenopathy typically involves multiple nodes). Salivary duct calculi are relatively common and may be felt as a firm mass within the gland.</p>			
<p><b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b></p>			
<p><b>Signatures of Supervisor</b></p>			



# **BLOCK-06**

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## NEUROSCIENCES-1 MODULE

<b>Objectives</b>	<b>Skill</b>	<b>Miller's Pyramid Level Reflected</b>
Assess Glasgow Coma Scale	GCS	Shows
Interpretation of Normal CT brain	CT scan interpretation	Knows how

Place a “√” in case box if step/task is performed satisfactorily, an “X” if it is not performed satisfactorily, or N/O if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Date Observed: \_\_\_\_\_

CHECKLIST FOR GLASGOW COMA SCALE (Some of the following steps/tasks should be performed simultaneously)	CASES (Minimum 3 Entries)		
<b>STEP/TASK</b>			
<b>THE PROCEDURE:</b>			
<p>The Glasgow Coma Scale (GCS) allows healthcare professionals to consistently evaluate the level of consciousness of a patient. It is commonly used in the context of head trauma, but it is also useful in a wide variety of other non-trauma related settings. Regular assessment of a patient's GCS can identify early signs of deterioration.</p> <p>There are three aspects of behaviour that are independently measured as part of an assessment of a patient's GCS – motor responsiveness, verbal performance and eye-opening. The highest response from each category elicited by the healthcare professional is scored on the chart. The highest possible score is 15 (fully conscious) and the lowest possible score is 3 (coma or dead).</p>			
<p>1. Eye Opening:</p> <p>To assess eye response, initially observe if the patient is opening their eyes spontaneously.</p> <p>i. If the patient is opening their eyes spontaneously, your assessment of this behaviour is complete, with the patient scoring 4 points. You would then move on to assessing verbal response, as shown in the next section. If, however, the patient is not opening their eyes spontaneously, you need to work through the following steps until a response is obtained.</p>			

- ii. If the patient doesn't open their eyes spontaneously, you need to speak to the patient "*Hey Mrs Smith, are you ok?*"
- iii. If the patient's eyes open in response to the sound of your voice, they score 3 points.
- iv. If the patient doesn't open their eyes in response to sound, you need to move on to assessing eye-opening to pain.
- v. There are different ways of assessing response to pain, but the most common are:
  - a. Applying pressure to one of the patient's fingertips
  - b. Squeezing one of the patient's trapezius muscles (known as a trapezius squeeze)
  - c. Applying pressure to the patient's supraorbital notch
  - d. If the patient's eyes open in response to a painful stimulus, they score 2 points.
  - e. If the patient does not open their eyes to a painful stimulus, they score 1 point.
  - f. If the patient cannot open their eyes for some reason (e.g., oedema, trauma, dressings), you should document that eye response could not be assessed (NT).
- 2. Verbal responses:
  - i. If the patient is able to answer your questions appropriately, the assessment of verbal response is complete, with the patient scoring 5 points.
  - ii. If the patient is able to reply, but their responses don't seem quite right (e.g. they don't know where they are, or what the date is), this would be classed as confused conversation and they would score 4 points.
  - iii. Sometimes confusion can be quite subtle, so pay close attention to their responses.
  - iv. If the patient responds with seemingly random words that are completely unrelated to the question you asked, this would be classed as inappropriate words and they would score 3 points.
  - v. If the patient is making sounds, rather than speaking words (e.g., groans) then this would be classed as incomprehensible sounds, with the patient scoring 2 points.






vi. If the patient has no response to your questions, they would score 1 point.

vii. If the patient is intubated or has other factors interfering with their ability to communicate verbally, their response cannot be tested, and for this, you would write NT (not testable).

3. Motor Response:

i. The final part of the GCS assessment involves assessing a patient's motor response.

ii. You should score the patient based on the highest scoring response you were able to elicit in any single limb (e.g., if they were unable to move their right arm, but able to obey commands with their left arm, they'd receive a score of 6 points).

iii. Ask the patient to perform a two-part request (e.g. "Lift your right arm off the bed and make a fist.").

a. If they are able to follow this command correctly, they would score 6 points and the assessment would be over.

iv. This assessment involves applying a painful stimulus and observing the patient for a response.

There are different ways of assessing response to pain, but the most common are:

a. Squeezing one of the patient's trapezius muscles (known as a trapezius squeeze)

b. Applying pressure to the patient's supraorbital notch

If the patient makes attempts to reach towards the site at which you are applying a painful stimulus (e.g. head, neck) and brings their hand above their clavicle, this would be classed as localising to pain, with the patient scoring 5 points.

This is another possible response to a painful stimulus, which involves the patient trying to withdraw from the pain (e.g. the patient tries to pull their arm away from you when applying a painful stimulus to their fingertip).

This response is also referred to as a "normal flexion response" as the patient typically flexes their arm rapidly at their elbow to move away from the painful stimulus.




It differs from the “abnormal flexion response to pain” shown below due to the absence of the other features mentioned (e.g., internal rotation of the shoulder, pronation of the forearm, wrist flexion).

Withdrawal to pain scores 4 points on the Glasgow Coma Scale.

Abnormal flexion to a painful stimulus typically involves adduction of the arm, internal rotation of the shoulder, flexion of the elbow, pronation of the forearm and wrist flexion (known as decorticate posturing).

Decorticate posturing indicates that there may be significant damage to areas including the cerebral hemispheres, the internal capsule, and the thalamus.

Abnormal extension to a painful stimulus is also known as decerebrate posturing.

In decerebrate posturing, the head is extended, with the arms and legs also extended and internally rotated.

The patient appears rigid with their teeth clenched.

The signs can be on just one side of the body or on both sides (the signs may only be present in the upper limbs).

Decerebrate posturing indicates brain stem damage. It is exhibited by people with lesions or compression in the midbrain and lesions in the cerebellum.

Progression from decorticate posturing to decerebrate posturing is often indicative of uncal (transtentorial) or tonsillar brain herniation (often referred to as coning).

The complete absence of a motor response to a painful stimulus scores 1 point.

If the patient is unable to provide a motor response (e.g., paralysis), this should be documented as not testable (NT).

**SKILL/ACTIVITY PERFORMED SATISFACTORILY**

**Signatures of Supervisor**


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CHECKLIST FOR INTERPRETATION OF CT BRAIN (Some of the following steps/tasks should be performed simultaneously)	CASES (Minimum 2 Entries)	
<b>STEP/TASK</b>		
<b>THE PROCEDURE:</b>		
1. Orientation and Windowing: <ul style="list-style-type: none"> <li>a. Check the patient's information, including name, age, and date.</li> <li>b. Confirm that the images are properly oriented (anterior is at the top, and the left side corresponds to the patient's right side).</li> <li>c. Adjust window settings to optimize visualization of soft tissues and bone.</li> </ul>		
2. Overall Assessment: <ul style="list-style-type: none"> <li>a. Begin by observing the overall appearance of the brain for symmetry and any obvious abnormalities.</li> <li>b. Look for signs of mass effect, midline shift, or other gross abnormalities.</li> </ul>		
3. Ventricles: <ul style="list-style-type: none"> <li>a. Assess the size and symmetry of the lateral ventricles.</li> <li>b. Look for any signs of ventricular enlargement or obstruction.</li> </ul>		
4. Sulci and Gyri: <ul style="list-style-type: none"> <li>a. Evaluate the sulci and gyri for normal patterns and symmetry.</li> <li>b. Ensure there are no signs of cortical atrophy or abnormal folding.</li> </ul>		
5. Cisterns and Cisternal Spaces: <ul style="list-style-type: none"> <li>a. Examine the major cisterns (e.g., suprasellar cistern, ambient cistern) for appearance.</li> </ul>		

<ul style="list-style-type: none"> <li>b. normal Check for any compression or effacement of cisternal spaces.</li> </ul>		
<ul style="list-style-type: none"> <li>6. Basal Ganglia and Thalamus: <ul style="list-style-type: none"> <li>a. Evaluate the basal ganglia (caudate nucleus, putamen, and globus pallidus) and thalamus for symmetry and density.</li> <li>b. Look for any signs of calcification or hemorrhage</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>7. Brainstem: <ul style="list-style-type: none"> <li>a. Assess the midbrain, pons, and medulla for normal anatomy.</li> <li>b. Look for any signs of midline shift or compression.</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>8. Pineal Gland: <ul style="list-style-type: none"> <li>a. Check the size and symmetry of the pineal gland.</li> <li>b. Assess for calcification, which is a common finding.</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>9. Fourth Ventricle: <ul style="list-style-type: none"> <li>a. Evaluate the size and symmetry of the fourth ventricle.</li> <li>b. Look for any signs of obstruction or enlargement.</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>10. Subarachnoid Spaces: <ul style="list-style-type: none"> <li>a. Assess the subarachnoid spaces for normal distribution and density of cerebrospinal fluid (CSF).</li> <li>b. Check for signs of subarachnoid hemorrhage.</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>11. Skull and Scalp: <ul style="list-style-type: none"> <li>a. Inspect the skull for fractures, abnormalities, or signs of trauma</li> <li>b. Assess the scalp for any soft tissue swelling or abnormalities.</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>12. Sinuses and Mastoids: <ul style="list-style-type: none"> <li>a. Check the paranasal sinuses and mastoid air cells for normal aeration.</li> <li>b. Look for signs of sinusitis or mastoiditis.</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>13. Blood Vessels: <ul style="list-style-type: none"> <li>a. Evaluate major intracranial blood vessels for patency and any signs of vascular abnormalities.</li> <li>b. Look for signs of intracranial hemorrhage.</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>14. Soft Tissue Structures: <ul style="list-style-type: none"> <li>a. Soft tissue structures, including the eyes and extraocular muscles, for any abnormalities.</li> </ul> </li> </ul>		
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>		
<b>Signatures of Supervisor</b>		

## INFLAMMATION MODULE

<b>Objectives</b>	<b>Skill</b>	<b>Miller's Pyramid Level Reflected</b>
Learn how to do history taking	History Taking	Shows

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Date Observed: \_\_\_\_\_

CHECKLIST FOR HISTORY TAKING (Some of the following steps/tasks should be performed simultaneously.)	CASES (Minimum 3 Entries)		
<b>STEP/TASK</b>			
<p><b>INTRODUCTION (WIIPP)</b></p> <ol style="list-style-type: none"> <li>1. Wash your hands</li> <li>2. Introduce yourself: give your name and your job (e.g. Dr. Louise Gooch, ward doctor)</li> <li>3. Identity: confirm you're speaking to the correct patient (name and date of birth)</li> <li>4. Permission: confirm the reason for seeing the patient (“I'm going to ask you some questions about your cough, is that OK?”)</li> </ol> <p>Positioning: patient sitting in chair approximately a metre away from you. Ensure you are sitting at the same level as them and ideally not behind a desk.</p>			
<p><b>PRESENTING COMPLAINT</b></p> <ol style="list-style-type: none"> <li>1. Ask the patient to describe their problem using open questions (e.g. “What's brought you into hospital today?”)</li> <li>2. The presenting complaint should be expressed in the patient's own words (e.g. “I have a tightness in my chest.”)</li> <li>3. Do not interrupt the patient's first few sentences if possible</li> <li>4. Try to elicit the patient's ideas, concerns and expectations (ICE) e.g. “I'm worried I might have cancer.” or “I think I need some antibiotics.”</li> </ol>			

## HISTORY OF PRESENTING COMPLAINT

1. Ask the patient further questions about the presenting complaint
2. A useful mnemonic for pain is "SOCRATES"
  - i. Site
  - ii. Onset
  - iii. Character
  - iv. Radiation
  - v. Alleviating factors
  - vi. Timing
  - vii. Exacerbating factors
  - viii. Severity (1-10)

## PAST MEDICAL HISTORY

1. Ask the patient about all previous medical problems.
2. They may know these medical problems very well or they may forget some. Top ensure none are missed ask about these important conditions specifically (mnemonic: “MJTHREADS Ca”)
  - i. Myocardial infarction
  - ii. Jaundice
  - iii. Tuberculosis
  - iv. Hypertension
  - v. Rheumatic fever
  - vi. Epilepsy
  - vii. Asthma
  - viii. Diabetes
  - ix. Stroke
  - x. Cancer (and treatment if so)
3. If the patient is unsure of their medical problems, ask them further clarifying questions, for example “What do you usually visit your doctor for?”. Remember you can add to past medical history if any of the medication later mentioned don’t match the medical problems listed.
4. Risk factors
  - i. As part of medical history ask about specific risk factors related to their presenting complaint.
  - ii. For example, if the patient presents with what maybe a myocardial infarction, you should ask about associated risk factors such as:
    - a. Smoking, cholesterol, diabetes, hypertension, family history of ischemic heart disease.
5. Clarification of past medical history
  - i. Some medical conditions require clarification of the severity. For example:
    - a. COPD
  - i. Ask about when the patient was diagnosed, their current and previous treatments, whether they have ever required noninvasive ventilation (“a tight-fitting face mask”), whether they have been to intensive care
    - b. Myocardial infarction
  - ii. Ask about angina, previous heart attacks, any previous angiograms (“a wire put into your heart from your leg or from your arm”), previous stenting



c. Diabetes  iii. Duration of diagnosis, current management including insulin and usual control of diabetes i.e. well- or poorly-controlled			
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<p><b>DRUG HISTORY</b></p> <ol style="list-style-type: none"> <li>1. All medications that they take for each medication ask them to specify:             <ol style="list-style-type: none"> <li>i. Dose, frequency, route and compliance (i.e whether they regularly take these medication).</li> <li>ii. If they take medication weekly ask what day of the week they take it.</li> <li>iii. If they take a medication with a variable dosing (e.g. Warfarin) ask what their current dosing regimen is</li> </ol> </li> <li>2. Recreational drugs</li> <li>3. Intravenous drug use (current or previous)</li> <li>4. Over the counter (OTC) medications</li> </ol>			
<p><b>ALLERGIES</b></p> <ol style="list-style-type: none"> <li>1. Does the patient have any allergies?             <ol style="list-style-type: none"> <li>i. If allergic to medications, clarify the type of medication and the exact reaction to that medication.</li> <li>ii. Specifically ask about whether there's been a history of anaphylaxis e.g. "throat swelling, trouble breathing or puffy face"</li> </ol> </li> </ol>			
<p><b>FAMILY HISTORY</b></p> <ol style="list-style-type: none"> <li>1. Ask the patient about any family diseases relevant to the presenting complaints (e.g. if the patient has presented with chest pain, ask about family history of heart attacks).</li> <li>2. Enquire about the patient's parents and sibling and, if they were deceased below 65, the cause of death             <ol style="list-style-type: none"> <li>i. If relevant and a pattern has emerged from previous history sketch a short family tree</li> </ol> </li> </ol>			

## SOCIAL HISTORY

3. Alcohol intake
4. Tobacco use
  - i. Quantify the number of pack years (number of packs of 20 cigarettes smoked per day multiplied by the number of years smoking)
5. Employment history
  - i. Particularly relevant with exposure to certain pathogens e.g. asbestos, where you need to ask whether they have *ever* been exposed to any dusts
6. Home situation
  - i. House or bungalow
  - ii. Any carers
  - iii. Activities of daily living (ability to wash, dress and cook)
  - iv. Mobility, and immobility aids
  - v. Social/family support
  - vi. Do they think they're managing?
7. Travel history
8. Further social history maybe required depending on the type of presenting complaint for example:
  - vii. Respiratory presenting complaint
    - a. Ask about pets, dust exposure, asbestos, exposure to the farms, exposure to birds or if there are any hobbies
  - viii. Infectious to disease related
    - b. Ask for a full travel history including all occasions exposure to water, exposure to foreign food, tuberculosis risk factors, HIV risk factors, recent immunisations

<p><b>SYSTEMS REVIEW</b></p> <ol style="list-style-type: none"> <li>1. Run through a full list of symptoms from major systems:</li> <li>2. Cardiovascular: chest pain, palpitations, peripheral oedema, paroxysmal nocturnal dyspnoea (PND), orthopnoea</li> <li>3. Respiratory: Cough, shortness of breath (and exercise tolerance), haemoptysis, sputum production, wheeze</li> <li>4. Gastrointestinal: Abdominal pain, dysphagia, heartburn, vomiting, haematemesis, diarrhea, constipation, rectal bleeding</li> <li>5. Genitourinary: Dysuria, discharge, lower urinary tract symptoms</li> <li>6. Neurological: Numbness, weakness, tingling, blackouts, visual change</li> <li>7. Psychiatric: Depression, anxiety</li> <li>8. General review: Weight loss, appetite change, lumps or bumps (nodes), rashes, joint pain</li> </ol>			
<p><b>SUMMARY</b></p> <ol style="list-style-type: none"> <li>1. Provide a short summary of the history including: <ol style="list-style-type: none"> <li>a. Name and age of the patient, presenting complaint, relevant medical history</li> </ol> </li> <li>2. Give a differential diagnosis</li> <li>3. Explain a brief investigation and management plan</li> </ol>			
<p><b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b></p>			
<p><b>Signatures of Supervisor</b></p>			

**Developed by**

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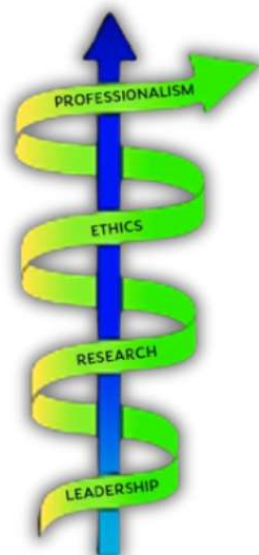


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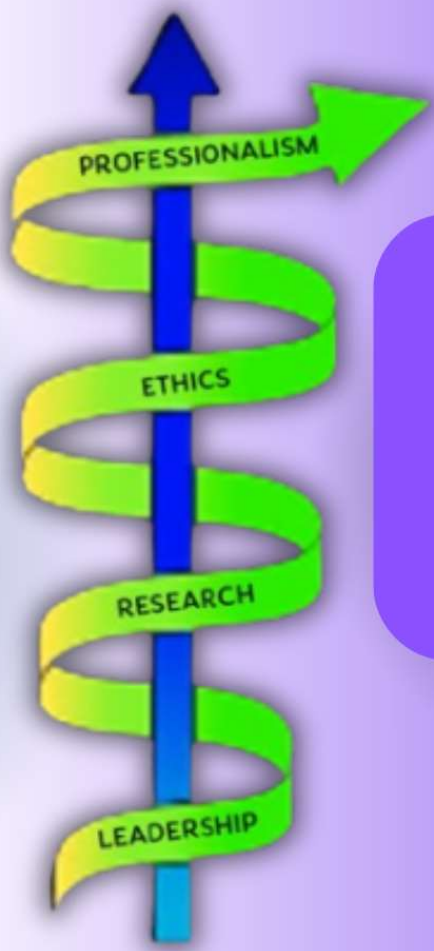
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**PERLS**  
**ExposiTory**  
**Portfolio**



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# PERLS

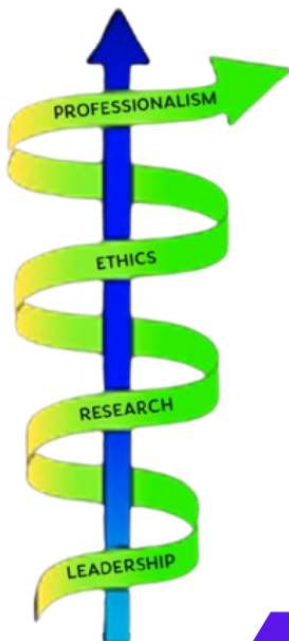
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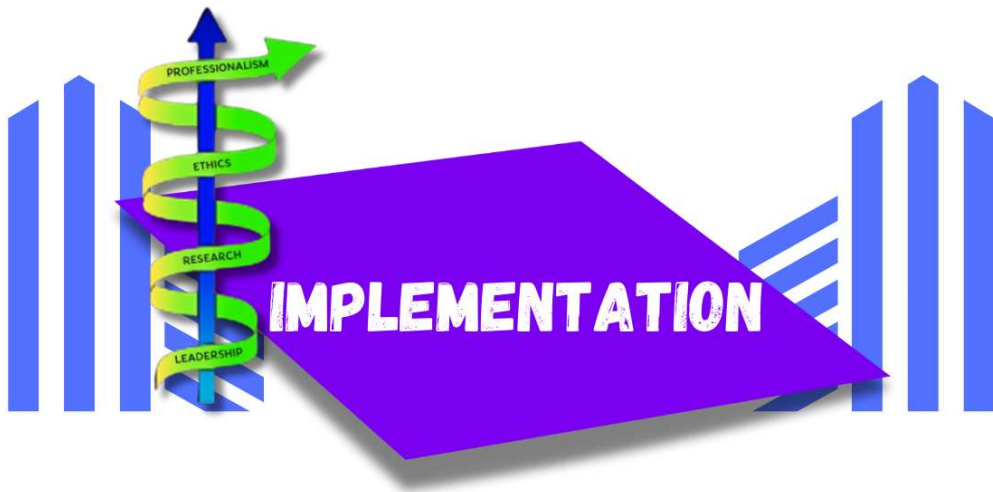
PROFESSIONALISM  
ETHICS, RESEARCH  
LEADERSHIP SKILLS



# PERLS-II

## Year-II







## IMPLEMENTATION PLAN

This section includes the implementation strategy for the PERL Module. It is advised that the DME and facilitators from respective colleges involved in implementing PERLS should read this section carefully before initiating related instructional activities in respective colleges.

## PORTFOLIO TEMPLATE

A portfolio template is hereby given with proposed activities for the colleges to use /modify as per their resources. Please note that Portfolio can be hard-bound or e-portfolio depending on the individual college's decision.

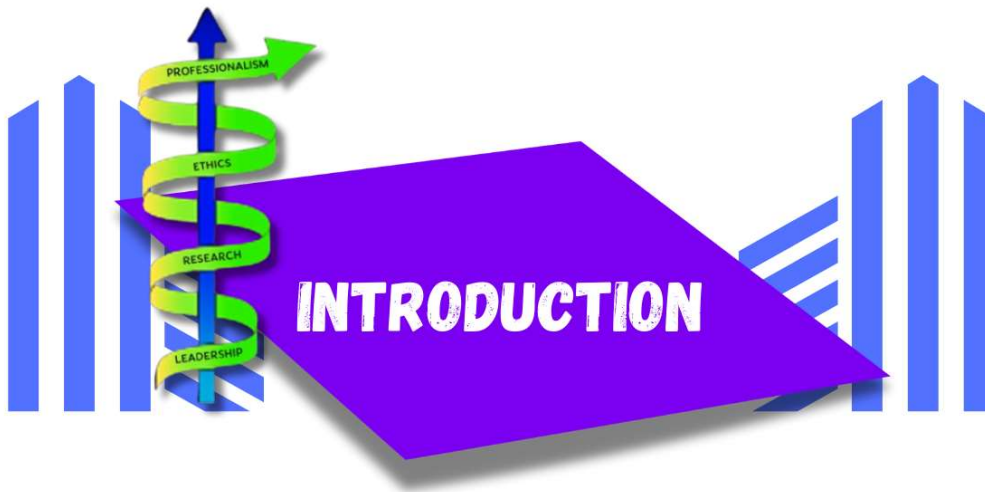
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## MODULE RATIONALE

The UHS PERL module is designed to equip medical students with essential competencies in Professionalism, Ethics, Research, and Leadership, aligning with the PMDC 7-Star Doctor (Professional, Ethical, Scholar, Leader, Communicator, Health Advocate, and Collaborator) framework. This framework emphasizes the multifaceted role of a physician, highlighting the need for a holistic approach to medical education. In an era where healthcare systems are constantly evolving, integrating these core areas is vital for developing well-rounded, responsible, and effective healthcare professionals.

1. **Importance of Professionalism:**

Professionalism is the cornerstone of medical practice, influencing patient trust and the overall quality of care. This module emphasizes the significance of professional behavior, including accountability, integrity, and respect for diversity, ensuring that students cultivate a strong ethical foundation as they progress through their medical education.

2. **Ethical Decision-Making:**

As future healthcare providers, students will face complex ethical dilemmas that require sound judgment and moral reasoning. This module focuses on key ethical principles, such as patient autonomy, equity, and justice in resource allocation, particularly in challenging areas like neoplasia and inflammation. Understanding these principles prepares students to advocate for their patients while navigating the intricate landscape of modern healthcare.

3. **Research Competence:**

Research plays a critical role in advancing medical knowledge and improving patient outcomes. By emphasizing evidence-based practice, this module encourages students to engage with scientific literature, develop robust literature search strategies, conduct research projects and apply research findings to clinical decision-making. This skill set is essential for fostering a culture of inquiry and continuous improvement within the healthcare profession.

4. **Leadership Development:**

Leadership is an integral part of effective healthcare delivery. This module prepares students to take on leadership roles, emphasizing teamwork, conflict resolution, and

effective communication. By fostering leadership skills, we aim to empower students to influence positive changes in their future workplaces and advocate for patient-centered care.

In summary, the UHS PERL module is designed to create a comprehensive learning experience that prepares medical students for the challenges and responsibilities they will face in their careers. By integrating Professionalism, Ethics, Research, and Leadership, we aim to cultivate competent, compassionate, and ethical healthcare professionals who are equipped to make informed decisions and lead with integrity in an ever-changing medical landscape.

### **MODULE LEARNING OUTCOMES**

- Exhibit accountability, integrity, and respect for diversity in all aspects of medical practice, embodying the principles of professionalism in clinical and academic settings.
- Analyze and apply ethical principles related to patient care, including autonomy, beneficence, non-maleficence, and justice, particularly in challenging situations such as end-of-life decisions and resource allocation.
- Develop and implement effective literature search strategies, critically evaluate scientific literature, and synthesize findings to inform clinical decision-making and practice.
- Participate in a comprehensive research project, from formulating a research question to data collection and analysis, culminating in the production of a publishable manuscript that meets academic and ethical standards.
- Demonstrate leadership skills through effective communication, conflict resolution, and teamwork, fostering a collaborative environment that enhances patient care and academic performance.
- Recognize and address the social determinants of health, advocating for equity in healthcare access and outcomes for diverse patient populations.
- Engage in self-assessment and reflective practices to identify strengths and areas for improvement, creating actionable plans for personal and professional growth throughout their medical education.
- Utilize effective verbal and non-verbal communication skills to engage with patients, families, and colleagues, ensuring clear and compassionate exchanges that enhance understanding and trust.

## SUBJECTS INTEGRATED IN THE MODULE

1. Professionalism
2. Ethics
3. Research
4. Leadership

## LEARNING RESOURCES

### 1. Professionalism:

- Azam, M. (2021). Mind maps for medicine. Scion Publishing. <https://scionpublishing.com/product/mind-maps-for-medicine/>
- Bin Abdulrahman, K. A., Khalaf, A. M., Bin Abbas, F. B., & Alanazi, O. T. (2021). Study habits of highly effective medical students. *Advances in Medical Education and Practice*, 12, 627–633. <https://doi.org/10.2147/AMEP.S309535>
- Bandaranayake, R. C. (2013). Study skills. In K. Walsh (Ed.), *Oxford textbook of medical education* (pp. 244–254). Oxford University Press. <https://doi.org/10.1093/med/9780199652679.003.0021>
- American Board of Internal Medicine Foundation, American College of Physicians Foundation, & European Federation of Internal Medicine. (2005). Medical professionalism in the new millennium: A physician charter. Retrieved from [https://www.abimfoundation.org/what-we-do/physician-charter&#8203;;contentReference\[oaicite:0\]{index=0}](https://www.abimfoundation.org/what-we-do/physician-charter&#8203;;contentReference[oaicite:0]{index=0})
- Barnhoorn, P. C., Houtlosser, M., Ottenhoff-de Jonge, M. W., Essers, G. T. J. M., Numans, M. E., & Kramer, A. W. M. (2019). A practical framework for remediating unprofessional behavior and for developing professionalism competencies and a professional identity. *Medical Teacher*, 41(3), 303–308. [https://doi.org/10.1080/0142159X.2018.1464133&#8203;;contentReference\[oaicite:1\]{index=1}](https://doi.org/10.1080/0142159X.2018.1464133&#8203;;contentReference[oaicite:1]{index=1})
- Guraya, S. S., Guraya, S. Y., Harkin, D. W., Ryan, Á., Mat Nor, M. Z. B., & Yusoff, M. S. B. (2021). Medical Education e-Professionalism (MEeP) framework; From conception to development. *Medical Education Online*, 26(1), 1983926. [https://doi.org/10.1080/10872981.2021.1983926&#8203;;contentReference\[oaicite:2\]{index=2}](https://doi.org/10.1080/10872981.2021.1983926&#8203;;contentReference[oaicite:2]{index=2})
- Kirk, L. M. (2007). Professionalism in medicine: Definitions and considerations for teaching. *Baylor University Medical Center Proceedings*, 20(1), 13–16. [https://doi.org/10.1080/08998280.2007.11928225&#8203;;contentReference\[oaicite:3\]{index=3}](https://doi.org/10.1080/08998280.2007.11928225&#8203;;contentReference[oaicite:3]{index=3})

- Al-Eraky, M. M. (2015). Faculty development for medical professionalism in an Arabian context. [Doctoral Thesis, Maastricht University]. Maastricht University. [https://doi.org/10.26481/dis.20150521ma&#8203;;contentReference\[oaicite:0\]{index=0}](https://doi.org/10.26481/dis.20150521ma&#8203;;contentReference[oaicite:0]{index=0})
- Online Journals and Reading Materials through HEC Digital Library Facility

## 2. **Ethics:**

- World Health Organization. (2015). Global health ethics: Key issues. World Health Organization. <https://apps.who.int/iris/handle/10665/164576>
- World Health Organization. (2011). Standards and operational guidance for ethics review of health-related research with human participants. World Health Organization. <https://www.who.int/publications/i/item/9789241502948>
- World Health Organization. (2023). WHO Code of Ethics. World Health Organization.
- Harvey, J. C. (n.d.). Clinical ethics: The art of medicine. In *Military Medical Ethics*, Volume 1, Chapter 3.
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## INTRODUCTION

The UHS PERL Module is designed to equip medical students with essential competencies in Professionalism, Ethics, Research, and Leadership. This guide provides facilitators with an overview of the module, instructional strategies, and resources to effectively engage students in their learning journey.

## MODULE OVERVIEW

- **Professionalism:** Focus on developing professional behavior and attitudes.
- **Ethics:** Emphasis on understanding and applying ethical principles in healthcare.
- **Research:** Development of research skills and critical appraisal abilities.
- **Leadership:** Enhancement of leadership qualities and communication skills.

## MODULE STRUCTURE

### 1. Professionalism

- a. Focus: Development of professional behavior and attitudes essential for medical practice.
- b. Key Topics:
  - i. Professional identity formation
  - ii. Accountability and integrity
  - iii. Respect for diversity

### 2. Ethics

- a. Focus: Understanding and applying ethical principles in healthcare.
- b. Key Topics:
  - i. Virtue ethics and moral character
  - ii. Informed consent and patient autonomy
  - iii. Bioethics and clinical ethics

### 3. Research

- a. Focus: Developing research skills and critical appraisal abilities.
- b. Key Topics:
  - i. Basics of academic writing
  - ii. Literature searches and reviews
  - iii. Evidence-based medicine and research methodologies

#### **4. Leadership**

- a. Focus: Enhancing leadership qualities and communication skills.
- b. Key Topics:
  - i. Team dynamics and conflict resolution
  - ii. Patient counseling and informed consent
  - iii. Work-life balance and management skills

### **MODULE IDEOLOGY**

The UHS PERLs module is designed to provide a comprehensive and integrated approach to developing essential competencies in Professionalism, Ethics, Research, and Leadership for medical students throughout their undergraduate training.

#### **Professionalism Module**

The Professionalism module begins with the foundational attributes of a professional student or doctor, focusing on intrapersonal skills in the first year. As students progress to the second and third years, the emphasis shifts toward interpersonal skills relevant to various domains, culminating in the formation of a Professional Identity in the fourth year. This progression ensures that students develop not only self-awareness but also the ability to interact effectively and ethically with patients and colleagues.

#### **Ethics Module**

The Ethics module initiates discussions on virtue ethics, emphasizing the virtues and moral character expected of medical students and professionals. In the second year, students delve into bioethics, followed by clinical ethics and research ethics in the third and fourth years. This structure helps students navigate the complexities of ethical dilemmas in medical practice, ensuring they are prepared to make informed, compassionate decisions that respect patient autonomy and promote justice.

#### **Research Module**

The Research module begins with the basics of academic writing, introducing students to the structure of a manuscript and critical appraisal through Journal Club Meetings and presentations

in the first year. In the second year, the focus shifts to literature searches, summarization, and reviews, incorporating the use of artificial intelligence to enhance research capabilities. The third year introduces evidence-based medicine as a treatment guide in disease management, followed by research design, methodology, clinical audits, and patient safety, culminating in the development of a draft ethical approval proposal. This systematic approach equips students with the skills to conduct meaningful research and contribute to the advancement of medical knowledge.

### **Leadership Module**

The Leadership module starts with personal qualities and communication skills in the first year, emphasizing the importance of effective interaction in healthcare settings. In the second year, the focus expands to teamwork dynamics, patient counseling, informed consent, conflict resolution, and work-life balance. The third year emphasizes management skills, including project management (aligned with research projects), entrepreneurship, and the use of innovation, such as AI in research and team leadership in healthcare setups. Finally, the fourth-year centers on professional identity, self-evaluation, digital transformation in healthcare, public health initiatives, health reforms, and advocacy. Throughout this module, mentoring sessions are integrated to provide role modeling and support, reinforcing the development of a strong professional identity among undergraduate MBBS students.

## **MODULE DEVELOPMENT AND VALIDATION**

The UHS PERL module was developed through a scientific approach, involving the systematic identification of content via extensive literature searches, national and international guidelines, and recommendations from content contributors. This initial framework was presented to a panel of 10 invited experts in a modified e-Delphi round for validation.

During this process, the experts evaluated the module's content and provided constructive feedback, identifying areas for improvement. In the second round, a consensus was reached regarding the relevance of the module content, as well as its depth and scope tailored to the appropriate MBBS year.

Following the module development and validation, two independent reviewers were engaged to assess the sequencing and flow of the topics. Their review focused on ensuring logical coherence

and identifying any additional revisions necessary to enhance the module's clarity and effectiveness. Further, the review was requested from an early career doctor who had recently graduated from an affiliated medical college in order to involve their suggestions for improvement. This rigorous development and validation process ensures that the UHS PERL module meets the highest educational standards and effectively prepares medical students for their professional journey.

## LEARNING OBJECTIVES EXPLANATION

The learning objectives for the UHS PERL module are crafted to enhance students' comprehension and practical application of core competencies in Professionalism, Ethics, Research, and Leadership. Each objective consists of an **Initial Learning Objective** and an **Actionable Learning Objective**, guiding both instructional methods and portfolio assignments.

### **Example: Work-Life Balance (Leadership)**

#### **Learning Objective:**

- **Understand the importance of maintaining a healthy work-life balance**, focusing on strategies for managing personal well-being while fulfilling professional commitments to ensure optimal mental and physical health.

#### **Actionable Learning Objective:**

- "Students will **create a personal plan** that outlines strategies for achieving work-life balance, including time management, self-care practices, and setting boundaries between personal and professional life."

#### **Instructional Strategies:**

- Use **interactive discussions** to explore the concept of work-life balance.
- Facilitate **workshops** where students can share experiences and strategies.
- Implement **guided planning sessions** where students can outline their personal plans with facilitator support.
- Encourage **peer feedback sessions** for students to share and refine their plans collaboratively.

#### **Proposed Portfolio Entry:**

- "Submit a reflection on your work-life balance plan. Include specific strategies you intend to implement to manage stress and maintain your well-being while meeting your academic and professional responsibilities."

**Portfolio Guidance:**

- Ensure students understand the importance of documenting their plans and reflections as a means to monitor their progress and make adjustments as needed.
- Provide a rubric that emphasizes clarity, depth of reflection, and practical application in their submissions.

### DIVERSE INSTRUCTIONAL STRATEGIES TO FOSTER STUDENT-CENTERED LEARNING

To enhance student engagement and promote a deeper understanding of the material, the following instructional strategies can (not limited to ) be employed:

1. **Active Learning:** Incorporate activities that require students to actively participate, such as problem-solving exercises, team-based learning, group discussions, and hands-on simulations.
2. **Collaborative Learning:** Utilize small group work to encourage peer interaction and knowledge sharing, fostering a sense of community and collaborative problem-solving.
3. **Flipped Classroom:** Assign readings or videos for students to review before class, allowing class time to focus on discussions and practical applications of the material.
4. **Case-Based Learning:** Present real-world scenarios for students to analyze, encouraging critical thinking and the application of theoretical knowledge to practical situations.
5. **Technology Integration:** Leverage digital tools and online platforms to facilitate interactive learning experiences, such as virtual simulations, discussion forums, and collaborative projects.
6. **Mentoring and Peer Support:** Encourage mentorship opportunities where students can receive guidance from peers or professionals, fostering a supportive learning environment.

### PORTFOLIO ENTRY WITH PEEL CONCEPT

As part of the UHS PERL module, students will maintain a portfolio that incorporates the PEEL (Point, Evidence, Explanation, Link) concept for reflective entries:

1. **Point:** State the main idea or argument you want to discuss in your reflection or analysis.

2. **Evidence:** Provide supporting evidence or examples from your experiences, coursework, or relevant literature.
3. **Explanation:** Explain how the evidence supports your point, including its significance and implications for your learning.
4. **Link:** Connect your point to broader themes in the module or your overall personal and professional development.

**Portfolio Guidance:**

- Portfolio can be in hard bound or e-portfolio. A template for portfolio entry has been attached.
- Encourage students to use the PEEL framework to structure their reflections clearly and coherently. This will aid in their understanding of the material and enhance their ability to articulate their thoughts and learning experiences effectively.

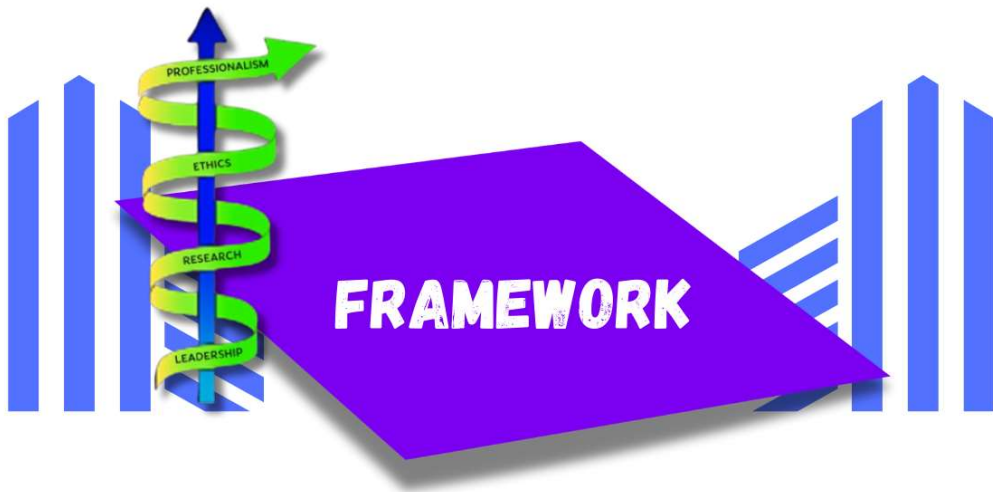
## ROLE IN EVALUATION OF THE PERL MODULE

**As a facilitator, your role in the evaluation of the UHS PERL module is crucial for ensuring its effectiveness and relevance. Key responsibilities include:**

1. **Monitoring Student Progress:** Regularly assess student engagement and understanding through formative assessments, feedback, and participation in discussions and activities.
2. **Collecting Feedback:** Gather feedback from students regarding their learning experiences, instructional strategies, and the relevance of module content. This information is vital for continuous improvement.
3. **Evaluating Learning Outcomes:** Review the alignment of students' performances with the stated learning outcomes. Analyze assessment results to identify trends and areas needing improvement.
4. **Reflecting on Teaching Practices:** Engage in self-reflection and peer evaluation to assess your own teaching methods. Consider what strategies worked well and where adjustments may be needed to enhance student learning.
5. **Implementing Changes:** Based on evaluation findings, propose and implement changes to instructional methods, content delivery, or assessment strategies to better meet the needs of future cohorts.

## CONCLUSION

As a facilitator of the UHS PERL module, your role is crucial in guiding students through the complexities of Professionalism, Ethics, Research, and Leadership. By utilizing diverse instructional strategies and fostering an engaging learning environment, you will help students develop the competencies necessary for their future roles as healthcare professionals.







## GIT & NUTRITION-I

*\*Proposed Sequence of Topics Mentioned below. Medical Colleges are at liberty to manage according to their resources. Topics can switch within each Block*

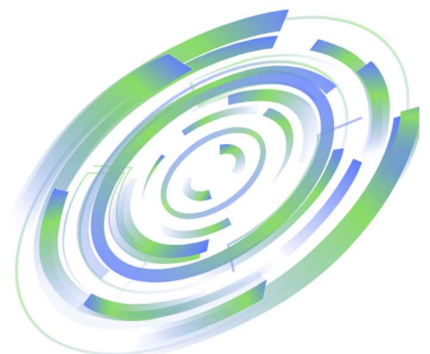
**Total Hours = 7.5**

Code	Domain	Topic	Specific Learning Objectives	Proposed Portfolio Entry
	<b>Professionalism</b>	Self-awareness & Improvement Planning	<ul style="list-style-type: none"> <li>Appreciate the need to develop self-awareness by reflecting on personal strengths and areas for improvement, and create actionable improvement plans to enhance academic performance and professional development.</li> <li>Conduct a self-assessment to identify their strengths and weaknesses in academic and clinical tasks, and create a detailed improvement plan to address areas where growth is needed.</li> </ul>	Submit a self-assessment report outlining your strengths and weaknesses, along with a personalized improvement plan that includes specific strategies and goals for enhancing your skills and knowledge.
	<b>Leadership</b>	Role Modelling via Mentoring Session III	<ul style="list-style-type: none"> <li>Participate in a mentoring session where to discuss their strengths and weaknesses with their mentor, receive feedback, and collaboratively create an action plan for personal and professional development.</li> <li>Share self-Assessment report with mentors for further guidance.</li> </ul>	Submit a summary of your mentoring session, including feedback, areas identified for improvement, and the action plan you developed with your mentor to enhance your professional growth.
	<b>Ethics</b>	Patient Confidentiality	<ul style="list-style-type: none"> <li>Discuss the ethical principles of patient confidentiality, including the importance of</li> </ul>	Submit a reflection on a case study involving patient confidentiality.

			<p>protecting patient information and the legal and professional consequences of breaching confidentiality.</p> <ul style="list-style-type: none"> <li>Review a clinical scenario involving patient confidentiality and identify how the principles of confidentiality were maintained or breached, proposing strategies for improvement where necessary.</li> </ul>	<p>Discuss the actions taken to protect patient information and reflect on the ethical responsibilities of healthcare professionals in maintaining confidentiality.</p>
	<b>Leadership</b>	Basics of Teamwork	<ul style="list-style-type: none"> <li>Describe the roles and responsibilities of a team member in healthcare, including the importance of collegiality &amp; effective information sharing</li> <li>Describe the stages of team dynamics</li> <li>Appraise how team dynamics influence performance and outcomes.</li> <li>Self-assessment as a team member/leader using e.g. The Blake and Mouton Managerial Grid Leadership Self-Assessment Questionnaire</li> </ul>	<p>Submit results of leadership self-assessment.</p>
	<b>Research</b>	Building Evidence-Based Arguments	<ul style="list-style-type: none"> <li>Discuss the principles of constructing an evidence-based argument, including developing a clear research question or thesis, organizing the argument in a logical sequence, critically appraising and using relevant scientific</li> </ul>	<p>Submit a written argument on a medical topic, demonstrating how you structured your argument and incorporated evidence from scientific literature to support your claims.</p>

			evidence, acknowledging counterarguments, ensuring coherence, and properly citing sources to support claims in medical writing and discussions.	
<b>RENAL-I</b>				
*Proposed Sequence of Topics Mentioned below. Medical Colleges are at liberty to manage according to their resources. Topics can switch within each Block				<b>Total Hours = 4.5</b>
<b>Code</b>	<b>Domain</b>	<b>Topic</b>	<b>Specific Learning Objectives</b>	<b>Proposed Portfolio Entry</b>
	<b>Professionalism</b>	Time Management	<ul style="list-style-type: none"> <li>Discuss the importance of effective time management in medical education and practice, and develop strategies to prioritize tasks, manage academic responsibilities, and maintain a healthy work-life balance. Create a weekly schedule that prioritizes academic tasks, clinical work, and personal activities, demonstrating their ability to manage time effectively</li> </ul>	Submit a time management plan outlining your weekly schedule, including study hours, clinical tasks, and personal time. Reflect on how this plan helps you balance your responsibilities and improve productivity.
	<b>Ethics</b>	Informed Consent	<ul style="list-style-type: none"> <li>Discuss the ethical and legal principles of informed consent, including the patient's right to make autonomous decisions based on clear, accurate, and comprehensive information about their treatment options, risks, and benefits. Review a case scenario and practice obtaining informed consent,</li> </ul>	Submit a reflection on a case where you practiced or observed the informed consent process. Discuss how the information was communicated to the patient and how patient autonomy was respected.

			ensuring they provide clear explanations of the risks, benefits, and alternatives, and confirming patient understanding.	
	<b>Leadership</b>	Patient Counselling about disease	<ul style="list-style-type: none"> <li>Discuss the principles of effective patient counseling, focusing on clear and empathetic communication to explain disease conditions, treatment options, and lifestyle modifications, ensuring patient understanding and engagement in their care.</li> </ul> <p>Practice counseling a simulated patient about a disease, using clear, empathetic communication to explain the diagnosis, treatment options, and necessary lifestyle changes, while ensuring the patient's understanding.</p>	<p>Create and submit a poster illustrating the key steps involved in patient counseling for a specific disease, including how to explain the diagnosis, treatment options, and lifestyle modifications.</p> <p>Highlight strategies to ensure patient comprehension and engagement in the decision-making process.</p>





## ENDOCRINOLOGY & REPRODUCTION-I

*\*Proposed Sequence of Topics Mentioned below. Medical Colleges are at liberty to manage according to their resources. Topics can switch within each Block*

**Total Hours = 09**

Code	Domain	Topic	Specific Learning Objectives	Proposed Portfolio Entry
	<b>Professionalism</b>	Task Management & Productivity	<ul style="list-style-type: none"> <li>Discuss the principles of effective task management and productivity, focusing on setting priorities, managing workloads, and maintaining efficiency in both academic and clinical settings.</li> <li>Create a task list for an academic week, prioritizing tasks based on deadlines and importance, and reflecting on strategies to enhance productivity and efficiency.</li> </ul>	Submit a weekly task management plan, detailing how you organized and prioritized your tasks to maximize productivity. Reflect on how this approach helped improve your efficiency and ability to meet academic or clinical deadlines.
	<b>Research</b>	Literature Search Strategy	<ul style="list-style-type: none"> <li>Discuss the principles of developing a literature search strategy, including identifying relevant databases, using appropriate keywords, and refining search criteria to gather evidence for research purposes.</li> <li>Design and implement a literature search strategy for a given medical topic, selecting appropriate databases and refining search terms to find relevant articles.</li> </ul>	Submit a summary of your literature search strategy, including the databases used, search terms, and filters applied. Reflect on how you refined your search to gather the most relevant and high-quality articles for your research.
	<b>Research</b>	Literature Summary	<ul style="list-style-type: none"> <li>Discuss steps for summarizing research findings and effectively organizing literature</li> </ul>	Submit a completed literature matrix that includes a summary of key studies related

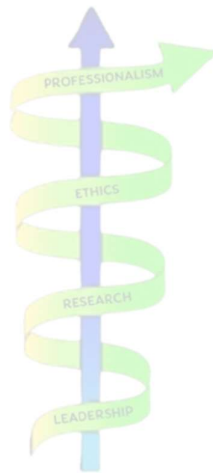
			<p>using a literature matrix, enabling better comparison and synthesis of information across studies.</p> <ul style="list-style-type: none"> <li>• Create a literature matrix for a selected topic, summarizing key findings, methodologies, and conclusions from relevant articles to facilitate analysis and comparison.</li> </ul>	<p>to your chosen topic. Include columns for author, year, study design, findings, and relevance.</p>
	<b>Leadership</b>	Taking Evidence based Informed Consent	<ul style="list-style-type: none"> <li>• Discuss principles of taking informed consent in a manner that incorporates evidence-based information, ensuring patients are fully informed about their treatment options, risks, and benefits.</li> <li>• Practice taking informed consent from a simulated patient, using evidence-based information to explain the procedure, risks, benefits, and alternatives, ensuring the patient's understanding and comfort</li> </ul>	<p>Submit a reflection on a simulated informed consent session. Discuss how you communicated evidence-based information to the patient, how you ensured their understanding, and the importance of respecting their autonomy in the decision-making process</p>
	<b>Professionalism</b>	Respect for Diversity	<ul style="list-style-type: none"> <li>• Appreciate the importance of respecting diversity in healthcare, including sensitivity and responsiveness to patients' culture, age, gender, and disabilities, while applying principles of inclusion and equity.</li> </ul>	<p>Create a simple poster or a one-page reflection outlining key strategies for respecting diversity in patient care. Include examples of how to communicate effectively with patients from different backgrounds and</p>



				ensure that care is inclusive and equitable.
	<b>Leadership</b>	Conflict Resolution	<ul style="list-style-type: none"> <li>Discuss the principles and strategies of effective conflict resolution focusing on communication, negotiation, and collaboration to achieve positive outcomes.</li> <li>Participate in a role-playing exercise to navigate a conflict scenario, practicing conflict resolution techniques such as active listening, empathy, and problem-solving.</li> </ul>	Submit a reflection on the conflict resolution exercise. Discuss the strategies you used, how effective communication played a role, and what you learned about resolving conflicts in a healthcare environment.
<b>HEAD AND NECK &amp; SPECIAL SENSES</b>				
<i>*Proposed Sequence of Topics Mentioned below. Medical Colleges are at liberty to manage according to their resources. Topics can switch within each Block</i>				<b>Total Hours = 06</b>
<b>Code</b>	<b>Domain</b>	<b>Topic</b>	<b>Specific Learning Objectives</b>	<b>Proposed Portfolio Entry</b>
	<b>Research</b>	Literature Reviews	<ul style="list-style-type: none"> <li>Discuss the purpose and methodology of conducting a literature review, including how to synthesize existing research, identify gaps in the literature, and establish a framework for future research.</li> <li>Conduct a literature review on a specific medical topic, summarizing key findings, identifying trends, and highlighting gaps in current research.</li> </ul>	Submit a poster showing steps in conducting literature review.
	<b>Leadership</b>	Work-Life Balance	<ul style="list-style-type: none"> <li>Appreciate the importance of maintaining a healthy</li> </ul>	Submit a reflection on your work-life balance plan. Include

			<p>work-life balance, focusing on strategies for managing personal well-being while fulfilling professional commitments to ensure optimal mental and physical health.</p> <ul style="list-style-type: none"> <li>• Create a personal plan that outlines strategies for achieving work-life balance, including time management, self-care practices, and setting boundaries between personal and professional life</li> </ul>	<p>specific strategies you intend to implement to manage stress and maintain your well-being while meeting your academic and professional responsibilities.</p>
	<b>Professionalism</b>	Digital representation	<ul style="list-style-type: none"> <li>• Discuss principles of digital representation in a professional context, focusing on how to effectively present an e-portfolio, wiki page, or blog page that reflects one's skills, experiences, and professional identity.</li> <li>• Create and present a digital representation of their professional achievements, utilizing platforms such as e-portfolios, wiki pages, or blogs to showcase their skills, projects, and reflections.</li> </ul>	<p>Submit a link to your e-portfolio, wiki page, or blog page along with a brief reflection on the choices you made in its design and content. Discuss how this digital representation aligns with your professional goals and identity.</p>
	<b>Ethics</b>	Patient autonomy in sensory disabilities	<ul style="list-style-type: none"> <li>• Discuss the ethical principles surrounding patient autonomy, particularly in the context of individuals with sensory disabilities, focusing on their right to make informed decisions about their healthcare.</li> <li>• Analyze a case study involving a patient with</li> </ul>	<p>Create a presentation or infographic that highlights key strategies for supporting patient autonomy in individuals with sensory disabilities. Include information on effective</p>

			sensory disabilities, discussing how healthcare providers can support and respect the patient's autonomy while ensuring they have access to the necessary information to make informed choices.	communication techniques, adaptations to enhance understanding, and ways to ensure informed consent.
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## NEUROSCIENCES I

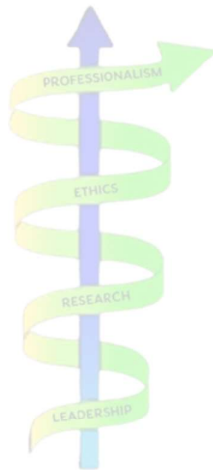
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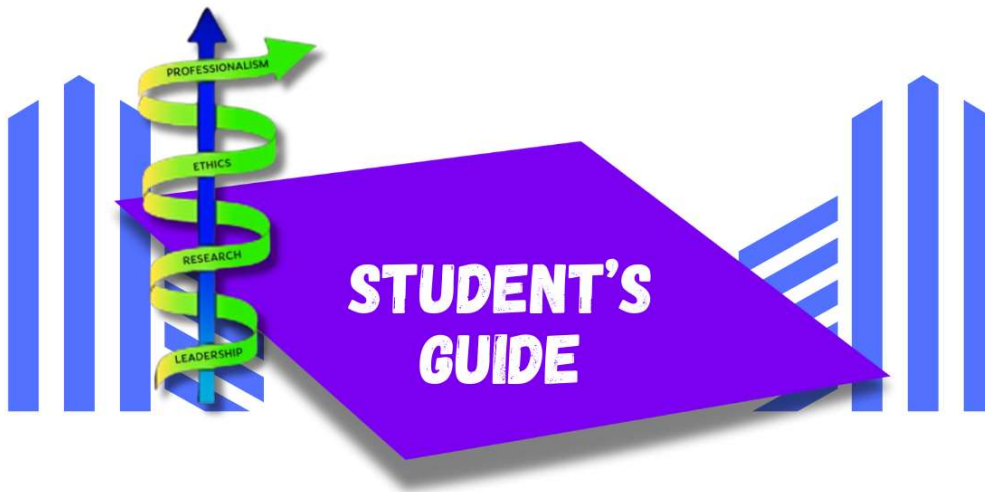
**Total Hours = 7.5**

Code	Domain	Topic	Specific Learning Objectives	Proposed Portfolio Entry
	<b>Professionalism</b>	Professional Accountability	<ul style="list-style-type: none"> <li>Discuss the concept of professional accountability, emphasizing the importance of taking ownership of one's actions in patient care, academic responsibilities, and interactions with colleagues, including adherence to protocols and deadlines.</li> </ul>	Submit a reflective journal entry discussing a situation where you failed to demonstrate professional accountability. Include details on how you took ownership of your actions, met deadlines, followed protocols, and engaged with colleagues to ensure the highest standards of care and professionalism.
	<b>Research</b>	Literature Reviews	<ul style="list-style-type: none"> <li>Conduct a literature review on a specific medical topic, summarizing key findings, identifying trends, and highlighting gaps in current research.</li> </ul>	Submit a structured literature review that includes an introduction to the topic, a summary of key studies, an analysis of trends, and identification of research gaps. Reflect on the process of conducting the review and how it informs future research directions.
	<b>Ethics</b>	End of Life Decision	<ul style="list-style-type: none"> <li>Discuss the ethical principles surrounding end-of-life decisions, particularly the criteria for brain death, and the implications for patient</li> </ul>	Submit a case analysis of a scenario involving brain death. Discuss the ethical challenges faced by healthcare providers

			<p>care, family decisions, and organ donation.</p> <ul style="list-style-type: none"> <li>Analyze a case involving a patient diagnosed with brain death, discussing the ethical considerations of end-of-life decisions, including family dynamics, communication, and the implications for organ donation.</li> </ul>	<p>and families, the decision-making process, and how these decisions align with ethical principles in medicine.</p>
	<b>Leadership</b>	Evidence-Based Decision making	<ul style="list-style-type: none"> <li>Discuss the principles of evidence-based decision making, focusing on how to integrate the best available research evidence with clinical expertise and patient values to make informed decisions in healthcare settings.</li> <li>Apply evidence-based decision-making principles to a clinical case scenario, evaluating relevant research studies and integrating findings with clinical expertise and patient preferences to recommend a course of action.</li> </ul>	<p>Submit a written analysis of a clinical case where you applied evidence-based decision-making principles. Discuss the research you reviewed, how you integrated it with clinical expertise, and how you considered patient values in your decision-making process.</p>
	<b>Leadership</b>	Role Modelling via Mentoring Session IV	<ul style="list-style-type: none"> <li>Participate in a mentoring session where they will discuss their strengths and weaknesses with their mentor, receive feedback, and collaboratively create an action plan for personal and</li> </ul>	<p>Submit a summary of your mentoring session, including feedback, areas identified for improvement, and the action plan you developed with your mentor to enhance your professional growth.</p>

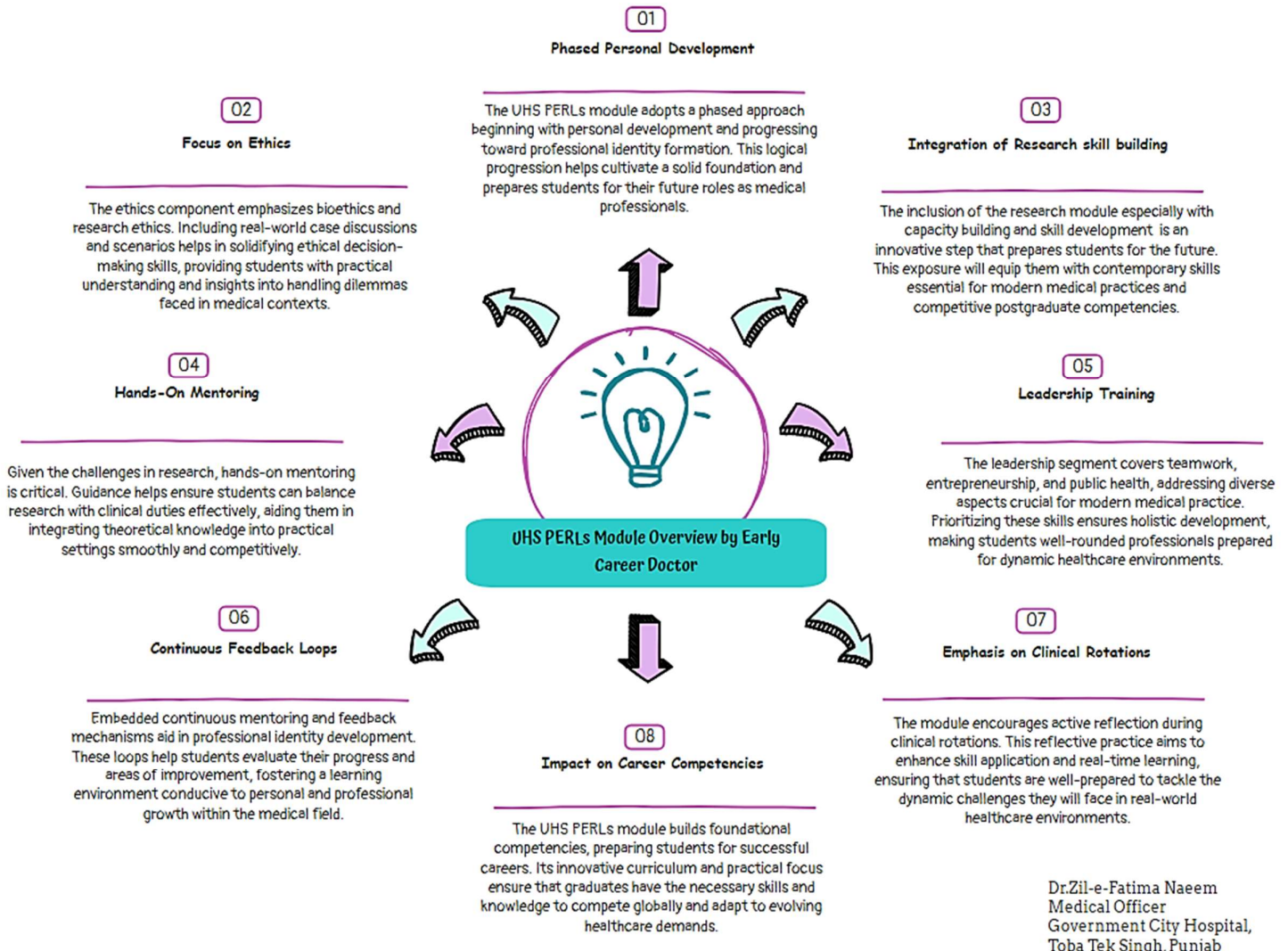
			professional development	
<b>INFLAMMATION</b>				
<i>*Proposed Sequence of Topics Mentioned below. Medical Colleges are at liberty to manage according to their resources. Topics can switch within each Block</i>				<b>Total Hours = 1.5</b>
Code	Domain	Topic	Specific Learning Objectives	Proposed Portfolio Entry
	Ethics	Equity Resource Allocation	<ul style="list-style-type: none"> <li>• Discuss ethical principles of equity in resource allocation, particularly concerning patients with neoplasia (cancer) and inflammation-related conditions, and how these principles impact access to care and treatment options.</li> <li>• Analyze a case involving resource allocation for patients with neoplasia or inflammation, discussing how equity principles were applied or challenged in determining access to treatments and interventions.</li> </ul>	<p>Submit a case study analysis addressing the ethical challenges of resource allocation for patients with neoplasia and inflammation. Discuss the implications of equity in access to care, how decisions were made, and reflect on potential improvements to ensure fair distribution of resources.</p>







# What your Seniors say



Dr.Zil-e-Fatima Naeem  
 Medical Officer  
 Government City Hospital,  
 Toba Tek Singh, Punjab

## INTRODUCTION

The UHS PERL Module is designed to equip medical students with essential competencies in Professionalism, Ethics, Research, and Leadership. This guide provides facilitators with an overview of the module, instructional strategies, and resources to effectively engage students in their learning journey.

## MODULE STRUCTURE

### 5. Professionalism

- a. Focus: Development of professional behavior and attitudes essential for medical practice.
- b. Key Topics:
  - i. Professional identity formation
  - ii. Accountability and integrity
  - iii. Respect for diversity

### 6. Ethics

- a. Focus: Understanding and applying ethical principles in healthcare.
- b. Key Topics:
  - i. Virtue ethics and moral character
  - ii. Informed consent and patient autonomy
  - iii. Bioethics and clinical ethics

### 7. Research

- a. Focus: Developing research skills and critical appraisal abilities.
- b. Key Topics:
  - i. Basics of academic writing
  - ii. Literature searches and reviews
  - iii. Evidence-based medicine and research methodologies

### 8. Leadership

- a. Focus: Enhancing leadership qualities and communication skills.
- b. Key Topics:
  - i. Team dynamics and conflict resolution
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## MODULE IDEOLOGY

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### **Professionalism Module**

The Professionalism module begins with the foundational attributes of a professional student or doctor, focusing on intrapersonal skills in the first year. As students progress to the second and third years, the emphasis shifts toward interpersonal skills relevant to various domains, culminating in the formation of a Professional Identity in the fourth year. This progression ensures that students develop not only self-awareness but also the ability to interact effectively and ethically with patients and colleagues.

### **Ethics Module**

The Ethics module initiates discussions on virtue ethics, emphasizing the virtues and moral character expected of medical students and professionals. In the second year, students delve into bioethics, followed by clinical ethics and research ethics in the third and fourth years. This structure helps students navigate the complexities of ethical dilemmas in medical practice, ensuring they are prepared to make informed, compassionate decisions that respect patient autonomy and promote justice.

### **Research Module**

The Research module begins with the basics of academic writing, introducing students to the structure of a manuscript and critical appraisal through Journal Club Meetings and presentations in the first year. In the second year, the focus shifts to literature searches, summarization, and reviews, incorporating the use of artificial intelligence to enhance research capabilities. The third year introduces evidence-based medicine as a treatment guide in disease management, followed by research design, methodology, clinical audits, and patient safety, culminating in the development of a draft ethical approval proposal. This systematic approach equips students with

the skills to conduct meaningful research and contribute to the advancement of medical knowledge.

### **Leadership Module**

The Leadership module starts with personal qualities and communication skills in the first year, emphasizing the importance of effective interaction in healthcare settings. In the second year, the focus expands to teamwork dynamics, patient counseling, informed consent, conflict resolution, and work-life balance. The third year emphasizes management skills, including project management (aligned with research projects), entrepreneurship, and the use of innovation, such as AI in research and team leadership in healthcare setups. Finally, the fourth-year centers on professional identity, self-evaluation, digital transformation in healthcare, public health initiatives, health reforms, and advocacy. Throughout this module, mentoring sessions are integrated to provide role modeling and support, reinforcing the development of a strong professional identity among undergraduate MBBS students.

## **MODULE DEVELOPMENT AND VALIDATION**

The UHS PERL module was developed through a scientific approach, involving the systematic identification of content via extensive literature searches, national and international guidelines, and recommendations from content contributors. This initial framework was presented to a panel of 10 invited experts in a modified e-Delphi round for validation.

During this process, the experts evaluated the module's content and provided constructive feedback, identifying areas for improvement. In the second round, a consensus was reached regarding the relevance of the module content, as well as its depth and scope tailored to the appropriate MBBS year.

Following the module development and validation, two independent reviewers were engaged to assess the sequencing and flow of the topics. Their review focused on ensuring logical coherence and identifying any additional revisions necessary to enhance the module's clarity and effectiveness. Further, the review was requested from an early career doctor who had recently graduated from an affiliated medical college in order to involve their suggestions for improvement.

This rigorous development and validation process ensures that the UHS PERL module meets the highest educational standards and effectively prepares medical students for their professional journey.

## ASSESSMENT AND EVALUATION

- **Portfolio:** Throughout the module, you will be required to maintain a portfolio that includes reflections, case analyses, and evidence of your learning experiences. This portfolio will serve as a demonstration of your growth and understanding of the module content.
- **Participation:** Engage actively in discussions, group work, and role-playing exercises to enhance your learning and application of the concepts.
- **OSCE Exam:** At the end of the module, you will participate in an Objective Structured Clinical Examination (OSCE) as a summative assessment. This exam will evaluate your practical skills, including communication, clinical reasoning, and the application of professionalism and ethical principles in simulated patient scenarios along with leadership and research skills.

## EVALUATION: YOUR FEEDBACK

As part of the UHS PERL module, we value your feedback to continually improve the learning experience. Your insights will help us understand the effectiveness of the module and identify areas for enhancement.

### **FEEDBACK AREAS:**

1. **Module Content:**
  - a. Was the content relevant and appropriate for your learning needs?
  - b. Were the topics covered comprehensively?
2. **Teaching Methods:**
  - a. Did the teaching methods (lectures, discussions, practical exercises) support your learning?
  - b. How effective were the mentoring sessions in reinforcing your understanding?
3. **Assessments:**

- a. Did the assessments (portfolio, OSCE exam) accurately reflect your knowledge and skills?
- b. Were the expectations for the assessments clear and achievable?

4. **Resources:**

- a. Were the provided resources (reading materials, online tools) helpful for your learning?
- b. Is there any additional resource you would suggest?

5. **Overall Experience:**

- a. What aspects of the module did you find most beneficial?
- b. What suggestions do you have for improving the module in the future?

**FEEDBACK SUBMISSION:**

Please provide your feedback using the following format to the Department of Medical Education in your College:

- **Strengths:** What worked well?
- **Areas for Improvement:** What could be improved?
- **Additional Comments:** Any other thoughts or suggestions?

Your feedback is essential for refining the UHS PERL module and ensuring it meets the needs of future students. Thank you for your participation.

## PEEL PORTFOLIO TEMPLATE

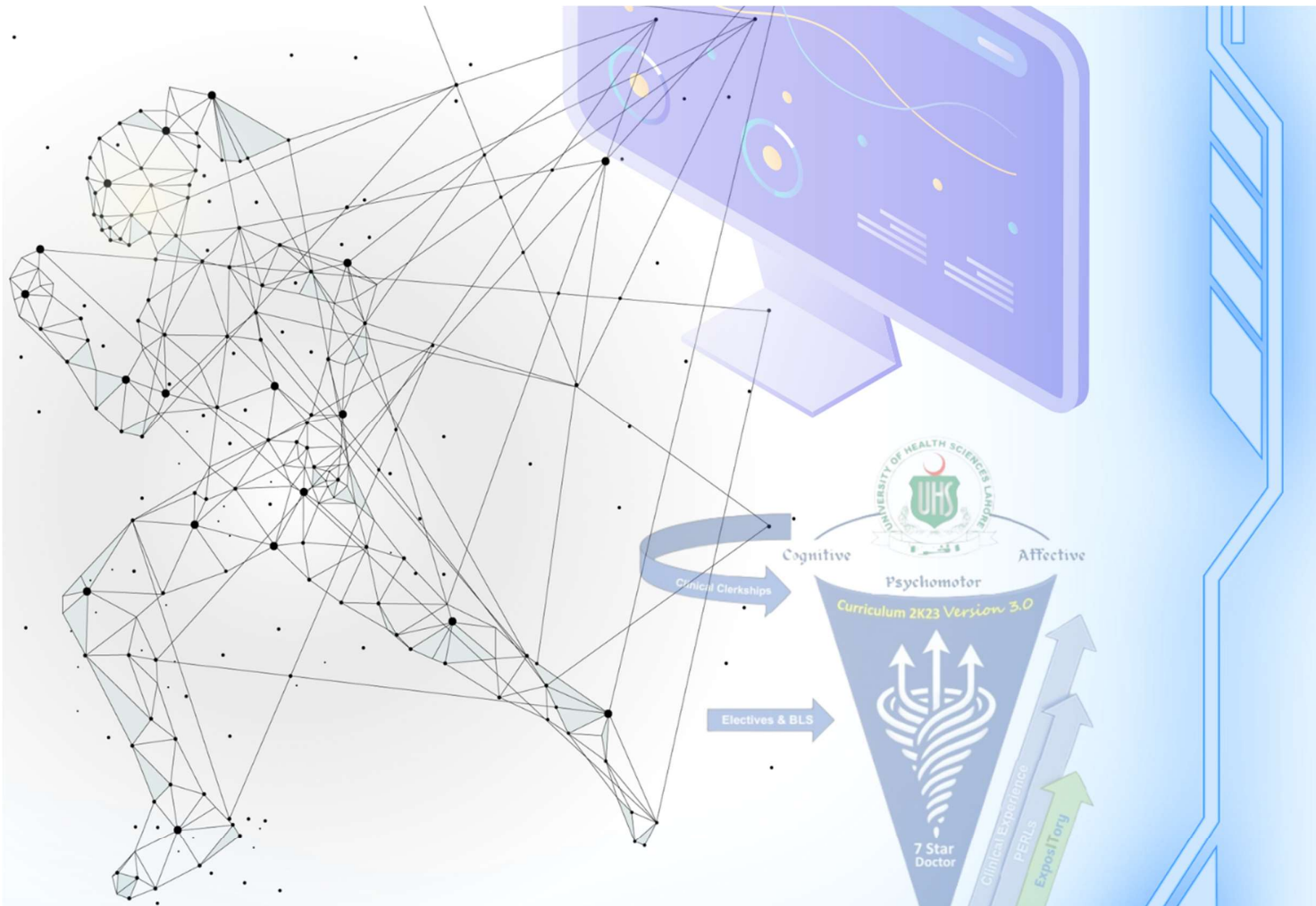
At the end of this guide, you will find the PEEL (Point, Evidence, Explanation, Link) portfolio template, which will help you structure your reflections and analyses effectively.

1. **Point:** State the main idea or point you want to discuss.
2. **Evidence:** Provide evidence or examples to support your point.
3. **Explanation:** Explain how the evidence relates to your point and its significance.
4. **Link:** Connect your point to broader themes in the module or your personal development.

## CONCLUSION

The UHS PERL Module aims to equip you with the essential competencies needed to thrive as a future healthcare professional. Your engagement, critical thinking, and commitment to learning

will be key to your success in this module. Embrace the challenges and opportunities for growth and make the most of the available resources and support.



# ExposITory



Volume: 02

Curriculum 2K23





## Module Rationale

To integrate Expository Writing with an Introduction to Information Technology (IT) course for undergraduate medical students, we can align the IT skills taught each year with the writing tasks and objectives. The aim is to enhance students' digital literacy and writing skills, which is crucial for modern medical practice.

This integrated spiral of Expository Writing and IT ensures that as students advance in their medical education, they also develop digital literacy skills. These skills complement their writing abilities and prepare them for modern medical practice, where digital communication, research, and data management are essential. By the end of the 4-year program, students will be proficient in writing and using technology to support their work as healthcare professionals.

## Developed by

**Dr. Ambreen Khalid**  
Associate Professor of Physiology

**Lt. Col. (R) Dr. Khalid Rahim Khan TI (M)**  
Director Medical Education & International Linkages  
University of Health Sciences  
Lahore

## Year 2: Expository Writing II – Advanced Argumentation and Critical Thinking + IT: Digital Research and Collaboration Tools

### THEORY

Code	Subject: Expository writing & IT		Total Hours =10
	Specific Learning Outcome	Integrating Disciplines	Topics
	<p><b>Expository Writing Focus:</b></p> <ol style="list-style-type: none"> <li>To evaluate the strengths and weaknesses of the written arguments &amp; discern bias.</li> <li>To create a poster to present the critical appraisal of research articles.</li> </ol> <p><b>IT Integration:</b></p> <ol style="list-style-type: none"> <li><b>IT Skills:</b> To use PowerPoint and other poster-making tools.</li> <li>To perform advanced internet research, use online collaboration tools (Google Docs for teamwork, Google Drive for file sharing), and learn management systems (LMS).</li> </ol> <p><b>Writing Application:</b></p> <ol style="list-style-type: none"> <li>To use critical appraisal templates and poster making tools.</li> <li>To collaborate on writing tasks in groups using</li> </ol>	<p>PERLS, Anatomy, Physiology &amp; Biochemistry</p>	<ul style="list-style-type: none"> <li>Critical appraisal of research articles</li> <li>Poster preparation and presentation skills.</li> <li>Use of online collaboration tools (Google Docs, LMS)</li> <li>Basic plagiarism checks (free AI Tools for plagiarism checks)</li> </ul>

	<p>shared online platforms (e.g., editing documents in teams).</p> <p>7. To use plagiarism detection software (free AI Plagiarism detection tools) to maintain academic integrity in writing.</p>		
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**University of  
Health Sciences  
Lahore**



**Department of Medical  
Education & International  
Linkages**

*Innovating & Strategizing  
Healthcare Academia*



Volume:02  
**STUDENT**



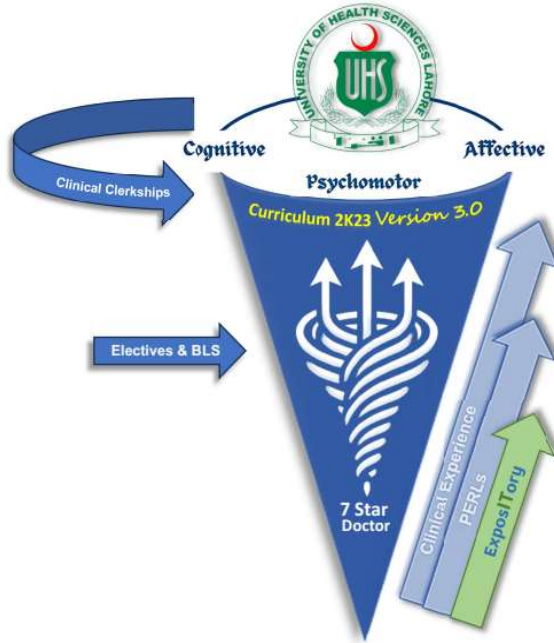
university of  
Health Sciences  
Lahore

مجلہ  
دانشجویان





## Curriculum 2K23 Version 3.0



### GASTROINTESTINAL AND NUTRITION I

DATE FROM: \_\_\_\_\_

DATE TO: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
Submit a self-assessment report outlining your strengths and weaknesses, along with a personalized improvement plan that includes specific strategies and goals for enhancing your skills and knowledge.	
<b>Facilitator Remarks:</b>	





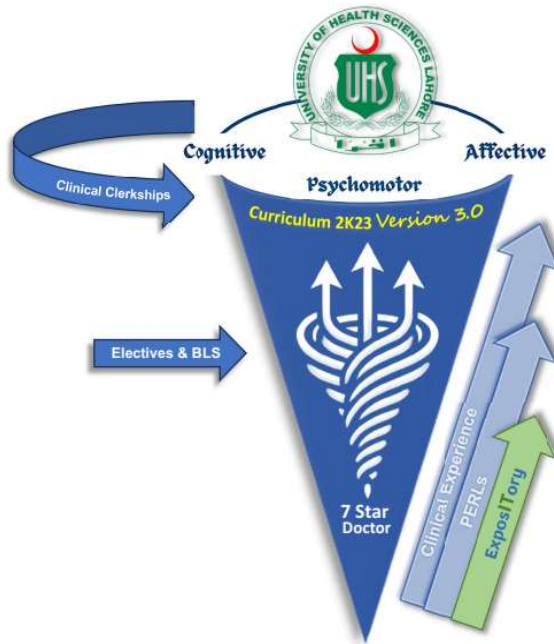


<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
Submit results of leadership self-assessment.	
<b>Facilitator Remarks:</b>	





## Curriculum 2K23 Version 3.0



### MODULE: RENAL-I

DATE FROM: \_\_\_\_\_

DATE TO: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
<p>Submit a time management plan outlining your weekly schedule, including study hours, clinical tasks, and personal time. Reflect on how this plan helps you balance your responsibilities and improve productivity.</p>	
<b>Facilitator Remarks:</b>	

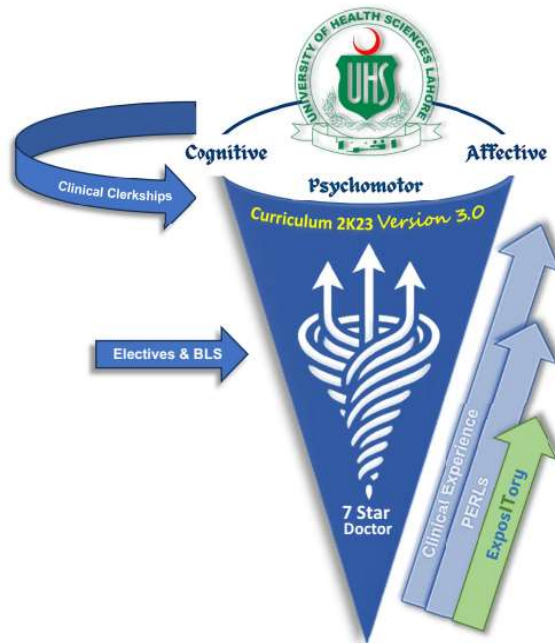
<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
<p>Submit a reflection on a case where you practiced or observed the informed consent process. Discuss how the information was communicated to the patient and how patient autonomy was respected.</p>	
<b>Facilitator Remarks:</b>	

<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
<p>Create and submit a poster illustrating the key steps involved in patient counseling for a specific disease, including how to explain the diagnosis, treatment options, and lifestyle modifications. Highlight strategies to ensure patient comprehension and engagement in the decision-making process.</p>	
<b>Facilitator Remarks:</b>	





## Curriculum 2K23 Version 3.0



### MODULE: ENDOCRINOLOGY & REPRODUCTION-I

DATE FROM: \_\_\_\_\_

DATE TO: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_





<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	

Submit a completed literature matrix that includes a summary of key studies related to your chosen topic. Include columns for author, year, study design, findings, and relevance.

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<b>Facilitator Remarks:</b>	
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<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
<p>Submit a reflection on a simulated informed consent session. Discuss how you communicated evidence-based information to the patient, how you ensured their understanding, and the importance of respecting their autonomy in the decision-making process</p>	
<div style="border: 1px solid black; height: 400px; width: 100%;"></div>	
<b>Facilitator Remarks:</b>	

<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	

Create a simple poster or a one-page reflection outlining key strategies for respecting diversity in patient care. Include examples of how to communicate effectively with patients from different backgrounds and ensure that care is inclusive and equitable.

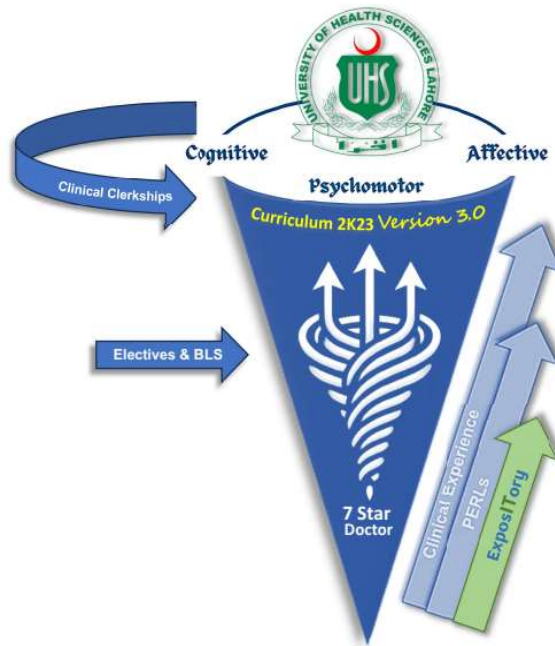
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<b>Facilitator Remarks:</b>	
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<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
the conflict resolution exercise. Discuss the strategies you used, how effective communication played a role, and what you learned about resolving conflicts in a healthcare environment.	
<b>Facilitator Remarks:</b>	



## Curriculum 2K23 Version 3.0



### MODULE: HEAD AND NECK & SPECIAL SENSES

DATE FROM: \_\_\_\_\_

DATE TO: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_



<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
Submit a poster showing steps in conducting literature review.	
<b>Facilitator Remarks:</b>	

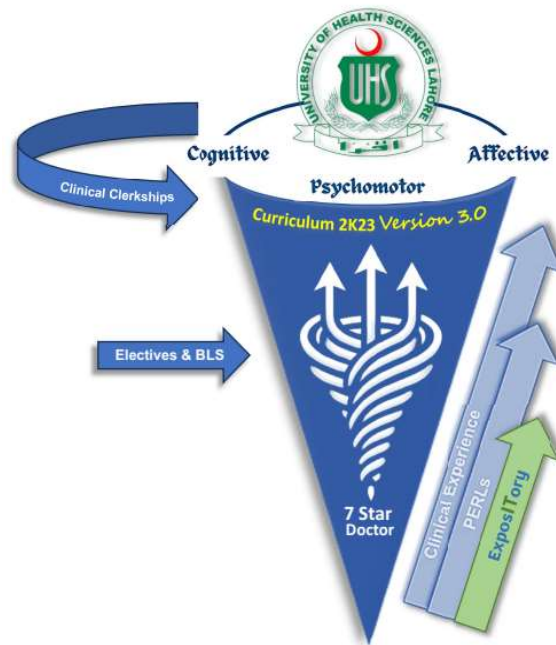
<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
<p>Submit a reflection on your work-life balance plan. Include specific strategies you intend to implement to manage stress and maintain your well-being while meeting your academic and professional responsibilities.</p>	
<b>Facilitator Remarks:</b>	

<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
<p>Submit a link to your e-portfolio, wiki page, or blog page along with a brief reflection on the choices you made in its design and content. Discuss how this digital representation aligns with your professional goals and identity.</p>	
<b>Facilitator Remarks:</b>	

<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
<p>Create a presentation or infographic that highlights key strategies for supporting patient autonomy in individuals with sensory disabilities. Include information on effective communication techniques, adaptations to enhance understanding, and ways to ensure informed consent.</p>	
<b>Facilitator Remarks:</b>	



## Curriculum 2K23 Version 3.0



### MODULE: NEUROSCIENCES-I

DATE FROM: \_\_\_\_\_

DATE TO: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_



<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
<p>Submit a structured literature review that includes an introduction to the topic, a summary of key studies, an analysis of trends, and identification of research gaps. Reflect on the process of conducting the review and how it informs future research directions.</p>	
<b>Facilitator Remarks:</b>	



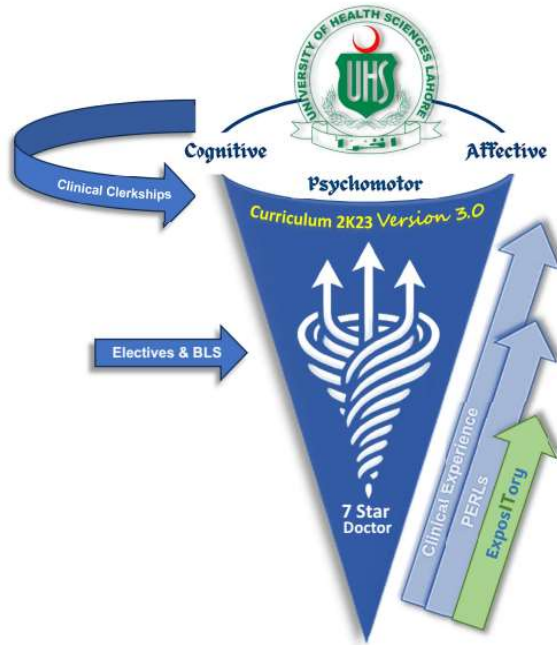


<b>Roll No:</b>	
<b>Assignment Topic:</b>	
<b>Date:</b>	
<p>Submit a written analysis of a clinical case where you applied evidence-based decision-making principles. Discuss the research you reviewed, how you integrated it with clinical expertise, and how you considered patient values in your decision-making process.</p>	
<b>Facilitator Remarks:</b>	





## Curriculum 2K23 Version 3.0



### MODULE: INFLAMMATION

DATE FROM: \_\_\_\_\_

DATE TO: \_\_\_\_\_

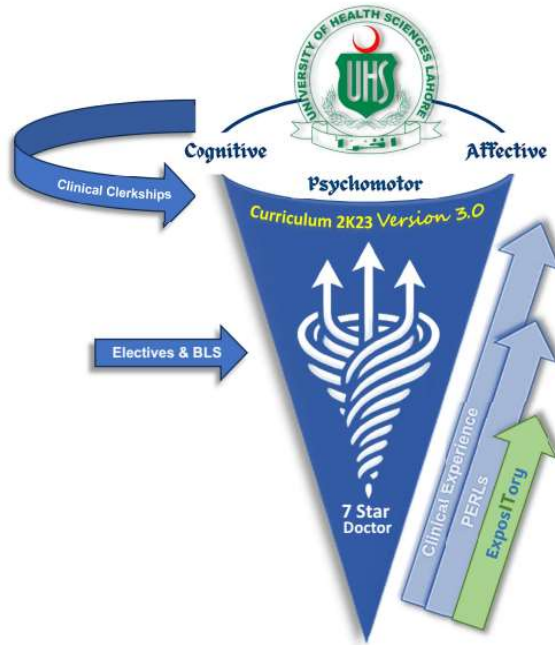
CHECKED BY: \_\_\_\_\_







## Curriculum 2K23 Version 3.0



**MODULE: Expository Writing II Advanced Writing Skills,  
Critical Thinking, and Use of Digital Collaboration Tools.**

**DATE FROM:** \_\_\_\_\_

**DATE TO:** \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_



<b>Roll No:</b>	
<b>Assignment Topic:</b>	Poster Creation for Research Appraisal
<b>Date:</b>	
Reflect on the design process and tools used (e.g., PowerPoint, Canva) to make your poster.	
<b>Facilitator Remarks:</b>	



<b>Roll No:</b>	
<b>Assignment Topic:</b>	Collaborative Project Documentation
<b>Date:</b>	
Collaboratively write and submit an essay using an online platform, documenting the process of group editing and discussions held within the document.	
<b>Facilitator Remarks:</b>	

<b>Roll No:</b>	
<b>Assignment Topic:</b>	Internet Research Exercise
<b>Date:</b>	
Submit a brief report documenting an advanced internet research activity, showcasing gathered information from reliable sources and citing these sources using citation software.	
<b>Facilitator Remarks:</b>	

# Skill Acquisition Workshops



University of Health Sciences  
Lahore



**Modular Integrated  
Curriculum 2K23**  
*Version 3.0*

## Workshop Schedule for MBBS students

The Following **Skill Acquisition Workshops** are included in the “Modular Integrated Curriculum 2K23 version 3.0”:

Sr. No.	Course Name	Academic Year	Duration	Eligibility
1.	Basic Life Support	1 <sup>st</sup> Year / 2 <sup>nd</sup> Year	2 days	Eligibility requirement for appearing in the 4 <sup>th</sup> Professional Examination
2.	Advanced Life Support	3 <sup>rd</sup> Year / 4 <sup>th</sup> Year	1 day	Eligibility requirement for appearing in the Surgical Clerkship examination
3.	Cardiac First Response	3 <sup>rd</sup> Year / 4 <sup>th</sup> Year	1 day	Eligibility requirement for appearing in the Medicine Clerkship examination
4.	Trauma first responders	3 <sup>rd</sup> Year / 4 <sup>th</sup> Year	1 day	Eligibility requirement for appearing in the Surgical Clerkship examination
5.	Emergency Neonatal Resuscitation	3 <sup>rd</sup> Year / 4 <sup>th</sup> Year	1 day	Eligibility requirement for appearing in the Pediatrics Clerkship examination
6.	Emergency Obstetrics Resuscitation	3 <sup>rd</sup> Year / 4 <sup>th</sup> Year	1 day	Eligibility requirement for appearing in the Gynecology / Obstetrics Clerkship Examination

C2K23

ACADEMIC  
CALENDER

V:3.0

MODULAR INTEGRATED CURRICULUM 2K23 VERSION 3.0, VOLUME-02

YEAR-II PLANNER

BLOCK	BLOCK-04										BLOCK-05										BLOCK-06																			
WEEKS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36				
MODULES & SPIRALS	GIT & Nutrition					Renal-1					CIA Exposit PERLs	Block Exam	Endocrinology & Reproduction-1							Head, Neck & Special Senses						CIA Exposit PERLs	Block Exam	Neurosciences-1										Inflammation	CIA Exposit PERLs	Block Exam
	Continuous Internal Assessment Quran , Islamiyat/Civics & Pak Studies												Continuous Internal Assessment Quran , Islamiyat/Civics & Pak Studies										Continuous Internal Assessment Quran , Islamiyat/Civics & Pak Studies																	
	PERLs ExposITory C-FRC										PERLs ExposITory C-FRC										PERLs ExposITory C-FRC																			

Note: Weeks allocated for Summer and Winter Break will be adjusted in the academic calender by the institution

WEEKS															
37	38	39	40	41	42	43	44	45	46	47	48	49	50		
Prep Leaves				Professional Exam UHS				Summer and Winter Break							



University of Health  
Sciences Lahore



Department of Medical  
Education & International  
Linkages

*Innovating & Strategizing  
Healthcare Academia*

