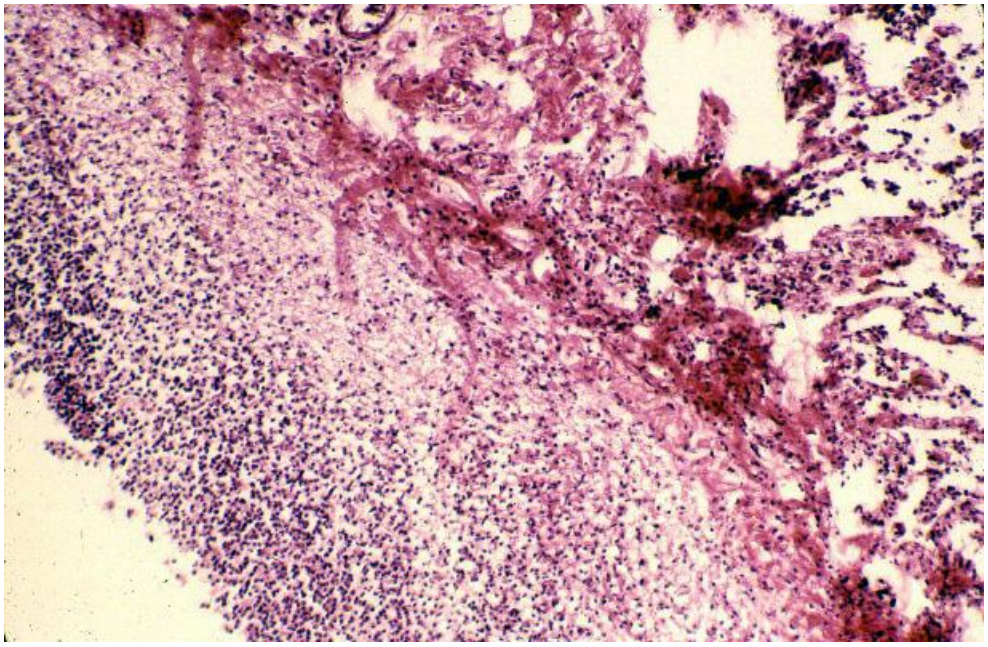
Avicenna Medical & Dental College

AVICENNA
MEDICAL COLLEGE

STUDY GUIDE

2023-2024



Program: MBBS
Year: 4th Professional Year
Subject: Special Pathology
Batch No: M-20
Session: 2023-2024

Department of Medical Education

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Introduction to Study Guide

Welcome to the Avicenna Medical & Dental College Study Guide!

This guide serves as your essential resource for navigating the complexities of your medicall education at Avicenna Medical & Dental College. It integrates comprehensive details on institutional framework, curriculum, assessment methods, policies, and resources, all meticulously aligned with UHS, PMDC and HEC guidelines.

Each subject-specific study guide is crafted through a collaborative effort between the Department of Medical Education and the respective subject departments, ensuring a harmonized and in-depth learning experience tailored to your academic and professional growth.



Objectives of the Study Guide

1. **Institutional Understanding:**
    - Gain insight into the college's organizational structure, vision, mission, and graduation competencies as defined by PMDC, setting the foundation for your educational journey.
2. **Effective Utilization:**
    - Master the use of this guide to enhance your learning, understanding the collaborative role of the Department of Medical Education and your subject departments, in line with PMDC standards.
3. **Subject Insight:**
    - Obtain a comprehensive overview of your courses, including detailed subject outlines, objectives, and departmental structures, to streamline your academic planning.
4. **Curriculum Framework:**
    - Explore the curriculum framework, academic calendar, and schedules for clinical and community rotations, adhering to the structured guidelines of UHS & PMDC.
5. **Assessment Preparation:**
    - Familiarize yourself with the various assessment tools and methods, including internal exam and external exam criteria, and review sample papers to effectively prepare for professional exams.
6. **Policies and Compliance:**
    - Understand the institutional code of conduct, attendance and assessment policies, and other regulations to ensure adherence to college standards and accrediting body requirements.
7. **Learning Resources:**
    - Utilize the learning methodologies, infrastructure resources, and Learning Management System to maximize your educational experience and academic success.

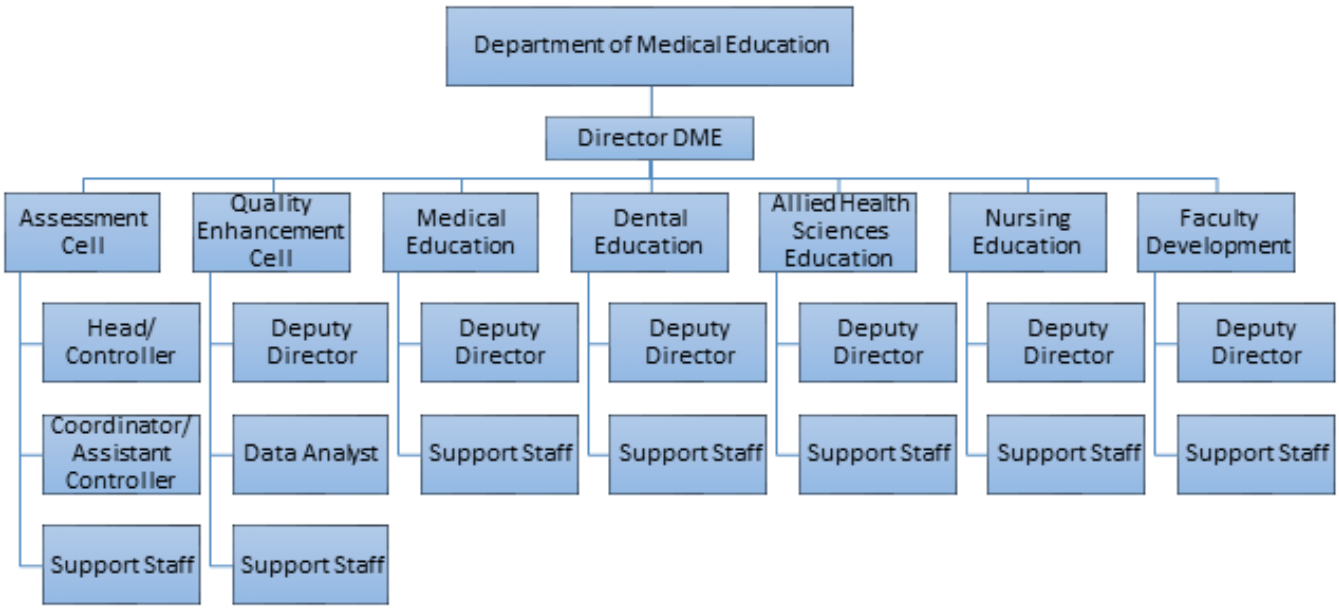
This guide, meticulously developed in collaboration with your subject departments, is designed to support your academic journey and help you achieve excellence in accordance with the highest standards set by PMDC and HEC.

DEPARTMENT OF MEDICAL EDUCATION

The Department of Medical Education (DME) serves as a cornerstone in delivering effective and high-quality education to both undergraduate and postgraduate medical and dental students. The DME is integral to the implementation and adoption of the latest curriculum provided by UHS and is responsible for organizing and managing related academic activities.

The DME will oversee the spirals of PERLs and C-FRC and monitor students' portfolio development and logbook completion. Additionally, the department is developing a mentoring platform and plans to initiate faculty development training which will focus on mentorship, reflective writing, and portfolio development skills. DME has a duty to collaborate with other disciplines to ensure that AVMDC students are not only competent in their respective fields but also well-trained in affective domains such as professionalism, ethics, research, and leadership.

A key responsibility of the DME is to plan and implement an effective training competency acquisition framework in collaboration with the academic council.



General Responsibilities of DME include:

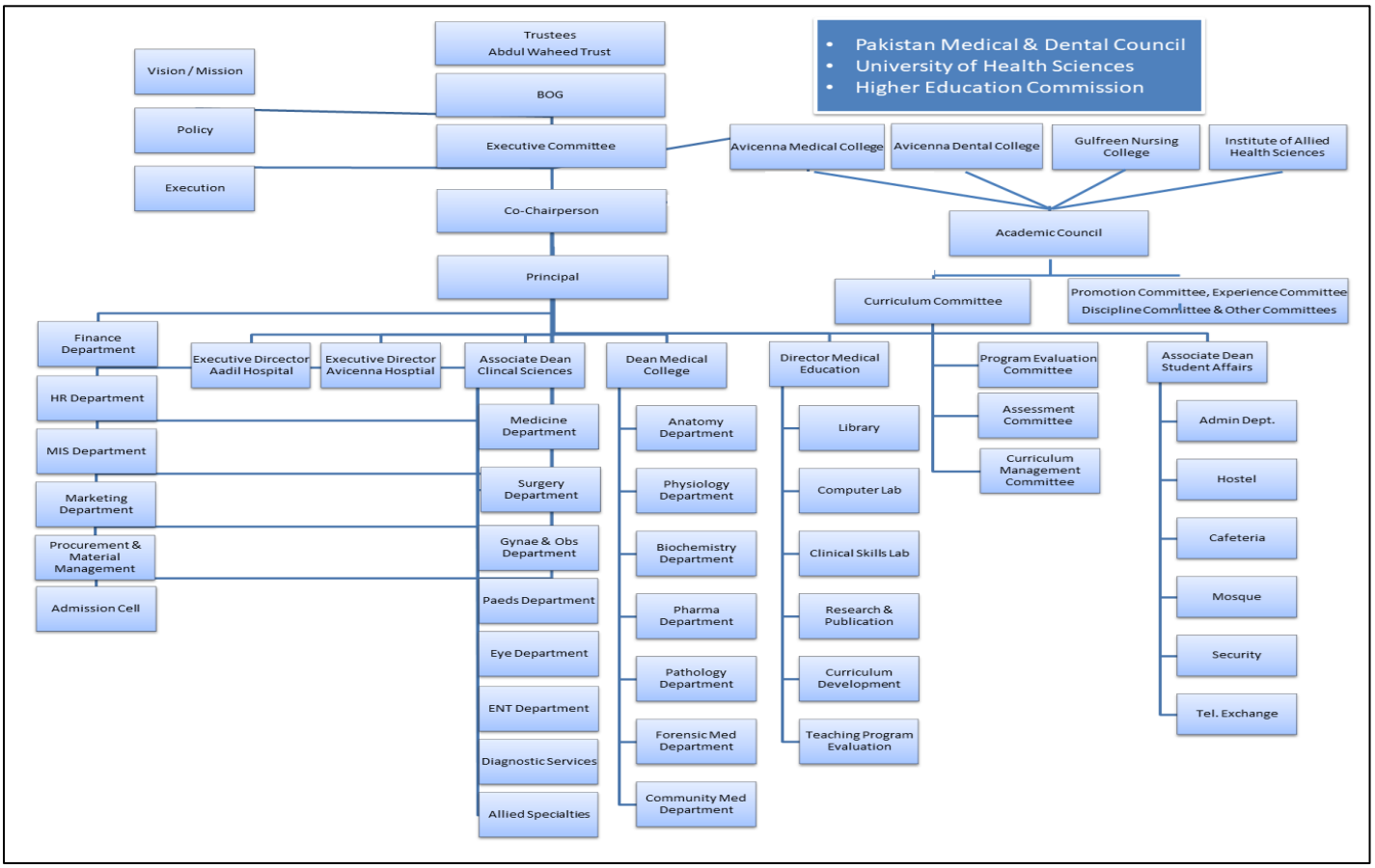
- Contribute and design, train the trainer activities which fulfill the need for undergraduate and postgraduate training.
- Shape and develop medical education research activities of the college.
- Facilitating & organizing workshops, seminars, symposia & conferences.
- Conducting CME activities to leverage 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 provides 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.

Faculty	**Department**
Assistant Director / Assistant Professor Medical Education	Dr. Saman Fatima
Coordinator Medical Education	Dr. Javaid Shabkhaiz Rab
Deputy Director / Demonstrator Dental Education	Dr. Salar Arsalan
Deputy Director / Demonstrator Allied Health Sciences	Dr. Talha
Deputy Director / Demonstrator Nursing Education	Dr. Muneeba

Avicenna Medical & Dental College Overview

Institutional Organogram



Vision & Mission

Avicenna Medical & Dental College

Vision

The vision of **Avicenna Medical & Dental College** is to become a college that thrives to achieve improvement in healthcare of masses through creative delivery of educational programs, innovative research, commitment to public service and community engagement in a environment that supports diversity, inclusion, creative thinking, social accountability, life-long learning and respect for all.

Mission

The mission of **Avicenna Medical and Dental College** is to educate and produce competent, research oriented healthcare professionals with professional commitment and passion for life-long learning from a group of motivated students through quality education, research and service delivery for the improvement of health status of the general population.

Message from the Chairman

Mr. Sheikh Abdul Waheed
Chairman Avicenna Medical & Dental College



The Avicenna Medical & Dental College is a project of Abdul Waheed Trust which is a Non-profitable, Non-governmental, Non -political & Social organization, working for the welfare of Humanity and based on Community empowerment. Avicenna Medical College has its own 530 bedded Avicenna teaching Hospital (Not for Profit hospital) within the College Campus & 120 bedded Aadil Hospital, at 15 minutes distance. Separate comfortable hostels for boys & girls are provided on the campus.

Our students benefit from the state of the art College Library with facilities of Internet & online Journals that remain open 15 hours a day, for our students & faculty members. I am particularly pleased with the hard work by the Faculty and Students in the achievement of historic 100% results for all the classes. It is a rare achievement and speaks of dedication of the Faculty and Staff. Our motto is Goodness prevails and we aim at producing Doctors' who are knowledgeable, competent in clinical skills and ethical values.

Avicenna Medical College & Hospital was founded to provide quality health care services to the deserving patients belonging to the rural areas near Avicenna Hospital as well as to provide quality medical education of international standard to our students. The Hospital provides all medical services and Lab diagnostics to the local population at minimal cost. So far by the grace of Allah Almighty the number of patients being treated and operated upon at our Hospital is increasing every day as there is no other public or charity hospital in the circumference of 20km. We have already established two Satellite Clinics in the periphery which are providing outdoor care while admission cases are brought to the Hospital in Hospital transport.

Following the success of our reputable Medical College and Hospital, we were able to successfully establish Avicenna Dental College which is recognized by the Pakistan medical & Dental Council & University of Health Sciences. To date, we have enrolled five batches in our dental college and we aim to achieve the same level of success for our dental students as our medical students.

Chairman
Abdul Waheed Sheikh
Avicenna Medical & Dental College

Message from the Principal

Prof. Dr. Gulfreen Waheed
Principal Medical College
MBBS, FCPS, MHPE, PHD Scholar, (HPE)



As a Co-Founder and Co-Chairperson, I have been involved in planning, construction and accreditation of Avicenna Medical College by the Pakistan Medical and Dental Council (PM&DC) and its affiliation with the esteemed University of Health Sciences (UHS). It is a pleasure to see Avicenna Medical College develop, progress and achieve maximum academic excellence in a short period since its inception in 2009.

The institution has lived up to its mission of training and producing medical graduates of international standards. Three batches have passed out as Doctors, who currently are serving in the country and abroad while several have opted for post-graduation and are on road to progress. We have achieved several milestones since 2009 including the recognition of our College for FCPS training by College of Physicians and Surgeons of Pakistan (CPSP), establishment of College of Nursing and Avicenna Dental College.

7-Star Doctor Competencies (PMDC)

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

1. Skillful / Care Provider.
2. Knowledgeable / Decision Maker.
3. Community Health Promoter / Community Leader.
4. Critical Thinker / Communicator
5. Professional / Lifelong learner.
6. Scholar / Researcher
7. Leader/ Role Model / Manager



About Avicenna Medical College

Avicenna Medical & Dental College is a purpose-built, fully equipped institution with experienced and excellence-driven faculty to train high-quality dental professionals in Pakistan.

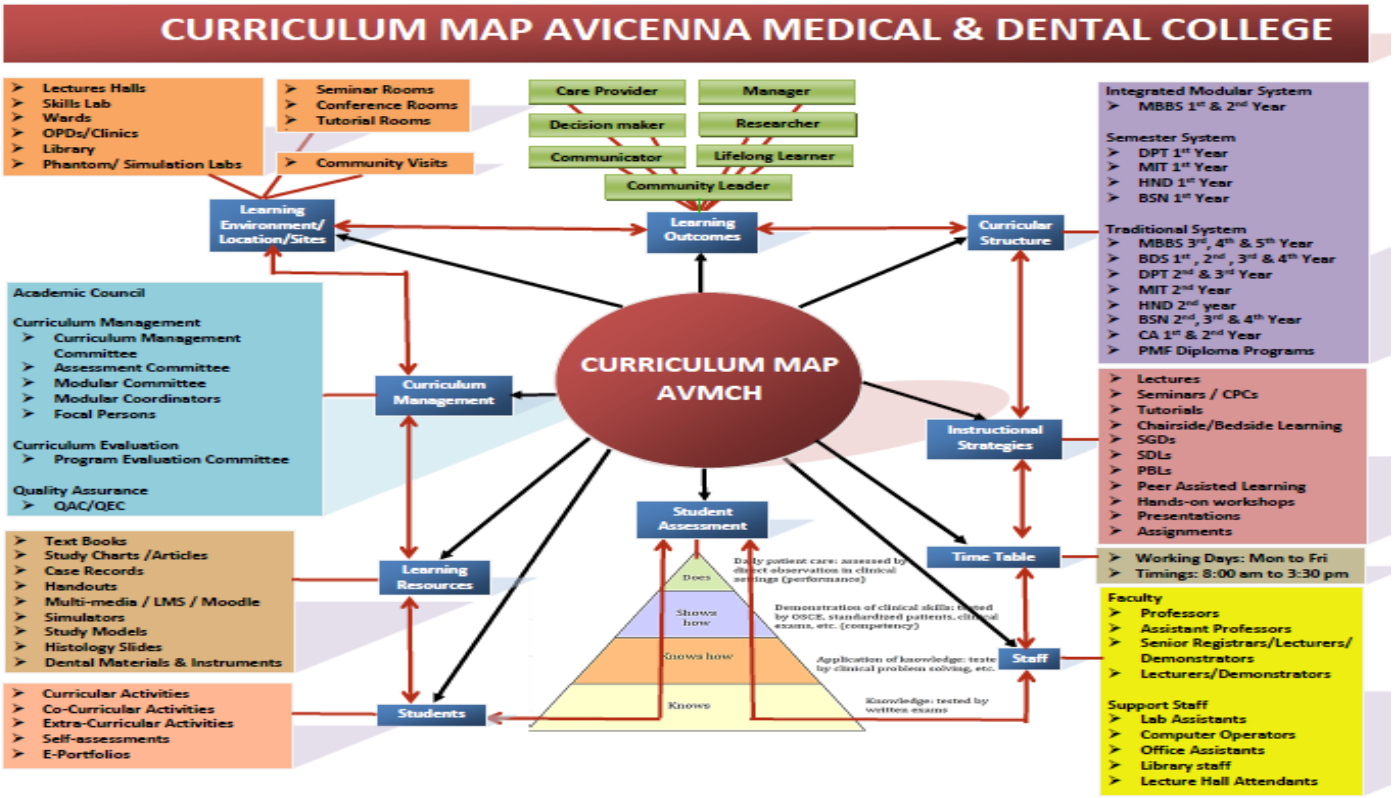
Avicenna Medical & Dental College runs under the umbrella of Abdul Waheed Trust. Abdul Wahid Trust is a non-profit social welfare organization and registered under the Societies Act with the Registrar of Societies. The Trust is legalized through a Trust Deed that bears necessary rectifications. The Trust Deed is further supported by its Memorandum and Article of Association that authorizes the establishment and operation of the Medical College, the Dental College, the Nursing College, the Allied Health Sciences College, and other activities in the healthcare sector.

In 2009, Avicenna Medical & Dental College was recognized by the Pakistan Medical & Dental Council. With the advent of advanced tools and technology in every field of health science, medicine today has shot up to the greater end of the gamut with superior choice and promises in medical therapy in the very vicinity of the common man. AVMDC promises to be one such neighborhood.



Curricular Map

This pictorial, vertical and horizontal presentation of the course content and extent shows the sequence in which various systems are to be covered. Curricular map to cover all the subjects and modules and the time allocated to study of the systems for the undergraduate programs offered at four colleges at campus are as follows:



Department & Subject Overview

Note from the Head of Department

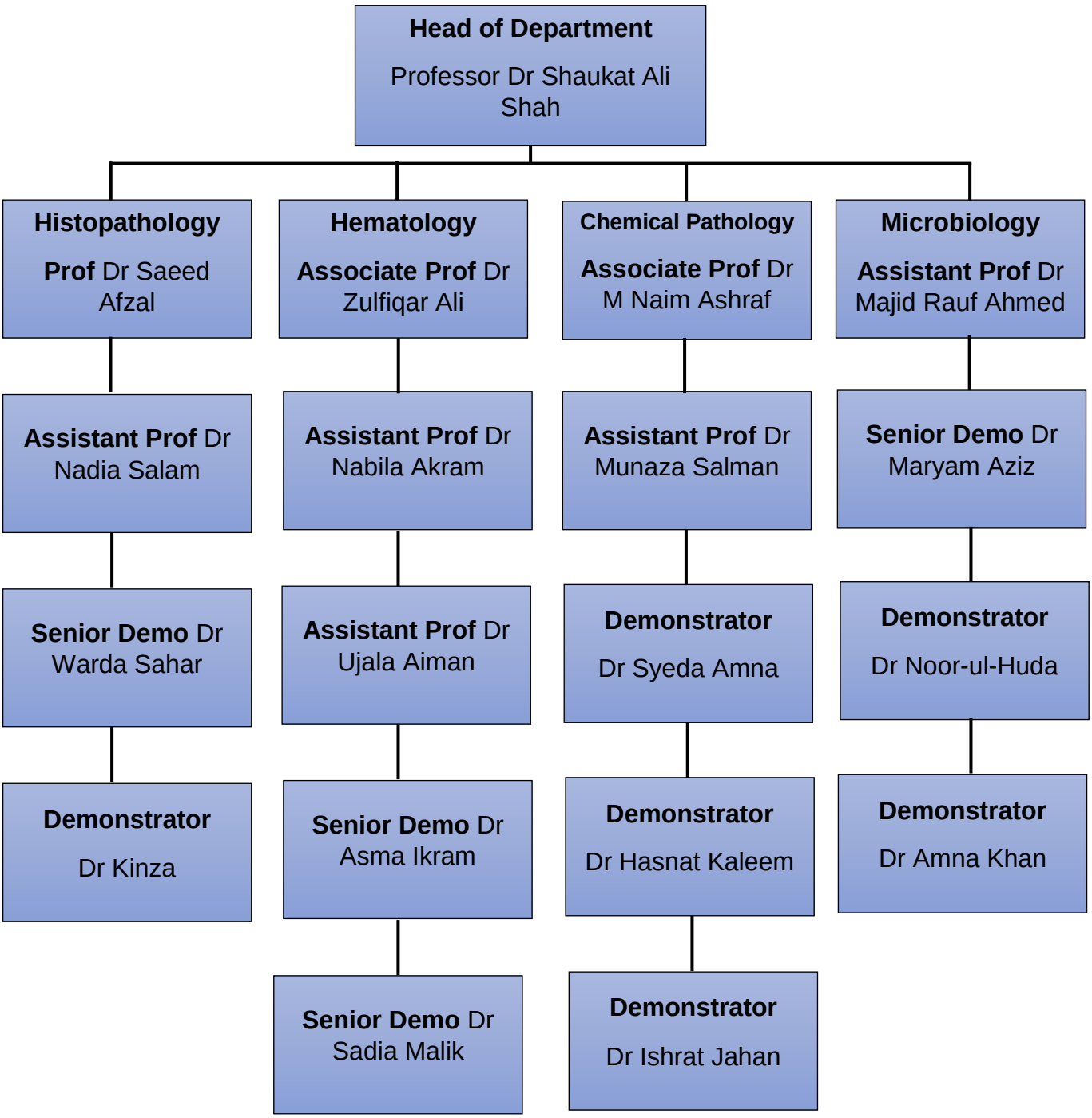
Special Pathology

Professor Dr. Shaukat Ali Shah



Pathology is a branch of medicine that bridges the clinical and non-clinical subjects. Pathologists are called upon to diagnose and confirm many ailments. The department has 3 labs; a Histopathology and Hematology, a Microbiology and Chemical pathology lab & a Clinical lab. The Clinical lab works in full coordination with the Avicenna Hospital. The labs are being supervised by professors, experienced in the related specialties. The department has a well-designed museum displaying neatly mounted specimens and several detailed and highly informative charts/ graphs. Highly qualified professors with national & international experience are supervising the pathology labs.

Departmental Organogram (as per PMDC guidelines)



Faculty Members

Name	Designation	Qualification
Dr Shaukat Ali Shah	Head of Department / Professor	**MBBS, MCPS, M.Phil (Histo)**
Dr Saeed Afzal	Professor	**MBBS, FCPS (Histo)**
Dr Zulfiqar Ali	Associate Professor	**MBBS, M.Phil (Hem)**
Dr Muhammad Naim Ashraf	Associate Professor	**MBBS, M.Phil (Chemical Path)**
Dr Majid Rauf Ahmad	Assistant Professor	**MBBS, M.Phil (Micro)**
Dr Nadia Salam	Assistant Professor	**MBBS, M.Phil (Histo)**
Dr Nabila Akram	Assistant Professor	**MBBS, M.Phil (Hem)**
Dr Ujala Aiman	Assistant Professor	**MBBS, M.Phil (Hem)**
Dr Munaza Salman	Assistant Professor	**MBBS, M.Phil (Chemical Patho)**
Dr Sadia Malik	Senior Demonstrator	**MBBS**
Dr Asma Ikram	Senior Demonstrator	**MBBS**
Dr Warda Sahar	Senior Demonstrator	**MBBS**
Dr Maryam Aziz	Senior Demonstrator	**MBBS**
Dr Amna Khan	Demonstrator	**MBBS**
Dr Hasnat Kaleem	Demonstrator	**MBBS**
Dr Noor-ul-Huda	Demonstrator	**MBBS**
Dr Kinza	Demonstrator	**MBBS**
Dr Syeda Amna	Demonstrator	**MBBS**
Dr Ishrat Jahan	Demonstrator	**BDS**

Goal of the Department

The **academic mission** of the Department of Pathology is to provide undergraduate students the basic knowledge of disease process.

Provide the most advanced and comprehensive pathology and pathobiology education.

Prepare our students for lifetimes learning and for careers as leaders, practitioners, & researchers.

Perform biomedical research to further understanding of normal and abnormal life processes which lead to prevention and cure of disease and enhanced health.

Practice pathology with compassion and in a manner that translates the results of our clinical and technological outcome into the highest quality of care to the public

Our **areas of focus** are

Academic; by using different teaching methodologies to prepare students to understand disease process (Etio-pathogenesis) prior to learning diseases and its management.

Diagnostic; To provide best possible services of clinical laboratories and blood bank to attached hospital 24/7 and to enhance diagnostic facilities in clinical diagnostic laboratories.

Course Objectives

Pathology course objectives generally focus on equipping students with the knowledge and skills necessary to understand disease processes, recognize pathological changes, and apply this knowledge in clinical practice. Below are typical objectives for a pathology course:

1. Fundamental Concepts of Pathology: Understanding Disease Processes, Homeostasis and Adaptation

Cell Death

2. Systemic Pathology: Organ-Specific Pathology, Correlating Clinical and Pathological Findings, Understand the pathogenesis, classification, and clinical significance of benign and malignant tumors.

3. Diagnostic Pathology: Microscopic Analysis, Laboratory Techniques

4. Clinical Correlation: Case Studies, Diagnostic Reasoning, Interdisciplinary Collaboration

5. Research and Evidence-Based Medicine: Literature Review, Research Methodology

Attendance Requirement & Internal Assessment Criteria

The institution follows the regulations for examinations of the UHS in letter and spirit. The students require **85% attendance** in all academic sessions and **50% marks** in internal assessments and send-up examinations to be eligible for the UHS Professional Examinations.



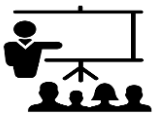
Learning Resources & Pedagogy

Book Recommendations



Sr.	Book Name	Author	Edition
1.	Pathologic Basis of Disease	Kumar, Cotran	10th
2.	Medical Microbiology and Immunology	Jewetz	28th
3.	Medical Microbiology and Immunology	Levinson	18th
4.	Ackerman's Surgical Pathology	Rosai and Ackerman	11th
5.	Clinical Pathology Interoperation	A H Nagi	4th
6.	Theory and Practice of Histopathological techniques	John D Bancroft	8th
7.	District Lab Practice in Tropical Countries Part1 & 2	Monica Cheesburgh	2nd
8.	Online Journals and Reading Materials through HEC Digital Library Facility		

Traditional & Innovative Teaching Methodologies



Sr.	Pedagogical Methodologies	Description
1.	Lectures	Traditional method where an instructor presents information to a large group of students (large group teaching). This approach focuses on delivering theoretical knowledge and foundational concepts. It is very effective for introducing new topics.
2.	Tutorial	Tutorials involve small group discussion (SGD) where students receive focused instruction and guidance on specific topics.
3	Demonstrations	Demonstrations are practical displays of techniques or procedures, often used to illustrate complex concepts or practices, particularly useful in dental education for showing clinical skills.
4	Practicals	Hands-on sessions where students apply theoretical knowledge to real-world tasks. This might include lab work, clinical procedures, or simulations. Practicals are crucial for developing technical skills and understanding the application of concepts in practice.
5.	Student Presentations	Students prepare and deliver presentations on assigned topics. This method enhances communication skills, encourages students to explore topic in-depth. It also provides opportunities for peer feedback and discussion.
6.	Assignment	Tasks given to students to complete outside of class. Assignments can include research papers, case studies, or practical reports. They are designed to reinforce learning, assess understanding, and develop critical thinking and problem-solving skills.
7.	Self-directed Learning	Students take initiative and responsibility for their own learning process. Students are encouraged to seek resources, set goals, and evaluate their progress. This is a learner-centered approach where students take the initiative to plan, execute, and assess their own learning activities. This method promotes independence, critical thinking, and lifelong learning skills.
8.	Flipped Classroom	In this model, students first engage with learning materials at home (e.g., through videos, readings) and then use class time for interactive activities, discussions, or problem-solving exercises. This approach aims to maximize in-class engagement and application of knowledge.
9.	Peer-Assisted Learning (PAL)	A collaborative learning approach where students help each other understand course material. PAL involves structured peer tutoring, study groups, or collaborative tasks. It enhances comprehension through teaching, reinforces learning, and builds teamwork skills.
10.	Team-based Learning (TBL)	A structured form of small group learning where students work in teams on application-based tasks and problems. Teams are responsible for achieving learning objectives through collaborative efforts, promoting accountability, and deeper understanding of the material.

11.	Problem-based Learning (PBL)	Students work on complex, real-world problems without predefined solutions. They research, discuss, and apply knowledge to develop solutions. PBL fosters critical thinking, problem-solving skills, and the ability to integrate knowledge from various disciplines.
12.	Academic Portfolios	A collection of student's work that showcases learning achievements, reflections, and progress over time. Portfolios include assignments, projects, and self-assessments. They provide a comprehensive view of student development, highlight strengths and areas for improvement, and support reflective learning (experiential learning)

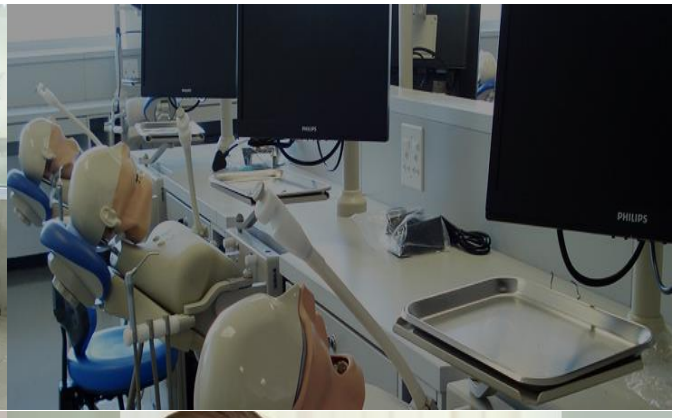


Flipped Classroom

Infrastructure Resources

Sr.	Infrastructure Resources	Description
1.	Lecture Hall	Each year has a dedicated lecture hall, totaling five lecture halls for the five professional years. These halls are equipped with modern audiovisual aids to support effective teaching and learning.
2.	Tutorial Room	The college's tutorial rooms, each with a capacity of 30, are specifically designed to support small group discussions and interactive sessions. These rooms facilitate personalized instruction, enabling more engaged and effective learning through direct interaction between students and instructors.
3.	Lab	The college is equipped with state-of-the-art laboratories for practical and clinical work. Each lab is designed to support various disciplines, to facilitate hands-on learning.
4.	Library on campus	A huge library occupies full floor has 260 seats including study carrels and group-discussion tables. Latest reference books, of Basic and Clinical Sciences along with national & international journals are available in the library.
5.	Digital Library	The digital library offers access to a vast collection of e-books, online journals, research databases, and other digital resources. It supports remote access and provides tools for academic research and learning.
6.	Learning Management System (LMS)	The LMS is a comprehensive online platform that supports course management, content delivery, student assessment, and communication. It provides tools for tracking progress, managing assignments, and facilitates ongoing academic activities.
6.	Phantom Labs	Specialized Phantom Labs are available for advanced simulation and practice in dental procedures. These labs provide high-fidelity models and simulators that help students refine their clinical skills in a controlled environment.
7.	Mess & Cafeteria	The College has its own on-campus Mess which caters to 600 students. All food items including dairy, meat, and vegetables are sourced organically and bought in at the time of cooking, in order to ensure that students get freshly cooked meals at all times Students form the Mess committee which decides the mess menu in consultation with other students. The Mess offers fresh food to all residents three times a day. However, day scholars are also welcome to use the Mess facility at a reasonable cost. Two 50- inch LCD screens provide students an opportunity to get entertained during their meal times.
8.	Gymnasium & Sports	We recognize sports as a pivotal key to shape and maintain students' personality and good health. The College has indoor and outdoor sports facilities to help enhance the cognition and capacity to learn. There is a proper sports section for various games like basketball, football, volleyball, and cricket.

		The gym itself is fully equipped with modern machinery both for students and faculty.
9.	IT Lab	The IT Lab is equipped with modern computers and software available for students who need access for academic purposes.
10.	Auditorium	The college has a spacious auditorium equipped with advanced audio-visual facilities. It is used for large-scale lectures, guest presentations, and academic conferences, providing a venue for students to engage with experts and participate in important educational events.
11.	Examination Halls	The college provides dedicated examination halls that are designed to accommodate a large number of students comfortably. These halls are equipped with necessary facilities to ensure a smooth and secure examination process, including proper seating arrangements, monitoring systems, and accessibility features.






Digital Library & Learning Management System (LMS)

1. The COVID-19 pandemic highlighted the necessity of interactive online teaching for better retention of topics by students. Strategies like online learning management system (LMS), online discussions, online quizzes, assignment design, and flipped learning enhance student engagement in online education when needed.

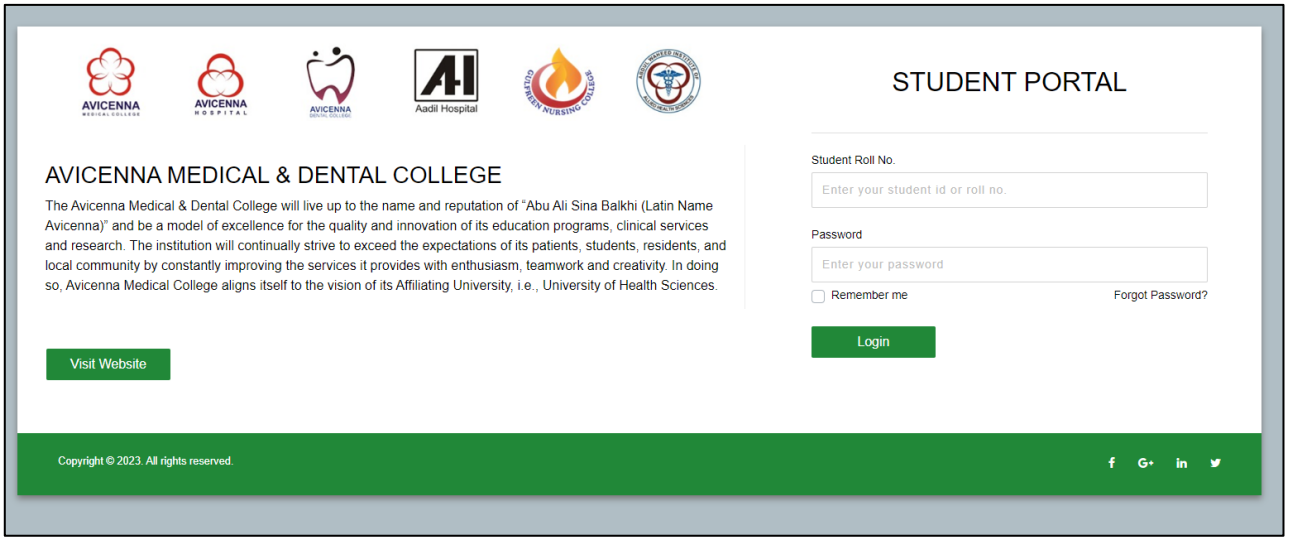
2. Avicenna Medical & Dental College lays emphasis on the provision of learning material and online video lectures, video tutorials in the e-library and learning resource center, which has a dedicated website of Avicenna Medical College to enable the students to develop concepts and clarify their doubts, if they have not been able to do so in the teaching sessions during college hours. The digital library can be approached on http://digital.avicennamch.com/.



3. The institution has also endeavored to link itself with the digital libraries and e-library of the University of Health Science (UHS) and Higher Education Commission (HEC) to enable the students to benefit from the valuable resource material, lectures and knowledge bank at these sites. The links are available with the HEC http://www.digitallibrary.edu.pk/ and learning management system of UHS http://lms.uhs.edu.pk .

4. The Learning Management System (LMS) at Avicenna Medical & Dental College is a comprehensive platform managed by the Department of Student Affairs. It is designed to facilitate effective communication and information exchange between students, parents, faculty, and administrative staff. The LMS portals are specifically tailored to meet the needs of the following stakeholders:

   a. **Students**: For academic resources and scheduling.
   b. **Parents:** For monitoring academic progress and other relevant information.
   c. **Faculty:** For managing course content and academic activities.
   d. **Department of Student Affairs:** For overseeing administrative functions.
   e. **Department of Medical/Dental Education:** For overseeing academic functions.



5. Students can access a comprehensive range of academic resources and information through the student portal. By logging in with their roll number and password, students can:

   - Look at their attendance and results.
   - Review academic activities and weekly timetables/schedules.
   - Access rotation planners and test schedules.
   - Check for any notification, assignment or resource material from their teachers.

6. The information to the parent is duplicated by the issuance of the password and login to the Students Learning Management System which is dedicated to the Academic Program of the students. The parents can view the following by logging in to the mobile app of Avicenna Student Management System:

   a) Syllabus
   b) Table of specifications
   c) Annual Planner
   d) Synopsis
   e) Block Time Table
   f) Weekly training program
   g) Allocation of Marks
   h) Assessment calendar
   i) Results of tests / exams*
   j) Students' attendance record
   k) Fees & fines

Assessment Guidelines

Assessment in medical & dental education is a critical component designed to ensure that medical & dental students acquire the necessary knowledge, skills, and competencies required for effective medical & dental practice.

Assessment drives learning! – George E. Millar

You will encounter a variety of assessment methods, each serving a specific purpose.

- Written examinations, including multiple-choice and essay questions, will test your grasp of theoretical concepts and subject matter.
- Practical assessments will require you to demonstrate your clinical skills and ability to apply knowledge in real-world scenarios.
- Clinical exams will evaluate your communication skills and reasoning abilities through case discussions and problem-solving exercises.
- Clinical skills and work-place based assessments will observe your hands-on proficiency and patient management capabilities.

At Avicenna Medical & Dental College, internal assessments are systematically conducted throughout each academic year of the MBBS program, as per the guidelines established by the University of Health Sciences (UHS). These assessments, overseen by the Assessment Cell, adhere to either the Annual Subject-Based System or the Integrated/Modular System, depending on the curriculum structure.

Notably, beginning with the 2024-25 academic year, the weightage of internal assessments will be increased from 10% to 20%. The UHS administers professional examinations independently, organizing them at designated neutral sites and appointing external examiners to ensure objectivity and fairness.

Internal Assessment Weightage	20%	100 %
External Assessment Weightage	80%	



Internal Assessment

How is Internal Assessment Calculated for your department?

Internal Assessment		**Assessment Methods** (MCQ/SEQ/OSCE/Viva/ Practical)	**Percentage Weightage** (write N/A where not applicable)
Session Exams	Early Session Exam	MCQs SEQs Viva OSPE IA	70%
	Mid-term Session Exam	MCQs SEQs Viva OSPE IA	
	Late Session/Send up Exam	MCQs SEQs Viva OSPE IA	
Grand Tests		MCQs SEQs Viva OSPE	30%
Attendance & Behaviour			
			100%

Avicenna Medical College												
Examination Marks Scheme 2024-2025												
4th Year MBBS												
Form No	**MBBS 4 Form 1**		**MBBS 4 Form 2**		**MBBS 4 Form 3**		**MBBS 4 Form 4**		**MBBS 4 Form 5**		**MBBS 4 Form 6**	
Test Type	**Grand Test/Grand Ward Test**				**Revision Test**		**Session Exam**				**Sendup**	
Mode of Exam	**Theory**		**Practical**		**Theory**		**Theory**		**Practical**		**Theory**	
Weightage	30%				0%		70%				100%	
Special Pathology 300	MCQs 50, SEQS 50	100	OSPE 25, Viva 25	50	MCQs 25, SEQs 25	50	MCQs 65, SEQs 70, IA 15	150	OSPE 70, Viva 65, IA 15	150	MCQs 65, SEQs 70, IA 15	150
Community Medicine 300	MCQs 50, SEQS 50	100	OSPE 20, Viva 30	50	MCQs 25, SEQs 25	50	MCQs 65, SEQs 70, IA 15	150	OSPE 40, Viva 95, IA 15	150	MCQs 65, SEQs 70, IA 15	150
ENT 200	MCQs 50, SEQS 50	100	Viva 50	50	MCQs 25, SEQs 25	50	MCQs 45, SEQs 45, IA 10	100	OSPE 30, Viva 60, IA 10	100	MCQs 45, SEQs 45, IA 10	100
Eye 200	MCQs 50, SEQS 50	100	Viva 50	50	MCQs 25, SEQs 25	50	MCQs 45, SEQs 45, IA 10	100	OSPE 50, Viva 40, IA 10	100	MCQs 45, SEQs 45, IA 10	100
Clinical												
Form No	MBBS 4 Form 7		MBBS 4 Form 8		MBBS 4 Form 9				MBBS 4 Form 10			
Test Type	Batch Clinical Assessment (BCA)								Final Clinical Assessment (FCA)			
Mode of Exam	Early Ward Test		Mid Ward Test		Grand Ward Test				Late Session			
Weightage	20%		30%		50%				100%			
EYE	Viva 20, OSPE 30	50	Viva 20, OSPE 30	50	OSPE 50, Viva 40, IA 10		100		OSPE 50, Viva 40, IA 10			100
ENT	Viva 35, OSPE 15	50	Viva 20, OSPE 30	50	OSPE 24, Viva 66, IA 10		100		OSPE 24, Viva 66, IA 10			100
Non-Examinable Subjects												
Medicine II					Viva 60, OSPE 40		100					
Surgery II					Viva 60, OSPE 40		100					
Obs & Gynae					Viva 60, OSPE 40		100					
Paeds					Viva 60, OSPE 40		100					

External Assessment

What to expect in External Exam?

External Assessment	Assessment Methods	Marks	Percentage Weightage
Theory • Total marks 135 • Time 3 Hours	65 MCQs 14 SEQs	65 70	45 %
Practical • Total marks 135 • Time 6 Hours and 30 Minutes	Viva OSPE	65 70	45 %
Internal Assessment		30	10 %
Total marks		300 Marks	100%

Sample Paper

MCQ

AUTHOR: Dr Zulfiqar Ali
DATE: 30.8.24
DISCIPLINE/SUBJECT: Special Pathology
TOPIC: WBC Disorders
LEVEL OF STUDENT: 4th Year
AREA: Investigations

Item Writing Template

Stem:

A 67-year-old man has increasing weakness, fatigue & weight loss over 5 months. He now has decreasing vision in both eyes, headaches & dizziness. On examination; cold hands, generalized lymphadenopathy & hepatosplenomegaly. Lab shows protein 15.5 g/dL (6-8) & ALB 3.2 g/dL (3.4-5.4). Bone marrow biopsy shows infiltration of small plasmacytoid lymphoid cells with Russell bodies in cytoplasm.

Lead in:

Which of the following findings is most likely to be reported for this patient?

Option:

a) Monoclonal IgM spike in serum *
b) WBC count of 255,000/mm3
c) Hypercalcemia
d) Bence Jones proteinuria

COGNITIVE LEVEL: Application
DIFFICULTY LEVEL: Moderate
IMPORTANCE: Must Know
REFERENCE: Robbins and Cotran Pathologic Basis of Disease; 10th edition; Page no. 612

SEQ/SAQ

AUTHOR: Dr Zulfiqar Ali
DATE: 30.8.24
DISCIPLINE/SUBJECT: Special Pathology
TOPIC: WBCs Disorders
LEVEL OF STUDENT: 4th year
AREA: Diagnosis, Pathogenesis, Recall

Scenario
A 77-year-old female complaints weight loss, fatigue, decreased appetite, mouth sores, fever, & chills since 3 months. Lab shows WBC 1.6×10^9/L, Hb 8.6 gm/dL & PLT 122×10^9/L. GPE revealed spleen of ~3cm. Peripheral blood shows increased large lymphocytes with abundant blue cytoplasm & few coarse azurophilic granules. Lymphocytes express CD3+.

Questions	Marks
a). What is your diagnosis?	**01**
b). Discuss the mechanism of neutropenia in these patients?	**01**
c). Enumerate diseases in which patients develop neutropenia?	**03**

Key	Marks
a) Diagnosis: Large Granular Lymphocytic Leukemia (T-cell variant)	**01**
b) Mechanism of neutropenia in these patients: The suppression of granulocytic progenitors by products of the neoplastic CD8+ cytotoxic T cell.	**01**
c) Diseases in which patients develop neutropenia 1. Congenital immunodeficiency diseases 2. Advanced human immunodeficiency virus (HIV) infection 3. Following therapy with glucocorticoids or cytotoxic drugs 4. Autoimmune disorders 5. Malnutrition 6. Acute viral infections 7. Aplastic anemia 8. Variety of infiltrative marrow disorders (e.g., tumors, granulomatous disease) 9. Acquired idiopathic neutropenia 10. Large granular lymphocytes (so-called *LGL leukemia*). 11. Certain drugs, such as alkylating agents, antimetabolites, aminopyrine, chloramphenicol, sulfonamides, chlorpromazine, thiouracil, and phenylbutazone. 12. Megaloblastic anemias 13. Myelodysplastic syndromes 14. Kostmann syndrome 15. Systemic lupus erythematosus 16. Splenomegaly 17. Overwhelming bacterial, fungal, or rickettsial infections	**03**

COGNITIVE LEVEL: Recall
DIFFICULTY LEVEL: Moderate
IMPORTANCE: Must Know
REFERENCE: Robbins and Cotran Pathologic Basis of Disease; 10th edition; Page no. 582-583

Station Title: Genital Tract

Type of Station: Observed

Discipline / Specialty: Special Pathology

Marks: 3.5

Class Level: 4rd Year MBBS

Time: 3 Minutes

Estimated difficulty: Difficult

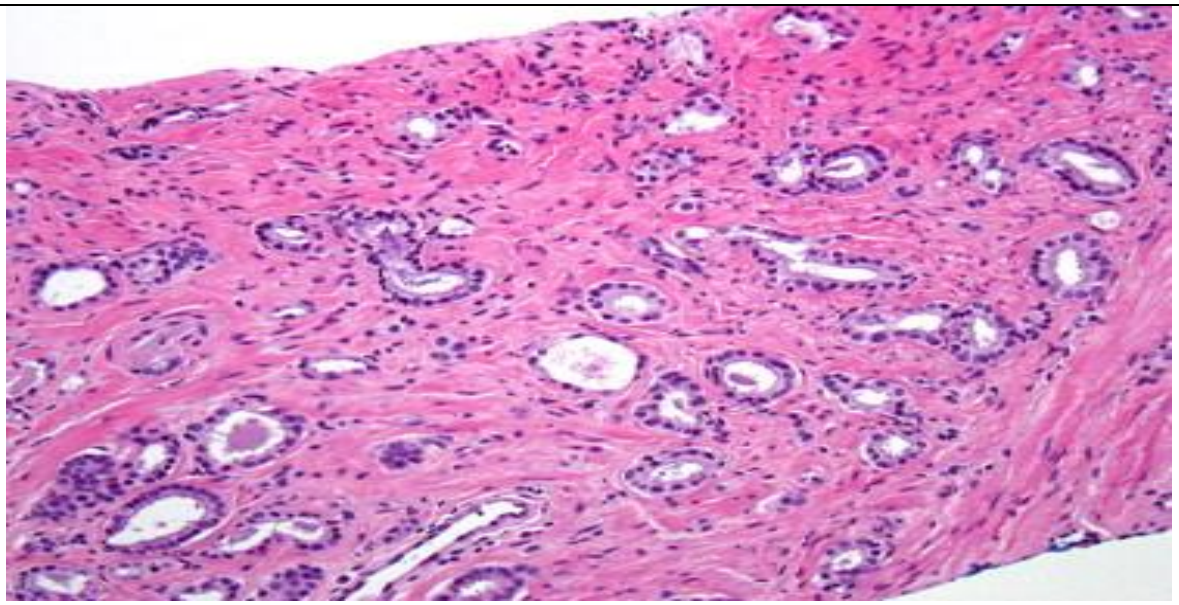
Exam: Early Session

Taxonomy level: Understanding & Application (Applying Knowledge in Practical Situations)

List of resources required: Chairs / Stool, table / desk, Response Sheet, Ink pen / Ball point

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Instructions for the Candidate: Your task is to read the provided scenario and observe photomicrograph below thoroughly and then provide answers to the questions listed for the examiner.



Scenario: A79-year-old male complaining dysurea, polyurea, increased frequency & weight loss since two months. Trucut biopsy of prostate was performed. Below is the photomicrograph of prostate

Task:

1. Give your diagnosis? (1)
2. What are points of identification? (2.5)

Key:

1. Adenocarcinoma of prostate
2. (1) Small glands lined by single layer of cuboidal epithelium. (2) Back to back arrangement of glands.

CURRICULUM DETAILS

Curricular Framework including Allocation of Hours (PMDC)

Basic & Clinical Medical Sciences / Preclinical & Para Clinical Years			
1st & 2nd Professional Year	**3rd Professional Year**	**4th Professional Year**	**5th Professional Year**
Anatomy 500 Hours	**General & Special Pathology** 500 Hours	**Eye** 150 Hours	**General Surgery** 600 Hours
Physiology 450 Hours	**Pharmacology** 300 Hours	**ENT** 150 Hours	**General Medicine** 600 Hours
Biochemistry 250 Hours	**Forensic Medicine & Toxicology** 100 Hours	**General & Special Pathology** 500 Hours	**Paediatrics** 300 Hours
General Education 450 Hours • Quran Kareem – 50 Hours • Pakistan Studies / Ideology & Pakistan Constitution – 25 Hours • Islamiyat / Ethics – 25 Hours • Professionalism – 25 Hours • Communication Skills -25 Hours • English Expository Writing – 25 Hours • Arts & Humanities (One Course) -25 Hours • Co-curricular activities – 200 Hours	**Psychiatry & Beh. Sciences** 150 Hours	**Community Medicine & Public Health** 200 Hours	**OBS &Gynae** 300 Hours
	Pre-clinical Operative Dentistry 80 Hours	**Research Methodology & Evidence Based Medicine** 100 Hours	**Surgical specialties** 225 Hours • Neurosurgery • Vascular surgery • Adult Cardiac surgery • Paediatrics surgery • Thoracic surgery • Plastic surgery
			Medical specialties 225 Hours • Neurology • Rheumatology • Geriatrics • Endocrinology • Paediatrics Cardiology • Infectious Diseases • Oncology

Academic Planner

Avicenna Medical & Dental College
Calendar 2023- 2024
4th Year MBBS

January 2024

	Su	Mo	Tu	We	Th	Fr	Sa	
		1	2	10	4	5	6	
	7	8	9		11	12	13	
	14	15	16	17	18	19`	20	
	21	22	23	24	25	26	27	
	28	29	30	31				1

February 2024

	Su	Mo	Tu	We	Th	Fr	Sa	
					1	2	3	1
	4	i5	6	7	8	9	10	2
	11	12	13	14	15	16	17	3
	18	19	20	21	22	23	24	4
	25	26	27	28	29			5
								6

March 2024

	Su	Mo	Tu	We	Th	Fr	Sa
						1	2
	3	4	5	6	7 EWT	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22 MWT	ii 23
	24	25	26 CM	27	28	29 GWT1	30
	31						

April 2024

	Su	Mo	Tu	We	Th	Fr	Sa	
6		1	2 SP	3	4	5	6	9
Eid-ul-Fitr	7	iii 8	iii 9	iii 10	iii 11	iii 12	iii 13	10
7	14	15	16	17	18 SP	19`EWT	20	11
8	21	22	23 Eye	24	25	26	27	12 ESE
9	28	29	30					13 ESE

May 2024

	Su	Mo	Tu	We	Th	Fr	Sa	
				iv 1	2	3 MWT	4	13ESE
	5	6	7 SP	8	9	10 GWT2	11	14
	12	13	14 CM	15	16 Ent	17	18	15
	19	20 CM	21 CM	22	23	24 Ent	25	Eid-ul-Adha+Su.V
	26	27 SP	v 28	29 SP	30	31 Eye		Su.V
								Su.V

June 2024

	Su	Mo	Tu	We	Th	Fr	Sa
							1 Eye
	2	3	4	5 EWT	6	7	8
	9	10	11 SP	12	13	14	15
	16	vi 17	vi 18	vi 19	20	21	22
	23	24	25	26	27	28	29
	30						

July 2024

	Su	Mo	Tu	We	Th	Fr	Sa	
Su.V		1	2	3	4	5	6	17
Su.V	7	8	9	10	11	12	13	18
Su.V	14	15	vii 16	vii17	18	19`	20	19
16	21	22	23	24	25	26MWT	27	20 MSE
17	28	29	30CM	31				21 MSE

August 2024

	Su	Mo	Tu	We	Th	Fr	Sa	
					1	2GWT3	3	22 MSE
	4	5	6 Ent	7	8	9	10	23 MSE
	11	12	13 Eye	viii 14	15	16	17	24 MSE
	18	19	20 SP	21	22 Ent	23Ent EWT	24	25
	25	26Ent	27 Ent O/V	28 Eye	29 Eye	30	31	26

September 2024

	Su	Mo	Tu	We	Th	Fr	Sa
	1	2 Eye	3Eye O/V	4 CM	5 CM	6 CM	7
	8	9CM	10 CM O/V	11 SP	12 SP	13 SP	14
	ix 15	16 SP	17 SP O/V	18	19	20 MWT	21
	22	23	24 CM	25	26	27 GWT4	28
	29	30					

October 2024

	Su	Mo	Tu	We	Th	Fr	Sa	
26			1	2	3	4	5	30
27	6	7	8 CM	9	10	11 EWT	12	31
28	13	14	15SP	16	17	18MWT	19	32
29	20	21	22	23	24	25 GWT5	26	33
30	27	28	29SP	30	31			34 LSE/Send Up

November 2024

	Su	Mo	Tu	We	Th	Fr	Sa	
						1	2	35 LSE/Send Up
	3	4	5Ent	6	7	8 EWT	9	36 CR
	10	11	12 Eye	13	14	15 MWT	16	CR
	17	18	19	20	21	22 GWT6	23	Winter Vaca.
	24	25 CM	26	27	28Eye	29	30	

December 2024

	Su	Mo	Tu	We	Th	Fr	Sa
	1	2SP	3	4	5 Ent	6 O/V	7
	8	9 O/V	10 O/V	11 O/V	12	13	14
	15	16	17	18	19	2	21
	22	23	24	x25	26	27	28
	29	30	31				

SESSION START: 28th Feb,2024

Gazetted Holidays

- **i- Kashmir Holiday** - 5th Feb,2024
- **ii- Pakistan Day** -23rd March,2024
- **iii - Eid- Ul- Fitr**-8th April-14th April,2024
- **iv- Labor Holiday**- 1st May,2024
- **v- Youm-e-Takbeer Holiday**-28th May,2024
- **vi- Eid- Ul- Adha**- 17th June-19th June,2024
- **vii- Ashura**- 16 &17 July,2024
- **viii- Independence Day**- 14th Aug,2024
- **ix- Rabi Ul Awal**-15th Sep,2024
- **x- Quaid-e-Azam Day/Christmas-** 25th Dec,2024

Vacations

- **Spring Vacations**-7th April,2024- 14th April,2024
- **Summer Vacations**-15th June-22nd July,2024
- **Winter Vacations**-22nd Dec-29th Dec,2024

Events

- **White Coat Ceremony**-17 april,2024
- **Sports Day**- 6 March,2024
- **Funfair**- 20th April,2024
- **Trips and Tours**-

Session Exam

- **Early Session**- 20th May,2024- 1st June,2024
- **Mid Session**-22nd Aug,2024 - 17th Sep,2024
- **Late Session**- 25th Nov,2024 - 11th Dec,2024

Allocation of Hours

AVICENNA MEDICAL COLLEGE

ALLOCAION OF CURRICULUM HOURS

4th YEAR MBBS

Subject Title	C.Rotation	Practical	Lecture	SDL	Field Visit	Assessment	CST	Evening clinical Rotation	Total Hours (33 Weeks)	Interactive Session (6 Weeks)	AVMC	PMDC
Community Medicine + Research		23	145	16.5	35	49.5			269	42	311	270
Special Pathology		33	132	49.5		49.5			264	48	312	250
Eye	33	33	66			49.5			181.5	33	214.5	150
ENT	33	33	66			49.5			181.5	33	214.5	150
Medicine	33			33			16.5	165	247.5	12	259.5	
Surgery	33			33			16.5	165	247.5	12	259.5	
Paeds	33								33	6	39	
Gynae	33								33	6	39	
Islamiyat												
Spare												
Total	**198**	**122**	**409**	**132**	**35**	**198**	**33**	**330**	**1457**	**192**	**1649**	**820**

Table of Specification

Topic	LEARNING OBJECTIVES	KNOWLEDGE Cognitive Domain			SKILL Psychomotor Domain	ATITTUDE Effective Domain	TOTAL %	Mode of information transfer MIT				Self Directed Learning	TOTAL HOURS	Lecture Topics
		C1	C2	C3	P	A		Lecture	Tutorial	Practical	Clinical Rotation	SDL	Hour	
1. The Oral Cavity and Gastrointestinal Tract	**Student should be able to:**	1.0%	1.0%	4.5%	1.5%	1.0%	**9.0%**							
	1. Define the term leukoplakia. List the possible predisposing factors of leukoplakia.							1						ORAL CAVITY Precancerous and Cancerous Lesions Leukoplakia Squamous Cell Carcinoma SALIVARY GLANDS Pleomorphic Adenoma Warthin Tumor (Papillary Cystadenoma Lymphomatosum) Mucoepidermoid Carcinoma CONGENITAL ABNORMALITIES
	2. Discuss the risk factors, clinical and morphological feature of oral cancer. 3. List the benign and malignant tumours of salivary glands.							1		1				
	4. Describe the clinical and morphological													

	features of pleomorphic adenoma. 5. Describe the predisposing factors of esophagitis. 6. Discuss carcinoma of the esophagus. 7. List the predisposing factors, pathogenesis, clinical features, types, morphological of chronic gastritis 8. Describe the pathogenesis, morphological and clinical features of peptic ulcer. 9. Describe the gastric carcinoma with respect to risk factors, pathogenesis, clinical, morphological features and prognosis. 10. Describe the clinical and morphological features of Hirschsprung's disease. 11. Describe the pathogenesis, morphological and clinical features of celiac sprue, tropical sprue. 12. Describe the predisposing conditions,							1 1 1		1			1	Hirschsprung Disease ESOPHAGUS Esophagitis and Related Disorders Chemical and Infectious Esophagitis Reflux Esophagitis Eosinophilic Esophagitis Barrett Esophagus Esophageal Tumors Adenocarcinoma Squamous Cell Carcinoma STOMACH Gastropathy and Acute Gastritis Chronic Gastritis and Its Complications Helicobacter pylori Gastritis Autoimmune Atrophic Gastritis Uncommon Forms of Gastritis Peptic Ulcer Disease

	clinical and morphological features of ischemic bowel disease. 13. Differentiate between Crohn's disease and ulcerative colitis. 14. List the major causes of intestinal obstruction. 15. Describe the clinico-pathological features of intestinal (i) Amebiasis (ii) Tuberculosis and (iii) Typhoid.							1 1 1		1 1				Other Complications of Chronic Gastritis Mucosal Atrophy and Intestinal Metaplasia Dysplasia Gastritis Cystica Gastric Polyps and Tumors Inflammatory and Hyperplastic Polyps Fundic Gland Polyps Gastric Adenoma Gastric Adenocarcinoma Lymphoma Neuroendocrine Neoplasms Gastrointestinal Stromal Tumor SMALL INTESTINE AND COLON Intestinal Obstruction Hernias Adhesions Volvulus Intussusception Ischemic Bowel Disease

	16. List the non-neoplastic polyps of intestine.											1	Malabsorption and Diarrhea Celiac Disease Environmental Enteric Dysfunction
	17. Classify adenomas on the basis of epithelial architecture. Describe the clinical and morphological features of adenomas.							1					Infectious Enterocolitis Typhoid Fever Parasitic Enterocolitis
	18. Discuss the pathogenesis, morphological and clinical features of colorectal carcinoma.							1					Inflammatory Bowel Disease Crohn Disease Ulcerative Colitis
	19. Describe the Aster-Collar classifications of carcinoma of the colon and rectum.												Polyps Hyperplastic Polyps Inflammatory Polyps Hamartomatous Polyps Juvenile Polyps Peutz-Jeghers Syndrome Neoplastic Polyps
	20. Describe carcinoid tumour with respect to the incidence, most prevalent sites in the gut, morphological features.							1					Hereditary Non-Polyposis Colorectal Cancer (HNPCC)

	21. Describe the etiology, pathogenesis, morphological and clinical features of acute appendicitis. 22. List the tumours of appendix.							1				1		Adenocarcinoma Acute Appendicitis List of Tumors of the Appendix
	Total	**1.00 %**	**1.00 %**	**4.50 %**	**1.50%**	**1.00%**	**9.00%**	**13**		**4**		**3**	**20**	

2. Liver and Gall Bladder	**Student should be able to:**	0.5%	1.0%	5.0%	1.0%	1.0%	**8.5%**							
	1. Differentiate between intrahepatic and extrahepatic biliary obstruction.							1						Liver Failure Acute Liver Failure Chronic Liver Failure and Cirrhosis Portal Hypertension Infectious Disorders Viral Hepatitis Hepatitis A Virus Hepatitis B Virus Hepatitis C Virus Hepatitis D Virus Hepatitis E Virus Clinicopathologic Syndromes of Viral Hepatitis
	2. List the causes. Describe the morphological, clinical features and complication of liver failure.							1						
	3. List the common causes of cirrhosis (viral hepatitis, cryptogenic, alcohol, biliary disease, genetic hemochromatosis, Wilson's disease, alpha-1 anti-trypsin deficiency), pathogenesis and complications of cirrhosis (progressive liver failure, portal hypertension, hepatocellular carcinoma).							1				1		Drug- and Toxin-Induced Liver Injury
	4. Differentiate among viral hepatitis A, B, C, D and E with respect to route of transmission, incubation period, clinical features and potential outcome of acute infection.							1						Fatty Liver Disease Alcoholic Liver Disease

	5. Define carrier state and differentiate between acute and chronic hepatitis. 6. List the common causes of liver abscess (amebic, echinococcal, bacterial, fungal). Describe clinical and morphological features of liver abscess. 7. List the drugs and toxins which cause hepatic injury along with their specific effects. 8. Discuss the pathogenesis of alcohol liver disease. 9. Describe the morphological and clinical features of alcoholic hepatitis and cirrhosis. 10. List the causes of secondary hemochromatosis. 11. Describe the pathogenesis, morphological and clinical features of hemochromatosis. 12. Discuss the clinico-morphological features of Wilson's disease. 13. Describe the clinico-morphological features of alpha-1 anti-trypsin deficiency.							1 1 1 1 1 1 1		1 1 1		1 1 1 1		Inherited Liver Disease Hemochromatosis 848 Wilson Disease α1-Antitrypsin Deficiency Cholestatic Disease Bile Formation and Secretion Pathophysiology of Hyperbilirubinemia Physiologic Jaundice of the Newborn Hereditary Hyperbilirubinemia Large Bile Duct Obstruction Cholestasis of Sepsis Neonatal Cholestasis Extrahepatic Biliary Atresia Nonobstructive Neonatal Cholestasis Nodules and Tumor àHepatocellular Carcinoma (HCC) GALLBLADDER Cholelithiasis (Gallstones) Cholecystitis Acute Cholecystitis Chronic Cholecystitis Gallbladder Carcinoma
	Total	0.50%	1.00%	5.00%	1.00%	1.00%	8.50%	11		2		4	**17**	

3. Cardiovascular System	**Student should be able to:**	1.0%	2.0%	5.0%		1.0%	9.0%							
	1. Differentiate among atherosclerosis, Monkeberg's medial calcific sclerosis and arteriolosclerosis.							1						Hypertensive Vascular Disease Blood Pressure Regulation Vascular Pathology in Hypertension Arteriosclerosis Atherosclerosis
	2. Describe atherosclerosis with respect to the etiology and pathogenesis, early, late and complicated lesion, vessels affected, and complications.							1						Risk Factors Constitutional Risk Factors Modifiable Major Risk Factors Additional Risk Factors Consequences of Atherosclerotic Disease
	3. Classify hypertension. List the causes of secondary hypertension and describe the vascular changes in hypertension.							1						Aneurysms and Dissection Abdominal Aortic Aneurysm Thoracic Aortic Aneurysm Aortic Dissection
	4. Discuss the common pathogenetic mechanisms of vasculitis.							1						Vasculitis Noninfectious Vasculitis Immune Complex–Associated Vasculitis Antineutrophil Cytoplasmic Antibodies Anti–Endothelial Cell Antibodies

	5. Classify aneurysm according to the etiology. Describe atherosclerotic aneurysm with respect to pathogenesis, type of vessel involved, morphological and clinical features.							1					Giant Cell (Temporal) Arteritis Takayasu Arteritis Polyarteritis Nodosa Kawasaki Disease Microscopic Polyangiitis Granulomatosis With Polyangiitis
	6. Describe varicose veins with respect to common sites, predisposing factors and clinical features. 7. List the benign and malignant tumors of blood vessels.							1					Churg-Strauss Syndrome Thromboangiitis Obliterans (Buerger Disease) Vasculitis Associated With Other Noninfectious Disorders Infectious Vasculitis Veins and Lymphatics Varicose Veins Vascular Tumors Benign Tumors and Tumor-Like Conditions Intermediate-Grade (Borderline) Tumors Malignant Tumors
	8. Describe the pathogenesis of ischemic heart disease.							1					Heart Failure Cardiac Hypertrophy: Pathophysiology and Progression to Heart Failure Left-Sided Heart Failure Right-Sided Heart Failure
	9. Describe myocardial infarction (MI) with respect to the sequence of changes in MI, pattern of elevation of biochemical markers used in the evaluation of M.I and complications. 10. List the causes of sudden cardiac death.							1 1			1		Congenital Heart Disease

	11. Describe cor-pulmonale and list the predisposing disorders.							1					Tetralogy of Fallot Obstructive Lesions Coarctation of the Aorta Ischemic Heart Disease Myocardial Infarction List Causes of Sudden Cardiac Death Hypertensive Heart Disease Systemic (Left-Sided) Hypertensive Heart Disease Pulmonary (Right-Sided) Hypertensive Heart Disease (Cor Pulmonale) Valvular Heart Disease Calcific Valvular Degeneration Calcific Aortic Stenosis Calcific Stenosis of Congenitally Bicuspid Aortic Valve Mitral Annular Calcification Rheumatic Fever and Rheumatic Heart Disease Infective Endocarditis Cardiomyopathies Dilated Cardiomyopathy Hypertrophic Cardiomyopathy Restrictive Cardiomyopathy Myocarditis
	12. Describe rheumatic fever with respect to etiology, pathogenesis, morphological and clinical features.							1					
	13. Describe the three major clinico-pathological groups of cardiomyopathy (dilated, hypertrophic and restrictive)							1			1		
	14. List the causes of pericarditis. Describe the clinical and morphological feature of pericarditis.							1					
	15. List the primary and secondary cardiac tumours.							1					

	16. Describe the main features of Fallot's tetralogy and coarctation of aorta.							1 1				1		Pericardial Disease Pericarditis Acute Pericarditis Chronic or Healed Pericarditis Tumors of the Heart Primary Cardiac Tumors Metastatic Neoplasms
	Total	**1.0%**	**2.0%**	**5.0%**		**1.0%**	**9.0%**	**16**				**3**	**19**	

4. Hematology	**Student should be able to:**	1.0%	2.0%	6.0%	3.0%	1.0%	13.0%							
	1. Describe the mechanisms which can cause neutropenia/ agranulocytosis.							1						NORMAL HEMATOPOIESIS Leukopenia Neutropenia, Agranulocytosis Reactive Proliferations of White Cells and Lymph Nodes Leukocytosis Lymphadenitis Acute Nonspecific Lymphadenitis Chronic Nonspecific Lymphadenitis Neoplastic Proliferations of White Cells: Overview Etiologic and Pathogenetic Factors in White Cell Neoplasia
	2. Describe the causes of leukocytosis.							1						
	3. Describe the epidemiological, morphological and clinical features of infectious mononucleosis.							1		1				
	4. Differentiate between acute and chronic non-specific lymphadenitis.							1						

	5. Describe the different classifications (REAL and working formulations) of non-Hodgkin's lymphoma. 6. Describe Hodgkin's disease with respect to the classification, clinical stages, etiology and pathogenesis. 7. Classify leukemia 8. Discuss the prognostic factors of acute lymphoblastic and acute myeloblastic leukemias. 9. Describe the pathophysiology of chronic myeloid and chronic lymphocytic leukemias. 10. Describe multiple myeloma with respect to etiology, pathogenesis, morphology and clinical features. 11. Outline the stages in the formation of red blood cell and white blood cells. 12. List the types of megaloblastic anaemia.							1 1 1 1 1 1 1		1 1		1	Lymphoid Neoplasms Definitions and Classifications Precursor B- and T-Cell Neoplasms ALL/ Lymphoma Peripheral B-Cell Neoplasms CLL/SLL Follicular Lymphoma DLBCL Burkitt Lymphoma Mantle Cell Lymphoma Marginal Zone Lymphomas Hairy Cell Leukemia Peri T- & NK-Cell Neoplasms LGLymphocytic Leukemia Multiple Myeloma Hodgkin Lymphoma Myeloid Neoplasms Acute Myeloid Leukemia Myeloproliferative Neoplasms Chronic Myeloid Leukemia Polycythemia Vera

	13. List the normal values of red cell count, haemoglobin level, packed cell volume, MCH, MCV, MCHC, WBC count and platelet count. 14. Classify anaemia on the basis of mechanism of RBC production. 15. Describe the causes, morphological and clinical features of iron deficiency anaemia. 16. List the conditions which predispose to folate deficiency. Describe vit. B12 deficiency with respect to the conditions which produce it, blood picture and clinical features. 17. Differentiate between anaemia of chronic disease and nutritional deficiency anaemia. 18. Describe hereditary spherocytosis with respect to the incidence, etiology, pathogenesis, morphological and clinical features							1 1 1 1 1 1		1			Infectious mononucleosis Anemias Classification Anemias of Blood Loss Ac & Ch Blood Loss Hemolytic Anemias Hereditary Spherocytosis Hemolytic Disease Due to Red Cell Enzyme Defects: G6PD Sickle Cell Disease Thalassemia Immunohemolytic Anemia Anemias of Diminished Erythropoiesis Megaloblastic Anemia Anemia of Folate Deficiency IDA Anemia of Chronic Inflammation Aplastic Anemia

	19. Discuss the pathogenesis of thalassaemia. Classify thalassaemia on the basis of clinical and genetic features. Differentiate between the blood picture and clinical feature of Beta-thalassaemia minor and major.							1						Bleeding Disorders: Hemorrhagic Diatheses Bleeding Related to Reduced Platelet Number: Thrombocytopenia
	20. Discuss the mechanism of haemolytic anaemia due to glucose-6-phosphate dehyrogenase deficiency.							1						Chronic ITP Acute ITP
	21. Discuss pathogenesis & Morphology of TTP & HUS							1						Thrombotic Microangiopathies: TTP & HUS Bleeding Disorders Related to Defective Platelet Function
	22. Classify immunohemolytic anaemia.							1						Hemorrhagic Diatheses Related to Abnormalities in Clotting Factors Factor VIII–vWF Complex vWD
	23. Discuss Pathogenesis, morphology, clinical features of Hemophilia A, B & DIC 24. Discuss complication of Transfusion Pathogenesis and Management							1				1		Hemophilia A Hemophilia B DIC Complications of Transfusion
	Total	**1.0%**	**2.0%**	**6.0%**	**3.0%**	**1.0%**	**13.0%**	**22**		**4**		**3**	**29**	

5. Musculoskeletal System	**Student should be able to:** 1. Describe the pathogenesis and clinical features of: (i) Achondroplasia (ii) Osteogenesis imperfecta 2. List the causes of osteoporosis. Describe the pathogenesis, morphological and clinical features of osteoporosis. 3. Describe osteomyelitis with respect to: (i) Common causative micro-organism (ii) Common routes of spread (iii) Complications. 4. Differentiate between acute and chronic osteomyelitis. 5. List the common sites involved in tuberculosis osteomyelitis (vertebral bodies, long bones).	1.0%	1.0%	4.0%	1.0%	1.0%	**8.0%**	1 1 1 1 1		1 1 1		1		BONE Developmental Disorders of Bone and Cartilage Defects in Hormones and Signal Transduction Proteins (Achondroplasia) Type 1 Collagen Diseases (Osteogenesis Imperfecta) Metabolic Diseases of Bone Osteopenia and Osteoporosis Osteomalacia and Rickets Paget Disease (Osteitis Deformans) Osteomyelitis Pyogenic Osteomyelitis Mycobacterial Osteomyelitis Bone Tumors and Tumor-Like Lesions Bone-Forming Tumors Osteoid Osteoma and Osteoblastoma Osteosarcoma

	6. Describe the pathogenesis, morphological and clinical features of Paget's disease (osteitis deformans).										1		Cartilage-Forming Tumors Osteochondroma Chondroma Chondrosarcoma Tumors of Unknown Origin Ewing Sarcoma
	7. List the: (i) Benign and malignant bone forming tumours (ii) Common sites of osteogenic sarcoma (iii) Benign and malignant cartilaginous tumours (iv) Most frequent sites of giant cell tumours of bone							1		1			Giant Cell Tumor JOINTS Arthritis Osteoarthritis
	8. Describe the morphological and clinical features of osteogenic sarcoma.							1					Rheumatoid Arthritis Crystal-Induced Arthritis Gout
	9. Describe chondrosarcoma with respect to: (i) Peak incidence (ii) Common sites of origin (shoulder, pelvis, proximal femur, and ribs) (iii) Morphological and clinical features.							1					SOFT TISSUE TUMORS Tumors of Adipose Tissue Lipoma Liposarcoma
	10. Describe the clinical and morphological features of giant cell tumours of bone.							1			1		Skeletal Muscle Tumors Rhabdomyosarcoma
	11. Describe the Ewing's sarcoma with respect to: (i) Peak incidence (ii) Common sites of origin (iii) Chromosomal abnormality							1					Infectious Neuropathies (leprosy, C. diphtheria, Varicella-zoster virus) Toxic Neuropathies Diseases of the

	(iv) Morphological and clinical features. 12. Describe the pathogenesis, morphological and clinical features of osteoarthritis 13. Describe rheumatoid arthritis with respect to pathogenesis, morphological and clinical features. 14. Define, pathogenesis, morphology of Peripheral Nerve Sheath Tumors 15. Discuss pathogenesis. Morphology of Malignant Peripheral Nerve Sheath Tumors							1 1 1 1			1		Neuromuscular Junction Antibody-Mediated Diseases of the Neuromuscular Junction Myasthenia Gravis Diseases of Skeletal Muscle Inflammatory Myopathies (GB Syndrome) Dermatomyositis Polymyositis Inclusion Body Myositis Inherited Diseases of Skeletal Muscle Muscular Dystrophies Duchenne muscular dystrophy Myotonic dystrophy Peripheral Nerve Sheath Tumors Schwannomas Neurofibromas Malignant Peripheral Nerve Sheath Tumors Neurofibromatosis Type 1 and Type 2 Neurofibromatosis Type 1 Neurofibromatosis Type 2

	Total	1.00%	1.00%	4.00%	1.00%	1.00%	8.00%	15		3		4	22	

6. The Endocrine System and Chemical Pathology	**Student should be able to:**	1.0%	1.0%	4.0%	1.0%	1.0%	**8.0%**							PITUITARY GLAND Pituitary Adenomas and Hyperpituitarism Lactotroph Adenoma Somatotroph Adenoma (Acromegaly) (Gigantism) Corticotroph Adenoma Hypopituitarism Sheehan's syndrome Dwarfism Posterior Pituitary Syndromes (SIADH) THYROID GLAND Hyperthyroidism Hypothyroidism Cretinism Myxedema Thyroiditis Hashimoto Thyroiditis Subacute Lymphocytic (Painless) Thyroiditis Granulomatous Thyroiditis
	1. List the causes of hyperpituitarism.							1		1				
	2. Describe the clinical features of acromegaly and giantism.							1		1				
	3. Describe the morphology and clinical features of pituitary adenomas.							1						
	4. List the causes of hypopituitarism.							1		1				
	5. Describe the etiology, pathogenesis and clinical features of: (i) Sheehan's syndrome (ii) Dwarfism							1						
	6. Describe the etiology factors, clinical features, pathogenesis and lab findings in inappropriate secretion of ADH.							1				1		
	7. List the causes of adrenal cortical hyperfunction.							1						

	8. Describe the etiology, pathogenesis clinical features and lab diagnosis of (i) Conn's syndrome (ii) Adrenogenital syndrome. 9. List the causes of hypofunction of adrenal cortex. 10. Describe the etiology, pathogenesis, and clinical features of Addison's disease. 11. List the tumours of adrenal medulla and cortex. 12. Describe the clinical features and diagnosis of pheochromocytoma. 13. List the etiology and clinical features of hyperthroidism. 14. List the etiology and clinical features of hypothyroidism including (i) Cretinism (ii) Myxedema.							1 1 1 1					Graves Disease Diffuse and Multinodular Goiter Diffuse Nontoxic (Simple) Goiter Multinodular Goiter Neoplasms of the Thyroid Thyroid Adenomas Thyroid Carcinomas Papillary Carcinoma and Follicular Variants, Including Invasive Encapsulated Follicular Variant of PTC and Noninvasive Follicular Thyroid Neoplasm With Papillary-like Nuclear Features Follicular Carcinoma Poorly Differentiated and Anaplastic (Undifferentiated) Carcinoma Medullary Carcinoma

	15. Discuss the investigation/lab tests for diagnosis of thyroid dysfunction. 16. Define goiter and list its types (diffuse and multinodular). Describe the etiology, pathogenesis and clinical features of diffuse and multinodular goiter. 17. List the causes of solitary thyroid nodule and discuss the diagnostic approach. 18. Describe the types, with pathogenesis, morphology and clinical features of thyroiditis with special reference to auto-immune thyroiditis (Hashimoto's thyroiditis and Grave's disease). 19. Classify the etiology, pathogenesis, morphology and clinical features of (i) Follicular adenoma (ii) Papillary carcinoma (iii) Follicular carcinoma (iv) Medullary carcinoma. 20. List the types of MEN syndromes. 21. List the etiologic							1 1 1			1		PARATHYROID GLANDS Calcium homeostasis Causes of hyper and hypocalcemia Hyperparathyroidism Primary Hyperparathyroidism Secondary Hyperparathyroidism THE ENDOCRINE PANCREAS Diabetes Mellitus Glucose Homeostasis Regulation of Insulin Release Insulin Action and Insulin-Signaling Pathways Pathogenesis of Type 1 Diabetes Genetic Susceptibility Environmental Factors Mechanisms of β-Cell Destruction Pathogenesis of Type 2 Diabetes Genetic Factors Environmental Factors Metabolic Defects in Type 2 Diabetes Monogenic Forms of Diabetes Genetic Defects in β-Cell Function Genetic Defects That Impair Tissue Response to Insulin

	factors and clinical features of hyperparathyroidism and hypoparathyroidism. Differentiate between primary, secondary and tertiary hyperpara-thyroidism. 22. Discuss calcium haemostasis and causes of hyper and hypocalcemia. CHEMICAL PATHOLOGY: 1. Introduction to chemical pathology, reference/ranges conventional and SI units. 2. Discuss (i) Renal functions (ii) Lab diagnosis of proteinuria (iii) Lab diagnosis of acid base disorders (iv) Lab diagnosis of diabetese mellitus (v) Liver function tests (vi) Lab diagnosis of hyperlipidaemia and its clinical interpretation (vii) Lab diagnosis of inborn errors of metabolism (viii) Thyroid function tests (ix) Adrenal function test (x)												Diabetes and Pregnancy Clinical Features of Diabetes The Classic Triad of Diabetes Acute Metabolic Complications of Diabetes Chronic Complications of Diabetes Morphology of Chronic Complications of Diabetes Clinical Manifestations of Chronic Diabetes ADRENAL GLANDS Adrenal Cortex Adrenocortical Hyperfunction (Hyperadrenalism) Hypercortisolism (Cushing Syndrome) Primary Hyperaldosteronism Adrenogenital Syndromes Adrenocortical Insufficiency Primary Acute Adrenocortical Insufficiency Waterhouse-Friderichsen Syndrome Primary Chronic Adrenocortical

	Lab diagnosis of hyper and hypoparathyroidism 3. Role of: (i) Hormone estimation in diagnosis of infertility (ii) Hormone estimation in diagnosis of growth disorder (iii) Enzymes in diagnosis of pancreatitis.							1					Insufficiency (Addison Disease) Secondary Adrenocortical Insufficiency Adrenocortical Neoplasms Conn's syndrome Adrenal Medulla Pheochromocytoma MULTIPLE ENDOCRINE NEOPLASIA SYNDROMES Multiple Endocrine Neoplasia, Type 1 Multiple Endocrine Neoplasia, Type 2 Pancreatitis Acute Pancreatitis Chronic Pancreatitis Neoplasms Pancreatic Carcinoma CHEMICAL PATHOLOGY 1. Introduction to chemical pathology, reference/ranges conventional and SI units. 2. Renal functions. 3. Causes of proteinuria and its lab diagnosis. 4. Lab diagnosis of acid base disorders. 5. Lab diagnosis of diabetese mellitus. 6. Liver function tests. 7. Lab diagnosis of hyperlipidaemia and its

												1		clinical interpretation. 8. Role of enzymes in diagnosis of pancreatitis. 9. Lab diagnosis of inborn errors of metabolism. 10.Lab diagnosis/investigations of endocrinic disorders:- i. Thyroid function tests. Solitary thyroid nodule and its diagnostic approach ii. Adrenal function test. iii. Lab diagnosis of hyper and hypoparathyroidism. iv. Role of hormone estimation in diagnosis of infertility v. Role of hormone estimation in diagnosis of growth disorder
	Total	1.00%	1.00%	4.00%	1.00%	1.00%	8.00%	17		3		3	23	

7. The Kidney	**Student should be able to:** 1. Define the terms: (i) Azotemia (ii) Uremia (iii) Acute renal failure (iv) Chronic renal failure 2. Discuss the types, genesis, basis, clinical features and	1.0%	1.0%	3.0%	1.0%	1.0%	**7.0%**	1 1						Clinical Manifestations of Renal Diseases 896 (Azotemia, Uremia, Acute renal failure, Chronic renal failure) Glomerular Diseases Glomerulonephritis Nephritic Syndrome

	complications of polycystic kidney disease.												
	3. Describe different types and pathogenesis mechanisms of glomerulonephritis.							1					Nephrotic Syndrome Membranous Nephropathy Minimal Change Disease Focal Segmental Glomerulosclerosis
	4. Differentiate between nephrotic and nephritic syndrome.							1					Membranoproliferative GlomerulonephritisDiabetic Nephropathy
	5. List the diseases included in these categories, their etiology and pathogenesis mechanisms (membranous, minimal change, membranoproliferative, and acute poststreptococcal glomerulonephritis).							1	1		1		Tubular and Interstitial Diseases Acute Tubular Injury/Necrosis
	6. Define acute tubular necrosis, its pathogenesis and clinical course.							1					Pyelonephritis and Urinary Tract Infection Acute Pyelonephritis Chronic Pyelonephritis and Reflux Nephropathy
	7. Discuss the etiology, clinical course, pathogenesis and complications of acute pyelonephritis. Discuss pathogenesis mechanism, morphology clinical features and complications of chronic pyelonephritis.							1					Vascular Diseases Nephrosclerosis Renal Artery Stenosis

	8. Discuss the pathogenesis, clinical features and lab diagnosis of nephrolithiasis. List the various types of renal stones. 9. Define hydronephrosis, what are its causes, clinical features and complications. 10. Differentiate between benign and malignant nephrosclerosis. Discuss the pathogenetic mechanism, morphology and clinical course (Gross and microscope picture). 11. Discuss the epidemiology, morphology and clinical features (paraneoplastic syndrome) of renal cell carcinoma.							1 1 1 1 1 1		1		1		Congenital and Developmental Anomalies Cystic Diseases of the Kidney Autosomal Dominant (Adult) Polycystic Kidney Disease Autosomal Recessive (Childhood) Polycystic Kidney Disease Urinary Tract Obstruction (Obstructive Uropathy) Hydronephrosis Urolithiasis (Renal Calculi, Stones) Neoplasms of the Kidney Benign Neoplasms Renal Papillary Adenoma Angiomyolipoma Oncocytoma Malignant Neoplasms Renal Cell Carcinoma Urothelial Carcinoma of the Renal Pelvis Wilm's tumour
	Total	1.00%	1.00%	3.00%	1.00%	1.00%	7.00%	13		2		2	17	

8. The Breast	**Student should be able to:** 1. List the causes of nipple discharge with special reference to intraductal papilloma. 2. List the causes of lump in the breast and discuss etiology, pathogenesis, morphology, clinical features and natural history of (i) Mastitis (ii) Fibrocystic disease of the breast (iii) Benign tumours of the breast (Fibroadenoma and Phyllodes tumour) (iv) Carcinomas of the breast (Ductal and Lobular) 3. Describe gynaecomastia, and list its causes.	0.5%	1.0%	2.0%	1.0%	1.0%	**5.5%**	1 1 1 1 1		1 1				Inflammatory Disorders Acute Mastitis Granulomatous Mastitis Benign Epithelial Lesions Nonproliferative Breast Changes (Fibrocystic Changes) Proliferative Breast Disease Without Atypia Gynecomastia Proliferative Breast Disease With Atypia Clinical Significance of Benign Epithelial Changes Carcinoma of the Breast Incidence and Epidemiology Risk Factors Molecular Classification and Pathogenesis Types of Breast Carcinoma Carcinoma in Situ Invasive (Infiltrating) Carcinoma Prognostic and Predictive Factors for Invasive Carcinoma

								1				1		Stromal Tumors Fibroadenoma Phyllodes Tumor
	Total	**0.50%**	**1.00%**	**2.00%**	**1.00%**	**1.00%**	**5.50%**	**8**		**2**		**1**	**11**	

9. The Skin	**Student should be able to:**	0.5%	1.0%	2.0%	1.0%	1.0%	**5.5%**							
	1. Define the terms: (i) Macule (ii) Papule (iii) Nodule, plaque, vesicle, bulla, blister, putsule, scale, lichenification, excoriation, hyperkeratosis, parakeratosis, acanthosis, dyskeratosis, acantholysis, papillomatosis, lentiginous spongiosis.							1						The Skin: Nomenclature Disorders of Pigmentation and Melanocytes Melanocytic Nevus (Pigmented Nevus, Mole) Dysplastic Nevi Melanoma Premalignant and Malignant Epidermal Tumors Squamous Cell Carcinoma Basal Cell Carcinoma Acute Inflammatory Dermatoses Urticaria Acute Eczematous Dermatitis Erythema Multiforme Chronic Inflammatory Dermatoses Psoriasis
	2. Describe the morphological and clinical features of urticaria.							1						
	3. Classify eczematous dermatitis.							1		1		1		
	4. Describe the morphological and clinical features of acute eczematous dermatitis.							1						

	5. List the conditions which are associated with erythema multiforme. 6. Describe the clinical features of erythema multiforme.							1 1						Blistering (Bullous) Diseases Pemphigus Bullous Pemphigoid Infection Verrucae (Warts)
	Total	0.50%	1.00%	2.00%	1.00%	1.00%	5.50%	7		1		1	9	

10. The Lower Urinary Tract and Male Genital System	**Student should be able to:**	1.0%	1.0%	2.5%	1.0%	1.0%	**6.5%**							
	1. Describe the etiology, types, morphology and clinical features of cyctitis. 2. Describe the clinical features, etiology and morphology of transitional cell carcinoma of the urinary bladder. 3. Discuss congenital conditions: (i) Hypospadias (ii) Undescended testis 4. Describe the etiology, route of infection, pathogenesis and methods of diagnosing urethritis. (i) Gonococcal (ii) Non gonococcal 5. Discuss the etiology, pathogenesis and natural history of (i) Prostatitis (ii) Prostatic hyperplasia (iii) Prostatic carcinoma							1 1 1 1 1		1		1		Urinary Bladder Inflammation Acute and Chronic Cystitis Special Forms of Cystitis Neoplasms Urothelial Neoplasms Other Epithelial Bladder Tumors Mesenchymal Tumors Secondary Tumors Urethra Inflammation Tumors and Tumor-Like Lesions THE MALE GENITAL TRACT Penis Congenital Anomalies Hypospadias and Epispadias Testis and Epididymis Congenital Anomalies Cryptorchidism

	6. Discuss the causes, pathogenesis and relevant investigations of male infertility. 7. Discuss the causes, pathogenesis and clinical features of scrotal swelling. (i) Testicular adnexae (ii) Varicocele (iii) Hydrocele (iv) Spermatocele (v) Testis and epididymis (vi) Inflammation (Orchitis) (vii) Epididymitis (viii) Tumour 8. Classify the tumours of the male genital tract. (i) Prostate (ii) Testis							1 1 1 1 1		1		1 1	Regressive Changes Atrophy and Decreased Fertility Inflammation and Infections Nonspecific Epididymitis and Orchitis Granulomatous (Autoimmune) Orchitis Spermatic Cord and Paratesticular Tumors Testicular Tumors Germ Cell Tumors Tumors of Sex Cord–Gonadal Stroma Gonadoblastoma Testicular Lymphoma Lesions of Tunica Vaginalis Prostate Inflammation Benign Enlargement Benign Prostatic Hyperplasia-1 Prostate Inflammation Benign Enlargement Benign Prostatic Hyperplasia-2

								1				1		Neoplasms Adenocarcinoma Miscellaneous Tumors
	Total	**1.00%**	**1.00%**	**2.50%**	**1.00%**	**1.00%**	**6.50%**	**12**		**2**		**3**	**17**	

11. The Central Nervous System	**Student should be able to:**	0.5%	1.0%	2.0%		1.0%	**4.5%**							
	1. Describe clinico-pathological features of hydrocephalus.							1						Cerebral Edema, Hydrocephalus, Raised Intracranial Pressure, and Cerebral Edema Hydrocephalus Raised Intracranial Pressure and Herniation
	2. Describe the categories of cerebral edema (vasogenic and cytotoxic).							1						Cerebrovascular Disease Intracranial Hemorrhage
	3. List the types of herniation of brain along with clinical significance.							1						Infections Acute Meningitis Acute Pyogenic (Bacterial) Meningitis
	4. Describe the clinical and morphological features of intra-cranial haemorrhage.							1						Acute Aseptic (Viral) Meningitis Acute Focal Suppurative Infections Brain Abscess Chronic Bacterial Meningoencephalitis Tuberculosis
	5. Differentiate between acute purulent meningitis and acute lymphocytic meningitis.							1						Viral Meningoencephalitis Arthropod-Borne Viral Encephalitis Herpes Simplex Virus Type 1

	6. List the etiologic agents of chronic meningitis. Describe clinical and morphological features of chronic meningitis. 7. List the: (i) Infectious agents associated with polyneuropathies, (ii) Organic and inorganic compounds which can produce toxic neuropathy (iii) The important types of intracranial tumours along with clinical significance of glial tumours							1 1				1		Herpes Simplex Virus Type 2 Varicella-Zoster Virus Cytomegalovirus JC virus Human Immunodeficiency Virus Fungal Meningoencephalitis Tumors Gliomas Astrocytoma Oligodendroglioma Ependymoma Embryonal Neoplasms Medulloblastoma Meningiomas Metastatic Tumors
	Total	**1%**	**1%**	**2%**		**1%**	**5%**	**7**				**1**	**8**	

12. Upper and Lower Respiratory Tract	**Student should be able to:**	1.0%	1.0%	4.0%	1.0%	1.0%	**8.0%**					3		
	1. List micro-organisms causing upper respiratory tract infection.							1		1				Nasopharynx Inflammatory Lesions Tumors of the Nose, Sinuses, and Nasopharynx Larynx Inflammatory Lesions Carcinoma of the Larynx

	2. List malignant and benign tumours of nasopharynx and larynx.							1		1			Atelectasis Acute Lung Injury and Acute Respiratory Distress Syndrome Obstructive and Restrictive Lung Diseases Obstructive Lung Diseases Chronic Obstructive Pulmonary Disease Emphysema Chronic Bronchitis Asthma Bronchiectasis Chronic Diffuse Interstitial (Restrictive) Diseases Fibrosing Diseases Idiopathic Pulmonary Fibrosis Nonspecific Interstitial Pneumonia Cryptogenic Organizing Pneumonia Pulmonary Involvement in Autoimmune Diseases Pneumoconioses Complications of Therapies Granulomatous Diseases Sarcoidosis Hypersensitivity Pneumonitis
	3. Discuss pleural effusion, hemothorax, hydrothorax, pleuretis, pneumothorax and chylothorax.							1					
	4. Discuss acute pharyngitis, acute bacterial epiglottis and acute laryngitis.							1		1			
	5. Classification of atelactasis on the basis of underlying mechanism.							1					

	6. Differentiate between restrictive and obstructive lung disease on the basis of pulmonary function tests.							1					Pulmonary Eosinophilia Smoking-Related Interstitial Diseases Desquamative Interstitial Pneumonia Respiratory Bronchiolitis–Associated Interstitial Lung Disease Pulmonary Langerhans Cell Histiocytosis Pulmonary Alveolar Proteinosis Surfactant Dysfunction Disorders
	7. Describe the etiology pathogenesis, morphology and clinical features of asthma.							1					Diseases of Vascular Origin Pulmonary Embolism and Infarction Pulmonary Hypertension Goodpasture Syndrome (Anti–Glomerular Basement Membrane Antibody Disease With Pulmonary Involvement)
	8. Describe the pathogenesis, morphology and clinical features of sarcoidosis and hypersensitivity pneumonitis.							1		1			Pulmonary Infections Community-Acquired Bacterial Pneumonias Community-Acquired Viral Pneumonia Health Care–Associated Pneumonia Hospital-Acquired Pneumonia

	9. Describe clinical features of Goodpasture's syndrome. 10. Discuss the etiology, pathogenesis and clinical features of tuberculosis of the lung. 11. Describe etiology and pathogenesis of mesothelioma.							1 1 1						Aspiration Pneumonia Lung Abscess Chronic Pneumonia Pneumonia in the Immunocompromised Host Pulmonary Disease in Human Immunodeficiency Virus Infection Tumors Carcinomas Neuroendocrine Proliferations and Tumors Miscellaneous Tumors Metastatic Tumors Pleura Pleural Effusion Inflammatory Pleural Effusions Noninflammatory Pleural Effusions Pneumothorax Pleural Tumors Malignant Mesothelioma
	Total	**1.00%**	**1.00%**	**4.00%**	**1.00%**	**1.00%**	**8.00%**	**11**		**4**		**3**	**18**	

13. The Female Genital Tract	**Student should be able to:**	1.0%	1.0%	3.0%	1.5%	1.0%	**7.5%**							
	1. List the causes, routes of infection and methods of diagnosis of sexually transmitted diseases.							1						Infections Infections of the Lower Genital Tract Herpes Simplex Virus Other Lower Female Genital Tract Infections Infections Involving the Lower and Upper Genital Tract PID
	2. List the micro-organisms involved, route of infection, pathogenesis and methods of diagnosing the: (i) Gonorrhea (ii) Syphilis (iii) Chlamydia (iv) HPV (v) Herpes simplex (vi) Trichomonas vaginalis.							1		1				CERVIX Premalignant and Malignant Neoplasms of the Cervix Cervical Intraepithelial Neoplasia (Squamous Intraepithelial Lesions) Cervical Carcinoma Cervical Cancer Screening and Prevention
	3. Classify the neoplasms of cervix with special reference to cervical intraepithelial neoplasia.							1		1		1		BODY OF UTERUS AND ENDOMETRIUM Functional Endometrial Disorders (DUB) Anovulatory Cycle
	4. . Describe the clinical features and pathogenesis of adenomyosis and endometriosis.							1						Endometriosis and Adenomyosis Endometrial Polyps Endometrial Hyperplasia
	5. Describe the causes, pathogenesis and clinical features of dysfuctional							1		1				Malignant Tumors of the Endometrium Carcinoma of the

	uterine bleeding with special reference to endometrial hyperplasia, endometrial polyp and carcinoma. 6. Classify tumours of the uterus and ovary. 7. Describe the etiology, clinical features and pathogenesis of ectopic pregnancy and toxemia of pregnancy. 8. Classify gestational trophoblastic tumours with special reference to their clinical features.							1 1 1 1 1		1 1		1	Endometrium Endometrioid Endometrial Carcinoma Serous Endometrial Carcinoma Carcinosarcoma (Malignant Mixed Müllerian Tumors) Tumors of Endometrial Stroma Adenosarcoma Stromal Tumors Tumors of the Myometrium Leiomyoma Leiomyosarcoma OVARIES Ovarian Tumors Epithelial Tumors Serous Tumors Mucinous Tumors Endometrioid Ovarian Tumors Clear Cell Carcinoma Cystadenofibroma Transitional Cell Tumors Clinical Course, Detection, and Prevention of Ovarian Epithelial Tumors Germ Cell Tumors Teratoma Dysgerminoma Yolk Sac Tumors Choriocarcinoma

								1		1				Other Germ Cell Tumors Sex Cord–Stromal Tumors Granulosa Cell Tumors Fibromas, Thecomas, and Fibrothecomas Sertoli-Leydig Cell Tumors Other Sex Cord–Stromal Tumors Metastatic Tumors GESTATIONAL AND PLACENTAL DISORDERS Disorders of Early Pregnancy Ectopic Pregnancy Disorders of Late Pregnancy Preeclampsia and Eclampsia Gestational Trophoblastic Disease Choriocarcinoma Placental Site Trophoblastic Tumors
								1						
								1				1		
	Total	1.00%	1.00%	3.00%	1.00%	1.00%	7.50%	13		6		3	22	

	Grand Total	**11%**	**15%**	**47%**	**14%**	**13%**	**100%**	**165**		**33**		**33**	**231**	

List of Practicals

Practicals	Student Learning Objectives	Mode of Information	Learning Domain			Assesment Method		
	By the end of this topic, students will be able to:		Cognitive Domain	Psychomotor Domain	Effective Domain	Viva	OSPE	Practical
			C1, C2, C3	P1, P2, P3	A1, A2, A3			
Introduction to Special Pathology	To know essential medical knowledge, & broad understanding of disease.	Practical	C1, C2	P1, P2	A1, A2	8	0	1
Transportation of Histo Specimins	Have complete knowledge about transportation of histo specimins	Practical	C1, C2	P1, P2	A1, A2	7	0	1
Chronic Gastritis	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	2	1
Carcinoma Stomach	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	2	1
Acute Appendicitis	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	7	1	1
TB Intestine	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
Typhoid	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	1	1
Malabsorption: Ulcerative Colitis	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	1	1
Malabsorption: Crohn's Disease	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	9	2	1

Adenocarcinoma of Gut	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	2	1
Rectal Polyp	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	1	1
Inflammatory bowel disease	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	4	1	1
Liver Cirrhosis	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
Hepatocellular Carcinoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	1	1
Chronic Cholecystitis	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	9	1	1
Pneumonia	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
Pulmonary TB	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	1	1
Carcinoma Lung	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	2	1
Adenocarcinoma of Lung	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	4	2	1
Anthracosis	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	9	1	1

Bone Marrow Needle	Identify Bone marrow needle. Have knowledge about its usage.	Practical	C2, C3	P2, P3	A2, A3	5	1	1
Bone Marrow Aspiration and Trephine Biopsy	Can define procedure of bone marrow aspiration and biopsy	Practical	C2, C3	P2, P3	A2, A3	8	1	1
Iron Deficiency Anemia	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	1	1
Megaloblastic Anemia	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	7	2	1
Sickle Cell Disease	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	2	1
Aplastic Anemia	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	10	1	1
Thallasemia	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	7	1	1
ALL	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	1	1
AML	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
CLL	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	7	2	1
CML	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	2	1

Multiple Myeloma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	1	1
Lymphoma Hodgkins and Non-Hodgkins	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	1	1
Fibroadenoma of Breast	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	9	1	1
Fibrocystic disease	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
Carcinoma of Breast: IDC	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	1	1
Lobular Carcinoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	4	1	1
Sub types of Lobular Carcinoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
Giant Cell Tumor of Bone	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	2	1
Osteosarcoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	9	2	1
Osteosarcoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
Lipoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	2	1

Liposarcoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	2	1
Squamous Cell Carcinoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	4	1	1
Basal Cell Carcinoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	9	1	1
Squamous Papiloma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
Benign Squamous epithelial tumors (Warts)	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	1	1
Melanoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	2	1
Goiter	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	7	2	1
Follicular Adenoma of thyroid	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	1	1
Papillary Carcinoma of thyroid	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	10	1	1
Papillary Carcinoma Thyroid	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	7	1	1
Chronic Pyelonephritis	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	1	1

Cystic Kidney	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
Renal Stone	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical	C2, C3	P2, P3	A2, A3	7	1	1
Willms Tumor	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
Rena Cell Carcinoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	2	1
Carcinoma of Cervix	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	2	1
Endometriosis	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	9	1	1
Adenomyosis	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
Leiomyoma of Uterus	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	1	1
Leiomyo Sarcoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	4	1	1
Endometrial Carcinoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	2	1
Cystadenoma of ovary	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	2	1

Ovarian Tumor: Serious Cystadenoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	9	1	1
Ovarian Tumor: Mucinous Cystadenoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
Teratoma of ovary	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	6	1	1
Dysgerminoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	1	1
Transitional Cell Carcinoma	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	4	2	1
BPH	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	9	2	1
Adeno Carcinoma Prostate	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	5	1	1
Testicular Tumours (Seminoma)	Discuss Pathogenesis, microscopy/morphology & diagnosis	Practical, Microscopy	C3	P3	A3	8	1	1
Lipid Profile	Can discuss practical application of Lipid Profile, analyse report, diagnose the cause of derangement	Practical	C2, C3	P2, P3	A2, A3	6	1	1
GTT	Can discuss practical application of GTT, analyse report, diagnose the cause of derangement	Practical	C2, C3	P2, P3	A2, A3	7	1	1

BUN	Can discuss practical application of BUN, analyse report, diagnose the cause of derangement	Practical	C2, C3	P2, P3	A2, A3	8	1	1
Hepatic Enzymes	Can discuss practical application of Liver Profile, analyse report, diagnose the cause of derangement	Practical	C2, C3	P2, P3	A2, A3	10	1	1
Cardiac Enzymes	Can discuss practical application of Cardiac Profile, analyse report, diagnose the cause of derangement	Practical	C2, C3	P2, P3	A2, A3	7	1	1

Assessment Schedule

Avicenna Medical College

4thYear MBBS (M-20)

1st Term Test Schedule

Week	Date	Day	Subject	Test	Topic	Reference
1st	28-Feb-24	Wed	SESSION START			
2nd	5-Mar-24	Tue	All Subjects	Lecture	Lecture Time Divided	
	7-Mar-24	Thus	Early Ward Test			
3rd	12-Mar-24	Tue	All Subjects	Lecture	Lecture Time Divided	
4th	19-Mar-24	Tue	All Subjects	Lecture	Lecture Time Divided	
	22-Mar-24	Fri	Mid Ward Test			
5th	26-Mar-24	Tue	Com.Medicine	Grand Test+ Key Discussion+Viva	Concept of health & disease. PHC & International Health, NCDs	K.Park Pg13- 63, 365-392, 143-152
	27-Mar-24	Wed	Com.Medicine	OSPE		
	29-Mar-24	Fri	Grand Ward Test-1			

6th	2-Apr-24	Tue	Sp.Pathology	Grand Test+ Key Discussion+Viva	GT.1 - GIT, HBS	Robin's 10th Ed (731-819, 832-879)
	3-Apr-24	Wed	Sp.Pathology	OSPE		
Eid- Ul- Fitr Holidays:7th April-14th April,2024						
7th	16-Apr-24	Tue	All Subjects	Lecture	Lecture Time Divided	
	18-Apr-24	Thus	Sp.Pathology	Repeat Grand Test	GT.1 - GIT, HBS	Robin's 10th Ed (731-819, 832-879)
	19-Apr-24	Fri	Early Ward Test			
8th	23-Apr-24	Tue	EYE	Grand Test+ Key Discussion+Viva	Lid, cconjunctiva , Lens & Uveitis	Parson 22nd ed
	24-Apr-24	Wed	EYE	OSPE		
9th	30-Apr-24	Tue	DAY OFF			
	1-May-24	Wed	DAY OFF			
	3-May-24	Fri	Mid Ward Test			

10th	7-May-24	Tue	Sp.Pathology	Grand Test+ Key Discussion+Viva	GT.2 - CVS, Lung	Robin's 10th Ed (485-582, 673-729, 739-744)
	8-May-24	Wed	Sp.Pathology	OSPE		
	10-May-24	Fri	Grand Ward Test-2			
11th	14-May-24	Tue	Com.Medicine	Grand Test+ Key Discussion+Viva	Epidemiology, Screening, Demography	K.Park 234rd Ed. Ch3, 4 & 8
	15-May-24	Wed	Com.Medicine	OSPE		
	16-May-24	Thu	ENT	Grand Test+ Key Discussion+Viva	Nose & PNS, Oral Cavity, Salivary Glands, Op Sur Nose	Dhingra Chp 23-46, 84-90
	17-May-24	Fri	ENT	OSPE		
Early Session Exam: 20th May,2024- 31st May,2024						
12th	20-May-24	Mon	Com.Medicine	ESE	Concept of HD, International H, Primary Health care, NCDs, EPIDEMIOLOGY, Screening, Demography	K. park CH # 2, 3, 4, 6, 8, 21 & 22
12th	21-May-24	Tue	Com.Medicine	OSPE/ Viva		
12th	22-May-24	Wed	DAY OFF			
12th	23-May-24	Thu	DAY OFF			

12th	24-May-24	Fri	ENT	ESE/ OSPE/ Viva	Nose & PNS, Oral Cavity, Salivary Glands, Op Sur Nose	Dhingra Chp 23-46, 84-90
12th	25-May-24	Sat	DAY OFF			
13th	26-May-24	Sun	DAY OFF			
13th	27-May-24	Mon	Sp.Pathology	ESE	Entire Syllabus Covered	Entire Syllabus Covered
13th	28-May-24	Tue	28th May,2024 : Youm-e-Takbeer Holiday			
13th	29-May-24	Wed	Sp.Pathology	OSPE/ Viva	Entire Syllabus Covered	Entire Syllabus Covered
13th	30-May-24	Thu	OFF			
13th	31-May-24	Fri	EYE	OSPE/ Viva	Entire Syllabus Covered	
13th	1-Jun-24	Sat	EYE	ESE		
End Of 1st Term						

Avicenna Medical College

4thYear MBBS (M-20)

2nd Term Test Schedule

Week	Date	Day	Subject	Test	Topic	Reference
14th	4-Jun-24	Tue	All Subjects	Lecture	Lecture Time Divided	
	5-Jun-24	Wed	Early Ward Test			
15th	11-Jun-24	Tue	Sp.Pathology	Grand Test+ Key Discussion+Viva	GT3 Hem, Breast	Robin's 10th Ed (583-672, 1038-1063)
	12-Jun-24	Wed	Sp.Pathology	OSPE		
Eid- Ul- Adha+Summer Vacations:15th June - 21st July,2024						
16th	23-Jul-24	Tue	All Subjects	Lecture	Lecture Time Divided	
	24-Jul-24	Wed	All Subjects	Lecture	Lecture Time Divided	
	26-Jul-24	Fri	Mid Ward Test			
17th	30-Jul-24	Tue	Com.Medicine	Grand Test+ Key Discussion+Viva	Communicable Diseases	CH # 5
	31-Jul-24	Wed	Com.Medicine	OSPE		
	2-Aug-24	Fri	Grand Ward Test-3			

18th	6-Aug-24	Tue	ENT	Grand Test+ Key Discussion+Viva	Ear + Ear Op Sur	Dhingra Chp No. 1-22, 78-83
	7-Aug-24	Wed	ENT	OSPE		
19th	13-Aug-24	Tue	EYE	Grand Test+ Key Discussion+Viva	Lacrimal app,Glaucoma,Squint,Ref Error,Retina	Parson 22nd ed
	14-Aug-24	Wed	Independence Day- 14th Aug,2024			
20th	20-Aug-24	Tue	Sp.Pathology	Grand Test+ Key Discussion+Viva	GT4. MSS, CNS, Skin	Robin's 10th Ed (1171-1239, 1242-1302, 1133-1169)
	21-Aug-24	Wed	Sp.Pathology	OSPE	MSS, CNS, Skin	Robin's 10th Ed (1171-1239, 1242-1302, 1133-1169)
Mid Session Exam: 22nd Aug, 2024- 17th Sep, 2024						
20th	22-Aug-24	Thu	ENT	RT	Nose & PNS, Oral Cavity, Salivary Glands, Op Sur Nose	Dhingra Chp 23-46, 84-90
20th	23-Aug-24	Fri	ENT	RT	Ear + Ear Op Sur	Dhingra Chp No. 1-22, 78-83
			Early Ward Test			
20th	24-Aug-24	Sat	DAY OFF			
21st	25-Aug-24	Sun	DAY OFF			
21st	26-Aug-24	Mon	ENT	MSE	Entire Sylabus Covered	
21st	27-Aug-24	Tue	ENT	OSPE/ Viva		
21st	28-Aug-24	Wed	EYE	RT	Entire Syllabus Covered	
21st	29-Aug-24	Thu	EYE	RT	Entire Syllabus Covered	

21st	30-Aug-24	Fri	DAY OFF			
21st	31-Aug-24	Sat	DAY OFF			
22nd	1-Sep-24	Sun	DAY OFF			
22nd	2-Sep-24	Mon	EYE	MSE	Entire Syllabus Covered	
22nd	3-Sep-24	Tue	EYE	OSPE/ Viva		
22nd	4-Sep-24	Wed	Com.Medicine	RT	Concept of health & disease. PHC & International Health, NCDs	K.Park Pg13- 63, 365-392, 143-152
22nd	5-Sep-24	Thu	Com.Medicine	RT	Epidemiology, Screening, Demography	K.Park 234rd Ed. Ch3, 4 & 8
22nd	6-Sep-24	Fri	Com.Medicine	RT	Communicable Diseases	CH # 5
22nd	7-Sep-24	Sat	DAY OFF			

23rd	8-Sep-24	Sun	DAY OFF			
23rd	9-Sep-24	Mon	Com.Medicine	MSE	All the syllabus covered uptill now	K.PARK CH 2,3,4,5,6,8, 20, 21, 22
23rd	10-Sep-24	Tue	Com.Medicine	OSPE/ Viva		
23rd	11-Sep-24	Wed	Sp.Pathology	RT	OC, GIT, HBS, Skin	Robin's 10th Ed (731-819, 832-879, 1133-1169)
23rd	12-Sep-24	Thu	Sp.Pathology	RT	CVS, Lung, MSS	Robin's 10th Ed (485-582, 673-729, 739-744, 1171-1239)
23rd	13-Sep-24	Fri	Sp.Pathology	RT	Hem, Breast, CNS	Robin's 10th Ed (583-672, 1038-1063, 1242-1302)
23rd	14-Sep-24	Sat	DAY OFF			
24th	15-Sep-24	Sun	DAY OFF			
24th	16-Sep-24	Mon	Sp.Pathology	MSE	Entire Syllabus Covered	Entire Syllabus Covered
24th	17-Sep-24	Tue	Sp.Pathology	OSPE/ Viva		
End Of 2nd Term						

Avicenna Medical College
4thYear MBBS (M-20)

3rd Term Test Schedule

Week	Date	Day	Subject	Test	Topic	Reference
24th	20-Sep-24	Fri	Mid Ward Test			
25th	24-Sep-24	Tue	Com.Medicine	Grand Test+ Key Discussion+Viva	MCH, Nutrition, Research & Bio Stats	.PARK CH9, 1O, 18 & NOTE
	25-Sep-24	Wed	Com.Medicine	OSPE		
	27-Sep-24	Fri	Grand Ward Test-4			
26th	1-Oct-24	Tue	All Subjects	Lecture	Lecture Time Divided	
	2-Oct-24	Wed	All Subjects	Lecture	Lecture Time Divided	
27th	8-Oct-24	Tue	Com.Medicine	Grand Test+ Key Discussion+Viva	Occupational, Environmnetal & Mental Health, Disaster , Solid & Hospital Waste Management, Health Communication Of Health Education	.APRK CH 12, 13, 14 15, 17, 1
	9-Oct-24	Wed	Com.Medicine	OSPE		
	11-Oct-24	Fri	Early Ward Test			

28th	15-Oct-24	Tue	Sp.Pathology	Grand Test+ Key Discussion+Viva	GT5.Endo, Kidney	Robin's 10th Ed (881-894, 1066-1131, 896-651)
	16-Oct-24	Wed	Sp.Pathology	OSPE		
	18-Oct-24	Fri	Mid Ward Test			
29th	22-Oct-24	Tue	All Subjects	Lecture	Lecture Time Divided	
	23-Oct-24	Wed	All Subjects	Lecture	Lecture Time Divided	
	25-Oct-24	Fri	Grand Ward Test-5			
30th	29-Oct-24	Tue	Sp.Pathology	Grand Test+ Key Discussion+Viva	GT6.FGT, LUT, MGS	Robin's 10th Ed (986-1035, 953-982)
	30-Oct-24	Wed	Sp.Pathology	OSPE		
31st	5-Nov-24	Tue	ENT	Grand Test+ Key Discussion+Viva	Pharynx, Larynx, Trachea, Esophagus, Recent Advances, Neck Masses, & Throat Surgery	Dhingra 7th ED. Chp No. 47-65 + 66-75 + 77 + 91-95
	6-Nov-24	Wed	ENT	OSPE		
	8-Nov-24	Fri	Early Ward Test			

32nd	12-Nov-24	Tue	EYE	Grand Test+ Key Discussion+Viva	Orbit,Neuro ophthalmology,ocular injuries,ocular therapeutics,tumors, instruments	Parson 22nd ed
	13-Nov-24	Wed	EYE	OSPE		
	15-Nov-24	Fri	Mid Ward Test			
33rd	19-Nov-24	Tue	All Subjects	Lecture	Lecture Time Divided	
	20-Nov-24	Wed	All Subjects	Lecture	Lecture Time Divided	
	22-Nov-24	Fri	Grand Ward Test-6			
Send-Up Exam: 25th Nov,2024 - 11th Dec,2024						
34th	25-Nov-24	Mon	Com.Medicine	Send-Up	Entire Syllabus Covered	
34th	26-Nov-24	Tue	DAY OFF			
34th	27-Nov-24	Wed	DAY OFF			
34th	28-Nov-24	Thu	EYE	Send-Up	Entire Syllabus Covered	
34th	29-Nov-24	Fri	DAY OFF			
34th	30-Nov-24	Sat	DAY OFF			
35th	1-Dec-24	Sun	DAY OFF			

35th	**2-Dec-24**	**Mon**	**Sp.Pathology**	**Send-Up**	**Entire Syllabus Covered**
35th	**3-Dec-24**	**Tue**	**DAY OFF**		
35th	**4-Dec-24**	**Wed**	**DAY OFF**		
35th	**5-Dec-24**	**Thu**	**ENT**	**Send-Up**	**Entire Syllabus Covered**
35th	**6-Dec-24**	**Fri**	OSPE/ Viva		
36th	**7-Dec-24**	**Sat**	**DAY OFF**		
37th	**8-Dec-24**	**Sun**	**DAY OFF**		
37th	**9-Dec-24**	**Mon**	OSPE/ Viva		
37th	**10-Dec-24**	**Tue**	OSPE/ Viva		
37th	**11-Dec-24**	**Wed**	OSPE/ Viva		
37th	**12-Dec-24**	**Thu**	**Final Clinical Assessment**		
37th	**13-Dec-24**	**Fri**	**Final Clinical Assessment**		
37th	**14-Dec-24**	**Sat**	**DAY OFF**		
38th	**15-Dec-24**	**Sun**	**DAY OFF**		

38th	**16-Dec-24**	**Mon**	**Final Clinical Assessment**
38th	**17-Dec-24**	**Tue**	**Final Clinical Assessment**
38th	**18-Dec-24**	**Wed**	**Final Clinical Assessment**
38th	**19-Dec-24**	**Thu**	**Final Clinical Assessment**
End Of 3rd Term			


AVICENNA MEDICAL COLLEGE
ADEMIC BLOCK