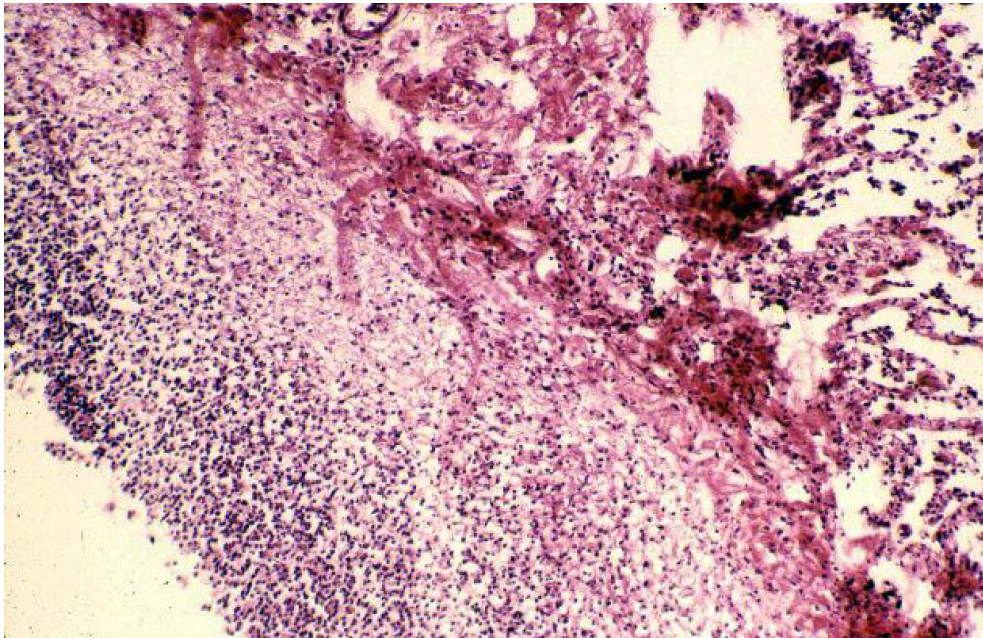




# STUDY GUIDE

## 2024-2025



<b>Program:</b>	MBBS
<b>Year:</b>	4 <sup>th</sup> Professional Year
<b>Subject:</b>	Special Pathology
<b>Batch No:</b>	M-21
<b>Session:</b>	2024-2025

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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 medical 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.

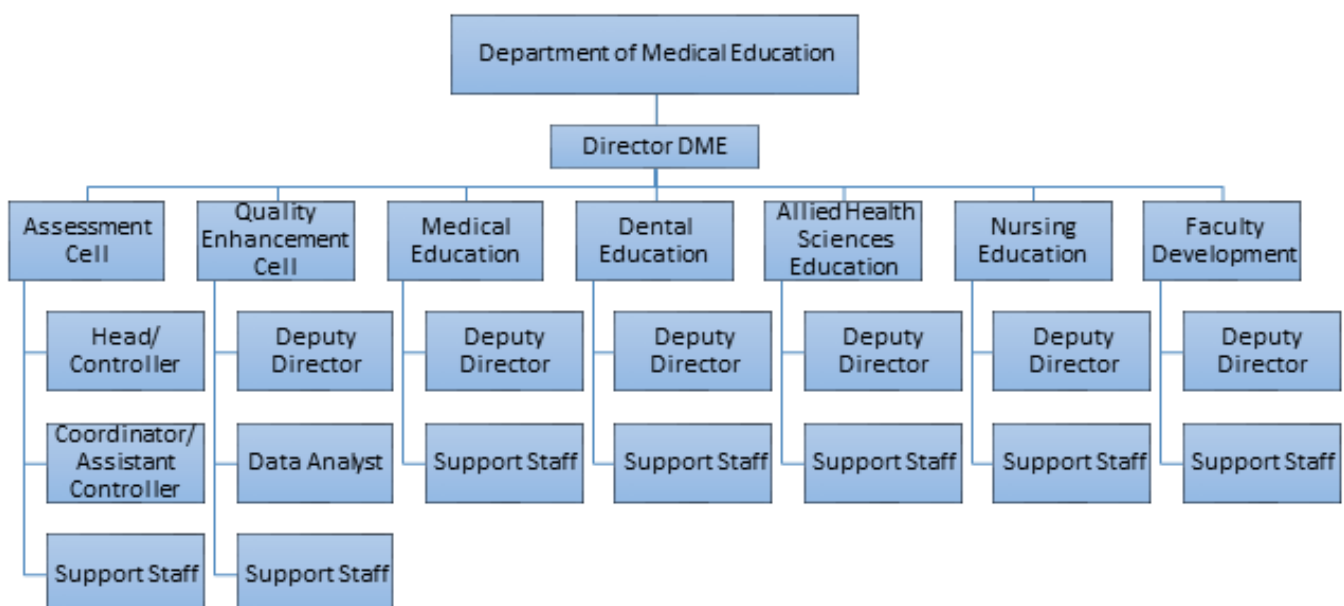
This guide, meticulously developed in collaboration with your subject departments, is designed to support your academic journey and help you achieve excellence in accordance with the highest standards set by PMDC and HEC.

## **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



### Institutional Organogram



## 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



## **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.

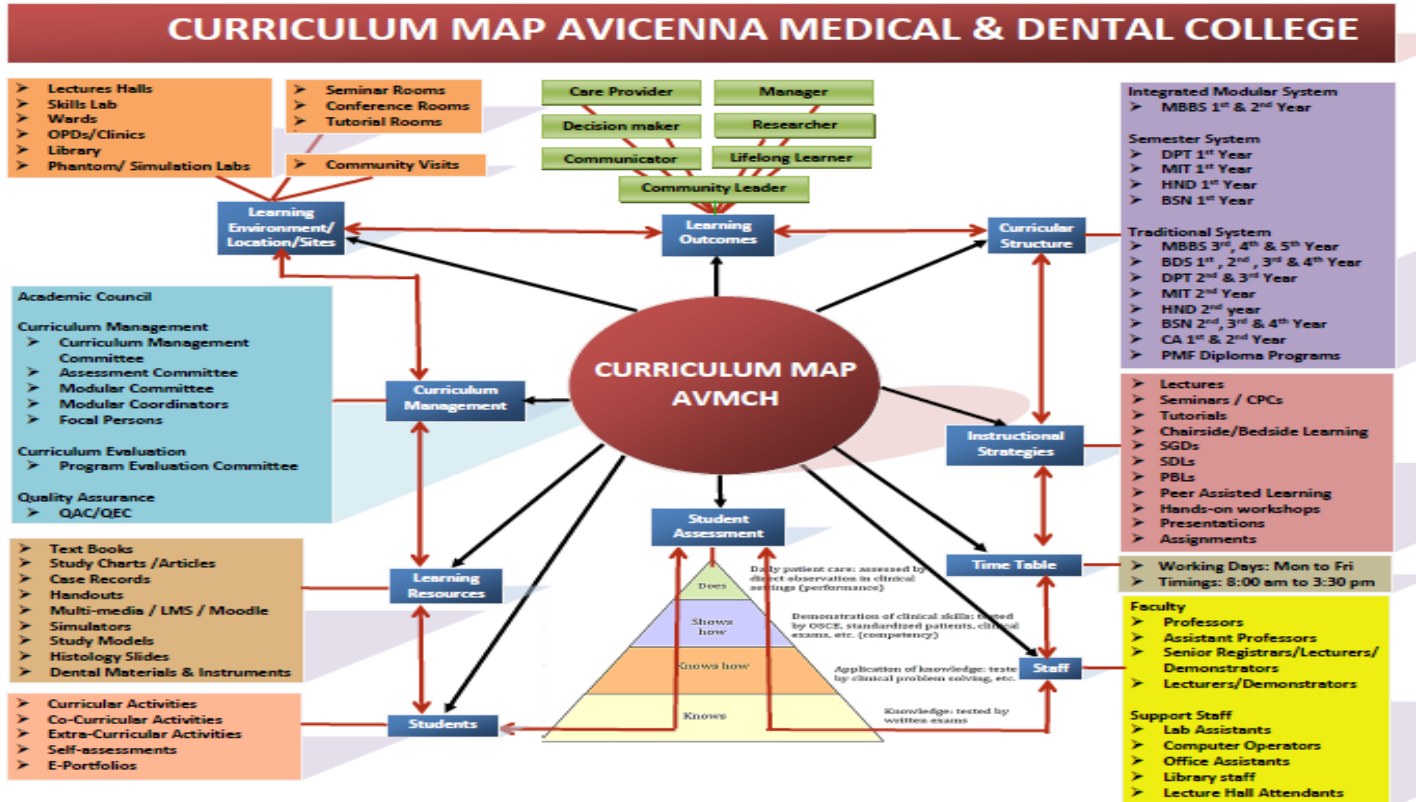
Avicenna Medical & Dental College runs under the umbrella of Abdul Waheed Trust. Abdul Wahid Trust is a non-profit social welfare organization and registered under the Societies Act with the Registrar of Societies. The Trust is legalized through a Trust Deed that bears necessary rectifications. The Trust 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**

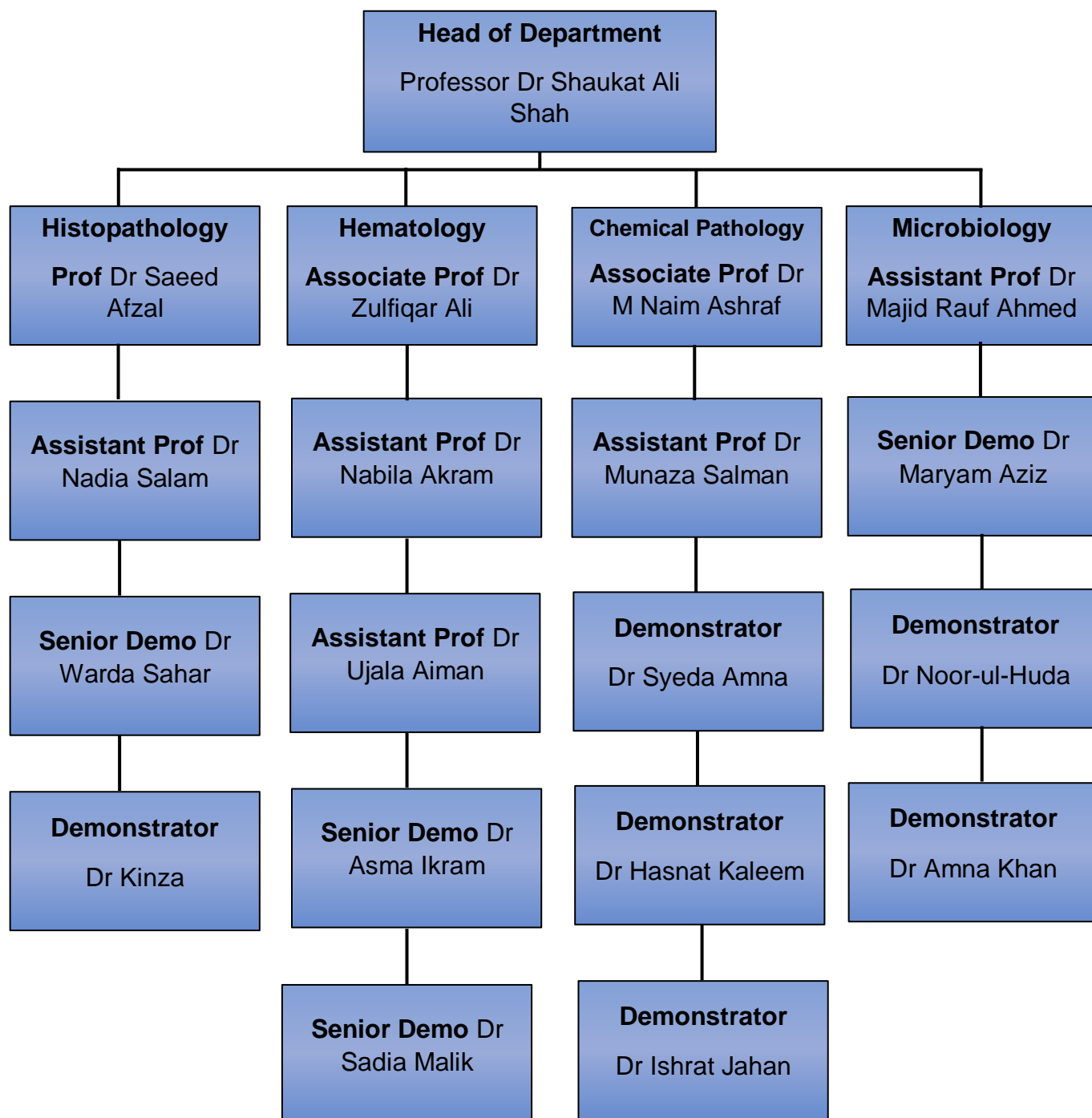
#### **Special Pathology**

#### **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.



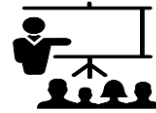
## Learning Resources & Pedagogy

### Book Recommendations



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

## Traditional & Innovative Teaching Methodologies



Sr.	Pedagogical Methodologies	Description
1.	Lectures	<p>Traditional method where an instructor presents information to a large group of students (large group teaching).</p> <p>This approach focuses on delivering theoretical knowledge and foundational concepts. It is very effective for introducing new topics.</p>
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	<p>Hands-on sessions where students apply theoretical knowledge to real-world tasks. This might include lab work, clinical procedures, or simulations.</p> <p>Practicals are crucial for developing technical skills and understanding the application of concepts in practice.</p>
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	<p>A collection of student's work that showcases learning achievements, reflections, and progress over time.</p> <p>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)</p>



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	<p>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</p> <p>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.</p> <p>Two 50- inch LCD screens provide students an opportunity to get entertained during their meal times.</p>
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.





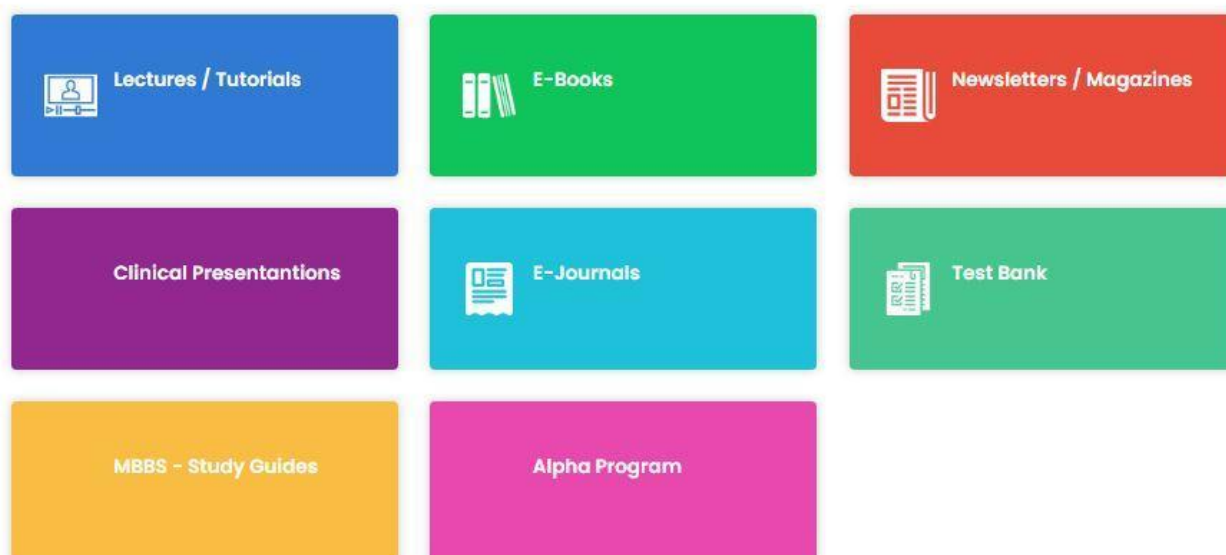




## Digital Library & Learning Management System (LMS)

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/>.

### Medical



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.

**STUDENT PORTAL**

**AVICENNA MEDICAL & DENTAL COLLEGE**

The Avicenna Medical & Dental College will live up to the name and reputation of "Abu Ali Sina Balkhi (Latin Name Avicenna)" and be a model of excellence for the quality and innovation of its education programs, clinical services and research. The institution will continually strive to exceed the expectations of its patients, students, residents, and local community by constantly improving the services it provides with enthusiasm, teamwork and creativity. In doing so, Avicenna Medical College aligns itself to the vision of its Affiliating University, i.e., University of Health Sciences.

[Visit Website](#)

Student Roll No.  
Enter your student id or roll no.

Password  
Enter your password

☐ Remember me [Forgot Password?](#)

[Login](#)

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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.

<b>Internal Assessment Weightage</b>	20%	100 %
<b>External Assessment Weightage</b>	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																
4 <sup>th</sup> 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?**

<b>External Assessment</b>	<b>Assessment Methods</b>	<b>Marks</b>	<b>Percentage Weightage</b>
Theory <ul style="list-style-type: none"><li>• Total marks 135</li><li>• Time 3 Hours</li></ul>	65 MCQs 14 SEQs	65 70	45 %
Practical <ul style="list-style-type: none"><li>• Total marks 135</li><li>• Time 6 Hours and 30 Minutes</li></ul>	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:** 4<sup>th</sup> 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/mm <sup>3</sup> |
| c) Hypercalcemia                        |
| d) Bence Jones proteinuria              |

**COGNITIVE LEVEL:** Application

**DIFFICULTY LEVEL:** Moderate

**IMPORTANCE:** Must Know

**REFERENCE:** Robbins and Cotran Pathologic Basis of Disease; 10<sup>th</sup> edition; Page no. 612





**SEQ/SAQ**

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

**Scenario**

A 77-year-old female complains weight loss, fatigue, decreased appetite, mouth sores, fever, & chills since 3 months. Lab shows WBC  $1.6 \times 10^9/L$ , Hb 8.6 gm/dL & PLT  $122 \times 10^9/L$ . 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
<b>a) Diagnosis:</b> Large Granular Lymphocytic Leukemia (T-cell variant)	01
<b>b) Mechanism of neutropenia in these patients:</b> The suppression of granulocytic progenitors by products of the neoplastic CD8+ cytotoxic T cell.	01
<b>c) Diseases in which patients develop neutropenia</b> 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 <i>LGL leukemia</i> ). 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; 10<sup>th</sup> edition; Page no. 582-583

**Station Title:** Genital Tract

**Type of Station:** Observed

**Discipline / Specialty:** Special Pathology

**Marks:** 3.5

**Class Level:** 4<sup>rd</sup> Year MBBS

**Time:** 3 Minutes

**Estimated difficulty:** Difficult

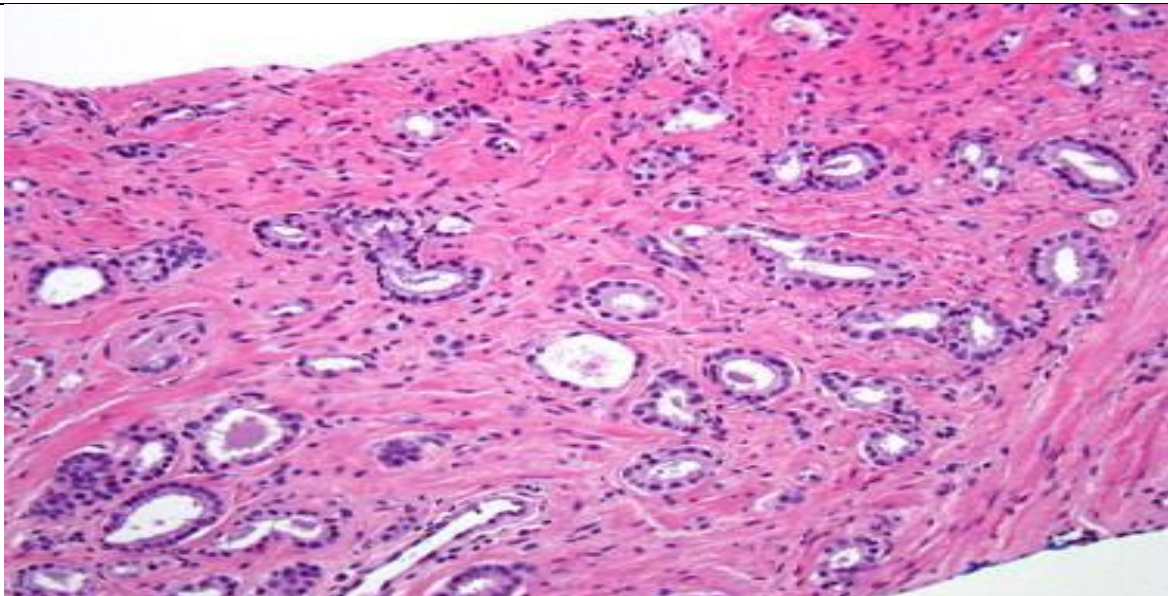
**Exam:** Early Session

**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:** A 79-year-old male complaining dysuria, polyuria, 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			
1 <sup>st</sup> & 2 <sup>nd</sup> Professional Year	3 <sup>rd</sup> Professional Year	4 <sup>th</sup> Professional Year	5 <sup>th</sup> Professional Year
<b>Anatomy</b> 500 Hours	<b>General &amp; Special Pathology</b> 500 Hours	<b>Eye</b> 150 Hours	<b>General Surgery</b> 600 Hours
<b>Physiology</b> 450 Hours	<b>Pharmacology</b> 300 Hours	<b>ENT</b> 150 Hours	<b>General Medicine</b> 600 Hours
<b>Biochemistry</b> 250 Hours	<b>Forensic Medicine &amp; Toxicology</b> 100 Hours	<b>General &amp; Special Pathology</b> 500 Hours	<b>Paediatrics</b> 300 Hours
<b>General Education</b> 450 Hours <ul style="list-style-type: none"> <li>• Quran Kareem – 50 Hours</li> <li>• Pakistan Studies / Ideology &amp; Pakistan Constitution – 25 Hours</li> <li>• Islamiyat / Ethics – 25 Hours</li> <li>• Professionalism – 25 Hours</li> <li>• Communication Skills -25 Hours</li> <li>• English Expository Writing – 25 Hours</li> <li>• Arts &amp; Humanities (One Course) -25 Hours</li> <li>• Co-curricular activities – 200 Hours</li> </ul>	<b>Psychiatry &amp; Beh. Sciences</b> 150 Hours	<b>Community Medicine &amp; Public Health</b> 200 Hours	<b>OBS &amp;Gynae</b> 300 Hours
	<b>Pre-clinical Operative Dentistry</b> 80 Hours	<b>Research Methodology &amp; Evidence Based Medicine</b> 100 Hours	<b>Surgical specialties</b> 225 Hours <ul style="list-style-type: none"> <li>• Neurosurgery</li> <li>• Vascular surgery</li> <li>• Adult Cardiac surgery</li> <li>• Paediatrics surgery</li> <li>• Thoracic surgery</li> <li>• Plastic surgery</li> </ul>
			<b>Medical specialties</b> 225 Hours <ul style="list-style-type: none"> <li>• Neurology</li> <li>• Rheumatology</li> <li>• Geriatrics</li> <li>• Endocrinology</li> <li>• Paediatrics Cardiology</li> <li>• Infectious Diseases</li> </ul>

			<ul style="list-style-type: none"><li>• Oncology</li></ul>
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# Academic Planner




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

	January 2024								Feb ruary 2024								March 2024							SESSION START: 28th Feb, 2024	
	Su	Mo	Tu	We	Th	Fr	Sa		Su	Mo	Tu	We	Th	Fr	Sa		Su	Mo	Tu	We	Th	Fr	Sa	Gasified Holidays	
	1	2	10	4	5	6							1	2	3	1						1	2	1 - Kashmir Holiday - 08th Feb, 2024	
7	8	9			11	12	13		4	15	6	7	8	9	10	2	3	4	5	6	7 EWT	8	9	2 - Pakistan Day - 23rd March, 2024	
14	15	16	17	18	19	20			11	12	13	14	15	16	17	3	10	11	12	13	14	15	16	3 - Eid - Ul - Fitr 08th April - 14th April, 2024	
21	22	23	24	25	26	27			18	19	20	21	22	23	24	4	17	18	19	20	21	22 MWT	23	4 - Labor Holiday - 1st May, 2024	
28	29	30	31				1		25	26	27	28	29			5	24	25	26 CM	27	28	29 GWT	30	5 - Youm-e-Talbeer Holiday - 28th May, 2024	
																6	31							6 - Eid - Ul - Adha - 17th June - 19th June, 2024	
	April 2024								May 2024								June 2024							7 - Adura - 16 & 17 July, 2024	
	Su	Mo	Tu	We	Th	Fr	Sa		Su	Mo	Tu	We	Th	Fr	Sa		Su	Mo	Tu	We	Th	Fr	Sa	8 - Independence Day - 14th Aug, 2024	
6		1	2 SP	3	4	5	6	9				1	2	3 MWT	4	13 ESE							1 ESE	9 - Rabi Ul Awwal - 15th Sep, 2024	
Eid-ul-Fitr	7	8	9	10	11	12	13	10	5	6	7 SP	8	9	10 GWT	11	14	2	3	4	5 EWT	6	7	8	10 - Quaid-e-Azam Day/Christmas - 25th Dec, 2024	
7	14	15	16	17	18 SP	19 EWT	20	11	12	13	14 CM	15	16 ESE	17	18	15	9	10	11 SP	12	13	14	15	Vacations	
8	21	22	23 ESE	24	25	26	27	12 ESE	19	20 CM	21 CM	22	23	24 ESE	25	Eid-ul-Adha+Su.V	16	17	18	19	20	21	22	Spring Vacations - 7th Aug, 2024 - 14th Aug, 2024	
9	28	29	30					13 ESE	26	27 SP	28 SP	29 SP	30	31 ESE		Su.V	23	24	25	26	27	28	29	Summer Vacations - 15th Jan - 21st Feb, 2024	
																Su.V	30							Winter Vacations - 22nd Dec - 29th Dec, 2024	
	July 2024								August 2024								September 2024							Events	
	Su	Mo	Tu	We	Th	Fr	Sa		Su	Mo	Tu	We	Th	Fr	Sa		Su	Mo	Tu	We	Th	Fr	Sa	White Coat Ceremony - 17 April, 2024	
Su.V		1	2	3	4	5	6	17					1	2 GWT	3	22 MSE	1	2 ESE	3 ESE	4 CM	5 CM	6 CM	7	Sports Day - 4 March, 2024	
Su.V	7	8	9	10	11	12	13	18	4	5	6 ESE	7	8	9	10	23 MSE	8	9 CM	10 CM	11 SP	12 SP	13 SP	14	Punfair - 28th April, 2024	
Su.V	14	15	16	17	18	19	20	19	11	12	13 ESE	14	15	16	17	24 MSE	18	19	20 SP	21	22	23	24	Trips and Tours	
16	21	22	23	24	25	26 MWT	27	20 MSE	18	19	20 SP	21	22 ESE	23 ESE	24	25	22	23	24 CM	25	26	27 GWT	28		
17	28	29	30 CM	31				21 MSE	25	26 ESE	27 ESE	28 ESE	29 ESE	30	31	26	29	30						Session Exam	
	October 2024								November 2024								December 2024							Early Session - 20th May, 2024 - 1st June, 2024	
	Su	Mo	Tu	We	Th	Fr	Sa		Su	Mo	Tu	We	Th	Fr	Sa		Su	Mo	Tu	We	Th	Fr	Sa	Mid Session - 22nd Aug, 2024 - 17th Sep, 2024	
26		1	2	3	4	5	30							1	2	35 LSE/End Up	1	2 SP	3	4	5 ESE	6 O/V	7	Late Session - 15th Nov, 2024 - 11th Dec, 2024	
27	6	7	8 CM	9	10	11 EWT	12	31	3	4	5 ESE	6	7	8 EWT	9	36 CR	8	9 O/V	10 O/V	11 O/V	12	13	14		
28	13	14	15 SP	16	17	18 MWT	19	32	10	11	12 ESE	13	14	15 MWT	16	CR	15	16	17	18	19	2	21		
29	20	21	22	23	24	25 GWT	26	33	17	18	19	20	21	22 GWT	23	Winter Vaca.	22	23	24	25	26	27	28		
30	27	28	29 SP	30	31			34 LSE/End Up	24	25 CM	26	27	28 ESE	29	30		29	30	31						



# Allocation of Hours

<div style="display: flex; justify-content: space-between; align-items: center;">  <b>ALLOCAION OF CURRICULUM HOURS</b> </div>												
<b>4th YEAR MBBS</b>												
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												
<b>Total</b>	<b>198</b>	<b>122</b>	<b>409</b>	<b>132</b>	<b>35</b>	<b>198</b>	<b>33</b>	<b>330</b>	<b>1457</b>	<b>192</b>	<b>1649</b>	<b>820</b>

## Table of Specification

Topic	LEARNING OBJECTIVES	KNOWLEDGE			SKILL	ATTITUDE	TOTAL	Mode of information transfer				Self Directed Learning	TOTAL HOURS	Lecture Topics
		Cognitive Domain			Psychomotor Domain	Effective Domain	%	MIT						
		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 Lymphomatousum) 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.  4. Describe the clinical and morphological							1		1				

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



	15. Describe the clinico-pathological features of intestinal (i) Amebiasis (ii) Tuberculosis and (iii) Typhoid.						1		1				Ischemic Bowel Disease Malabsorption and Diarrhea Celiac Disease Environmental Enteric Dysfunction Infectious Enterocolitis Typhoid Fever Parasitic Enterocolitis
	16. List the non-neoplastic polyps of intestine.						1			1			
	17. Classify adenomas on the basis of epithelial architecture. Describe the clinical and morphological features of adenomas.						1						Inflammatory Bowel Disease Crohn Disease Ulcerative Colitis Polyps Hyperplastic Polyps Inflammatory Polyps Hamartomatous Polyps Juvenile Polyps Peutz-Jeghers Syndrome Neoplastic Polyps
	18. Discuss the pathogenesis, morphological and clinical features of colorectal carcinoma.						1						
	19. Describe the Aster-Collar classifications of carcinoma of the colon and rectum.						1						

	<p>20. Describe carcinoid tumour with respect to the incidence, most prevalent sites in the gut, morphological features.</p> <p>21. Describe the etiology, pathogenesis, morphological and clinical features of acute appendicitis.</p> <p>22. List the tumours of appendix.</p>													<p>Hereditary Non-Polyposis Colorectal Cancer (HNPCC)</p> <p>Adenocarcinoma Acute Appendicitis</p> <p>List of Tumors of the Appendix</p>
	<b>Total</b>	<b>1.00 %</b>	<b>1.00 %</b>	<b>4.50 %</b>	<b>1.50%</b>	<b>1.00%</b>	<b>9.00%</b>	<b>13</b>		<b>4</b>		<b>3</b>	<b>20</b>	

<b>2. Liver and Gall Bladder</b>	<b>Student should be able to:</b>	0.5%	1.0%	5.0%	1.0%	1.0%	<b>8.5%</b>							
	<p>1. Differentiate between intrahepatic and extrahepatic biliary obstruction.</p> <p>2. List the causes. Describe the morphological, clinical features and complication of liver failure.</p>							1						<p>Liver Failure</p> <p>Acute Liver Failure</p> <p>Chronic Liver Failure and Cirrhosis</p> <p>Portal Hypertension</p> <p>Infectious Disorders</p> <p>Viral Hepatitis</p> <p>Hepatitis A Virus</p> <p>Hepatitis B Virus</p> <p>Hepatitis C Virus</p> <p>Hepatitis D Virus</p> <p>Hepatitis E Virus</p> <p>Clinicopathologic Syndromes of Viral Hepatitis</p>

[illegible]

	11. Describe the pathogenesis, morphological and clinical features of hemochromatosis.							1		1		1	GALLBLADDER Cholelithiasis (Gallstones) Cholecystitis Acute Cholecystitis Chronic Cholecystitis Gallbladder Carcinoma
	12. Discuss the clinico-morphological features of Wilson's disease.							1					
	13. Describe the clinico-morphological features of alpha-1 anti-trypsin deficiency.							1				1	
	<b>Total</b>	0.50 %	1.00 %	5.00 %	1.00 %	1.00 %	8.50 %	1 1		2		4 7	

<b>3. Cardiovascular System</b>	<b>Student should be able to:</b>	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 Risk Factors Constitutional Risk Factors Modifiable Major Risk Factors Additional Risk Factors Consequences of Atherosclerotic Disease Aneurysms and Dissection Abdominal Aortic Aneurysm Thoracic Aortic Aneurysm Aortic Dissection
	2. Describe atherosclerosis with respect to the etiology and pathogenesis, early, late and complicated lesion, vessels affected, and complications.							1					
	3. Classify hypertension. List the causes of secondary hypertension and describe the vascular changes in hypertension.							1					





[illegible]

	15. List the primary and secondary cardiac tumours.							1						Cardiomyopathies Dilated Cardiomyopathy Hypertrophic Cardiomyopathy Restrictive Cardiomyopathy Myocarditis Pericardial Disease Pericarditis Acute Pericarditis Chronic or Healed Pericarditis Tumors of the Heart Primary Cardiac Tumors Metastatic Neoplasms
	16. Describe the main features of Fallot's tetralogy and coarctation of aorta.							1				1		
								1						
	<b>Total</b>	<b>1.0 %</b>	<b>2.0 %</b>	<b>5.0 %</b>		<b>1.0%</b>	<b>9.0%</b>	<b>16</b>				<b>3</b>	<b>19</b>	

<b>4. He mat olog y</b>	<b>Student should be able to:</b>	<b>1.0 %</b>	<b>2.0 %</b>	<b>6.0 %</b>	<b>3.0%</b>	<b>1.0%</b>	<b>13.0%</b>							
	1. Describe the mechanisms which can cause neutropenia/ agranulocytosis.							1						
	2. Describe the causes of leukocytosis.							1						

NORMAL  
HEMATOPOIESIS  
Leukopenia  
Neutropenia,  
Agranulocytosis  
Reactive Proliferations  
of White Cells and  
Lymph Nodes

<p>3. Describe the epidemiological, morphological and clinical features of infectious mononucleosis.</p> <p>4. Differentiate between acute and chronic non-specific lymphadenitis.</p> <p>5. Describe the different classifications (REAL and working formulations) of non-Hodgkin's lymphoma.</p> <p>6. Describe Hodgkin's disease with respect to the classification, clinical stages, etiology and pathogenesis.</p> <p>7. Classify leukemia</p> <p>8. Discuss the prognostic factors of acute lymphoblastic and acute myeloblastic leukemias.</p> <p>9. Describe the pathophysiology of chronic myeloid and chronic lymphocytic leukemias.</p>							1		1			<p>Leukocytosis</p> <p>Lymphadenitis</p> <p>Acute Nonspecific Lymphadenitis</p> <p>Chronic Nonspecific Lymphadenitis</p> <p>Neoplastic Proliferations of White Cells: Overview</p> <p>Etiologic and Pathogenetic Factors in White Cell Neoplasia</p> <p>Lymphoid Neoplasms</p> <p>Definitions and Classifications</p> <p>Precursor B- and T-Cell Neoplasms</p> <p>ALL/ Lymphoma</p> <p>Peripheral B-Cell Neoplasms</p> <p>CLL/SLL</p> <p>Follicular Lymphoma</p> <p>DLBCL</p> <p>Burkitt Lymphoma</p> <p>Mantle Cell Lymphoma</p> <p>Marginal Zone Lymphomas</p> <p>Hairy Cell Leukemia</p> <p>Peri T- &amp; NK-Cell Neoplasms</p> <p>LGLymphocytic Leukemia</p>
							1					
							1				1	

10. Describe multiple myeloma with respect to etiology, pathogenesis, morphology and clinical features.							1		1			Multiple Myeloma Hodgkin Lymphoma
11. Outline the stages in the formation of red blood cell and white blood cells.							1					Myeloid Neoplasms Acute Myeloid Leukemia
12. List the types of megaloblastic anaemia.							1					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.							1		1			Infectious mononucleosis
14. Classify anaemia on the basis of mechanism of RBC production.							1					Anemias Classification Anemias of Blood Loss Ac & Ch Blood Loss
15. Describe the causes, morphological and clinical features of iron deficiency anaemia.							1					Hemolytic Anemias Hereditary Spherocytosis
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.							1			1		Hemolytic Disease Due to Red Cell Enzyme Defects: G6PD Sickle Cell Disease



														Complex vWD
	23. Discuss Pathogenesis, morphology, clinical features of Hemophilia A, B & DIC 24. Discuss complication of Transfusion Pathogenesis and Management											1		Hemophilia A Hemophilia B DIC Complications of Transfusion
	<b>Total</b>	<b>1.0 %</b>	<b>2.0 %</b>	<b>6.0 %</b>	<b>3.0%</b>	<b>1.0%</b>	<b>13.0%</b>	<b>22</b>		<b>4</b>		<b>3</b>	<b>29</b>	

<b>5. Musculoskeletal System</b>	Student should be able to:  1. Describe the pathogenesis and clinical features of: (i) Achondroplasia (ii) Osteogenesis imperfecta	1.0%	1.0%	4.0%	1.0%	1.0%	<b>8.0%</b>							BONE Developmental Disorders of Bone and Cartilage Defects in Hormones and Signal Transduction Proteins (Achondroplasia) Type 1 Collagen Diseases (Osteogenesis Imperfecta)
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[illegible]

	13. Describe rheumatoid arthritis with respect to pathogenesis, morphological and clinical features.							1						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
	14. Define, pathogenesis, morphology of Peripheral Nerve Sheath Tumors							1						
	15. Discuss pathogenesis. Morphology of Malignant Peripheral Nerve Sheath Tumors							1				1		
	<b>Total</b>	1.00 %	1.00 %	4.00 %	1.00%	1.00%	8.00 %	15		3		4	22	

<b>6. The Endocrine System and Chem</b>	<b>Student should be able to:</b>	1.0%	1.0%	4.0%	1.0%	1.0%	<b>8.0%</b>							
	1. List the causes of hyperpituitarism.							1		1				PITUITARY GLAND Pituitary Adenomas and Hyperpituitarism Lactotroph Adenoma Somatotroph Adenoma (Acromegaly) (Gigantism) Corticotroph Adenoma
	2. Describe the clinical features of acromegaly and gigantism.							1		1				Hypopituitarism

[illegible]



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 factors and clinical features of hyperparathyroidism and hypoparathyroidism. Differentiate between primary, secondary and tertiary hyperparathyroidism.

1

1

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  $\beta$ -Cell Destruction  
Pathogenesis of Type 2 Diabetes  
Genetic Factors  
Environmental Factors  
Metabolic Defects in Type 2 Diabetes  
Monogenic Forms of Diabetes  
Genetic Defects in  $\beta$ -Cell Function  
Genetic Defects That Impair Tissue Response to Insulin  
Diabetes and Pregnancy  
Clinical Features of Diabetes  
The Classic Triad of Diabetes  
Acute Metabolic Complications of

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 diabetes 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) Lab diagnosis of hyper and hypoparathyroidism

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 Insufficiency (Addison Disease)  
Secondary Adrenocortical Insufficiency  
Adrenocortical Neoplasms  
Conn's syndrome

<p>3. Role of: (i) Hormone estimation in diagnosis of infertility (ii) Hormone estimation in diagnosis of growth disorder (iii) Enzymes in diagnosis of pancreatitis.</p>								<p>1</p>						<p>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 diabetes mellitus. 6. Liver function tests. 7. Lab diagnosis of hyperlipidaemia and its clinical interpretation. 8. Role of enzymes in diagnosis of pancreatitis.</p>
								<p>1</p>						

														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
	<b>Total</b>	1.00 %	1.00 %	4.00 %	1.00%	1.00%	8.00 %	17		3		3	23	

<b>7. The Kidney</b>	<b>Student should be able to:</b>  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 complications of polycystic kidney disease.	1.0%	1.0%	3.0%	1.0%	1.0%	<b>7.0%</b>							Clinical Manifestations of Renal Diseases 896 (Azotemia, Uremia, Acute renal failure, Chronic renal failure)  Glomerular Diseases Glomerulonephritis Nephritic Syndrome
								1						
								1						



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

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

<b>8. The Bre ast</b>	<b>Student should be able to:</b>	0.5%	1.0%	2.0%	1.0%	1.0%	<b>5.5%</b>							
	1. List the causes of nipple discharge with special reference to intraductal papilloma.							1						Inflammatory Disorders Acute Mastitis Granulomatous Mastitis
	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)							1		1				Benign Epithelial Lesions Nonproliferative Breast Changes (Fibrocystic Changes)
	(iv) Carcinomas of the breast (Ductal and Lobular)							1		1				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
	3. Describe gynaecomastia, and list its causes.							1						

								1				1		Invasive (Infiltrating) Carcinoma Prognostic and Predictive Factors for Invasive Carcinoma Stromal Tumors Fibroadenoma Phyllodes Tumor
	<b>Total</b>	<b>0.50 %</b>	<b>1.00 %</b>	<b>2.00 %</b>	<b>1.00%</b>	<b>1.00%</b>	<b>5.50 %</b>	<b>8</b>		<b>2</b>		<b>1</b>	<b>11</b>	

<b>9. The Skin</b>	<b>Student should be able to:</b>	0.5%	1.0%	2.0%	1.0%	1.0%	<b>5.5%</b>							
	1. Define the terms: (i) Macule (ii) Papule (iii) Nodule, plaque, vesicle, bulla, blister, pustule, scale, lichenification, excoriation, hyperkeratosis, parakeratosis, acanthosis, dyskeratosis, acantholysis, papillomatosis, lentiginous spongiosis.							1						
	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						Chronic Inflammatory Dermatoses
	5. List the conditions which are associated with erythema multiforme.							1						Psoriasis Blistering (Bullous) Diseases Pemphigus Bullous Pemphigoid
	6. Describe the clinical features of erythema multiforme.							1						Infection Verrucae (Warts)
	<b>Total</b>	0.50 %	1.00 %	2.00 %	1.00%	1.00%	5.50 %	7		1		1	9	

<b>10. The Lower Urinary Tract and Male</b>	<b>Student should be able to:</b>	1.0%	1.0%	2.5%	1.0%	1.0%	6.5%							
	1. Describe the etiology, types, morphology and clinical features of cystitis.							1						Urinary Bladder Inflammation Acute and Chronic Cystitis Special Forms of Cystitis
	2. Describe the clinical features, etiology and morphology of transitional cell carcinoma of the urinary bladder.							1						Neoplasms Urothelial Neoplasms Other Epithelial Bladder Tumors Mesenchymal Tumors Secondary Tumors
	3. Discuss congenital conditions: (i) Hypospadias (ii) Undescended testis							1				1		Urethra Inflammation Tumors and Tumor-Like Lesions

<b>Genital System</b>	4. Describe the etiology, route of infection, pathogenesis and methods of diagnosing urethritis. (i) Gonococcal (ii) Non gonococcal							1		1			THE MALE GENITAL TRACT Penis Congenital Anomalies Hypospadias and Epispadias
	5. Discuss the etiology, pathogenesis and natural history of (i) Prostatitis (ii) Prostatic hyperplasia (iii) Prostatic carcinoma							1				1	Testis and Epididymis Congenital Anomalies Cryptorchidism Regressive Changes Atrophy and Decreased Fertility Inflammation and Infections Nonspecific Epididymitis and Orchitis Granulomatous (Autoimmune) Orchitis
	6. Discuss the causes, pathogenesis and relevant investigations of male infertility.							1					
	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							1			1		Spermatic Cord and Paratesticular Tumors Testicular Tumors Germ Cell Tumors Tumors of Sex Cord–Gonadal Stroma Gonadoblastoma Testicular Lymphoma Lesions of Tunica Vaginalis
	8. Classify the tumours of the male genital tract. (i) Prostate (ii) Testis							1		1			

								1					Prostate Inflammation Benign Enlargement Benign Prostatic Hyperplasia-1
								1					Prostate Inflammation Benign Enlargement Benign Prostatic Hyperplasia-2
								1				1	Neoplasms Adenocarcinoma Miscellaneous Tumors
	<b>Total</b>	<b>1.00 %</b>	<b>1.00 %</b>	<b>2.50 %</b>	<b>1.00%</b>	<b>1.00%</b>	<b>6.50 %</b>	<b>12</b>		<b>2</b>		<b>3</b>	<b>17</b>

<b>11. The Central Ner vou s Syst em</b>	<b>Student should be able to:</b>	<b>0.5 %</b>	<b>1.0 %</b>	<b>2.0 %</b>		<b>1.0%</b>	<b>4.5%</b>						
	1. Describe clinico-pathological features of hydrocephalus.							1					Cerebral Edema, Hydrocephalus, Raised Intracranial Pressure, and Cerebral Edema
	2. Describe the categories of cerebral edema (vasogenic and cytotoxic).							1					Hydrocephalus Raised Intracranial Pressure and Herniation
	3. List the types of herniation of brain along with clinical significance.							1					Cerebrovascular Disease Intracranial Hemorrhage 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 Viral Meningoencephalitis Arthropod-Borne Viral Encephalitis Herpes Simplex Virus Type 1 Herpes Simplex Virus Type 2 Varicella-Zoster Virus Cytomegalovirus JC virus Human Immunodeficiency Virus Fungal Meningoencephalitis
	5. Differentiate between acute purulent meningitis and acute lymphocytic meningitis.							1						
	6. List the etiologic agents of chronic meningitis. Describe clinical and morphological features of chronic meningitis.							1						Tumors Gliomas Astrocytoma Oligodendroglioma Ependymoma Embryonal Neoplasms Medulloblastoma Meningiomas Metastatic Tumors
	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	8	
	<b>Total</b>	<b>1%</b>	<b>1%</b>	<b>2%</b>		<b>1%</b>	<b>5%</b>	<b>7</b>				<b>1</b>	<b>8</b>	

	<b>Student should be able to:</b>	1.0%	1.0%	4.0%	1.0%	1.0%	<b>8.0%</b>					3		
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## 12. Upper and Lower Respiratory Tract

1. List micro-organisms causing upper respiratory tract infection.
2. List malignant and benign tumours of nasopharynx and larynx.
3. Discuss pleural effusion, hemothorax, hydrothorax, pleureitis, pneumothorax and chylothorax.
4. Discuss acute pharyngitis, acute bacterial epiglottitis and acute laryngitis.

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- Nasopharynx
- Inflammatory Lesions
- Tumors of the Nose, Sinuses, and Nasopharynx
- Larynx
- Inflammatory Lesions
- Carcinoma of the Larynx
- 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



8. Describe the pathogenesis, morphology and clinical features of sarcoidosis and hypersensitivity pneumonitis.								1		1			Disease With Pulmonary Involvement) Pulmonary Infections Community-Acquired Bacterial Pneumonias Community-Acquired Viral Pneumonia Health Care–Associated Pneumonia Hospital-Acquired Pneumonia 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
9. Describe clinical features of Goodpasture's syndrome.								1					
10. Discuss the etiology, pathogenesis and clinical features of tuberculosis of the lung.								1					
11. Describe etiology and pathogenesis of mesothelioma.								1					

														Pleural Tumors Malignant Mesothelioma
	Total	1.00 %	1.00 %	4.00 %	1.00%	1.00%	8.00 %	11		4		3	18	



5. Describe the causes, pathogenesis and clinical features of dysfunctional uterine bleeding with special reference to endometrial hyperplasia, endometrial polyp and carcinoma.								1	1		1	Malignant Tumors of the Endometrium Carcinoma of the 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
6. Classify tumours of the uterus and ovary.								1				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
7. Describe the etiology, clinical features and pathogenesis of ectopic pregnancy and toxemia of pregnancy.								1	1			
8. Classify gestational trophoblastic tumours with special reference to their clinical features.								1				
								1				

													Yolk Sac Tumors Choriocarcinoma 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				1	
								1					
	<b>Total</b>	1.00 %	1.00 %	3.00 %	1.00%	1.00%	7.50 %	13		6		3	22

<b>Grand Total</b>	<b>11%</b>	<b>15%</b>	<b>47%</b>	<b>14%</b>	<b>13%</b>	<b>100%</b>	<b>165</b>		<b>33</b>		<b>33</b>	<b>231</b>	
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# 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 Specimens	Have complete knowledge about transportation of histo specimens	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
Anthraxis	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
Thalassemia	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

4th Year 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	GT 3 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 Syllabus 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

## 4th Year 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	L.PARK CH9, 10, 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, Environmental & Mental Health, Disaster , Solid & Hospital Waste Management, Health Communication Of Health Education	L.PARK 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			

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

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



