

AVICENNA MEDICAL & DENTAL COLLEGE



# STUDY GUIDE

## 2025

### Community Medicine & Family Health I

#### BLOCK 9- MODULE 22



**Program:** MBBS  
**Year:** 3<sup>rd</sup> Professional Year  
**Batch No:** M-22  
**Session:** 2024-2025

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## List of Abbreviations

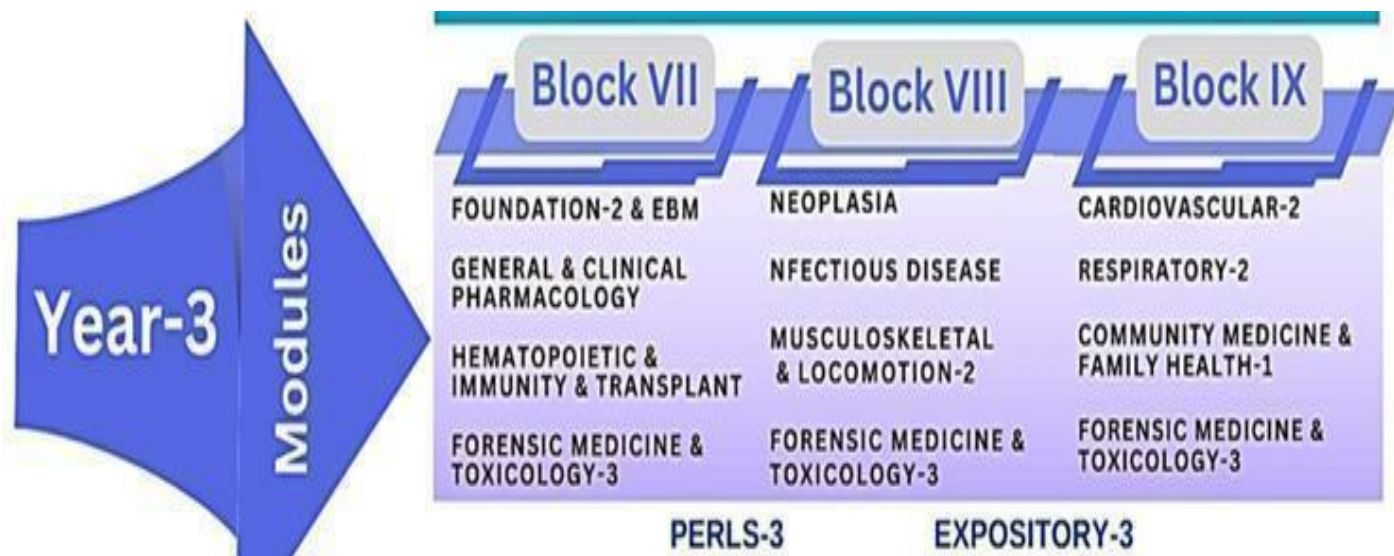
Letter	Abbreviations	Subjects
A	A	Anatomy
	ABCDE	Airway, Breathing, Circulation, Disability, Exposure
	ABG	Arterial blood gas
	ACS	Acute Coronary Syndromes
	Ag	Aging
	AKI	Acute kidney injury
	ALT	Alanine transaminase
	AMI	Acute Myocardial Infarction
	AMP	Adenosine monophosphate
	ANA	Antinuclear Antibody
	ANCA	Anti-neutrophil Cytoplasmic Antibodies
	ANS	Autonomic Nervous System
	AO	Association of osteosynthesis
	APTT	Activated Partial Thromboplastin Clotting Time
	ARDS	Acute Respiratory Distress Syndrom
	ARVC	Arrhythmogenic Right ventricular Cardiomyopathy
	ASD	Atrial Septal Defect
	AST	Aspartate aminotransferase
	ATLS	Advanced Trauma Life Support
	Au	Autopsy
	AUC	Area under the curve
	AV	Atrioventricular
B	B	Biochemistry
	BhS	Behavioral Sciences
	BHU	Basic Health Unit
	BSL	Biological Safety Level
C	C	Civics
	C-FRC	Clinical-Foundation Rotation Clerkship
	C.burnetii	Clostridium burnetii
	C.neoformans	Clostridium neoformans
	C.pneumoniae	Clostridium pneumoniae
	C.psittaci	Clostridium psittaci
	C.trachomatis	Clostridium trachomatis
	CA	cancer
	CABG	coronary artery bypass grafting
	CAD	coronary artery disease
	CBC	Complete Blood Count
	CCR5	cysteine-cysteine chemokine receptor
	CD31	cluster of differentiation 31
	CD34	cluster of differentiation 34
	CD4	cluster of differentiation 4
	CF	cystic fibrosis
	CK	Creatine kinase
	CLED	cystine lactose electrolyte deficient
	CLL	chronic lymphocytic leukemia
	CM	Community Medicine
	CML	chronic myeloid leukemia

	<b>CMV</b>	cytomegalo virus
	<b>CNS</b>	Central Nervous System
	<b>CO</b>	Carbon monoxide
	<b>CO2</b>	Carbon dioxide
	<b>CODIS</b>	combined DNA index system
	<b>COPD</b>	Chronic obstructive pulmonary disease
	<b>COVID-19</b>	Corona Virus Disease 2019
	<b>COX</b>	Cyclooxygenase
	<b>CPR</b>	Cardiopulmonary Resuscitation
	<b>CR</b>	Clinical Rotation
	<b>CRP</b>	Clinical Rotation CSF C- Reactive Protein
	<b>CSF</b>	Cerebro Spinal Fluid
	<b>CT</b>	Computed tomography
	<b>CV</b>	Cardiovascular
	<b>CVA</b>	Cerebral vascular accident
	<b>CVS</b>	Cerebrovascular system
<b>D</b>	<b>D.medinensis</b>	Dracunculus Medinensis
	<b>DALY</b>	Disability-Adjusted Life Year
	<b>DCIS</b>	Ductal Carcinoma in situ
	<b>DCM</b>	Dilated Cardiomyopathy Dorsal Colu
	<b>DCMLS</b>	Dorsal column medial lemniscus system
	<b>DLC</b>	Differential Leukocyte Count
	<b>DMARDs</b>	Disease Modifying Anti Rheumatic Drugs
	<b>DNA</b>	DeoxyRibonucleic Acid
	<b>DOTS</b>	Directly Observed Treatment Short-course
	<b>DTP</b>	Diphtheria, Tetanus, Pertussis
	<b>DVI</b>	Disaster Victim Identification
	<b>DVT</b>	Deep Vein Thrombosis
<b>E</b>	<b>E.coli</b>	Escherichia coli
	<b>ECF</b>	Extracellular Fluid
	<b>ECG</b>	Electrocardiography
	<b>ECP</b>	Emergency contraceptive pills
	<b>ED50</b>	Median Effective Dose
	<b>EEG</b>	Electroencephalogram
	<b>EIA</b>	Enzyme Immunoassay
	<b>ELISA</b>	Enzyme Linked Immunosorbent Assay
	<b>EnR</b>	Endocrinology & Reproduction
	<b>ENT</b>	Ear Nose Throat
	<b>EPI</b>	Expanded Programme on Immunization
	<b>ER</b>	Emergency Room
<b>F</b>	<b>F</b>	Foundation
	<b>FAST</b>	Focused Assessment with Sonography
	<b>FEV1</b>	Forced Expiratory Volume 1
	<b>FM</b>	Family Medicine
	<b>For</b>	Forensic Medicine
	<b>FPIA</b>	Fluorescent Polarization Immunoassay
	<b>FS</b>	Forensic Serology
	<b>FSc</b>	Forensic Science
	<b>FVC</b>	Forced Vital Capacity
<b>G</b>	<b>GCS</b>	Glasgow Coma Scale

	<b>GFR</b>	Glomerular Filtration Rate
	<b>GIT</b>	Gastrointestinal tract
	<b>GL-MS</b>	Gas Liquid Mass Spectrometry
	<b>GLC</b>	Gas Liquid Chromatography
	<b>GLP</b>	Guanosine Monophosphate
	<b>GMP</b>	Guanosine monophosphate
	<b>GO</b>	Gynecology and Obstetrics
	<b>GP</b>	General Practitioner
	<b>GPE</b>	General Physical Examination
	<b>GTO</b>	Golgi Tendon Organ
	<b>Gynae &amp; Obs</b>	Gynecology and Obstetrics
<b>H</b>	<b>H &amp; E</b>	Hematoxylin and eosin
	<b>H. influenzae</b>	Haemophilus influenzae
	<b>H.pylori</b>	Helicobacter pylori
	<b>HAI</b>	Healthcare Associated Infections
	<b>HbC</b>	Hemoglobin C
	<b>HbS</b>	Sickle Hemoglobin
	<b>HbSC</b>	Hemoglobin Sickle C Disease
	<b>HCL</b>	Hydrochloric Acid
	<b>HCM</b>	Hypertrophic Cardiomyopathy
	<b>HHV</b>	Human Herpesvirus
	<b>HIT</b>	Hematopoietic, Immunity and Transplant
	<b>HIV</b>	Human Immunodeficiency Virus
	<b>HL</b>	Hematopoietic & Lymphatic
	<b>HLA</b>	Human Leukocyte Antigen
	<b>HMP</b>	Hexose Monophosphate
	<b>HNSS</b>	Head & Neck and Special Senses
	<b>HPLC</b>	High Pressure Liquid Chromatography
<b>I</b>	<b>ICF</b>	Intra Cellular Fluid
	<b>ID</b>	Infectious Diseases
	<b>IE</b>	Infective Endocarditis
	<b>IL</b>	Interleukin
	<b>ILD</b>	Interstitial Lung Disease
	<b>IN</b>	Inflammation
	<b>INR</b>	International Normalized Ratio
	<b>INSTIs</b>	Integrase Strand Transfer Inhibitors
	<b>IPV</b>	Intrauterine Device
	<b>IUD</b>	Intrauterine device
	<b>IUGR</b>	Intra-Uterine Growth Restriction
<b>J</b>	<b>JVP</b>	Jugular Venous Pulse
<b>L</b>	<b>L</b>	Law
	<b>LD50</b>	Median Lethal Dose
	<b>LDH</b>	Lactate Dehydrogenase
	<b>LSD</b>	Lysergic acid diethylamide
<b>M</b>	<b>M</b>	Medicine
	<b>MALT</b>	Mucosa Associated Lymphoid Tissue
	<b>MBBS</b>	Bachelor of Medicine, Bachelor of Surgery
	<b>MCH</b>	Mean corpuscular hemoglobin
	<b>MCHC</b>	Mean Corpuscular Hemoglobin Concentration
	<b>MCV</b>	Mean Corpuscular Volume
	<b>MHO2001</b>	Mental Health Ordinance 2001
	<b>MoA</b>	Mechanism of action

	<b>MRI</b>	Mechanism of action
	<b>MS</b>	Musculoskeletal
	<b>MSD</b>	Musculoskeletal disorders
	<b>MSDS</b>	Minimum Service Delivery Standards
	<b>MSK</b>	Musculoskeletal
<b>N</b>	<b>N</b>	Neoplasia
	<b>NEAA</b>	Non-Essential Amino Acids
	<b>NK cells</b>	Natural Killer Cells
	<b>NNRTI</b>	Non-nucleoside Reverse Transcriptase Inhibitors
	<b>NRTIs</b>	Nucleoside Reverse Transcriptase Inhibitors
	<b>NS</b>	Neurosciences
<b>O</b>	<b>NSAIDs</b>	Non-steroidal Anti-Inflammatory Drugs
	<b>O</b>	Ophthalmology
	<b>OA</b>	Osteoarthritis
	<b>OPC</b>	Organophosphate
	<b>OPV</b>	Oral poliovirus vaccine
	<b>Or</b>	Orientation
	<b>Orth</b>	Orthopaedic
<b>P</b>	<b>P</b>	Physiology
	<b>P.jiroveci</b>	Pneumocystis jiroveci
	<b>Pa</b>	Pathology
	<b>PAD</b>	Pathology
	<b>PAF</b>	Platelet activating factor
	<b>PBL</b>	Problem Based Learning
	<b>PCH</b>	Psychiatry
	<b>PCR</b>	Polymerase Chain Reaction
	<b>PDA</b>	Patent Ductus Arteriosus
	<b>PDGF</b>	Platelet derived growth factor
	<b>Pe</b>	Pediatrics
	<b>PEM</b>	Protein Energy Malnutrition
	<b>PERLs</b>	Professionalism, Ethics, Research, Leadership
	<b>PET</b>	Positron Emission Tomography
	<b>Ph</b>	Pharmacology
	<b>Ph</b>	Pharmacology
	<b>PI</b>	Personal Identity
	<b>PID</b>	Pelvic inflammatory disease
	<b>PIs</b>	Protease inhibitors
	<b>PMC</b>	Pakistan Medical Commission
	<b>PMDC</b>	Pakistan Medical and Dental Council
	<b>PMI</b>	Post-Mortem Interval
	<b>PNS</b>	Peripheral Nervous System
	<b>PPD</b>	Paraphenylenediamine
	<b>PPE</b>	Personal Protective Equipment
	<b>Psy</b>	Psychiatry
	<b>PT</b>	Prothrombin Time
	<b>PVC</b>	Premature Ventricular Contraction
	<b>PVD</b>	Peripheral Vascular Diseases
<b>Q</b>	<b>QALY</b>	Quality-Adjusted Life Year
	<b>QI</b>	Quran and Islamiyat
<b>R</b>	<b>R</b>	Renal
	<b>Ra</b>	Radiology

	<b>RA</b>	Radiology
	<b>RBCs</b>	Red Blood cells
	<b>RCM</b>	Restrictive Cardiomyopathy
	<b>RDA</b>	Recommended Dietary Allowance
	<b>Re</b>	Respiratory
	<b>RF</b>	Rheumatoid factor
	<b>RFLP</b>	Restriction Fragment Length Polymorphism
	<b>Rh</b>	Rheumatology
	<b>RHC</b>	Rural Health Center
	<b>RIA</b>	Radioimmunoassay
	<b>RMP</b>	Resting Membrane Potential
	<b>RNA</b>	Ribonucleic Acid
	<b>RTA</b>	Road Traffic Accident
<b>S</b>	<b>S</b>	Surgery
	<b>S.pneumonia</b>	Streptococcus pneumoniae
	<b>SA</b>	Sinoatrial
	<b>SCC</b>	Squamous-cell carcinoma
	<b>Se</b>	Sexology
	<b>Sec</b>	Section
	<b>SIDS</b>	Sudden Infant Death Syndrome
	<b>SLE</b>	Systemic Lupus Erythematosus
	<b>SOP</b>	Standard Operating Procedure
<b>T</b>	<b>TB</b>	Tuberculosis
	<b>TBI</b>	Traumatic Brain Injury
	<b>TCA</b>	Tricarboxylic acid cycle
	<b>TCBS</b>	Thiosulphate Citrate Bile salts Sucrose
	<b>TD50</b>	Median Toxic Dose
	<b>TGA</b>	Transposition of the Great Arteries
	<b>Th</b>	Thanatology
	<b>TLC</b>	Thin Layer Chromatography
	<b>TNF</b>	Tumor Necrotic Factor
	<b>TNM</b>	Tumor Necrotic Factor
	<b>TOF</b>	Tetralogy of Fallot
	<b>Tox</b>	Toxicology
	<b>Tr</b>	Traumatology
	<b>TSI</b>	Triple Sugar Iron
<b>U</b>	<b>USG</b>	Ultrasonography
	<b>UTI</b>	Urinary Tract Infections
	<b>UV</b>	Ultraviolet
<b>V</b>	<b>VAP</b>	Ventilator-Associated Pneumonia
	<b>Vd</b>	Volume of Distribution
	<b>VEGF</b>	Vascular Endothelial Growth Factor
	<b>VSD</b>	ventricular septal defect
<b>W</b>	<b>W. bancroft</b>	Wuchereria bancroft
	<b>WBCs</b>	White Blood Cells
	<b>WHO</b>	World Health Organization
<b>Z</b>	<b>ZN Staining</b>	Ziehl-Neelsen Staining





## Introduction to the 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:

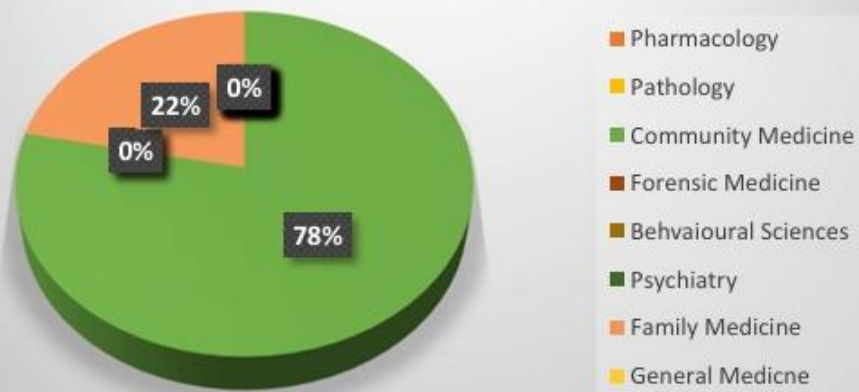
- Utilize the learning methodologies, infrastructure resources, and Learning Management System to maximize your educational experience and academic success.

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.

## Introduction to Module

- The module on Community Medicine and Family Medicine is crucial for addressing the learning needs of medical students about holistic concepts of health, prevalent health problems, their determinants and provision of comprehensive healthcare to the communities.
- Curriculum on Community Medicine and family medicine equips future healthcare professionals with the knowledge, skills and attitude to implement preventive strategies, health promotion & reduce the burden of disease through primary health care approach targeting universal health coverage. Health outcomes are influenced by social, economic & environmental factors.
- It helps students understand the broader determinants of health & how to address health disparities.
- Public health crises such as pandemics, natural disasters & environmental hazards require professionals trained in community-based responses & health emergencies and reaching at door step through provision of family health services.
- Healthcare professionals must be equipped to engage in provision of health care needs at smaller scale and building health policy at local, national and global levels to improve public health outcomes.

## Community Medicine & Family Health-I



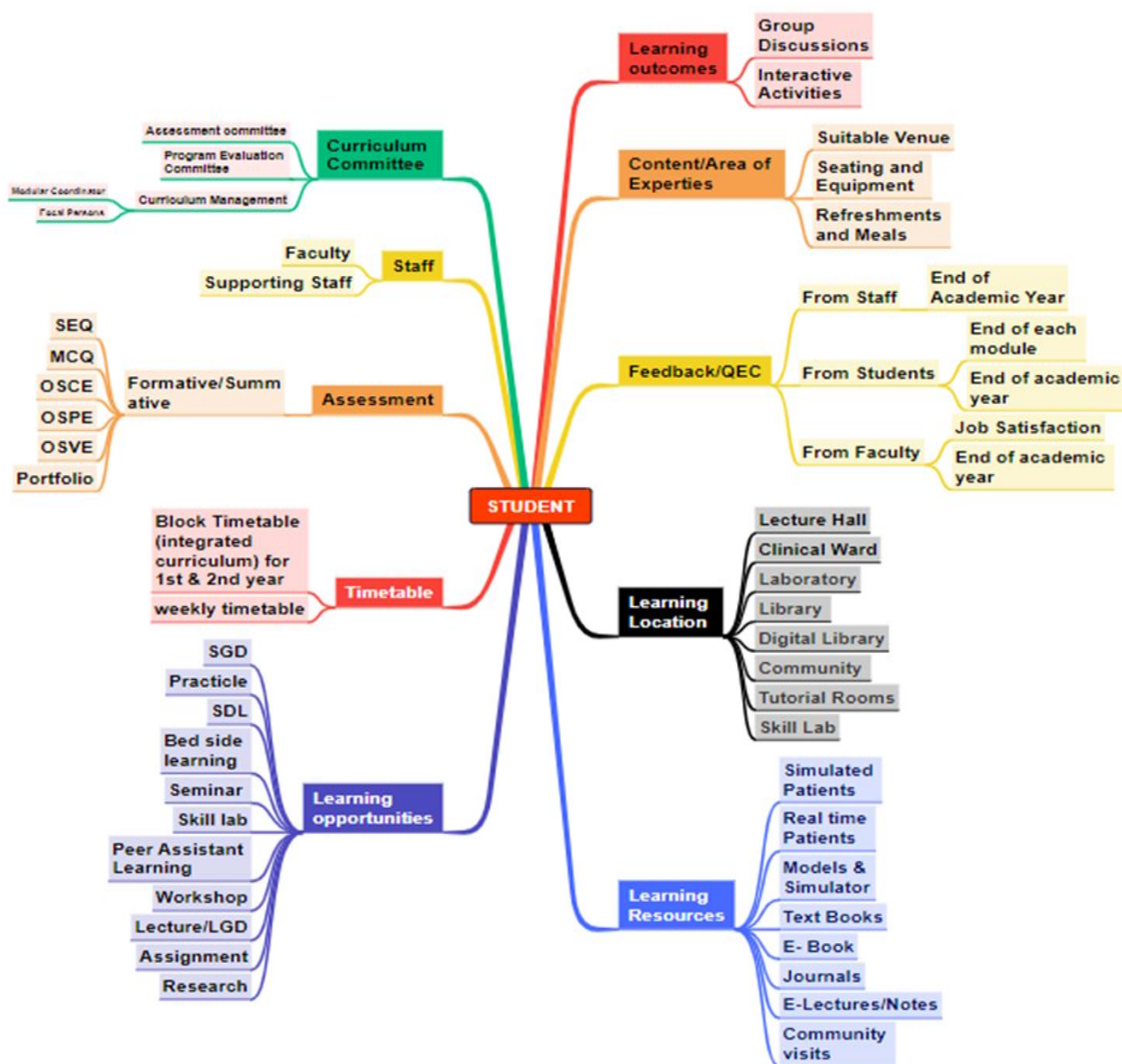
Module Weeks	Recommended Minimum Hours
3.3	115

## Module Committee

Name	Designation	Department
Prof. Dr. Gulfreen Waheed	Principal & Director	Medical Education
Dr. Saba Iqbal	Associate Director	Medical Education
Dr. Ijlal Zehra	Head	Assessment Cell
Dr. Javaid Shabkhez Rab	Coordinator	Medical Education
Dr. Salar Arsalan	Demonstrator	Medical Education
Dr. Huma Fatima	Demonstrator	Medical Education
Ms. Tamzeela	Co-Coordinator	Medical Education
Mr. Adeel	Head	Student Affairs
Prof. Dr. Saeed Afzal	Head	Pathology
Dr. Majid	Focal Person	Pathology
Prof. Dr. Asma Saeed	Head	Pharmacology
Dr. Azka	Focal Person	Pharmacology
Prof. Dr. Rana Akhtar	Head	Community Medicine
Dr. Usman Sheikh	Focal Person	Community Medicine
Prof. Dr. Zainab	Head	Forensic Medicine
Dr. Anwar	Focal Person	Forensic Medicine
Prof. Dr. Hassan Khan	Head	Surgery Unit-1
Prof. Dr. Khalid Nizami	Head	Surgery Unit-2
Dr. Sumaira	Focal Person	General Surgery
Prof. Dr. Muzammil	Head	Medicine Unit-1
Prof. Dr. Waheed Ahmed	Head	Medicine Unit-2
Dr. Usman	Focal Person	General Medicine
Dr. Usman	Focal Person	Psychiatry
Dr. Usman	Focal Person	Family Medicine
Dr. Farhat	Head	Behavioural Sciences
Dr. Uzma	Focal Person	Paediatrics

## Curriculum 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:



## Timetable

# AVICENNA MEDICAL & DENTAL COLLEGE

TIME TABLE		M-22	SESSION 2024-2025						Week-33
DATE	DAY	3rd Year MBBS							BLOCK # IX
DATE	DAY	8.00-9.00	9.00-10.00	10.00-11.00	11.00-12.00	12.00-12.30	12.30-1.30	1.30-3.30	
27-Oct	MON	LECTURE PATHOLOGY  LECTURE HALL3	CFRC  CLINICAL ROTATION PRACTICAL		LECTURE COM. MEDICINE  LECTURE HALL3	BREAK	LECTURE SURGERY  LECTURE HALL3	TUTORIAL IN 3 BATCHES	
28-Oct	TUE	8.00-10.00		10.00-10.30	10.30-12.30		12.30-1.30	1.30-3.30	
		GRAND TEST COMMUNITY MEDICINE		BREAK	OSPE/VIVA		CFRC  CLINICAL ROTATION PRACTICAL		
29-Oct	WED	8.00-9.00	9.00-10.00	10.00-11.00	11.00-12.00	12.00-12.30	12.30-1.30	1.30-3.30	
		LECTURE FOR.MEDICINE  LECTURE HALL3	LECTURE PATHOLOGY  LECTURE HALL3	LECTURE COM. MEDICINE  LECTURE HALL3	TUTORIAL IN 3 BATCHES	BREAK	CFRC  CLINICAL ROTATION PRACTICAL		
30-Oct	THU	8.00-2.00							
		COMMUNITY FIELD VISIT							
31-Oct	FRI	8.00-9.00	9.00-10.00	10.00-11.00	11.00-12.00	12.00-1.00	1.00-2.00	2.00-3.30	
		LECTURE COM. MEDICINE  LECTURE HALL3	LECTURE PHARMACOLOGY  LECTURE HALL3	LECTURE FOR.MEDICINE  LECTURE HALL3	TUTORIAL IN 3 BATCHES	LECTURE PERls  LECTURE HALL3	JUMMA BREAK	SDL	

Prepared by DME



# AVICENNA MEDICAL & DENTAL COLLEGE

TIME TABLE		M-22 3rd Year MBBS	SESSION 2024-2025						Week-34						
DATE	DAY								BLOCK # IX						
									MODULE - 22						
DATE	DAY	8.00-9.00		9.00-10.00		10.00-11.00		11.00-12.00		12.00-12.30		12.30-1.30		1.30-3.30	
3-Nov	MON	LECTURE PATHOLOGY  LECTURE HALL3		CFRC  CLINICAL ROTATION PRACTICAL				LECTURE COM. MEDICINE  LECTURE HALL3		BREAK		PERLs		TUTORIAL IN 4 BATCHES	
4-Nov	TUE	8.00-10.00				10.00-10.30		10.30-12.30				12.30-1.30		1.30-3.30	
		GRAND TEST PHARMACOLOGY				BREAK		OSPE/VIVA				CFRC  CLINICAL ROTATION PRACTICAL			
	5-Nov	WED	8.00-9.00		9.00-10.00		10.00-11.00		11.00-12.00		12.00-12.30		12.30-1.30		1.30-3.30
LECTURE MEDICINE  LECTURE HALL3			LECTURE FOR.MEDICINE  LECTURE HALL3		LECTURE COM. MEDICINE  LECTURE HALL3		TUTORIAL IN 4 BATCHES		BREAK		CFRC  CLINICAL ROTATION PRACTICAL				
6-Nov	THU	8.00-9.00		9.00-10.00		10.00-11.00		11.00-12.00		BREAK		12.30-1.30		1.30-3.30	
		LECTURE SURGERY  LECTURE HALL3		LECTURE PATHOLOGY  LECTURE HALL3		LECTURE MEDICINE  LECTURE HALL3		LECTURE PHARMACOLOGY  LECTURE HALL3				LECTURE PERLs  LECTURE HALL3		TUTORIAL IN 4 BATCHES	
		8.00-9.00		9.00-10.00		10.00-11.00		11.00-1.00				1.00-2.00		2.00-3.30	
7-Nov	FRI	LECTURE FOR.MEDICINE  LECTURE HALL3		LECTURE PHARMACOLOGY  LECTURE HALL3		TUTORIAL IN 4 BATCHES		LECTURE PATIENT SAFETY  LECTURE HALL3				JUMMA BREAK		SDL	

Prepared by DME



# AVICENNA MEDICAL & DENTAL COLLEGE

TIME TABLE		M-22	SESSION 2024-2025						Week-35
DATE	DAY	3rd Year MBBS							BLOCK # IX
DATE	DAY	8.00-9.00	9.00-10.00	10.00-11.00	11.00-12.00	12.00-12.30	12.30-1.30	1.30-3.00	
10-Nov	MON	LECTURE PATHOLOGY  LECTURE HALL3	CFRC  CLINICAL ROTATION PRACTICAL		LECTURE COM. MEDICINE  LECTURE HALL3	BREAK	LECTURE PERLs  LECTURE HALL3	TUTORIAL IN 4 BATCHES	
11-Nov	TUE	8.00-10.00		10.00-10.30	10.30-12.30		12.30-1.30	1.30-3.00	
		GRAND TEST MEDICINE		BREAK	OSPE/VIVA		CFRC  CLINICAL ROTATION PRACTICAL		
12-Nov	WED	8.00-9.00	9.00-10.00	10.00-11.00	11.00-12.00	12.00-12.30	12.30-1.30	1.30-3.00	
		LECTURE MEDICINE  LECTURE HALL3	LECTURE PATHOLOGY  LECTURE HALL3	LECTURE COM. MEDICINE  LECTURE HALL3	TUTORIAL IN 4 BATCHES	BREAK	CFRC  CLINICAL ROTATION PRACTICAL		
13-Nov	THU	8.00-9.00	9.00-10.00	10.00-11.00	11.00-12.00		BREAK	12.30-1.30	1.30-3.00
		LECTURE SURGERY  LECTURE HALL3	LECTURE MEDICINE  LECTURE HALL3	LECTURE FOR.MEDICINE  LECTURE HALL3	LECTURE COM. MEDICINE  LECTURE HALL3	LECTURE PHARMACOLOGY  LECTURE HALL3		TUTORIAL IN 4 BATCHES	
14-Nov	FRI	8.00-9.00	9.00-10.00	10.00-11.00	11.00-1.00		1.00-2.00	2.00-3.30	
		LECTURE FOR.MEDICINE  LECTURE HALL3	LECTURE PHARMACOLOGY  LECTURE HALL3	TUTORIAL IN 4 BATCHES	LECTURE PATIENT SAFETY  LECTURE HALL3		JUMMA BREAK	SDL	

Prepared by DME

## Allocation of Hours

week#	Pharmacology	Pathology	For.Medicine	Com.Medicine	Beh. Science	Surgery	Medicine	Paeds	Gynae	Bio	Phy	PERLs	Patient Safety	Clinical Rotation/ Practical	Tutorial	Assessment	SDL
Week-1	5	6	3	1	1	1	1					1	1	7	6		4
Week-2	5	6	2	1		1	1			1	1	1	1	7	6		4
Week-3																	
Week-4	5	5	2	1	1	1				1	1	2	1	7	6		4
Week-5	4	5	2	1			1			1		1	1	7	6	4	4
Week-6	5	5	2	1			1					2	1	7	5	4	4
Week-7	4	3	2	1						1		1		7	3.5	4	3
Week-8	5	5	2	1		1				1		1		7	6	4	4
Week-9	5	5	2	1		1								7	6	4	4
Week-10	5	5	2			1						1		7	6	4	4
Week-11	4	4	2									1	1	5	5.5	7	4
Week-12	3	6	2		1	1	1					1		7	4		4
Week-13	3	6	2			1	1	1		1			1	5	4.5		3
Week-14	3	6	2			1	1		1			1	1	7	6	4	4
Week-15	3	6	2	1		1	1					1	1	7	6	4	4
Week-16	3	6	2	1			1					1	1	7	6	4	4
Week-17	2	6	2	1		1	1	1				1	1	7	6	4	4
Week-18	2	6	2			1	1		1			1	1	7	6	4	4
Week-19																	
Week-20																	
Week-21																	
Week-22																	
Week-23	2	7	2			3	2					1	1	7	7		4
Week-24	2	6	2			2	2					1	1	7	6	4	4
Week-25	2	5	2			1	1							7	4	4	4
Week-26	2	6	2			2	2					1	1	7	6	4	4
Week-27	1	2	1	2	1	2	2					1	1		5.5	7	3
Week-28	1	2	1	2		1	1					2	1	7	7		4
Week-29	2	2	1	2			2						1	7	5.5	4	4
Week-30	1	2	1	3	1		1						1	7	5.5	4	4
Week-31	2	2	1	2		1	1					1		7	5.5	4	4
Week-32	2	2	2	3								1		7	5.5	4	4
Week-33	1	2	2	3		1						1		7	5.5	4	4
Week-34	2	2	2	2		1	2					2	1	7	7	4	4
Week-35	2	2	2	3		1	2					1	1	7	7	4	4
Week-36	2	2	2	2		2	3					1	1	7	7	4	4
Week-37	2	2	2	3		1	2					1	1	7	7	4	4
Week-38	2	2	2	2		1	2					2	1	7	7	4	4
Week-39	2	2	2			1	3					3		7	7	4	4
Week-40														2.5	1	7	2
Total Hours	96	141	64	40	5	32	39	2	2	6	2	36	24	229.5	200.5	121	135

## Modular Outcomes

Module Name	Modular Outcomes
<p>Block 9</p> <p>Module 22</p> <p>Community Medicine &amp; Family Health I</p>	<ul style="list-style-type: none"> <li>• To apply principles of epidemiological study designs in research methodology to establish association and causations</li> <li>• To apply principles of community diagnosis, screening in general population and high-risk population</li> <li>• To apply the concept of environmental safety and global environmental concerns including air, water, waste disposal, radiation, noise and climate change.</li> <li>• To apply principles of infectious disease epidemiology in classification, prevention and control of communicable diseases.</li> <li>• To apply different types of surveillance in disease control, elimination and eradication</li> <li>• To understand the concept of herd immunity and role of immunizing agents in disease prevention and control</li> <li>• To demonstrate the difference between health education and propaganda, application of different health education, communication, information in different settings using different techniques and approaches</li> <li>• To apply principles of primary health care targeting universal health care coverage through family medicine.</li> <li>• To demonstrate comprehensive health care services as a concept of One Health which is attainable and achievable.</li> </ul>

## Learning Objectives

Week No.	Total Hours	Mode of Teaching	Code	Learning Objective	Topic	Reference	Facilitator
Week:33	PHARMACOLOGY						
Week:33	1	Lecture	Re2-Ph-001	<p>Discuss the roles of corticosteroids in the treatment of bronchial asthma.</p> <p>Discuss the role of ipratropium in asthma</p> <p>Discuss the mechanism of action and adverse effects of leukotriene synthesis and receptor blockers used in asthma</p> <p>Enlist drugs used in acute and chronic asthma</p>	antiasthmatics	Katzung edition 16	Dr.Asma Saeed

Week:33	2	Tutorial 1	Re2-Ph-001	<p>Discuss the roles of corticosteroids in the treatment of bronchial asthma.</p> <p>Discuss the role of ipratropium in asthma</p> <p>Discuss the mechanism of action and adverse effects of leukotriene synthesis and receptor blockers used in asthma</p> <p>Enlist drugs used in acute and chronic asthma</p>	antiasthmatics	Katzung edition 16	demonstrator
Week:33	PATHOLOGY						

<b>Week:33</b>	<b>3</b>	<b>Lecture</b>	<b>Re2-Pa-005</b>	<b>Differentiate between obstructive and restrictive pulmonary diseases, List the causes of restrictive lung diseases, Describe pneumoconiosis with respect to etiology and pathogenesis, Enlist asbestos related diseases, Describe morphologic features of asbestosis, Describe morphological features of cryptogenic organizing pneumonia, coal workers</b>	<b>Restrictive Lung Diseases</b>	<b>Robbins 10th edition chapter 15</b>	<b>DR NABILA</b>
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<b>Wee k:33</b>	<b>4</b>	<b>Lecture</b>	<b>Re2- Pa- 006</b>	<b>Describe various etiological factors of pulmonary pneumonia. Describe the histopathological subtypes of pulmonary pneumonia, Describe morphological features of bronchogenic and lobar pneumonia. Describe four stages of lobar pneumonia Explain the complications associated with pulmonary pneumonia</b>	<b>Pneumonia</b>	<b>Robbins 10th edition chapter 15</b>	<b>DR NABILA</b>
<b>Wee k:33</b>	<b>5</b>	<b>Tutorial</b>	<b>Re2- Pa- 006</b>	<b>Describe various etiological factors of pulmonary pneumonia. Describe the histopathological subtypes of pulmonary pneumonia, Describe morphological features of bronchogenic and lobar pneumonia. Describe four stages of lobar pneumonia Explain the complications associated with pulmonary pneumonia</b>	<b>Pneumonia</b>	<b>Robbins 10th edition chapter 15</b>	<b>Demonstrator</b>

Week:33	FOR.MEDICINE						
Week:33	6	Lecture	For3 - Tox-011	<p align="center"> <b>Classify snakes</b>  <b>Differentiate between poisonous and non-poisonous snakes. Tabulate the differences between the elapids and vipers. Discuss the characteristics of snake venom. Describe the clinical feature of venomous snake bite. Explain clinical management of venomous snake bite. Discuss post mortem features and medico legal aspects of venomous snake bite.</b> </p>	<p align="center"> <b>Irritant Poisons</b>  <b>Snakes-Elapids</b>  <b>Vipers</b>  <b>Hydrophidate or seasnakes</b> </p>	<p align="center"><b>Parikh 7th Ed. Ch. 45</b></p>	<p align="center"><b>Dr. Anwar</b></p>



<b>Week:33</b>	<b>7</b>	<b>Lecture</b>	<b>For3 - Tox- 013</b>	<p><b>Classify pesticides.</b></p> <p><b>Classify organophosphates.</b></p> <p><b>Describe the sources of exposure, mechanism of action and fatal dose and fatal period</b></p> <p><b>Explain clinical features of poisoning</b></p> <p><b>Summarize laboratory investigations and bedside tests to confirm the diagnosis.</b></p> <p><b>Enlist the samples to be collected and sent to the chemical examiner.</b></p> <p><b>Know the clinical management.</b></p> <p><b>Reproduce the autopsy findings.</b></p> <p><b>Discuss the medico legal aspects.</b></p>	<p><b>Agricultural poisons –</b></p> <p><b>Organophosphates,</b></p> <p><b>Carbamates,</b></p> <p><b>Chlorinated Hydrocarbon,</b></p> <p><b>Endrin</b></p> <p><b>Paraquat</b></p> <p><b>Aluminium Phosphide</b></p>	<b>Parikh 7th Ed. Ch. 53</b>	<b>Dr. Anwar</b>
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<b>Wee k:33</b>	<b>8</b>	<b>Tutoria l</b>	<b>For3 - Tox- 029</b>	<b>Diagnose a case of sedatives / hypnotic's toxicity</b> <b>Explain lab investigation</b> <b>Manage the case</b> <b>Recognize autopsy features</b> <b>Collect, preserve and dispatch the specimens to chemical examiner</b>	<b>Sedatives and Hypnotics – Barbiturates</b>	<b>Parikh 7th Ed. Ch. 51</b>	<b>Demonstrators</b>
<b>Wee k:33</b>	<b>COM.MEDICINE</b>						

<b>Wee k:33</b>	<b>9</b>	<b>Lecture</b>	<b>CM FH1 - CM- 003</b>	<p>To understand the composition of air. To describe the causes of air pollution and methods of air purification. To explain the diseases caused by impurities in the air and their prevention.</p> <p>To identify the sources of water and understand daily water requirements. To analyze the causes of water pollution and methods for its prevention.</p>	<b>Environmental health Water</b>	<b>K. Park Ch # 12</b>	<b>Dr Aftab Iqbal</b>
<b>Wee k:33</b>	<b>10</b>	<b>Lecture</b>	<b>CM FH1 - CM- 003</b>	<p>To explain the contents, hazards, and safety measures for the disposal of solid and liquid waste from domestic, industrial, and hospital sources and To understand global and marine problems related to waste disposal.</p>	<b>Waste Management</b>	<b>K. Park Ch # 13</b>	<b>Dr Aftab Iqbal</b>

Week:33	11	Lecture	CM FH1 - CM-003	<p>To differentiate between climate and weather. To analyze global environmental concerns like the greenhouse effect, depletion of the Ozone layer and acid Rains. To explain the effects of temperature, humidity, and atmospheric pressure extremes on human health, along with prevention methods. Describe the sources, types, causes, hazards, and prevention of radiation exposure.</p>	climate and weather & Radiation	K. Park Ch # 12 & NOTES	Dr Aftab Iqbal
Week:33	SURGERY						

Week:33	12	Lecture	Re2-S003	Describe mechanism of tension pneumothorax (T.P.) Enlist the causes of T.P. Describe the clinical of features of tension pneumothorax (signs & symptoms) Outline the steps of treatment of T.P.	Tension Pneumothorax	B & L	Dr. Javaid
Week:33	PERLs						
Week:33	13	Lecture	Research Methodology: Study designs				Dr. Javaid
Week:33	SDL						
Week:33	14	Self Directed Learning					
Week:33	15	Self Directed Learning					
Week:33	16	Self Directed Learning					

Wee k:33	17	Self Directed Learning					
Wee k:33	CLINICAL ROTATION / PRACTICAL						
Wee k:33	18	PRACT ICAL	For3 - Tox- 030	Identify the poison (Opium / Poppy capsule) Describe identifying features Diagnose a case of narcotic poisoning Perform bedside test Explain lab investigations Recognize autopsy features Collect, preserve and dispatch the specimens to chemical examiner	Somniferous/Narcotics– (Opium -Morphine, Heroin Drugs of dependence	Parikh 7th Ed. Ch. 48 Practical copy	Demonstrators

<b>Wee k:33</b>	<b>19</b>	<b>PRACT ICAL</b>	<b>For3 - Tox- 030</b>	<b>Identify the poison (Opium / Poppy capsule)</b> <b>Describe identifying features</b> <b>Diagnose a case of narcotic poisoning</b> <b>Perform bedside test</b> <b>Explain lab investigations</b> <b>Recognize autopsy features</b> <b>Collect, preserve and dispatch the specimens to chemical examiner</b>	<b>Somniferous/Narcotics– (Opium -Morphine, Heroin Drugs of dependence</b>	<b>Parikh 7th Ed. Ch. 48 Practical copy</b>	<b>Demonstrators</b>
<b>Wee k:33</b>	<b>20</b>	<b>CLINI CAL ROTA TION</b>	<b>MS2 - Orth 017</b>	<b>Elicit symptom of “joint mobility” in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.</b>	<b>Orthopedics</b>	<b>Log Book</b>	<b>Medical Faculty</b>
<b>Wee k:33</b>	<b>21</b>	<b>CLINI CAL ROTA TION</b>	<b>MS2 - Orth 017</b>	<b>Elicit symptom of “joint mobility” in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.</b>	<b>Orthopedics</b>	<b>Log Book</b>	<b>Medical Faculty</b>

Wee k:33	22	CLINI CAL ROTA TION	MS2 - Orth 017	Elicit symptom of “joint mobility” in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.	Orthopedics	Log Book	Medical Faculty
Wee k:33	23	CLINI CAL ROTA TION	MS2 - Orth 017	Elicit symptom of “joint mobility” in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.	Orthopedics	Log Book	Medical Faculty
Wee k:33	24	CLINI CAL ROTA TION	MS2 - Orth 017	Elicit symptom of “joint mobility” in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.	Orthopedics	Log Book	Medical Faculty
Wee k:33	25	CLINI CAL ROTA TION	MS2 - Orth 017	Elicit symptom of “joint mobility” in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.	Orthopedics	Log Book	Medical Faculty



Wee k:33	ASSESSMENT						
Wee k:33	26	GRAND TEST					
Wee k:33	27	GRAND TEST					
Wee k:33	28	OSPE/VIVA					
Wee k:33	29	OSPE/VIVA					
Wee k:33	WHOLE CLASS TUTORIAL ( PHARMACOLOGY)						
Wee k:33	30	Tutoria l	Re2- Ph- 001	Discuss the roles of corticosteroids in the treatment of bronchial asthma.Discuss the role of ipratropium in asthma	antiasthmatics	Katzung edition 16	demonstrator

Wee k:33	31	Tutoria 1	Re2- Ph- 001	Discuss the roles of corticosteroids in the treatment of bronchial asthma.Discuss the role of ipratropium in asthma	antiasthmatics	Katzung edition 16	demonstrator
Wee k:33	32	COMMUNITY FIELD VISIT					
Wee k:33	33	COMMUNITY FIELD VISIT					
Wee k:33	34	COMMUNITY FIELD VISIT					
Wee k:33	35	COMMUNITY FIELD VISIT					
Wee k:33	36	COMMUNITY FIELD VISIT					
Wee k:33	37	COMMUNITY FIELD VISIT					

Week No.	Total Hours	Mode of Teaching	Code	Learning Objective	Topic	Reference	Facilator

<b>Week:34</b>	<b>PHARMACOLOGY</b>						
<b>Week:34</b>	<b>1</b>	<b>Lecture</b>	<b>Re2-Ph-002</b>	<p><b>Discuss the role of Anti-inflammatory drugs in COPD</b></p> <p><b>Describe the pharmacodynamics of bronchodilators in COPD treatment</b></p> <p><b>Explain the mechanism of action and indications of corticosteroids in restrictive lung diseases</b></p>	<b>COPD</b>	<b>Katzung edition 16</b>	<b>Dr.Asma Saeed</b>
<b>Week:34</b>	<b>2</b>	<b>Lecture</b>	<b>Re2-Ph-003</b>	<p><b>Describe anti-tussive, mucolytics and expectorants</b></p> <p><b>Interactive</b></p> <p><b>Classify Anti-tussive Lecture</b></p> <p><b>Describe Pharmacodynamics of these drugs</b></p>	<b>anti tussive</b>	<b>Katzung edition 16</b>	<b>Dr.Azka Khan</b>

<b>Week:34</b>	<b>3</b>	<b>Tutorial</b>	<b>Re2-Ph-002</b>	<p>Discuss the role of Anti-inflammatory drugs in COPD</p> <p>Describe the pharmacodynamics of bronchodilators in COPD treatment</p> <p>Explain the mechanism of action and indications of corticosteroids in restrictive lung diseases</p>	<b>COPD</b>	<b>Katzung edition 16</b>	<b>demonstrator</b>
<b>Week:34</b>	<b>4</b>	<b>Tutorial</b>	<b>Re2-Ph-002</b>	<p>Discuss the role of Anti-inflammatory drugs in COPD</p> <p>Describe the pharmacodynamics of bronchodilators in COPD treatment</p> <p>Explain the mechanism of action and indications of corticosteroids in restrictive lung diseases</p>	<b>COPD</b>	<b>Katzung edition 16</b>	<b>demonstrator</b>
<b>Week:34</b>	<b>PATHOLOGY</b>						

<b>Week:34</b>	<b>5</b>	<b>Lecture</b>	<b>Re2-Pa-007</b>	<b>Describe the morphological features of different types of granulomatous inflammation, Describe Ghons complex. Differentiate between primary and secondary tuberculosis.</b>	<b>Granulomatous Inflammation</b>	<b>Robbins 10th edition chapter 15</b>	<b>DR NABILA</b>
<b>Week:34</b>	<b>6</b>	<b>Lecture</b>	<b>Re2-Pa-009</b>	<b>Classify pleural tumors, List the risk factors for development of malignant mesothelioma, Describe morphologic features of malignant mesothelioma</b>	<b>Pleural Tumors</b>	<b>Robbins 10th edition chapter 15</b>	<b>DR NABILA</b>
<b>Week:34</b>	<b>7</b>	<b>Tutorial</b>	<b>Re2-Pa-007</b>	<b>Describe the morphological features of different types of granulomatous inflammation, Describe Ghons complex. Differentiate between primary and secondary tuberculosis.</b>	<b>Granulomatous Inflammation</b>	<b>Robbins 10th edition chapter 15</b>	<b>Demonstrator</b>

<b>Week:34</b>	<b>8</b>	<b>Tutorial</b>	<b>Re2-Pa-007</b>	Describe the morphological features of different types of granulomatous inflammation, Describe Ghons complex. Differentiate between primary and secondary tuberculosis.	<b>Granulomatous Inflammation</b>	<b>Robbins 10th edition chapter 15</b>	<b>Demonstrator</b>
<b>Week:34</b>	<b>FOR.MEDICINE</b>						

<b>Week:34</b>	<b>9</b>	<b>Lecture</b>	<b>For3-Tox-016</b>	<b>Classify alkaloids of opium.</b> <b>Know the fatal dose and fatal period.</b> <b>Describe clinical features in acute and chronic poisoning.</b> <b>Describe the differential diagnosis of opium coma.</b> <b>Know laboratory investigations and bedside test.</b> <b>Explain clinical management.</b> <b>Explain autopsy findings</b> <b>Reproduce medico legal aspects</b> <b>Define drug dependence.</b>	<b>Somniferous / Narcotics– (Opium - Morphine, Heroine Drugs of dependence</b>	<b>Parikh 7th Ed. Ch. 48</b>	<b>Dr. Anwar</b>
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<b>Week:34</b>	<b>10</b>	<b>Lecture</b>	<b>For3-Tox-012</b>	<p><b>Describe the sources, properties, routes of absorption of the poison.</b></p> <p><b>Reproduce the fatal dose, clinical features of the poison.</b></p> <p><b>Outline the clinical management of such case.</b></p> <p><b>Enlist the samples to be collected, preserved and sent to chemical examiner for its detection.</b></p> <p><b>State the post mortem appearances of the poison.</b></p> <p><b>Explain the medico legal aspects of acute poisoning of the poison.</b></p>	<p><b>Irritant Metallic poisons – (Inorganic metallic origin- Arsenic, Mercury, Lead, Copper</b></p> <p><b>Nonmetallic irritant poisons- Phosphorus</b></p>	<b>Parikh 7th Ed. Ch. 41-45</b>	<b>Dr. Ambreen</b>
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<b>Week:34</b>	<b>11</b>	<b>Tutorial</b>	<b>For3-Tox-031</b>	<b>Diagnose a case of</b> <b>Acute alcohol</b> <b>Toxicity (Ethanol /</b> <b>Methanol) Explain</b> <b>lab investigations</b> <b>Manage the case</b> <b>Conduct</b> <b>examination of a</b> <b>case of ethyl alcohol</b> <b>toxicity</b> <b>and certify findings</b> <b>with opinion</b> <b>Collect</b> <b>appropriate</b> <b>samples</b> <b>Recognize autopsy</b> <b>features</b> <b>Collect, preserve</b> <b>and dispatch the</b> <b>specimens to</b> <b>chemical examiner</b>	<b>Inebriants –</b> <b>Ethyl Alcohol /</b> <b>Methanol</b>	<b>Parikh</b> <b>7th Ed.</b> <b>Ch. 50</b>	<b>Demonstrators</b>
<b>Week:34</b>	<b>MEDICINE</b>						

<b>Week:34</b>	<b>12</b>	<b>Lecture</b>	<b>Re2-M003</b>	<b>Define COPD</b> <b>Describe types of COPD</b> <b>Describe Clinical features of COPD</b> <b>Outline investigation plan of a patient with COPD</b> <b>Describe GOLD staging criteria for COPD</b> <b>Outline the management of acute exacerbation of COPD</b> <b>Describe long term management of COPD</b> <b>Describe criteria for long term oxygen therapy in COPD</b>	<b>COPD, Chronic bronchitis, Emphysema</b>	<b>Dr. Shamshad</b>
<b>Week:34</b>	<b>13</b>	<b>Lecture</b>	<b>Re2-M004</b>	<b>Enlist the causes of bronchiectasis</b> <b>Describe the clinical features of bronchiectasis</b> <b>Describe investigations of bronchiectasis</b> <b>Enlist the complications of bronchiectasis</b> <b>Describe the</b>	<b>Bronchiectasis</b>	<b>Dr. Shamshad</b>

				management of bronchiectasis			
Week:34	COM.MEDICINE						
Week:34	14	Lecture	CMFH1- CM-003	To understand the concepts of healthful housing and the challenges faced in urban and rural slums. To define noise, its causes, acceptable levels, and the hazards and methods of control	Housing & NOISE	K. Park Ch # 12	Dr Aftab Iqbal

Week:34	15	Lecture	CMFH1-CM-004	To understand the terminology of Infectious disease, communicable disease, contagious disease, To define Host, Immune and susceptible persons, To differentiate between Sporadic, Endemic, Epidemic, Pandemic, Epizootic, Exotic and Zoonotic, To understand the roles of contact, fomites, carriers, insect vectors, and reservoirs of infection.	Immunity	K Park CH # 3	Dr SANA NOOR
Week:34	SURGERY						
Week:34	17	Lecture	Re2-S004	Describe sucking chest wound. Describe the underlying respiratory physiological changes in flail chest. Describe steps of management of such wound	Open Pneumothorax	B & L	Dr. Shahzeena
Week:34	PERLs						

Week:34	18	Lecture	Research Methodology: Population selection and sample size					Dr. Javaid
Week:34	19	Lecture	Research Methodology: Population selection and sample size					Dr. Saba Iqbal
Week:34	SDL							
Week:34	20	Self Directed Learning						
Week:34	21	Self Directed Learning						
Week:34	22	Self Directed Learning						
Week:34	23	Self Directed Learning						
Week:34	CLINICAL ROTATION / PRACTICAL							
Week:34	24	PRACTICAL	For3-FS-011	Categorize different trace evidence to Biological & Non-biological sources	Trace evidence	Parikh 7th Ed. Ch.34	Demonstrators	
Week:34	25	PRACTICAL	For3-FS-011	Categorize different trace evidence to Biological & Non-biological sources	Trace evidence	Parikh 7th Ed. Ch.35	Demonstrators	

<b>Week:34</b>	<b>26</b>	<b>CLINICAL ROTATION</b>	<b>ID-M 007</b>	<b>Record and present the complete history, physical examination findings, laboratory data, differential diagnosis, and therapeutic plan in a systematic, concise, and coherent manner, both in writing and orally</b>	<b>Managment</b>	<b>Log book</b>	<b>Medical Faculty</b>
<b>Week:34</b>	<b>27</b>	<b>CLINICAL ROTATION</b>	<b>ID-M 007</b>	<b>Record and present the complete history, physical examination findings, laboratory data, differential diagnosis, and therapeutic plan in a systematic, concise, and coherent manner, both in writing and orally</b>	<b>Managment</b>	<b>Log book</b>	<b>Medical Faculty</b>

<b>Week:34</b>	<b>28</b>	<b>CLINICAL ROTATION</b>	<b>ID-M 007</b>	<b>Record and present the complete history, physical examination findings, laboratory data, differential diagnosis, and therapeutic plan in a systematic, concise, and coherent manner, both in writing and orally</b>	<b>Managment</b>	<b>Log book</b>	<b>Medical Faculty</b>
<b>Week:34</b>	<b>29</b>	<b>CLINICAL ROTATION</b>	<b>ID-M 007</b>	<b>Record and present the complete history, physical examination findings, laboratory data, differential diagnosis, and therapeutic plan in a systematic, concise, and coherent manner, both in writing and orally</b>	<b>Managment</b>	<b>Log book</b>	<b>Medical Faculty</b>

<b>Week:34</b>	<b>30</b>	<b>CLINICAL ROTATION</b>	<b>ID-M 007</b>	<b>Record and present the complete history, physical examination findings, laboratory data, differential diagnosis, and therapeutic plan in a systematic, concise, and coherent manner, both in writing and orally</b>	<b>Managment</b>	<b>Log book</b>	<b>Medical Faculty</b>
<b>Week:34</b>	<b>31</b>	<b>CLINICAL ROTATION</b>	<b>ID-M 007</b>	<b>Record and present the complete history, physical examination findings, laboratory data, differential diagnosis, and therapeutic plan in a systematic, concise, and coherent manner, both in writing and orally</b>	<b>Managment</b>	<b>Log book</b>	<b>Medical Faculty</b>
<b>Week:34</b>	<b>ASSESSMENT</b>						



Week:34	32	GRAND TEST				
Week:34	33	GRAND TEST				
Week:34	34	OSPE/VIVA				
Week:34	35	OSPE/VIVA				
Week:34	WHOLE CLASS TUTORIAL (Medicine)					
Week:34	36	Tutorial	MS2-Rh007	Understand the role of evidence-based medicine in rheumatology management.	Rheumatology, EvidenceBased Medicine	Demo
Week:34	37	Tutorial	MS2-Rh007	Understand the role of evidence-based medicine in rheumatology management.	Rheumatology, EvidenceBased Medicine	Demo

Week No.	Total Hours	Mode of Teaching	Code	Learning Objective	Topic	Reference	Facilator
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<b>Week:35</b>	<b>PHARMACOLOGY</b>						
<b>Week:35</b>	<b>1</b>	<b>Lecture</b>	<b>Re2-Ph-004</b>	<p><b>Explain the spectrum of activity for macrolides and cephalosporins</b></p> <p><b>Identify adverse reactions associated with common antibiotic</b></p>	<b>Macrolides and cephalosporins</b>	<b>Katzung edition 16</b>	<b>Dr. Azka khan</b>
<b>Week:35</b>	<b>2</b>	<b>Lecture</b>	<b>Re2-Ph-005</b>	<p><b>Classify the drugs used for hospital and communityacquired pneumonia</b></p> <p><b>Describe the mechanism of action for each class</b></p> <p><b>Discuss the mechanism of action of pneumococcal and influenza vaccines in stimulating the immune system</b></p>	<b>Drugs For Treatment Of Pneumonia</b>	<b>Katzung edition 16</b>	<b>Dr. Azka khan</b>

	3	Tutorial	Re2-Ph-004	<p>Explain the spectrum of activity for macrolides and cephalosporins</p> <p>Identify adverse reactions associated with common antibiotic</p>	Macrolides and cephalosporins	Katzung edition 16	Demonstrator
Week:35	4	Tutorial	Re2-Ph-004	<p>Explain the spectrum of activity for macrolides and cephalosporins</p> <p>Identify adverse reactions associated with common antibiotic</p>	Macrolides and cephalosporins	Katzung edition 16	Demonstrator
Week:35	PATHOLOGY						

<b>Week:35</b>	<b>5</b>	<b>Lecture</b>	<b>Re2-Pa-010, Re2-Pa- 011</b>	<p><b>Classify lung tumors, Benign &amp; Malignant diseases of lungs and thorax, Describe morphologic features of squamous cell carcinoma, Adenocarcinoma, neuroendocrine tumors, other Tumors, Enumerate paraneoplastic syndromes associated with lung tumors, Small cell carcinoma lung, Squamous cell carcinoma lung, Adenocarcinoma lung, Malignant Mesothelioma</b></p>	<b>Lung Tumors, Image Session Of Respiratory System-II</b>	<b>Robbins 10th edition chapter 15</b>	<b>DR NABILA</b>
<b>Week:35</b>	<b>6</b>	<b>Lecture</b>	<b>Re2-Pa-012</b>	<p><b>Classify pulmonary edema according to etiology, Describe clinical conditions associated with development of ARDS, Describe the pathogenesis of ARDS, Describe morphologic features of Diffuse alveolar damage (DAD)</b></p>	<b>Pulmonary Edema &amp; Acute Respiratory Distress Syndrome (ARDS)</b>	<b>Robbins 10th edition chapter 15</b>	<b>DR NABILA</b>

<b>Week:35</b>	<b>7</b>	<b>Tutorial</b>	<b>Re2-Pa-010, Re2-Pa- 011</b>	Classify lung tumors, Benign & Malignant diseases of lungs and thorax, Describe morphologic features of squamous cell carcinoma, Adenocarcinoma, neuroendocrine tumors, other Tumors, Enumerate paraneoplastic syndromes associated with lung tumors, Small cell carcinoma lung, Squamous cell carcinoma lung, Adenocarcinoma lung, Malignant Mesothelioma	<b>Lung Tumors, Image Session Of Respiratory System-II</b>	<b>Robbins 10th edition chapter 15</b>	<b>Demonstrator</b>
<b>Week:35</b>	<b>FOR.MEDICINE</b>						

<b>Week:35</b>	<b>8</b>	<b>Lecture</b>	<b>For3-Tox-014</b>	<p><b>Recall physical and chemical properties of the poison</b></p> <p><b>Describe different preparations of Cannabis</b></p> <p><b>Explain clinical features in acute and chronic poisoning,</b></p> <p><b>Reproduce fatal dose and fatal period.</b></p> <p><b>Know the clinical management of the poison.</b></p> <p><b>Enlist the samples to be collected and sent to the chemical examiner.</b></p> <p><b>Describe autopsy findings of the case.</b></p> <p><b>Explain the difference between the seeds of Datura and chilli.</b></p> <p><b>Outline medico legal aspects of acute and chronic poisoning.</b></p>	<p><b>Deleriant Poisons – Dhatara</b></p> <p><b>Canabis Sativa</b></p>	<b>Parikh 7th Ed. Ch. 54</b>	<b>Dr. Ambreen</b>
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<b>Week:35</b>	<b>9</b>	<b>Lecture</b>	<b>For3-Tox-019</b> <b>For3-Tox-020</b> <b>For3-Tox-021</b>	Describe source of exposure Explain methods of inhalation. Reproduce clinical features Know the diagnostic findings on X rays chest. Explain clinical management Discuss autopsy findings Outline medico legal aspects of acute poisoning Describe source of exposure Explain methods of inhalation. Reproduce clinical features Know the diagnostic findings on X rays chest.	<b>CNS Stimulant–Cocaine</b> <b>Amphetamine, Methyl phenidate(ritalin)</b> <b>Hallucinogens-</b> <b>LSD,MESCALINE,PHEN</b> <b>CYCLIDINE, Tricyclic anti</b> <b>depressants -Sheesha</b> <b>(Nicotine +Fruits &amp; Herbal</b> <b>Flavors,&amp; Coal</b> <b>Hydrocarbons--kerosene oil</b>	<b>Parikh 7th Ed. Ch. 63</b>	<b>Dr. Ambreen</b>
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<b>Week:35</b>	<b>10</b>	<b>Tutorial</b>	<b>For3-Tox-032</b>	<b>Diagnose a case of Asphyxiant gases</b> <b>Explain lab investigations</b> <b>Manage the case</b> <b>Recognize autopsy features</b> <b>Collect, preserve and dispatch the specimens to chemical examiner</b>	<b>Asphyxiant Gases -</b> <b>Carbon Mono oxide,</b> <b>Hydrogen Sulphide,</b> <b>Carbon Dioxide</b>	<b>Parikh 7th Ed. Ch. 58</b>	<b>Demonstrators</b>
<b>Week:35</b>	<b>MEDICINE</b>						
<b>Week:35</b>	<b>11</b>	<b>Lecture</b>	<b>Re2-M007</b>	<b>Enlist the causes of ILD</b>	<b>Interstitial Lung Diseases</b>		<b>Dr. Shamshad</b>
<b>Week:35</b>	<b>12</b>	<b>Lecture</b>	<b>Re2-M015</b>	<b>Describe Clinical features of bronchogenic carcinoma</b> <b>Enlist investigations of bronchogenic carcinoma</b> <b>Enumerate treatment options in bronchogenic carcinoma</b> <b>Complications of CA</b>	<b>Bronchogenic Carcinoma</b>		<b>Dr. Shamshad</b>



Week:35	Patient Safety /Expository writing & IT						
Week:35	13	Lecture	Learn to use tool SPSS for making managing patient data.		Expository Writing	Dr. Usman	
Week:35	14	Lecture	Learn to use tool SPSS for making managing patient data.		Expository Writing	Dr. Usman	
Week:35	COM.MEDICINE						
Week:35	15	Lecture	CMFH1-CM-004	To describe the incubation period, infective period, and generation time, To differentiate between cross infection, nosocomial infections, opportunistic infections, and iatrogenic disorders (Physician induced),	Immunity	K Park CH # 3	Dr Sana Noor

<b>Week:35</b>	<b>16</b>	<b>Lecture</b>	<b>CMFH1-CM-004</b>	<b>To explain the concepts of surveillance, control, eradication, and elimination. To analyze the various modes of disease transmission. To understand the principles of disease prevention and control.</b>	<b>Immunity</b>	<b>K Park CH # 3</b>	<b>Dr Sana Noor</b>
<b>Week:35</b>	<b>17</b>	<b>Lecture</b>	<b>CMFH1-CM-004</b>	<b>To describe the methods and types of disinfection. To explain the concept of immunity. To identify different immunizing agents.</b>	<b>Immunity</b>	<b>K Park CH # 3</b>	<b>Dr Sana Noor</b>
<b>Week:35</b>	<b>SURGERY</b>						

Week:35	18	Lecture	Re2-S005	Enlist the causes of thoracic trauma in Describe significance of RTA mortality. Enlist the causative factors for breathing difficulty in chest trauma patients. Review the different thoracic injuries. Enumerate the sources of probable bleeding in a chest trauma. Describe the initial management of a patient with chest trauma. Outline the management of thoracic injuries	Thoracic Trauma	B & L	Dr. Amina
Week:35	PERLs						
Week:35	19	Lecture	Research Methodology: Study designs				Dr. Javaid
Week:35	SDL						
Week:35	20	Self Directed Learning					
Week:35	21	Self Directed Learning					
Week:35	22	Self Directed Learning					

Week:35	23	Self Directed Learning					
Week:35	CLINICAL ROTATION / PRACTICAL						
Week:35	24	PRACTICAL	For3-FS-012	Identify, collect, preserve, label and dispatch trace evidentiary material to the concerned quarters.	The scientific study of trace evidentiary material	Parikh 7th Ed. Ch.35 Practical copy	Demonstrators
Week:35	25	PRACTICAL	For3-FS-012	Identify, collect, preserve, label and dispatch trace evidentiary material to the concerned quarters.	The scientific study of trace evidentiary material	Parikh 7th Ed. Ch.35 Practical copy	Demonstrators
Week:35	26	CLINICAL ROTATION	MS2-Orth 017	Elicit symptom of “joint mobility” in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.	Orthopedics	Log Book	Medical Faculty

<b>Week:35</b>	<b>27</b>	<b>CLINICAL ROTATION</b>	<b>MS2- Orth 017</b>	<b>Elicit symptom of “joint mobility” in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.</b>	<b>Orthopedics</b>	<b>Log Book</b>	<b>Medical Faculty</b>
<b>Week:35</b>	<b>28</b>	<b>CLINICAL ROTATION</b>	<b>MS2- Orth 017</b>	<b>Elicit symptom of “joint mobility” in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.</b>	<b>Orthopedics</b>	<b>Log Book</b>	<b>Medical Faculty</b>
<b>Week:35</b>	<b>29</b>	<b>CLINICAL ROTATION</b>	<b>MS2- Orth 017</b>	<b>Elicit symptom of “joint mobility” in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.</b>	<b>Orthopedics</b>	<b>Log Book</b>	<b>Medical Faculty</b>

Week:35	30	CLINICAL ROTATION	MS2-Orth 017	Elicit symptom of “joint mobility” in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.	Orthopedics	Log Book	Medical Faculty
Week:35	31	CLINICAL ROTATION	MS2-Orth 017	Elicit symptom of “joint mobility” in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.	Orthopedics	Log Book	Medical Faculty
Week:35	ASSESSMENT						
Week:35	32	GRAND TEST					
Week:35	33	GRAND TEST					
Week:35	34	OSPE/VIVA					
Week:35	35	OSPE/VIVA					
Week:35	WHOLE CLASS TUTORIAL (Surgery)						

<b>Week:35</b>	<b>36</b>	<b>Tutorial</b>	<b>Re2-S005</b>	<b>Enlist the causes of thoracic trauma in Describe significance of RTA mortality.</b>	<b>Thoracic Trauma</b>	<b>B &amp; L</b>	<b>Demo</b>
<b>Week:35</b>	<b>37</b>	<b>Tutorial</b>	<b>Re2-S005</b>	<b>Enlist the causes of thoracic trauma in Describe significance of RTA mortality.</b>	<b>Thoracic Trauma</b>	<b>B &amp; L</b>	<b>Demo</b>

## Operational Definitions

### 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	<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>
13.	Seminar	A seminar is an academic or professional setting where individuals discuss, present, and explore specific topics, often with expert guidance

**AVICENNA MEDICAL & DENTAL COLLEGE**  
**DEPARTMENT OF MEDICAL EDUCATION**

Internal Assessment Policy

## **Introduction**

This policy outlines the guidelines for internal assessment of students at Avicenna Medical and Dental College. Internal assessment plays a crucial role in evaluating a student's progress, understanding their strengths and weaknesses, and providing timely feedback. This policy aims to ensure fairness, consistency, and transparency in the internal assessment process.

## **Internal Assessment Components**

The internal assessment for each course will be comprised of the following components:

### **1. Attendance**

- Attendance will be recorded regularly and will contribute to the overall internal assessment score.
- Students are expected to maintain a minimum attendance of 75% to be eligible for internal assessment marks.

### **2. Continuous Assessment**

- Continuous assessment will be based on regular assignments, quizzes, presentations, and other activities conducted throughout the semester.
- These assessments will evaluate students' understanding of the course material, their critical thinking skills, and their ability to apply knowledge to real-world scenarios.

### **3. Grand Test and Module Exams**

- Grand tests and module exams will be conducted to assess students' comprehensive understanding of the course content.
- These exams will be designed to evaluate both theoretical knowledge and practical skills.

### **4. Attitude and Behavior**

- Students' attitude towards learning, participation in class activities, and adherence to college rules and regulations will be assessed.
- This component will evaluate students' professionalism, teamwork skills, and ethical conduct.

## 5. Logbook and Portfolio

- Students will be required to maintain a logbook and portfolio to document their learning journey.
- The logbook will include reflections on lectures, tutorials, and practical sessions.
- The portfolio will showcase students' best work, including assignments, projects, and research papers.

### Assessment Criteria and Weighting

The following table outlines the weighting of each component in the internal assessment:

Component	Marks	Percentage
Attendance	6	2%
Continuous Assessment	12	4%
Grand Test and Module Exams	30	10%
Attitude and Behavior	10	3%
Logbook and Portfolio	2	1%
Total	60	20%

## Assessment Procedures

- **Faculty Responsibility:** Faculty members will be responsible for designing and administering the internal assessments in accordance with the course syllabus and this policy.
- **Marking and Grading:** Faculty members will mark and grade the assessments using a transparent and consistent marking scheme. Candidates shall be required to score at least 50% marks in the internal assessment in each subject to become eligible for admission to professional examinations.
- **Feedback:** Faculty members will provide timely and constructive feedback to students on their performance.
- **Record-Keeping:** Faculty members will maintain accurate records of all internal assessments, including marks and feedback.
- **Moderation:** Internal assessments will be moderated by the course coordinator or the head of the department to ensure fairness and consistency.

## Appeal Process

Students who have concerns about their internal assessment marks may appeal to the concerned faculty member or the head of the department. The appeal process will be handled promptly and fairly.

The internal assessment policy is designed to promote student learning, assess their progress, and provide a fair and transparent evaluation system. Faculty members and students are expected to adhere to this policy to ensure the integrity of the internal assessment process.

## Attendance Requirement & Internal Assessment Criteria

The institution follows the regulations for examinations of the UHS in letter and spirit. The students require **75% attendance** in all academic sessions and **50% passing marks** with internal assessments and send-up examinations to be eligible for the UHS Professional Examinations.

## 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%	

## Assessment Schedule

<div><b>Avicenna Medical &amp; Dental College</b> <b>3rd Year MBBS (M-22)</b> <b>Test Schedule Block-9</b></div>					
Week	Date	Day	Subject	Test	Topic
28th	23-Sep-25	Tue	All Subjects	Lecture	Lecture Time Divided
29th	30-Sep-25	Tue	Com.Medicine	Grand Test	All the topics covered till Health system in Pakistan
				OSPE+VIVA	
30th	7-Oct-25	Tue	Pharamcology	Grand Test	Antihypertensives, drugs in ischemic heart disease, drugs used in Cardiac Arrhythmias
				OSPE+VIVA	
31st	14-Oct-25	Tue	For.Medicine	Grand Test	Law, legal procedures, medical jurisprudence, General toxicology
				OSPE+VIVA	
32nd	21-Oct-25	Tue	Pathology	Grand Test	CVS
				OSPE+VIVA	
33rd	28-Oct-25	Tue	Com.Medicine	Grand Test	Epidemiology & Screening
				OSPE+VIVA	
34th	4-Nov-25	Tue	Pharamcology	Grand Test	Drugs used in cardiac failure, AntiHyperlipidemi c / AntiDyslipidemias, antiasthmatics, COPD, anti tussive
				OSPE+VIVA	
35th	11-Nov-25	Tue	Medicine	Grand Test	All the covered topics
				OSPE+VIVA	
36th	18-Nov-25	Tue	Surgery	Grand Test	All the covered topics
				OSPE+VIVA	
37th	25-Nov-25	Tue	Pathology	Grand Test	Respiratory
				OSPE+VIVA	
38th	2-Dec-25	Tue	Com.Medicine	Grand Test	Environmental Health, Immunity, Health communication & education, Clinical entrepreneur ship
				OSPE+VIVA	
39th	9-Dec-25	Tue	For.Medicine	Grand Test	Asphyxial deaths and injuries, Special Toxicology
				OSPE+VIVA	
39th	12-Dec-25	Fri	Integrated	Module Exam:	Whole Syllabus
				VIVA/OSPE	
40th	16-Dec-25	Tue	Integrated	Block-9 Exam	Whole Syllabus of Module- 20,21,22,23
	17-Dec-25	Wed		OSPE+VIVA	
End Of Block-9					
41st	Winter Vacations-21st Dec-28th Dec,2025				
LSE/Send-Up Exam: 24th Nov,2025- 10th Dec,2025					
42nd	31-Dec-25	Wed	Block-7 Exam	LSE/Send-Up	Whole Syllabus of Module-12,13,14 &15
42nd	1-Jan-26	Thu	SDL		
42nd	2-Jan-26	Fri	SDL		
42nd	3-Jan-26	Sat	Day Off		
43rd	4-Jan-26	Sun	Day Off		
43rd	5-Jan-26	Mon	Block-8 Exam	LSE/Send-Up	Whole Syllabus of Module-16,17,18 &19
43rd	6-Jan-26	Tue	SDL		
43rd	7-Jan-26	Wed	SDL		
43rd	8-Jan-26	Thu	SDL		
43rd	9-Jan-26	Fri	Block-9 Exam	LSE/Send-Up	Whole Syllabus of Module-20,21,22 &23
43rd	10-Jan-26	Sat	Day Off		
44th	11-Jan-26	Sun	Day Off		
44th	12-Jan-26	Mon	Block-7	OSPE/ VIVA	
44th	13-Jan-26	Tue	Block-8	OSPE/ VIVA	
44th	14-Jan-26	Wed	Block-9	OSPE/ VIVA	

Table of Specification

MBBS 3 <sup>rd</sup> Professional							
Block-9							
Subject	Written Exam			Oral/Practical/Clinical Exam			
	MCQ (1 mark)	SEQ (5 mark each)	Marks	OSPE /OSCE (8 marks each observed)	OSCE (10 marks each observed)	OSVE (14 marks each observed)	Marks
Pharmacology	09	02	19	02	-	01	30
Pathology	12	02	22	02	-	-	16
Family Medicine	05	-	05	-	-	-	-
Community Medicine	27	03	42	03	-	01	38
Surgery	10	01	15	-	-	-	-
Medicine	10	01	15	01	-	-	08
Forensic	15	01	20	02	-	01	30
Behavioral	02	-	02	-	-	-	-
Patient Safety	-	-	-	-	-	-	-
CFRC	-	-	-	01	-	-	08
PERLs + Expository	-	-	-	-	01	-	10
<b>Total</b>	<b>90</b>	<b>10x5=50</b>	<b>140</b>	<b>11 stations x 08 = 88</b>	<b>01 stations x 10 = 10</b>	<b>03 stations x 14=42</b>	<b>140</b>

YEAR-3		
A.	<b>Block 7</b> (Foundation-II + Hematopoietic, Immunity & Implant + General Pharmacology + Forensic Medicine & Toxicology-I)	<b>Marks</b>
		350
B.	<b>Block 8</b> (Musculoskeletal & Locomotion-II + Infectious Diseases + Neoplasia + Forensic Medicine & Toxicology - II)	350
C.	<b>Block 9</b> (Cardiovascular-II + Respiratory II + Community Medicine & Public Health + Family Medicine I + Forensic Medicine & Toxicology - III)	350
	<b>Total</b>	1050

## Recommended Books & Reading Resources

### **Anatomy**

Snell's Clinical Anatomy 10th ed.

Langman's Medical Embryology 12th ed

Medical Histology by Laiq Hussain Siddiqui 8th edition.

General Anatomy by Laiq Hussain Siddiqui 6th edition.

### **Biochemistry**

Harpers illustrated Biochemistry (latest edition). Rodwell.V.W MCGrawHill publishers.

Lippincott illustrated Review (latest edition). Kluwer.W.

Essentials of Medical Biochemistry vol 1&2 by Mushtaq Ahmed.

### **Pathology**

Vinay Kumar, Abul K. Abbas and Nelson Fausto Robbins and Cotran, Pathologic basis of disease. WB Saunders.

Robbins and Cotran Pathological Basis of Disease. Kumar, V., Abbas, A. and Aster, J. Latest Edition

Richard Mitchall, Vinay Kumar, Abul K. Abbas and Nelson Fausto Robbins and Cotran, Pocket Companion to Pathologic basis of diseases, Saunders Harcourt.

Walter and Israel. General Pathology. Churchill Livingstone.

Robbins & Kumar, Medical Microbiology and Immunology Levinson.



## **General Medicine**

Principles and Practice of Medicine by Davidson (latest edition)

Clinical Medicine by Parveen J Kumar & Michael Clark

Oxford Handbook of Medicine

Macleod's Clinical Examination book

Medicine and Toxicology by C.K. Parikh

Hutchison's Clinical Methods by Michael Swash. 21st edition

## **Pharmacology And Therapeutics**

Katzung and Trevor's Pharmacology: Examination and Board Review- 15th Edition

Basic and Clinical Pharmacology by Bertram G Katzung (case scenarios only) - 16th Edition-

Current Medical Diagnosis and Treatment- reference book –Edition-2024

Basic and Clinical Pharmacology by Bertram G Katzung (case scenarios only) - 15th Edition

Basic and Clinical Pharmacology by Katzung, McGraw-Hill. 16th Edition.

Pharmacology by Champe and Harvey, Lippincott Williams & Wilkins 8th Edition.

Katzung Basic and Clinical pharmacology, Lippincott Illustrated reviews.

Clinical Pathology Interpretations by A. H. Nagi

## **Behavioural Sciences**

Handbook of Behavioural Sciences by Prof. Mowadat H.Rana, 3rd Edition

Medical and Psychosocial aspects of chronic illness and disability 6th edition by Donna R.Falvo and Beverly E.Holland,

Integrating behavioral sciences in healthcare, Asma Humayun,2003, 1st edition

## **Community medicine**

Parks Textbook of Preventive and Social Medicine. K. Park

Public Health and Community Medicine by Ilyas Ansari

MSDS manual of Government of Punjab

Text book of Community Medicine by Park J E. Latest Edition

## **Surgery**

Bailey & Love's Short Practice of Surgery (latest edition)

Browse's Introduction to the Symptoms & Signs of Surgical Disease 4th Edition

Bailey & Love Short Practice of Surgery, Clinical Surgery pearls by Dayananda Babu RACS for Surgical Audits.

## **Patent Safety**

Patient Safety Curriculum Guide: Multi Professional Guide

## **Microbiology**

Levinson's review of Microbiology

Medical Microbiology and Immunology by Levinson and Jawetz,

## **Pediatrics Medicine**

Nelson Textbook of Pediatrics

Basis of Pediatrics by Pervez Akbar Khan

## **Gynecology**

Gynecology by Ten Teachers

## **Infection Control**

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

## **Biosafety**

Biosafety in Microbiological and Biomedical Laboratories, 6th Edition (CDC, USA)

WHO Laboratory Biosafety Manual, Fourth Edition, And Associated Monographs

WHO safe management of wastes from healthcare facilities chapter 7 -8 page 77-99, 105-125)

## **Family medicine**

Oxford Handbook of General Practice, 5th Edition

## **Orthopedics**

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

## **Rheumatology**

Davidson's Principles and Practice of Medicine

Clinical Medicine by Parveen J Kumar & Michael Clark

Hutchison's Clinical Methods by Michael Swash

## **Radiology**

Aids to Radiological Differential Diagnosis by Chapman S. and Nakielny R. 4th edition.

Elsevier Science Limited; 2003.

## **Forensic Medicine**

Knight's Forensic Pathology by Barnard Knight 3rd edition

G. Principles and Practice of Forensic Medicine by Prof. Nasib R. Awan, 2nd edition

Forensic DNA Typing – 2nd Edition, Author: John M. Butler

Parikh's Textbook of Medical Jurisprudence, Forensic Medicine and Toxicology by C.K. Parikh 6th Ed., CBS Publisher.

Gun Shot Wounds 2nd edition by V.J.Deimaio

Knight B. Simpson's Forensic Medicine.

Knight and Pekka. Principles of Forensic Medicine

### **Forensic Pathology**

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

Washington DC

### **Toxicology**

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

### **Forensic Sciences**

Fundamentals of Forensic Science- 3rd Edition: Author: Max M Houck, Jay A. Siegel

TextBook of forensic medicine and toxicology Principles and Practice 5th edition by Krishan Vig

### **Biomedical ethics**

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

### **Evidence Based Medicine**

Databases for the latest articles/manuscripts

Clinical Practice Guidelines- local and international - (within last 3 years)

Books (Latest edition-within last 5 years)

### **Pediatrics**

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

### **Islamiyat**

Standard Islamiyat (compulsory) for B.A, BSc, MA, MSc, MBBS by Prof M Sharif Islahi.

Ilmi Islamiyat(compulsory) for BA, BSc & equivalent.

## 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.

### 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 a full floor and 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	<p>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.</p> <p>The gym itself is fully equipped with modern machinery both for students and faculty.</p>
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.



## 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

### Message from the Principal

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.

Principal

**Prof. Dr. Gulfreen Waheed**  
**MBBS, FCPS, MHPE, PhD Scholar - HPE**  
Avicenna Medical & Dental College



## Message from the Chairman

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





## **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.