

AVICENNA MEDICAL & DENTAL COLLEGE



STUDY GUIDE

2026

GIT & NUTRITION-II

BLOCK- 10 MODULE-25

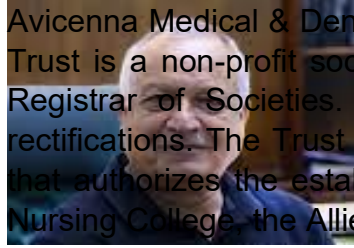


Program: MBBS Integrated Curriculum
Year: 4th Professional Year
Batch No: M-24
Session: 2025-2026

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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.

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 Colleg

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

Vision & Mission



Avicenna Medical & Dental College



Vision

The vision of **Avicenna Medical & Dental College** is to

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

	FPIA	Fluorescent Polarization Immunoassay
	FS	Forensic Serology
	FSc	Forensic Science
	FVC	Forced Vital Capacity
G	GCS	Glasgow Coma Scale
	GFR	Glomerular Filtration Rate
	GIT	Gastrointestinal tract
	GL-MS	Gas Liquid Mass Spectrometry
	GLC	Gas Liquid Chromatography
	GLP	Guanosine Monophosphate
	GMP	Guanosine monophosphate
	GO	Gynecology and Obstetrics
	GP	General Practitioner
	GPE	General Physical Examination
	GTO	Golgi Tendon Organ
	Gynae & Obs	Gynecology and Obstetrics
H	H & E	Hematoxylin and eosin
	H. influenzae	Haemophilus influenzae
	H.pylori	Helicobacter pylori
	HAI	Healthcare Associated Infections
	HbC	Hemoglobin C
	HbS	Sickle Hemoglobin
	HbSC	Hemoglobin Sickle C Disease
	HCL	Hydrochloric Acid
	HCM	Hypertrophic Cardiomyopathy
	HHV	Human Herpesvirus
	HIT	Hematopoietic, Immunity and Transplant
	HIV	Human Immunodeficiency Virus
	HL	Hematopoietic & Lymphatic
	HLA	Human Leukocyte Antigen
	HMP	Hexose Monophosphate
	HNSS	Head & Neck and Special Senses
	HPLC	High Pressure Liquid Chromatography
I	ICF	Intra Cellular Fluid
	ID	Infectious Diseases
	IE	Infective Endocarditis
	IL	Interleukin
	ILD	Interstitial Lung Disease
	IN	Inflammation
	INR	International Normalized Ratio
	INSTIs	Integrase Strand Transfer Inhibitors
	IPV	Intrauterine Device
	IUD	Intrauterine device
	IUGR	Intra-Uterine Growth Restriction
J	JVP	Jugular Venous Pulse
L	L	Law
	LD50	Median Lethal Dose
	LDH	Lactate Dehydrogenase

	LSD	Lysergic acid diethylamide
M	M	Medicine
	MALT	Mucosa Associated Lymphoid Tissue
	MBBS	Bachelor of Medicine, Bachelor of Surgery
	MCH	Mean corpuscular hemoglobin
	MCHC	Mean Corpuscular Hemoglobin Concentration
	MCV	Mean Corpuscular Volume
	MHO2001	Mental Health Ordinance 2001
	MoA	Mechanism of action
	MRI	Mechanism of action
	MS	Musculoskeletal
	MSD	Musculoskeletal disorders
	MSDS	Minimum Service Delivery Standards
	MSK	Musculoskeletal
N	N	Neoplasia
	NEAA	Non-Essential Amino Acids
	NK cells	Natural Killer Cells
	NNRTI	Non-nucleoside Reverse Transcriptase Inhibitors
	NRTIs	Nucleoside Reverse Transcriptase Inhibitors
	NS	Neurosciences
	NSAIDs	Non-steroidal Anti-Inflammatory Drugs
O	O	Ophthalmology
	OA	Osteoarthritis
	OPC	Organophosphate
	OPV	Oral poliovirus vaccine
	Or	Orientation
	Orth	Orthopaedic
P	P	Physiology
	P.jiroveci	Pneumocystis jiroveci
	Pa	Pathology
	PAD	Pathology
	PAF	Platelet activating factor
	PBL	Problem Based Learning
	PCH	Psychiatry
	PCR	Polymerase Chain Reaction
	PDA	Patent Ductus Arteriosus
	PDGF	Platelet derived growth factor
	Pe	Pediatrics
	PEM	Protein Energy Malnutrition
	PERLs	Professionalism, Ethics, Research, Leadership
	PET	Positron Emission Tomography
	Ph	Pharmacology
	Ph	Pharmacology
	PI	Personal Identity
	PID	Pelvic inflammatory disease
	PIs	Protease inhibitors
	PMC	Pakistan Medical Commission
	PMDC	Pakistan Medical and Dental Council

	PMI	Post-Mortem Interval
	PNS	Peripheral Nervous System
	PPD	Paraphenylenediamine
	PPE	Personal Protective Equipment
	Psy	Psychiatry
	PT	Prothrombin Time
	PVC	Premature Ventricular Contraction
	PVD	Peripheral Vascular Diseases
Q	QALY	Quality-Adjusted Life Year
	QI	Quran and Islamiyat
R	R	Renal
	Ra	Radiology
	RA	Radiology
	RBCs	Red Blood cells
	RCM	Restrictive Cardiomyopathy
	RDA	Recommended Dietary Allowance
	Re	Respiratory
	RF	Rheumatoid factor
	RFLP	Restriction Fragment Length Polymorphism
	Rh	Rheumatology
	RHC	Rural Health Center
	RIA	Radioimmunoassay
	RMP	Resting Membrane Potential
	RNA	Ribonucleic Acid
	RTA	Road Traffic Accident
S	S	Surgery
	S.pneumonia	Streptococcus pneumoniae
	SA	Sinoatrial
	SCC	Squamous-cell carcinoma
	Se	Sexology
	Sec	Section
	SIDS	Sudden Infant Death Syndrome
	SLE	Systemic Lupus Erythematosus
	SOP	Standard Operating Procedure
T	TB	Tuberculosis
	TBI	Traumatic Brain Injury
	TCA	Tricarboxylic acid cycle
	TCBS	Thiosulphate Citrate Bile salts Sucrose
	TD50	Median Toxic Dose
	TGA	Transposition of the Great Arteries
	Th	Thanatology
	TLC	Thin Layer Chromatography
	TNF	Tumor Necrotic Factor
	TNM	Tumor Necrotic Factor
	TOF	Tetralogy of Fallot
	Tox	Toxicology
	Tr	Traumatology
	TSI	Triple Sugar Iron

U	USG	Ultrasonography
	UTI	Urinary Tract Infections
	UV	Ultraviolet
V	VAP	Ventilator-Associated Pneumonia
	Vd	Volume of Distribution
	VEGF	Vascular Endothelial Growth Factor
	VSD	Ventricular septal defect
W	W. bancrofti	Wuchereria bancrofti
	WBCs	White Blood Cells
	WHO	World Health Organization
Z	ZN Staining	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.

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.

- Skillful / Care Provider.
- Knowledgeable / Decision Maker.
- Community Health Promoter / Community Leader.
- Critical Thinker / Communicator
- Professional / Lifelong learner.
- Scholar / Researcher
- Leader/ Role Model / Manager

Introduction to Module-

In GIT and Nutrition II, students developed a foundational understanding of the normal structure and mechanisms of the gastrointestinal system and nutrition. Building on this base, GIT and Nutrition II shifts the focus to pathological basis and clinical aspects of gastrointestinal and nutritional disorders. The module emphasizes disease mechanisms, characteristic pathological features, clinical presentations, diagnostic approaches, and evidence-based management of both common and significant GIT conditions, with nutrition considered in relation to these disorders. Students will gain a deeper understanding of how pathological changes translate into clinical symptoms and disease progression, with

conditions such as infections, peptic ulcer disease, liver disorders, inflammatory bowel disease, gastrointestinal malignancies, and malabsorption syndromes explored for their clinical relevance and impact on patient outcomes. Nutritional aspects, including deficiencies and metabolic derangements, will be studied in parallel, reinforcing their close link with gastrointestinal health and disease.

Module Committee

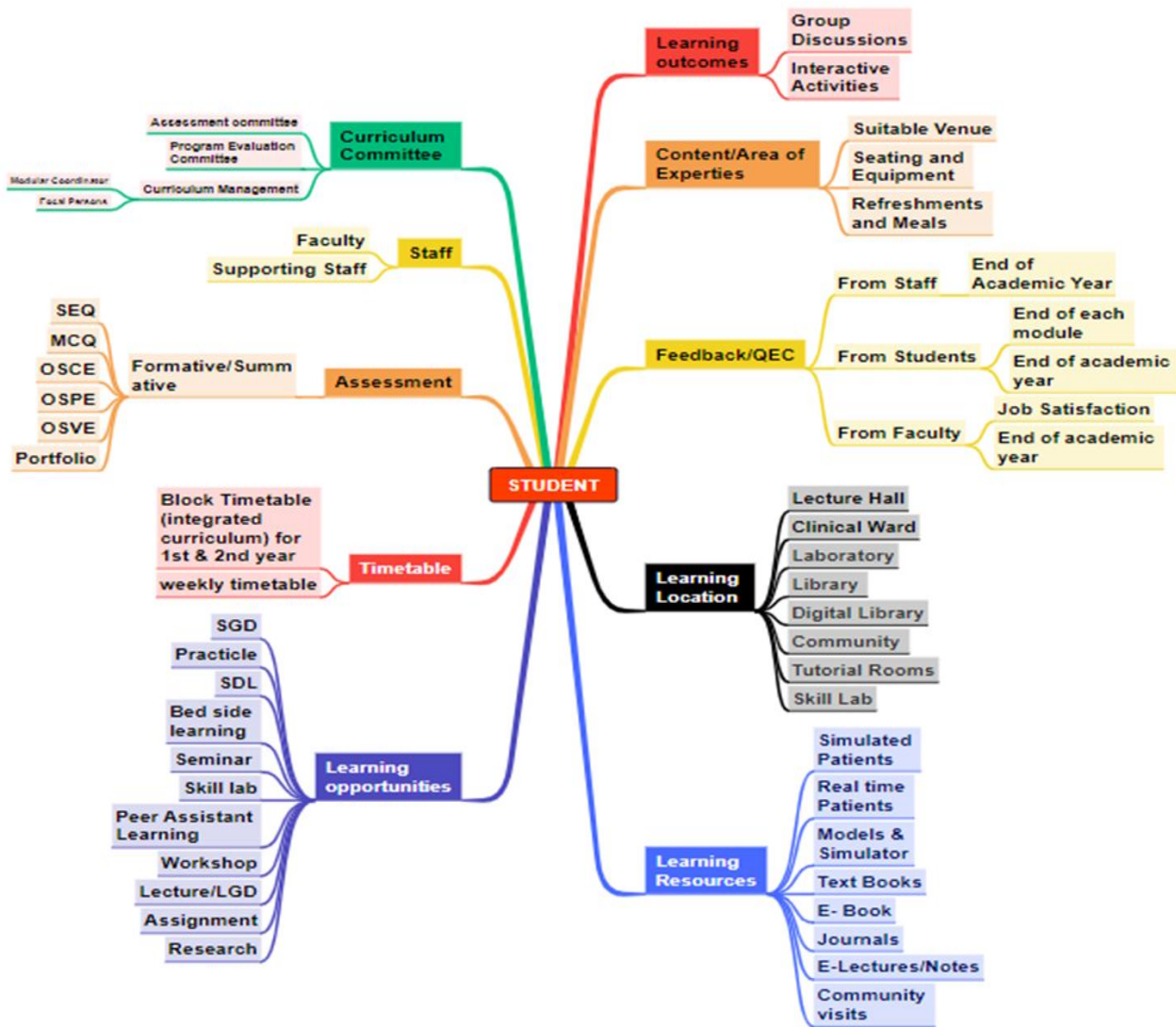
Name	Designation	Department
Prof. Dr. Gulfreen Waheed	Principal & Director DME	Medical Education
Dr. Saba Iqbal	Associate Professor	Medical Education
Dr. Syed Hussain Raza Zaidi	Assistant Professor	Medical Education
Dr. Ijlal Zehra	HOD	Assessment Cell
Dr. Javaid Shabkhez Rab	Coordinator	Medical Education
Dr. Huma Fatima	Demonstrator	Medical Education
Mr. Adeel	Incharge	Student Affairs

Prof. Dr. Saeed Afzal	HOD	Pathology
Dr. Nabila Akram	Focal Person	Pathology
Prof. Dr. Asma Saeed	HOD	Pharmacology
Dr. Azka	Focal Person	Pharmacology
Prof. Dr. Rana Akhtar	HOD	Community Medicine
Prof. Dr. Usman Sheikh	Focal Person	Community Medicine
Dr. Fatima	Focal Person	General Surgery
Prof. Dr. Muzammil	HOD	Medicine Unit-1
Dr. Imran Sheikh	Focal Person	General Medicine
Dr. Fauzia Raza	Focal Person	Pulmonology
Dr. Mobeen	Focal Person	Cardiology
Dr. Farhat Mihas	HOD	Behavioral Sciences
Prof. Dr. Khalid Mehmood	HOD	Ophthalmology
Prof. Dr. Tariq	Focal Person	Ophthalmology
Prof. Rizwan Akbar Bajwa	HOD	Otolaryngology

Dr. Usman Aslam	Focal Person	Otolaryngology
Prof. Faisal Nazeer Hussain	HOD	Orthopedics
Dr. Tariq	Focal Person	Orthopedics
Prof. Dr. Saira Younas	HOD	Dermatology
Dr. Zartaj Liaqat	Focal Person	Dermatology
Prof. Nadia Zahid	HOD	Gynecology & Obstetrics
Dr. Uzma Zia	Focal Person	Gynecology & Obstetrics

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:



Academic Calendar

Avicenna Medical & Dental College Calendar Fourth year MBBS 2025- 2026																																
January 2026							February 2026							March 2026							SESSION START: 6th											
Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Gazetted Holidays											
				1	2	3	1				5	6	7	1				5	6	7	i- Kashmir Holiday -											
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	ii- Eid-ul-Fitr- 18th											
11	12	13	14	15	16	17	15	16	17	18	19	20	21	Spring	15	16	17	18	19	20	21	iii- Pakistan Day -23rd										
18	19	20	21	22	23	24	22	23	24	25		27	28		22	23	24	25		27	28	iv- Labor Holiday- 1st										
25	26	27	28	29	30	31									29	30	31					v- Eid-Ul-Adha- 27th										
																					vi- Youm-e-Takbeer											
																					vii- Ashura- 25th &											
																					viii- Independence											
Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	ix- Milad un Nabi- 25th											
			1	2	3	4	Week-04					1	2	Week-8	1	2	3	4 GT	5	6	Aug. 2026											
Week-01	5	6	7	8	9	10	Week-05	3	4	5	6	7 GT	8	9	Week-9	7	8	9	10	11	12	13	x- Qaid-e-Azam									
Week-02	12	13	14	15	16	17	Week-06	10	11	12	13	14	15	16	Week-10	14	15	16	17	18 GT	19	20	Vacations									
Week-03	19	20	21	22	23	24	Week-07	17	18	19	20	21	22	23	Week-11	21	22	23	24	25	26	27	Summer Vacations -									
Week-04	26	27	28	29	30		Eid Week	24	25	26	27	28	29	30	Week-12	28	29	30					Winter Vacations -									
								31														Events										
																						Annual Dinner 9th										
Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	White Coat Ceremony											
Week-12			1	2	3	4	Week-17						1	Week-17		1	2	3	4	5	Sports Week 2nd -15th											
Week-13	5	6	7	8	9	10	Summer	2	3	4	5	6	7	8	Week-18	6	7	8	9	10	11	12	Sports Day 16th Oct									
Summer	12	13	14	15	16	17	Week-14	9	10	11	12	13	14	15	Week-19	13	14	15	16	17	18	19	Wellness Week 14-21									
Summer	19	20	21	22	23	24	Week-15	16	17	18	19	20	21	22	Week-20	20	21	22	23	24	25	26	Module Exam									
Summer	26	27	28	29	30	31	Week-16	23	24	25	26	27	28	29	Week-21	27	28	29	30				Module 24 Exam - 21st									
							Week-17	30	31													Module 25 Exam - 11th										
																						Module 26 Exam - 29th										
Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Module 27 Exam - 20th											
Week-21				1	2	3	Week-26	1	2	3	4	5	6	7	Week-30		1	2	3	4	5	Module 28 Exam - 1st										
Week-22	4	5	6	7	8	9	Week-27	8	9	10	11	12	13	14	Week-31	6	7	8	9	10	11	12	Module 29 Exam - 15th									
Week-23	11	12	13	14	15	16	Week-28	15	16	17	18	19	20	21	Week-32	13	14	15	16	17	18	19	Module 30 Exam - 5th									
Week-24	18	19	20	21	22	23	Week-29	22	23	24	25	26	27	28	Winter		20	21	22	23	24	25	26	Module 31 Exam - 3rd								
EOR-11 TES				EOR-11	22 GT ENT COVE	23	EOR-11	24	Week-29	22	23	24	25	26	27	28	Vacations		20	21	22	23	24	25	26	Module 32 Exam - 17th						
EOR-11 TES	25	26	27	28	29 GT EYE EOR-11	30	EOR-11	31	Week-30	29	30								27	28	29	30	31		Module 33 Exam - 22							
																						Block Exam										
Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Block 10 Exam- 6th & 7th July 2026											
Week-33					1	2	Week-38	31	1	2	3	4	5	6		1	2	3	4	5	6	Exam- 9th & 10th Nov										
Week-34	3	4	5	6	7	8	Week-39	7	8	9	10	11	12	13		7	8	9	10	11	12	13	Exam- 25th & 26th Jan									
EOR-12 TES	10	11	12	13	14	15	Week-40	14	15	16	17	18	19	20		14	15	16	17	18	19	20	Send-Up									
EOR-12 TES	17	18	19	20	21	22		21	22	23	24	25	26	27		21	22	23	24	25	26	27	Send-Up-Block: 10									
Week-37	24	25	26	27	28	29		28								28	29	30	31				Exam- 1st February									

Time Table:

AVICENNA MEDICAL & DENTAL COLLEGE BLOCK 10 MODULE 25									
TIME TABLE M-22		4th YEAR MBBS	SESSION 2025-2026						Week 5
DATE	DAY	8.00-9.00	9.00-10.00	10.00-11.00	11.00-11.30	11.30-12.30	12.30-1.30	1.30-2.30	2.30-3.30
1-Jun-26	MON	Lecture Community Medicine Topic: BIO STAT (REVISION LECTURE) Facilitator Prof RANA AKHTAR <u>LECTURE HALL 4</u>	Lecture Pathology Topic: Biliary cholangitis & sclerosing cholangitis. Facilitator Prof. Saeed Afzal <u>LECTURE HALL 4</u>	Lecture Medicine Topic: "Irritable bowel syndrome (IBS). Facilitator Dr. Salman <u>LECTURE HALL 4</u>	BREAK	Lecture Surgery Topic: Pancreatitis Facilitator Prof. Hassan Khan <u>LECTURE HALL 4</u>	Lecture Pharmacology Topic: "Prescription Writing Facilitator Dr. Azka Khan <u>LECTURE HALL 4</u>	Community Medicine (Research) Pathology Tutorial Pharmacology Tutorial	
2-Jun-26	TUE	8.00-9.00	9.00-10.00	10.00-11.00		11.30-12.30	12.30-1.30	1.30-2.30	2.30-3.30
		Lecture ENT Topic: Temporal Bone Trauma Facilitator Dr. Usman Aslam <u>LECTURE HALL 4</u>	Lecture Family Medicine Topic: Common geriatric problems Facilitator Dr. Sadia Malik <u>LECTURE HALL 4</u>	Lecture Pathology Topic: Liver Tumors Facilitator Prof. Saeed Afzal <u>LECTURE HALL 4</u>		Lecture Community Medicine Topic: Disaster Management (REVISION LECTURE) Facilitator Dr. Muneeb <u>LECTURE HALL 4</u>	Lecture Medicine Topic: Abdominal tuberculosis. Facilitator Dr. Salman <u>LECTURE HALL 4</u>	Pathology Practical (Batch A) COM. Medicine Tutorial (Batch B) Research IT Lab work (Batch C)	
3-Jun-26	WED	8.00-9.00	9.00-10.00	10.00-11.00		11.30-1.30		1.30-2.30	2.30-3.30
		Lecture Pathology Topic: Gallstones. Facilitator Prof. Saeed Afzal <u>LECTURE HALL 4</u>	Lecture Eye Topic: Dry eye Facilitator Prof. Rafe <u>LECTURE HALL 4</u>	Lecture ENT Topic: Meniere's Disease Facilitator Prof. Riwan Bajwa <u>LECTURE HALL 4</u>		END OF ROTATION TEST		Pathology Practical (Batch B) COM. Medicine Tutorial (Batch C) Research IT Lab work (Batch A)	
4-Jun-26	THU	8.00-9.00	9.00-10.00	10.00-11.00		11.30-1.30		1.30-2.30	2.30-3.30
		Grand Test Medicine Topic: "Small and large intestinal cancers. Facilitator Dr. Salman	Lecture Medicine Topic: "Constipation. Facilitator Dr. Hymaira <u>LECTURE HALL 4</u>	Lecture Family Medicine Topic: "Basic geriatric assessment Facilitator Dr. Sadia Malik <u>LECTURE HALL 4</u>		END OF ROTATION TEST		Pathology Practical (Batch C) COM. Medicine Tutorial (Batch A) Research IT Lab work (Batch B)	
5-Jun-26	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 Eye Topic: Cornea (Keratitis: Bacterial/Fungal) Facilitator Prof. Khalid <u>LECTURE HALL 4</u>	Community Medicine (Research) Pathology Tutorial Pharmacology Tutorial		END OF ROTATION TEST		JUMA BREAK	Lecture PFRU Topic:	

AVICENNA MEDICAL & DENTAL COLLEGE BLOCK 10 MODULE 25									
TIME TABLE M-22		4th YEAR MBBS	SESSION 2025-2026						WEEK 9
DATE	DAY	8.00-9.00	9.00-10.00	10.00-11.00	11.00-11.30	11.30-12.30	12.30-1:30	1.30-2.30	2.30-3.30
8-Jun-26	MON	Lecture Community Medicine Topic: Nutritional diseases Facilitator Dr SANA Noor <u>LECTURE HALL 4</u>	Lecture Pathology Topic: Acute and chronic cholecystitis. Facilitator Prof. Saeed Afzal <u>LECTURE HALL 4</u>	Lecture Medicine Topic: Jaundice Facilitator Dr. Salman <u>LECTURE HALL 4</u>	BREAK	Lecture Surgery Topic: "Perioperative Nutritional Management Facilitator Dr.Usman Khan <u>LECTURE HALL 4</u>	Lecture Pharmacology Topic: "Prescription Writing Facilitator Dr. Asma Saeed <u>LECTURE HALL 4</u>	Pathology Practical (Batch A) COM. Medicine Tutorial (Batch B) Research IT Lab work (Batch C)	
9-Jun-26	TUE	8.00-9.00 Lecture ENT Topic: Acoustic Neuroma Facilitator Prof. Rizwan Bajwa <u>LECTURE HALL 4</u>	9.00-10.00 Lecture Family Medicine Topic: Red flag symptoms in elderly patients Facilitator Dr. Sadia Malik <u>LECTURE HALL 4</u>	10.00-11.00 Lecture Pathology Topic: Acute & chronic pancreatitis Facilitator Prof. Naeem Ashraf <u>LECTURE HALL 4</u>		11.30-12.30 Lecture Surgery Topic: "Perioperative Nutritional Management Facilitator Dr.Fatima Ahmad <u>LECTURE HALL 4</u>	12:30-1:30 Lecture Medicine Topic: Identify clinical presentation. Outline investigations and treatment strategies for abdominal tuberculosis. Facilitator Dr. Salman <u>LECTURE HALL 4</u>	1.30-2.30	2.30-3.30 Pathology Practical (Batch B) COM. Medicine Tutorial (Batch C) Research IT Lab work (Batch A)
10-Jun-26	WED	8.00-9.00 Lecture Pathology Topic: Pancreatic cancers Facilitator Prof. Naeem Ashraf <u>LECTURE HALL 4</u>	9.00-10.00 Lecture Eye Topic: Cornea (Keratitis viral, acanthamoeba, autoimmune) Facilitator Prof Khalid <u>LECTURE HALL 4</u>	10.00-11.00 Lecture ENT Topic: Tumors Of External & Middle Ear Facilitator Dr. Anam Asif <u>LECTURE HALL 4</u>		11.30-1.30 <u>CLINICAL ROTATION / CLINICAL SKILLS</u>		1.30-2.30	2.30-3.30 Pathology Practical (Batch C) COM. Medicine Tutorial (Batch A) Research IT Lab work (Batch B)
11-Jun-26	THU	8.00-9.00	9.00-10.00	10.00-11.00		Module 25 Exam			
12-Jun-26	FRI	8.00-9.00 Lecture Medicine Topic: Hepatitis. Facilitator Dr. Salman <u>LECTURE HALL 4</u>	9.00-10.00 Community Medicine (Research) Pathology Tutorial Pharmacology Tutorial		11.00-1.00 <u>CLINICAL ROTATION / CLINICAL SKILLS</u>		1.00-2.00 JUMA BREAK	2.00-3.30 <u>Lecture PERL</u> Topic: Professional identity formation Facilitator Dr. Zaib <u>LECTURE HALL 4</u>	

Allocation of Hours

AVICENNA MEDICAL COLLEGE, LAHORE

4th YEAR MBBS (2025-26)

	EYE			ENT			COMMUNITY MEDICINE			PHARMA COLOGY		PATHOLOGY			Surgery		Medicine		Family Medicine			Gyn		Pae		Derma		Urology		Beh.			Neu/Nep		PERL				Total	Assesment	GRAND Total			
Week	Lec	CR	CBL	Lec	CR	CBL	Lec	Tut	CR	Fl	Lec	Tut	Lec	Prac	Tut	Lec	CR	Lec	CR	Lec	Tut	CR	CBL	Lec	CR	Lec	CR	Lec	CR	Lec	Tut	CR	Lec	Lec	Pro	Eth	Research	Leac						
1		1		2	1		4	2	1				3	2		1		1	1	3	2	1			1									1				27		27	solida			
2	2	1		2	1		4		1	5			3	2		1		1	1	3	2	1			1									1		2		34		34				
3	2	1		2	1		3		1	5	1		2	2		1		2	1	2	2	1			1									1		2		33	1	34				
4	2	1		2	1		3	2	1				4	2	2	1		4	1	2	2	1			1										1				33	1	34			
5	2	1		2	1		4	2	1		1		1	2	2	2		2	1	4	2	1			1									1				33	1	34				
6	2	1		2	1		4	2	1		1		2	2	2			1	1	2	2	1			1														28		28	solida		
7	2	1		2	1						1		3	2		2		3	1	1	2	1			1	1								1		2		27	7	34				
8	2	1		3	1				2		1		3	2		3		4	1	2		1	2		1	1								1		2		33	1	34				
9	1	1		1	1		3	2			1		3	2		2		2	1	1		1												1		2		27	7	34				
10	2	1	1	3	1	1			2		1		1	2	2	2		4	1	3		1				1	1							1		2		33	1	34				
11	3	1	2	3	1	2			2				1	2				4	1	1																2		27	7	34				
12	1	1			1				2		2		2	2		1		2										1	1		1	1				2		20	14	34				
13	1	1		1	1				2		1		2	2		1		2										1	2			1	1			2		21		21	solida			
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15	2	1	1	1	1	1					3	2	1		2	1		2										1	2	2	1	2		1			27	7	34					
16	2	1		2	1						2	2	2	2		1		2										1	1	1	2	1	3			2		28		28	solida			
17	3	1	1	2	1	1					2		2	2	2	1		2										1	1	3	2	1	2		1	2	33	1	34					
18	2	1	2	2	1	2					2		1	2		1		2										1	1		2	1	1		1	2	27	1	28	solida				
19	3	1	2	2	1	2					2		2	2	2			2										1	4	2	1		2			2		33	1	34				
20	2	1	2	2	1	1	2						1	2	2	1		2										2	1	5	2	1		2		1	2	33	1	34				
21	3	1		1	1								1	2				2										2	1	3	2	1		4		1	2	27	7	34				
22	2	1	2	2	1	2					2	2	2	2	2			2										1	1	2		1	4			2		33	1	34				
23	3	1		4	1						1	2	2	2				2										1	1	2		1	2			2		27	7	34				
24	3	1	2	3	1	2					1	2		2	2	1		2	1									1	1	2		1	2			2	1	33	1	34				
25	3	1	2	3	1	2					1	2	1	2			1	2										1	1						2		2		27	1	28			
26	3	1		3	1							2	1	2		1	1	2																	1		2		21	7	28	solida		
27	1	1			1						1	2	3	1			1	3	1																	2	1	20	14	34				
28	3	1		2	1						2	2	3	2	2		1	5	2						2											1	2	33	1	34				
29	3	1		2	1						2	2	3	2			1	5	2				2	1												1	2	33	1	34				
30	2	1		2	1						2	2	3	2			1	2	2																	2	1	27	7	34				
31	2	1		2	1						3	2	3	2			1	2	2					2	1												2	1	33	1	34			
32	3	1		3	1						2	2	2	2			1	2																			2	1	27	7	34			
33	4	1	2	4	1	2					2	2	1	2			1	3	2					2														2	1	34		34		
34	3	1	2	5	1	2					1	2	2	2			1	2	2					2												1		2		33	1	34		
35	4	1	2	4	1	2					2	2	2	2			1	2	1					2	1										1		2		33	1	34			
36	2	1	2	3	1	2					1	2	1	2				1	1																		2		21	7	28	solida		
37		1			1						1			2																									5	14	19			
	82	37	25	80	37	25	25	20	6	10	47	34	71	71	24	26	11	53	58	25	14	10	12	5	9	3	19	12	11	14	30	16	14	16	17	9	7	4	62	6	1057	130	1187	
AVMC	144			142			61				81	166			37	111			61				5	9	3	31	25				60				16	17	88				1057			
AVMC	144+18=162			142+20=162			61+42+21+105=229				180+21+24=225	231+166+45+64=508			37	108			61+18=79				8	9	3	31	25				15+15+62+7=103				16	17								
Subjec	EYE			ENT			Com. Medicine				Pharmacol	Pathology			Surgery	Medicine			Family Medicine					Pae	Dermatol	Urolog		Beh.	Neu	Nep														
PMDC	150			150			200				300	500							75																									

MODULE OUTCOMES

- Describe the pathophysiology of major GIT diseases.
- Apply clinical knowledge of GIT pathology to diagnose and manage common GIT conditions.
- Integrate pharmacological treatment options for GIT disorders.
- Appreciate the role of nutrition in maintaining and restoring GIT health.
- Understand the impact of GIT pathology in community health settings.
- Identify psychological factors contributing to GIT disorders.

SUBJECTS INTEGRATED IN THE MODULE

1. Pathology
2. Clinical Pharmacology & Therapeutics
3. General Medicine
4. General Surgery
5. Community Medicine

Learning Objectives

THEORY			
ORAL CAVITY & SALIVARY GLAND TUMORS			
CODE	SPECIFIC LEARNING OUTCOMES	INTEGRATING DISCIPLINE	TOPIC
GIT2-Pa-001	Classify and describe the morphological features of oral infectious diseases.		Oral infectious diseases

GIT2-Pa-002	Describe briefly benign, premalignant, and malignant oral lesions.	Pathology	Oral lesions
GIT2-Pa-003	Classify salivary gland tumors into benign and malignant types.		Salivary gland tumors
GIT2-Pa-004	Discuss the histopathological features of pleomorphic adenoma and Warthin’s tumors.		Pleomorphic adenoma
GIT2-Pa-005	Differentiate the pathological features of common malignant salivary gland tumors.		Malignant salivary gland tumors
GIT2-Pa-006	Explain the role of immunohistochemistry and other diagnostic tools in differentiating between various salivary gland tumors.		Diagnostic tools
ESOPHAGUS			
GIT2-Pa-007	Discuss in detail the pathological causes of esophageal obstruction.	Pathology	Esophageal obstruction
GIT2-Pa-008	Enumerate and describe the pathogenesis of different types of esophagitis.	Pathology	Esophagitis
GIT2-Pa-009	Describe the pathogenesis of esophageal varices.	Pathology	Esophageal Varices
GIT2-Pa-010	Describe in detail the morphology of Barret’s esophagus with major complications.	Pathology	Barret’s Esophagus
GIT2-Pa-011	Classify esophageal tumors. Describe the pathogenesis and morphology of adenocarcinoma and squamous cell carcinoma of the esophagus.	Pathology	Esophageal Tumors

GIT2-GE-012	Define dysphagia.	Gastroenterology/Medicine	Dysphagia
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	Explain the pathophysiological mechanisms leading to dysphagia. Outline the etiology of dysphagia Develop a stepwise diagnostic and management plan for a patient presenting with dysphagia.		
GIT2-GE-013	Diagnose gastroesophageal reflux disease (GERD) on the basis of characteristic symptoms and clinical presentation. Enlist the etiology and pathophysiology of GERD. Outline differential diagnosis of GERD.	Gastroenterology/Medicine	Gastroesophageal Reflux Disease (GERD)
GIT2-GE-014	Diagnose achalasia on the basis of characteristic symptoms and clinical presentation. Describe the etiology and pathophysiology of achalasia. Outline the diagnostic investigations for achalasia. Interpret the radiological and endoscopic findings in achalasia. Discuss the treatment options for achalasia.	Gastroenterology/Medicine	Achalasia

GIT2 - G E - 0 1 5	Diagnose esophageal candidiasis based on its specific signs and symptoms. Enumerate the risk factors for esophageal candidiasis. Outline the diagnostic investigations and discuss the treatment options for esophageal candidiasis.	Gastroenterology/Medicine	Esophageal candidiasis
GIT2 - G E - 0 1 6	Describe the risk factors for esophageal cancer. Diagnose esophageal cancer from its symptoms and clinical presentation. Outline the diagnostic investigations for esophageal cancer. Explain the staging of esophageal cancer. Discuss the treatment options for esophageal cancer.	Gastroenterology/Medicine	Esophageal cancer
STOMACH AND DUODENUM			
GIT2 - P a - 0 1 7	Describe the pathogenesis and morphology of acute gastritis.	Pathology	Acute gastritis

	Enumerate the causes of chronic gastritis with special emphasis on the pathogenesis of H. Pylori gastritis and autoimmune gastritis.		
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GIT2 - Pa-018	Describe the differentiating features of H. Pylori and autoimmune gastritis.	Pathology	Chronic gastritis
GIT2 - Pa-019	Describe the pathogenesis, morphology, and complication of peptic ulcer disease.	Pathology	Peptic ulcer disease
GIT2-Pa-020	Discuss in detail the hypertrophic gastropathies.	Pathology	Hypertrophic gastropathies
GIT2 - Pa-021	Describe the important features of the fundic gland, inflammatory, hyperplastic polyps, and gastric adenomas.	Pathology	Gastric polyps and adenomas
GIT2 - Pa	Classify gastric tumors. Describe the morphology of gastric adenocarcinomas and its two types. Describe the morphology of maltoma and its immunohistochemistry. Describe the morphology and variants of Gastrointestinal Stromal Tumours (GIST) and its immunohistochemistry. Describe the location, morphology, and important features of carcinoid tumors.	Pathology	Gastric tumors

- 0 2 2			
GIT2 - G E - 0 2 3	Explain the causes and pathophysiology of vomiting, including central and peripheral pathways Formulate a differential diagnosis for patients presenting with vomiting. Identify red flag features requiring urgent evaluation. Enlist investigations. Outline management strategies.	Gastroenterology/ Medicine	Vomiting
GIT2 - G E - 0 2 4	Enumerate the causes of hematemesis. Identify risk factors for upper gastrointestinal bleeding. Describe the clinical presentations. Outline the investigations and procedures used to establish a diagnosis. Outline the emergency management of hematemesis.	Gastroenterology/ Medicine	Hematemesis

GIT2 - G E - 0 2 5	Enumerate the causes of abdominal pain. Develop a differential diagnosis for abdominal pain. Outline the investigations required to establish a diagnosis. Describe the treatment options for abdominal pain.	Gastroenterology/ Medicine	Abdominal pain
GIT2 - G E - 0 2 6	Diagnose acid peptic disease based on symptoms, clinical presentation, and risk factors. Explain the role of <i>Helicobacter pylori</i> in the pathogenesis of acid peptic disease. Plan the diagnostic workup and management options.	Gastroenterology/ Medicine	Acid peptic disease
GIT2 - G E - 0 2 7	Classify the types of gastric cancer. Enlist the risk factors for gastric cancer. Describe clinical presentation. Plan the diagnostic workup for gastric cancer. Explain the staging of gastric carcinoma. Discuss the treatment options for gastric cancer.	Gastroenterology/ Medicine	Gastric carcinoma
	Describe the causes of duodenal obstruction. Diagnose duodenal tumours based on clinical presentation.	Surgery	

GIT2 - S- 0 2 8	Outline the investigations to confirm diagnosis.		Duodenal obstruction
GIT2 - S- 0 2 9	Describe the management of obesity as a surgical disease. Explain the rationale for bariatric and metabolic surgery. Outline the eligibility criteria and summarize NICE guidelines for bariatric surgery. Describe the multidisciplinary assessment and multimodal treatment required before surgery. Enumerate the types of bariatric surgical procedures. Identify and manage perioperative complications. Describe the follow-up plan, including nutritional supplementation and biochemical monitoring.	Surgery	Bariatric and metabolic surgery
GIT2-Ph-030	Classify Antacids	Pharmacology	Antacids

	Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications. Describe the milk-alkali syndrome. Explain the acid-rebound phenomenon caused by antacids. Differentiate between the different antacids.		
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GIT2 - P h - 0 3 1	Classify H2 receptor blockers. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications.	Pharmacology	H2 receptor blockers
GIT2 - P h - 0 3 2	Classify Proton Pump Inhibitors (PPI) Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications. Tabulate differences between PPIs and H2 receptor blockers.	Pharmacology	Proton Pump Inhibitors (PPI)
GIT2 - P h - 0 3 3	Enumerate Mucosal Protective Agents and the drugs used for eradication of H. Pylori. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications. Describe triple regimen, quadruple regimen & sequential therapy for eradication of H. Pylori.	Pharmacology	Mucosal Protective Agents

GIT2 - P h - 0 3 4	Classify anti-emetics. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications. Tabulate differences between metoclopramide and Domperidone.	Pharmacology	Anti-emetics
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SMALL & LARGE INTESTINE			
GIT2 - p a - 0 3 5	Describe the morphological features of ischemic bowel disease with special emphasis on its causes and mutations involved. Enumerate the pathological causes of malabsorption syndrome. Describe the morphology, Marsh classification, and lab diagnosis of Celiac disease. Describe the pathogenesis and morphological features of Whipple disease.	Pathology	Diseases of the Small and Large Intestines

GIT2 - P a - 0 3 6	Enumerate the common causative agents of infectious enterocolitis including bacterial, viral, and parasitic. Explain the pathogenesis of enterocolitis caused by Salmonella, Mycobacterium tuberculosis, and Clostridium difficile.	Microbiology	Causative agents of infectious enterocolitis
GIT2 - P a - 0 3 7	Describe the pathogenesis, microscopic and macroscopic features, and complications of Crohn's disease and Ulcerative colitis.	Pathology	Crohn's disease and ulcerative colitis
GIT2 - P a - 0 3 8	Classify the intestinal polyps. Describe the morphological features of: - Hyperplastic polyps - Inflammatory polyps - Hamartomatous polyps - Peutz-Jeghers syndrome Classify polyposis syndromes and describe: - Complications - Genetic mutations - Extra-gastrointestinal manifestations - Morphology	Pathology	Intestinal polyps

GIT2 - P a - 0 3 9	Classify neoplastic polyps and describe their morphological features in detail. Describe in detail the pathogenesis and morphological features of colorectal carcinoma.	Pathology	Neoplastic polyps and colorectal carcinoma
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	Enumerate immunohistochemical markers and TNM/ AJCC staging.		
GIT2 - P a - 0 4 0	Describe the etiology and morphological features of acute appendicitis. Classify the tumors of the appendix and discuss their clinical importance.	Pathology	Diseases of appendix
GIT2 - G E - 0 4 1	Enlist causes of acute and chronic diarrhea. Develop a differential diagnosis of diarrhea. Explain the pathophysiology of acute and chronic diarrhea.	Gastroenterology/Medicine	Diarrhea (acute and chronic)

GIT2 - G E - 0 4 2	Identify the common causes of acute gastroenteritis. Diagnose on the basis of characteristic symptoms and clinical presentation. Outline diagnostic investigations with management plan.	Gastroenterology/Medicine	Acute gastroenteritis
GIT2 - G E - 0 4 3	Classify malabsorption syndromes. Identify the symptoms and signs of malabsorption. Enlist investigations to establish the diagnosis. Describe treatment strategies for different malabsorption syndromes.	Gastroenterology/Medicine	Malabsorption syndromes
GIT2 - G E - 0 4 4	Classify inflammatory bowel disease. Identify the risk factors, clinical presentations, and associations of ulcerative colitis and Crohn's disease. List the investigations and treatment plans with follow-up for monitoring and long-term management.	Gastroenterology/Medicine	Inflammatory bowel disease

GIT2 - G E - 0 4 5	Define Irritable bowel syndrome (IBS). Describe the etiology and clinical presentation of IBS. Formulate a differential diagnosis for patients with suspected IBS. Outline investigations and treatment strategies.	Gastroenterology/Medicine	Irritable bowel syndrome (IBS)
GIT2 - G E - 0 4 6	Classify the types of small and large intestinal cancers. Identify the risk factors and clinical presentation.	Gastroenterology/Medicine	Intestinal cancers

	Outline the staging systems used for intestinal cancers. Outline investigations and treatment options.		
GIT2 - G E - 0 4 7	Identify the causes of constipation. Formulate a differential diagnosis for patients presenting with constipation. Enlist investigations to establish the diagnosis. Outline treatment strategies for constipation.	Gastroenterology/Medicine	Constipation

GIT2 - G E - 0 4 8	Identify clinical presentation. Outline investigations and treatment strategies for abdominal tuberculosis.	Gastroenterology/Medicine	Abdominal tuberculosis
GIT2 - P h - 0 4 9	Classify prokinetic drugs. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications.	Pharmacology	Prokinetic drugs
GIT2 - P h - 0 5 0	Classify Laxative, Purgative, Cathartic stool, Softeners & Stimulant Purgatives. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications. Explain the role of lactulose in the treatment of Hepatic Encephalopathy.	Pharmacology	Laxative and Purgative

GIT2-PS-051a	List causes of congenital (atresia's, neonatal volvulus,, malrotation,) and acquired intestinal obstruction. Define intussusception. Classify types of intussusception and pathophysiology. Identify common age group and etiology. Enumerate the classical triad of symptoms. Enlist diagnostic methods. Discuss importance of early diagnosis and complications of non/delayed treatment. Outline treatment plan.	Pediatric Surgery	Intussusception and causes of intestinal obstruction in children
GIT2-PS-051a	Define acute appendicitis.	Pediatric Surgery	Appendicitis in children

	Identify clinical features and complications of delayed treatment. Outline the diagnostic investigations and initial management.		
GIT2-PS-051b	Define inguinal hernia and hydrocele. Classify them in children. Describe the pathophysiology of communicating and non-communicating hydrocele. Enumerate clinical features of hernia and hydrocele. Differentiate between two.	Pediatric Surgery	Hernia (inguinal & umbilical) and Hydrocoele

	Outline principles of management with referral for treatment to Pediatric Surgical Setting.		
GIT2 - PS - 0 5 1c	Define Phimosis and Paraphimosis. Differentiate physiological and pathological phimosis. Enumerate complications. Outline management options.	Pediatric Surgery	Phimosis and paraphimosis
GIT2 - PS - 05 1d	Define vesical and cloacal exstrophy. Describe embryological basis. Enumerate clinical features. Outline management principles.		Vesical and Cloacal Exstrophy
HEPATOBILLARY SYSTEM			

GIT2 - P a - 0 5 2	Enumerate the causes of jaundice with special emphasis on hereditary hyperbilirubinemias. Differentiate between cholestasis and hepatocellular jaundice. Describe the pathological changes in liver cirrhosis that occur at the cellular and structural levels. Interpret liver function tests (LFTs) and correlate abnormal results.	Pathology	Jaundice
GIT2 - P a - 0 5 3	Identify the etiology and pathogenesis of viral hepatitis (A, B, C, D, and E), including their modes of transmission and effects on the liver.	Pathology	Viral hepatitis

	Identify the clinical and pathological features of acute liver failure.		
GIT 2 - P	Explain the pathogenesis and morphology of alcoholic liver disease (fatty liver, alcoholic hepatitis, and cirrhosis). Describe non-alcoholic fatty liver disease (NAFLD) and its progression to non-alcoholic steatohepatitis (NASH) and cirrhosis. Describe the differentiating features of primary biliary cholangitis, secondary biliary cirrhosis, and primary sclerosing cholangitis.	Pathology	Alcoholic and non-alcoholic fatty liver disease

2054			
GIT 2055	Classify the liver nodules and tumors along with salient morphological features. Discuss the pathogenesis of hepatocellular carcinoma (HCC), including risk factors like cirrhosis and hepatitis, precursor lesions, and morphological variants. Describe the differentiating features of HCC and cholangiocarcinoma along with immunohistochemistry. Explain the pathogenesis and risk factors contributing to the development of cholangiocarcinoma.	Pathology	Pathogenesis of Hepatocellular carcinoma
GIT 2060	Enumerate the types of gallstones. Explain the etiopathogenesis of gallstones. Explain the pathophysiology and morphology of acute and chronic cholecystitis.	Pathology	Cholelithiasis

5 6			
GIT 2 - P a - 0 5 7	Describe the pathogenesis of acute pancreatitis, its morphology and lab diagnosis. Describe the morphology of chronic pancreatitis and its complications.	Pathology	Pancreatitis
GIT 2 - P a - 0 5 8	Classify the neoplasms of the pancreas, precursor lesions to pancreatic cancers, and its morphology along with tumor markers.	Pathology	Pancreatic cancers
GIT2-GE-059	Define jaundice and describe its major causes.	Gastroenterology/Medicine	Jaundice

	Differentiate between pre-hepatic, hepatic, and post- hepatic jaundice. Outline investigations to reach diagnosis.		
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GIT2 - G E - 0 6 0	Describe etiology and clinical presentation. Enlist investigations to reach diagnosis. Outline management plan. Discuss prognosis and potential complications of hepatitis.	Gastroenterology/Medicine	Acute and chronic hepatitis
GIT2 - G E - 0 6 1	Describe non-alcoholic fatty liver disease (NAFLD) and NASH. Identify the risk factors and clinical features of NAFLD. Outline investigations and management plan for patients with NAFLD.	Gastroenterology/Medicine	Management of NAFLD & NASH
GIT2 - G E - 0 6 2	Identify risk factors and describe the clinical course, progression, and outcomes of cirrhosis. Differentiate between compensated and decompensated liver disease. Outline investigations and management strategies. Enlist potential complications.	Gastroenterology/Medicine	Chronic liver disease

GIT2 - G E - 0 6 3	Describe autoimmune hepatitis, Wilson's disease, hemochromatosis, and alcoholic liver disease with reference to etiology, risk factors, and clinical features. Enlist investigations and procedures to establish a diagnosis. Outline management strategies for these disorders.	Gastroenterology/Medicine	Metabolic and Genetic Disorders of Liver
GIT2 - G E - 0 6 4	Describe the types, risk factors, and clinical features of hepatocellular carcinoma (HCC). Enlist investigations for diagnosing and staging HCC. Outline the stages of HCC and discuss available treatment options.	Gastroenterology/Medicine	Hepatocellular carcinoma
GIT2 - S- 06 5	Describe the surgical anatomy and basic function of the gallbladder and bile ducts. Explain in simple terms the formation of gallstones and outline their surgical management.	Surgery	Cholecystectomy

	Identify common disorders of the biliary tree.		
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GIT 2 - 5 - 0 6 6	Describe the surgical anatomy of the pancreas and important adjacent structures to preserve during surgery. Diagnose acute pancreatitis based on symptoms, signs, and risk factors. Outline the role of surgery in the management of pancreatitis.	Surgery	Pancreatitis and its management
GIT 2 - P S - 0 6 6	Define primary peritonitis and differentiate from secondary peritonitis. List predisposing factors and common causative organisms. Describe clinical features. Outline investigations. State principles of management and early referral.	Pediatric Surgery	Primary peritonitis
SPLEEN			
GIT 2 - 0 E - 0 6 7	Enumerate the causes of splenomegaly. Describe the morphology of splenic congestion and splenic rupture.	Pathology	Morphology of splenic congestion

GIT 2 - P S - O 6 8	Enlist the indications for splenectomy. Describe potential complications of splenectomy. Describe the potential advantages of laparoscopic splenectomy. Describe the benefits of splenic conservation. Describe the importance of prophylaxis against infection following splenectomy.	Pediatric Surgery/ General Surgery	Splenectomy
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HEALTH & NUTRITION

GIT 2 - Q M - O 6 9	Describe nutrition. Classify food and nutrients. Define balanced diet. Discuss prudent diet and its components. Describe daily requirements of nutrients.	Community Medicine	Fundamentals of Nutrition and Balanced Diet
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	Discuss measures to ensure healthy dietary intake.		
GIT2 - C	Describe the role of macronutrients and micronutrients at different stages of life. Explain the importance of dietary fibers and their role in health. Discuss diseases related to deficiencies or excess of macronutrients, vitamins, and minerals.	Community Medicine	Macronutrients and Micronutrients

M - 0 7 0			
GIT2 - C M - 0 7 1	Describe the concept of malnutrition. Classify the types of malnutrition. Identify the causes of malnutrition. Discuss the impact of malnutrition at different stages of life. Describe strategies for control and prevention of malnutrition. Enlist specific preventive measures for malnutrition.	Community Medicine	Malnutrition
GIT2 - C M - 0 7 2	Discuss the nutritional requirements of children under 5 years of age. Discuss the nutritional requirements during pregnancy. Discuss the nutritional requirements during adolescence. Explain the consequences of poor nutrition in adolescence on growth, development, and long-term health.	Community Medicine	Nutritional requirements

GIT2 - C M - 0 7 3	Describe nutritional diseases and related public health programs. Discuss the role of food fortification in improving nutrition. Describe the concept and application of nutritional surveillance. Describe methods of nutritional assessment.	Community Medicine	Public Health Nutrition Programs
GIT2 - C M - 0 7 4	Discuss the concept of food adulteration, food additives, and their health implications. Classify common food-borne diseases.	Community Medicine	Food Hygiene and Safety

	Describe strategies to prevent food-borne diseases.		
GIT2 -S- 07 5	Explain the importance of assessing perioperative nutritional status and its implications. Describe the causes and complications of malnutrition in surgical patients. Discuss fluid balance management in the perioperative setting.	Surgery	Perioperative Nutritional Management

	Outline the nutritional requirements of surgical patients and options for nutritional support, including indications for enteral versus parenteral feeding. Explain the nutritional consequences of intestinal resection.		
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PRACTICAL / LAB WORK			
PATHOLOGY			
CODE	SPECIFIC LEARNING OUTCOMES	INTEGRATING DISCIPLINE	TOPIC
GIT 2 - P a - 0 7 6	Identify the classical morphological features (gross and microscopic) of Barrett's esophagitis, gastric carcinoma, Celiac disease, familial adenomatous polyposis, Peutz Jegher's syndrome, adenocarcinoma colon, Crohn's disease, ulcerative colitis, acute appendicitis and salivary gland tumors (pleomorphic adenoma, Warthin's tumor).	Pathology	Gastrointestinal tract

GIT 2 - P a - 0 7 7	Identify the classical morphological features (gross and microscopic) of fatty liver, liver cirrhosis, hepatocellular carcinoma, gall stones, and chronic cholecystitis. Interpret the reports of abnormal liver function test and acute pancreatitis.		Gallbladder & Pancreas
PHARMACOLOGY			
CODE	SPECIFIC LEARNING OUTCOMES	INTEGRATING DISCIPLINE	TOPIC
GIT 2 - P h - 0 7 8	Write down the prescription for i. Acid Peptic Disease ii. Cancer chemotherapy induced vomiting iii. Motion sickness iv. Irritable bowel disease v. Inflammatory bowel disease vi. Diarrhea	Pharmacology	Gastrointestinal tract

Operational Definition

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	Practical	Hands-on sessions where students apply theoretical knowledge to real-world tasks. This might include lab work, clinical procedures, or simulations. Practical are crucial for developing technical skills and understanding the application of concepts in practice.
5.	Student Presentations	Students prepare and deliver presentations on assigned topics. This method enhances communication skills, encourages students to explore topic in-depth. It also provides opportunities for peer feedback and discussion.
6.	Assignment	Tasks given to students to complete outside of class. Assignments can include research papers, case studies, or practical reports. They are designed to reinforce learning, assess understanding, and develop critical thinking and problem-solving skills.
7.	Self-directed Learning	Students take initiative and responsibility for their own learning process. Students are encouraged to seek resources, set goals, and evaluate their progress. This is a learner-centered approach where students take the initiative to plan, execute, and assess their own learning activities. This method promotes independence, critical thinking, and lifelong learning skills.
8.	Flipped Classroom	In this model, students first engage with learning materials at home (e.g., through videos, readings) and then use class time for interactive activities, discussions, or problem-solving exercises. This approach aims to maximize in-class engagement and application of knowledge.
9.	Peer-Assisted Learning (PAL)	A collaborative learning approach where students help each other understand course material. PAL involves structured peer tutoring, study groups, or collaborative tasks. It enhances comprehension through teaching, reinforces learning, and builds teamwork skills.

10.	Team-based Learning (TBL)	A structured form of small group learning where students work in teams on application-based tasks and problems. Teams are responsible for achieving learning objectives through collaborative efforts, promoting accountability, and deeper understanding of the material.
11.	Problem-based Learning (PBL)	Students work on complex, real-world problems without predefined solutions. They research, discuss, and apply knowledge to develop solutions. PBL fosters critical thinking, problem-solving skills, and the ability to integrate knowledge from various disciplines.
12.	Academic Portfolios	A collection of student's work that showcases learning achievements, reflections, and progress over time. Portfolios include assignments, projects, and self-assessments. They provide a comprehensive view of student development, highlight strengths and areas for improvement, and support reflective learning (experiential learning)
13.	Seminar	A seminar is an academic or professional setting where individuals discuss, present, and explore specific topics, often with expert guidance

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

8. Attendance will be recorded regularly and will contribute to the overall internal assessment score.
9. 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

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

4. Attitude and Behavior

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

5. Logbook and Portfolio

- ii. Students will be required to maintain a logbook and portfolio to document their learning journey.
- iii. The logbook will include reflections on lectures, tutorials, and practical sessions.
- iv. 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

- i. Faculty Responsibility: Faculty members will be responsible for designing and administering the internal assessments in accordance with the course syllabus and this policy.
- ii. 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.
- iii. Feedback: Faculty members will provide timely and constructive feedback to students on their performance.
- iv. Record-Keeping: Faculty members will maintain accurate records of all internal assessments, including marks and feedback.
- v. 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.

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

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

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

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

INTERNAL ASSESSMENT

It shall constitute 20% of the total assessment at the end of the academic year.

	Scoring Parameter	Weightage (Percentage)
Theory 10 %	Attendance	75% attendance -1 % >85% attendance -2 %
	Block Exam	5 %
	Continuous assessment	3 %
Practical 10 %	Attendance	75% attendance -1 % >85% attendance -2 %
	Block Exam (OSCE / OSPE / OSVE / Short case)	5 %
	Portfolio-clinical logbooks (CFRC / PERLs / Clinical Clerkship)	3 %

Assessment Schedule:

Avicenna Medical College

4th Year MBBS – Exam Schedule – 2026/27

Avicenna Medical College

4thYear MBBS

Test Schedule

Week	Date	Day	Subject	Test	Topic	Refernce
SESSION COMMENCEMENT: 6th April 2026						
Week-1	9th Apr-26	THU	Time Divided Lecture			
Week-2	9-Apr-26	THU	Time Divided Lecture			
week 3	23-Apr-26	THU	Community Medicine	Gand Test	BIO STATS (syllabus covered)	k>PARK & NOTES by C. MED FACULTY
week 4	30-Apr-26	THU	Pathology	Gand Test	GIT and Nutrition II (Topics covered in lectures)	Robins pathologic basis of disease 10. ed. Chap 17 by Dr. Nabila Akram
week 4	1-May-26	FRI	LABOUR DAY			
week 5	7-May-26	THU	Family Medicine	Gand Test	All covered topics Headache, Fever, Weightloss, Mental Health and child health	OHBGP 5th edition
Week-6	14-May-26	THU	Time Divided Lecture			

week 7	21-May-26	THU	Module 24 Exam			
Eid- Ul- Adha- 27th May - 29th May, 2026						
week 8	4-Jun-26	THU	Medicine	Gand Test	Small and large intestinal cancers.	Davidson's Principles and Practice of Medicine
week 8	3-Jun-26	WED	EOR-10	Test		
week 8	4-Jun-26	THU	EOR-10	Test		
week 8	5-Jun-26	FRI	EOR-10	Test		
week 9	11-Jun-26	THU	Module 25 EXAM			
week 10	17-Jun-26	WED	EOR-10	Test		
week 10	18-Jun-26	THU	EOR-10	Test		

week 10	19-Jun-26	FRI	EOR-10	Test		
week 10	18-Jun-26	THU	Surgery	Gand Test		
week 11	25-Jun-26	THU	ASHURA			
week 11	26-Jun-26	FRI				
week 12	29-Jun-26	THU	Module 26 EXAM			
week 13	6-Jul-26	MON	Block 10 Exam			
week 13	7-Jul-26	TUE	Block 10 Exam			
Summer Vacations - 11th July - 9th Aug, 2026						
week 14	13-Aug-26	THU	Pathology	Gand Test	Neurosciences II (Topics covered in lectures)	Robins pathologic basis of disease 10th ed. Chap by Dr. Nadia Salam

week 14	14-Aug-26	THU	Independancec Day			
week 15	20-Aug-26		Module 27 Exam			
week 16	25-Aug-26	TUE	EID MILADUN NABI			
week 17	3-Sep-26	THU	Neurology	Gand Test		
week 18	10-Sep-26	THU	PHARMA	Gand Test		
week 19	17-Sep-26	THU	Behavioral Sciences/Sur gery	Gand Test	Behavioral Sciences (Topics covered in lectures)	Beh sciences by M.Rana by Dr Farhat
week 20	24-Sep-26	THU	Urology	Gand Test		
week 21	1-Oct-26	THU	Module 28 Exam			
week 22	8-Oct-26	THU	Nephrology	Gand Test		

week 23	15-Oct-26	THU	Module 29 Exam			
week 24	21-Oct-26	WED	EOR-11	Test		
week 24	22-Oct-26	THU	EOR-11	Test		
week 24	23-Oct-26	FRI	EOR-11	Test		
week 24	22-Oct-26	THU	ENT	Gand Test	NOSE & PNS (ALL MODULE COVERED)	
week 24	21-Oct-26	WED	EOR-11	Test		
week 24	22-Oct-26	THU	EOR-11	Test		
week 24	23-Oct-26	FRI	EOR-11	Test		
week 25	29-Oct-26	THU	Eye	Gand Test	Syllabus covered	

week 26	5-Nov-26	THU	Module 30 Exam			
week 27	9-Nov-26	MON	Block 11 Exam			
week 27	10-Nov-26	TUE	Block 11 Exam			
week 28	19-Nov-26	THU	Pathology	Gand Test	Endocrinology and Reproduction II (Topics covered in lectures)	Robins pathologic basis of disease 10th ed. Chap 21 by Dr. Naeem Ashraf
week 29	26-Nov-26	THU	Medicine	Gand Test		
week 30	3-Dec-26	THU	Module 31 Exam			
week 31	10-Dec-26	THU	Dermatology	Gand Test		
week 32	17-Dec-26	THU	Module 32 Exam			
Winter Vacations - 19th Dec-27th Dec, 2026						

Week-33	31-Dec-26	THU	Time Divided Lecture			
week 34	7-Jan-27	THU	EYE	Gand Test	Syllabus Covered	
week 34	6-Jan-27	WED	EOR-12	Test		
week 34	7-Jan-27	THU	EOR-12	Test		
week 34	8-Jan-27	FRI	EOR-12	Test		
week 35	14-Jan-27	THU	ENT	Gand Test	Throat (All Module Covered)	
week 35	13-Jan-27	WED	EOR-12	Test		
week 35	14-Jan-27	THU	EOR-12	Test		
week 35	15-Jan-27	FRI	EOR-12	Test		

week 36	21-Jan-27	THU	Module 33 Exam
week 36	22-Jan-27	FRI	Prep Leave for Block 12 Exam
week 37	25-Jan-27	Mon	Block 12 Exam
week 37	26-Jan-27	Tue	Block 12 Exam
week 38	1-Feb-27	Mon	<i>Send-up Block-10</i>
week 38	4-Feb-27	Thur	<i>Send-up Block-11</i>
week 39	8-Feb-27	Mon	<i>Send-up Block-12</i>
End Of Session			

Table of Specification

MODULE-24 Com. Medicine														
Sr#	CODE	SUBJECT	TOPIC	LEARNING OBJECTIVES	KNOWLEDGE Cognitive Domain			SKILL Psychomotor Domain	ATTITUDE Effective	Mode of Information Transfer MIT			TOTAL HOURS	References
					C1	C2	C3			P	A	Lecture (hours)		
1	CMFH2- CM-001	Community Medicine	Biostatistics and Health Management Information System	Explain the basic concepts and uses of biostatistics.										
				Classify data according to its types.	✓	✓	✓	✓	✓	1				
				Define and apply rates, ratios, and proportions in health contexts.										
				Describe the process of collection and registration of vital events in Pakistan.	✓	✓	✓	✓	✓	1				
				Apply methods of data presentation, including tables, graphs, and diagrams.	✓	✓	✓	✓	✓	1				
				Calculate measures of central tendency (mean, median, mode).	✓	✓	✓	✓	✓	1				
				Calculate measures of dispersion (range, standard deviation, standard error).	✓	✓	✓	✓	✓	1				
				Interpret the normal curve and its applications in health sciences.	✓	✓	✓	✓	✓	1				
				Analyze and apply sampling techniques in health research.	✓	✓	✓	✓	✓	1				
				Apply and interpret health data using statistical tests such as t-test and chi-square. Apply and interpret health data using correlation.	✓	✓	✓	✓	✓	1				
				Explain demographic principles and demographic processes.										
				Describe population pyramids and differentiate between those of developing and developed countries.	✓	✓	✓	✓	✓	1				

[illegible]

1	CMFH2-FM-001	Family Medicine	Headache	Define and classify headache. Diagnose the following based on signs and symptoms: i. Migraine (with/without aura) ii. Tension-type headache iii. Cluster headache Identify red flags.	✓	✓	✓	✓	✓	1				
				List the common causes of secondary headache including intracranial and systemic.	✓	✓	✓	✓	✓	1				
				Outline the treatment of migraine, tension-type, and cluster headaches. Prescribe prophylactic treatment for recurrent primary headaches. Plan the management of secondary headaches according to cause. Advise non-pharmacological measures. B	✓	✓	✓	✓	✓	1				
2	CMFH2-FM-002	Family Medicine	Fever	Classify fever based on duration and pattern. Explain their clinical relevance in primary care.	✓	✓	✓	✓	✓	1				
				Outline the common infectious and non-infectious causes of fever, with emphasis on locally prevalent conditions. Enlist baseline investigations in the evaluation of fever in primary care. Outline the symptomatic management and disease-specific treatment at the primary care level. Counsel patients and caregivers on home management of fever.	✓	✓	✓	✓	✓	1				
				Identify red flag features in febrile patients that require urgent referral.	✓	✓	✓	✓	✓	1				
3	CMFH2-FM-003	Family Medicine/ Paediatrics	Unwell child	List the common causes of an unwell child presentation. Outline the initial assessment of a sick child. Identify the red flag signs of serious illness in children. Enlist the baseline investigations. Plan the management of unwell child including i. Immediate stabilization ii. Symptomatic management iii. Specific management according to cause iv. Indications for referral and hospitalization	✓	✓	✓	✓	✓	1				

1	GIT2-Pa-001	Pathology	Oral infectious diseases	Classify and describe the morphological features of oral infectious diseases.	✓	✓	✓	✓	✓	1				
	GIT2-Pa-002		Oral lesions	Describe briefly benign, premalignant, and malignant oral lesions.										
2	GIT2-Pa-003	Pathology	Salivary gland tumors	Classify salivary gland tumors into benign and malignant types.										
	GIT2-Pa-004		Pleomorphic adenoma	Discuss the histopathological features of pleomorphic adenoma and Warthin's tumors.										
	GIT2-Pa-005		Malignant salivary gland tumors	Differentiate the pathological features of common malignant salivary gland tumors.	✓	✓	✓	✓	✓	1				
	GIT2-Pa-006		Diagnostic tools	Explain the role of immunohistochemistry and other diagnostic tools in differentiating between various salivary gland tumors.										
3	GIT2-Pa-007	Pathology	Esophageal obstruction	Discuss in detail the pathological causes of esophageal obstruction.										
	GIT2-Pa-008		Esophagitis	Enumerate and describe the pathogenesis of different types of esophagitis.	✓	✓	✓	✓	✓	1				
	GIT2-Pa-009		Esophageal Varices	Describe the pathogenesis of esophageal varices.										
4	GIT2-Pa-010	Pathology	Barret's Esophagus	Describe in detail the morphology of Barret's esophagus with major complications.	✓	✓	✓	✓	✓	1				
5	GIT2-Pa-011	Pathology	Esophageal Tumors	Classify esophageal tumors. Describe the pathogenesis and morphology of adenocarcinoma and squamous cell carcinoma of the esophagus.	✓	✓	✓	✓	✓	1				
6	GIT2-GE-012		Dysphagia	Define dysphagia. Explain the pathophysiological mechanisms leading to dysphagia. Outline the etiology of dysphagia. Develop a stepwise diagnostic and management plan for a patient presenting with dysphagia.	✓	✓	✓	✓	✓	1				

7	GIT2-GE-013	Gastroenterology / Medicine	Gastroesophageal Reflux Disease (GERD)	Diagnose gastroesophageal reflux disease (GERD) on the basis of characteristic symptoms and clinical presentation. Enlist the etiology and pathophysiology of GERD.	✓	✓	✓	✓	✓	1				
8	GIT2-GE-014		Achalasia	Diagnose achalasia on the basis of characteristic symptoms and clinical presentation. Describe the etiology and pathophysiology of achalasia. Outline the diagnostic investigations for achalasia. Interpret the radiological and endoscopic findings in achalasia. Discuss the treatment options for achalasia.	✓	✓	✓	✓	✓	1				
9	GIT2-GE-015		Esophageal Esophageal	Diagnose esophageal candidiasis based on its specific signs and symptoms. Enumerate the risk factors for esophageal candidiasis. Outline the diagnostic investigations and discuss the treatment options for esophageal candidiasis.	✓	✓	✓	✓	✓	1				
10	GIT2-GE-016		Esophageal cancer	Describe the risk factors for esophageal cancer. Diagnose esophageal cancer from its symptoms and clinical presentation. Outline the diagnostic investigations for esophageal cancer. Explain the staging of esophageal cancer. Discuss the treatment options for esophageal cancer.	✓	✓	✓	✓	✓	1				
11	GIT2-Pa-017	Pathology	Acute gastritis	Describe the pathogenesis and morphology of acute gastritis.	✓	✓	✓	✓	✓	1				
	GIT2-Pa-018		Chronic gastritis	Enumerate the causes of chronic gastritis with special emphasis on the pathogenesis of H. Pylori gastritis and autoimmune gastritis.										
12	GIT2-Pa-019	Pathology	Peptic ulcer disease	Describe the pathogenesis, morphology, and complication of peptic ulcer disease.	✓	✓	✓	✓	✓	1				
	GIT2-Pa-020		Hypertrophic gastropathies	Discuss in detail the hypertrophic gastropathies.										

25	GIT2-Ph-033		Mucosal Protective Agents	Enumerate Mucosal Protective Agents and the drugs used for eradication of H. Pylori. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications. Describe triple regimen, quadruple regimen & sequential therapy for eradication of H. Pylori.										
26	GIT2-Ph-034		Anti-emetics	Classify anti-emetics. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications. Tabulate differences between metoclopramide and Domperidone.	✓	✓	✓	✓	✓	1				
27	GIT2-Pa-035	Pathology	Diseases of the Small and Large Intestines	Describe the morphological features of ischemic bowel disease with special emphasis on its causes and mutations involved. Enumerate the pathological causes of malabsorption syndrome. Describe the morphology, Marsh classification, and lab diagnosis of Celiac disease. Describe the pathogenesis and	✓	✓	✓	✓	✓	2				
28	GIT2-Pa-036	Microbiology	Causative agents of infectious enterocolitis	Enumerate the common causative agents of infectious enterocolitis including bacterial, viral, and parasitic. Explain the pathogenesis of enterocolitis caused by Salmonella, Mycobacterium tuberculosis, and Clostridium difficile.	✓	✓	✓	✓	✓	1				
29	GIT2-Pa-037	Pathology	Crohn's disease and ulcerative colitis	Describe the pathogenesis, GIT2-Pa-03 microscopic and macroscopic features, and complications of Crohn's disease and Ulcerative colitis.	✓	✓	✓	✓	✓	1				
30	GIT2-Pa-038		Intestinal polyps	Classify the intestinal polyps. Describe the morphological features of: i. Hyperplastic polyps ii. Inflammatory polyps iii. Hamartomatous polyps iv. Peutz-Jeghers syndrome Classify polyposis syndromes and describe:	✓	✓	✓	✓	✓	1				
			Neoplastic polyps	Classify neoplastic polyps and describe their morphological features in detail. Describe in detail the pathogenesis and										

31	GIT2-Pa-039	Pathology	Neoplastic polyps and colorectal carcinoma	Classify neoplastic polyps and describe their morphological features in detail. Describe in detail the pathogenesis and morphological features of colorectal carcinoma. Enumerate immunohistochemical markers and TNM/ AJCC staging.	✓	✓	✓	✓	✓	1					
32	GIT2-Pa-040		Diseases of appendix	Describe the etiology and morphological features of acute appendicitis. Classify the tumors of the appendix and discuss their clinical importance.	✓	✓	✓	✓	✓	1					
33	GIT2-Ge-041	Gastroenterol	Diarrhea (acute and chronic)	Enlist causes of acute and chronic diarrhea. Develop a differential diagnosis of diarrhea. Explain the pathophysiology of acute and chronic diarrhea.	✓	✓	✓	✓	✓	1					
34	GIT2-Ge-042		Acute gastroenteritis	Identify the common causes of acute gastroenteritis. Diagnose on the basis of characteristic symptoms and clinical presentation. Outline diagnostic investigations with management plan.	✓	✓	✓	✓	✓	1					
35	GIT2-Ge-043		Malabsorption syndromes	Classify malabsorption syndromes. Identify the symptoms and signs of malabsorption. Enlist investigations to establish the diagnosis. Describe treatment strategies for different malabsorption syndromes.	✓	✓	✓	✓	✓	1					
36	GIT2-Ge-044		Inflammatory bowel disease	Classify inflammatory bowel disease. Identify the risk factors, clinical presentations, and associations of ulcerative colitis and Crohn's disease. List the investigations and treatment plans with follow-up for monitoring and long-term management.	✓	✓	✓	✓	✓	1					

37	GIT2-Ge-045	o gg/Medicine	Irritable bowel syndrome (IBS)	Define Irritable bowel syndrome (IBS). Describe the etiology and clinical presentation of IBS. Formulate a differential diagnosis for patients with suspected IBS. Outline investigations and treatment strategies.	✓	✓	✓	✓	✓	1						
38	GIT2-Ge-046		Intestinal cancers	Classify the types of small and large intestinal cancers. Identify the risk factors and clinical presentation. Outline the staging systems used for intestinal cancers. Outline investigations and treatment options.	✓	✓	✓	✓	✓	1						
39	GIT2-Ge-047		Constipation	Identify the causes of constipation. Formulate a differential diagnosis for patients presenting with constipation. Enlist investigations to establish the diagnosis. Outline treatment strategies for constipation.	✓	✓	✓	✓	✓	1						
40	GIT2-Ge-048		Abdominal tuberculosis	Identify clinical presentation. Outline investigations and treatment strategies for abdominal tuberculosis.	✓	✓	✓	✓	✓	1						
41	GIT2-Ph-049	Pharmacology	Prokinetic drugs	Classify prokinetic drugs. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications.	✓	✓	✓	✓	✓	1						
42	GIT2-PS-050		Laxative and Purgative	Classify Laxative, Purgative, Cathartic stool, Softeners & Stimulant Purgatives. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications. Explain the role of lactulose in the treatment of Hepatic Encephalopathy.	✓	✓	✓	✓	✓	1						

43	GIT2-PS-051a	Surgery [Pediatric Surgery]	Intussusception and causes of intestinal obstruction in children	List causes of congenital (atresia's, neonatal volvulus,, malrotation,) and acquired intestinal obstruction. Define intussusception. Classify types of intussusception and pathophysiology. Identify common age group and etiology. Enumerate the classical triad of symptoms.									
44	GIT2-PS-051a		Appendicitis in children	Define acute appendicitis. Identify clinical features and complications of delayed treatment. Outline the diagnostic investigations and initial management.	✓	✓	✓	✓	✓	1			
45	GIT2-PS-051a		Hernia (inguinal & umbilical) and Hydrocoele	Define inguinal hernia and hydrocoele. Classify them in children. Describe the pathophysiology of communicating and non-communicating hydrocoele Enumerate clinical features of hernia and hydrocoele. Differentiate between two. Outline principles of management with referral for treatment to Pediatric Surgical Setting.	✓	✓	✓	✓	✓	1			
46	GIT2-PS-051a		Phimosis and paraphimosis	Define Phimosis and Paraphimosis. Differentiate physiological and pathological phimosis. Enumerate complications. Outline management options.	✓	✓	✓	✓	✓	1			
47	GIT2-PS-051a		Vesical and Cloacal Exstrophy	Define vesical and cloacal exstrophy. Describe embryological basis. Enumerate clinical features. Outline management principles.	✓	✓	✓	✓	✓	1			
48	GIT2-Pa-052		Jaundice	Enumerate the causes of jaundice with special emphasis on hereditary hyperbilirubinemias. Differentiate between cholestasis and hepatocellular jaundice. Describe the pathological changes in liver cirrhosis that occur at the cellular and structural levels. Interpret liver function tests (LFTs) and	✓	✓	✓	✓	✓	1			

48	GIT2-Pa-053	Pathology	Viral hepatitis	Identify the etiology and pathogenesis of viral hepatitis (A, B, C, D, and E), including their modes of transmission and effects on the liver. Identify the clinical and pathological features of acute liver failure.	✓	✓	✓	✓	✓	1						
49	GIT2-Pa-054		Alcoholic and non-alcoholic fatty liver disease	Explain the pathogenesis and morphology of alcoholic liver disease (fatty liver, alcoholic hepatitis, and cirrhosis). Describe non-alcoholic fatty liver disease (NAFLD) and its progression to non-alcoholic steatohepatitis (NASH) and cirrhosis. Describe the differentiating features of	✓	✓	✓	✓	✓	1						
50	GIT2-Pa-054		Pathogenesis of Hepatocellular carcinoma	Classify the liver nodules and tumors along with salient morphological features. Discuss the pathogenesis of hepatocellular carcinoma (HCC), including risk factors like cirrhosis and GIT2-Pa-055 hepatitis, precursor lesions, and morphological variants. Describe the differentiating features of	✓	✓	✓	✓	✓	1						
51	GIT2-Pa-054		Cholelithiasis	Enumerate the types of gallstones. Explain the etiopathogenesis of gallstones. Explain the pathophysiology and morphology of acute and chronic cholecystitis.	✓	✓	✓	✓	✓	2						
52	GIT2-Pa-054		Pancreatitis	Describe the pathogenesis of acute pancreatitis, its morphology and lab diagnosis. Describe the morphology of chronic pancreatitis and its complications.	✓	✓	✓	✓	✓	1						
53	GIT2-Pa-054		Pancreatic cancers	Classify the neoplasms of the pancreas, precursor lesions to pancreatic cancers, and its morphology along with tumor markers.	✓	✓	✓	✓	✓	1						

54	GIT2-GE-059	Gastroenterology/Medicine	Jaundice	Define jaundice and describe its major causes. Differentiate between pre-hepatic, hepatic, and post-hepatic jaundice.	✓	✓	✓	✓	✓	1				
55	GIT2-GE-060		Acute and chronic hepatitis	Describe etiology and clinical presentation. Enlist investigations to reach diagnosis. Outline management plan. Discuss prognosis and potential complications of hepatitis.	✓	✓	✓	✓	✓	1				
56	GIT2-GE-061		Management of NAFLD & NASH	Describe non-alcoholic fatty liver disease (NAFLD) and NASH. Identify the risk factors and clinical features of NAFLD. Outline investigations and management plan for patients with NAFLD.	✓	✓	✓	✓	✓	1				
57	GIT2-GE-062		Chronic liver disease	Identify risk factors and describe the clinical course, progression, and outcomes of cirrhosis. Differentiate between compensated	✓	✓	✓	✓	✓	1				
58	GIT2-GE-063		Metabolic and Genetic Disorders of Liver	Describe autoimmune hepatitis, Wilson's disease, hemochromatosis, and alcoholic liver disease with reference to etiology, risk factors, and clinical features. Enlist investigations and procedures to establish a diagnosis. Outline management strategies for these disorders.	✓	✓	✓	✓	✓	1				
59	GIT2-GE-064		Hepatocellular carcinoma	Describe the types, risk factors, and clinical features of hepatocellular carcinoma (HCC). Enlist investigations for diagnosing and staging HCC. Outline the stages of HCC and discuss available treatment options.	✓	✓	✓	✓	✓	1				

60	GIT2-S-065	Surgery	Cholecystectomy	Describe the surgical anatomy and basic function of the gallbladder and bile ducts. Explain in simple terms the formation of gallstones and outline their surgical management. Identify common disorders of the biliary tree.	✓	✓	✓	✓	✓	1				
61	GIT2-S-066		Pancreatitis and its management	Describe the surgical anatomy of the pancreas and important adjacent structures to preserve during surgery. Diagnose acute pancreatitis based on symptoms, signs, and risk factors. Outline the role of surgery in the management of pancreatitis.	✓	✓	✓	✓	✓	1				
62	GIT2-PS-066	Surgery [Pediatric Surgery]	Primary peritonitis	Define primary peritonitis and differentiate from secondary peritonitis. List predisposing factors and common causative organisms. Describe clinical features. Outline	✓	✓	✓	✓	✓	1				
63	GIT2-GE-067	Pathology	Morphology of splenic congestion	Enumerate the causes of splenomegaly. Describe the morphology of splenic congestion and splenic rupture.	✓	✓	✓	✓	✓	1				
64	GIT2-PS-068	Surgery [Pediatric Surgery]	Splenectomy	Enlist the indications for splenectomy. Describe potential complications of splenectomy. Describe the potential advantages of laparoscopic splenectomy. Describe the benefits of splenic conservation. Describe the importance of prophylaxis against infection following splenectomy.	✓	✓	✓	✓	✓	1				
65	GIT2-CM-069		Fundamentals of Nutrition and Balanced Diet	Describe nutrition. Classify food and nutrients. Define balanced diet. Discuss prudent diet and its components. Describe daily requirements of nutrients. Discuss measures to ensure healthy dietary intake.	✓	✓	✓	✓	✓	1				

66	GIT2-CM-069	Community Medicine	Macronutrients and Micronutrients	Describe the role of macronutrients and micronutrients at different stages of life. Explain the importance of dietary fibers and their role in health. Discuss diseases related to deficiencies or excess of macronutrients, vitamins, and minerals.	✓	✓	✓	✓	✓	1				
67	GIT2-CM-070		Macronutrients and Micronutrients	Describe the concept of malnutrition. Classify the types of malnutrition. Identify the causes of malnutrition. Discuss the impact of malnutrition at different stages of life. Describe strategies for control and prevention of malnutrition. Enlist specific preventive measures for malnutrition.										
68	GIT2-CM-071		Malnutrition	Describe the concept of malnutrition. Classify the types of malnutrition. Identify the causes of malnutrition. Discuss the impact of malnutrition at different stages of life. Describe strategies for control and prevention of malnutrition. Enlist specific preventive measures for malnutrition.	✓	✓	✓	✓	✓	1				
69	GIT2-CM-072		Nutritional requirements	Discuss the nutritional requirements of children under 5 years of age. Discuss the nutritional requirements during pregnancy. Discuss the nutritional requirements during adolescence. Explain the consequences of poor nutrition in adolescence on growth, development, and long-term										
70	GIT2-CM-073		Public Health Nutrition Programs	Describe nutritional diseases and related public health programs. Discuss the role of food fortification in improving nutrition. Describe the concept and application of nutritional surveillance. Describe methods of nutritional assessment.	✓	✓	✓	✓	✓	1				
71	GIT2-CM-074		Food Hygiene and Safety	Discuss the concept of food adulteration, food additives, and their health implications. Classify common food-borne diseases. Describe strategies to prevent food-borne diseases.	✓	✓	✓	✓	✓	1				
72	GIT2-CM-075		Perioperative Nutritional Management	Discuss fluid balance management in the perioperative setting. Outline the nutritional requirements of surgical patient	✓	✓	✓	✓	✓	1				

PRACTICAL / LAB WORK

73	GIT2-Pa-076	Pathology	Gastrointestinal tract	Identify the classical morphological features (gross and microscopic) of Barrett's esophagitis, gastric carcinoma, Celiac disease, familial	✓	✓	✓	✓	✓		1 1 1 1		
74	GIT2-Pa-077		Gallbladder & Pancreas	Identify the classical morphological features (gross and microscopic) of fatty liver, liver cirrhosis.	✓	✓	✓	✓	✓		1 1 1		
75	GIT2-Ph-078	Pharmacology	Gastrointestinal tract	Write down the prescription for i. Acid Peptic Disease ii. Cancer chemotherapy induced vomiting	✓	✓	✓	✓	✓		1		
TOTAL										70	-	8	78

**MODULE-26
EYE & ENT**

76	ENT1-Ear-001	ENT	Hearing Loss	Classify the types of hearing loss. Explain the pathophysiological mechanisms underlying hearing loss.	✓	✓	✓	✓	✓	1				
77				Differentiate between conductive and sensorineural hearing loss.	✓	✓	✓	✓	✓	1				
78				Describe the indications, benefits, and limitations of earing implants.	✓	✓	✓	✓	✓	1				
79	ENT1-Ear-002	ENT	Diseases of the External Ear	Diagnose Perichondritis of pinna on basis of clinical features and plan its management.	✓	✓	✓	✓	✓	1				
80	ENT1-Ear-003	ENT	Diseases of the Middle Ear	Enlist the etiological and risk factors of Acute Otitis Media.	✓	✓	✓	✓	✓	1				
81				Enlist the etiological and risk factors of Acute Otitis Media.	✓	✓	✓	✓	✓	1				
82				Describe the etiology and clinical presentation of Chronic Otitis Media. Outline the management strategies	✓	✓	✓	✓	✓	1				
83				Enlist the potential complications.	✓	✓	✓	✓	✓	1				
84				Outline the management plan of facial paralysis in otitis media.	✓	✓	✓	✓	✓	1				
85				Explain the pathophysiology and risk factors of Otosclerosis. Formulate differential diagnosis. Outline the management plan.	✓	✓	✓	✓	✓	1				
86				Enlist the causes of pre-lingual Sensorineural Hearing Loss. Explain the clinical presentation and diagnostic approach. Plan medical, rehabilitative, and surgical	✓	✓	✓	✓	✓	1				
87	ENT1-Ear-004	ENT	Diseases of Inner EAR	Explain the pathophysiology and clinical features of Benign Paroxysmal Positional Vertigo (BPPV). Outline management, including repositioning maneuvers and patient counseling.	✓	✓	✓	✓	✓	1				
88				Describe the etiology and clinical presentation of vestibular neuronitis. Differentiate vestibular neuronitis from central causes of vertigo. Discuss management plan.	✓	✓	✓	✓	✓	1				
89				Describe the etiology and predisposing factors of Meniere's disease. Describe the characteristic signs and symptoms. Outline the medical and surgical management options. Discuss the long-term impact of Meniere's disease on hearing and quality of life.	✓	✓	✓	✓	✓	1				
90				Describe the etiology and risk factors of Presbycusis. Diagnose based on clinical presentation. Outline management plan including preventive measures.	✓	✓	✓	✓	✓	1				
91				Describe the etiology and risk factors of noise-induced hearing loss (NIHL). Identify the clinical presentation and audiometric findings of NIHL. Outline management plan including prevention.	✓	✓	✓	✓	✓	1				

91				Describe the etiology and risk factors of noise-induced hearing loss (NIHL). Identify the clinical presentation and audiometric findings of NIHL. Outline management plan including prevention.	✓	✓	✓	✓	✓	1				
92	ENT1-Ear-005	ENT/ Pharmacology	Ototoxic hearing loss	Enlist the common ototoxic drugs. Describe the mechanism of ototoxicity. Identify clinical presentation of ototoxic hearing loss. Outline strategies for prevention.	✓	✓	✓	✓	✓	1		covered in Ear 001		
93	ENT1-Ear-006	ENT	Glomus tumor	Identify clinical features of Glomus tumor. Enlist investigations. Discuss management options.	✓	✓	✓	✓	✓	1				
94			Temporal bone trauma	bone trauma. Enlist its possible complications. Outline relevant investigations and initial management plan.	✓	✓	✓	✓	✓	1				
95			Facial Nerve Palsy	facial nerve palsy. Outline management plan. Identify potential complications and prognostic factors of facial nerve palsy.	✓	✓	✓	✓	✓	1				
96			Surgical Procedures of Ear	Describe following surgical procedures used in treatment of ear diseases and mention their indications. i. Myringotomy	✓	✓	✓	✓	✓	1 1 1				
TOTAL										23	-		23	
MODULE-26 EYE														
97	Eye1-001	Ophthalmology	Orbit	Describe the clinical presentation of orbital cellulitis. Enlist the common causes of orbital cellulitis. Outline the management plan for a patient with orbital cellulitis.	✓	✓	✓	✓	✓	1 1 1				
	Eye1-002		Lacrimal Apparatus	Explain the mechanism of tear production and drainage in the lacrimal apparatus. Differentiate between epiphora and lacrimation based	✓	✓	✓	✓	✓	1 1				
	Eye1-003	Ophthalmology/ Medicine	Eyelids	Differentiate between ectropion and entropion on the basis of clinical features. Enlist the clinical features of ectropion and entropion. Enlist clinical features of ptosis. (congenital and acquired) List the common causes of ptosis. Identify clinical conditions associated with ptosis.	✓	✓	✓	✓	✓	1 1				
	Eye1-004	Ophthalmology	Conjunctiva	Describe surgical and non-surgical. Describe the clinical presentation of pterygium and pingecula. List the causes of pterygium and pingecula. Outline the medical and surgical management of pterygium and	✓	✓	✓	✓	✓	1				
				Classify conjunctivitis based on etiology.	✓	✓	✓	✓	✓	1		1 1		
				Describe the clinical presentation of infective conjunctivitis. (Bacterial, Viral, Trachoma)	✓	✓	✓	✓	✓	1				
				Describe the clinical presentation for allergic conjunctivitis. List the causes of allergic conjunctivitis. Outline the treatment plan for allergic conjunctivitis.	✓	✓	✓	✓	✓	1				
				Define "dry eyes". Explain the pathophysiology of dry eyes. Identify the clinical conditions associated with	✓	✓	✓	✓	✓	1				
	Eye1-005		Sclera	dry eyes. Discuss the treatment options	✓	✓	✓	✓	✓	1				
				Define "dry eyes". Explain the pathophysiology of dry eyes. Identify the clinical conditions associated with	✓	✓	✓	✓	✓	1				
	Eye1-006	Ophthalmology	Cornea	dry eyes. Discuss the treatment options	✓	✓	✓	✓	✓	1				
				Diagnose scleritis based on clinical features, including severity and pattern of pain and redness.	✓	✓	✓	✓	✓	1				
				Classify keratitis based on etiology. Describe signs and symptoms of keratitis. Outline the treatment options of keratitis	✓	✓	✓	✓	✓	1 1		1 1		
				Diagnose corneal ulcers based on etiology (bacterial, viral, fungal, acanthamoeba, autoimmune) symptoms, signs, specific investigations, and slit lamp exam.	✓	✓	✓	✓	✓	1				
				Describe the common indications and contraindications for contact lens use. Identify common complications related to										
				Define photorefractive surgery and list its common types (e.g., Femto LASIK, LASIK, PRK, TPRK)	✓	✓	✓	✓	✓	1		1 1		
				List the indications and Define keratoconus and describe its pathophysiology. List the risk factors associated with keratoconus.	✓	✓	✓	✓	✓	1				
				Identify the clinical features and signs of										
TOTAL										19	-	6	25	

Recommended Books & Reading Resources

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 Mitchell, 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

Behavioral Sciences

Handbook of Behavioral 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

Textbook of Community Medicine by Park J E. Latest Edition

Surgery

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

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

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

Patient Safety

Patient Safety Curriculum Guide: Multi Professional Guide

Microbiology

Levinson's review of Microbiology

Medical Microbiology and Immunology by Levinson and Jawetz,

Pediatrics Medicine

Nelson Textbook of Pediatrics

Basis of Pediatrics by Pervez Akbar Khan

Gynecology

Gynecology by Ten Teachers

Infection Control

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

Biosafety

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

WHO Laboratory Biosafety Manual, Fourth Edition, And Associated Monographs

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

Family medicine

Oxford Handbook of General Practice, 5th Edition

Orthopedics

Apley and Solomon's System of Orthopedics 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.

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

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	The College has its own on-campus Mess which caters to 600 students. All food items including dairy, meat, and vegetables are sourced organically and bought in at the time of cooking, in order to ensure that students get freshly cooked meals at all times Students form the Mess committee which decides the mess menu in consultation with other students. The Mess offers fresh food to all

		residents three times a day. However, day scholars are also welcome to use the Mess facility at a reasonable cost. Two 50- inch LCD screens provide students an opportunity to get entertained during their mealtimes.
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.