AVICENNA MEDICAL & DENTAL COLLEGE

STUDY GUIDE

2026

EYE & ENT-I

BLOCK- 10 MODULE-26

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

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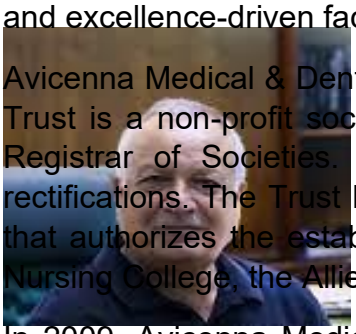
Avicenna Medical & Dental College is a purpose-built, fully equipped institution with experienced and excellence-driven faculty to train high-quality dental professionals in Pakistan.



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 COLLEGE

Avicenna Medical & Dental College

AVICENNA DENTAL COLLEGE

List of Abbreviations

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

	CML	chronic myeloid leukemia
	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-

The inclusion of module related to otorhinolaryngology in the undergraduate medical curriculum is imperative to ensure that future physicians acquire the essential knowledge and skills to diagnose and manage both common and potentially serious otorhinolaryngological conditions. Such training not only contributes to improved patient care but also alleviates the burden on specialized ENT (ear, nose, throat) services, thereby enhancing overall healthcare delivery and efficiency. The objective of this module is to outline the essential knowledge, skills, attitudes, and

competencies in otorhinolaryngology that must be attained during undergraduate medical training.

Ophthalmology is a vital medical specialty dedicated to the diagnosis, treatment, and prevention of eye diseases. It is essential for medical students to have a thorough understanding of the eye's basic anatomy, physiology, and pathology in order to manage common ocular conditions effectively. This module aims to equip medical students with the knowledge and clinical skills necessary to identify and manage a wide range of ophthalmic conditions frequently encountered

in general practice and emergency settings.

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

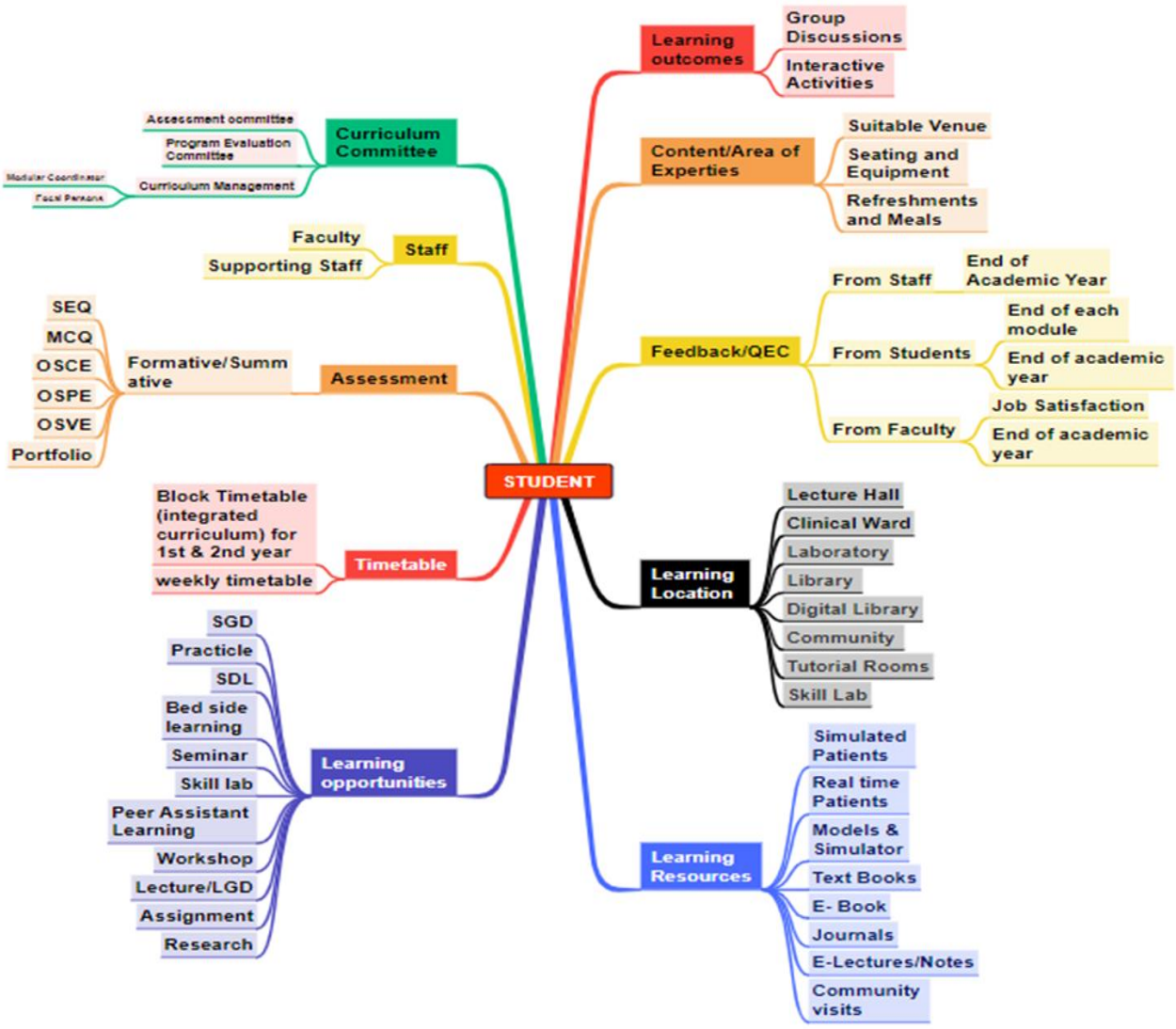
Dr. Javaid Shabkhez Rab	Coordinator	Medical Education
Dr. Huma Fatima	Demonstrator	Medical Education
Mr. Adeel	Incharge	Student Affairs
Prof. Dr. Saeed Afzal	HOD	Pathology
Dr. Nabila Akram	Focal Person	Pathology
Prof. Dr. Asma Saeed	HOD	Pharmacology
Dr. Azka	Focal Person	Pharmacology
Prof. Dr. Rana Akhtar	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:


STUDENT
Learning outcomes
Group Discussions
Interactive Activities
Content/Area of Experties
Suitable Venue
Seating and Equipment
Refreshments and Meals
Feedback/QEC
From Staff
End of Academic Year
From Students
End of each module
End of academic year
From Faculty
Job Satisfaction
End of academic year
Learning Location
Lecture Hall
Clinical Ward
Laboratory
Library
Digital Library
Community
Tutorial Rooms
Skill Lab
Learning Resources
Simulated Patients
Real time Patients
Models & Simulator
Text Books
E- Book
Journals
E-Lectures/Notes
Community visits
Learning opportunities
SGD
Practicle
SDL
Bed side learning
Seminar
Skill lab
Peer Assistant Learning
Workshop
Lecture/LGD
Assignment
Research
Timetable
Block Timetable (integrated curriculum) for 1st & 2nd year
weekly timetable
Assessment
Formative/Summative
SEQ
MCQ
OSCE
OSPE
OSVE
Portfolio
Staff
Faculty
Supporting Staff
Curriculum Committee
Assessment committee
Program Evaluation Committee
Curriculum Management
Modular Coordinator
Focal Persons

Academic Calendar

Avicenna Medical & Dental College
Calendar Fourth year MBBS
2025- 2026

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
January 2026					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
February 2026	1				5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25		27	28
March 2026	1					6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25		27	28
	29	30	31				
April 2026				1	2	3	4
Week-01	5	6	7	8	9	10	11
Week-02	12	13	14	15	16	17	18
Week-03	19	20	21	22	23	24	25
Week-04	26	27	28	29	30		
May 2026						1 iv	2
Week-05	3	4	5	6	7 GT	8	9
Week-06	10	11	12	13	14	15	16
Week-07	17	18	19	20	21 MODUEL	22	23
Eid Week	24	25	26	27	28	29	30
	31						
June 2026		1	2	3 EOR-10	4 GT MED	5 EOR-10	6
Week-09	7	8	9	10	11 MODUEL	12	13
Week-10 EOR-10 TEST	14	15	16	17 EOR-10	18 GT SURG	19 EOR-10	20
Week-11	21	22	23	24	25	26	27
Week-12	28	29 MODUEL	30				
July 2026				1	2	3 OFF	4
Week-13	5	6	7	8	9	10	11
Summer	12	13	14	15	16	17	18
Summer	19	20	21	22	23	24	25
Summer	26	27	28	29	30	31	
August 2026							1
Summer	2	3	4	5	6	7	8
Week-14	9	10	11	12	13 GT	14	15
Week-15	16	17	18	19	20 MODUEL	21	22
Week-16	23	24	25	26	27	28	29
Week-17	30	31					
September 2026			1	2	3 GT	4	5
Week-18	6	7	8	9	10 GT	11	12
Week-19	13	14	15	16	17 GT	18	19
Week-20	20	21	22	23	24 GT	25	26
Week-21	27	28	29	30			
October 2026					1 MODUEL	2	3
Week-22	4	5	6	7	8 GT	9	10
Week-23	11	12	13	14	15 MODUEL	16	17
Week-24 EOR-11 TEST	18	19	20	21 EOR-11	22 GT ENT	23 EOR-11	24
Week-25 EOR-11 TEST	25	26	27	28 EOR-11	29 GT EYE	30 EOR-11	31
November 2026							1
Week-26	1	2	3	4	5 MODUEL	6	7
Week-27	8	9	10	11	12	13	14
Week-28	15	16	17	18	19 GT	20	21
Week-29	22	23	24	25	26 GT MED	27	28
Week-30	29	30					
December 2026			1	2	3 MODUEL	4	5
Week-30	6	7	8	9	10 GT	11	12
Week-31	13	14	15	16	17 MODUEL	18	19
Week-32	20	21	22	23	24	25 x	26
Winter Vacations	27	28	29	30	31		
January 2027						1	2
Week-33							
Week-34 EOR-12 TEST	3	4	5	6 EOR-12	7GT EYE	8 EOR-12	9
Week-35 EOR-12 TEST	10	11	12	13 EOR-12	14 GT ENT	15 EOR-12	16
Week-36	17	18	19	20	21 MODUEL (33 EXAM)	22OFF	23
Week-37	24	25 B12	26 B12	27	28	29	30
February 2027	31	1 Send up 10	2	3	4 Send up 11	5	6
Week-38							
Week-39	7	8 Send up 12	9	10	11	12	13
Week-40	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28						
March 2027		1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31			

SESSION START: 6th

Gazetted Holidays

i- Kashmir Holiday -
ii- Eid- ul- Fitr- 18th
iii - Pakistan Day -23rd
iv- Labor Holiday- 1st
v- Eid- Ul- Adha- 27th
vi- Youm-e-Takbeer
vii- Ashura- 25th &
viii- Independence
ix- Milad un Nabi- 25th Aug, 2026
x- Quaid-e-Azam

Vacations

Summer Vacations -
Winter Vacations -

Events

Annual Dinner 9th
White Coat Ceremony
Sports Week 2nd -15th
Sports Day 16th Oct
Wellness Week 14-21
Module Exam
Module 24 Exam - 21st
Module 25 Exam -11th
Module 26 Exam - 29th
Module 27 Exam - 20th
Module 28 Exam - 1st
Module 29 Exam - 15th
Module 30 Exam - 5th
Module 31 Exam - 3rd Dec 2026
Module 32 Exam - 17th Dec 2026
Module 33 Exam - 22
Block Exam
Block 10 Exam- 6th & 7th July 2026
Exam- 9th & 10th Nove
Exam- 25th & 26th Jar
Send-Up
Send-Up-Block: 10 Exam- 1st February

Time Table:

AVICENNA MEDICAL & DENTAL COLLEGE
BLOCK 10 MODULE 26

TIME TABLE M-22		4th YEAR MBBS	SESSION 2025-2026						WEEK 10
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
15-Jun-26	MON	Lecture Pathology Topic: Splenomegaly. Facilitator Prof. Tahir Jamil LECTURE HALL 4	Lecture ENT Topic: Deaf Child Facilitator Dr. Usman Aslam LECTURE HALL 4	Lecture Medicine Topic: "Non-alcoholic fatty liver disease (NAFLD) Facilitator Dr. Imran LECTURE HALL 4		Lecture Surgery Topic: "Hydrocephalus and spinal malformations Facilitator Dr.Uzma LECTURE HALL 4	Lecture Pharmacology Topic: "Common ototoxic drugs Facilitator Dr. Arka Khan LECTURE HALL 4	EYE CBL ENT CBL PATHO TUTORIAL	
16-Jun-26	TUE	8.00-9.00 Lecture ENT Topic: Rehabilition of hearing Facilitator Prof. Sami Mumtaz LECTURE HALL 4	9.00-10.00 Lecture Family Medicine Topic: Counsel regarding chronic disease management Facilitator Dr. Sadia Malik LECTURE HALL 4	10.00-11.00 Lecture Medicine Topic: "Compensated and decompensated liver disease. Facilitator Dr. Salman LECTURE HALL 4		11.30-12.30 Lecture Surgery Topic: Revision Facilitator Dr.Shahzad LECTURE HALL 4	12:30-1:30 Lecture Medicine Topic: Revision Facilitator Dr. Hassan LECTURE HALL 4	1.30-2.30 Pathology Practical (Batch A) COM. Medicine Tutorial (Batch B) Reseach IT Lab work (Batch C)	2.30-3.30
17-Jun-26	WED	8.00-9.00 Lecture Medicine Topic: "Describe autoimmune hepatitis, Wilson's disease, hemochromatosis, and alcoholic liver disease " Facilitator Dr. Asim LECTURE HALL 4	9.00-10.00 Lecture Eye Topic: Corneal Ulcer Facilitator Prof Dr. Khalid LECTURE HALL 4	10.00-11.00 Lecture ENT Topic: Myringotomy & Myringoplasty/Tympan oplasty Facilitator Prof. Rizwan Bajwa LECTURE HALL 4	BREAK	11.30-1.30 END OF ROTATION TEST		1.30-2.30 Pathology Practical (Batch B) COM. Medicine Tutorial (Batch C) Reseach IT Lab work (Batch A)	2.30-3.30
18-Jun-26	THU	8.00-9.00 Garud Test Surgery Topic: Key Discussion Facilitator Dr.Basil Rizvi	9.00-10.00 Lecture Family Medicine Topic: Geriatric History Facilitator Dr. Zaib LECTURE HALL 4	10.00-11.00 Lecture ENT Topic: Revision Facilitator Dr. Usman Aslam LECTURE HALL 4		11.30-1.30 END OF ROTATION TEST		1.30-2.30 Pathology Practical (Batch C) COM. Medicine Tutorial (Batch A) Reseach IT Lab work (Batch B)	2.30-3.30
19-Jun-26	FRI	8.00-9.00 Lecture Eye Topic: Episcleritis/scleritis Facilitator Dr Amna LECTURE HALL 4	9.00-10.00 EYE CBL ENT CBL PATHO TUTORIAL	10.00-11.00		11.00-1.00 END OF ROTATION TEST		1.00-2.00 JUMA BREAK	2.00-3.30 Lecture PERL Topic: Professional development Facilitator Dr. Zaib LECTURE HALL 4

Prepared by DME Principal Prof.Dr.Gulfreen Waheed

AVICENNA MEDICAL & DENTAL COLLEGE
BLOCK 10 MODULE 26

TIME TABLE M-22		4th YEAR MBBS	SESSION 2025-2026						WEEK 11
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
22-Jun-26	MON	Lecture Pathology Topic: Revision Facilitator Dr. Nabila Akram LECTURE HALL 4	Lecture ENT Topic: Mastoidectomy Facilitator Prof. Rizwan Bajwa LECTURE HALL 4	Lecture Medicine Topic: Revision Facilitator Dr. Mishal LECTURE HALL 4	BREAK	Lecture Surgery Topic: "Peritonitis Facilitator Dr. Fatima Ahmad LECTURE HALL 4	Lecture Family Medicine Topic: gnosis and management of f Facilitator Dr. Zaib LECTURE HALL 4	Pathology Practical (Batch B) COM. Medicine Tutorial (Batch C) Reseach IT Lab work (Batch A)	
23-Jun-26	TUE	8.00-9.00 Lecture ENT Topic: Revision Facilitator Prof. Sami Mumtaz LECTURE HALL 4	9.00-10.00 Lecture Family Medicine Topic: s of Headache, assessment, I Facilitator Dr. Zaib LECTURE HALL 4	10.00-11.00 Lecture Eye Topic: Karatoconus Facilitator Prof Khalid LECTURE HALL 4		11.30-12.30 Lecture Surgery Topic: "Splenectomy Facilitator Dr.Basil Rizvi LECTURE HALL 4	12:30-1:30 Lecture Medicine Topic: Revision Facilitator Dr. Wajeeha LECTURE HALL 4	1.30-2.30 Pathology Practical (Batch A) COM. Medicine Tutorial (Batch B) Reseach IT Lab work (Batch C)	2.30-3.30
24-Jun-26	WED	8.00-9.00 Lecture Medicine Topic: Revision Facilitator Dr. Ghulam LECTURE HALL 4	9.00-10.00 Lecture Eye Topic: Photo-Refractive Surgery Facilitator Prof Khalid LECTURE HALL 4	10.00-11.00 Lecture ENT Topic: Revision Facilitator Dr. Anam Asif LECTURE HALL 4		11.30-1.30 CLINICAL ROTATION / CLINICAL SKILLS		1.30-2.30 Pathology Practical (Batch B) COM. Medicine Tutorial (Batch C) Reseach IT Lab work (Batch A)	2.30-3.30
25-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
26-Jun-26	FRI	**ASHURA-25 & 26 JUNE, 2026**							

Prepared by DME Principal Prof.Dr.Gulfreen Waheed

Allocation of Hours

AVICENNA MEDICAL COLLEGE, LAHORE

4th YEAR MBBS (2025-26)

	EYE			ENT			COMMUNITY MEDICINE				PHARMACOLOGY		PATHOLOGY			Surgery		Medicine		Family. Medicine			Gyn		Pae	Derma		Urology		Beh.		Neu	Nep	PERL				Total	Assessment	GRAND Total	
Week	Lec	CR	CBL	Lec	CR	CBL	Lec	Tut	CR	Fiel	Lec	Tut	Lec	Prac	Tut	Lec	CR	Lec	CR	Lec	Tut	CR	CBL	Lec	CR	CR	Lec	CR	Lec	CR	Lec	Tut	CR	Lec	Lec	Pro	Ethi	Researc	Lead			
1		1		2	1		4	2	1				3	2		1		1	1	3	2	1			1												1				27		27	holida
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	holida
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		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									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	holida
14	2	1		2	1						2		2	2	2	2			2									1	3	2	1	4			2			2		33	1	34	
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	holida
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	holida
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	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							1				2		21	7	28	holida
27	1	1			1						1	2	3	1			1	3	1						1	1											2	1	20	14	34	
28	3	1		2	1						2	2	3	2	2		1	5	2				2		1	1											1	2		33	1	34	
29	3	1		2	1						2	2	3	2			1	5	2				2	1	2	1											1	2		33	1	34	
30	2	1		2	1						2	2	3	2			1	2	2						3	1												2	1	27	7	34	
31	2	1		2	1						3	2	3	2			1	2	2				2	1	5	1												2	1	33	1	34	
32	3	1		3	1						2	2	2	2			1		2						4	1												2	1	27	7	34	
33	4	1	2	4	1	2					2	2	1	2			1	3	2				2		1	1												2	1	34		34	
34	3	1	2	5	1	2					1	2	2	2			1	2	2				2		1	1											1		2		33	1	34	
35	4	1	2	4	1	2					2	2	2	2			1	2	1				2	1	1												1		2		33	1	34	
36	2	1	2	3	1	2					1	2	1	2				1	1																			2		21	7	28	holida
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 Hours	144+18=162			142+20=162			61+42+21+105=229				180+21+24+		231+166+45+66=508			37		108		61+18=75				8	9	3	31		25		15+15+62+7=103												
Subjec	EYE			ENT			Com. Medicine				Phrmacol		Pathology			Surgery		Medicine		Family. Medicine						Pae	Dermatol		Urolog		Beh.		Neu	Nep									
PMDC	150			150			200				300		500							75											150												

MODULE OUTCOMES

- Explain the pathophysiology and clinical features of common ear, nose, and throat disorders.
- Identify and diagnose prevalent otorhinolaryngological conditions through history-taking and clinical evaluation.
- Perform basic otorhinolaryngological examination techniques competently.
- Initiate appropriate first-line management for common ENT conditions and determine indications for timely referral to specialist care.
- Recognize and provide initial stabilization for otorhinolaryngological emergencies, such as airway obstruction and severe epistaxis, followed by appropriate referral.
- Communicate effectively with patients regarding ENT conditions, management options, and preventive strategies, ensuring clarity and patient-centered care.
- Demonstrate professionalism, ethical conduct, and a respectful attitude in the care of patients

with otorhinolaryngological conditions

SUBJECTS INTEGRATED IN THE MODULE

1. Anatomy
2. Physiology
3. Pathology
4. Pharmacology
5. Oncology
6. Forensic Medicine

- Identify common ophthalmic diseases and disorders encountered in OPD, IPD, multi-disciplinary and emergency settings.
- Apply fundamental clinical skills in the examination of the eye and adnexa, including visual acuity assessment and basic use of ophthalmic instruments.
- Formulate differential diagnosis and initial management plans for common ophthalmic conditions, including appropriate referral when necessary.

- Integrate knowledge of ophthalmic health into the broader context of systemic diseases and

public health considerations.

SUBJECTS INTEGRATED IN THE MODULE

1. Medicine
2. Oncology
3. Pharmacology
4. Forensic Medicine
5. Rheumatology

Learning Objectives

THEORY			
ENT-I (EAR)			
CODE	**SPECIFIC LEARNING OUTCOMES**	**INTEGRATING DISCIPLINE**	**TOPIC**
ENT 1-Ear-001	**Classify the types of hearing loss.** **Explain the pathophysiological mechanisms underlying hearing loss.** **Differentiate between conductive and sensorineural hearing loss.**		**Hearing Loss**

	Describe the indications, benefits, and limitations of hearing implants.		
ENT 1-Ear-002	Diagnose Perichondritis of pinna on basis of clinical features and plan its management.	ENT	Diseases of the External Ear
	Define and classify Otitis externa. Describe the clinical presentation. Plan management.		
	Describe the etiology, clinical presentation, and treatment of Otomycosis. Differentiate Otomycosis from other causes of otitis externa.		
	Describe the composition of ear wax. Diagnose cerumen impaction based on clinical presentation. Outline the treatment options and precautions. Enlist complications associated with cerumen removal.		
	Diagnose foreign bodies impaction in the ear based on clinical presentation. Enlist the complications. Outline the methods for removal of foreign bodies in the ear.		

	Describe the etiology, clinical presentation, and treatment of auricular hematoma.		

	Identify frostbite of the ear based on clinical presentation with its management plan. Describe the etiology, clinical presentation, and treatment of lacerations and avulsion injuries of the pinna.		
ENT 1-Ear-003	Enlist the etiological and risk factors of Acute Otitis Media. Diagnose acute otitis media based on clinical presentation. Outline the treatment plan. Enlist the complications.		Diseases of the Middle Ear
	Describe the etiology and clinical presentation of Chronic Otitis Media. Outline the management strategies. Enlist the potential complications. Outline the management plan of facial paralysis in otitis		

	media.		
	Explain the pathophysiology and risk factors of Otosclerosis. Formulate differential diagnosis. Outline the management plan.	ENT	
ENT 1-Ear-004	Enlist the causes of pre-lingual Sensorineural Hearing Loss. Explain the clinical presentation and diagnostic approach. Plan medical, rehabilitative, and surgical management.		Diseases of Inner Ear
	Explain the pathophysiology and clinical features of Benign Paroxysmal Positional Vertigo (BPPV). Outline management, including repositioning maneuvers and patient counseling.		
	Describe the etiology and clinical presentation of vestibular neuronitis. Differentiate vestibular neuronitis from central causes of vertigo.	ENT	

	Discuss management plan.		

	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.		
	Describe the etiology and risk factors of Presbyacusis. Diagnose based on clinical presentation. Outline management plan including preventive measures.		
	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.		
ENT 1-Ear-005	Enlist the common ototoxic drugs. Describe the mechanism of ototoxicity. Identify clinical presentation of ototoxic hearing loss. Outline strategies for monitoring, prevention, and management of ototoxicity.	ENT/ Pharmacology	Ototoxic hearing loss
ENT 1-Ear-006	Identify clinical features of Glomus tumor. Enlist investigations. Discuss management options.	ENT	Glomus tumor
ENT 1-Ear-006	Describe clinical features of temporal bone trauma. Enlist its possible complications. Outline relevant investigations and initial management plan.	ENT	Temporal bo

			ne tr au m a
ENT 1-Ear-007	Describe causes and clinical features of facial nerve palsy. Outline management plan. Identify potential complications and prognostic factors of facial nerve palsy.	ENT	Facial Nerve Palsy

ENT 1-Ear-008	Describe following surgical procedures used in treatment of ear diseases and mention their indications. i. Myringotomy ii. Myringoplasty iii. Tympanoplasty iv. Cortical mastoidectomy v. Modified radical mastoidectomy vi. Radical Mastoidectomy	ENT	Surgical Procedures of Ear

THEORY			
EYE-I			
CODE	SPECIFIC LEARNING OUTCOMES	INTEGRATING DISCIPLINE	TOPIC

Eye 1-001	**Describe the clinical presentation of orbital cellulitis. Enlist the common causes of orbital cellulitis.** **Outline the management plan for a patient with orbital cellulitis.** **List the potential complications of orbital cellulitis. Differentiate between different causes of Proptosis (Thyroid eye disease, IOID, Fungal, Tumors)** **Describe the clinical presentation of a blowout fracture** **Explain management of a Blowout Fracture**	**Ophthalmology**	**Orbit**
Eye 1-002	**Explain the mechanism of tear production and drainage in the lacrimal apparatus.** **Differentiate between epiphora and lacrimation based** **on underlying mechanisms.**	**Ophthalmology**	**Lacrimal Apparatus**
	Enumerate the symptoms and signs of acute and chronic dacryocystitis. **List the causes of acute and chronic dacryocystitis Explain the pathophysiology of acute and chronic dacryocystitis.** **Outline the management plan for acute and chronic dacryocystitis.** **Describe causes, clinical presentation, and treatment** **of dacryoadenitis.**	**Ophthalmology**	

Eye 1-003	Differentiate between ectropion and entropion on the basis of clinical features. Enlist the clinical features of ectropion and entropion. Enlist clinical features of trichiasis and distichiasis. Discuss the management options for ectropion and entropion, trichiasis, distichiasis.	Ophthalmology	Eyelids

	Classify blepharitis. Identify the signs and symptoms of each type of blepharitis. Differentiate blepharitis from other eyelid conditions such as stye, chalazion and other eyelid swellings. Outline the management plan for blepharitis.	Ophthalmology	
	Describe the clinical presentation of stye. Differentiate stye from other eyelid swellings on the basis of clinical features and pathophysiology. List the etiological factors of stye. Outline appropriate treatment and patient advice.	Ophthalmology	
	Define chalazion and differentiate it from stye. Explain the underlying pathophysiology and causes. List the clinical features and possible complications. Outline the management options. Discuss preventive measures and patient counseling.	Ophthalmology	

	Define ptosis. (congenital and acquired) List the common causes of ptosis. Identify clinical conditions associated with ptosis. Describe surgical and non-surgical treatment options for ptosis.	Ophthalmology/ Medicine	
Eye1-004	Describe the clinical presentation of pterygium and pingecula. List the causes of pterygium and pingecula Outline the medical and surgical management of pterygium and pingecula. Discuss preventive measures and patient counseling.	Ophthalmology	Conjunctiva
	Classify conjunctivitis based on etiology. Describe the clinical presentation of infective conjunctivitis. (Bacterial, Viral, Trachoma) Identify possible differential diagnosis for 'pink eye'. Outline the management plan of infective conjunctivitis.	Ophthalmology	

	Describe the clinical presentation for allergic conjunctivitis. List the causes of allergic conjunctivitis. Outline the treatment plan for allergic conjunctivitis.		

	Define ‘dry eyes’. Explain the pathophysiology of dry eyes. Identify the clinical conditions associated with dry eyes. Discuss the treatment options for dry eyes.	Ophthalmology	
Eye1-005	Diagnose episcleritis based on characteristic clinical findings. Explain the pathophysiology of episcleritis. Outline the treatment plan, including supportive care and pharmacological options. Differentiate episcleritis from scleritis and other causes of red eye.	Ophthalmology	Sclera
	Diagnose scleritis based on clinical features, including severity and pattern of pain and redness. Explain the pathophysiology of scleritis. Outline the management strategies, including systemic therapy and monitoring for complications.	Ophthalmology	
	Classify keratitis based on etiology. Describe signs and symptoms of keratitis. Outline the treatment options of keratitis based on etiology. Discuss the complications of keratitis.	Ophthalmology	

Eye1-006	Diagnose corneal ulcers based on etiology (bacterial, viral, fungal, acanthamoeba, autoimmune) symptoms, signs, specific investigations, and slit lamp exam. Explain the etiology of corneal ulcers along with risk factors. List the complications of corneal ulcers. Discuss the management of corneal ulcers according to etiology along with the preventive measures.	Ophthalmology	Cornea

	Describe the common indications and contraindications for contact lens use. Identify common complications related to contact lens wear. Outline preventive measures to avoid contact lens-related ocular problems.		
	Define photorefractive surgery and list its common types (e.g., Femto LASIK, LASIK, PRK, TPRK). List the indications and contraindications for photorefractive surgery. Identify the complications of photorefractive surgery. Outline postoperative care and patient counseling	Ophthalmology	

	points.		
	Define keratoconus and describe its pathophysiology. List the risk factors associated with keratoconus. Identify the clinical features and signs of keratoconus. Discuss the management options for keratoconus including preventive strategies to slow disease progression.	**Ophthalmology**	

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/Surgery	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***	***Send-up Block-10***			

week 38	*4-Feb-27*	*Thur*	***Send-up Block-11***
week 39	*8-Feb-27*	*Mon*	***Send-up Block-12***
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)	Practical (hours)	Clinical Rotation (hours)		
1	CMFH2-CM-001	Community Medicine	Biostatistics and Health Management Information System	Explain the basic concepts and uses of biostatistics.	✓	✓	✓	✓	✓	1				
				Classify data according to its types.										
				Define and apply rates, ratios, and proportions in health contexts.	✓	✓	✓	✓	✓	1				
				Describe the process of collection and registration of vital events in Pakistan.										
				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.	✓	✓	✓	✓	✓	1				
				Describe population pyramids and differentiate between those of developing and developed countries.										

2	CMFH2-CM-002	Community Medicine	Demography and Population Dynamics	Explain demographic principles and demographic processes.	✓	✓	✓	✓	✓	1			19		
				Describe population pyramids and differentiate between those of developing and developed countries.											
				Interpret and apply population pyramids to analyze population structures.											
				Identify and analyze determinants of fertility and mortality. Calculate and interpret indicators of fertility and mortality.	✓	✓	✓	✓	✓	1					
				Describe the stages of demographic transition. Describe, calculate, and interpret the dependency ratio, growth rates, and population doubling time.	✓	✓	✓	✓	✓	1					
				Explain demographic concepts such as demographic trap, demographic window, demographic bonus, and demographic dividend.	✓	✓	✓	✓	✓	1					
				Define and explain the methodology and types of censuses, and evaluate their importance for health planning.	✓	✓	✓	✓	✓	1					
				Discuss the implications of high population growth,social mobilization, and urbanization, and apply these to the context of Pakistan.											
3	CMFH2-CM-003	Community Medicine	Occupational Health	Explaintheconceptsofoccupationalhealth, occupational medicine, and occupational hygiene.	✓	✓	✓	✓	✓	1					
				Identify and classify physical, chemical, biological, mechanical, and psychosocial workplace hazards.											
				Apply general principles of occupational disease prevention in workplace settings.											
				Define and discuss ergonomics and its importance in occupational health. Interpret causes and recognize signs and symptoms of occupational lung diseases, including pneumoconiosis, silicosis,anthracnosis, byssinosis, bagassosis, asbestosis, and farmer's lung.	✓	✓	✓	✓	✓	1					
				Analyze the causes, signs, and diagnosis of lead poisoning, and propose preventive and management strategies. Describe accidents in the industry, sickness absenteeism, and other health problems due to industrialization. Recommend medical, engineering and legislative measures for worker protection.	✓	✓	✓	✓	✓	1					
4	CMFH2-CM-004	Community Medicine	Disaster Management and accidents	Define and classify disasters. Describe and explain the disaster cycle and its phases. Explain the epidemiology and preventive strategies of communicable diseases during disaster. Describe impact of man-made disasters.	✓	✓	✓	✓	✓	1					
				Explain and apply the principles of triage in disaster situations.	✓	✓	✓	✓	✓	1					
5	CMFH2-CM-005		Health Planning and Management	Define health planning and apply its relevance in healthcare delivery. Describe the steps of the health planning cycle. Discuss key management methods and techniques used in health planning.	✓	✓	✓	✓	✓	1					
TOTAL										19	-	-	19		
MODULE-24 FAMILY HEALTH-II															

1	CMFH2-FM-001	Family Medicine	Headache	Define and classify headache. Diagnosethefollowingbasedonsignsand 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. Prescribeprophylactictreatmentforrecurrent 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.Counselpatientsandcaregiversonhome 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				

				Discuss preventive aspects including: i.Importance of immunization ii.Nutrition iii.Early recognition of illness by caregivers	✓	✓	✓	✓	✓	1				
4	CMFH2-FM-004	Family Medicine/ Psychiatry	Mental Health	Enlist the common mental health disorders relevant to general practice. Outline the key signs and symptoms important for early detection of psychiatric conditions.	✓	✓	✓	✓	✓	1			18	
				Discuss the principles of initial management and referral pathways for common psychiatric disorders and emergencies. Explain the role of general practitioners in promoting mental health and reducing stigma.	✓	✓	✓	✓	✓	1				
5	CMFH2-FM-005	Family Medicine/Medici ne	Generalized weakness and weight loss	weightloss. Outline baseline investigations to guide initialevaluation at the primary care level. Evaluate patients for red flag features that warranturgent referral. Formulate an initial managementplan,includingsymptomatic care,preventivecounseling,andreferral. Discuss the role of family physicians in promoting early recognition, lifestyle modification, and community awareness to prevent latepresentations.	✓	✓	✓	✓	✓	1				
6	CMFH2-FM-006	Family Medicine/ Nephrology	Urogenital Symptoms (Male and female)	Identify common urogenital symptoms in males and females. Enlist the common causes. Outline baseline investigations to reach diagnosis	✓	✓	✓	✓	✓	1				
7	CMFH2-FM-007	Family Medicine/ Dermatology	Skin Conditions (common OPD cases)	Diagnose common skin fungal infections based on clinical presentation and outline their primary care management. Identify common ectoparasitic infestations (scabies, pediculosis), manage appropriately, and counsel regarding treatment of contacts and preventive	✓	✓	✓	✓	✓	1				
				Diagnosecommonbacterialskininfections (cellulitis, folliculitis). Identify red flags for urgent referral										
7	CMFH2-FM-007	Medicine/ Dermatology	Conditions (common OPD cases)	Diagnosecommonbacterialskininfections (cellulitis, folliculitis). Identify red flags for urgent referral. Outline initial primary care management. Diagnose and manage common viral skin infections (warts, herpes simplex) at primary care level, and identify cases requiring referral.	✓	✓	✓	✓	✓	1 1				
8	CMFH2-FM-008	Family Medicine	Common Geriatric Issues	Identifycommongeriatricproblemsincluding pressureulcers,incontinence,falls,functional decline, and delirium, and evaluate their impact on the quality of life of older adults.	✓	✓	✓	✓	✓	1				
										1				
				Identify red flag symptoms in elderly patients (acute confusion, unexplained weight loss, recurrent falls, elder abuse/neglect) that require urgent evaluation or referral. Counsel elderly patients and caregivers regarding chronicdiseasemanagement,adherence,rehabilitation, and end-of-life care options.	✓	✓	✓	✓	✓	1 1				
TOTAL										18				
MODULE-25 GIT & NITRITION														

1	GIT2-Pa-001		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.	✓	✓	✓	✓	✓	1				
	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.										
	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.	✓	✓	✓	✓	✓	1				
	GIT2-Pa-008		Esophagitis	Enumerate and describe the pathogenesis of different types of esophagitis.										
	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-001	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.										

14	GIT2-Pa-02 2	Pathology	Gastric tumors	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.	✓	✓	✓	✓	✓	1				
15	GIT2-GE-02 3	Gastroentrology Medicine	Vomiting	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.	✓	✓	✓	✓	✓	1				
16	GIT2-GE-02 4		Hematemesis	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	✓	✓	✓	✓	✓	1				
17	GIT2-GE-02 5		Abdominal pain	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.	✓	✓	✓	✓	✓	1				
18	GIT2-GE-02 6		Acid peptic disease	Diagnose acid peptic disease based on symptoms, clinical presentation, and risk factors. Explain the role of Helicobacter pylori in the pathogenesis of acid peptic disease. Plan the diagnostic workup and management options.	✓	✓	✓	✓	✓	1				
19	GIT2-GE-02 7		Gastric carcinoma	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	✓	✓	✓	✓	✓	1				
20	GIT2-S-028	Surgery	Duodenal obstruction	Describe the causes of duodenal obstruction. Diagnose duodenal tumours based on clinical presentation. Outline the investigations to confirm diagnosis.	✓	✓	✓	✓	✓	1				

25	GIT2-Ph-03 3		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-03 4		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-03 5	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-03 6	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 gy/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				
				List causes of congenital [illegible]										

	GIT2-PS-051	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.											
43	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					
44	GIT2-PS-051a		Hernia (inguinal & umbilical) and Hydrocoele	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. Outline principles of management with referral for treatment to Pediatric Surgical Setting.	✓	✓	✓	✓	✓	1					
45	GIT2-PS-051a		Phimosis and paraphimosis	Define Phimosis and Paraphimosis. Differentiate physiological and pathological phimosis. Enumerate complications. Outline management options.	✓	✓	✓	✓	✓	1					
46	GIT2-PS-051a		Vesical and Cloacal Exstrophy	Define vesical and cloacal exstrophy. Describe embryological basis. Enumerate clinical features. Outline management principles.	✓	✓	✓	✓	✓	1					
47	GIT2-Pa-05 2		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	iscuss 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	✓	✓	✓	✓	✓	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	ENT1-Ear-007		Facial Nerve Palsy	facial nerve palsy. Outline management plan. Identify potential complications and prognostic factors of facial nerve palsy.	✓	✓	✓	✓	✓	1				
96	ENT1-Ear-008		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	✓	✓	✓	✓	✓	1 1				
				Define ptosis. (congenital and acquired) List the common causes of ptosis. Identify clinical conditions associated with ptosis. Describe surgical and non-surgical	✓	✓	✓	✓	✓	1				
	Eye1-004	Ophthalmology	Conjunctiva	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. Describe the clinical presentation of infective conjunctivitis. (Bacterial, Viral, Trachoma)	✓	✓	✓	✓	✓	1		1 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 dry eyes. Discuss the treatment options	✓	✓	✓	✓	✓	1				
	Eye1-005	Ophthalmology	Sclera	Define 'dry eyes'. Explain the pathophysiology of dry eyes. Identify the clinical conditions associated with dry eyes. Discuss the treatment options	✓	✓	✓	✓	✓	1				
				Diagnose scleritis based on clinical features, including severity and pattern of pain and redness.	✓	✓	✓	✓	✓	1				
	Eye1-006	Ophthalmology	Cornea	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).List the indications and	✓	✓	✓	✓	✓	1		1 1		
				Define keratoconus and describe its pathophysiology. List the risk factors associated with keratoconus. Identify the clinical features and signs of	✓	✓	✓	✓	✓	1				
TOTAL										19	-	6	25	

Recommended Books & Reading Resources

Pathology

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

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

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

Walter and Israel. General Pathology. Churchill Livingstone.

Robbins & Kumar, Medical Microbiology and Immunology Levinson.

General Medicine

Principles and Practice of Medicine by Davidson (latest edition)

Clinical Medicine by Parveen J Kumar & Michaell 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 Beverely 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.

Patent Safety

Patient Safety Curriculum Guide: Multi Professional Guide

Microbiology

Levinson's review of Microbiology

Medical Microbiology and Immunology by Levinson and Jawetz,

Pediatrics Medicine

Nelson Textbook of Pediatrics

Basis of Pediatrics by Pervez Akbar Khan

Gynecology

Gynecology by Ten Teachers

Infection Control

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

Biosafety

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

WHO Laboratory Biosafety Manual, Fourth Edition, And Associated Monographs

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

Family medicine

Oxford Handbook of General Practice, 5th Edition

Orthopedics

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

Rheumatology

Davidson's Principles and Practice of Medicine

Clinical Medicine by Parveen J Kumar & Michaell, 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

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

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.