AVICENNA
MEDICAL COLLEGE

STUDY GUIDE

2025-2026

Program: MBBS
Year: Final Professional Year
Subject: Pediatrics
Batch No: M-21
Session: 2025-2026

Table of Content

About Avicenna Medical College

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

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

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

Message from the Principal

As a Co-Founder and Co-Chairperson, I have been involved in planning, construction and accreditation of Avicenna Medical College by the Pakistan Medical and Dental Council (PM&DC) and its affiliation with the esteemed University of Health Sciences (UHS). It is a pleasure to see Avicenna Medical College develop, progress and achieve maximum academic excellence in a short period since its inception in 2009. The institution has lived up to its mission of training and producing medical graduates of international standards. Three batches have passed out as Doctors, who currently are serving in the country and abroad while several have opted for post-graduation and are on road to progress. We have achieved several milestones since 2009 including the recognition of our College for FCPS training by College of Physicians and Surgeons of Pakistan (CPSP), establishment of College of Nursing and Avicenna Dental College.

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

Message from the Chairman

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

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

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

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

Chairman
Abdul Waheed Sheikh
Avicenna Medical & Dental College

Vision & Mission

Introduction to Study Guide

Welcome to the Avicenna Medical & Dental College Study Guide!

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

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

Objectives of the Study Guide

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

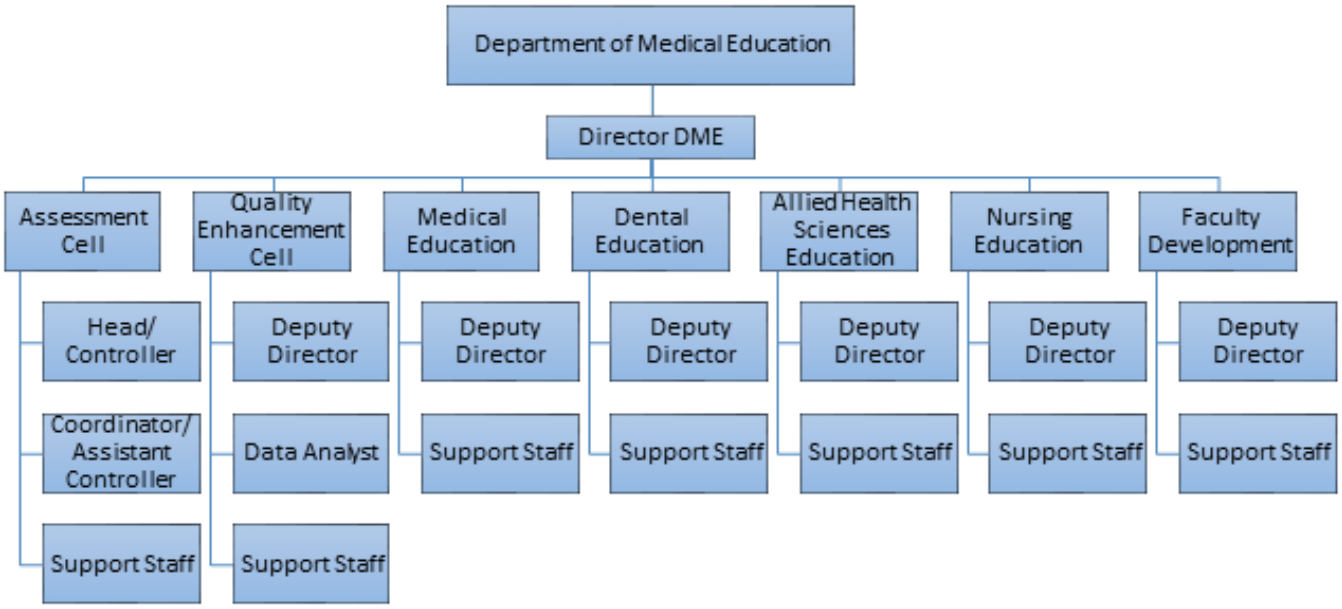
This guide, meticulously developed in collaboration with your subject departments, is designed to support your academic journey and help you achieve excellence in accordance with the highest standards set by PMDC and HEC.

Department of Medical Education

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

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

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



General Responsibilities of DME include:

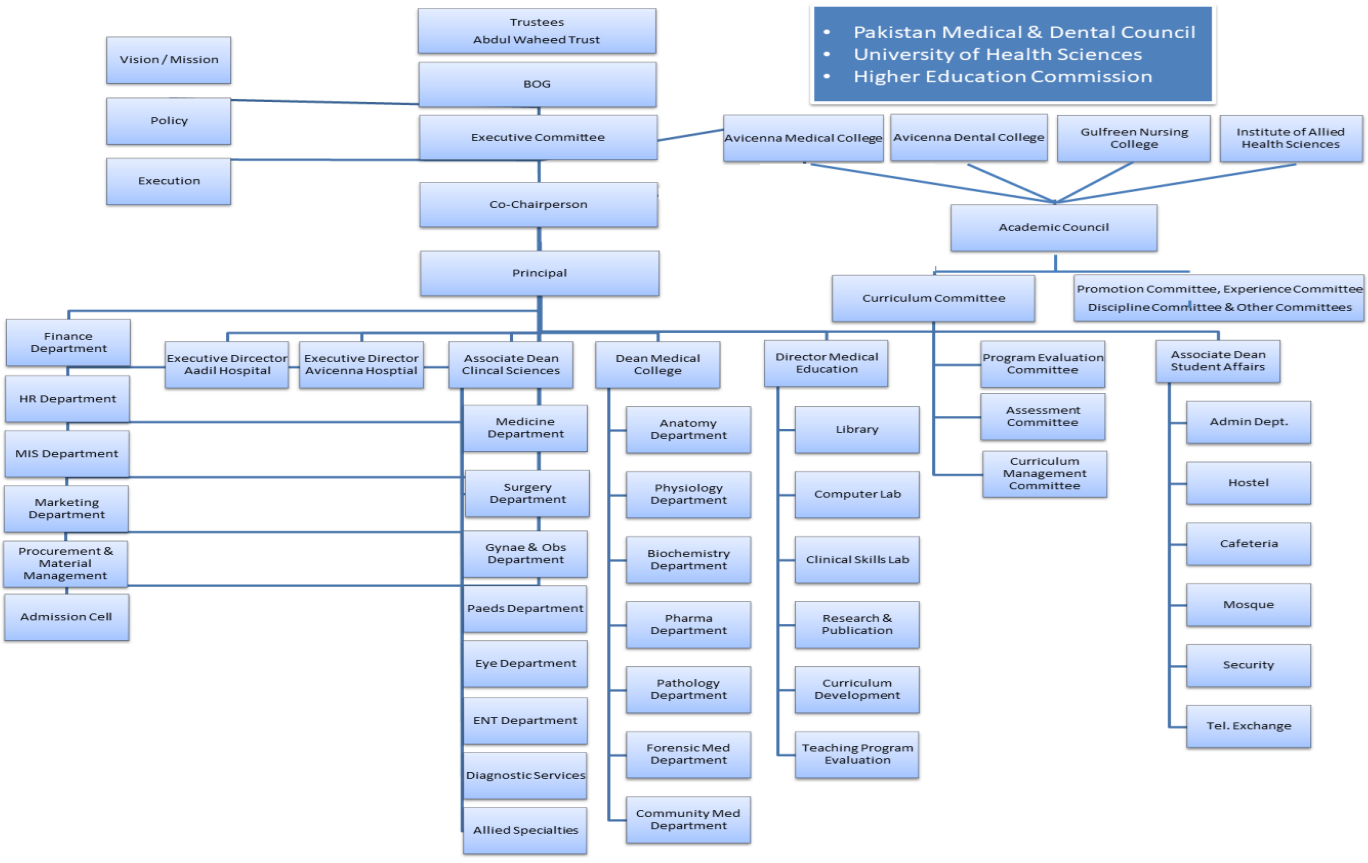
- Contribute and design, train the trainer activities which fulfill the need for undergraduate and postgraduate training.
- Shape and develop medical education research activities of the college.
- Facilitating & organizing workshops, seminars, symposia & conferences.
- Conducting CME activities to leverage culture of awareness, journal club.
- Networking by representing the college, when needed, in national /international meetings or conferences.
- Student counseling.

- Supervising students' academic progress.
- Academic Committees Development and Support.
- Staff Support and Development.
- Curriculum development and reform.
- Collaborate with curriculum committee and faculty members to develop quality instructional material such as modules, lecture, or study guides.
- Standard Operating Procedures for DME development.
- Skill lab management.
- Assessment analysis which includes blue printing, pre-exam review, item analysis and standard setting and provides feedback to concerned faculty and students on the learning outcome achievement.
- Develop and conduct periodical review of process of the program, learning and teaching activities, and assessment process.
- Identify opportunities for use of IT in teaching and learning, assessment and faculty development activities.
- Exam Cell management.
- Quality Assurance Cell management.
- Record keeping of departmental data.
- Leadership and management.
- Participation in overall planning and management of teaching in liaison with the departments.

Faculty	**Department**
Head Of Department / Associate Professor Medical Education	Dr. Saba Iqbal
Assistant Professor Medical Education	Dr. Hussain Raza
Coordinator Medical Education	Dr. Javaid Shabkhaiz Rab
Demonstrator Dental Education	Dr. Salar Arsalan
Demonstrator Nursing Education	Dr. Huma Fatima
Demonstrator Allied Sciences	Dr Shadab Arshad

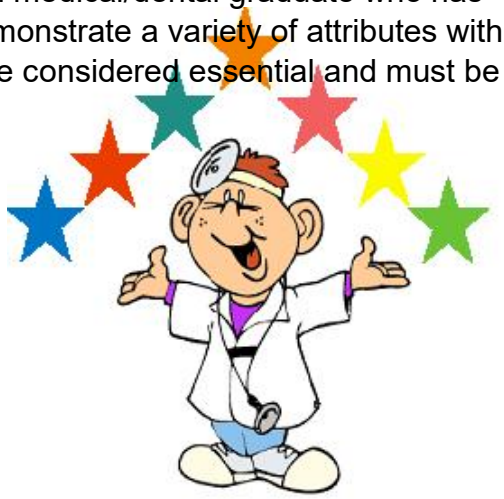
Avicenna Medical & Dental College Overview

Institutional Organogram

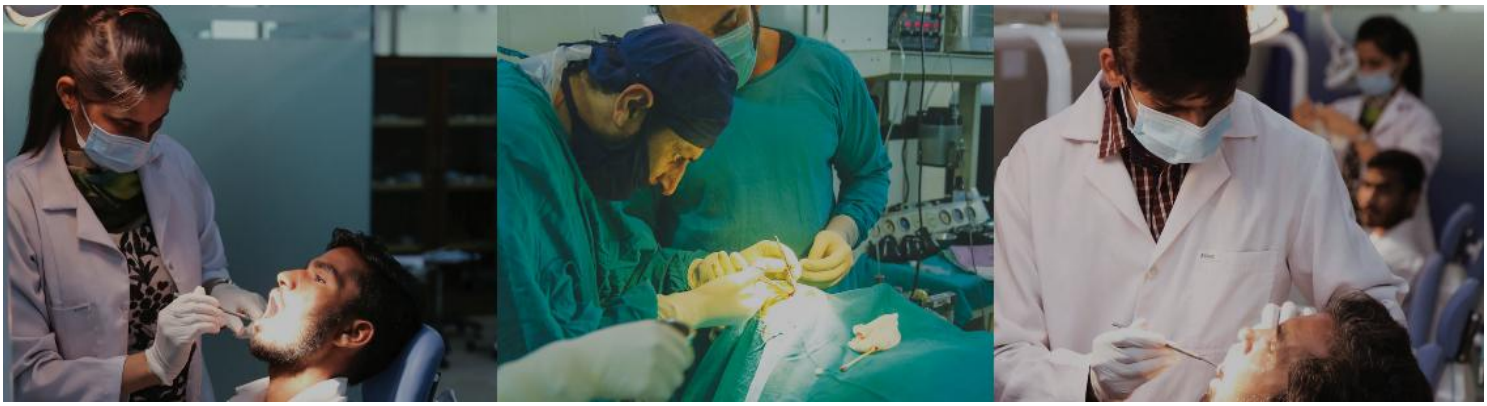


7-Star Doctor Competencies (PMDC)

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

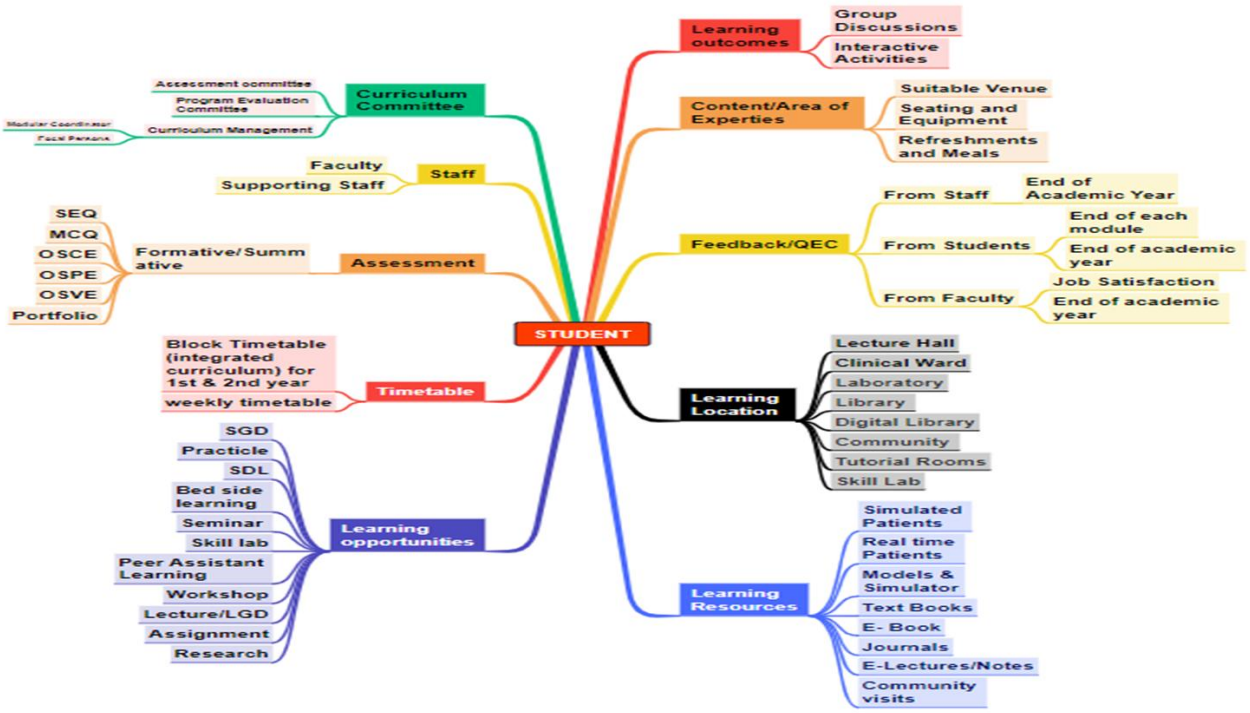


1. Skillful / Care Provider.
2. Knowledgeable / Decision Maker.
3. Community Health Promoter / Community Leader.
4. Critical Thinker / Communicator
5. Professional / Lifelong learner.
6. Scholar / Researcher
7. Leader/ Role Model / Manager



Curricular Map

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



Department & Subject Overview

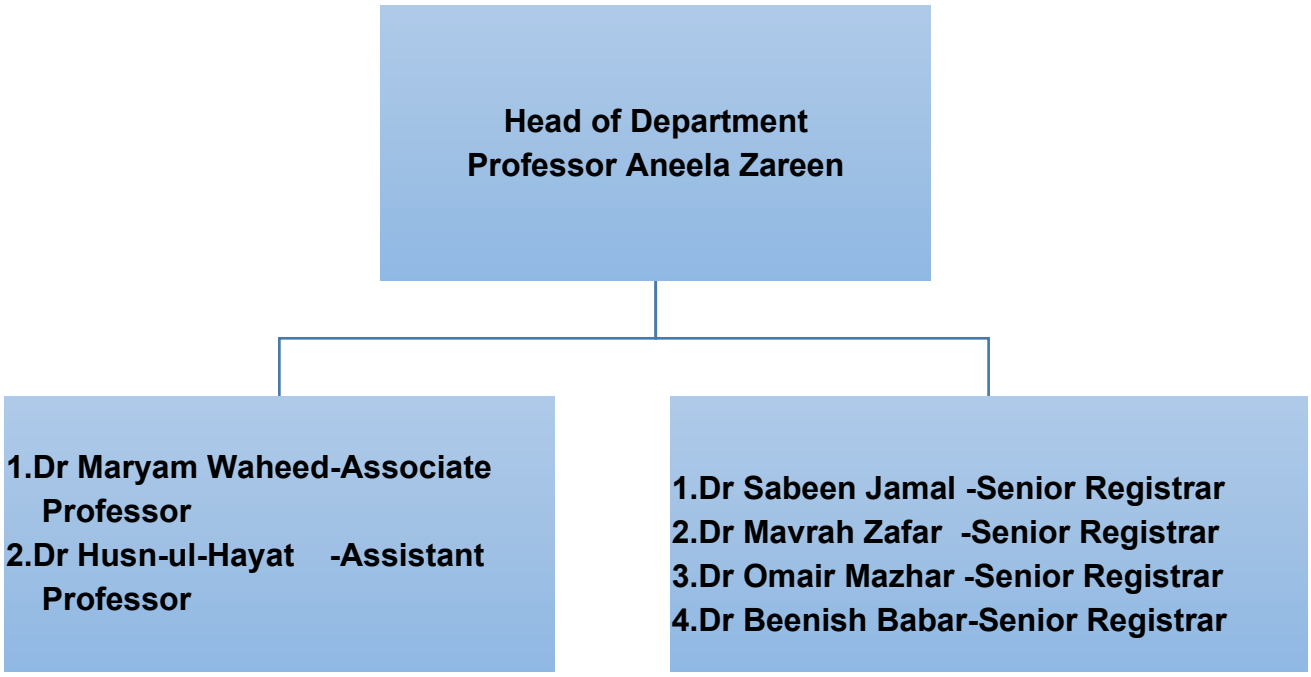
Head of Pediatric Department

Professor Aneela Zareen

Supervisor& Examiner College of physicians & Surgeons Pakistan

As the Head of Department and Professor of Pediatrics, I emphasize our dual commitment to clinical excellence and educational leadership. Our role as trainers for postgraduate students is crucial in shaping the next generation of pediatricians. We must ensure that our training is rigorous, evidence-based, and patient-centered, equipping our students with the skills they need to thrive in any clinical setting. It’s essential that we foster an environment of inquiry, where questioning and innovation are encouraged. By staying at the forefront of pediatric care and medical education, we not only enhance our practice but also contribute to the broader field. I urge each of you to embrace your role as both a learner and a mentor, ensuring that our legacy of excellence continues through the professionals we train.

Departmental Organogram (as per PMDC guidelines)



Faculty Members

Name	Designation	Qualification
Professor Aneela Zareen	Head of Department	MBBS,FCPS,MCPS,PGPN,NIDA,IPPCR
Dr Maryam Waheed	Associate Professor	MBBS,FCPS,DCH
Dr Husn-ul-Hayaat	Assistant Professor	MBBS,MD,MCPS
Dr Sabeen Jamal	Senior Registrar	MBBS,MCPS,PGPN
Dr Omair Mazhar	Senior Registrar	MBBS,FCPS
Dr Beenish Babar	Senior Registrar	MBBS,FCPS
Dr Mavrah Zafar	Senior Registrar	MBBS,FCPS

Goals of the Department

The Department of Paediatrics at Avicenna Hospital is committed to

1.Providing comprehensive pediatric care treating a wide range of childhood illnesses, injuries, and developmental issues

2.Training future pediatricians offering residency programs and fellowships to educate medical students and residents in pediatric medicine.

3.Facilitating medical education by providing clinical rotations and mentorship opportunities for students and residents investigating new treatments, therapies, and diagnostic tools for pediatric diseases.

4.Improving patient care by translating research findings into clinical practice.

5.Promoting child health through engaging in community outreach programs to educate families about child health and prevention.

6.Providing preventive care: Offering well-child check-ups and immunizations.

7.Collaborating with community-based organizations to address the health needs of children in the region.

Course Objectives

1. **Patient Care and Treatment**

 * Providing comprehensive healthcare: Offering a wide range of medical services, including diagnosis, treatment, and prevention of childhood diseases.

 * Managing complex cases: Handling complicated pediatric illnesses and conditions that require specialized care.

 * Ensuring child-friendly environments: Creating safe, welcoming, and age-appropriate spaces for children.

2. **Education and Training**

 * Training pediatricians: Providing residency programs to train medical graduates in the field of pediatrics.

 * Mentoring medical students: Offering clinical rotations and mentorship to undergraduate medical students.

 * Continuing education: Organizing workshops, conferences, and seminars for healthcare professionals to stay updated on the latest pediatric advancements.

3. **Research and Innovation**

 * Conducting pediatric research: Initiating and supporting research projects to improve pediatric care and understanding of childhood diseases.

 * Collaborating with other institutions: Partnering with research institutions and organizations to advance pediatric research.

 * Disseminating research findings: Publishing research results in peer-reviewed journals and presenting at conferences.

4. **Community Outreach and Advocacy**

 * Promoting child health: Educating the community about child health, disease prevention, and healthy lifestyle choices.

 * Advocating for children's rights: Supporting policies and initiatives that protect and promote the health and well-being of children.

 * Providing community-based services: Offering preventive healthcare services and health education programs to underserved populations.

5. **Developing Expertise and Subspecialties**

 * Establishing subspecialties: Creating specialized units within the department to address specific pediatric conditions (e.g., cardiology, oncology, neurology).

 * Building expertise: Fostering a culture of excellence and continuous learning among pediatric healthcare professionals.

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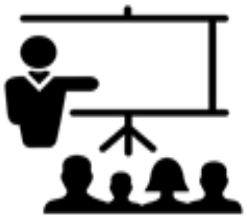
Attendance Requirement & Internal Assessment Criteria

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% marks** in internal assessments and send-up examinations to be eligible for the UHS Professional Examinations.

Learning Resources & Pedagogy

Sr.	Book Name	Author	Edition
1.	Basis of Pediatrics	Professor Pervaiz Akbar	10th Edition
2.	Bedside Techniques-methods of clinical examination	Muhammed Inayatullah Shabbir Nasir	5th Edition
3.	Nelson Textbook of Pediatrics	Robert M.Kleigmann	21st Edition
4.	Illustrated Text book of Pediatrics	Khalid N Haq,Talal Waqar	1st Edn

Traditional & Innovative Teaching Methodologies



Sr.	Pedagogical Methodologies	Description
1.	Lectures	Traditional method where an instructor presents information to a large group of students (large group teaching). This approach focuses on delivering theoretical knowledge and foundational concepts. It is very effective for introducing new topics.
2.	Tutorial	Tutorials involve small group discussion (SGD) where students receive focused instruction and guidance on specific topics.

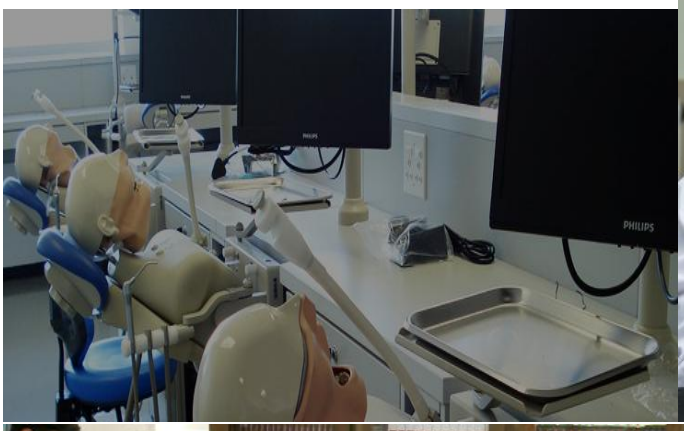
3	Demonstrations	Demonstrations are practical displays of techniques or procedures, often used to illustrate complex concepts or practices, particularly useful in dental education for showing clinical skills.
4	Practicals	Hands-on sessions where students apply theoretical knowledge to real-world tasks. This might include lab work, clinical procedures, or simulations. Practicals are crucial for developing technical skills and understanding the application of concepts in practice.
5.	Student Presentations	Students prepare and deliver presentations on assigned topics. This method enhances communication skills, encourages students to explore topic in-depth. It also provides opportunities for peer feedback and discussion.
6.	Assignment	Tasks given to students to complete outside of class. Assignments can include research papers, case studies, or practical reports. They are designed to reinforce learning, assess understanding, and develop critical thinking and problem-solving skills.
7.	Self-directed Learning	Students take initiative and responsibility for their own learning process. Students are encouraged to seek resources, set goals, and evaluate their progress. This is a learner-centered approach where students take the initiative to plan, execute, and assess their own learning activities. This method promotes independence, critical thinking, and lifelong learning skills.
8.	Flipped Classroom	In this model, students first engage with learning materials at home (e.g., through videos, readings) and then use class time for interactive activities, discussions, or problem-solving exercises. This approach aims to maximize in-class engagement and application of knowledge.
9.	Peer-Assisted Learning (PAL)	A collaborative learning approach where students help each other understand course material. PAL involves structured peer tutoring, study groups, or collaborative tasks. It enhances comprehension through teaching, reinforces learning, and builds teamwork skills.
10.	Team-based Learning (TBL)	A structured form of small group learning where students work in teams on application-based tasks and problems. Teams are responsible for achieving learning objectives through collaborative efforts, promoting accountability, and deeper understanding of the material.
11.	Problem-based Learning (PBL)	Students work on complex, real-world problems without predefined solutions. They research, discuss, and apply knowledge to develop solutions. PBL fosters critical thinking, problem-solving skills, and the ability to integrate knowledge from various disciplines.

12.	Academic Portfolios	A collection of student's work that showcases learning achievements, reflections, and progress over time. Portfolios include assignments, projects, and self-assessments. They provide a comprehensive view of student development, highlight strengths and areas for improvement, and support reflective learning (experiential learning)

Infrastructure Resources

Sr.	Infrastructure Resources	Description
1.	Lecture Hall	Each year has a dedicated lecture hall, totaling five lecture halls for the five professional years. These halls are equipped with modern audiovisual aids to support effective teaching and learning.
2.	Tutorial Room	The college's tutorial rooms, each with a capacity of 30, are specifically designed to support small group discussions and interactive sessions. These rooms facilitate personalized instruction, enabling more engaged and effective learning through direct interaction between students and instructors.
3.	Lab	The college is equipped with state-of-the-art laboratories for practical and clinical work. Each lab is designed to support various disciplines, to facilitate hands-on learning.
4.	Library on campus	A huge library occupies full floor has 260 seats including study carrels and group-discussion tables. Latest reference books, of Basic and Clinical Sciences along with national & international journals are available in the library.

5.	Digital Library	The digital library offers access to a vast collection of e-books, online journals, research databases, and other digital resources. It supports remote access and provides tools for academic research and learning.
6.	Learning Management System (LMS)	The LMS is a comprehensive online platform that supports course management, content delivery, student assessment, and communication. It provides tools for tracking progress, managing assignments, and facilitates ongoing academic activities.
6.	Phantom Labs	Specialized Phantom Labs are available for advanced simulation and practice in dental procedures. These labs provide high-fidelity models and simulators that help students refine their clinical skills in a controlled environment.
7.	Mess & Cafeteria	The College has its own on-campus Mess which caters to 600 students. All food items including dairy, meat, and vegetables are sourced organically and bought in at the time of cooking, in order to ensure that students get freshly cooked meals at all times Students form the Mess committee which decides the mess menu in consultation with other students. The Mess offers fresh food to all residents three times a day. However, day scholars are also welcome to use the Mess facility at a reasonable cost. Two 50- inch LCD screens provide students an opportunity to get entertained during their meal times.
8.	Gymnasium & Sports	We recognize sports as a pivotal key to shape and maintain students' personality and good health. The College has indoor and outdoor sports facilities to help enhance the cognition and capacity to learn. There is a proper sports section for various games like basketball, football, volleyball, and cricket. The gym itself is fully equipped with modern machinery both for students and faculty.
9.	IT Lab	The IT Lab is equipped with modern computers and software available for students who need access for academic purposes.
10.	Auditorium	The college has a spacious auditorium equipped with advanced audio-visual facilities. It is used for large-scale lectures, guest presentations, and academic conferences, providing a venue for students to engage with experts and participate in important educational events.
11.	Examination Halls	The college provides dedicated examination halls that are designed to accommodate a large number of students comfortably. These halls are equipped with necessary facilities to ensure a smooth and secure examination process, including proper seating arrangements, monitoring systems, and accessibility features.


PHILIPS

Digital Library & Learning Management System (LMS)

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

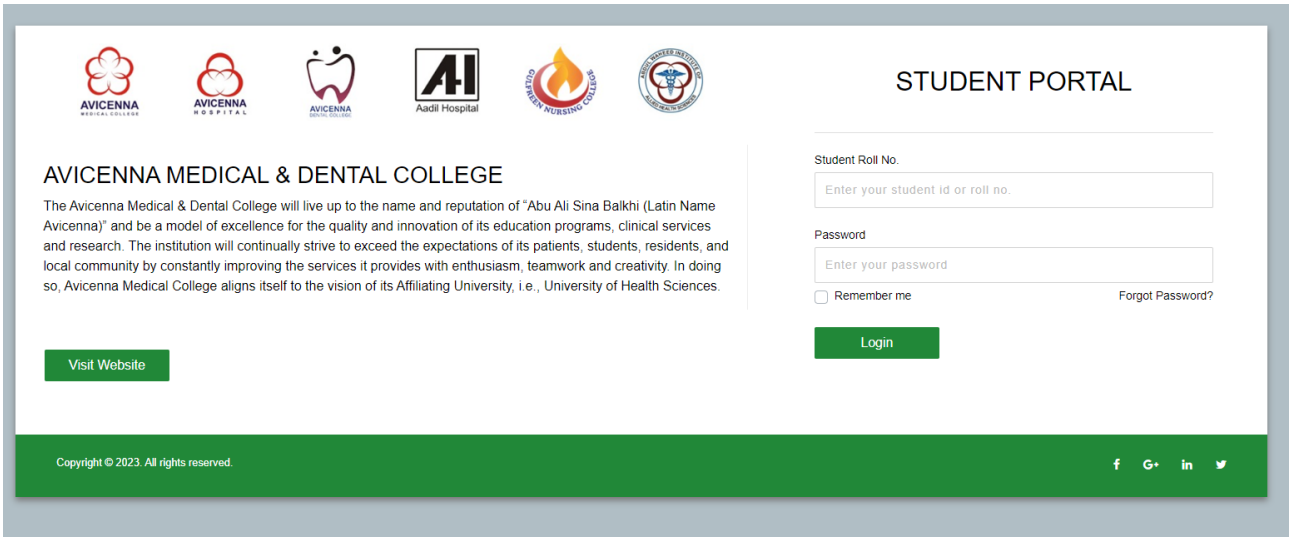
2. Avicenna Medical & Dental College lays emphasis on the provision of learning material and online video lectures, video tutorials in the e-library and learning resource center, which has a dedicated website of Avicenna Medical College to enable the students to develop concepts and clarify their doubts,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

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

4. The Learning Management System (LMS) at Avicenna Medical & Dental College is a comprehensive platform managed by the Department of Student Affairs. It is designed to facilitate effective communication and information exchange between students, parents, faculty, and

administrative staff. The LMS portals are specifically tailored to meet the needs of the following stakeholders:

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



5. Students can access a comprehensive range of academic resources and information through the student portal. By logging in with their roll number and password, students can:
   - Look at their attendance and results.
   - Review academic activities and weekly timetables/schedules.
   - Access rotation planners and test schedules.
   - Check for any notification, assignment or resource material from their teachers.

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

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

Assessment Guidelines

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

Assessment drives learning! – George E. Millar

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

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

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

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

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

Internal Assessment

Internal Assessment

How is Internal Assessment Calculated for your department?

	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	5 %
	Clinical logbooks	3 %

External Assessment

External Assessment	Assessment Methods	Marks	Percentage Weightage
Theory • Total marks • Time	40 MCQs 10 SEQs	40 50	45 %
Practical • Total marks • Time	Short case I Short case II Short case III Short case IV Long case OSPE	8 8 8 8 18 40	45 %

Internal Assessment		20	10 %?
Total marks		200 Marks	100%

Sample Paper

MCQ

AUTHOR:	Prof. Aneela Zareen
DATE:	Date MCQ was constructed on
DISCIPLINE/SUBJECT:	Paediatric
TOPIC:	Acute Bronchiolitis
LEVEL OF STUDENT:	MBBS Final year
AREA:	(diagnosis)

Item Writing Template

Stem:

A 2 month old baby was suffering from flu like symptoms for the last 5 days. Since today morning, he has moderate fever and respiratory distress. Upon clinical examination, there are subcostal and intercostal recessions and audible wheeze. There is no family history suggestive of bronchial asthma. His chest x-ray shows bilateral hyperinflation

Lead in: The most likely diagnosis in this child is:

.

Option:

a) Acute bronchiolitis *
b) Bronchial asthma
c) Bronchopneumonia
d) Croup

Mark the key with an Asterix*

COGNITIVE LEVEL:	Application
DIFFICULTY LEVEL:	/Moderate
IMPORTANCE:	Must Know

REFERENCE: Nelson Textbook of Pediatrics 21st Edn

SEQ/SAQ

AUTHOR: Prof. Aneela Zareen
DATE: Date MCQ was constructed on
DISCIPLINE/SUBJECT: Paediatric
TOPIC: Tetralogy Of Fallot
LEVEL OF STUDENT: MBBS Final year
AREA: management of Hypercyanotic spell

Scenario
A 9month old child presented with excessive crying, respiratory distress and bluish discoloration of fingers and lips for last one hour. He is weakly built, weighs 6kg. On examination he is clubbed and deeply cyanosed. There is left parasternal bulge and heave, no murmur is audible. His x-ray chest shows oligemic lungs with boot shaped heart.

Questions	Marks
(a)What is most likely diagnosis?	1
b)What further investigations would you carry out?	1.5
c)What is your treatment plan?	2.5

Key	Marks
(a). TOF with hyper cyanotic spell (tet spell)	1
(b). CBC, ABG's for acidosis,Echocardiography, ECG	1.5
(c). Admit the child.Quiet, calm environment .Knee chest position , Oxygen,Morphine 0.1 mg/kg iv (sedation,resp dep.);Soda bicarbonate iv 1-2 ml/kg for asidosis Increase SVR : Propranolol 0.1 mg/kg iv;; Phenylephrine 1-5mic.g/kg /min iv infusion'causes peripheral vaso constriction May need general anesthesia if severe and/or prolonged spell Emergency surgery Interim prophylactic treatment with propranolol	2.5

COGNITIVE LEVEL: Application
DIFFICULTY LEVEL: Moderate
IMPORTANCE: Must Know
REFERENCE: Nelson Textbook of Pediatrics

OSCE COVER SHEET

Station Title: Auscultation of Chest **Type of Station**: Observed

Discipline / Specialty: Pediatric **Marks**: 5

Class Level 5th Year MBBS **Time:** 5 minutes

Estimated difficulty: Moderate **Exam:** Batch clinical Assessment

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

List of resources required: 2 chairs, 1 table / desk

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

Scenario : **You are asked to auscultate the chest of an 8 years old boy who came with 3 days history of fever, cough and difficulty in breathing. He is vaccinated with no History of TB contact. Examination reveals bronchial breathing on right upper lobe.**

a) What is the most likely diagnosis?
b) What other signs would you expect to confirm your diagnosis?
c) How can you clinically differentiate between bronchial and vesicular breathingeg: demonstrate figure of 8 suture

Key:

a) Bronchial Asthma (1)
b) Chest movements,percussion note,Air Entry, added sounds, (2)
c) Vesicular breathing (2)
Inspiration longer than expiration
no pause in between
rustling in character
Bronchial breathing
Inspiration and expiration equal',
Pause in between
Blowing in character

Avicenna Medical & Dental College
Calendar 2025- 2026
5th Year MBBS

January 2026

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

February 2026

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

March 2026

	Su	Mo	Tu	We	Th	Fr	Sa	
	1	2	3	4	5	6GT Sur-I	7	
	8	9	10	11	12	13 GWT 1	14	
	15	16	17	18	19	20	ii-21	
	22	iii-23	24	25	26	27 GT Gyn	28	
	29	30	31					

April 2026

	Su	Mo	Tu	We	Th	Fr	Sa	
week 8				1	2	3 GT	4	week 12
week 9	5	6	7	8	9	10 GT Med: 2	11	week 13 E-S-Exam
week 10	12	13	14	15	16	17 GT S2	18	week 14 E-S-Exam
week 11	19	20	21	22	23	24 GT Obs	25	week 15
week 12	26	27	28	29	30 GWT 2			

May 2026

	Su	Mo	Tu	We	Th	Fr	Sa	
						iv-1	2	week 16
	3	E-4 Pediatrics	E-5 Medicine	E-6 Medicine 2	E-7 Surgey 2	8	9	week 17
	10	E-11 Surgery 1	E-12 Obstetrics	E-13 Gynecology	14	15	16	week 18
	17	18	19	20	21	22 GT Paeds	23	week 19
	24	25	26	v-27	vi-28	29	30	week 20
	31							

June 2026

	Su	Mo	Tu	We	Th	Fr	Sa	
		1	2	3	4	5 GT M1	6	
	7	8	9	10	11	12 GT Sur-I	13	
	14	15	16	17	18	19 GWT 3	20	
					vii-25	vii-26	27	
	28	29	30					

July 2026

	Su	Mo	Tu	We	Th	Fr	Sa	
week 20				1	2	3 GT GYN	4	
week 21	5	6	7	8	9	10 GT S-2	11	Summer Vacations
Summer Vacations	12	13	14	15	16	17	18	week 22
Summer Vacations	19	20	21	22	23	24	25	week 23
Summer Vacations	26	27	28	29	30	31		week 24
								week 25

August 2026

	Su	Mo	Tu	We	Th	Fr	Sa	
							1	week 25
	2	3	4	5	6	7	8	week 26 M-S-exam
	9	10	11	12	13 Gt Obs	viii-14	15	week 27 M-S-exam
	16	17	18	19	20	21 GT M-2	22	week 28 M-S-exam
	23	24	ix-25	26	27	28 GWT 4	29	week 29
	30	31						

September 2026

	Su	Mo	Tu	We	Th	Fr	Sa	
			1	2	3	4	5	
	6	7 Med 1	8	9 Med 2	10	11 S-2	12	
	13	14 S 1	15	16 Obs	17	18 GYNAE	19	
	20	21 Peads	22	23	24	25 GYN	26	
	27	28	29	30				

October 2026

	Su	Mo	Tu	We	Th	Fr	Sa	
week 29					1	2 GT S-2	3	Week 34
week 30	4	5	6	7	8	9 GWT 5	10	Week 35
week 31	11	12	13	14	15 GT OBS	16 Sports Day	17	Week 36
week 32	18	19	20	21	22	23 GT Med 1	24	Week 37
week 33	25	26	27	28	29	30 GT Gynae	31	Week 38 L-S-Exam

November 2026

	Su	Mo	Tu	We	Th	Fr	Sa	
	1	2	3	4	5	6 GT Paeds	7	Week 38 L-S-Exam
	8	9	10	11	12	13 GT Med 2	14	Week 39 L-S-Exam
	15	16	17	18	19	20 GWT	21	Week 40 L-S-Exam
	22	23	24	25	26	27 GT Sur 1	28	Winter Vacations
	29	30 Med 1						Send-ups-Exam 41

December 2026

	Su	Mo	Tu	We	Th	Fr	Sa	
			1	2 Med 2	3	4 Sur 2	5	
	6	7 E- Sur 1	8	9 E- Obs	10	11 E- GYN	12	
	13	14 E- Pedistric	15	16	Send-ups 17 Med 1	18	19	
	20	21	22	23	24	x-25	26	
	27	S 28 S- Med 2	29	30	S 31 S 1			

January 2027

	Su	Mo	Tu	We	Th	Fr	Sa	
41						1	2	
Send-ups-Exam 42	3	4 S 2	5	6	7 S- Gyn	8	9	
Send-ups-Exam 43	10	11 S- Obs	12	13	14 S- Peads	15 FCA	16	
44	17	18 FCA	19 FCA	20 FCA	21 FCA	22 FCA	23	
	24	25	26	27	28	29	30	
	31							

February 2027

	Su	Mo	Tu	We	Th	Fr	Sa	
		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							

March 2027

	Su	Mo	Tu	We	Th	Fr	Sa	
		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: 2nd February 2026

Gazetted Holidays

i- Kashmir Holiday - 5th Feb, 2026
ii- Eid- ul- Fitr- 21st March - 23rd March, 2026
iii - Pakistan Day -23rd March, 2026
iv- Labor Holiday- 1st May, 2026
v- Eid- Ul- Adha- 27th May - 29th May, 2026
vi- Youm-e-Takbeer Holiday - 28th May, 2026
vii- Ashura- 25th & 26th June, 2026
viii- Independence Day- 14th Aug, 2026
ix- Milad un Nabi- 25th Aug, 2026
x- Quaid-e-Azam Day/Christmas- 25th Dec, 2026

xVacations

Spring Vacations - 19th March - 23rd March, 2026
Summer Vacations - 13th July -9th Aug, 2026
Winter Vacations - 20th Dec-27th Dec, 2026

Events

Annual Dinner 9th April 2026
Sports Week 2nd -15th Oct 2026
Sports Day 16th Oct 2026
Wellness Week 14-21 Nov 2026
Session Exam

a-Early Session : 4th May 2026 - 13th May 2026
b-Mid Session :7th Sep 2026 - 25th September 2026
c-Late Session/Send-Up- 30th November 2026 - 14th January

Fainal Clinical Assessment

15th January,2026 - 22nd January 2026

Curricular Framework including Allocation of Hours (PMDC)

Subject	Lectures	CFRC / Clinical Rotations & Skills	Clinical Clerkship	Total
Psychiatry	10			10
Gen Medicine	132	198	165	495
Radiology	15	9	7	31
Emergency Medicine	5	9	7	21
Pulmonology	13	9	7	29
Cardiology	12	9	7	28

Dermatology	15	9	7	31
Nephrology	12	9	7	28
Gastroenterology	10	9	7	26
Rheumatology		9	7	16
Endocrinology	5			5
Neurology	5			5
Critical Care	10	9	7	26
Family Medicine	34	5	7	46
Oncology				0
Gen Surgery	132	198	165	495
Orthopaedics	33	9	7	49
Anaesthesia	18	9	7	34
Neurosurgery	15	9	7	31
Urology	18	9	7	34
Plastic Surgery	15			15
Infection Control	7	8		15
Patient Safety	11			11
Paeds	99	99	82	280
Gynae	132	99	83	314
Islamiyat				0
Spare				0

Total Hours: Lectures = 758 | CFRC = 724 | Clinical Clerkship = 593 | Grand Total = 2075

Table of Specification

Sr#	CODE	SUBJECT	TOPIC	LEARNING OBJECTIVES	KNOWLEDGE Cognitive Domain			SKILL Psychomotor Domain	ATTITUDE Effective Domain	Mode of Information Transfer MIT			TOTAL HOURS	References
					C1	C2	C3	P	A	Lecture (hours)	Practical (hours)	Clinical Rotation (hours)		
1	Avi-Pe-001	FUNDAMENTALS OF PEDIATRICS	avi-Pe Common pediatric problems	1. Identify the Common problems of children in Pakistan and statistics of Pakistani children with comprehensive knowledge of Child rights, Child neglect, Child Abuse, Child labour and their lawful application	✓	✓	✓	✓	✓	1	1. I/V Cannulation, Venous and arterial Sampling			
2	Pe-001	FUNDAMENTALS OF PEDIATRICS	Growth	• List key anthropometric measurements used to assess growth. • Interpret growth charts and percentiles. • Identify red flags of abnormal growth. • Discuss common factors influencing growth. • Discuss Tanner staging of female and male puberty	✓	✓	✓	✓	✓	1	2. growth charts and anthropometery			
3	Pe-002	FUNDAMENTALS OF PEDIATRICS	Development	• Describe major developmental milestones in gross motor, fine motor, vision, hearing and speech, and social behavior from neonate, 3, 6, 9, 12, 18 months, and 2–5 years. • Identify delays or abnormalities in development. • Describe key factors affecting development. • Discuss counseling points for caregivers on activities that promote age-appropriate cognitive, motor, language, and social development.	✓	✓	✓	✓	✓	1				

4	Pe-003	FUNDAMENTALS OF PEDIATRICS	Immunization	• Differentiate between active and passive immunity. • Explain the concept of herd immunity and its importance in preventing disease outbreaks. • Enlist vaccines available for children other than EPI schedule. • Describe the major types of vaccines live attenuated, killed/inactivated, toxoid, and conjugated and give common examples of each. • Describe the EPI schedule, including vaccines given at birth and at each age-specific visit. • Explain the purpose, target diseases, and key components of the EPI. Identify indications, contraindications, Adverse effect and precautions for EPI vaccines. • Demonstrate correct storage, handling, and administration of EPI vaccines. • Explain counselling points of caregivers on the importance of completing the EPI schedule, vaccine safety, and management of minor post-vaccination	✓	✓	✓	✓		1	3. Montoux test. 4. vaccination tachenique especially intra dermal BCG			
5	Pe-004	FUNDAMENTALS OF PEDIATRICS	Breastfeeding and weaning	• Describe the benefits of breastfeeding mother. • Identify indications, contraindications, and techniques for effective breastfeeding. • Discuss factors causing lactation failure • Explain appropriate timing, methods, and types of complementary feeding (weaning). • List age-appropriate weaning foods and feeding practices. • Discuss nutritional requirements during weaning and growth monitoring. • Outline counseling points for caregivers on breastfeeding, weaning, and hygiene. • Explain potential complications of improper breastfeeding or weaning and strategies for prevention	✓	✓	✓	✓	✓	1				
6	Pe-005	FUNDAMENTALS OF PEDIATRICS	Integrated management of Childhood and Neonatal Illness (IMNCI)	• Define IMNCI • Discuss importance and key components of IMNCI • Discuss IMNCI protocol under 2 months age regarding very severe disease, Jaundice, Diarrhea, HIV infection, Feeding problems and Low birth weight	✓	✓	✓	✓	✓	1				
7	Avi-Pe-002	FUNDAMENTALS OF PEDIATRICS	Integrated management of Childhood and Neonatal Illness (IMNCI)	• Discuss IMNCI protocol in 2 months age to five-year age regarding Pneumonia, Diarrhea, Fever, Ear problems, acute malnutrition, anemia and HIV infection	✓	✓	✓	✓	✓	1				
8	Pe-006	FUNDAMENTALS OF PEDIATRICS	Obesity	• Define and classify obesity. • Identify clinical features and complication. • Enlist the investigations. • Calculate BMI and describe its role. • Outline management plan (Dietary, pharmacological, prevention).	✓	✓	✓	✓	✓	1				

9	Pe-007	FUNDAMENTALS OF PEDIATRICS	Rickets	• Describe the etiology and pathogenesis of rickets. • List key clinical features and skeletal deformities. • Identify relevant laboratory and radiological investigations. • Formulate a differential diagnosis for bone deformities and growth disturbances. • Outline management principles, including vitamin D and calcium supplementation and dietary. • Explain potential complications, prognosis, and preventive strategies	✓	✓	✓	✓	✓	20 min				
10	Avi-Pe-003	FUNDAMENTALS OF PEDIATRICS	Micronutrient deficiencies in children	Identify and differentiate different Micronutrients deficiencies: a. Rickets b. Vitamin A deficiency c. Vitamin C deficiency d. Vitamin K deficiency e. Vitamin B deficiency	✓	✓	✓	✓	✓	20 min				
11	Avi-Pe-004	FUNDAMENTALS OF PEDIATRICS	Macronutrient deficiencies in children	Identify and differentiate Macronutrients deficiencies: a. Iodine deficiency b. Zinc Deficiency c. Iron deficiency	✓	✓	✓	✓	✓	20min				
12	Pe-008	FUNDAMENTALS OF PEDIATRICS	Marasmus/Severe wasting	• Identify key clinical features such as severe wasting and muscle loss. • Select appropriate anthropometric and laboratory investigations. • Outline management strategies, including nutritional rehabilitation and supportive care. • Explain potential complications, prognosis, and follow-	✓	✓	✓	✓	✓	20 min				
13	Pe-009	FUNDAMENTALS OF PEDIATRICS	Kwashiorkor/Edematous malnutrition	• Define kwashiorkor and distinguish it from marasmus. • Identify key clinical features such as edema, hepatomegaly, and skin changes. • Select relevant laboratory investigations. Outline management strategies, including therapeutic feeding, micronutrient supplementation, and monitoring. • Explain potential complications, prognosis, and follow- up care	✓	✓	✓	✓	✓	20min				
14	Avi-Pe-005	FUNDAMENTALS OF PEDIATRICS		• Describe the nutritional disorders (PEM), and plan management of a malnourished child	✓	✓	✓	✓	✓	20min				
15	Pe-010	DAMENTALS OF PEDIATRICS	History taking	• Take a detailed pediatric history covering following points: • presenting illness (time of onset, site, duration, frequency, severity, progression, relieving and exacerbating factors, and any diurnal or seasonal variation). • general symptoms (weight loss, appetite changes, fever, and activity level). • systemic review covering cardiovascular, respiratory, gastrointestinal, central nervous system, genitourinary, hematological, dermatological, and locomotor symptoms. • relevant past medical history, including previous illnesses, hospitalizations, surgeries, allergies, and transfusions. • complete birth history, including antenatal, natal, and postnatal events.	✓	✓	✓	✓	✓			4 hr		

16	Pe-011	FUNDAMENTALS OF PEDIATRICS	Physical examination	• general physical examination in children, assessing appearance, consciousness, hydration, nutrition, vitals, and growth parameters (weight, height/length, head and mid-arm circumference), SMR, BCG Scar mark • systematic head-to-toe examination, including: • Head, eyes, ears, nose, throat (HEENT) • Cardiovascular system (inspection, palpation, auscultation) • Respiratory system (inspection, palpation, percussion, auscultation) • Abdomen (inspection, palpation, percussion, auscultation) • Central nervous system (higher mental function, motor and sensory system, cerebellum, cranial nerves, • Musculoskeletal system • Skin (rashes, lesions, hydration, capillary refill) • Interpret growth measurements using age-appropriate growth charts. • Identify abnormal findings and red flags requiring urgent evaluation. • Perform the examination in a child-friendly, developmentally appropriate, and safe manner while maintaining infection control.	✓	✓	✓	✓	✓		2 hr	4 hr		

Sr#	CODE	SUBJECT	TOPIC	LEARNING OBJECTIVES	KNOWLEDGE Cognitive Domain			SKILL Psychomotor Domain	ATTITUDE Effective Domain	Mode of Information Transfer MIT			TOTAL HOURS	References
					C1	C2	C3	P	A	Lecture (hours)	Practical (hours)	Clinical Rotation (hours)		
17	Pe-012	NEUROLOGIC DISORDERS	Pyogenic meningitis	Describe the etiology of pyogenic meningitis in different pediatric age groups. • Explain the pathogenesis, including routes of infection and inflammatory changes in the meninges. • Identify key clinical features in infants, children, and adolescents, including age-specific red flags and differential diagnosis. • Outline the essential investigations, including CSF analysis, indications and contraindications of lumbar puncture, blood tests, cultures, and neuroimaging indications. • Discuss the management, including antibiotic therapy, supportive care, and monitoring along with prevention strategies. • List the potential complications. • Describe factors influencing prognosis in pediatric meningitis	✓	✓	✓	✓	✓	1 hour	6.Lumber puncture and CSF interpretation			

18	Pe-013	NEUROLOGIC DISORDERS	Tuberculous meningitis	• Describe the pathogenesis of tuberculous meningitis. • Identify key clinical features and early warning signs, and outline the three clinical stages of disease progression. • Discuss the diagnostic approach, including characteristic findings and criteria supporting the diagnosis. • List essential investigations with interpretation. • Outline the management plan. • List major complications • Describe prognostic factors.	✓	✓	✓	✓	✓	1 hour				
19	Pe-014	NEUROLOGIC DISORDERS	Encephalitis	• Diagnose based on signs and symptoms and interpretation of lab investigations. • Discuss the management List major complications and prognosis.	✓	✓	✓	✓	✓	1 hour				
20	Pe-015	NEUROLOGIC DISORDERS	Cerebral malaria	• Describe the etiology and pathogenesis of cerebral malaria. • Diagnose based on key clinical features. • Outline the important diagnostic tests. • Identify the diagnostic criteria for cerebral malaria diagnosis. • Outline the management plan. • Identify major complications and factors affecting prognosis. • Explain preventive strategies.	✓	✓	✓	✓	✓	1 hour				
21	Pe-016	NEUROLOGIC DISORDERS	Febrile seizures	• Define and classify febrile seizures. • Describe the diagnostic criteria and exclusion conditions for febrile seizures. • Explain the etiology and common triggers in children. • Identify key signs and symptoms. • Outline the necessary investigations, including when evaluation is required. • Discuss the treatment approach, including immediate seizure control and supportive care. • Explain risk factors for recurrence, long-term outlook, and overall prognosis for affected children	✓	✓	✓	✓	✓	1 hr				
22	Pe-017	NEUROLOGIC DISORDERS	Epilepsy	• List the etiology and major risk factors associated with epilepsy in children. • Classify seizures. • Differentiate between generalized seizures, grand mal (tonic–clonic), petit mal (absence), myoclonic, and partial (focal) seizures using a clear tabulated comparison. • Outline the clinical features and diagnostic approach for seizure. • Discuss the management of epilepsy, including acute seizure control, long-term therapy, and monitoring. • List the commonly used antiepileptic drugs, their indications, and side-effects.	✓	✓	✓	✓	✓	30 min				

23	Pe-018-	NEUROLOGIC DISORDERS	Status epilepticus	• Classify the types of status epilepticus. • List the etiology and common precipitating factors in children. • Discuss the pathophysiology, including mechanisms leading to prolonged seizures and neuronal injury. • Outline the emergency management, including airway–breathing–circulation stabilization and stepwise pharmacologic treatment. • Describe post-ictal management. • List factors influencing the prognosis of pediatric status epilepticus	✓	✓	✓	✓	✓	30 min				
24	Pe-019	NEUROLOGIC DISORDERS	Cerebral palsy	• Classify the types of cerebral palsy and patterns of motor involvement. • Identify key signs and symptoms • Formulate a differential diagnosis, distinguishing cerebral palsy from progressive neuromuscular disorders, metabolic or genetic conditions. • Outline the management plan. • Explain the prevention strategies.	✓	✓	✓	✓	✓	30 min				
25	Pe-020	NEUROLOGIC DISORDERS	Hydrocephalus	• Classify the types of hydrocephalus. • Identify the clinical features. • Formulate a differential diagnosis. • Outline the diagnostic evaluation. • Explain the management, including medical therapy, surgical interventions, and follow-up.	✓	✓	✓	✓	✓	30 min				
26	Pe-021-	NEUROLOGIC DISORDERS	Brain abscess	• Describe the etiology and pathogenesis of brain abscess, including routes of infection. • Diagnose based on the clinical features and diagnostic evaluation. • Formulate a differential diagnosis. • Discuss the management, including antibiotic therapy, surgical drainage, and supportive care. • List potential complications and factors influencing	✓	✓	✓	✓	✓	30 min				
27	Pe-022-	NEUROLOGIC DISORDERS	Microcephaly	• Formulate a differential diagnosis. • Outline the diagnostic evaluation. • Discuss the management plan and factors affecting prognosis.	✓	✓	✓	✓	✓	30 min				
28	Pe-023	NEUROLOGIC DISORDERS	Coma in children	• Identify the common causes of coma in children. • Discuss the points of clinical evaluation. • List the laboratory and radiological investigations to determine the underlying cause. • Outline the management, including stabilization, treatment of underlying cause, and supportive care. • Describe the factors affecting prognosis	✓	✓	✓	✓	✓	45 min				
29	Pe-024	NEUROLOGIC DISORDERS	Cerebellar ataxia	• Describe the etiology and pathogenesis of ataxia in children, distinguishing between cerebellar and non-cerebellar causes. • Identify the clinical features of cerebellar ataxia. • Formulate a differential diagnosis. • Outline the diagnostic evaluation and outline the management plan. • Describe factors affecting prognosis	✓	✓	✓	✓	✓	15 min				

30	Pe-025	NEUROLOGIC DISORDERS	History Taking	• Take a routine pediatric history focusing on CNS- specific points such as fits/seizures, syncope, dizziness, headaches, visual problems, numbness, unpleasant sensations, weakness, frequent falls, and incontinence.	✓	✓	✓	✓	✓			4 hr		
31	Pe-026	NEUROLOGIC DISORDERS	CNS clinical examination	• Examine and assess shape of skull, head circumference. • speech and higher mental functions in children. • all cranial nerves, identifying abnormalities. • motor system, including bulk tone, power, reflexes, and involuntary movements. • sensory system, including pain, temperature, touch, vibration, and proprioception. • cerebellar function, including coordination, gait, and balance. • signs of meningeal irritation, including neck stiffness, Kernig and Brudzinski signs. • Identify and grade coma. • Interpret the reports of baseline labs, CSF analysis, cranial CT, and MRI. • Counsel patients/attendants with empathy and respect. • Maintain confidentiality and privacy of the patients • Observe/assist in managing the outdoor, indoor, and emergency cases of neurologic disorders and document in logbook.	✓	✓	✓	✓	✓		2 hr	4 hr		

Sr#	CODE	SUBJECT	TOPIC	LEARNING OBJECTIVES	KNOWLEDGE Cognitive Domain			SKILL Psychomotor Domain	ATTITUDE Effective Domain	Mode of Information Transfer MIT			TOTAL HOURS	References
					C1	C2	C3	P	A	Lecture (hours)	Practical (hours)	Clinical Rotation (hours)		
32	Pe-027	NEUROLOGIC DISORDERS	Duchenne muscular dystrophy	• Describe the pathogenesis of Duchenne muscular dystrophy. • Identify important signs and symptoms. • Outline diagnostic tests and their interpretation. • Discuss management strategies	✓	✓	✓	✓	✓	20 min				
33	Pe-028	NEUROLOGIC DISORDERS	Myasthenia gravis	• Describe the pathophysiology of myasthenia gravis. • Identify key signs and symptoms. • Outline the diagnostic approach and the management plan. • Explain factors affecting prognosis and long-term outcomes in pediatric patients	✓	✓	✓	✓	✓	20 min				
34	Pe-029	NEUROLOGIC DISORDERS	Floppy infants	• Describe the causes of hypotonia in infants, differentiating paralytic and non-paralytic types. • Identify key signs and symptoms. • Outline the diagnostic evaluation	✓	✓	✓	✓	✓	20 min				

35	Pe-030	NEUROLOGIC DISORDERS	Guillain - Barré Syndrome	• Describe the etiology and pathophysiology of GBS. • Describe the clinical features and its stages. • List and differentiate the major variants of GBS • Formulate a differential diagnosis according to Acute Flaccid Pararlysis. • Outline diagnostic evaluation. • Discuss management and factors affecting prognosis.	✓	✓	✓	✓	✓	1hr				
36	Pe-031	NEUROLOGIC DISORDERS	Neuromuscular examination	hypertonia, weakness, fasciculations, and contractures. • Identify specific clinical signs, such as Gower sign in Duchenne muscular dystrophy or fatigability in myasthenia gravis. • Assess functional abilities, including gait, posture, fine motor skills, and coordination. • Document findings accurately to guide diagnosis, monitoring, and management of neuromuscular disorders. • Counsel patients/attendants with empathy and respect.	✓	✓	✓	✓	✓			4 hr		

Sr#	CODE	SUBJECT	TOPIC	LEARNING OBJECTIVES	KNOWLEDGE Cognitive Domain			SKILL Psychomotor Domain	ATTITUDE Effective Domain	Mode of Information Transfer MIT			TOTAL HOURS	References
					C1	C2	C3	P	A	Lecture (hours)	Practical (hours)	Clinical Rotation (hours)		
37	Pe-032	CARDIOVASCULAR DISORDERS	Cyanotic heart disease	evaluation. • Discuss management, including surgical repair, medical stabilization, and management of hypoxemic (tet) spells. • List potential complications and describe the natural course and prognosis. Transposition of Great Arteries (TGA) Explain the pathophysiology, including parallel circulation and dependence on shunts. • Describe signs and symptoms.	✓	✓	✓	✓	✓	1hr	8.Basic cardio-pulmonary resuscitation			
38	Pe-033	CARDIOVASCULAR DISORDERS	Acyanotic congenital heart disease	Ventricular Septal Defect (VSD) • Describe the pathophysiology and hemodynamic consequences based on the size of the defect. • Identify clinical features according to defect size. • Outline the diagnostic evaluation. • List surgical indications. Patent Ductus Arteriosus (PDA) • Describe the pathophysiology and its impact on circulation.• Identify clinical features. • Outline diagnostic evaluation and management plan. • List potential complications and describe the prognosis. Atrial Septal Defect (ASD) • Classify types of ASD. • Explain pathophysiology and associated hemodynamic changes. • Identify clinical features and relevant diagnostic evaluation. • Discuss management, including indications for surgical or device closure and long-term outcomes	✓	✓	✓	✓	✓	1hr	9.Basic ECG & its interpretation			
39	Pe-034	CARDIOVASCULAR DISORDERS	Congestive cardiac failure (CCF)	• Formulate the differential diagnosis of CCF. • List common causes of CCF in the pediatric age group. • Outline the diagnostic approach and necessary investigations for suspected CCF. • Plan medical and supportive management of CCF in children. • Identify the complications and indicators of poor prognosis in pediatric CCF.	✓	✓	✓	✓	✓	30 min				

40	Pe-035	CARDIOVASCULAR DISORDERS	Rheumatic fever (RF)	• Identify the clinical features and major manifestations of rheumatic fever in children.• Explain the pathophysiology and immunological basis of rheumatic fever. • Apply the modified Jones criteria for the diagnosis of rheumatic fever. • Identify common complications of RF. • Outline the management plan, including secondary prophylaxis. • Discuss preventive strategies to reduce the incidence of RF in pediatric populations.	✓	✓	✓	✓	✓	1 hr				
41	Pe-036	CARDIOVASCULAR DISORDERS	Infective endocarditis (IE)	• Diagnose infective endocarditis in children based on the clinical features and common presentations. • Explain the pathophysiology and risk factors predisposing to infective endocarditis. • Apply Modified Duke Criteria to identify suspected cases. • Outline the investigations for diagnosis, including blood cultures and echocardiography. • Plan the medical and surgical management of patient diagnosed with IE. • Discuss potential complications and strategies for prevention in at-risk pediatric patients.	✓	✓	✓	✓	✓	30 min				
42	Pe-037	CARDIOVASCULAR DISORDERS	Myocarditis	• Identify clinical features of myocarditis in children. • List its common causes. • Interpret relevant investigations for myocarditis. • Formulate a management plan. • Describe the complications and long-term	✓	✓	✓	✓	✓	30 min				
43	Pe-038-	CARDIOVASCULAR DISORDERS	Supraventricular Tachycardia	• Identify clinical features and presentations of pediatric supraventricular tachycardia. • List the causes and explain its pathophysiology. • Outline diagnostic approach, including investigations, ECG interpretation, and recent advances. • Describe pacemaker use and formulate management plan.	✓	✓	✓	✓	✓	30 min				
44	Avi-Pe-006	CARDIOVASCULAR DISORDERS	Avi-Pe Hypertension in children	• Identify clinical features and presentations of pediatric hypertension • Discuss the pathology, signs and symptoms of a child presenting with hypertension • Outline diagnostic approach, including investigations, ECG interpretation, and recent advances. • Describe pacemaker use and formulate management plan.	✓	✓	✓	✓	✓	1hr				
45	Pe-039	CARDIOVASCULAR DISORDERS	CVS clinical examination	• Inspection: cyanosis, clubbing, chest wall deformities, visible pulsations, precordial bulge, and signs of heart failure. • Palpation: apex beat location and character, thrills, heaves, peripheral pulses, pulse volume, and symmetry. • Percussion: cardiac size and borders when applicable. • Auscultation: heart sounds (S1, S2), additional sounds (S3, S4), murmurs (systolic, diastolic, continuous), rubs, and clicks. • Vital signs assessment: heart rate, blood pressure, respiratory rate, and pulse pressure. Demonstrate correct technique for recording a pediatric ECG, including electrode placement, skin preparation, and appropriate lead selection for different age groups. Identify normal pediatric ECG patterns and	✓	✓	✓	✓	✓		4 hr	4 hr		

46	Pe-040	RESPIRATORY DISORDERS	Pneumonia	• Classify pneumonia based on anatomical involvement and etiology. • Classify according to IMNCI • Describe the etiology of bacterial pneumonia in different age groups. • Identify the clinical features • Outline investigations and management plan. • Identify and describe the management of complications. • Explain the prognosis and factors affecting recovery in pediatric bacterial pneumonia	✓	✓	✓	✓	✓	1 hr	10.air way mantainous and tracheostomy			
47	Pe-041	RESPIRATORY DISORDERS	Asthma	• Outline the diagnostic approach. • List important differential diagnoses. • List complications • Outline the steps of the management of an acute asthma attack. • Outline the management of status asthmaticus as a medical emergency. • Discuss long-term management of chronic asthma.	✓	✓	✓	✓	✓	1hr	11. Administration of oxygen therapy			
47	Pe-042	RESPIRATORY DISORDERS	Croup	• Identify the common etiological agents of croup. • Explain the pathophysiology. • Diagnose based on key clinical features. • Select appropriate investigations. • List differential diagnosis. • Outline management plan. • List possible complications. • Identify warning signs, recurrence, and indications for urgent medical attention.	✓	✓	✓	✓	✓	30 min	12.Giving nebulizer therapy [bronchodilator			
48	Pe-043	RESPIRATORY DISORDERS	Acute epiglottitis	• Explain the epidemiology and pathogenesis of acute epiglottitis. • List common causative organisms. • Identify clinical features suggestive of bacterial croup. • List investigations with interpretations. • Differentiate bacterial croup from other causes of upper airway obstruction. • Develop a management plan for bacterial croup. • Identify indications for airway intervention and intensive monitoring. • Describe potential complications of bacterial croup.	✓	✓	✓	✓	✓	30min	13.Administration of oxygen therapy			
49	Pe-044	RESPIRATORY DISORDERS	Acute pharyngitis and tonsillitis	• Identify common etiological agents of acute pharyngitis and tonsillitis. • Describe the clinical features that help differentiate viral from bacterial causes. • Select appropriate investigations when indicated. • Formulate a management plan for viral and bacterial pharyngitis/tonsillitis. • List complications associated with untreated streptococcal infection.	✓	✓	✓	✓	✓	1hr				
				• Risk factors for bronchiolitis in infants and young children.										

50	Pe-045	RESPIRATORY DISORDERS	Bronchiolitis	• Explain the pathophysiological changes.• Identify key clinical features, including respiratory distress signs and indicators of severe disease. • List investigations to confirm diagnosis. • Formulate management plans, including criteria for hospitalization. • Identify complications.	✓	✓	✓	✓	✓	1 hour				
51	Pe046-	RESPIRATORY DISORDERS	Pleural Effusion	• Classify pleural effusions according to type and underlying pathology. • Differentiate between the types of pleural effusion. • Identify common causes of pleural effusion in children. • Explain the impact of pleural effusion on lung function and respiratory physiology. • Discuss the role and interpretation of radiological imaging in the diagnosis of pleural effusion. • Plan the management, including medical and procedural interventions.	✓	✓	✓	✓	✓	30 min	15..pleural tap (Thoracocentesis)			
52	Pe-047	RESPIRATORY DISORDERS	Cystic fibrosis	• Describe the genetic basis, inheritance pattern, and pathophysiology of cystic fibrosis. • Describe common clinical manifestations. • Describe diagnostic criteria. • Outline principles of multidisciplinary management. • List differential diagnosis. • List complications. • Describe long-term care needs, prognosis, and preventive strategies.	✓	✓	✓	✓	✓	1hr				
53	Pe-048	RESPIRATORY DISORDERS	Pneumothorax	• Classify pneumothorax. • List two important causes of spontaneous pneumothorax. • Explain the pathophysiology. • Identify key clinical features. • Interpret chest X-ray findings. • Outline definitive management. • List potential complications and indicators for referral or ICU care.	✓	✓	✓	✓	✓	30 min	16.needle aspiration and chest tube placement			
54	Pe-049	RESPIRATORY DISORDERS	Clinical examination of respiratory system	Perform clinical examination of respiratory system including • Observe and narrate child's general appearance, respiratory rate, pattern, and use of accessory muscles and signs of respiratory distress (nasal flaring, chest indrawing, grunting, cyanosis). • Inspect chest for symmetry, shape, scars, deformities, or tracheal deviation. • Palpate chest for tracheal position, chest expansion bilaterally, tactile vocal fremitus. • Percuss the chest to identify normal, dull, or hyper- resonant areas. • Auscultate all lung fields for breath sounds, added sounds, and asymmetry. • Monitor oxygen saturation using pulse oximetry. • Assess upper airway for nasal blockage, throat congestion, stridor, or oral abnormalities, and extrapulmonary signs (clubbing, edema, cyanosis, lymphadenopathy). • Interpret chest X-rays including steeple sign (croup), thumb sign (epiglottitis), silhouette sign (loss of normal cardiac or diaphragm border due to adjacent consolidation), honeycombing (cystic air spaces in interstitial lung disease), ground-glass opacity (ARDS or viral pneumonia), air-fluid level (lung abscess).	✓	✓	✓	✓	✓		4 hr	4 hr		

55	Pe-050	ENDOCRINE SYSTEM	Congenital Hypothyroidism / Cretinism	• Describe clinical features and early signs of severe congenital hypothyroidism. • Interpret diagnostic tests, including serum TSH, T4, and confirmatory thyroid imaging. • Formulate treatment plan with follow-up strategies to monitor growth, neurodevelopment, and thyroid function. • Describe prognosis with early versus delayed treatment. • Explain the principles of newborn screening programs	✓	✓	✓	✓	✓	20 min				
56	Pe-051	ENDOCRINE SYSTEM	Juvenile / Acquired Hypothyroidism	• Identify common etiological factors. • Diagnose based on clinical features and interpretation of laboratory investigations. • Outline a management plan and discuss long-term prognosis and potential complications if untreated.	✓	✓	✓	✓	✓	20 min				
57	Pe-052	ENDOCRINE SYSTEM	Hyperthyroidism	• Identify common etiological factors of hyperthyroidism in children. • Diagnose based on key signs and symptoms and interpretation of diagnostic investigations. • Formulate management plan. • Explain prognosis and follow-up strategies for pediatric hyperthyroidism.	✓	✓	✓	✓	✓	20 min				
58	Pe-053	ENDOCRINE SYSTEM	Diabetes Mellitus	• Identify the etiological factors and classify types of diabetes mellitus in pediatric age group. • Explain the pathophysiology of insulin deficiency and/or resistance. • Diagnose based on key clinical features and interpretation of appropriate diagnostic tests. • Develop a management plan, including insulin replacement strategies, diet planning, and individualized monitoring schedules. • Describe insulin regimens, sliding scale protocols, and adjustments based on glucose monitoring. • Outline follow-up care plan, including growth monitoring, glycemic control, and patient/caregiver education. • List acute and chronic complications. Explain prognosis and long-term outcomes with optimal management.	✓	✓	✓	✓	✓	30 min	methods of insuline administer ation17.			
59	Pe-054	ENDOCRINE SYSTEM	Diabetic Ketoacidosis (DKA)	• Identify common precipitating factors for DKA in children. • Describe clinical features of DKA. • Interpret relevant laboratory investigations. • Formulate treatment plan. • List complications.	✓	✓	✓	✓	✓	30 min				
60	Pe-055	ENDOCRINE SYSTEM	Short stature	• Classify short stature based on causes. • Describe the signs and symptoms. • Interpret appropriate investigations. • Formulate a management and follow-up plan.	✓	✓	✓	✓	✓	1hr				

61	Pe-056	ENDOCRINE SYSTEM	Cushing's disease/ Cushing Syndrome	• Identify the common etiological factors leading to Cushing's disease in children. • Explain the pathophysiology of cortisol excess and its systemic effects. • Describe characteristic clinical features. • Interpret relevant investigations. • Formulate a management plan depending on etiology. • List complications. • Plan follow-up strategies for growth, pubertal development, and recurrence monitoring.	✓	✓	✓	✓	✓	1 hr				
62	Pe-057	ENDOCRINE SYSTEM	Congenital Adrenal Hyperplasia (CAH)	• Identify key clinical signs and symptoms of CAH. • Interpret investigations to confirm diagnosis. • Explain principles and indications of prenatal diagnosis for CAH. • Formulate a management plan. • Describe prognosis based on subtype, severity, and timeliness of treatment.	✓	✓	✓	✓	✓	1 hr				
63	Pe-058	ENDOCRINE SYSTEM	Clinical examination of endocrine system	• Measure and record anthropometric parameters: height, weight, BMI, head circumference (neonates/infants). • Plot growth parameters on age- and sex-specific growth charts. • Perform general inspection for endocrine-related features: skin, hair, fat distribution, and posture. • Palpate thyroid gland for size, nodules, or tenderness. • Assess vital signs relevant to endocrine health: blood pressure, pulse. • Document normal findings in clinical logbooks.	✓	✓	✓	✓	✓			4 hr		
64	Pe-059	ENDOCRINE SYSTEM	Diabetes Mellitus	• Measure and interpret capillary blood glucose levels. • Observe/assist in administrating and adjusting insulin doses as per sliding scale. • Demonstrate proper technique for insulin injection and blood glucose monitoring. • Monitor for hypoglycemia and hyperglycemia, and interpret trends. • Counsel patient/caregiver on diet, insulin administration and management	✓	✓	✓	✓	✓		4 hr			
65	Pe-060	ENDOCRINE SYSTEM	Hypothyroidism	• Examine for the clinical signs of hypothyroidism: macroglossia, dry skin, hypotonia, growth retardation. • Palpate thyroid gland.	✓	✓	✓	✓	✓		2 hr			
66	Pe-061	ENDOCRINE SYSTEM	Cushing's Disease	• Assess for cushingoid features: moon face, buffalo hump, truncal obesity, striae. • Measure blood pressure and growth parameters. • Document subtle signs such as skin thinning, bruising, and muscle weakness.	✓	✓	✓	✓	✓			2hr		

67	Pe-062	GASTROINTESTINAL & LIVER DISORDERS	Acute Diarrhea	• Enumerate the common causes and etiologies of acute diarrhea in children. • State common pathogens • Classify severity of dehydration based on clinical assessment and guidelines. • Describe the preventive strategies and outline the management plan of acute diarrhea.	✓	✓	✓	✓	✓	1 hour	18. nasogastric intubation	1 hr		
68	Pe-063	GASTROINTESTINAL & LIVER DISORDERS	Chronic Diarrhea	• Define chronic diarrhea. • Enumerate the common causes and etiologies of chronic diarrhea in children. • List common pathogens. • Classify dehydration based on clinical assessment and guidelines. • State management plan to treat chronic diarrhea.	✓	✓	✓	✓	✓	1 hr	19.gastric levage			
69	Pe-064	GASTROINTESTINAL & LIVER DISORDERS	Celiac disease	• Identify common etiological and predisposing factors, including genetic and environmental triggers. Diagnose based on characteristic clinical features and interpretation of diagnostic tests. • Formulate a management plan. • Explain long-term prognosis, potential complications, and strategies for follow-up care.	✓	✓	✓	✓	✓	1 hr	20.Liver Biopsy			
70	Pe-065	GASTROINTESTINAL & LIVER DISORDERS	Inflammatory bowel disease Crohn's disease and ulcerative colitis)	• Identify the types of IBD in children and their etiological factors. • Describe key clinical features of Crohn's disease and ulcerative colitis. • List and interpret appropriate investigations. • Formulate a management plan. • Explain long-term prognosis, monitoring strategies, and potential complications.	✓	✓	✓	✓	✓	1hr	21.peritoneal tap			
71	Pe-066	GASTROINTESTINAL & LIVER DISORDERS	Approach to vomiting in children	attention. • Select and interpret relevant investigations, including basic labs, imaging, and targeted tests based on suspected etiology. • Formulate a systematic differential diagnosis for pediatric vomiting. • Develop a management plan. • Explain strategies for monitoring response to treatment, preventing complications, and	✓	✓	✓	✓	✓	1 hr	22.interpreation of labs of liver diseases			
72	Pe-067	GASTROINTESTINAL & LIVER DISORDERS	Approach to the child with Hepatosplenomegaly	• Recognize key clinical features associated with hepatomegaly, splenomegaly and hepatosplenomegaly. • Enlist and interpret appropriate investigations. Formulate a differential diagnosis for hepatomegaly / Visceromegaly based on age, clinical features, and investigation findings. • Develop a management and follow-up plan depending on underlying	✓	✓	✓	✓	✓	1hr				
73	Pe-068	GASTROINTESTINAL & LIVER DISORDERS	Acute hepatitis	• Describe the key clinical features and interpretation of appropriate laboratory investigations. • Formulate a systematic differential diagnosis for pediatric acute hepatitis. • Develop management plan, including indications for hospitalization or referral. • Explain prognosis, potential complications, and strategies for follow-up and preventive	✓	✓	✓	✓	✓	30 min				
74	Pe-069	GASTROINTESTINAL & LIVER DISORDERS	Hepatic encephalopathy in children	hepatic encephalopathy in children. • Recognize key clinical features. • Select and interpret relevant laboratory and imaging investigations. • Formulate a differential diagnosis for altered mental status in pediatric patients. • Develop management plan	✓	✓	✓	✓	✓	30 min				

75	Pe-070	GASTROINTESTINAL & LIVER DISORDERS	Pediatric Constipation	• Identify common etiological factors. • Describe key clinical features. • Select and interpret appropriate investigations. • Formulate a systematic differential diagnosis for chronic or severe constipation. • Develop a management plan, including dietary modifications, behavioral strategies, laxatives or stool softeners, and treatment of underlying conditions. • Explain prognosis, prevention strategies, and follow-up monitoring for recurrent or chronic constipation	✓	✓	✓	✓	✓	1 hr				
76	Pe-071	GASTROINTESTINAL & LIVER DISORDERS	Wilson Disease	• List the typical hepatic, neurological, and psychiatric manifestations. • List key diagnostic investigations with interpretation for Wilson disease. • Outline the principles of management, including medical and surgical options. • Explain prognosis and long-term follow-up considerations	✓	✓	✓	✓	✓	1hr				
77	Pe-072	GASTROINTESTINAL & LIVER DISORDERS	Clinical examination of GIT system	• Inspect abdomen for shape, distension, scars, visible peristalsis, and skin changes. • Palpate the abdomen to assess liver and spleen size, tenderness, masses, and organomegaly. • Percuss to determine liver span, spleen size, and presence of fluid. • Auscultate bowel sounds to assess frequency, character, and presence of abnormal sounds (hyperactive, absent, bruits). • Examine the perianal area for fissures, hemorrhoids, or signs of malformations. • Assess for signs of malnutrition and micronutrient deficiencies (skin, hair, nails). • Interpret key laboratory values in context of pediatric GIT disorders: o Liver function (AST, ALT, ALP, bilirubin, albumin, PT/INR) o Pancreatic enzymes (amylase, lipase) Nutritional markers (CBC, iron studies, vitamins) o Inflammatory markers (CRP, ESR) o Disease-specific tests (anti-TTG, ceruloplasmin, viral serology, fecal calprotectin) • Document and interpret findings in clinical o logbooks.	✓	✓	✓	✓	✓		2 hr	4hr		

78	Pe-073	HEMATOLOGIC DISORDERS	Anemia	• Define anemia and classify it based on red blood cell morphology and etiology. • Identify common clinical features of anemia in children. • Outline the investigations.	✓	✓	✓	✓	✓	30min	23.nterpretation of CBC			
79	Pe-074	HEMATOLOGIC DISORDERS	Congenital Hypoplastic Anemia	• Define congenital hypoplastic anemia including Diamond-Blackfan anemia. • Explain the pathophysiology leading to reduced red cell production. • Identify characteristic clinical features. • Outline diagnostic evaluation, including bone marrow examination and genetic testing. • Discuss management strategies.	✓	✓	✓	✓	✓	30min	24.Lab Data and interpretation of Hb electrophoresis			
80	Pe-075	HEMATOLOGIC DISORDERS	Microcytic Anemias	• Explain pathophysiology, including defective hemoglobin synthesis and ineffective erythropoiesis. • Identify clinical features. • Outline diagnostic tests and plan the management strategies. Hereditary Spherocytosis • Define hereditary spherocytosis and its genetic basis.	✓	✓	✓	✓	✓	1hr	25.Bone Marrow Aspiration and Biopsy			
81	Pe-076	HEMATOLOGIC DISORDERS	Megaloblastic Anemia	• Define megaloblastic anemia and differentiate between vitamin B12 and folate deficiency. • Explain pathophysiology of impaired DNA synthesis leading to macrocytosis. • Identify clinical features. • Outline diagnostic evaluation and formulate management	✓	✓	✓	✓	✓	1hr	26microscopy of blood film			
82	Pe-077	HEMATOLOGIC DISORDERS	Aplastic Anemia	• Define aplastic anemia and its classification. • Identify clinical features. • Outline diagnostic tests. • Discuss management	✓	✓	✓	✓	✓	30 min	27. blood transfusion and its complication			
83	Pe-078	HEMATOLOGIC DISORDERS	Enzymatic Defects (Red Cell Enzyme Deficiencies)	• Define common enzymopathies causing hemolytic anemia. • Explain pathophysiology of hemolysis due to enzymatic defects. • Identify clinical features. • Outline diagnostic tests. • Discuss the management plan	✓	✓	✓	✓	✓	30min				
84	Pe-079	HEMATOLOGIC DISORDERS	Hemophilia A & B	• Define Hemophilia A and B and describe their inheritance (X-linked recessive). • Identify the clinical features. • Outline diagnostic tests. • Formulate management strategies. • Discuss genetic counseling and preventive measures.	✓	✓	✓	✓	✓	1 hr				
85	Pe-080	HEMATOLOGIC DISORDERS	Vitamin K Deficiency	• Define vitamin K deficiency and its role in coagulation. • Identify the clinical features in neonates. • Outline diagnostic evaluation. • Formulate management, including vitamin K supplementation and treatment of bleeding.	✓	✓	✓	✓	✓	30min				

86	Pe-081	HEMATOLOGIC DISORDERS	Approach to a child with Pancytopenia	• Enlist the Causes and recall the pathophysiology of pancytopenia. • Explain the etiological viruses and their role. • Discuss the associated systemic disorders. • Formulate management and identify complications of pancytopenia. • State the role of prophylactic vaccinations.	✓	✓	✓	✓	✓	1 hr				
87	Pe-082	HEMATOLOGIC DISORDERS	Leukemia and lymphoma	• Describe pathogenesis of malignancy, and tabulate its types. • Enlist risk factors and pathophysiology. • State complications. • Describe signs and symptoms. • Describe relevant investigations. • Formulate management plan.	✓	✓	✓	✓	✓	1hr				
88	Pe-083	HEMATOLOGIC DISORDERS	Idiopathic thrombocytopenic purpura (ITP)	Classify ITP according to duration (acute, persistent, chronic). • Describe the pathophysiology. • List key clinical features and presenting symptoms. • Identify relevant laboratory investigations. • Formulate a differential diagnosis for thrombocytopenia. • Outline management strategies. • Explain prognosis and follow-up considerations	✓	✓	✓	✓	✓	30min				
89	Pe-084	HEMATOLOGIC DISORDERS	Clinical examina ion for blood disorders	• Perform general physical examination, focusing on pallor, jaundice, petechiae, purpura, and lymphadenopathy. • Examine for hepatosplenomegaly and signs of bleeding (mucosal, skin). • Observe/assist in collection of blood samples for CBC, peripheral smear, and other relevant investigations. • Interpret report of peripheral blood smears and other hematology tests. • Monitor vital signs and clinical status for acute complications like anemia, infection, or bleeding. • Interpret lab results of Complete Blood Count, red cell indices, white cell differential, platelet count, peripheral blood smear, reticulocyte count, iron studies, vitamin B12, folate levels, hemoglobin electrophoresis, PT, aPTT, INR, fibrinogen level, D-dimer, bone marrow aspiration, bone marrow biopsy, blood grouping, crossmatch, and antibody screening. • Counsel caregivers regarding warning signs, medication administration, and follow-up monitoring. • Verify patient identity, blood product, and compatibility before transfusion. • Observe or assist in pediatric blood transfusion procedures. • Monitor the patient during transfusion for any adverse reactions.	✓	✓	✓	✓	✓		4 hr	2 hr		

90	Pe-085	RENAL DISORDERS	Nephrotic syndrome	• Classify nephrotic syndrome into primary and secondary types. • Describe the pathogenesis and underlying pathology. • List key clinical features and presenting signs and symptoms. • Identify common complications. • Select relevant laboratory and imaging investigations. • Outline principles of management, including pharmacologic and supportive care.	✓	✓	✓	✓	✓	1hr	28.Suprapubic puncture			
91	Pe-086	RENAL DISORDERS	Acute renal failure	• Define acute renal failure and classify its types (prerenal, intrinsic, postrenal). • Describe the pathophysiology and underlying causes in children. • List key clinical features and presenting symptoms. • Identify common complications. • Enlist relevant laboratory and imaging investigations. • Outline principles of management. • Explain prognosis and follow-up considerations.	✓	✓	✓	✓	✓	1hr	29urinary catheterization			
92	Pe-087	RENAL DISORDERS	Chronic renal failure	• Describe the pathophysiology and common causes in children. • List key clinical features and presenting symptoms. • Identify common complications. • List relevant laboratory and imaging investigations. • Outline principles of management. • Explain prognosis, long-term outcomes, and follow-up monitoring.	✓	✓	✓	✓	✓	1hr	30.renal biopsy			
93	Pe-088	RENAL DISORDERS	Urinary tract infection	• Describe common etiological agents of UTI in different age groups. • List key clinical features and presenting symptoms. • Identify risk factors and predisposing conditions. • List appropriate laboratory and imaging investigations. • Formulate a differential diagnosis for pediatric urinary symptoms. • Outline principles of management, including antimicrobial therapy and supportive care. • Explain potential complications, prognosis, and strategies for prevention and follow-up	✓	✓	✓	✓	✓	1 hour	31.Lab interpretation of urine RE and RFTs			
94	Pe-089	RENAL DISORDERS	Approach to a child with Hematuria	• List the common causes of hematuria in children. • Identify key clinical features and presenting symptoms. • Select appropriate laboratory and imaging investigations. • Outline principles of management	✓	✓	✓	✓	✓	30min				
95	Pe-090	RENAL DISORDERS	Acute post-streptococcal glomerulonephritis	• Describe the etiology and pathogenesis of APSGN. • List key clinical features and presenting symptoms. • Identify relevant laboratory and imaging investigations. • Formulate a differential diagnosis for glomerulonephritis. • Outline principles of management, including supportive care and pharmacologic therapy. • Explain potential complications, prognosis, and follow- up considerations	✓	✓	✓	✓	✓	30min				

96	Avi-Pe-007	RENAL DISORDERS	Avi-Pe Obstructive uropathy	• Enlist causes of obstructive uropathy and plan it's management accordingly • Describe the etiology and pathogenesis • Formulate a differential diagnosis • Identify relevant laboratory and imaging investigations. • plan it's management accordingly	✓	✓	✓	✓	✓	30 min				
97	Avi-Pe-008	RENAL DISORDERS	Avi-Pe Renal stones	• Enlist causes of renal stones,hypospadias & PUV and • plan it's management accordingly	✓	✓	✓	✓	✓	30 min				
98	Pe-091	Clinical examination of renal system	Clinical examination of renal system	• Examine the abdomen and flanks for renal enlargement or tenderness. • Measure and interpret vital signs, fluid balance, and weight changes. • Demonstrate proper technique for urine dipstick testing and bedside urinalysis. • Interpret lab investigations (renal function tests, serum creatinine, BUN, electrolytes, serum albumin, total protein, urinalysis). • Assist or observe procedures such as catheterization, dialysis access, or renal biopsy.	✓	✓	✓	✓	✓		6 hr	2 hr		

99	Pe-092	NEONATOLOGY	Neonatal Sepsis	• Define neonatal sepsis • Enumerate different etiologies of neonatal sepsis • Identify common pathogens & prenatal risk factors • Discuss the complication of neonatal sepsis • Formulate Management	✓	✓	✓	✓	✓	1hr	32.resuscitation of neoborn			
100	Pe-093	NEONATOLOGY	Neonatal jaundice	• Define and classify jaundice • List different etiologies of neonatal jaundice • Discuss the common interaction between different blood groups • Tabulate the complication of neonatal jaundice • Plan management	✓	✓	✓	✓	✓	1hr				
101	Pe-094	NEONATOLOGY	Newborn examination and essential care	• Identify common signs on newborn examination • Essential newborn care including Vit K administration, cord care, vaccination, breast feeding, kangaroo care.	✓	✓	✓	✓	✓	1 hr				
102	Pe-095	NEONATOLOGY	Common neonatal problems	• Define Hypoglycemia, enumerate risk factors and formulate management. • Identify common skin rashes and formulate management • Define prematurity and complications • Birth asphyxia, RDS, IDM, hypocalcemia, Low birth weight, SGA, LGA, and IUGR. • Describe TORCHS infection and effects on newborn.	✓	✓	✓	✓	✓	4hr				
103	Pe-096	NEONATOLOGY	Avi-Pe Necrotizing enterocolitis	• Define Necrotizing enterocolitis • Enumerate different etiologies of nIdentify common pathogens & prenatal risk factors • Discuss the complication of neonatal sepsis • Formulate Management	✓	✓	✓	✓	✓	1hr				
104	Pe-097	NEONATOLOGY	Clinical examination of neonate	• Palpate liver, spleen, kidneys, and hernias. • Examine genitalia and anus for abnormalities. • Assess musculoskeletal system: limb deformities, joint contractures, hip dysplasia, and clavicle fractures. • Perform neurological assessment, including primitive and postural reflexes: o Grasp reflex (palmar and plantar) o Moro reflex	✓	✓	✓	✓	✓			4hr		

105	Pe-098	INFECTIOUS DISEASES	Fever of Unknown Origin (PUO)	• Define PUO and criteria for pediatric age groups. • Describe clinical features. • Interpret results to narrow differential diagnosis. • Outline management plan and indications for specialist referral	✓	✓	✓	✓	✓	1hr	35.Methods of Injection and infusion			
106	Pe-099	INFECTIOUS DISEASES	Cholera	• Identify the causative organism and epidemiology. • Describe pathophysiology and mechanism of severe dehydration. • Describe key clinical features. • Interpret laboratory findings. • Outline management plan for dehydration due to cholera. • Discuss preventive measures and vaccination	✓	✓	✓	✓	✓	1hr				
107	Pe-100	INFECTIOUS DISEASES	Bacillary dysentery	• Identify the causative organism. • Diagnose based on signs and symptoms and interpretation of stool microscopy and culture results • Outline management plan. • Explain transmission and preventive strategies	✓	✓	✓	✓	✓	1hr				
108	Pe-101	INFECTIOUS DISEASES	Giardiasis	• Identify causative protozoan. • Describe signs and symptoms. • Interpret diagnostic investigations including stool examination for cysts/trophozoites • Plan the treatment with preventive measures	✓	✓	✓	✓	✓	1hr				
109	Pe-102	INFECTIOUS DISEASES	Amebiasis	• Identify causative organism. • Describe signs and symptoms. • List the investigations and interpretation to confirm diagnosis. • Interpret imaging for liver abscess • Outline treatment plan.	✓	✓	✓	✓	✓	1hr				
110	Pe-103	INFECTIOUS DISEASES	Worm Infestation	• Diagnose based on signs and symptoms and diagnostic test. • Outline treatment plan. Hookworm • Describe clinical features due to hookworm infestation. • Diagnose based on signs and symptoms and diagnostic test. • Outline treatment plan. Pinworm • Describe clinical features due to pinworm infestation. • Diagnose based on signs and symptoms and diagnostic test.	✓	✓	✓	✓	✓	1hr				
111	Pe-104	INFECTIOUS DISEASES	Poliomyelitis	• Describe transmission routes of polio virus • Diagnose based on clinical features. • Describe vaccine types and immunization schedule. • Outline supportive management for acute flaccid paralysis surveillance. • List long-term complications and rehabilitation needs.	✓	✓	✓	✓	✓	1hr				
112	Pe-105	INFECTIOUS DISEASES	Diphtheria	• Identify causative organism and modes of transmission • Diagnose based on clinical features. • Outline the management plan. • Explain vaccination and preventive strategies	✓	✓	✓	✓	✓	1hr				

113	Pe-106	INFECTIOUS DISEASES	Tetanus	Identify causative organism and explain pathophysiology. • Recognize clinical features. • Describe wound care, immunization, and antitoxin therapy. • Discuss the management plan.	✓	✓	✓	✓	✓	1hr				
114	Pe-107	INFECTIOUS DISEASES	MMR	• Recognize characteristic clinical features. • Identify complications. • List the laboratory investigation to confirm diagnosis. • Describe treatment plan. • Explain immunization schedule and outbreak control	✓	✓	✓	✓	✓	1hr				
115	Pe-108	INFECTIOUS DISEASES	Pertussis	• Identify causative organism. • Identify the stages of pertussis. • List the diagnostic methods. • Plan the management including immunization schedules and prophylaxis.	✓	✓	✓	✓	✓	1hr				
116	Pe-109	INFECTIOUS DISEASES	Chickenpox	• Identify clinical features. • List complications. • List the laboratory investigations. • Describe management plan with vaccination and prevention.	✓	✓	✓	✓	✓	1hr				
117	Pe-110	INFECTIOUS DISEASES	Malaria	• Describe transmission of malaria. • Identify clinical features. • Interpret blood smears or rapid diagnostic tests • Discuss treatment plan with preventive measures.	✓	✓	✓	✓	✓	1 hour				
118	Pe-111	INFECTIOUS DISEASES	Typhoid	• Identify causative organism and transmission routes. • Recognize clinical features. • Describe treatment plan. • Explain preventive strategies	✓	✓	✓	✓	✓	1hr				
119	Pe-112	INFECTIOUS DISEASES	Tuberculosis	• Identify causative organism and routes of transmission. • Describe pulmonary and extrapulmonary features. • Interpret investigations to confirm diagnosis. • Describe anti-tubercular therapy. • Explain preventive measures.	✓	✓	✓	✓	✓	1hr				
120	Pe-113	INFECTIOUS DISEASES	Dengue Fever	• Recognize clinical features with warning signs. • Interpret laboratory tests. • Describe supportive management plan with preventive measures.	✓	✓	✓	✓	✓	1hr				

122	Pe-115	METABOLIC DIS	Galactosemia	restriction. • Identify emergency management needs in acute presentation • Explain long-term monitoring and follow-up requirements • Describe the importance of newborn screening and family	✓	✓	✓	✓	✓	30min				
123	Pe-116	METABOLIC DISORDER	Glycogen storage diseases	hepatomegaly, and muscle involvement • Recognize type-specific patterns. • Interpret basic investigations suggestive of GSD • Outline principles of dietary and medical management • Identify acute complications requiring urgent intervention • Describe long-term monitoring and follow-up needs • Explain the role of genetic	✓	✓	✓	✓	✓	30min				
124	Pe-117	METABOLIC DISORDER	Clinical examination for metabolic disorders	• Examine the liver and spleen for enlargement using proper pediatric techniques. • Evaluate muscle tone, strength, and motor function in metabolic/myopathic presentations. • Perform and document a thorough neurologic examination in infants and children. • Assess hydration status and vital signs in acutely ill metabolic patients.	✓	✓	✓	✓	✓			2 hr		
125	Pe-118	BONE AND JOINT DISORDER	Septic arthritis and Osteomyelitis	osteomyelitis • Identify key clinical features of septic arthritis and osteomyelitis • Discuss differential diagnosis • Interpret investigations suggestive of Septic arthritis and osteomyelitis • Outline principles of management and monitoring.	✓	✓	✓	✓	✓	30 min				
126	Pe-119	BONE AND JOINT DISORDER	Juvenile Idiopathic Arthritis	• Describe etiology and trigger of the disease. • Discuss its pathophysiology. • Discuss differential diagnosis • Interpret base line and confirmatory investigations. • Outline management plan • Explain long-term monitoringand follow-up requirements • Discuss prognosis and counseling of patient and	✓	✓	✓	✓	✓	1hr				
127	Pe-120	BONE AND JOINT DISORDER	Systemic Lupus Erythematosus	• Discuss pathophysiology. • Discuss differential diagnosis • Interpret baseline and confirmatory investigations. • Outline management plan • Explain long-term monitoringand follow-up requirements • Discuss prognosis and counseling of patient and	✓	✓	✓	✓	✓	1 hr				
128	Pe-121	BONE AND JOINT DISORDER	Henoch-Schonlein Purpura (HSP)	• Discuss Pathogenesis and clinical findings. • Interpret basic investigations for differential diagnosis • Outline management plan and prognosis • Identify acute complications requiring urgent intervention • Discuss prognosis of the disease.	✓	✓	✓	✓	✓	30min				
129	Pe-122	BONE AND JOINT DISORDER	Clinical examination for Joints and bone	examination. • Look sign of discomfort, trauma, bruising, rash • Feel for warmth, swelling and rash • Check active and passive movements • Check for joint function. • Evaluate gait and balance. • Perform and document the findings and counsel the patient	✓	✓	✓	✓	✓			2hr		

130	Pe-123	GENETIC DISORDER	Chromosomal Abnormalities	• Discuss chromosomal abnormalities in number and structure • Identify autosomal and sex chromosome abnormalities • List the Single gene defect • Discuss the characteristics of autosomal and X- linked dominant and recessive disorders • Interpret karyotyping of trisomy 21 and turner syndrome.	✓	✓	✓	✓	✓	30min				
131	Pe-124	GENETIC DISORDER	Down Syndrome	• Discuss types of defect regarding translocation, nondisjunction and mosaicism • Describe its epidemiology and clinical features • Interpret diagnostic and screening investigations • Outline management plan • Explain long-term monitoring and follow-up requirements • Discuss prognosis and counseling of the parents	✓	✓	✓	✓	✓	1hr				
132	Pe-125	GENETIC DISORDER	Turner syndrome	• Discuss epidemiology and type of defect • Describe its clinical features and associated diseases • Interpret diagnostic investigations • Explain long-term monitoringand follow-up requirements • Discuss prognosis and counseling of the parents	✓	✓	✓	✓	✓	30min	36.patterns of inheretanc e and .karyotypin g			
133	Pe-126	GENETIC DISORDER	Clinical examination	• Perform examination regarding clinical features of Down and Turner syndrome. • Look for simian crease, cubitus valgus, lymphedema of hand and feet, epicanthic fold, brushfield spots, flat occiput short broad hands, and clinodactyly • Check for hypotonia, thyroid, blood pressure, murmur for aortic stenosis or coarctation of aorta • Evaluate gait and balance. • Document all findings	✓	✓	✓	✓	✓			2hr		
134	Pe-127	CHILD ABUSE AND PEDIATRIC TRAUMA	Medico legal aspects (integrate with Forensic Medicine)	• Estimate the age of child for consent. • Diagnose a case of suspected child abuse and pediatric trauma presenting in the ER or OPD. • Identify the form of abuse (physical, sexual, toxic, chemical/electrical, psychological). • Enlist appropriate investigations to confirm above suspicion. • Interpret lab/radiological findings. • Refer the case to medical officer for medicolegal certification. • Refer the case to appropriate agency for treatment and rehabilitation.	✓	✓	✓	✓	✓	1hr				

135	Avi-Pe-011	PEDIATRIC PSYCHIATRIC DISORDERS	Autism spectrum disorder	• Have a comprehensive knowledge of etiology, clinical features and management of Autism	✓	✓	✓	✓	✓	30 min				
136	Avi-Pe-012	PEDIATRIC PSYCHIATRIC DISORDERS	Attention deficit hyperactivity disorder	Able to define and know the management of hyperactivity Dyslexia, attention deficit disorder	✓	✓	✓	✓	✓	30 min				
137	Avi-Pe-013	PEDIATRIC PSYCHIATRIC DISORDERS	Nocturnal enuresis	Have a knowledge of etiology, clinical features, investigations and management of nocturnal enuresis	✓	✓	✓	✓	✓	30min				
138	Avi-Pe-014	PEDIATRIC PSYCHIATRIC DISORDERS	Encopresis	Have a knowledge of etiology, clinical features, investigations and management of, encopresis	✓	✓	✓	✓	✓	30min				
139	Avi-pe-016	HOMEOSTASIS	fluid & electrolyte balances	have a detailed knowledge of etiology, clinical features and management of fluid & electrolyte balances	✓	✓	✓	✓	✓	1 hour		1hr		
140	Avi-Pe-017	TOXICOLOGY	Toxicology	• Have a detailed knowledge of clinical features , investigations and management of poisoning,and steps for prevention of home accidents. • Common pill ingestion • Corrosives ingestion	✓	✓	✓	✓	✓	2hr				
141	Avi-Pe-022	INFECTIOUS DISEASES	Rabies	• Have a detailed knowledge of etiology, clinical features and management of rabies	✓	✓	✓	✓	✓	1hr				

Assessment Schedule:

Avicenna Medical College
5thYear MBBS (M-21)
1st Term Test Schedule

Week	Date	Day	Subject	Test	Topic	Reference
1st	6-Feb-26	Fri	All Subjects	Lecture	Lecture Time Divided	
2nd	13-Feb-26	Fri	All Subjects	Lecture	Lecture Time Divided	
3rd	20-Feb-26	Fri	All Subjects	Lecture	Lecture Time Divided	
4th	27-Feb-26	Fri	Medicine-I	Grand Test	Pulmonology	Davidson 24th Edi
5th	6-Mar-26	Fri	Sur-1	Grand Test	Skin & subcutaneous tissue. (Papics 2) Liver (Benign), Acute limb ischemia, chronic limb ischemia Venous disorders, Lymphatic disorders, Thorax, Cardiac Surgery, Cleft lip & Palate, Plastic & reconstructive surgery, Liver-2, Cranial neurosurgery, Burns, Pharynx & larynx	Bailey & love 28 Ed. Ch # 45, 61,69 Bailey & love 28 Ed. Ch# 61,62A, 60, 59,50,47,48,46,52
6th	13-Mar-26	Fri	GRAND WARD TEST -1			
Eid-ul-Fitr/Pakistan Day,21st-23rd March,2026						
7th	27-Mar-26	Fri	OBSTETRICS	Grand Test	Physiology of pregnancy, Antenatal Care, Normal fetal growth & development, USG & CTG, Prenatal Dx, Antenatal Obs complications, Preterm labour, Multiple pregnancy	Ten Teachers Obs 21 st Edition
8th	3-Apr-26	Fri	Paeds	Grand Test	growth & development, IMNCI,Nutrition,CNS,immunization	pervaiz akbar 11th Edn.
9th	10-Apr-26	Fri	Medicine-II	Grand Test	Infectious disease	Davidson 24th Edi
10th	17-Apr-26	Fri	Surgery-2	Grand Test	Metabolic response to injury (Paper 1)Surgical infections,Wound healing & tissue repair shock and blood transfusion, hemostasis, Tropical lifections conflict surgay Chest trauma, conflict Disaster surgery, Peri-operative Care	Bailey & love 28th Ed. Ch#1,2,3,5,6,33,34, 24, 29.
					Development & Anatomy of Female genital tract & its Disorders, Normal &	

Avicenna Medical College
5th Year MBBS (M-21)
2nd Term Test Schedule

Week	Date	Day	Subject	Test	Topic	Reference
15th	22-May-26	Fri	Paeds	Grand test	pervaiz akbar 11th Edn.	
16th	5-Jun-26	Fri	Medicin-1	Grand test	Central nervous system & Endocrinology	Davidson 24th Edi
17th	12-Jun-26	Fri	SURGERY -I	Grand test	Aneurysms, Abdominal wall & hernias, Umbilical diseases, Peritoneum & Omentum, Mesentery and Retroperitoneal space, Esophagus. Stomach, Duodenum, Thyroid Parathyroid gland, ilium, Bariatric surgery , Metabolic Surgery	Bailey & love 28th Ed. Ch#55, 56, 64, 65, 66, 67, 68, 74
18th	19-Jun-26	FRI	GRAND WARD TE ST 3			
19th	25-Jun-26	Thu	Ashura- 25th & 26th June, 2026			
19th	26-Jun-26	Fri				
20th	3-Jul-26	FRI	OBS	Grand Test	Medical disorder in Pregnancy, Perinatal infection & Infections In pregnancy	Ten Teachers Obs 21 st Edition
21st	10-Jul-26	FRI	SURGE RY -1I	Grand test	Spine trauma, Traumatic Brain injury 1,Pediatric surgery Laparoscopic surgery, Principle of Oncology. Dignostic Imaging in Surgery, Gastrointestinal endoscopy, Nutrition and fluid therapy, Pre-operative assessment in high sick patient, Pain relief, Post operative care	Bailey & love 28th Ed. Ch#30, 28. 17,12,8,9,25,21,23
22th	13-Aug-26	THUR	GYNAE	Grand test	Subfertility, Menopause, Genital Infections, Urogynecology, Gynae surgery & Infection Control	Ten Teachers Gynae 21 st Edition
22th	14-Aug-26	FRI	Independence Day- 14th Aug, 2026			
					Hematology Hepatology	

Avicenna Medical College
5thYear MBBS (M-21)
3rd Term Test Schedule

Week	Date	Day	Subject	Test	Topic	Reference
28th	25-Sep-26	Fri	All Subjects	Lecture	Lecture Time Divided	
29th	2-Oct-26	FRI	SURGERY -II	Grand test	Spine trauma, Traumatic Brain injury I,Pediatric surgery Laparoscopic surgery, Principle of Oncology. Diguostic Imaging in Surgery. Gastrointestinal endoscopy. Nutrition and fluid therapy. Pre-operative assessment in high sick patient, Pain relief, Post operative care	Bailey & love 28th Ed. Ch#30, 28. 17,12,8,9,25,21,23
30th	9-Oct-26	Fri	GRAND WARD TEST 5			
31st	15-Oct-26	Thu	Obs	Grand Test	Normal & Abnormal Lab,Operative Obstet,Obs Emerg,Puerperium,Neonatology	Ten Teachers Obs 21 st Edition
31st	16-Oct-26	Fri	SPORTS DAY			
32nd	23-Oct-26	Fri	Medicin-1	Grand test	Cardiovascular system	Davidson 24th Edi
33rd	30-Oct-26	Fri	Gynae	Grand Test	Benign & Malignant Disorders of Female Genital Tract, Ethics & Gender Based Violence	Ten Teachers Gynae 21 st Edition
34th	6-Nov-26	Fri	Paeds	Grand Test	Neonatology, infectious diseases, Rheumatology	pervaiz akbar 11th Edn.
35th	13-Nov-26	Fri	Medicine-II	Grand Test	Nephrology, Rheumatology, Poisoning	Davidson 24th Edi
36th	20-Nov-26	Fri	GRAND WARD TEST 6			
37th	27-Nov-26	Fri	Surgery-2	Grand Test	Jejunum, , Large intestine, vermiform appendix, Pancreas	Bailey & love 28 th Ed. Ch# 71, 72, 77,76 +Urology
Late Session/Sendup Exam:30th Nov 2026-14th Jan 2027						
38th	30-Nov-26	Mon	Medicin-1	L-S-Exam	Entire Syllabus Covered	
38th	2-Dec-26	Wed	Medicin-2	L-S-Exam	Entire Syllabus Covered	
38th	4-Dec-26	Fri	Surgery-2	L-S-Exam	Entire Syllabus Covered	
39th	7-Dec-26	Mon	Surgery-1	L-S-Exam	Entire Syllabus Covered	

Timetable/Clerkships

AVICENNA MEDICAL & DENTAL COLLEGE

TIME TABLE M-21		5TH YEAR MBBS	SESSION 2025-2026						BASIC BLOCK=1
DATE	DAY	8.00-9.00	9.00-11.00	11.00-12.00	12.00-1.00	1.00-1.30	1.30-2.30	2.30-4.30	4.30-5.00	5.00-8.00
2-Feb-26	MON	Surgery LECTURE Code:AVMC-1 Topic: Introduction to surgery and the Department of surgery and Allied LECTURE HALL 5 Prof.Hassan khan	CLINICAL ROTATION Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE	Paeds LECTURE Code:;Code:005 Topic: Integrated management of Childhood and Neonatal Illness (IMNCI) Facilitator: Professor Dr.Anecla Zareen LECTURE HALL 5	Medicine LECTURE Code: M1-038 Topic: Common respiratory symptoms Facilitator: Prof. Dr. Shamshad LECTURE HALL 5	Break	OBS/Gynae LECTURE Topic: Introduction to OBS Care and Gynaecology Facilitator: Dr. Uzma LECTURE HALL 5	CLINICAL SKILL/ CLINICAL ROTATION Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE	BREAK	CLINICAL ROTATION / CLERKSHIP Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE
3-Feb-26	TUE	8.00-9.00 Medicine LECTURE Code: M1-039 Topic: Pneumonia Facilitator: Prof. Dr. Shamshad LECTURE HALL 5	9.00-11.00 CLINICAL ROTATION Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE	11.00-12.00 Surgery LECTURE Code:AVMC-2 Topic:PRINCIPLES OF SURGERY LECTURE HALL 5 Prof.Khalid nizami	12.00-1.00 OBS/Gynae LECTURE Code: Obs-001 Topic: Physiology of Pregnancy Facilitator: Prof. Dr. Nadia LECTURE HALL 5		1.30-2.30 Paeds LECTURE Code:Pe-006 Topic: Obesity Facilitator: Dr. Maryam LECTURE HALL 5	2.30-4.30 CLINICAL SKILL/ CLINICAL ROTATION Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE		5.00-8.00 CLINICAL ROTATION / CLERKSHIP Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE
4-Feb-26	WED	8.00-9.00 Paeds LECTURE Code:Pe-001 Topic: Growth in Children Facilitator: Dr. Sabeen Jamal LECTURE HALL 5	9.00-11.00 CLINICAL ROTATION Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE	11.00-12.00 OBS/Gynae LECTURE Code: Obs-002 Topic: Introduction Facilitator: Prof Gulfreen Waheed LECTURE HALL 5	12.00-1.00 Medicine LECTURE Code: M1-040 Topic: Tuberculosis Facilitator: Prof. Dr. Shamshad LECTURE HALL 5		1.30-2.30 Surgery LECTURE Code: AVMC-26 Topic:Cleft lip and palate: developmental abnormalities of the face, mouth and jaws Prof. zulfiqar saleem LECTURE HALL 5	2.30-4.30 CLINICAL SKILL/ CLINICAL ROTATION Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE		5.00-8.00 CLINICAL ROTATION / CLERKSHIP Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE
5-Feb-26	THU	5th February 2026 (Kashmir Day)								
6-Feb-26	FRI	8.00-09.00 Paeds LECTURE Code:Pe-002 Topic: Development in Children Facilitator: Dr.Husn-ul-hayat LECTURE HALL 5	09:00-10:00 Surgery LECTURE SURGERY Metabolic response to injury 1 Bailey & Love Prof Khalid Nizami LECTURE HALL 5	10.00-11.00 ALLIED LECTURE Code: Code: AVmc-Endo Topic:hypothyroidism Facilitator: PROF DR. WAHEED LECTURE HALL 5	11.00-12.00 LECTURE SUB-SPECIALTY History taking in orthopaedics 1 Bailey & Love Prof Faisal Nazir LECTURE HALL 5	12.00-1.00 LECTURE SURGERY History & examination Bailey & Love Dr Basil Rizvi LECTURE HALL 5	1.00-2.30 *JUMAA BREAK*	2.30-4.30 CLINICAL SKILL/ CLINICAL ROTATION Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE	BREAK	5.00-8.00 CLINICAL ROTATION / CLERKSHIP Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE
7-Feb-26	SAT	8.00-9.00 ALLIED LECTURE Code: AVC-FM-001 Topic:Healthy Living Facilitator: DR. SADIA LECTURE HALL 5	9.00-11.00 CLINICAL ROTATION Ward Round /OPD/OT/CBD INDOOR MEDICINE & ALLIED SURGERY & ALLIED (14 Departments)	11.00-12.00 Surgery SUB-SPECIALTY History taking in orthopaedics 2 Bailey & Love Prof Faisal Nazir LECTURE HALL 5	12.00-1.00 ALLIED LECTURE Code:Code: AVMC Radiology 001 Topic:Introduction to Radiology and Imaging modalities Facilitator: DR. SABA MAQSOOD LECTURE HALL 5	1.00-1.30 Break	1.30-2.30 LECTURE Surgery Prostate and seminal vesicles 1 Dr Hassan Raza LECTURE HALL 5	2.30-4.30 CLINICAL ROTATION Ward Round /OPD/OT/CBD INDOOR MEDICINE & ALLIED SURGERY & ALLIED (14 Departments)	BREAK	5.00-8.00 CLINICAL ROTATION Ward Round /OPD/OT/CBD INDOOR MEDICINE & ALLIED SURGERY & ALLIED (11 Departments)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