



STUDY GUIDE

2024-2025



Program: MBBS
Year: Final Year Professional Year
Subject: Surgery
Batch No: M-20
Session: 2024-2025

Avicenna Medical & Dental College

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Avicenna Medical & Dental College

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Welcome to the Avicenna Medical & Dental College Study Guide!

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

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

Objectives of the Study Guide



1. Institutional Understanding:

- Gain insight into the college's organizational structure, vision, mission, and graduation competencies as defined by PMDC, setting the foundation for your educational journey.

2. Effective Utilization:

- Master the use of this guide to enhance your learning, understanding the collaborative role of the Department of Medical Education and your subject departments, in line with PMDC standards.

3. Subject Insight:

- Obtain a comprehensive overview of your courses, including detailed subject outlines, objectives, and departmental structures, to streamline your academic planning.

4. Curriculum Framework:

- Explore the curriculum framework, academic calendar, and schedules for clinical and community rotations, adhering to the structured guidelines of UHS & PMDC.

5. Assessment Preparation:

- Familiarize yourself with the various assessment tools and methods, including internal exam and external exam criteria, and review sample papers to effectively prepare for professional exams.

6. Policies and Compliance:

- Understand the institutional code of conduct, attendance and assessment policies, and other regulations to ensure adherence to college standards and accrediting body requirements.

7. Learning Resources:

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

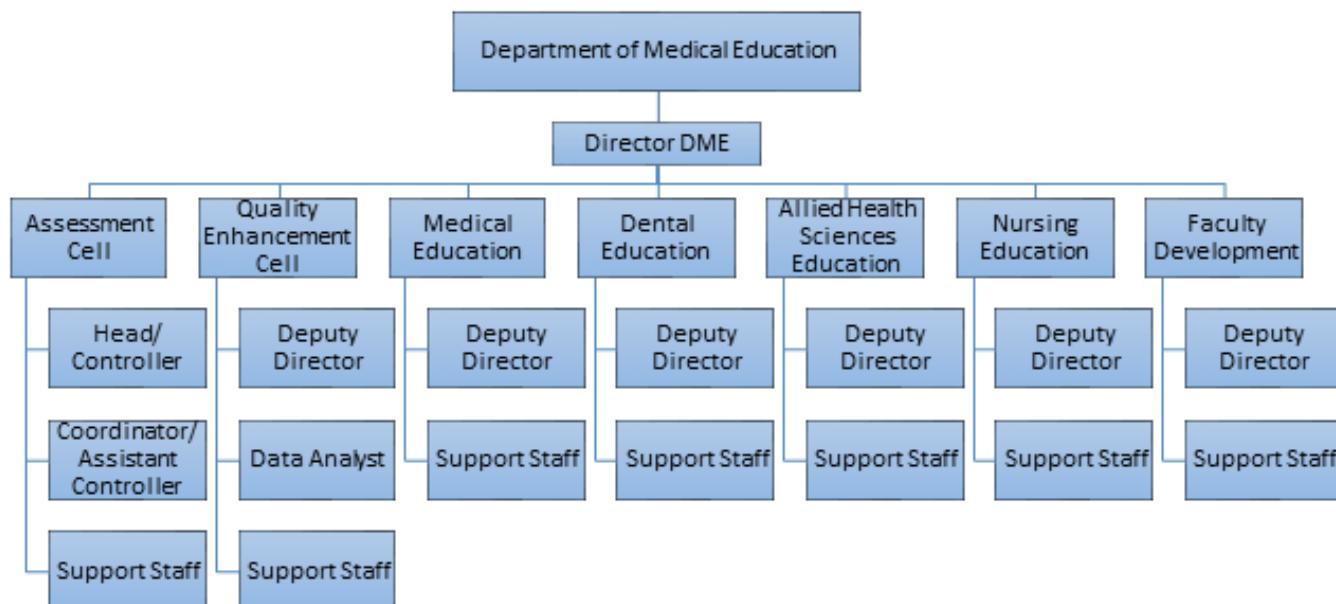
This guide, meticulously developed in collaboration with your subject departments, is designed to support your academic journey and help you achieve excellence in accordance with the highest standards set by PMDC and HEC.

DEPARTMENT OF MEDICAL EDUCATION

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

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

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



General Responsibilities of DME include:

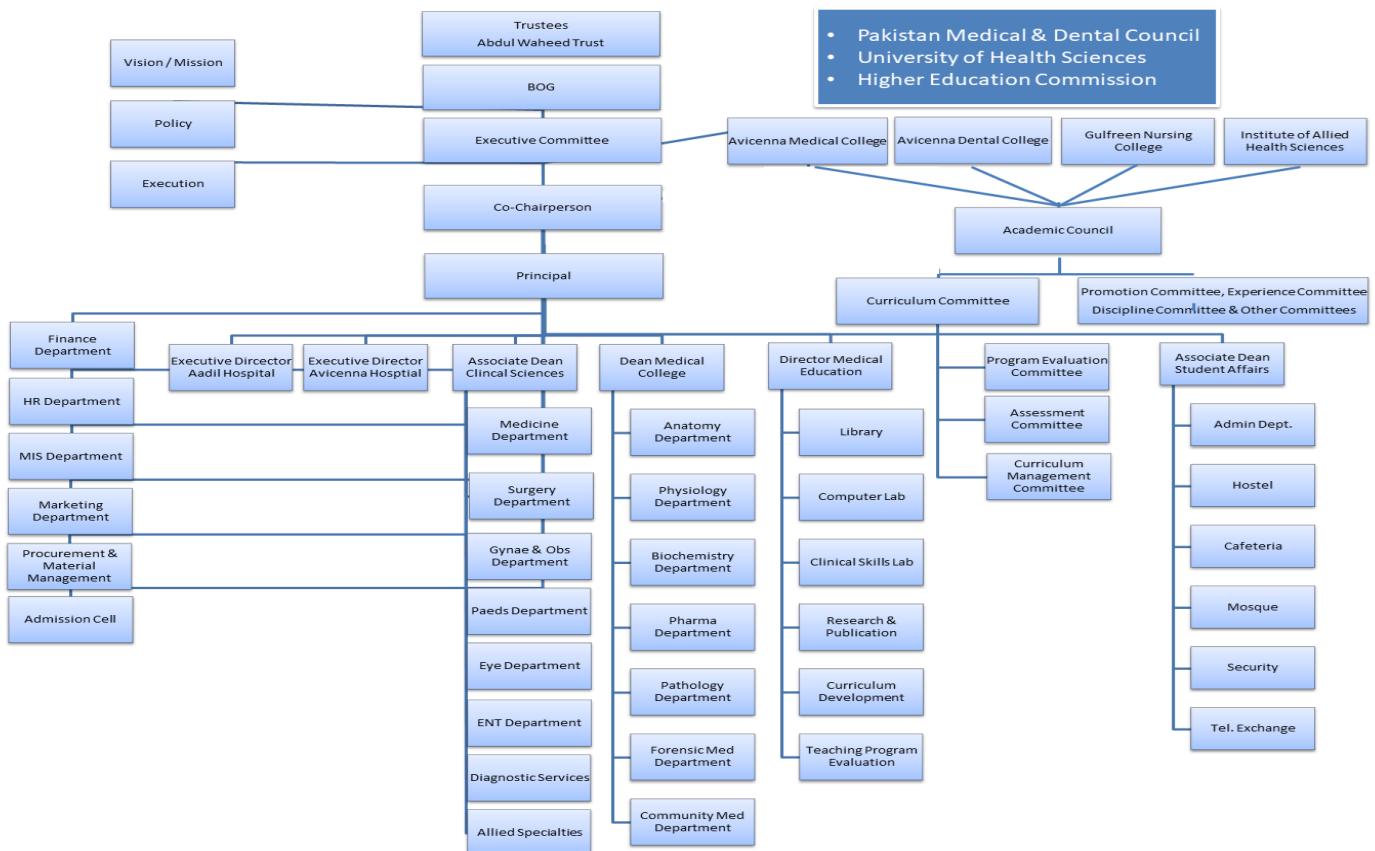
- Contribute and design, train the trainer activities which fulfill the need for undergraduate and postgraduate training.
- Shape and develop medical education research activities of the college.
- Facilitating & organizing workshops, seminars, symposia & conferences.
- Conducting CME activities to leverage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

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

| Faculty | Department |
|---|--------------------------|
| Assistant Director / Assistant Professor Medical Education | Dr. Saman Fatima |
| Coordinator Medical Education | Dr. Javaid Shabkhaiz Rab |
| Deputy Director / Demonstrator Dental Education | Dr. Salar Arsalan |
| Deputy Director / Demonstrator Allied Health Sciences | Dr. Talha |
| Deputy Director / Demonstrator Nursing Education | Dr. Muneeba |

Avicenna Medical & Dental College Overview

Institutional Organogram



Vision & Mission



Avicenna Medical & Dental College



Vision

The vision of **Avicenna Medical & Dental College** is to become a college that thrives to achieve improvement in healthcare of masses through creative delivery of educational programs, innovative research, commitment to public service and community engagement in a environment that supports diversity, inclusion, creative thinking, social accountability, life-long learning and respect for all.

Mission

The mission of Autauga Medical and Dental College is to

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.

hairman

Abdul Waheed Sheikh
Avicenna Medical & Dental College

Message from the Principal

Prof. Dr. Gulfrean Waheed

Principal Medical College

MBBS, FCPS, MHPE, PHD Scholar, (HPE)



As a Co-Founder and Co-Chairperson, I have been involved in planning, construction and accreditation of Avicenna Medical College by the Pakistan Medical and Dental Council (PM&DC) and its affiliation with the esteemed University of Health Sciences (UHS). It is a pleasure to see Avicenna Medical College develop, progress and achieve maximum academic excellence in a short period since its inception in 2009.

The institution has lived up to its mission of training and producing medical graduates of international standards. Three batches have passed out as Doctors, who currently are serving in the country and abroad while several have opted for post-graduation and are on road to progress. We have achieved several milestones since 2009 including the recognition of our College for FCPS training by College of Physicians and Surgeons of Pakistan (CPSP), establishment of College of Nursing and Avicenna Dental College.

7-Star Doctor Competencies (PMDC)

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

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



About Avicenna Medical College

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

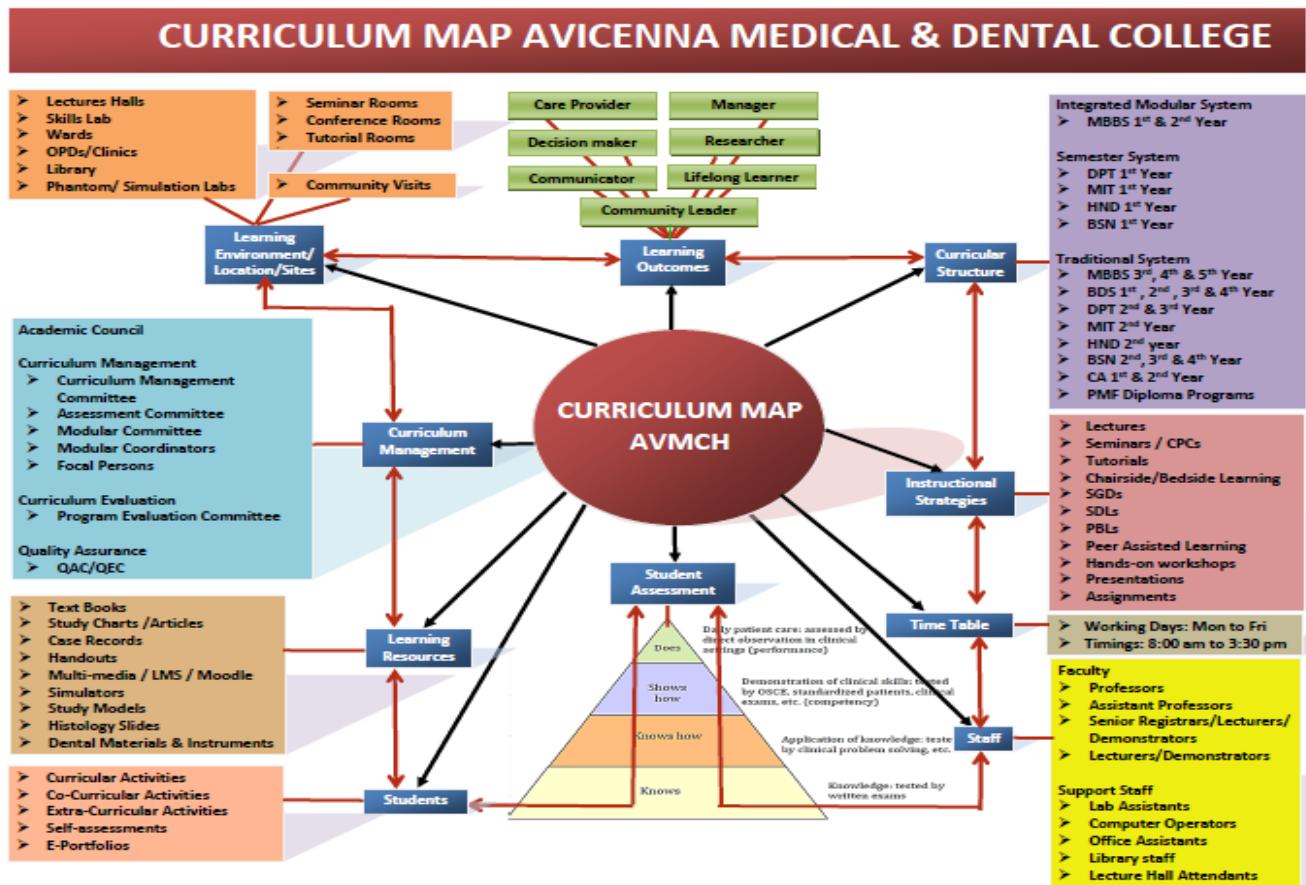
Avicenna Medical & Dental College runs under the umbrella of Abdul Waheed Trust. Abdul Wahid Trust is a non-profit social welfare organization and registered under the Societies Act with the Registrar of Societies. The Trust is legalized through a Trust Deed that bears necessary rectifications. The Trust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

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



Curricular Map

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



Department & Subject Overview

Professor Khalid Nizami

Head of Surgery Department

MBBS FCPS

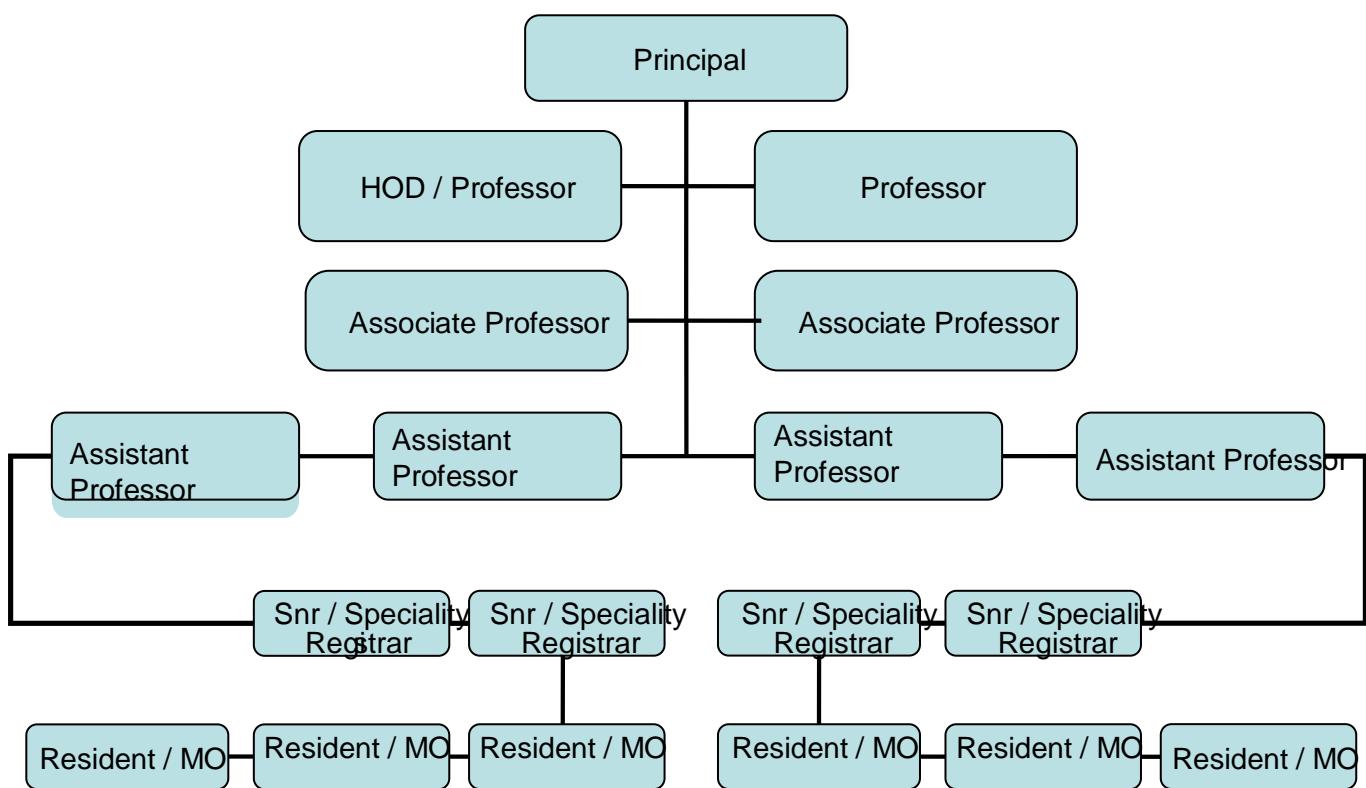


Note from the Head of Department

To lead the surgical departments in surgical excellence through innovative research, compassionate patient care, and exceptional education, transforming the future of surgery and improving health outcomes. To Train the next generation of surgeons and healthcare professionals and provide patient-centered care with empathy and respect.

The department of Surgery consists of 2 surgical units. Each unit has male and female wards with a total of 120 beds. There are 8 state of the art Operation Theatres. They are fully equipped for all types of surgical operations i.e., laparoscopic surgery, vascular surgery, thoracic surgery, neurosurgery & Urology. The surgical ICU has ventilators and dialysis units. All types of endoscopes are also available including cystoscopes, gastroscopes, and colonoscopies. Additionally, the department also caters for surgical emergencies and elective surgery is being performed by a team of highly professional surgeons.

Departmental Organogram (as per PMDC guidelines)



Faculty Members

| Unit | Name | Designation | Qualification |
|------|-------------------------|----------------------------------|----------------|
| II | Professor Khalid Nizami | Professor and Head of Department | MBBS FCPS |
| | Dr Fatima Ahmad | Associate Professor | MBBS FCPS FRCS |
| | Dr Mohammad Basil Rizvi | Associate Professor | MBBS FRCS |
| | Dr Javed Ahmad | Senior Registrar | MBBS MS |
| | | | |
| I | Dr Hassan Khan | Professor | MBBS FRCS |
| | Dr Zulfiqar Saleem | Professor | MBBS FCPS |
| | Dr Mahboob Alam Chishti | Assistant Professor | MBBS FCPS |
| | Dr Usman Khan | Senior Registrar | MBBS MRCP |

Goal of the Department

The goals of our surgical department mainly focus on providing high-quality patient care, advancing medical knowledge, and fostering a supportive environment for staff and students. Here are some common goals:

Patient Care: Delivering the best possible surgical care to patients, ensuring safety, and improving health outcomes.

Education: Providing comprehensive training and educational programs for medical students, residents, and fellows.

Research: Conducting innovative research to advance surgical techniques and improve patient care.

Quality Improvement: Continuously improving surgical practices and patient care through quality assurance programs.

Collaboration: Promoting interdisciplinary collaboration within the hospital and with other institutions to enhance patient care and research.

Community Engagement: Engaging with the community to provide education and support on surgical health issues.

Resource Management: Efficiently managing resources to provide cost-effective care without compromising quality

Curriculum with Learning Objectives

To create measurable and observable learning objectives

| TOPICS | LEARNING OUTCOMES |
|---|---|
| | <p>Remember: Define, List, Recall and Identify Understand: Describe, Explain, Summarize and Interpret Apply: Demonstrate, Use, Implement and Solve Analyse: Differentiate, Compare, Contrast and Examine Evaluate: Assess, Critique, Judge and Recommend Create: Design, Construct, Develop, Formulate</p> |
| <u>Breast</u> | <ol style="list-style-type: none"> 1. Diseases of the breast, nipple and areola 2. Benign and malignant tumours. |
| <u>Head, Face and neck</u> | <ol style="list-style-type: none"> 1. Developmental abnormalities of the face, palate and lips. 2. Principles of management of head injuries and its complications. 3. Oral cavity including tongue. 4. Diseases of salivary glands (Inflammation, Calculus, Tumours) 5. Neck lumps including lymph nodes, thyroid and parathyroid |
| <u>Chest Wall & Thorax</u> | <ol style="list-style-type: none"> 1. Blunt & penetrating injuries and their complications. 2. Lung abscess and empyema thoracis. 3. Tumours and cysts in the lungs. |
| <u>Gastro Intestinal Tract</u> | <ol style="list-style-type: none"> 1. Diseases causing oesophageal obstruction. 2. Peptic ulcer disease & its complications. 3. Tumours of stomach. 4. Conditions causing chronic abdomen including malignant lesions of small and large bowel 5. Ano-rectal and peri-anal conditions requiring surgery. |
| <u>Abdominal, Pelvic and Genital Trauma and Hernia</u> | <ol style="list-style-type: none"> 1. Principles in management of abdominal pelvic and urogenital trauma. 2. Inguinal/ Inguinoscrotal and femoral hernia. 3. Epigastric hernia/umbilical/ para-umbilical hernia. 4. Incisional hernia. |
| <u>Liver</u> | <ol style="list-style-type: none"> 1. Trauma. 2. Obstructive jaundice. 3. Liver abscess. 4. Hydatid cyst. 5. Malignancy (Hepatoma & secondaries). |
| <u>Gall Bladder</u> | <ol style="list-style-type: none"> 1. Acute and chronic cholecystitis. 2. Cholelithiasis and its complications. 3. Tumours |

| TOPICS | LEARNING OUTCOMES |
|--------|---|
| | <p>Remember: Define, List, Recall and Identify</p> <p>Understand: Describe, Explain, Summarize and Interpret</p> <p>Apply: Demonstrate, Use, Implement and Solve</p> |

| | |
|--|--|
| | <p>Analyse: Differentiate, Compare, Contrast and Examine Evaluate: Assess, Critique, Judge and Recommend Create: Design, Construct, Develop, Formulate</p> |
| Pancreas | <ol style="list-style-type: none"> 1. Acute, relapsing and chronic pancreatitis. 2. Pancreatic masses including cysts 3. Benign and malignant neoplasia. |
| Spleen | <ol style="list-style-type: none"> 1. Trauma 6. Surgical aspects of spleen |
| Urinary Tract | <ol style="list-style-type: none"> 1. Common congenital anomalies. 2. Infection & its sequelae. 3. Calculus disease and its sequelae. 4. Bladder lesions. 5. Enlarged prostate. 6. Urogenital trauma. 7. Neoplasms of the kidney and urinary tract. 4. |
| External Genitalia, Male and Female | <ol style="list-style-type: none"> 1. Developmental abnormalities. Common pelvic conditions |
| Scrotal and testicular lesions | <ol style="list-style-type: none"> 1. Scrotal swelling. 5. Testicular swelling |
| Skin & Soft Tissues | <ol style="list-style-type: none"> 1. Common benign and malignant skin lesions. 2. Wounds/ulcers/abscesses/sinuses/fistulae. Soft tissue lumps. |
| Orthopaedics and Trauma | <ol style="list-style-type: none"> 1. Common congenital malformations of locomotive system. 2. Bone fractures & their complications. 3. Sports injuries and afflictions of tendons and bursae. 4. Bone and joint infections. 5. Arthritis. 6. Bone and cartilage tumours. 7. Spinal trauma. 8. Spinal tumours. 4. Common spinal deformities and other surgically correctable lesions. |

Essential Skills to be Acquired

Measurable methods

CEX/ WBA/ CBD/ DOPS

Provide First Aid: Resuscitation (ABC) of polytrauma, CPR.
Collect blood samples, urine, stool, sputum, pus swab etc.

Insert Naso-gastric tube, have observed chest intubation and paracentesis.

Do IV cannulation, have observed CV-line insertion and cut-down of veins.

Catheterize male and female patients.

Prepare the patient for and know the procedure of doing an X-ray chest, abdomen,

Attendance Requirement & Internal Assessment Criteria

The institution follows the regulations for examinations of the UHS in letter and spirit. The students require **85% attendance** in all academic sessions and **50% marks** in internal assessments and send-up examinations to be eligible for the UHS Professional Examinations.



Learning Resources & Pedagogy

Book Recommendations



| Sr. | Book Name | Author | Latest Editions |
|-----|---|--|--------------------------|
| 1. | Short Practice of Surgery | Bailey And Love's | 28 th Edition |
| 2. | Text Book Of Surgery | By Ijaz Ahsan | 3 rd Edition |
| 3. | General Surgery (Lecture Notes Series) | Harold Ellis, Roy Calne, Chris Watson | 13 th Edition |
| 4. | An Introduction to the Symptoms and Signs of Surgical Disease | Norman Browse | 6 th Edition |
| 5. | Current Surgical Practice | Norman L. Browse, Alan G. Johnson, and Tom. | Volume 6 |
| 6. | Schwartz's Principles of Surgery | F. Charles Brunicardi, Dana K. Andersen, Timothy R. Billiar, and David L. Dunn | 10 th Edition |
| 7. | Online Journals and Reading Materials | Avicenna Medical and Dental College and HEC Digital Library | |
| 8. | Textbook of Anaesthesia | G. Smith and A.R. Aitkenhead | 7 th Edition |
| 9. | Short Practice of Anaesthesia | M. Morgan, G. Hall | 1 st Edition |
| 10. | A Synopsis of Anaesthesia | J. Alfred Lee | 4 th Edition |

Traditional & Innovative Teaching Methodologies

| Sr. | Pedagogical Methodologies | Description |
|-----|------------------------------|---|
| 1. | Lectures | In the traditional method, 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 discussions (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 and encourages students to explore issues in depth. It also provides opportunities for peer feedback and discussion. |
| 6. | Assignment | Tasks are 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. |

| | | |
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| 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) |

Flipped Classroom



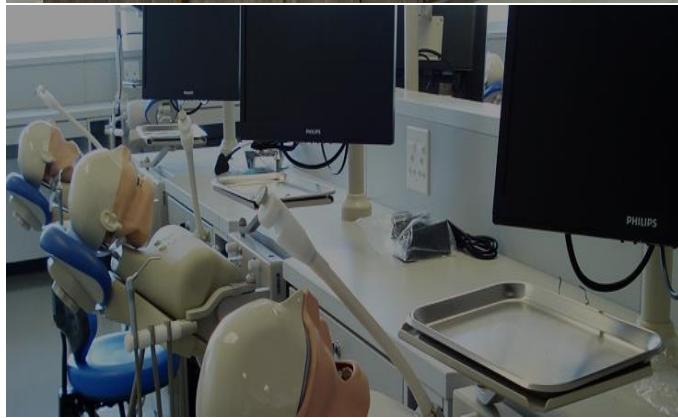
Infrastructure Resources

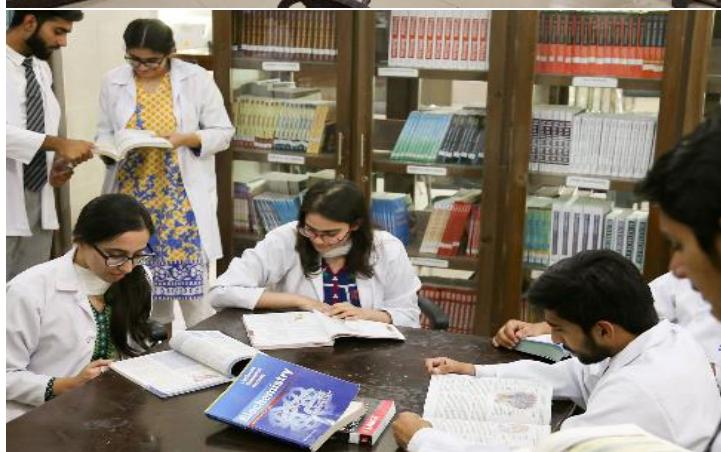
| Sr. | Infrastructure Resources | Description |
|-----|--------------------------|--|
| 1. | Lecture Hall | Each year has a dedicated lecture hall, totaling five lecture halls for the five professional years. These halls are equipped with modern audiovisual aids to support effective teaching and learning. |

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|----|----------------------------------|--|
| 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 procedures. These labs provide high-fidelity simulators that help students refine their clinical skills in a controlled environment. |
| 7. | Mess & Cafeteria | <p>The College has its own on-campus Mess which caters to 600 students. All food items including dairy, meat, and vegetables are sourced organically and bought in at the time of cooking, to ensure that students get freshly cooked meals at all times</p> <p>Students form the Mess committee which decides the mess menu in consultation with other students. The Mess offers fresh food to all residents three times a day. However, day scholars are also welcome to use the Mess facility at a reasonable cost.</p> <p>Two 50- inch LCD screens provide students an opportunity to get entertained during their meal times.</p> |
| 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 |

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|--|--|---|
| | | examination process, including proper seating arrangements, monitoring systems, and accessibility features. |
|--|--|---|

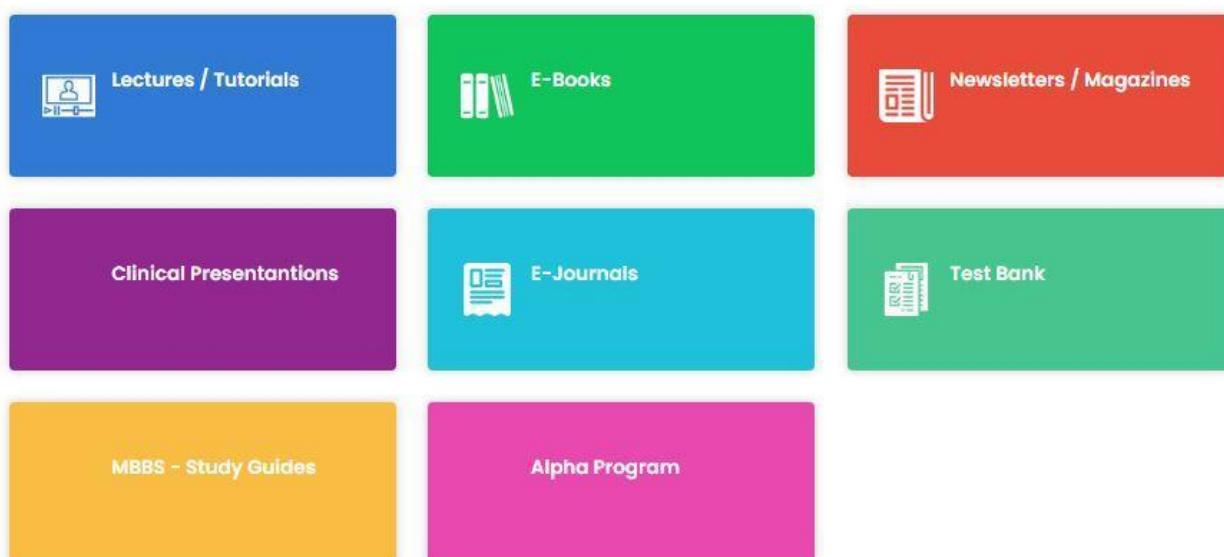




Digital Library & Learning Management System (LMS)

1. The COVID-19 pandemic highlighted the necessity of interactive online teaching for better retention of topics by students. Strategies like online learning management system (LMS), online discussions, online quizzes, assignment design, and flipped learning enhance student engagement in online education when needed.
2. Avicenna Medical & Dental College lays emphasis on the provision of learning material and online video lectures, video tutorials in the e-library and learning resource center, which has a dedicated website of Avicenna Medical College to enable the students to develop concepts and clarify their doubts, if they have not been able to do so in the teaching sessions during college hours. The digital library can be approached on <http://digital.avicennamch.com/>.

Medical



3. The institution has also endeavored to link itself with the digital libraries and e-library of the University of Health Science (UHS) and Higher Education Commission (HEC) to enable the students to benefit from the valuable resource material, lectures and knowledge bank at these sites. The links are available with the HEC <http://www.digitallibrary.edu.pk/> and learning management system of UHS <http://lms.uhs.edu.pk> .
4. The Learning Management System (LMS) at Avicenna Medical & Dental College is a comprehensive platform managed by the Department of Student Affairs. It is designed to facilitate effective communication and information exchange between students, parents, faculty, and administrative staff. The LMS portals are specifically tailored to meet the needs of the following stakeholders:
 - a. **Students:** For academic resources and scheduling.
 - b. **Parents:** For monitoring academic progress and other relevant information.
 - c. **Faculty:** For managing course content and academic activities.
 - d. **Department of Student Affairs:** For overseeing administrative functions.
 - e. **Department of Medical/Dental Education:** For overseeing academic functions.








AVICENNA MEDICAL & DENTAL COLLEGE

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

STUDENT PORTAL

Student Roll No.

Forgot Password?

Remember me

Login

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[f](#) [G+](#) [in](#) [t](#)

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

How is Internal Assessment Calculated for your department?

| Internal Assessment | | Assessment Methods (MCQ/SEQ/OSCE/Viva/ Practical) | Percentage Weightage (write N/A where not applicable) |
|----------------------------|---------------------------|--|--|
| Session Exams | Early Session Exam | MCQs SEQs Viva OSPE | 70% |
| | Mid-term Session Exam | | |
| | Late Session/Send up Exam | | |
| Grand Tests | | | 30% |
| Ward Test | Early Ward Test | 20 % | 100% |
| | Mid Ward Test | 30% | |
| | Grand Ward Test | 50% | |
| Final Clinical Assessment | | | 100% |
| | | | |



Avicenna Medical College

Examination Marks Scheme 2023-2024

Final Year MBBS

| Form No | MBBS-5 Form-1 | | MBBS-5 Form-2 | | MBBS-5 Form-3 | | MBBS-5 Form-4 | |
|------------------------|---------------------------------|-----|------------------|----|------------------|-----|------------------|-----|
| Mode of Exam | Theory | | | | | | | |
| Test Type | Grand Test / Grand Ward Test | | Revision Test | | Session Exam | | Send Up | |
| Weightage | 30% | | 0% | | 70% | | 100% | |
| Medicine - I & Allied | MCQs 50, SEQs 50 | 100 | MCQs 25, SEQs 25 | 50 | MCQs 40, SEQs 40 | 80 | MCQs 40, SEQs 40 | 80 |
| Medicine - II & Allied | MCQs 50, SEQs 50 | 100 | MCQs 25, SEQs 25 | 50 | MCQs 35, SEQs 35 | 70 | MCQs 40, SEQs 40 | 80 |
| Surgery - A & Allied | MCQs 50, SEQs 50 | 100 | MCQs 25, SEQs 25 | 50 | MCQs 45, SEQs 45 | 90 | MCQs 45, SEQs 45 | 90 |
| Surgery - B & Allied | MCQs 50, SEQs 50 | 100 | MCQs 25, SEQs 25 | 50 | MCQs 55, SEQs 55 | 110 | MCQs 55, SEQs 55 | 110 |
| Obstetrics | MCQs 50, SEQs 50 | 100 | MCQs 25, SEQs 25 | 50 | MCQs 35, SEQs 30 | 65 | MCQs 35, SEQs 30 | 65 |
| Gynaecology | MCQs 50, SEQs 50 | 100 | MCQs 25, SEQs 25 | 50 | MCQs 30, SEQs 25 | 55 | MCQs 30, SEQs 25 | 55 |
| Paediatrics | MCQs 50, SEQs 50 | 100 | MCQs 25, SEQs 25 | 50 | MCQs 35, SEQs 45 | 80 | MCQs 35, SEQs 45 | 80 |

| Form No | MBBS-5 Form-5 | | MBBS-5 Form-6 | | MBBS-5 Form-7 | | MBBS-5 Form-8 | | MBBS-5 Form-9 | | MBBS-5 Form-10 | | | | | | | | | | | |
|------------------------|------------------------------------|----|------------------|-----|---|-----|---------------|----|---|-----|----------------|--|--|--|--|--|--|--|--|--|--|--|
| Mode of Exam | Clinical | | | | | | | | | | | | | | | | | | | | | |
| Test Type | *1 Batch Clinical Assessment (BCA) | | | | | | | | | | | | | | | | | | | | | |
| | Early Ward Test | | Mid Ward Test | | Grand Ward Test | | | | | | | *2 Final Clinical Assessment (FCA) (Late Session) | | | | | | | | | | |
| Weightage | 20% | | 30% | | 50% | | | | 100% | | | | | | | | | | | | | |
| | | | | | SC, LC | | OSPE | | SC, LC, IA | | OSPE | | | | | | | | | | | |
| Medicine - I & Allied | Viva 20, OSPE 30 | 50 | Viva 60, OSPE 40 | 100 | SC-I 30, SC-II 30, SC-III 30 SC-IV 30 LC 85 | 205 | OSPE 70 | 70 | SC-I 25, SC-II 25, SC-III 25, SC-IV 25, LC 80 | 180 | OSPE 70 | 70 | | | | | | | | | | |
| Medicine - II & Allied | Viva 20, OSPE 30 | 50 | Viva 60, OSPE 40 | 100 | SC-I 30, SC-II 30, SC-III 30 SC-IV 30 LC 85 | 205 | OSPE 70 | 70 | | | | | | | | | | | | | | |
| Surgery - A & Allied | Viva 20, OSPE 30 | 50 | Viva 60, OSPE 40 | 100 | SC-I 25, SC-II 25, SC-III 25, SC-IV 25, LC 70 | 170 | OSPE 55 | 55 | SC-I 20, SC-II 20, SC-III 20, SC-IV 20, LC 65 | 145 | OSPE 55 | 55 | | | | | | | | | | |
| Surgery - B & Allied | Viva 20, OSPE 30 | 50 | Viva 60, OSPE 40 | 100 | SC-I 25, SC-II 25, SC-III 25, SC-IV 25, LC 70 | 170 | OSPE 55 | 55 | | | | | | | | | | | | | | |
| Obstetrics | Viva 20, OSPE 30 | 50 | Viva 40, OSPE 60 | 100 | LC-OBS 30, LC-GYN 30 | | OSPE 75 | | LC-OBS 22, LC-GYN 23 | | 45 | | | | | | | | | | | |
| Gynaecology | | | | | | | | | | | OSPE 75 | | | | | | | | | | | |
| Paediatrics | Viva 20, OSPE 30 | 50 | Viva 60, OSPE 40 | 100 | SC-I 08, SC-II 08, SC-III 08, SC-IV 08, LC 18 | 50 | OSPE 40 | 40 | SC-I 06, SC-II 06, SC-III 06, SC-IV 06, LC 16 | 40 | OSPE 40 | 40 | | | | | | | | | | |



Avicenna Medical College

Examination Marks Scheme 2023-2024

Final Year MBBS

NOTE 1 : * Batch Clinical Assessment(BCA) Clinical exam held at the end of each rotation for each batch

NOTE 2 : * Final Clinical Assessment(FCA) Exit exam at the end of Late Session & Send up exam Before Final Prof for all students

Note : Students have to pass Clinical VIVA(short case , long case) & OSPE both.They will be considered Fail if they are unable to pass any one of them.

Distribution of marks of Internal assessment: Log book 10 marks, Ward Card 10 marks, Attendance 5 marks in surgery and medicine.

Gynaecology & obstetrics: 10 marks for log books& ward card and 5 marks for attendance

Paediatrics: 5 marks for log books & ward card &5 marks for attendance

The log books will be signed and stamped at the end of each clinical rotation by the respective Head of Department and Examination Department

External Assessment

Surgery & Allied

| Subject | Theory | Practical | Total Marks |
|------------------|--|--|-------------|
| Surgery & Allied | <p>Paper I</p> <p>Part I MCQs: 45 Marks</p> <p>Part II SEQs: 45 Marks</p> <p>Paper II</p> <p>Part I MCQs: 45 Marks</p> <p>Part II SEQs: 45 Marks</p> <p>Internal Assessment: 25 Marks</p> | <p>Oral & Practical: 65 Marks</p> <p>Clinical Examination: 210</p> <p>Internal Assessment: 25 Marks</p> | 500 |
| | 200 | 300 | |

Sample Paper

MCQ

AUTHOR: Professor Khalid Nizami
DATE: 26th August 2024
DISCIPLINE/SUBJECT: General Surgery
TOPIC: Basic Surgical Skills
LEVEL OF STUDENT: Final year MBBS
AREA: Treatment

Item Writing Template

A 40-year-old man came to the emergency department after sustaining a laceration on her left index finger while using a kitchen knife 4 hours ago. On examination, there was a gaping wound on the base of his left index finger, which was 3 cm in size. After initial wound care, you decide to close the wound with prolene suture. The characteristics of prolene suture are:

Option:

- a. easier to knot
- b. high tissue reaction
- c. multifilament
- d. non-absorbable *
- e. tensile strength is 50 % at 6 months

Mark the key with an Asterix*

COGNITIVE LEVEL: Application
DIFFICULTY LEVEL: Moderate
IMPORTANCE: Need to Know
REFERENCE: Bailey and Love's Short Practice of Surgery Edition 28
Chapter 7 Basic Surgical Skills (Basic Principles))
Page 105

SEQ/SAQ

AUTHOR: Professor Khalid Nizami
DATE: 26th August 2024
DISCIPLINE/SUBJECT: General Surgery
TOPIC: Laparoscopic Surgery
LEVEL OF STUDENT: Final Year MBBS
AREA: Basic Principles of Laparoscopic Surgery

Scenario You were asked to see a patient by the in-charge nurse in the medical ward who has been listed for cholecystectomy for biliary colic due to gallstones. He is on the next day morning list. The patient is unsure whether to undergo open or laparoscopic procedure and wants to discuss the options

| Question | Marks |
|---|-------|
| a) Which one of the two methods of cholecystectomy is better open or laparoscopic and why | 2 |
| b) Name 3 limitations of laparoscopic procedure | 2 |
| c) Name 2 methods of creating pneumoperitoneum. Which is safer 1) | 1 |

| Key | Marks |
|--|-------|
| a) Laparoscopic method Decreased wound size, decreased wound pain, reduced wound infection, reduced dehiscence, reduced bleeding, reduced heat loss, improved mobility and improved vision. | 2 |
| b) 1. Reliance on remote vision 2. Loss of tactile sensation 3. Dependence on hand-eye coordination 4. Difficulty in haemostasis 5. Reliance on new techniques 6. Extraction of large specimen | 2 |
| Open (Hasson's) and closed (verress needle). Open method is safe. | 1 |

COGNITIVE LEVEL: Recall
DIFFICULTY LEVEL: Moderate
IMPORTANCE: Must Know
REFERENCE: Bailey and Love's Short Practice of Surgery Edition 28
Principles of laparoscopic and robotic surgery
Chapter 8 Page 105

OSCE COVER SHEET

Station Title: Suturing

Specialty: General Surgery

Class Level: 5th Year MBBS

Estimated difficulty: Moderate

Type of Station: Observed

Marks: 5

Time: 5 minutes

Exam: Early Session

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: A 25 years woman came to emergency after sustaining a laceration on her left index finger while doing her kitchen work. On examination, there was a gaping wound on the base of her left index finger, which was 4 cm in size. After initial management, you decide to close the wound with prolene suture

Demonstrate

Vertical mattress suture in the given suturing pad

Key: (in the form of rubric) You may use rating scale. (binary/global/analytical/holistic)

CURRICULUM DETAILS

Curricular Framework including Allocation of Hours (PMDC)

| Basic & Clinical Medical Sciences / Preclinical & Para Clinical Years | | | |
|--|--|--|---|
| 1st & 2nd Professional Year | 3rd Professional Year | 4th Professional Year | 5th Professional Year |
| Anatomy 500 Hours | General & Special Pathology 500 Hours | Eye 150 Hours | General Surgery 600 Hours |
| Physiology 450 Hours | Pharmacology 300 Hours | ENT 150 Hours | General Medicine 600 Hours |
| Biochemistry 250 Hours | Forensic Medicine & Toxicology 100 Hours | General & Special Pathology 500 Hours | Paediatrics 300 Hours |
| General Education 450 Hours <ul style="list-style-type: none"> • Quran Kareem – 50 Hours • Pakistan Studies / Ideology & Pakistan Constitution – 25 Hours • Islamiyat / Ethics – 25 Hours • Professionalism – 25 Hours | Psychiatry & Beh. Sciences 150 Hours | Community Medicine & Public Health 200 Hours | OBS & Gynae 300 Hours |
| | Pre-clinical Operative Dentistry 80 Hours | Research Methodology & Evidence Based Medicine 100 Hours | Surgical specialties 225 Hours <ul style="list-style-type: none"> • Neurosurgery • Vascular surgery • Adult Cardiac surgery • Paediatrics surgery • Thoracic surgery |

| | | | |
|---|--|--|--|
| <ul style="list-style-type: none"> • Communication Skills -25 Hours • English Expository Writing – 25 Hours • Arts & Humanities (One Course) -25 Hours • Co-curricular activities – 200 Hours | | | <ul style="list-style-type: none"> • Plastic surgery |
| | | | <p>Medical specialties 225 Hours</p> <ul style="list-style-type: none"> • Neurology • Rheumatology • Geriatrics • Endocrinology • Paediatrics • Cardiology • Infectious Diseases • Oncology |

Academic Planner



Avicenna Medical & Dental College
Calendar 2023- 2024
5th Year MBBS

| January 2024 | | | | | | | February 2024 | | | | | | | March 2024 | | | | | | | SESSION START: 1st April,2024 | | | |
|--------------|----|----|-------|----|------|-------|---------------|------|------|----|----|----|----|----------------|----|-------|----|----|----|----|---|---|----------------------------------|---|
| Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | Gazetted Holidays | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | | | 1 | 2 | 3 | | | | | 1 | 2 | 3 | 4 | 5 | 6- Kashmir Holiday - 5th Feb,2024 | | |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | | | 11 | 12 | 13 | 14 | 15 | 7- Pakistan Day -23rd March,2024 | |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | iii - Eid- Ul- Fitr-7th April-14th April,2024 | | | |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | iv- Labor Holiday- 1st May,2024 | | | |
| 28 | 29 | 30 | 31 | | | | 25 | 26 | 27 | 28 | 29 | | | 24 | 25 | 26 | 27 | 28 | 29 | 30 | v- Youm-e-Takbeer Holiday-28th May,2024 | | | |
| | | | | | | | | | | | | | | 31 | | | | | | | vi- Eid- Ul- Adha- 17th June-19th June,2024 | | | |
| April 2024 | | | | | | | May 2024 | | | | | | | June 2024 | | | | | | | vii- Ashura- 16 & 17 July,2024 | | | |
| Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | viii- Independence Day- 14th Aug,2024 | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 | | | | | | | | 1 | ix- Rabī Ul Awāl-15th Sep,2024 | | |
| Eid-ul-Fitr | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | x- Quaid-e-Azam Day/Christmas- 25th Dec,2024 | | |
| 2 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 6 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 10 | 11 | 12 | 13 | 14 | Vacations | | |
| 3 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 7 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 16 | 17 | 18 | 19 | 20 | Spring Vacations- 7th April,2024- 14th April,2024 | | |
| 4 | 28 | 29 | 30 | | | | | 8 | 26 | 27 | 28 | 29 | 30 | 31 | | | | 23 | 24 | 25 | 26 | 27 | 28 | Summer Vacations-13th June-21st July,2024 |
| | | | | | | | | | | | | | | | | | | | | | | Winter Vacations-22nd Dec-29th Dec,2024 | | |
| July 2024 | | | | | | | August 2024 | | | | | | | September 2024 | | | | | | | Events | | | |
| Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | White Coat Ceremony-17 April,2024 | | | |
| Su,V | 1 | 2 | 3 | 4 | 5 | 6 | 12 | ESE | | | 1 | 2 | 3 | 4 | 17 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Sports Day- 6 March,2024 | |
| Su,V | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 13 | ESE | 4 | 5 | 6 | 7 | 8 | 18 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | Funfair- 20th April,2024 | |
| Su,V | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 14 | 11 | 12 | 13 | 14 | 15 | 16 | 19 | 18 | 19 | 20 | 21 | 22 | 23 | Trips and Tours- | | |
| 11 ESE | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 15 | 18 | 19 | 20 | 21 | 22 | 23 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | Session Exam | |
| 12 ESE | 28 | 29 | MedII | 30 | 31 | Med2 | | 16 | 25 | 26 | 27 | 28 | 29 | 30 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | |
| October 2024 | | | | | | | November 2024 | | | | | | | December 2024 | | | | | | | Early Session-24th July,2024- 7th Aug,2024 | | | |
| Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | Mid Session- 16th Oct,2024- 30th Oct,2024 | | | |
| 21 | | 1 | 2 | 3 | 4 | 5 | 25 | | | 1 | 2 | 3 | 4 | 5 | 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Late Session/Send Up- | |
| 22 | 6 | 7 | 8 | 9 | 10 | 11 | 11EWT | 12 | 26 | 3 | 4 | 5 | 6 | 7 | 31 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | OSPE+Viva- | |
| 23 MSE | 13 | 14 | 15 | 16 | MedI | 17 | 18 | Med2 | 19 | 27 | 10 | 11 | 12 | 13 | 14 | 15EWT | 16 | 17 | 18 | 19 | 20 | 21 | | |
| 24 MSE | 20 | 21 | OBS | 22 | 23 | Gynae | 24 | 25 | SurI | 26 | 28 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| 25 MSE | 27 | 28 | Sur2 | 29 | 30 | Paeds | 31 | 32 | | 29 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | | | | | |
| January 2025 | | | | | | | February 2025 | | | | | | | March 2025 | | | | | | | | | | |
| Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | | | | |
| 34 FCA | | | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | 1 | |
| 35 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 36 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| 37 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | |
| | 26 | 27 | 28 | 29 | 30 | 31 | | | 23 | 24 | 25 | 26 | 27 | 28 | | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | |
| | | | | | | | | | | | | | | | | | 30 | 31 | | | | | | |

ALLOCATION OF CURRICULUM HOURS

MBBS - FINAL YEAR / 2023-2024

| Subject Title | Clinical Rotation | Lecture | SDL | Evening clinical Rotation | CST | Assessment | Total Hours (36 Weeks) | Interactive Sessions (3 Weeks) | AVMC (Total Hours Achievement) | (PMDC Hours) |
|---------------|-------------------|------------|-----------|---------------------------|------------|------------|------------------------|--------------------------------|--------------------------------|--------------|
| Surgery | 144 | 180 | 12 | 120 | 60 | 24 | 540 | 28 | 568 | 850 |
| Medicine | 144 | 180 | 12 | 120 | 60 | 24 | 540 | 28 | 568 | 850 |
| Paeds | 72 | 108 | 6 | 60 | 30 | 12 | 288 | 15.5 | 303.5 | 300 |
| OBS/Gynae | 72 | 144 | 6 | 60 | 30 | 12 | 324 | 18.5 | 342.5 | 300 |
| TOTAL | 432 | 612 | 36 | 360 | 180 | 72 | 1692 | 90 | 1782 | 2300 |

Table of Specification

| | | | | | | | | | |
|--------------------|--|---|---|----|----|---|----|------|----------------------------------|
| Skin & S/C tissue | | 1 | 1 | 2 | 2 | 1 | 3 | 10% | MCQ SEQ OSCE |
| Head & neck | | 2 | 1 | 3 | 2 | 1 | 1 | 20% | MCQ SEQ |
| Breast & endocrine | | 1 | 1 | 3 | 2 | 1 | 2 | 20% | MCQ SEQ Long cases |
| Cardiothoracic | | 1 | 1 | 3 | 2 | 1 | 2 | 10% | MCQ SEQ |
| Vascular | | 2 | 1 | 2 | 2 | 1 | 2 | 10% | MCQ SEQ Short cases |
| Abdomen | | 1 | 1 | 3 | 2 | 1 | 2 | 20% | SEQ Long cases |
| Genitourinary | | 1 | 1 | 3 | 2 | 1 | 2 | 10% | MCQ Short cases Long cases |
| Total | | 9 | 7 | 19 | 14 | 7 | 14 | 100% | |

| Sr# | TOPIC | LEARNING OBJECTIVES | KNOWLEDGE Cognitive Domain | | | SKILL Psychomotor Domain | ATTITUDE Effective Domain | TOTAL % | Mode of Information Transfer MIT | | | | | TOTAL HOURS | Lecture Topics | References | Clinical Rotation /Skills References | |
|-----|--|---|----------------------------|----|----|--------------------------|---------------------------|---------|----------------------------------|---|-----------------|-----------------------------|-----------------------------|------------------------|----------------|--|--------------------------------------|---|
| | | | C1 | C2 | C3 | | | | P | A | Lecture (hours) | M.Clinical Rotation (hours) | E.Clinical Rotation (hours) | Clinical Skill (hours) | Practical | SDL | | |
| 1 | Introduction to surgery and the Department of surgery and Allied | The student should be able to: 1. Discuss the definition of surgical diseases. 2. Describe the role of surgery and allied subjects in MBBS course. | — | — | 1% | — | — | 2% | — | — | 1 1 1 | 1 1 | 2 | 1 | — | 1. Introduction 2. History of surgery | B&L 27th Edi. | 1. ward round 2. ward round |
| | PRINCIPLES OF SURGERY | To understand: • Classical concepts of homeostasis • Mediators of the metabolic response to injury • Physiological and biochemical changes during injury and recovery • Avoidable factors that compound the metabolic response to injury | — | — | — | — | — | — | — | — | — | — | — | — | — | — | B&L 27th Edi. | |
| 2 | Metabolic response to injury | To understand: • Classical concepts of homeostasis • Mediators of the metabolic response to injury • Physiological and biochemical changes during injury and recovery • Avoidable factors that compound the metabolic response to injury | — | 1% | — | — | — | 1% | — | — | 1 1 1 | 1 1 | — | — | — | 1. Metabolic response 2. Metabolic response to injury | B&L 27th Edi. | 1. History taking 2. Clinical examination |
| 3 | Shock and blood transfusion | To understand: • The pathophysiology of shock and ischaemia-reperfusion injury • The different patterns of shock • Appropriate monitoring and end points of resuscitation • Use of blood and blood products, the benefits and risks of blood transfusion | — | 1% | 1% | — | — | 2% | — | — | 1 1 1 | 1 1 | 2 | 1 | — | 1. shock 2. blood transfusion 3. blood products | B&L 27th Edi. | 1. Cannulation 2. IV fluid infusion 3. human body versus system |
| 4 | Wounds, healing and tissue repair | To understand: • Normal healing and how it can be adversely affected • How to manage wounds of different types. • Aspects of disordered healing that lead to chronic wounds • The variety of scars and their treatment • How to differentiate between acute and chronic wounds | — | 1% | 1% | — | — | 2% | — | — | 1 1 | 1 1 | — | 2 | — | 1. Wound healing 2. Tissue repair | B&L 27th Edi. | 1. Ulcer examination 2. debridement & surgical dressings |

| | | | | | | | | | | | | | | | | | | |
|----|---|---|----|----|----|----|---|----|-----------------------|-----------------------|-----------------------|---|---|---|--|--|---------------|---|
| 8 | Basic surgical skills and anastomoses | <p>To understand:</p> <ul style="list-style-type: none"> • The principles of patient positioning and operating theatre safety • The principles of skin and abdominal incisions • The principles of laparoscopic trocar insertion • The principles of wound closure <p>To know the principles in performing:</p> <ul style="list-style-type: none"> • Bowel anastomoses • Vascular anastomoses <p>To be aware of:</p> <ul style="list-style-type: none"> • The principles of drain usage | – | – | 1% | 1% | – | 2% | 1 1 1 1 1 | 1 1 1 1 1 | 1 1 1 1 1 | 2 | 1 | 1 | | 1. surgical instruments 2. sutures 3. types & techniques of anastomosis 4. complications of anastomosis | B&L 27th Edi. | 1. instruments 2. sutures 3. suturing techniques 4. techniques of anastomosis 5. surgical incisions 6. vascular anastomosis 7. drains 8. diathermy types |
| 9 | Principles of laparoscopic and robotic surgery | <p>To understand:</p> <ul style="list-style-type: none"> • The principles of laparoscopic and robotic surgery • The advantages and disadvantages of such surgery • The safety issues and indications for laparoscopic and robotic surgery • The principles of postoperative care | 1% | 1% | – | – | – | 2% | 1 1 1 1 1 | 1 1 1 1 1 | 1 1 1 1 1 | 2 | | | | 1. history of lap surgery 2. laparoscopic surgery 3. robotic surgery | B&L 27th Edi. | 1. laparoscopic instruments 2. principles of lap surgery 3. port sites for different operations 4. complications of lap surgery |
| 10 | Principles of paediatric surgery | <p>Be able to:</p> <ul style="list-style-type: none"> • Describe clinically important differences between adults and children • Explain the principles of trauma management in children • Safely prescribe perioperative fluids in children • Avoid the pitfalls that often delay the diagnosis of common emergency conditions <p>To understand:</p> <ul style="list-style-type: none"> • The principles of common paediatric conditions | – | 1% | – | – | – | 1% | 1 1 1 1 1 | 1 1 1 1 1 | 1 1 1 1 1 | | | | | 1. paediatric trauma 2. paediatric perioperative care 3. congenital malformations 4. common paediatric | B&L 27th Edi. | 1. Examination of paediatric patient 2. examination of hernia 3. examination of hydrocele 4. circumcision |
| 11 | Principles of oncology | <p>To understand:</p> <ul style="list-style-type: none"> • The biological nature of cancer • That treatment is only one component in the overall management of cancer • The principles of cancer prevention and early detection • The principles underlying non-surgical treatments for cancer <p>To appreciate:</p> <ul style="list-style-type: none"> • The principles of cancer aetiology and the major known causative factors • The likely shape of future developments in cancer management | – | 1% | – | – | – | 2% | 1 1 | 1 | 2 | 1 | | | | 1. principles of oncology 2. multidisciplinary cancer management | B&L 27th Edi. | 1. common surgical malignancies 2. diagnosis |

| INVESTIGATIONS AND DIAGNOSIS | | | | | | | | | | | | B&L 27th Edi. |
|------------------------------|----------------------------|--|---|----|----|---|---|----|-------------|------------------|--------|---------------|
| 12 | Diagnostic imaging | To understand: <ul style="list-style-type: none"> • The advantages of good working relationships and close collaboration with the imaging department in planning appropriate investigations • The basic principles of radiation protection and know the law in relation to the use of ionising radiation • The principles of different imaging techniques and their advantages and disadvantages in different clinical scenarios • The role of imaging in directing treatment in various surgical scenarios to gain an understanding of: | - | 1% | 1% | - | - | 2% | 1 1 1 | 1 1 1 1 | 2 1 | |
| 13 | Gastrointestinal endoscopy | <ul style="list-style-type: none"> • The role of endoscopy as a diagnostic and therapeutic tool • The basic organisation of an endoscopy unit and its equipment • Consent and safe sedation • Special situations: the key points in managing endoscopy in at-risk patients • The indications for diagnostic and therapeutic endoscopic procedures including endoscopic ultrasound • The recognition and management of complications • Novel techniques for endoscopy including the | - | - | 2% | - | - | 2% | 1 1 | 1 1 | 1 1 | 1 |

| | | | | | | | | | | | | | | | | | |
|----|--|--|---|----|----|---|----|----|--------|---|---|---|---|--|---|---------------|--|
| | PERIOPERATIVE CARE | | | | | | | | | 2 | 1 | | 1 | | | B&L 27th Edi. | |
| 14 | Preoperative care including the high-risk surgical patient | To be able to organise the preoperative care and the operating list To understand preoperative preparation for surgery: <ul style="list-style-type: none">• Surgical, medical and anaesthetic aspects of assessment• How to optimise the patient's condition• How to identify and optimise the patient at higher risk• Importance of critical care in management• How to take consent• How to organise an operating list | - | - | 1% | - | 1% | 2% | 1 | 1 | 1 | | | | 1. preoperative assesment 2. high risk patients 3. informed written consent & OT list | B&L 27th Edi. | 1. ATLS protocol 2. pre anesthesia assesment |
| 15 | Anaesthesia and pain relief | To gain an understanding of: <ul style="list-style-type: none">• Techniques of anaesthesia and airway maintenance• Methods of providing pain relief• Local and regional anaesthesia techniques• The management of conic pain and pain from malignant disease | - | 1% | - | - | - | 1% | 1 1 | 1 | 1 | 1 | 1 | | 1. types of anaesthesia 2. pain management | B&L 27th Edi. | 1. endotracheal intubation 2. anesthesia drugs |

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|----|-----------------------------|--|----|----|----|---|---|----|-------------|-------------|---|---|--|---|--|---------------|---|
| 16 | Nutrition and fluid therapy | <p>To understand:</p> <ul style="list-style-type: none"> • The causes and consequences of malnutrition in the surgical patient • Fluid and electrolyte requirements in the pre- and postoperative patient • The nutritional requirements of surgical patients and the nutritional consequences of intestinal resection • The different methods of providing nutritional support and their complications | 1% | 1% | | - | - | 2% | 1 1 1 | 1 1 1 | 2 | 1 | | 1 | 1. malnutrition 2. fluid therapy 3. nutrition in surgery | B&L 27th Edi. | 1. NG tube insertion 2.. IV fluids |
| 17 | Postoperative care | <p>To understand:</p> <ul style="list-style-type: none"> • What is required to deliver immediate postoperative care • What are the common postoperative problems seen in the immediate postoperative period • How to predict and prevent common postoperative complications • How to recognise and treat common postoperative complications • The principles of enhanced recovery A system for discharging patients | - | - | 1% | - | - | 1% | 1 1 1 | 1 1 1 | 2 | 1 | | | 1. postoperative complications 2. prevention of postop complications 3. system of discharge of patient | B&L 27th Edi. | 1. Ward round 2. ward round |
| 18 | Day case surgery | <p>To understand:</p> <ul style="list-style-type: none"> • The concept of the day surgery pathway • The importance of patient selection and preoperative assessment • Basic principles of anaesthesia for day surgery • The spectrum of surgical procedures suitable for day surgery • Postoperative management and discharge arrangements | - | 1% | - | - | - | 1% | 1 1 | 1 1 | 2 | 1 | | | 1. Day case pathway 2. spectrum of day care surgery | B&L 27th Edi. | 1. Intramuscular injection 2. day care case discussion |
| | TRAUMA | | | | | | | | | | | | | | | B&L 27th Edi. | |

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|----|--|---|---|----|----|---|---|----|-------------|--------|---|---|--|--|---|---|--|--|
| 19 | Introduction to trauma | <p>Become familiar with the timeline concept in trauma management</p> <ul style="list-style-type: none"> • Understand how to assess a trauma problem • Learn how to respond to a trauma problem • Understand how to select early total care and damage control surgical strategies | – | 1% | – | – | – | 1% | 1 1 | 1 1 | 2 | 1 | | | | 1. trauma types 2. trauma management | B&L 27th Edi. | 1. ATLS introduction 2. ATLS practical |
| 20 | Early assessment and management of severe trauma | <p>Learning objectives</p> <ul style="list-style-type: none"> • How to identify and assess the severely injured patient • Early treatment goals for multiply injured patients • Understand the role of permissive hypotension, tranexamic acid and massive transfusion protocols • Understand the principles of damage control surgery (DCS) versus early total care (ETC) | – | 1% | 1% | – | – | 2% | 1 1 1 | 1 1 | 2 | | | | 1. assessment of trauma patients 2. treatment goals of trauma patient 3. damage control surgery & early total care | B&L 27th Edi. | 1. maintenance of airway 2. management of breathing problems in trauma | |
| 21 | Traumatic brain injury | <p>To understand:</p> <ul style="list-style-type: none"> • The physiology of cerebral blood flow and the pathophysiology of raised intracranial pressure • The classification and assessment of head injury • Management and sequelae of minor and mild traumatic brain injury • Medical and surgical management of moderate and severe traumatic brain injury | – | – | 2% | – | – | 2% | 1 1 | 1 1 | 2 | 1 | | | 1. pathophysiology 2. assessment & management | B&L 27th Edi. | 1. GCS 2. surgery in head injury | |
| 22 | Neck and spine | <p>To be familiar with:</p> <ul style="list-style-type: none"> • The accurate assessment of spinal trauma • The basic management of spinal trauma and the major pitfalls • The pathophysiology and types of spinal cord injury | – | 1% | 1% | – | – | 2% | 1 1 | 1 1 | 1 | 1 | | | 1. Neck 2. spine | B&L 27th Edi. | 1. Intravenous access 2. care of neck & spine in trauma | |

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|----|----------------------|--|----|----|----|---|---|----|------------------|--------|---|---|---|---|---|---|--|---|
| 23 | Maxillofacial trauma | <p>To be able to: • Identify and understand the significance of potentially life-threatening injuries to the face, head and neck</p> <p>To have: • A systematic methodology for examining facial injuries</p> <p>To know: • The classification of facial fractures</p> <p>To understand: • The diagnosis and management of fractures of the middle third of the facial skeleton and the mandible</p> <p>• The principles of the diagnosis and management of facial soft tissue injuries</p> <p>• To appreciate</p> | – | 1% | – | – | – | 1% | 1 1 | 1 1 | 2 | 1 | 1 | 1 | 1 | 1. examination & classification 2. diagnosis & treatment | B&L 27th Edi. | 1. tracheostomy 2. cricothyroidotomy |
| 24 | Torso trauma | <p>To understand:</p> <ul style="list-style-type: none"> • That the management of trauma is based on physiology as well as anatomy (as in general surgery) • The gross and surgical anatomy of the chest and abdomen • The pathophysiology of torso injury • The strengths and weaknesses of clinical assessment in the injured patient • The use of special investigations and | – | 1% | 2% | – | – | 3% | 1 1 1 1 | 1 1 | 2 | | | | 1. chest trauma 2. abdominal trauma 3. chest intubation 4. DPL | B&L 27th Edi. | 1. Chest tube insertion 2. DPL 3. FAST | |
| 25 | Extremity trauma | <p>To gain an understanding of:</p> <ul style="list-style-type: none"> • How to identify whether an injury exists • The important injuries not to miss • The principles of the description and classification of fractures • The range of available treatments • How to select an appropriate treatment | – | 1% | 1% | – | – | 2% | 1 1 | 1 1 | 1 | 1 | 1 | 1 | 1. upper limb trauma 2. lower limb trauma 3. complications | B&L 27th Edi. | 1. Examination of extremities 2. POP | |
| 26 | Disaster surgery | <p>To recognise and understand:</p> <ul style="list-style-type: none"> • The common features of various disasters • The principles behind the organisation of the relief effort and triage in treatment and evacuation • The role and limitations of field hospitals in disaster • The features of conditions peculiar to disaster situations and their treatment | 1% | – | – | – | – | 1% | 1 1 | 1 | 1 | 1 | | | 1. disaster features 2. management protocols | B&L 27th Edi. | ATLS | |

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|----|--|---|----|----|----|----|---|----|--------|--------|---|---|--|--|---|---------------|---|
| 27 | Conflict surgery | <p>To understand and appreciate:</p> <ul style="list-style-type: none"> • Fundamental differences of war surgery <ul style="list-style-type: none"> • Injury patterns of modern warfare • Principles of war surgical management <ul style="list-style-type: none"> • Blast and ballistic injury | 1% | - | - | - | - | 1% | 1 1 | 1 1 | 2 | 1 | | | 1. war surgery 2. blast and ballistic injury | B&L 27th Edi. | 1. clinical examination in musculoskeletal disease 2. assessment in mass casualties |
| | ELECTIVE ORTHOPAEDICS | | | | | | | | | | | | | | | B&L 27th Edi. | |
| 28 | History taking and clinical examination in musculoskeletal disease | <p>To understand how to:</p> <ul style="list-style-type: none"> • Take a comprehensive musculoskeletal history • Perform a structured and systematic musculoskeletal examination <ul style="list-style-type: none"> • Use and interpret special tests • Use findings to understand the impact on a patient's pain and function | - | - | - | 1% | - | 1% | 1 1 | 1 1 | 1 | 1 | | | 1. history of musculoskeletal disease 2. examination of MSD | B&L 27th Edi. | 1. history 2. examination 3. imaging 4. treatment |
| 29 | Sports medicine and sports injuries | <p>To understand the important issues behind a patient's sporting injury in the context of taking a history</p> <ul style="list-style-type: none"> • To know the common sports injuries • To know the appropriate ways of imaging to confirm or refute a diagnosis • To assess the patient and offer treatment and rehabilitation plans | - | - | 1% | - | - | 1% | 1 1 | 1 | 2 | 1 | | | 1. Sports medicine 2. sports injuries | B&L 27th Edi. | sprain management |
| 30 | The spine | <p>To learn:</p> <ul style="list-style-type: none"> • The salient features relating to the history and examination of the spine • The investigations commonly used in the field of spine disorders • The treatment principles for common conditions affecting the spine • The global issues in spinal surgery | - | 1% | - | - | - | 1% | 1 1 | 1 | | | | | 1. history & examination 2. diagnosis & treatment | B&L 27th Edi. | Examination of spine |

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|----|-------------------------|--|---|----|----|---|---|--------|------------------|---|---|---|--|--|---|----------------------------------|---|
| 31 | Upper limb | <p>To understand:</p> <ul style="list-style-type: none"> Anatomy and physiology relevant to upper limb pathology To be able to explain: The diagnosis and treatment of common upper limb conditions | - | - | - | - | - | 1 1 | 1 1 | | | | | | 1. anatomy of Upper limb 2. diseases | B&L 27th Edi. | 1. Examination of shoulder joint 2. knee joint examination |
| 32 | Hip and knee | <p>To understand:</p> <ul style="list-style-type: none"> The anatomy and biomechanics of the hip and knee and their clinical implications The clinical presentation, aetiology and management of common hip and knee pathologies The principles of joint replacement including important complications The advances in surgical practice in this field | - | 1% | - | - | - | 1% | 1 1 1 1 | 1 | 2 | 1 | | 1.anatomy Hip 2.anatomy knee 3. diseases 4. diagnosis & treatment | B&L 27th Edi. | examination of hip & knee joints | |
| 33 | Foot and ankle | <p>To understand:</p> <ul style="list-style-type: none"> The basic anatomy and biomechanics of the foot and ankle The common problems affecting the foot and ankle in each age group The principles behind the treatment of each condition, be it conservative or surgical The significance of progressive neurological diseases | - | - | 1% | - | - | 1% | 1 1 1 1 | 1 | 2 | 1 | | 1. anatomy Foot 2. anatomy ankle 3. diseases 4. diagnosis & treatment | B&L 27th Edi. | examination of ankle & foot | |
| 34 | Musculoskeletal tumours | <p>Learning objectives</p> <ul style="list-style-type: none"> List the symptoms and signs associated with a musculoskeletal tumour Understand why a patient with a suspected musculoskeletal tumour should be referred to a specialist centre for staging, biopsy and multidisciplinary management Understand why staging should be completed before biopsy Explain why a diagnosis is required before treatment Understand the principles of biopsy | - | 1% | - | - | - | 1% | 1 1 | 1 | 1 | 1 | | 1. types of musculoskeletal tumours 2. management | B&L 27th Edi. | ward round for MS tumours | |

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|----|--|---|----|----|----|---|---|----|--------|------------------|---|---|---|---|---------------|---|
| 35 | Infection of the bones and joints | To understand: • Characteristic features in the history and examination of infection of bone and joint • Diagnostic principles in bone and joint infection • Treatment of infection of native bone and joint • Treatment of implant-associated orthopaedic infection | - | - | 1% | - | - | 1% | 1 1 | 1 | 2 | 1 | 1 | 1. Infection of the bones 2. infections of joints | B&L 27th Edi. | Orthopaedic imaging |
| | SKIN AND SUBCUTANEOUS TISSUE | To understand: | | | | | | | | | 2 | 1 | | | B&L 27th Edi. | |
| 37 | Skin and subcutaneous tissue | To understand: • The structure and functional properties of skin • The classification of vascular skin lesions • The cutaneous manifestations of generalised disease as related to surgery • The management of malignant skin | 1% | - | - | - | - | 1% | 1 1 | 1 1 1 1 | 2 | 1 | | 1. Skin subcutaneous tissue anatomy 2. diseases | B&L 27th Edi. | 1. swelling 2. ulcer 3. excision biopsy 4. knotting techniques 5. sutures 5. suturing techniques |
| 38 | Burns | To assess: • The area and depth of burns To understand: • Methods for calculating the rate and quantity of fluids to be given • Techniques for treating burns and the patient • The pathophysiology of electrical and chemical burns | - | - | 1% | - | - | 1% | 1 1 | 1 1 | 2 | 1 | | 1. pathophysiology of burns 2. management | B&L 27th Edi. | 1. Surgical dressings 2. venous cut down |
| 39 | Plastic and reconstructive surgery | To understand: • The spectrum of plastic surgical techniques used to restore bodily form and function • The relevant anatomy and physiology of tissues used in reconstruction • The various skin grafts and how to use them appropriately • The principles and use of flaps • How to use plastic surgery to reconstruct | - | 1% | - | - | - | 1% | 1 1 | 1 1 | 2 | 1 | | 1. techniques in plastic surgery 2. grafts & flaps | B&L 27th Edi. | 1. STSG method 2. flaps for pilonidal sinus |
| | HEAD AND NECK | | | | | | | | | | | | | | B&L 27th Edi. | |
| 41 | Cleft lip and palate: developmental abnormalities of the face, mouth and jaws | To understand: • The aetiology and classification of developmental abnormalities of the face, mouth and jaws • Perinatal and early childhood management • The principles of reconstruction of cleft lip and palate • The key features of perioperative care • The management of complications associated with cleft lip and palate | - | - | 1% | - | - | 1% | 1 1 | 1 | 2 | 1 | 1 | 1. cleft lip 2. cleft palate | B&L 27th Edi. | examination of oral cavity |

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|----|----------------------------|--|----|----|----|---|----|----|------------------|------------------|---|---|--|--|--|---------------|--|
| 43 | Oral cavity malignancy | To understand: • The relationship between oral (pre)malignancy and the use of alcohol and tobacco • The cardinal features of premalignant and malignant lesions of the oral cavity • The investigation and treatment of these patients | – | – | 1% | – | – | 1% | 1 1 1 | 1 1 | 1 | 1 | | | 1. anatomy 2. types of malignancy 3. diagnosis & treatment | B&L 27th Edi. | 1. examination of oral cavity 2. imaging in oral tumours 3. upper GI endoscopy |
| | BREAST AND ENDOCRINE | | | | | | | | | | 2 | 1 | | | | B&L 27th Edi. | |
| 45 | The thyroid gland | To understand the development and anatomy of the thyroid gland • To know the physiology and investigation of thyroid function • To know when to operate on a thyroid swelling • To describe thyroidectomy • To know the risks and complications of thyroid surgery | 1% | | 1% | – | 1% | 3% | 1 1 1 1 | 1 1 1 1 | 1 | 1 | | | 1. anatomy 2. physiology 3.. diseases 4. treatment | B&L 27th Edi. | 1. history 2. examination of thyroid 3. long case of thyroid 4. ward round 5. investigations |
| 48 | The breast | To understand: • Appropriate investigation of breast disease • Breast anomalies and the complexity of benign breast disease • The modern management of breast cancer | – | 1% | 1% | – | 1% | 3% | 1 1 1 1 | 1 1 1 1 | 1 | 1 | | | 1. anatomy & physiology 2. breastworkup 3. treatment 4. ca breast | B&L 27th Edi. | 1. Breast history 2. examination 3. mammogram 4. trucut biopsy 5. MRM |
| | CARDIOTHORACIC SURGERY | | | | | | | | | | 2 | 1 | | | | B&L 27th Edi. | |
| 50 | The thorax Cardiac Surgery | To understand: • The anatomy and physiology of the thorax • Investigation of chest pathology • The role of surgery in pleural disease • The assessment of patients requiring lung surgery • Surgical oncology as applied to chest surgery | – | 1% | 1% | – | – | 2% | 1 1 1 1 | 1 1 | 2 | 1 | | | 1. anatomy and physiology of thorax 2.anatomy and physiology of heart 3. cardiac surgery 4. CABG | B&L 27th Edi. | 1. examination of chest 2. cxs examination 3. Blood pressure |
| | VASCULAR SURGERY | | | | | | | | | | | | | | | B&L 27th Edi. | |

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|----|----------------------|--|---|----|----|---|---|----|------------------|--------|---|---|--|--|--|--|--|---|--|
| 57 | The oesophagus | <p>To understand:</p> <ul style="list-style-type: none"> • The anatomy and physiology of the oesophagus and their relationship to disease • The clinical features, investigations and treatment of benign and malignant disease with particular reference to the common adult disorders | — | 1% | 1% | — | — | 2% | 1 1 | 1 1 | 2 | 1 | | | | | 1. anatomy, physiology & benign esophageal disorders 2.ca oesophagus | B&L 27th Edi. | 1. ward round 2. CBD 3. barium radiographs |
| 58 | Stomach and duodenum | <p>To understand the gross and microscopic anatomy and pathophysiology of the stomach in relation to disease</p> <ul style="list-style-type: none"> • To be able to decide on the most appropriate techniques to use in the investigation of patients with complaints relating to the stomach and duodenum • To understand the critical importance of gastritis and Helicobacter pylori in upper gastrointestinal disease • To be able to investigate and treat peptic ulcer disease and its complications | — | — | 1% | — | — | 1% | 1 1 1 1 | 1 1 | 2 | 1 | | | | 1. benign stomach diseases 2.ca stomach 3.. Benign duodenal diseases 4. ca duodenum. | B&L 27th Edi. | 1. types of internal hernias 2. succussion splash | |
| 60 | The liver | <p>To understand:</p> <ul style="list-style-type: none"> • The anatomy of the liver • The signs of acute and chronic liver disease • The investigation of liver disease • The management of liver trauma • The management of liver infections • The management of colorectal liver metastases • The management of hepatocellular carcinoma | — | — | 1% | — | — | 1% | 1 1 | 1 1 | 1 | 1 | | | | 1. benign liver disorders 2. HCC | B&L 27th Edi. | 1. LFTs interpretation 2. CLD & surgery | |
| 61 | The spleen | <p>To understand:</p> <ul style="list-style-type: none"> • The function of the spleen • The common pathologies involving the spleen • The principles and potential complications of splenectomy • The potential advantages of laparoscopic splenectomy • The benefits of splenic conservation • The importance of prophylaxis against infection following splenectomy | — | 1% | — | — | — | 1% | 1 1 | 1 | 2 | 1 | | | | 1. splenic disorders 2. splenectomy | B&L 27th Edi. | examination of spleen & splenomegaly | |

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|----|--------------------------------|--|----|----|----|---|---|----|------------------|-------------|---|---|---|--|--|---------------|---|
| 62 | The gallbladder and bile ducts | <p>To understand the anatomy and physiology of the gallbladder and bile ducts</p> <ul style="list-style-type: none"> • To be familiar with the pathophysiology and management of gallstones • To be aware of unusual disorders of the biliary tree • To be aware of malignant disease of the gallbladder and bile ducts | 1% | - | 1% | - | - | 2% | 1 1 1 | 1 1 1 | 2 | 1 | | | 1. gallbladder diseases 2. bile ducts disorders 3. ERCP/MRCP | B&L 27th Edi. | 1. ward round 2. CBD 3. ERCP /MRCP radiographs |
| 63 | The pancreas | <p>To understand:</p> <ul style="list-style-type: none"> • The anatomy and physiology of the pancreas • Investigations of the pancreas • Congenital abnormalities of the pancreas • Assessment and management of pancreatitis • Diagnosis and treatment of pancreatic cancer | - | - | 1% | - | - | 1% | 1 1 1 1 | 1 1 1 | 1 | 1 | | | 1. acute pancreatitis 2. chronic pancreatitis 3. ca pancreas 4. congenital anomalies | B&L 27th Edi. | 1. obstructive jaundice 2. ward round |
| 64 | The small intestine | <p>To appreciate:</p> <ul style="list-style-type: none"> • The basic anatomy and physiology of the small intestine • The range of conditions that may affect the small intestine <p>To understand:</p> <ul style="list-style-type: none"> • The aetiology and pathology of common small intestinal conditions • The principles of investigation of small intestinal symptoms • The importance of non-surgical <p>To appreciate:</p> | - | 1% | - | - | - | 1% | 1 1 1 1 | 1 1 1 | 2 | 1 | 1 | | 1. duodenum 2. jejunum 3. ilium | B&L 27th Edi. | 1. small bowel obstruction 2. laparotomy |
| 65 | The large intestine | <p>To appreciate:</p> <ul style="list-style-type: none"> • The basic anatomy and physiology of the large intestine • The range of conditions that may affect the large intestine <p>To understand:</p> <ul style="list-style-type: none"> • The aetiology and pathology of common large intestinal conditions • The principles of investigation of large intestinal symptoms • The importance of non-surgical | - | - | 1% | - | - | 1% | 1 1 1 | 1 1 1 | 2 | 1 | | | 1. anatomy and physiolog 2.range of conditions of colon 3. ca colon | B&L 27th Edi. | 1. large bowel obstruction 2. colonic surgery types |

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|----|-------------------------|--|----|----|----|---|----|----|------------------|--------|---|---|--|--|--|---------------|---|
| 66 | Intestinal obstruction | <p>To understand:</p> <ul style="list-style-type: none"> The pathophysiology of dynamic and adynamic intestinal obstruction The cardinal features on history and examination The causes of small and large bowel obstruction The indications for surgery and other treatment options in bowel obstruction | - | 1% | 1% | - | 2% | 4% | 1 1 1 1 | 1 1 | 1 | 1 | | | 1. small intestinal obstruction 2. large bowel obstruction 3. dynamic obstruction 4. adynamic obstruction | B&L 27th Edi. | 1. bowel obstruction radiographs 2. CBD |
| 67 | The vermiform appendix | <p>To understand:</p> <ul style="list-style-type: none"> The aetiology and surgical anatomy of acute appendicitis The clinical signs and differential diagnosis of appendicitis The investigation of suspected appendicitis Evolving concepts in management of acute appendicitis | 1% | | 1% | | 2% | 4% | 1 1 | 1 1 | 2 | 1 | | | 1. anatomy appendix 2. acute appendicitis | B&L 27th Edi. | 1. examination of appendicitis 2. appendectomy 3. lap appendectomy 4. ca appendix |
| 68 | The rectum | <p>To understand:</p> <ul style="list-style-type: none"> The anatomy of the rectum and its relationship to surgical disease and its treatment The pathology, clinical presentation, investigation, differential diagnosis and treatment of diseases that affect the rectum <p>To appreciate:</p> <ul style="list-style-type: none"> That carcinoma of the rectum is common and can present with symptoms | 1% | - | 1% | - | - | 2% | 1 1 1 1 | 1 1 | 2 | 1 | | | 1. anatomy rectum 2. rectal imaging 3. benign rectal conditions 4. ca rectum | B&L 27th Edi. | 1. DRE 2. sigmoidoscopy & punch biopsy |
| 69 | The anus and anal canal | <p>To understand:</p> <ul style="list-style-type: none"> The anatomy of the anus and anal canal and their relationship to surgical disease and its treatment The pathology, clinical presentation, investigation, differential diagnosis and treatment of diseases that affect the anus and anal canal That anal disease is common and its treatment tends to be conservative, although surgery may be required That any damage to the anus, including too aggressive or inappropriate surgery, can under the patient's control | - | 1% | 1% | - | - | 2% | 1 1 1 1 | 1 1 | 2 | 1 | | | 1. anatomy anus and anal canal 2. common anal disorders 3. | B&L 27th Edi. | DRE and Proctoscopy |

| | URINARY SYSTEM | | | | | | | | | | | | | | B&L 27th Edi. | | |
|----|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---------------|---|
| 70 | Urinary symptoms and investigations | To understand the significance of pain relating to urinary tract pathology | | | | | | | | | | | | | 1. Urinary symptoms 2. urinary investigations 3. hematuria. | B&L 27th Edi. | 1. folleys catheterization 2. radiographs |
| 71 | Kidneys and ureters | To recognise and understand: | | | | | | | | | | | | | 1. Kidneys 2. ureters 3. operations | B&L 27th Edi. | 1. Examination of kidneys 2. Examination of genitilia 3. TURP |
| 72 | The urinary bladder | To understand: | | | | | | | | | | | | | 1. urinary bladder anatomy 2. BOO 3. ca bladder | B&L 27th Edi. | 1 Examination of abdomen |

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|--------------|---------------------|---|-----|-----|-----|----|----|------|-------------|-------------|-----|----|----|-----|---|--|--|---|
| 71 | Kidneys and ureters | To recognise and understand: <ul style="list-style-type: none"> Important congenital abnormalities of the upper urinary tract Important cystic diseases of the kidney The management of sepsis in the upper urinary tract The pathophysiology of renal stone formation The management of urinary tract calculi The aetiology, presentation and surgical management of obstruction to the upper urinary tract | - | 1% | - | - | - | 1% | 1 1 1 | 1 1 1 | 2 | 1 | | | | 1. Kidneys 2. ureters 3. operations | B&L 27th Edi. | 1. Examination of kidneys 2. Examination of genitilia 3. TURP |
| 72 | The urinary bladder | To understand: <ul style="list-style-type: none"> The anatomy, vascular supply and innervation of the bladder in relation to function and disease The principles of management of bladder trauma, incontinence and fistulae The common causes of acute and chronic urinary retention and management The different types of bladder cancer and the principles of management | - | - | 2% | - | - | 2% | 1 1 1 | 1 | 2 | 1 | | | | 1. urinary bladder anatomy 2. BOO 3. ca bladder | B&L 27th Edi. | 1 Examination of abdomen |
| 72 | Urethra and penis | To recognise and understand: <ul style="list-style-type: none"> The common congenital abnormalities of the urethra The diagnosis and management of urethral trauma The diagnosis and management of urethral stricture The diagnosis and management of phimosis The principles of management of a man with erectile dysfunction The common diseases of the penis and | - | - | - | 1% | - | 1% | 1 1 1 | 1 | 2 | | | | 1. Urethral disorders 2. penile diseases 3. phimosis & paraphimosis | B&L 27th Edi. | 1. Urinary catheterization 2. visual lithotomy | |
| 73 | Testis and scrotum | <ul style="list-style-type: none"> To recognise testicular malediction and to appreciate the reasons for intervention To recognise and manage testicular torsion To be able to recognise and understand the management of the common scrotal swellings (varicocele, hydrocoele and epididymal cysts) To recognise and understand the management of testicular tumours To understand the treatment options for infertile men | - | - | 1% | - | - | 1% | 1 1 1 | 1 1 1 | 2 | 1 | | | | 1. anatomy 2. Testicular disorders 3. scrotal diseases | B&L 27th Edi. | 1. Examination of inguinoscrotal swellings 2. ward round 3. CBD |
| Total | | | 13% | 30% | 45% | 3% | 9% | 100% | 180 | 144 | 120 | 60 | 12 | 516 | | | | |

Assessment Schedule

|  <p style="text-align: center;">Avicenna Medical College 5th Year MBBS (M-19) 1st Term Test Schedule</p> | | | | | | |
|--|------------------|------------|------------------------|-------------------|--|--|
| Week | Date | Day | Subject | Test | Topic | Reference |
| 1st | 1-Apr-24 | Mon | All Subjects | Lecture | Lecture Time Divided Paeds / Gynae | |
| <i>Eid- Ul- Fitr Holidays: 7th April-14th April, 2024</i> | | | | | | |
| 2nd | 15-Apr-24 | Mon | All Subjects | Lecture | Lecture Time Divided Surgery / Medicine | |
| | 19-Apr-24 | Fri | Early Ward Test | | | |
| 3rd | 22-Apr-24 | Mon | Surgery unit-1 | Grand Test | Skin & subcutaneous tissue. (Paples 2) Liver (Benign), Acute limb ischemia, chronic limb ischemia | (Paper-2) Bailey & love 28 Ed. Ch # 45, 61,69 |
| 4th | 29-Apr-24 | Mon | Medicine-I | Grand Test | Pulmonolgy | Davidson 24th Edi |
| | 3-May-24 | Fri | Mid Ward Test | | | |

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|------|-----------|-----|--------------------------|------------|--|---|
| 5th | 6-May-24 | Mon | OBS | Grand Test | Hist&Exam , Ante.Care , Normal fetal growth & Develop , Fetal well being ,Prenatal Dx , Obstet Complica, Physio pf Pregnancy | Chap 1-6 (Ten Teachers OBS 20th Edi), Ch :3 (Ten Teachers OBS 19th Edi) |
| 6th | 13-May-24 | Mon | | | | Grand Ward Test-1 |
| 7th | 20-May-24 | Mon | Paeds | Grand Test | Growth, development, Nutrition, IMNCI, infectious diseases, hematological diseases | Pervaiz Akbar |
| | 24-May-24 | Fri | | | | Early Ward Test |
| 8th | 27-May-24 | Mon | Medicine-II | Grand Test | Cardiology | Davidson 24th Edi |
| 9th | 3-Jun-24 | Mon | Surgery unit-2 (Paper-1) | Grand Test | Metabolic response to injury (Paper 1)Surgical infections,Wound healing & tissue repair shock and blood transfusion, hemostasis, Tropical lifications conflict surgay Chest trauma, conflict Disaster surgery, Peri-operative Care | Bailey & love 28th Ed. Ch#1,2,3,5,6,33,34, 24, 29. |
| | 7-Jun-24 | Fri | | | | Mid Ward Test |
| 10th | 10-Jun-24 | Mon | Gynae | Grand Test | The develop & Anat. Gyane Hist & Exam , Hormo cont, Dis of menst bleeding , Implant . & early preg ., contrcep & Abortion | Ch 1-6 , Ten Teachers Gynae 20th Edition |
| 10th | 12-Jun-24 | Wed | Grand Ward Test-2 | | | |

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|-------------|------------------|------------|-------------------------------------|-------------------|---|---|
| 11th | 22-Jul-24 | Mon | Surgery unit-1 (Paper-2) | Grand Test | 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# 61,62A, 60, 59,50,47,48,46,52 |
|-------------|------------------|------------|-------------------------------------|-------------------|---|---|

Early Session: 24th July,2024 - 7th Aug,2024

| | | | | | | |
|-------------|------------------|------------|-------------------|------------|---|--|
| 11th | 24-Jul-24 | Wed | OBS | ESE | Hist&Exam , Ante.Care , Normal fetal growth & Develop , Fetal well being ,Prenatal Dx , Obstet | Chap 1-6 (Ten Teachers OBS 20th Edi), Ch :3 (Ten Terachers OBS 19th |
| 11th | 25-Jul-24 | Thu | | | Day Off | |
| 11th | 26-Jul-24 | Fri | Gynae | ESE | The develop & Anat. Gyane His | Ch 1-6 , Ten Teachers Gynae 20th Edition |
| 11th | 27-Jul-24 | Sat | | | Day Off | |
| 11th | 28-Jul-24 | Sun | | | Day Off | |
| 11th | 29-Jul-24 | Mon | Medicine-I | ESE | Entire Syllabus Covered | |
| 12th | 30-Jul-24 | Tue | | | Day Off | |

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|------------------------|------------------|------------|-----------------------|------------|--|
| 12th | 31-Jul-24 | Wed | Medicine-II | ESE | Entire Syllabus Covered |
| 12th | 1-Aug-24 | Thu | | | Day Off |
| 12th | 2-Aug-24 | Fri | Surgery unit-1 | ESE | (Paper-2) Entire Syllabus Covered |
| 12th | 3-Aug-24 | Sat | | | Day Off |
| 12th | 4-Aug-24 | Sun | | | Day Off |
| 12th | 5-Aug-24 | Mon | Surgery unit-2 | ESE | (Paper-1) Entire Syllabus Covered |
| 13th | 6-Aug-24 | Tue | | | Day Off |
| 13th | 7-Aug-24 | Wed | Paeds | ESE | Entire Syllabus Covered |
| End Of 1st Term | | | | | |



Avicenna Medical College

5th Year MBBS (M-19)

2nd Term Test Schedule

| Week | Date | Day | Subject | Test | Topic | Reference |
|------|-----------|-----|----------------|------------|--|---|
| 14th | 12-Aug-24 | Mon | All Subjects | Lecture | Lecture Time Divided | |
| | 16-Aug-24 | Fri | | | Early Ward Test | |
| 15th | 19-Aug-24 | Mon | OBS | Grand Test | Multiple Preg, PTL , HTN in preg , Medical Dis, Perinatal Infect. | CH : 7-11 TEN TEACHERS OBS 20TH EDITION |
| | 23-Aug-24 | Fri | Medicine-I | Grand Test | Central nervous system,Infectious diseases | Davidson 24th Edi |
| 16th | 26-Aug-24 | Mon | Surgery unit-2 | Grand Test | Spine trauma, Traumatic Brain injury 1, Pediatric surgery Laparoscopic surgery, Principle of Oncology. Diagnostic Imaging in Surgery, Gastrointestinal endoscopy, Nutrition and fluid therapy, Pre-operative assessment in high sick patient, Pain relief, Post operative care | (Paper-1) Bailey & love 28th Ed. Ch#30, 28. 17,12,8,9,25,21,23 |
| | 30-Aug-24 | Fri | | | Mid Ward Test | |

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|------|-----------|-----|----------------|------------|---|--|
| 17th | 2-Sep-24 | Mon | Medicine-II | Grand Test | Gastroentrology, hepatology, haematology, oncology | Davidson 24th Edi |
| 18th | 10-Sep-24 | Tue | | | Grand Ward Test-3 | |
| 19th | 16-Sep-24 | Mon | Gynae | Grand Test | Subfertility, Menopause, Genitourinary, Urogynae & POP, Gynae surgery & Therapeutics | Ch 7-10 ,17, Ten Teachers Gynae 20th Edition |
| 20th | 23-Sep-24 | Mon | Paeds | Grand Test | GIT, CNS, CVS, Neonatology | Pervaiz Akbar |
| | 27-Sep-24 | Fri | | | Mid Ward Test | |
| 21st | 30-Sep-24 | Mon | Surgery unit-1 | 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 | (Paper-2) Bailey & love 28th Ed. Ch#55, 56, 64, 65, 66, 67, 68, 74. |
| | 3-Oct-24 | Thu | | | Grand Ward Test-4 | |

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|---|-----------|-----|----------------|------------|-----------------------------------|--------------------------------------|
| 22nd | 7-Oct-24 | Mon | Medicine-I | Grand Test | Nephrology | Davidson 24th Edi |
| 23rd | 14-Oct-24 | Mon | All Subjects | Lecture | Lecture Time Divided | |
| Mid Session: 16th Oct 2024 - 30th Oct,2024 | | | | | | |
| 23rd | 16-Oct-24 | Wed | Medicine-I | MSE | All Syllabus Covered | |
| 23rd | 17-Oct-24 | Thu | | | Day Off | |
| 23rd | 18-Oct-24 | Fri | Medicine-II | MSE | All Syllabus Covered | |
| 23rd | 19-Oct-24 | Sat | | | Day Off | |
| 24th | 20-Oct-24 | Sun | | | Day Off | |
| 24th | 21-Oct-24 | Mon | OBS | MSE | All Syllabus Covered | T. T OBS 20TH Edition CH : 1-11 |
| 24th | 22-Oct-24 | Tue | | | Day Off | |
| 24th | 23-Oct-24 | Wed | Gynae | MSE | ALL Syllabus Covered | T.T GYNAE 20TH Edition CH : 1-10, 17 |
| 24th | 24-Oct-24 | Thu | | | Day Off | |
| 24th | 25-Oct-24 | Fri | Surgery unit-1 | MSE | (Paper-2) Entire Syllabus Covered | |
| 24th | 26-Oct-24 | Sat | | | Day Off | |
| 25th | 27-Oct-24 | Sun | | | Day Off | |
| 25th | 28-Oct-24 | Mon | Surgery unit-2 | MSE | (Paper-1) Entire Syllabus Covered | |
| 25th | 29-Oct-24 | Tue | | | Day Off | |
| 25th | 30-Oct-24 | Wed | Paeds | MSE | Entire Syllabus Covered | |

End Of 2nd Term



Avicenna Medical College

5th Year MBBS (M-19)

3rd Term Test Schedule

| Week | Date | Day | Subject | Test | Topic | Reference |
|------|-----------|-----|-------------------------|------------|---|---|
| 26th | 4-Nov-24 | Mon | All Subjects | Lecture | Lecture Time Divided | |
| | 7-Nov-24 | Thu | | | Grand Ward Test-5 | |
| 27th | 11-Nov-24 | Mon | Medicine-II | Grand Test | Endocrinology, Rheumatology, Metabolic diseases, Dermatology | Davidson 24th Edi |
| 28th | 18-Nov-24 | Mon | Surgery unit-1 +Urology | Grand Test | Gallbladder and bile ducts, Jejunum, Large intestine, veriform appendix, Pancreas | (Paper-2) Bailey & love 28th Ed. Ch# 71, 72, 77,76 + Urology |
| 28th | 22-Nov-24 | Fri | OBS | Grand Test | Normal & abn labor, Operi. Obstet, Obs Emerg , Puerpurium, Neonatology | CH 12-16 , OBS TEN TEACHERS 20TH Edition |

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|-------------|------------------|------------|-------------------------------------|-------------------|---|---|--|
| 29th | 25-Nov-24 | Mon | Paeds | Grand Test | Respiratory diseases, nephrology, endocrinology, genetics, surgery, | Pervaiz Akbar | |
| | 29-Nov-24 | Fri | Mid Ward Test | | | | |
| 30th | 2-Dec-24 | Mon | Surgery unit-2+ Orthopaedics | Grand Test | Day case surgery, introduction to trauma, Early management & assessment of severe trauma, Traumatic brain injury-2, Neck trauma, Torso trauma, Tissue engineering & regeneration, tissue & molecular diagnosis, Abdominal trauma, Radiology in surgery | (Paper-1) Bailey & love 28th Ed. Ch. 22,26,27, 4, 11, 7 Orthopaedics | |
| | 6-Dec-24 | Thu | Grand Ward Test-5 | | | | |
| 31st | 9-Dec-24 | Mon | Gynae | Grand Test | Benign & Malignant Diseases of female Genital Tract | CH 11-16 , GYNAE TEN TEACHERS 20th Edition | |
| | 10-Dec-24 | Tue | Day Off | | | | |
| | 11-Dec-24 | Wed | Medicine- 1 | Grand Test | Psychiatry | Davidson 24th Edi | |
| | 12-Dec-24 | Thu | Day Off | | | | |
| | 13-Dec-24 | Fri | Paeds | Grand Test | IMNCI, psychiatry, poisoning, metabolic diseases, rheumatology, acutely ill child, acid base balanace | Pervaiz Akbar | |

LSE/Send Up:16th Dec,24 - 30th Dec,24

| | | | | | |
|-------------|-----------|-----|--|-------------|-----------------------------------|
| 32nd | 16-Dec-24 | Mon | Paeds | LSE/Send Up | Entire Syllabus Covered |
| | 17-Dec-24 | Tue | | | Day Off |
| | 18-Dec-24 | Wed | OBS | LSE/Send Up | Entire Syllabus Covered |
| | 19-Dec-24 | Thu | | | Day Off |
| | 20-Dec-24 | Fri | Gynae | LSE/Send Up | Entire Syllabus Covered |
| | 21-Dec-24 | Sat | | | Day Off |
| 33rd | 22-Dec-24 | Sun | | | Day Off |
| | 23-Dec-24 | Mon | Surgery unit-1 | LSE/Send Up | (Paper-2) Entire Syllabus Covered |
| | 24-Dec-24 | Tue | | | Day Off |
| | 25-Dec-24 | Wed | Quaid-e-Azam Day/Christmas Holiday- 25th Dec,2024 | | |
| | 26-Dec-24 | Thu | Surgery unit-2 | LSE/Send Up | (Paper-1) Entire Syllabus Covered |
| | 27-Dec-24 | Fri | | | Day Off |
| 34th | 28-Dec-24 | Sat | Medicine-I | LSE/Send Up | Entire Syllabus Covered |

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| | 29-Dec-24 | Sun | Day Off | | | |
| | 30-Dec-24 | Mon | Medicine-II | LSE/Send Up | Entire Syllabus Covered | |
| 34th | 31-Dec-24 | Tue | Final Clinical Assessment | | | |
| | 1-Jan-25 | Wed | Final Clinical Assessment | | | |
| | 2-Jan-25 | Thu | Final Clinical Assessment | | | |
| | 3-Jan-25 | Fri | Final Clinical Assessment | | | |
| | 4-Jan-25 | Sat | Final Clinical Assessment | | | |
| 35th | 5-Jan-25 | Sun | Day Off | | | |
| | 6-Jan-25 | Mon | Final Clinical Assessment | | | |
| End Of 3rd Term | | | | | | |

Clerkships

| Avicenna Medical College | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|---|---------------|-----------------------------|-------------------|---|-----------------------------|-----------------|-------------------|--|-----------------|---------------|-----------------------------|--|---------------|-----------------------------|-------------------|---|-----------------------------|--|-------------------|--|--|--|-------------------|
| Final Year MBBS M-19 | | | | | | | | | | | | | | | | | | | | | | | | |
| Ward Test Schedule | | | | | | | | | | | | | | | | | | | | | | | | |
| CLINICAL ROTATION DURATION | CLINICAL ROTATION-1 1-April-24 to 11-May-24 | | | GRAND WARD TEST-1 | CLINICAL ROTATION-2 14-May-24 to 11-June-24 | | | GRAND WARD TEST-2 | CLINICAL ROTATION-3 22-July-24 to 7-Sep-24 | | | GRAND WARD TEST-3 | CLINICAL ROTATION-4 10-Sep-24 to 12-Oct-24 | | | GRAND WARD TEST-4 | CLINICAL ROTATION-5 15-Oct-24 to 7-Dec-24 | | | GRAND WARD TEST-5 | CLINICAL ROTATION-6 10-Dec-24 to 18-Jan-25 | | | GRAND WARD TEST-6 |
| TEST DATE: | Early Ward Test | Mid Ward Test | GRAND WARD TEST-1 | Early Ward Test | Mid Ward Test | GRAND WARD TEST-2 | Early Ward Test | Mid Ward Test | GRAND WARD TEST-3 | Early Ward Test | Mid Ward Test | GRAND WARD TEST-4 | Early Ward Test | Mid Ward Test | GRAND WARD TEST-5 | Early Ward Test | Mid Ward Test | GRAND WARD TEST-6 | | | | | | |
| | 19-Apr-24 | 3-May-24 | 13-May-2024 | 24-May-24 | 7-Jun-24 | 12-Jun-2024 | 16-Aug-24 | 30-Aug-24 | 9-Sep-2024 | 20-Sep-24 | 4-Oct-24 | 14-Oct-2024 | 15-Nov-24 | 29-Nov-24 | 9-Dec-2024 | 20-Dec-24 | 10-Jan-25 | 20-Jan-2025 | | | | | | |
| BATCH A | M-I | M-II | GRAND WARD TEST MEDICINE-I | M-II | M-II | GRAND WARD TEST MEDICINE-II | OBG.GYNAE | OBG.GYNAE | GRAND WARD TEST OBG.GYNAE | S-I | S-I | GRAND WARD TEST SURGERY-I | S-II | S-II | GRAND WARD TEST SURGERY-II | PAEDS | PAEDS | GRAND WARD TEST PAEDS | | | | | | |
| BATCH B | M-II | M-II | GRAND WARD TEST MEDICINE-II | OBG.GYNAE | OBG.GYNAE | GRAND WARD TEST OBG.GYNAE | S-I | S-I | GRAND WARD TEST SURGERY-I | S-II | S-II | GRAND WARD TEST SURGERY-II | PAEDS | PAEDS | GRAND WARD TEST PAEDS | M-I | M-I | GRAND WARD TEST MEDICINE-I | | | | | | |
| BATCH C | OBG.GYNAE | OBG.GYNAE | GRAND WARD TEST OBG.GYNAE | S-I | S-I | GRAND WARD TEST SURGERY-I | S-II | S-II | GRAND WARD TEST SURGERY-II | PAEDS | PAEDS | GRAND WARD TEST PAEDS | M-I | M-I | GRAND WARD TEST MEDICINE-I | M-II | M-II | GRAND WARD TEST MEDICINE-II | | | | | | |
| BATCH D | S-I | S-I | GRAND WARD TEST SURGERY-I | S-II | S-II | GRAND WARD TEST SURGERY-II | PAEDS | PAEDS | GRAND WARD TEST PAEDS | M-I | M-I | GRAND WARD TEST MEDICINE-I | M-II | M-II | GRAND WARD TEST MEDICINE-II | OBG.GYNAE | OBG.GYNAE | GRAND WARD TEST OBG.GYNAE | | | | | | |
| BATCH E | S-II | S-II | GRAND WARD TEST SURGERY-II | PAEDS | PAEDS | GRAND WARD TEST PAEDS | M-I | M-I | GRAND WARD TEST MEDICINE-I | M-II | M-II | GRAND WARD TEST MEDICINE-II | OBG.GYNAE | OBG.GYNAE | GRAND WARD TEST OBG.GYNAE | S-I | S-I | GRAND WARD TEST SURGERY-I | | | | | | |
| BATCH F | PAEDS | PAEDS | GRAND WARD TEST PAEDS | M-I | M-I | GRAND WARD TEST MEDICINE-I | M-II | M-II | GRAND WARD TEST MEDICINE-II | OBG.GYNAE | OBG.GYNAE | GRAND WARD TEST OBG.GYNAE | S-I | S-I | GRAND WARD TEST SURGERY-I | S-II | S-II | GRAND WARD TEST SURGERY-II | | | | | | |

