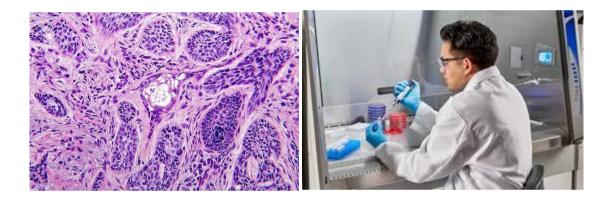


# STUDY GUIDE 2025 BLOCK-08





LAHORE MEDICAL AND DENTAL COLLEGE, LAHORE



### **Vision Statement**

UHS is a leading University aiming to keep its graduates apt with the ever emerging global health challenges evolving educational methodologies and emerging technological advancements to maintain its distinguishable position as a Medical University.

### **Mission Statement**

UHS shall continue to strive for producing a human resource par at excellence to cater for the health needs of the people of Punjab and Pakistan.

### Mission of LMDC

"Train future leaders of medicine who set new standards in knowledge, care and compassion".

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### Introduction

UHS has introduced modular integrated MBBS curriculum 2023 from the academic session 2024-2025 and version 3.0 is released in 2025, the study guide for Block -08 is developed in order to introduce the 3<sup>rd</sup> Year MBBS students to various modules and block in the Year 3. The learning Objectives of all the Subjects included in Block -08 are added to help learners focus on key areas.

Time tables for all the modules in Block -08 are added and total contact hours for each subject are given in a tabulated manner. The book and other reading resources are mentioned to facilitate the students. Assessment tools, policy and schedule are also included. Moreover, table of specifications (TOS) for Block-08 examination is added to facilitate the learners.

### DEPARTMENTS AND FACULTY INVOVLED IN BLOCK 8 TEACHING Department Of Pathology

- Prof. Dr. Shazia Nilofar Ibne Rasa (HOD/Professor Histopathology)
- Prof. Dr. Saadia Chaudhary (Professor Microbiology)
- Prof. Dr. Fauzia Sadiq (Professor Chemical Pathology)
- Prof. Dr. Muhammad Shahbaz Amin (Professor Histopathology)
- Dr. Nazia Ahmad (Associate Professor Haematology)
- Dr. Sonia Tahir (Assistant Professor Microbiology)
- Dr. Muhammad Rizwan (Assistant Professor Histopathology)
- Dr. Maimoona Aslam (Assistant Professor Histopathology)
- Dr. Hira Baber (Assistant Professor Haematology)

### **Department Of Forensic Medicine**

- Prof. Dr. Amir Bashir (HOD/Professor)
- Dr. Roman Ashraf (Assistant Professor)

### **Department Of Pharmacology**

- Prof. Dr. Ajaz Fatima (HOD/Professor)
- Prof. Dr. Shazia Asim (Professor)
- Dr. Asia Firdous (Associate Professor)
- Dr. Quratulain Mehdi (Assistant Professor)
- Dr. Ovais Qarni (Senior Lecturer)

### **Department Of Community Medicine**

- Prof. Dr. Seema Daud (HOD/Professor)
- Dr. Humayun Mirza (Associate Professor)
- Dr. Umbreen Navied (Assistant Professor)
- Dr. Saadia Maqbool (Assistant Professor)

### **Department Of Medicine**

• Prof. Dr. Waseem Amir (HOD/Professor)

- Prof. Dr. Asad Ullah Ijaz (Professor OPS)
- Prof. Dr. Sarah Shoaib (Professor OPS)
- Prof. Dr. Ijaz Ahmed (Professor OPS)
- Prof. Dr. Rizwan Akram (Professor OPS)
- Prof. Dr. Atiq-Uz-Zaman (Professor OPS)
- Dr. Abdullah Shah (Associate Professor OPS)

### **Department Of Surgery**

- Prof. Dr. Hasnat Ahmad Butt (HOD/Professor)
- Prof. Dr. Saquib Zahoor (Professor)
- Prof. Wasif Majeed Chaudhry (Professor)
- Dr. Sidra Shoaib (Professor)

### **Department Of Behavioural Sciences**

• Prof. Dr. Maj. R. Maqbool Ahmad (HOD/Professor)

#### **Department Of Radiology**

Prof. Dr. Khalid Farooq (HOD/Professor)

#### **Department Of Pediatrics**

Prof. Rizwan Waseem (HOD/Professor)

### **Department of Gynecology**

### **Department of Orthopedics**

#### **Department Of Biochemistry**

- Prof. Dr. Rubina Bashir (HOD/Professor)
- Prof. Dr. Sobia Imtiaz (Professor)
- Dr. Mahwish Shahzad (Assistant Professor)
- Dr. Khaulah Qureshi (Assistant Professor)

### **Department Of Medical Education**

• Dr. Nighat Nadeem (Associate Professor)

### List of Abbreviations

Abbreviations	Subjects	
А	Anatomy	
ABCDE	Airway, Breathing, Circulation, Disability, Exposure	
ABG	Arterial Blood Gas	
ACS	Acute Coronary Syndromes	
Ag	Aging	
AKI	Acute Kidney Injury	
ALT	Alanine Transaminase	
AMI	Acute Myocardial Infarction	
AMP	Adenosine Monophosphate	
ANA	Antinuclear Antibody	
ANCA	Antineutrophil Cytoplasmic Antibodies	
ANS	Autonomic Nervous System	
AO	Association of Osteosynthesis	
APTT	Activated Partial Thromboplastin Clotting Time	
ARDS	Acute Respiratory Distress Syndrome	
ARVC	Arrhythmogenic Right Ventricular Cardiomyopathy	
ASD	Atrial Septal Defect	
AST	Aspartate Aminotransferase	
ATLS	Advanced Trauma Life Support	
Au	Autopsy	
AUC	Area Under The Curve	
AV	Atrioventricular	
В	Biochemistry	
BhS	Behavioral Sciences	
BHU	Basic Health Unit	
BSL	Biological Safety Level	
С	Civics	
C-FRC	Clinical-Foundation Rotation Clerkship	
C. burnetii	Coxiella burnetiid	
C. neoformans	Cryptococcus neoformans	
C. pneumoniae	Chlamydia pneumonia	
C. psittaci	Chlamydia psittaci	

C. trachomatis	Chlamydia trachomatis	
СА	Cancer	
CABG	Coronary Artery Bypass Grafting	
CAD	Coronary Artery Disease	
CBC	Complete Blood Count	
CCR5	Cysteine-Cysteine Chemokine Receptor 5	
CD31	Cluster of Differentiation 31	
CD34	Cluster of Differentiation 34	
CD4	Clusters of Differentiation 4	
CF	Cystic Fibrosis	
СК	Creatine Kinase	
СК	Creatine Kinase	
CLED	Cystine Lactose Electrolyte Deficient	
CLL	Chronic Lymphocytic Leukemia	
СМ	Community Medicine	
CML	Chronic Myelogenous Leukemia	
CMV	Cytomegalovirus	
CNS	Central Nervous System	
СО	Carbon Monoxide	
CO2	Carbon Dioxide	
CODIS	Combined Dna Index System	
COPD	Chronic Obstructive Pulmonary Disease	
COVID-19	Corona Virus Disease 2019	
СОХ	Cyclooxygenase	
CPR	Cardio Pulmonary Resuscitation	
CR	Clinical Rotation	
CRP	C- Reactive Protein	
CSF	Cerebrospinal Fluid	
СТ	Computed Tomography	
СТ	Computerized Tomography	
CV	Cardiovascular	
CVA	Cerebral Vascular Accident	
CVDs	CVDs Cardiovascular Diseases	
CVS	Cardiovascular System	
D. medinensis	Dracunculus Medinensis	
DALY	Disability-Adjusted Life Year	

DCIS	Ductal Carcinoma in situ	
DCM	Dilated Cardiomyopathy	
DCMLS	Dorsal Column Medial Lemniscus System	
DLC	Differential Leukocyte Count	
DMARDs	Disease-modifying antirheumatic drugs	
DNA	Deoxy Ribonucleic Acid	
DOTS	Directly Observed Treatment Short-course	
DTP	Diphtheria, Tetanus, Pertussis	
DVI	Disaster Victim Identification	
DVT	Deep Vein Thrombosis	
E. coli	Escherichia coli	
ECF	Extra Cellular Fluid	
ECG	Electrocardiography	
ECG	Electocardiogram	
ECP	Emergency contraceptive pills	
ED50	Median Effective Dose	
EEG	Electroencephalogram	
EIA	Enzyme Immunoassay	
ELISA	Enzyme Linked Immunosorbent Assay	
EnR	Endocrinology & Reproduction	
ENT	Ear Nose Throat	
EPI	Expanded Programme on Immunization	
ER	Emergency Room	
F	Foundation	
FAST	Focused Assessment with Sonography in Trauma	
FEV1	Forced Expiratory Volume 1	
FM	Family Medicine	
For	Forensics Medicine	
FPIA	Fluorescent Polarization Immunoassay	
FS	FS Forensic Serology	
FSc	<b>c</b> Forensic Science	
FVC	Forced Vital Capacity	
GCS	GCS Glasgow Coma Scale	
GFR	Glomerular Filtration Rate	
GIT	Gastrointestinal tract	
GL-MS	Gas Liquid Mass Spectrometry	

GLC	Gas Liquid Chromatography	
GLP	Good Laboratory Practice	
GMP	Guanosine Monophosphate	
GO	Gynecology and Obstetrics	
GP	General Practitioner	
GPE	General Physical Examination	
GTO	Golgi Tendon Organ	
Gynae & Obs	Gynecology and Obstetrics	
H & E	Hematoxylin and Eosin	
H. influenzae	Haemophilus influenza	
H. pylori	Helicobacter pylori	
HAI	Healthcare Associated Infections	
HbC	Hemoglobin C	
HbS	Sickle Hemoglobin	
HbSC	Hemoglobin Sickle C Disease	
HCL	Hydrochloric Acid	
НСМ	HCM Hypertrophic Cardiomyopathy	
HHV Human Herpesvirus		
HIT Hematopoietic, Immunity and Transplant		
HIV	Human Immunodeficiency Virus	
HL	Hematopoietic & Lymphatic	
HLA	Human Leukocyte Antigen	
НМР	Hexose Monophosphate	
HNSS	Head & Neck and Special Senses	
HPLC	High Pressure Liquid Chromatography	
ICF	Intra Cellular Fluid	
ID	Infectious Diseases	
IE	Infective Endocarditis	
IL	Interleukin	
ILD	Interstitial Lung Disease	
IN Inflammation		
INR International Normalized Ratio		
INSTIS Integrase Strand Transfer Inhibitors		
IPV Inactivated Poliovirus Vaccine		
IUD	Intrauterine Device	
IUGR	Intra Uterine Growth Restriction	

JVP	Jugular Venous Pulse	
L	Law	
LD50	Median Lethal Dose	
LDH	Lactate Dehydrogenase	
LSD	Lysergic acid diethylamide	
М	General Medicine	
MALT	Mucosa Associated Lymphoid Tissue	
MBBS	Bachelor of Medicine, Bachelor of Surgery	
МСН	Mean corpuscular hemoglobin	
МСНС	Mean Corpuscular Hemoglobin Concentration	
MCV	Mean Corpuscular Volume	
MHO 2001	Mental Health Ordinance 2001	
МоА	Mechanism of action	
MRI	Magnetic resonance imaging	
MS	Musculoskeletal	
MSD	Musculoskeletal disorders	
MSDS	Minimum Service Delivery Standards	
MSK	Musculoskeletal	
N	Neoplasia	
NEAA	Non-Essential Amino Acids	
NK cells	Natural Killer Cells	
NMJ	Neuro Muscular Junction	
NNRTIS	Non-nucleoside Reverse Transcriptase Inhibitors	
NRTIS	Nucleoside Reverse Transcriptase Inhibitors	
NS	Neurosciences	
NSAIDs	Non-steroidal Anti-Inflammatory Drugs	
0	Ophthalmology	
OA	Osteoarthritis	
ОРС	Organophosphate	
OPV	Oral poliovirus vaccine	
Or	Orientation	
Orth	h Orthopaedic	
Р	Physiology	
P. jiroveci	P. jiroveci Pneumocystis jiroveci	
Ра	Pathology	
PAD	Peripheral Artery Disease	

PAF	Platelet Activating Factor	
PBL	Problem Based Learning	
PCI	Percutaneous Coronary Intervention	
PCR	Polymerase Chain Reaction	
PDA	Patent Ductus Arteriosus	
PDGF	Platelet Derived Growth Factor	
Ре	Pediatrics	
PEM	Protein Energy Malnutrition	
PERLs	Professionalism, Ethics, Research, Leadership	
PET	Positron Emission Tomography	
Ph	Pharmacology	
рН	potential Hydrogen	
PI	Personal Identity	
PID	Pelvic inflammatory disease	
Pls	Protease in hibitors	
РМС	Pakistan Medical Commission	
PMDC	Pakistan Medical and Dental Council	
PMI	Post-Mortem Interval	
PNS	Peripheral Nervous System	
PPD	Paraphenylenediamine	
РРЕ	Personal Protective Equipment	
Psy	Psychiatry	
РТ	Prothrombin Time	
PVC	Premature Ventricular Contraction	
PVD	Peripheral Vascular Diseases	
QALY	Quality-Adjusted Life Year	
QI	Quran and Islamiyat	
R	Renal	
Ra	Radiology	
RA	Rheumatoid Arthritis	
RBCs	Red Blood cells	
RCM	RCM Restrictive Cardiomyopathy	
RDA	RDA Recommended Dietary Allowance	
Re	Respiratory	
RF	Rheumatoid factor	
RFLP	Restriction Fragment Length Polymorphism	

Rh	Rheumatology	
RHC	Rural Health Center	
RIA	Radioimmunoassay	
RMP	Resting Membrane Potential	
RNA	Ribonucleic Acid	
RTA		
S	General Surgery	
S. pneumonia	Streptococcus pneumonia	
SA	Sinoatrial	
SCC	Squamous-cell carcinoma	
Se Sexology		
Sec	Section	
SIDS	Sudden Infant Death Syndrome	
SLE	Systemic Lupus Erythematosus	
SOP	Standard Operating Procedure	
ТВ	Tuberculosis	
TBI Traumatic Brain Injury		
TCA Tricarboxylic acid cycle		
TCBS         Thiosulphate Citrate Bile salts Sucrose		
TD50 Median Toxic Dose		
TGA     Transposition of the Great Arteries		
Th	Thanatology	
TLC	Thin Layer Chromatography	
TNF	Tumor Necrotic Factor	
TNM	Tumour, Node, Metastasis	
TOF	Tetralogy of Fallot	
Тох	Toxicology	
Tr	Traumatology	
TSI	Triple Sugar Iron	
USG	Ultrasonography	
UTI	Urinary Tract Infections	
UV Ultraviolet		
VAP Ventilator-Associated Pneumonia		
Vd	Volume of Distribution	
VEGF	Vascular Endothelial Growth Factor	
VSD	Ventricular Septal Defect	

W. bancroft Wuchereria Bancroft	
WBCs White Blood Cells	
WHO World Health Organization	
ZN Staining Ziehl-Neelsen Staining	

### Curriculum Frame Work for 3rd Year

Block	Module
Block-07	<ul> <li>FOUNDATION-2 &amp; EBM</li> <li>GENERAL &amp; CLINICAL PHARMACOLOGY</li> <li>HEMATOPOIETIC &amp; IMMUNITY &amp; TRANSPLANT</li> <li>FORENSIC MEDICINE &amp; TOXICOLOGY -3</li> </ul>
Block-08	<ul> <li>Neoplasia</li> <li>INFECTIOUS DISEASE</li> <li>MUSCULOSKELETAL &amp; LOCOMOTION -2</li> <li>FORENSIC MEDICINE &amp; TOXICOLOGY -3</li> </ul>
BLock-09	<ul> <li>CARDIOVASCULAR -2</li> <li>RESPIRATORY -2</li> <li>COMMUNITY MEDICINE &amp; FAMILY HEALTH -1</li> <li>FORENSIC MEDICINE &amp; TOXICOLOGY -3</li> </ul>
Spiral	<ul> <li>PERLS-3</li> <li>Expository -3</li> <li>C-FRC-3 (Clinical- Foundation, Rotation, Clerkships)</li> </ul>

### Introduction to the Block -08 :-

	Course Name:	Block -08
	Year:	Year -03
	Level of Students:	Third Year MBBS
	Duration of Block -08:	16 <sup>th</sup> of June 2025 to 26 <sup>th</sup> of Sept 2025.
•	Breaks:	4 weeks summer break from 4 July 2025
•	Remedial classes:	In summer break
•	Block exam:	OCTOBER (Tentatively)

	Name of Module	Duration (weeks)
1	Musculoskeletal & Locomotion – 2	4
2	Infectious Disease	3
3	Neoplasia	1
4	Forensic Medicine – 2	1
5	CIA/PERL/Expository	2
	TOTAL	11

### **BLOCK COMMITTEE**

The modular committee includes the coordinator, co-coordinator, and departmental representatives from areas such as internal medicine, surgery, pediatrics, and medical education. Together, they work to create an integrated and current curriculum that supports the educational objectives and prepares students for healthcare careers.

#### **BLOCK INCHARGE**

### PROF. SHAZIA IBNERASA

### **BLOCK COORDINATOR / CLASS INCHARGE**

DR. SONIA TAHIR

#### **DEPARTMENTS RESPONSIBLE**

MAJOR	ALLIED/MINOR
Pathology	Community Medicine
Pharmacology	Medicine
Forensic medicine	Surgery
	Gynecology
	Psychiatry
	Pediatrics
	Radiology
	Orthopedics

### Module Committees Block – 8

### Module :- Neoplasia

### **Committees Members :-**

- Coordinator 01: Prof. Dr. Shazia Ibne- Rasa (Pathology Dept.)
- Coordinator 02: Dr. Sonia Tahir (Assistant Prof. Pathology Dept.)

### Representative: -

- Prof. Dr. Shazia Ibne- Rasa (Pathology Dept.)
- Prof. Dr. Ajaz Fatima (Pharmacology Dept.)
- Assoc. Prof. Dr. Asia Firdous (Pharmacology Dept.)
- Prof. Dr. Seema Daud (Community Medicine Dept.)
- Assoc. Prof. Dr. Humayun Mirza (Community Medicine Dept.)
- Prof. Dr. Amir Bashir (Forensic Medicine Dept.)
- Prof. Dr. Waseem Amir (Medicine Dept.)
- Dr. Sara (Medicine Dept.)
- Prof. Dr. Hasnat (Surgery Dept.)
- Dr. Sidra Shoaib (Surgery Dept.)
- Prof. Dr. Maqbool (Psychiatry Dept.)
- Miss. Ramla (Behavioral Sciences.)
- Prof. Dr. Rizwan (Peads Dept.)

### Module:- INFECTIOUS DISEASE.

#### **Committees Members:-**

- Coordinator 01: Prof. Dr. Shazia Ibne- Rasa (Dept.)
- Coordinator 02: Dr. Sonia Tahir (Assistant Prof. Pathology Dept.)

### **Representative:-**

- Prof. Dr. Shazia Ibne- Rasa (Pathology Dept.)
- Prof. Dr. Sonia (Pathology Dept.)
- Prof. Dr. Seema Daud (Community Medicine Dept.)
- Dr. Humayun Mirza (Community Medicine Dept.)
- Prof. Dr. Amir Bashir (Forensic Medicine Dept.)
- Prof. Dr. Waseem Amir (Medicine Dept.)
- Dr. Sara (Medicine Dept.)
- Prof. Dr. Hasnat (Surgery Dept.)
- Dr. Sidra Shoaib (Surgery Dept.)
- Prof. Dr. Maqbool (Psychiatry Dept.)
- Miss Ramla (Behavioral Sciences)

### Module:- MUSCULOSKELETAL & LOCOMOTION -2

### **Committees Members:-**

- Coordinator 01: Prof. Dr. Shazia Ibne- Rasa (Pathology Dept.)
- Coordinator 02: Dr. Sonia Tahir (Assistant Prof. Pathology Dept.)

### **Representative:-**

- Prof. Dr. Ajaz Fatima (Pharmacology Dept.)
- Assoc. Prof. Dr. Asia Firdous (Pharmacology Dept.)
- Prof. Dr. Seema Daud (Community Medicine Dept.)
- Dr. Humayun Mirza (Community Medicine Dept.)
- Prof. Dr. Amir Bashir (Forensic Medicine Dept.)
- Prof. Dr. Waseem Amir (Medicine Dept.)
- Dr. Sara (Medicine Dept.)
- Prof. Dr. Hasnat (Surgery Dept.)
- Dr. Sidra Shoaib (Surgery Dept.)
- Prof. Dr. Maqbool (Psychiatry Dept.)
- Miss. Ramla (Behavioral Sciences.)
- Prof. Dr. Rizwan (Peads Dept.)

### Module:- Forensic Medicine & Toxicology-1

### List of Committees Members:-

- Coordinator 01: Prof. Dr. Amir Bashir (Forensic Medicine Dept.)
- Coordinator 02: Assist. Prof. Dr. Roman Ashraf (Forensic Medicine Dept.)

### **Representative:-**

- Prof. Dr. Shazia Ibne- Rasa (Pathology Dept.)
- Prof. Dr. Sonia (Pathology Dept.)
- Prof. Dr. Ajaz Fatima (Pharmacology Dept.)
- Assoc. Prof. Dr. Asia Firdous (Pharmacology Dept.)
- Prof. Dr. Seema Daud (Community Medicine Dept.)
- Dr. Humayun Mirza (Community Medicine Dept.)
- Prof. Dr. Waseem Amir (Medicine Dept.)
- Dr. Sara (Medicine Dept.)
- Prof. Dr. Hasnat (Surgery Dept.)
- Dr. Sidra Shoaib (Surgery Dept.)
- Prof. Dr. Maqbool (Psychiatry Dept.)
- Miss. Ramla (Behavioral Sciences.)

### **Duties Of Module Committees**

- Module committee is headed by module coordinators
- Module coordinators are nominated from the subject with the maximum content in the respective module
- Module coordinator developed module team for collaboration and consultation with all the relevant subject
- Module committee assisted in implementation of the curricular guidelines provided by UHS
- Module committee coordinated with the assessment cell in medical education
- Module coordinator helped in developing the study guide in collaboration with department medical education.

### **TEACHING CONTACT HOURS**

Subject	Teaching Hours
Microbiology	53
Infection Control	8
Bio-safety	5
Special pathology	8
General pathology	15
Pharmacology	34
Forensic Medicine	20
Orthopedics	14
Surgery & Surgical trauma	15
Medicine & Rheumatology	34 (14 + 17)
Gynecology	2
Pediatrics	4
Radiology	2
Community Medicine	9
Behavioral Sciences (Psychiatry)	3
Biochemistry	2
PERL	14

#### **IMPLEMENTATION TORs**

- The time calculation for completion of modules and blocks is based on 35 hours per week. Total hours of teaching, learning and formative/summative internal assessment to be completed in a year are 1200.
- 2. The hours mentioned within each module are the mandatory minimum required. The rest of the hours are left to the discretion of the institution that can be used in teaching, learning and assessment as per decision of the institutional academic council.
- 3. The content and the intended learning outcomes written are mandatory, to be taught, at the level required, as the end year assessment will be based on these.
- 4. However, the level of cognition can be kept at a higher level by the institution.
- 5. The Table of Specifications provided will be used for the three papers of the first professional examination. The same table of specifications should be used for the respective three block exams for internal assessment.

### **Teaching & Learning Methodologies**

- 1. Interactive Lectures
- 2. Small Group Discussions (Tutorials Sessions) & SDL
- 3. Tests (MCQ's, SEQ's, OSPE & Viva Voce)
- 4. Clinico- Pathological Conference
- 5. Skill Laboratories
- 6. Laboratory Practical

#### **Reading Materials**

- 1. Text Books
- 2. Hand Outs
- 3. E. Books
- 4. Lecture Notes (Power Point)

### ADDITIONAL LEARNING RESOURCES Museum Models

- 1. Pathology Museum
- 2. Forensic medicine Museum
- **3.** Community medicine Museum

### **11. MODULE AIMS AND OUTCOME OBJECTIVES**

### MODULE-16

### NEOPLASIA

**Aim** of this module is to provide MBBS students with a comprehensive understanding of neoplasia, preparing them to diagnose, treat, and prevent cancer effectively in their future clinical practice.

### **Outcome Objectives**

- 1. Understand the basic concept of neoplasia, including benign and malignant tumors.
- Describe the molecular and cellular mechanisms of carcinogenesis, including the role of genetic mutations, oncogenes, tumor suppressor genes, and environmental factors
- 3. Understand the classification of tumors based on histology, site of origin, and grading/staging systems (TNM classification).
- 4. Explain the biological mechanisms of tumor growth, invasion, angiogenesis, and metastasis
- 5. Explain the role of the immune system in tumor recognition and immune evasion mechanisms by cancer cells.
- 6. Understand the general principles of cancer treatment, including surgery, chemotherapy, radiotherapy, immunotherapy, and targeted therapy.
- 7. Understand how to utilize diagnostic tools, such as imaging and pathology (biopsy), to identify and assess neoplasms.
- 8. Communicate effectively with patients and families about cancer diagnosis, treatment

### **Subjects Integrated In The Module**

- 1. Pathology
- 2. Pharmacology
- 3. Radiology
- 4. Oncology
- 5. Community Medicine
- 6. Behavioral Sciences
- 7. Biochemistry
- 8. Surgery

### MODULE 17

### **INFECTIOUS DISEASE**

**AIM** of this module is to equip students with essential knowledge of common infections, including their transmission, clinical presentation, diagnosis, and treatment, while emphasizing the importance of infection control and biosafety. This module provides the foundation for effective cancer diagnosis, management, and prevention, it guarantees that our future doctor is well prepared to address one of the most pressing healthcare challenges of our time.

### **Outcome Objectives**

- 1. Demonstrate a systematic approach to assessing patients with suspected infections, including pyrexia of unknown origin and sepsis, while adhering to biosafety protocols to minimize the risk of infection transmission during patient evaluation.
- 2. Diagnose common viral infections such as measles, chickenpox, rubella, mumps, influenza, COVID-19, and dengue based on clinical features and diagnostic tools, applying biosafety measures during sample collection and handling.
- **3.** Outline treatment options, including antiviral therapies, supportive care, and preventive measures (e.g., immunization) for viral infections.
- **4.** Diagnose and manage gram-positive and gram-negative bacterial infections such as pharyngitis, pneumonia, enteric fever, and meningitis.
- 5. Describe the clinical features, diagnosis, and management of clostridial infections (botulism, gas gangrene) and sexually transmitted infections like syphilis.
- **6.** Recognize the clinical features and management strategies for mycobacterial infections, with a focus on pulmonary and abdominal tuberculosis.
- **7.** Identify and manage common fungal infections, including diagnosis, treatment, and preventive measures.
- **8.** Explain the clinical features, investigations, and treatment of protozoal infections such as amoebiasis and helminthic infections like ascariasis and hookworm.
- **9.** Describe the life cycle of helminths and explain how infections like hookworm contribute to anemia, along with prevention and treatment strategies.
- **10.** Demonstrate a systematic approach to assessing patients with suspected infections, including pyrexia of unknown origin and sepsis, while adhering to biosafety protocols to minimize the risk of infection transmission during patient evaluation.
- 11. Diagnose common viral infections such as measles, chickenpox, rubella, mumps, influenza, COVID-19, and dengue based on clinical features and diagnostic tools, applying biosafety measures during sample collection and handling.
- **12.** Outline treatment options, including antiviral therapies, supportive care, and preventive measures (e.g., immunization) for viral infections.
- **13.** Diagnose and manage gram-positive and gram-negative bacterial infections such as pharyngitis, pneumonia, enteric fever, and meningitis.

- **14.** Describe the clinical features, diagnosis, and management of clostridial infections (botulism, gas gangrene) and sexually transmitted infections like syphilis.
- **15.** Recognize the clinical features and management strategies for mycobacterial infections, with a focus on pulmonary and abdominal tuberculosis.
- **16.** Identify and manage common fungal infections, including diagnosis, treatment, and preventive measures.
- **17.** Explain the clinical features, investigations, and treatment of protozoal infections such as amoebiasis and helminthic infections like ascariasis and hookworm.
- **18.** Describe the life cycle of helminths and explain how infections like hookworm contribute to anemia, along with prevention and treatment strategies.

### Subjects Integrated in the module

- 1. Microbiology (Pathology)
- 2. Clinical Pharmacology & Therapeutics
- 3. Internal Medicine
- 4. Community Medicine
- 5. Pead's Medicine.
- 6. Surgery
- 7. Gynecology
- 8. Infection Control
- 9. Bio-risk management (Biosafety)
- 10. Clinical Rotation (CR)

### MODULE 18

### MUSKULOSKELETAL AND LOCOMOTION

**Aim** of Musculoskeletal & Locomotion II module is designed to deepen medical students' understanding of the musculoskeletal system, integrating knowledge from multiple disciplines to enhance the management of musculoskeletal disorders and injuries. This module emphasizes the interconnectedness of various fields, including orthopedics, surgical traumatology, forensic traumatology, and rheumatology, while also incorporating essential subjects such as pathology, pharmacology, community medicine, behavioral sciences, radiology, and evidence-based medicine.

### **Outcome Objectives**

- **1.** Explain the pathology and underlying mechanisms of common musculoskeletal disorders and injuries, including septic arthritis, osteomyelitis, fractures, and degenerative conditions.
- **2.** Identify key features of various musculoskeletal disorders, including their clinical presentations, epidemiology, and impact on community health.
- **3.** Perform thorough musculoskeletal examinations to assess joint mobility, strength, and functional capabilities.
- **4.** Interpret relevant imaging studies (e.g., X-rays, MRI, CT scans) to aid in the diagnosis and management of musculoskeletal conditions.
- **5.** Apply appropriate first aid measures for common musculoskeletal injuries, including immobilization techniques and pain management strategies.
- **6.** Integrate knowledge from orthopedics, surgical traumatology, forensic traumatology, and rheumatology to develop comprehensive management plans for patients with musculoskeletal conditions.
- **7.** Collaborate effectively with healthcare professionals from diverse specialties, including pathology, pharmacology, community medicine, behavioral sciences, and radiology, to enhance patient care.
- **8.** Critically evaluate and apply current evidence-based guidelines and research findings to inform clinical decision-making in the management of musculoskeletal disorders.
- **9.** Formulate treatment plans that incorporate pharmacological and non-pharmacological interventions based on best practices and individual patient needs.
- **10.** Demonstrate empathy and effective communication skills when interacting with patients suffering from musculoskeletal disorders, ensuring a patient-centered approach to care.
- **11.** Educate patients about their conditions, treatment options, and the importance of adherence to management plans for optimal outcomes.
- **12.** Recognize the ethical considerations and challenges in the management of musculoskeletal disorders, including issues related to informed consent, patient autonomy, and resource allocation.
- 13. Exhibit professionalism in all interactions with patients, families, and healthcare team members, promoting a culture of respect and trust.

### SUBJECTS INTEGRATED IN THE MODULE

- 1. Orthopedics
- 2. Rheumatology
- 3. Surgery/ Traumatology
- 4. Forensic Traumatology
- 5. Pathology
- 6. Pharmacology
- 7. Community Medicine
- 8. Behavioral Sciences
- 9. Radiology
- 10. Evidence-Based Medicine

### MODULE 19

### FORENSIC MEDICINE-2

**AIM** of this module is to trains 3rd year MBBS students to handle social issues like violence, and sexual exploitation, they can identify injuries and give an inference on their cause. It equips them with skills to provide accurate medical evaluation and contribute to justice.

### **Outcome Objectives**

- 1. Explain the biomechanics of wound production
- **2.** Determine the manner of injury
- **3.** Describe the pathophysiology of injuries and their effects on the body
- **4.** Define & Explain puberty, Impotence in males, frigidity in females, Sterility and medico legal importance.
- 5. Reproduce different sections of law relevant to sexual offenses.

#### Subjects Integrated In The Module

- 1. Pathology
- 2. Surgery
- 3. Gynae / Obs.

### **15.Learning Resources:**

### Pathology:-

### **TEXT BOOKS**

- 1. Pathological Basis of Disease by Kumar, Cortan and Robbins, 10<sup>th</sup> Ed., W.B. Saunders.
- 2. Basic Pathology by Cotran & Kumar 11<sup>th</sup> edition (Medium Robbins)
- 3. Review of Medical Microbiology and Immunology by Lewinson
- 4. Medical Microbiology and Immunology by Levinson and Jawetz 9th Ed., Mc Graw-Hill.
- 5. Medical Genetics by Jorde, 3rd Ed., Mosby. **REFERENCE BOOKS**
- 6. Illustrated Pathology
- 7. Pathology Practical Book by Harsh Mohan
- 8. Concise Pathology for Exam Preparation by Bhattacharya
- 9. District Laboratory Practice in Tropical Countries, Part 1 & 2 by Monica
- 10. Walter and Israel General Pathology

### **WEBSITES**

- 11. https://www.webpathology.com/
- 12. http://www.pathguy.com/
- 13. https://www.osmosis.org/
- 14. <u>https://ilovepathology.com/</u>

### Pharmacology:-

- 1. Goodman & Gilman's The Pharmacological Basis of Therapeutics
- 2. Basic & Clinical Pharmacology by Bertram G, Katzung
- 3. Clinical Pharmacology by DR Lawrence, PN Bennett & MJ Brown
- 4. Essentials of Medical Pharmacology by K.D. Tripathi
- 5. Lippincott Illustrated Review Pharmacology

#### Forensic medicine

- 1. G. Principles and Practice of Forensic Medicine by Prof.Nasibh. Awan .
- 2. Parikh s Text book of Medical Jurisprudence, Forensic Medicine and Toxicology 8<sup>th</sup> edition; CBS Publisher.
- 3. Knight B.Simpsons Forensic Medicine.
- 4. Knights Forensic Pathology by Barnard knight 3<sup>rd</sup> edition.

### **Behavioral Sciences:-**

- 1. Handbook of behavioral Sciences by Prof. Mowadat
- 2. Medical and Psychosocial Aspects of Chronic illness and Disability

### Community Medicine:-

- 1. Parks Test book of Preventive and Social Medicine
- 2. Public Health and Community Medicine Ilyas

### Surgery:-

1. Bailey & Love' short practice of surgery

### Medicine:-

1. Davidson's Principles and Practice of Medicine

### Anatomy:-

- 2. Langman's Medical Embryology
- 3. Snell's Clinical Anatomy
- 4. Snell's Clinical Neuroanatomy
- 5. Laiq H.S Medical Histology
- 6. Laiq H.S General Anatomy

### Physiology:-

- 1. Guyton AC and Hall JE. Textbook of Medical Physiology
- 2. Essentials of Medical Physiology by Mushtaq Ahmad

### **Biochemistry:-**

- 1. Harper's Biochemistry
- 2. Lippincott's illustrated reviews biochemistry
- 3. ABC of clinical genetics by H.M Kingston



Lahore Medical & Dental College Canal Bank North, Tulspura, Lahore Phone No. 0346-4418891-98 No. LMDC/ /2025, Dated:

#### 3rd YEAR M.B.B.S TIMETABLE SESSION 2021-2022 w.e.f. 16-06-2025-26-09-2025 (11 WEEKS)

DAYS & TIME	08:00 a.m. to 08:45 a.m.	08:45 a.m. to 09:00 a.m.	<sup>1</sup> 09:00 a.m. to 10:15 a.m.	<sup>1</sup> 10:15 a.m. to 10:30 a.m.	<sup>2</sup> 10:30 a.m. to 12:00 p.	.m.	12:00 p.m. to 12:45 p.m.	12:45p.m. to 01:30 p.m.	01:30 p.m. to 02:15 p.m.	02:15 p.m. to 03:00 p.m.
MONDAY	Pathology (Microbiology) Lecture Theatre No. 11	Travel to GTTH		Travel	Pathology Pract For Med Pract <sup>3</sup> Pharma Pract/CFRC/ Pharma/FM/tutorial Pathology Tutorial	A+B C+D E+F G+H	Pathology (Gen. Path) Lecture Theatre No. 11	Pharmacology Lecture Theatre No. 11	<sup>4</sup> Rheumatology 1-6 Wk Int. Medicine 7-11 Wk Lecture Theatre No. 11	Community Medicine Lecture Theatre No. 11
	Pharmacology Lecture Theatre No. 11		Ward /		Pathology Pract For Med Pract <sup>3</sup> Pharma Pract/CFRC/ Pharma/FM/tutorial Pathology Tutorial	C+D E+F G+H A+B	Orthopedics Lecture Theatre No. 11	Pathology (Microbiology) Lecture Theatre No. 11	<sup>5</sup> Oncology 1-5 Wk Evidence based Medicine 6- 8 Wk Pediatrics 9-11 Wk Lecture Theatre No. 11	Pathology (Gen. Path) Lecture Theatre No. 11
WEDNESDAY	Medicine (Rheumatology) Lecture Theatre No. 11		SDL	LMDC & Break	Pathology Pract For Med Pract <sup>3</sup> Pharma Pract/CFRC/ Pharma/FM/tutorial Pathology Tutorial	E+F G+H A+B C+D	Forensic Medicine Lecture Theatre No. 11	Pharmacology Lecture Theatre No. 11	Pathology (Microbiology) Lecture Theatre No. 11	Pathology (Sp. Pathology) Lecture Theatre No. 11
THURSDAY	Pathology (Microbiology) Lecture Theatre No. 11				Pathology Pract For Med Pract <sup>3</sup> Pharma Pract/CFRC/ Pharma/FM/tutorial Pathology Tutorial	G+H A+B C+D E+F	Forensic Medicine Lecture Theatre No. 11	Surgery Lecture Theatre No. 11	Pathology (Microbiology 1-4 Wk Biosafety 5-11 Wk) Lecture Theatre No. 11	<sup>6</sup> Pharmacology/ PERL/Forensic Medicine Lecture Theatre No. 11
	08:00 a.m. to 08:4	5 a.m.	08:45 a.m. to 10	:15 a.m.	10:15 a.m. to 10:45 a.m.		10:45 a.m. to 1	1:30 a.m.	11:30 a.m. to 12:15 p.m.	12:15 a.m. to 01:00 p.m.
FRIDAY	Pathology (Microbiology Lecture Theatre N		GRAND TUTP Pathology (1,5, Pharmacology (4 Forensic Med (2,7 Combined Test (3, Lecture Theatre	9 week) i,8 week) i,11 week) 6,10 week)	BREAK		<sup>7</sup> Neurosurgery Orthopedics Radiology 9- Lecture Theatr	5-8 Wk 11 Wk	<sup>8</sup> Beh Sci 1-5 Wk Biochem 6-8 Wk Gynecology 9-11 Wk Lecture Theatre No. 11	Pathology (Infection Control) Lecture Theatre N
No. LM&DC/	/2025, Dated:		I. SDL	45 minutes ward tir	ne.					1

## **12.Learning Objectives:**

# MODULE NO.16 : Neoplasia

CODE	ТОРІС	SPECIFIC LEARNING OUTCOMES			
N-Pa-001	Nomenclature. benign and malignant tumors.	Define neoplasia, Nomenclature and difference between benign and malignant tumors based on morphological and functional characteristics and epidemiology of cancer.			
N-Pa-002	Difference between carcinoma and sarcoma and pathways of spread of malignant tumors.	Understand the molecular basis of cancer and pathogenesis of neoplasia, including the role of genetic mutations, oncogenes, tumor suppressor genes, mechanisms of cell cycle dysregulation, apoptosis evasion, angiogenesis in tumor progression and metastasis Differentiate Carcinomas, Sarcomas and lymphoreticular neoplasm			
N-Pa-003	Carcinogenesis	Carcinogenic agents with their cellular interactions.			
N-Pa-004	Tumor markers	Describe the role of diagnostic tools like biopsy, histopathology with IHC (Immuno- histochemistry) and special stains and molecular diagnostics with common tumor markers.			
N-Pa-005	Grading and Staging Invasion and metastasis	Grading and staging of tumors and treatment strategies. Understand the concept of invasion and metastasis.			
		Basic tumor markers			
N-Pa-006	Molecular basis of cancer	Molecular basis of cancer			
N-Pa-007	Paraneoplastic syndrome	Define and describe Paraneoplastic syndrome and associate with neoplastic lesions.			
BEHAVIOURAL SCIENCES					
N-BhS- 001	Psychosocial aspect of	Discuss improvement in quality of life, holistic care			
	oncology /	for terminal cancer patient			
	cancer	Discuss palliative care (pain management,			
		psychological support).			

		Understand the importance of mental health
		support for cancer patients.
	BIOC	HEMISTRY
N-B-001	Oncology /	Discuss molecular changes in oncogenes, tumor,
	cancer	suppressor genes, and apoapsis mechanism.
		Explain Role of epigenetics in cancer development.
	RADIO	LOGY
N-M-001	Introduction	Introduction to Radiological Modalities in Oncology Understand the different radiological imaging techniques used in cancer management:
		i. X-rays
		ii. Ultrasound
		iii. CT scans (Computed Tomography)
		iv. MRI (Magnetic Resonance Imaging)
		v. PET scans (Positron Emission Tomography)
		vi. Mammography
N-Ra-001	Role of Imaging	Role of Imaging in Cancer Detection and Diagnosis. I.
		Identify radiological signs of cancer in different imaging
		modalities.
		ii. Understand how imaging assists in detecting primary tumors and metastasis.
		iii. Compare the sensitivity and specificity of different imaging techniques in diagnosing various types of cancer (e.g., CT vs. MRI for brain tumors).
		Imaging in Cancer Staging:
		<ol> <li>Learn the importance of imaging in staging cancer (TNM system).</li> </ol>
	Imaging	<ul> <li>Understand how radiological imaging helps determine the extent of local, regional, and distant disease spread.</li> </ul>

N-Ph-001	Cell cycle	Patho-physiology cell cycle
PHARMACOLOGY		
		iv. Vascular invasion or thrombosis
		iii. Brain metastasis
		ii. Bone metastasis
		i. Tumor obstruction
N-Ra-004	Complications	Radiological Signs of Cancer Complications. Recognize radiological findings associated with complications like:
		<ul> <li>iii. Understand the concept of surveillance imaging for cancer patients in remission</li> </ul>
		<ul> <li>Learn how imaging changes guide alterations in treatment plans.</li> </ul>
		<ul> <li>Importance of radiological imaging in follow up after cancer treatment (e.g., detecting recurrence or metastasis).</li> </ul>
N-Ra-003	Follow up & monitoring	Follow-up and Monitoring
		iii. Discuss the use of PET/CT scans in assessing the metabolic activity of tumors to guide treatment decisions.
		<ul> <li>Understand how imaging assists in monitoring tumor size, location, and response to therapy.</li> </ul>
		<ul> <li>Role of imaging in planning surgical interventions, radiotherapy, and other treatments.</li> </ul>
		Imaging in Treatment Planning:
		<ul> <li>Learn how interventional radiology aids in both diagnosis and treatment, such as tumor ablation and drainage procedures.</li> </ul>
		<ul> <li>Introduction to imaging-guided</li> <li>diagnostic procedures (e.g., CT or</li> <li>ultrasound-guided biopsy).</li> </ul>
N-Ra-002	Imaging	Imaging-Guided Procedures
		<li>iii. Role of CT, MRI, and PET scans in staging cancers like lung cancer, breast cancer, and colorectal cancer.</li>

		Abnormalities in cell cycle leading to oncogenesis
N-Ph-002		Cell Cycle specific and non-specific anti-tumor agent mechanism of action, adverse effect, indication drugs interaction of various class of chemotherapeutic agents.
	Cell Cycle specific and non-	Drugs for palliative therapy in various tumors
	specific anti-tumor agent	Drugs related with rehabilitation
		Drugs used during phases of radiotherapy e.g tumor lysis syndrome
		Drugs used beside surgical resection of various tumor to treat complications.
		Glucocorticoids as part of various anti-cancer cocktails.
	Su	irgery
N-S-001	Principles of oncologic surgery	Understand the principles of oncologic surgery, including when and how surgery is indicated during the treatment Identify role of surgery, techniques, indicators for curative and palliative surgery.
	Comm	nunity Medicine
N-CM-	Screening /prevention	Define cancer screening and its important.
001		Explain methods of screening for common cancers.
		Major risk factors for cancer.
		Preventive and control measures.
	Medic	ine & oncology
	-	
N-M-002	Presenting Problems	Presenting Problems of Cancer Patients and clinical examination of patients on Cancer Treatment. Understand the examination (important clinical signs of patients with cancer)
N-M-003	Risk factors	Risk factors for Cancer Development
		Understand and interpret the environment and genetic factors involved in cancer development
N-M-004	Investigation	Investigations in Cancer patients.
		Will be able to understand & interpret various

		investigations required for Cancer patients		
N-M-005	Paraneoplastic syndrome	Oncological Emergencies & Paraneoplastic syndrome Understand & interpret various ecologic emergencies, metastasis of tumors, and Paraneoplastic		
N-M-006	Therapeutics	Therapeutic in Oncology Will be able to understand and Interpret Various Therapeutic options like surgery, radiotherapy, chemotherapy, and palliative.		
	Pathology			
N-Pa-008	8 Nomenclature, Difference between benign and	Morphological features of Benign and Malignant tumors (Gross and Microscopic features) .		
		Common Benign tumors (Lipoma, Leiomyoma, Fibroadenoma of Breast)		
	malignant tumors	Carcinoma in situ (DCIS & Bowens disease)		
		Common Malignant tumors (Adenocarcinoma, Squamous cell carcinoma.		
N-Pa-009	Clinical aspects of Neoplasia	Tumor grade and stage in malignant tumors Adenocarcinoma / Squamous cell carcinoma (including tumor invasion and metastasis)		

## **MODULE 17: Infectious disease**

## Syllabus:

	N	1ICROBIOLOGY
D-Pa 001		Explain the morphological, pathological and diagnostic aspects of:
		• Staphylococci.
		• Streptococci
		• Clostridia
		• Bacillus
	Bacterial infectious	Corynebacterium
	agents	Listeria and Gardnerella

		Explain the morphological, pathological and diagnostic aspects of;
		<ul> <li>Gonococci and meningococci</li> </ul>
		• E. coli and salmonella,
		<ul> <li>Shigella, vibrio, proteus,</li> </ul>
		<ul> <li>Pseudomonas, H.pylori , campylobacter</li> </ul>
		<ul> <li>Spirochetes, Mycobacteria</li> </ul>
		Chlamydia, rickettsia, actinomycetes
ID-Pa	Parasitic Infectious	Explain the life cycles and diagnostic aspects of;
002	agents	• W. bancrofti, D.medinensis, loa loa
		<ul> <li>Tenia saginata, tenia solium, echinococcus granolosus, D.latum, H.nana</li> </ul>
		<ul> <li>Giardia, entamoeba and plasmodium</li> </ul>
		<ul> <li>Leishmania, toxoplasma, trypanosomes, naegleria</li> </ul>
ID-Pa 003	Fungal infections	Explain the morphological, pathological and diagnostic aspects of:
		<ul> <li>Dermatophytes, malassezia fur fur, Spoorthi, Histoplasma,</li> </ul>
	Fungal infections	Explain the morphological, pathological and diagnostic aspects of;
		<ul> <li>coccidioiodes, paracoccidioiodes, blastomyces, candida, mucor, aspergillus, Cryptococcus</li> </ul>
		Explain the morphological, pathological and diagnostic aspects of;
ID-Pa 004	Viral infectious agents	<ul> <li>Adeno virus, papilloma virus, polyoma virus, papova virus</li> </ul>
		<ul> <li>Pox virus, herpes, hepadna</li> </ul>
		Picornavirus, hepevirus, calicivirus, reovirus
		Explain the morphological, pathological and diagnostic aspects of;
		<ul> <li>Retrovirus, flaviviruses, togaviruses</li> </ul>
		<ul> <li>Coronavirus, delta virus, paramyxovirus, rhabdovirus, orthomyxovirus, filovirus</li> </ul>
		Enlist organisms producing CNS infections.

ID-Pa 005		Correlate clinically the following bacteria via their virulence factors, transmission, pathogenesis, laboratory diagnosis in CNS infections;
	Microorganism s producing CNS	• Strept. pneumoniae
	infections	• Strept. Agalactiae
		<ul> <li>Nisseria meningitides</li> </ul>
		<ul> <li>Haemophilus influenzae</li> </ul>
		• E. coli
		• L. monocytogenes
		Myocbacterium tuberculosis
		Correlate clinically the following microbes via their virulence factors, transmission, pathogenesis, laboratory diagnosis in CNS infections;
		• Enteroviruses
		• Mumps
		<ul> <li>Herpes simplex Microbiology</li> </ul>
		• Adenovirus
		• C. neoformans
		Rabies
		• Herpes simplex
		• Malaria
		• Toxoplasma
		• Negleria
		Compare CSF findings of viral and bacterial meningitis.
		Enlist organisms producing diarrhea & food poisoning.
		Correlate clinically the following microbes via their virulence factors, transmission, pathogenesis, laboratory diagnosis in GIT infections;
		• E. coli
		• B.cereus
		• Salmonella
		• Shigella
		<ul> <li>Vibrio cholerae &amp; other Vibrio species</li> </ul>

		• Helicobacter pylori
		• Camplylobacter jejuni
		Clostridium species
		• Entamoeba histolytica
ID-Pa 006	Microorganisms producing GIT infections	Correlate clinically the following microbes via their virulence factors, transmission, pathogenesis, laboratory diagnosis in GIT infections
		• Giardia lamblia
		<ul> <li>Cryptosporidium parvum</li> </ul>
		Diphyllobothrium latum
		Hymenolepis nana
		Ancylostoma duodenale
		Necator americanus
		Ascaris lumbricoides
		• Entrobius vermicularis
		• Trichiuris trichiura
		Trichinella spiralis
		• Polio
		Hepatitis A, E
		Norwalk & Rotavirus
		Correlate clinically the following viruses via their virulence factors, transmission, pathogenesis, laboratory diagnosis in acute & chronic hepatitis; Hepatitis A, B, C, D, E, G
		Correlate clinically the virulence factors, transmission, pathogenesis, laboratory diagnosis of Entamoeba & Echinococcus in liver infections.
ID-Pa 007	Sexually transmitted infections	Correlate clinically the virulence factors, transmission, pathogenesis, laboratory diagnosis of organism causing genital tract infections;
		Nisseria gonorrhea
		• Treponema pallidum
		Chlamydia trachomatis
		Mycoplasma hominis

		Candida albicans
		<ul> <li>Trichomonas vaginalis</li> </ul>
		• Gardnerella vaginalis
		• Hepatitis B
		• HIV
		• Herpes simplex –II
ID-Pa	ZOONOTIC infections	Discuss important properties of:
008		• Rickettsia,
		• Leptospira& Brucella,
		• anthrax, plague.
		<ul> <li>Francisella, bartonella</li> </ul>
	РН	ARMACOLOGY
		Classify cell wall synthesis inhibitors.
		Discuss the mechanism of action of beta lactam antibiotics (Penicillin G, V, Oxacillin, Nafcillin, Ampicillin, Amoxicillin, Piperacillin).
	Cell Wall Inhibitors	Delineate the mechanism of resistance to beta lactam antibiotics.
ID-Ph-		Enlist the major adverse effects of penicillin
001		Differentiate the clinical uses of beta lactam antibiotics.
		Discuss the mechanism of action and clinical significance of Beta Lactamase Inhibitors (Clavulanic acid, Sulbactam, Tazobactam, Avibactam, Vaborbactam)
		Classify cephalosporin generations
		Describe their antibacterial spectrum and clinical uses.
		Differentiate the clinical uses of cephalosporin generations
		List the major adverse effects of cephalosporins.
		Describe important features of the carbapenems and monobactam.
		Describe the mechanism of action of Membrane active antibiotics (daptomycin, Fosfomycin, bacitracin,

		cycloserine).
		Describe the mechanism of resistance of Membrane active antibiotics.
		Describe the adverse effects and toxicities of Membrane active antibiotics.
		Describe antibacterial spectrum, mechanism of action, resistance, clinical uses and toxicity of vancomycin.
		Discuss clinical features of Redman Syndrome.
		Describe antibacterial spectrum, mechanism of action of Teicoplanin, Telavancin, Delbavancin, Oritavancin.
		Explain briefly the major steps of protein synthesis.
		Classify protein synthesis inhibitors.
		Demonstrate the tetracyclines and discuss mechanism of action, resistance, antibacterial spectrum, clinical uses, adverse effects of tetracyclines.
ID-Ph-	Protein Synthesis inhibitors	Outline features of Milk Alkali Syndrome
002		List pharmacological indication and adverse effects of Glycylcycline.
		Classify Macrolide/ Ketolide.
		Describe the mechanism of action and pharmacokinetics, antimicrobial spectrum, clinical uses, adverse effects of Erythromycin, Clarithromycin, Azithromycin, Fidaxomycin.
		Enlist mechanism of resistance & drug interactions of Macrolides.
		Describe the antibacterial spectra, therapeutic uses and side effects of Ketolides (Telithromycin, solithromycin)
		Discuss the main characteristics of Clindamycin including mechanism of action, pharmacokinetics, clinical uses and adverse effects.
		Explain Chloramphenicol with respect to its: mechanism of action, resistance, antibacterial spectrum, pharmacokinetics, clinical uses and adverse effects.
		Describe Gray Baby Syndrome.
		Enlist major pharmacokinetic characteristics of

Streptogramins (Quinupristin / dalfopristin).
Classify Antifolate drugs.
Define Sulfonamides.
Discuss the classification of Sulfonamides.
Describe the mechanism of action of Sulfonamides.
Discuss the clinical uses of Sulfonamides.
Describe the adverse effects and toxicities of Sulfonamides.
Outline clinical features of Steven Johnsons Syndrome.
Explain Trimethoprim & Trimethoprim Sulfamethoxazol with respect to their mechanism of actions, resistance, antibacterial spectrum, pharmacokinetics, clinical uses and adverse effects
Define Aminoglycosides.
Classify Aminoglycosides.
Describe the mechanism of action of Aminoglycosides (amikacin, gentamycin, streptomycin, tobramycin, neomycin, kanamycin).
Describe the mechanism of resistance of Aminoglycosides.
Discuss the clinical uses of Aminoglycosides.
Describe the adverse effects and toxicities of
Aminoglycosides.
Discuss ototoxicity and nephrotoxicity of Aminoglycosides
Define DNA Gyrase Inhibitors.
Discuss the classification of DNA Gyrase Inhibitors.
Describe the mechanism of action of DNA Gyrase
Inhibitors (Ciprofloxacin, Levofloxacin, Ofloxacin,
Getifloxacin and others)
Describe the mechanism of resistance of DNA Gyrase Inhibitors.
Discuss the clinical uses of DNA Gyrase Inhibitors.
Describe the adverse effects and toxicities of DNA
Gyrase Inhibitors.
Briefly describe the signs, symptoms, diagnosis of
tuberculosis.
Classify antituberculosis drugs into 1st line and 2nd line agents with examples.
inte agento with champles.

ID-Ph 003	Antituberculosis Therapy (ATT)	Describe standard protocols (WHO recommendation) for management of newly diagnosed pulmonary tuberculosis, multidrug-resistant tuberculosis, latent tuberculosis. Delineate the characteristic pharmacodynamics and pharmacokinetic properties of Rifampin, Isoniazid, Ethambutol and Pyrazinamide. Discuss the adverse effects of 1st line antituberculosis drugs. Describe how to monitor patients during antituberculosis drug therapy. Discuss 2nd line drugs used in treatment of Multidrug resistant tuberculosis with their therapeutic and adverse effects.
ID-Ph 004	Drug used in Leprosy	Explain standard protocols (WHO recommendation) for management of leprosy.
		Describe the characteristic properties of dapsone and clofazimine with their adverse effects.
		Classify Antiprotozoal drugs
		Discussion classification of Antimalarial agents
	Antiprotozoal Drugs	Discussion of mechanism of action of Antimalarial agents
ID-Ph-		Describe the mechanism of resistance of Antimalarial agents.
005		Discuss the clinical uses of Antimalarial agents.
		Describe the adverse effects and toxicities of Antimalarial agents.
		Discuss the main characteristics of antiprotozoal drugs used in amoebiasis & giardiasis including mechanism of action, pharmacokinetics, clinical uses and adverse effects.
		Discuss the main characteristics of antiprotozoal drugs used in treatment of Leishmaniasis.
		Discuss the main characteristics of antiprotozoal drugs used in treatment of Trypanosomiasis.
		Classify anti-helmintic drugs.
		Discuss drugs used for the treatment of Nematodes.
		Explain mechanisms of action, clinical uses, adverse
		effects of Mebendazole, Pyrantel pamoate,

ID-Ph	Anti-Helminth Drugs	Piperazine,
006		Diethylcarbamazine & Ivermectin.
		Discuss drugs used for the treatment for Tape worm
		(cestodes) infection. Explain mechanisms of action,
		clinical uses, and adverse effects of drugs used in
		cestodes infections.
		Distinguish the drugs used for the treatment of
		Cestodes infection based on their characteristics and
		therapeutic uses.
		Discuss drugs used in treatment of Neurocysticercosis.
		Classify antifungal drugs.
		Discuss drugs used for systemic mycotic infections.
		Discuss mechanisms of action & resistance,
		pharmacokinetics, clinical uses, adverse effects of
ID-Ph	Antifungal Drugs	Amphotericin B.
007	Classification	Explain the mechanism of action, uses and adverse
		effects of flucytosine.
		Classify Azole antifungal drugs.
		Discuss mechanism of action, resistance, antifungal
		spectrum, pharmacokinetics, clinical uses, adverse
		effects and drug interactions of Azole antifungal drugs
		Describe important pharmacologic properties of
		echinocandins.
		Discuss the drugs used for mucocutaneous mycotic
		infections.
		Discuss mechanism of action, resistance, antifungal
		spectrum, pharmacokinetics, clinical uses, adverse
		effects and drug interactions of Griseofulvin. and
		Terbinafine.
		Discuss the drugs used for cutaneous mycotic
		infections / Topical agents.
		· -
		Discuss mechanism of action, resistance, antifungal
		spectrum, pharmacokinetics, clinical uses, adverse
		effects of drugs used in cutaneous mycotic infections.
		Discuss mechanism of action, resistance, antifungal
		spectrum, pharmacokinetics, clinical uses, adverse
		effects of Nystatin.
		Discuss the main steps of viral replication that are
	4	targets for antiviral drugs.
iD-Ph		Describe drugs used in treatment of herpes simplex
008		and varicella zoster virus infection with their
		properties.
		Explain the mechanism of action, pharmacodynamics
		and adverse effects of acyclovir, valacyclovir and
		famciclovir.
		Explain the mechanism of action, pharmacodynamics

		and advarse offects of agents used in externegale views
		and adverse effects of agents used in cytomegalovirus infection.
		Classify antiretroviral agents.
		Discuss mechanism of action, resistance,
		pharmacokinetics, clinical uses, adverse effects of
		NRTIS, NNRTIS, PIS, INSTIS, Fusion inhibitors, CCR5
		coreceptor antagonist, CD4 post-attachment
		inhibitors.
		Demonstrate the standard protocol for treatment of
		hepatitis B and C.
		Describe the mechanism of action of drugs used in
		treatment of COVID-19 and influenza along with their
		adverse effects.
		Briefly discuss antiretroviral drug used in treatment of
		HIV AIDS.
		Describe the significant characteristics of the five
		groups of drugs used in HIV AIDs.
		COMMUNITY MEDICINE
		Analyze the local & global burden of Tuberculosis .
		Identify the risk factors of TB
ID-CM	Tuberculosis	Identify provention and control measures for
001		Identify prevention and control measures for Pulmonary TB in line with WHO strategies for control
		of TB
		Appreciate significance of TB DOTS therapy for TB
		control
		Discuss the global burden of hepatitis
		Discuss the importance of awareness & screening of
		hepatitis.
ID-CM-	Hepatitis	Analyze effective prevention methods for each type of
002		hepatitis.
		Discuss role of vaccination
		Explain public health initiatives for prevention and
		control of hepatitis
		Describe the measures for prevention of vertical
		transmission of Hep B virus from mother to child
		transmission
		Evaluate the Global Polio Eradication Initiative
		Analyze the historical and current global impact of
	D-1-	poliomyelitis vaccination efforts
	Polio	Evaluate the effectiveness of different poliovirus
ID-CM-		vaccines (OPV and IPV) and vaccination schedules.
003		Discuss community health strategies for poliovirus
		surveillance, outbreak response & vaccination
		campaigns
		Describe End game strategy by WHO for Polio

		eradication
		Discuss the global distribution of measles, mumps,
		Rubella and their occurrence in different population
		groups
ID-CM	Measles, mumps,	Describe the mode of transmission (airborne droplets)
004	Rubella	and the highly contagious nature of measles, mumps,
		Rubella
		Recognize the role of vaccination coverage and herd
		immunity in controlling outbreaks of measles, mumps,
		Rubella
		Discuss public health strategies for prevention and
		control of measles, mumps, Rubella including
		vaccination campaigns, surveillance, and outbreak
		response
ID-CM		Describe the goals and objectives of the Expanded
005		Program of Immunization in Pakistan.
		Identify the key vaccines included in the EPI schedule.
		Analyze the strategies employed to implement the EPI
		in various communities.
		Evaluate the role of healthcare workers, community
	EPI	leaders, and families in promoting immunization
		Identify the common barriers to immunization
		coverage in Pakistan
		Discuss enhance vaccination uptake.
		Discuss recent developments in the EPI, Pakistan
		Analyze the potential impact of global health
		initiatives on the EPI's progress.
		Describe the role of vaccination in preventing
		diphtheria, including the DTP (Diphtheria, Tetanus,
_		Pertussis)
ID-CM	Diphtheria	Identify the recommended vaccine schedule for
006		children and adults.
		Analyza nublic awaranace programs & school health
		Analyze public awareness programs & school health initiatives to control its transmission.
		Analyze community-based vaccination campaigns
		Identify the global distribution of tetanus, including
		endemic areas & populations at higher risk
		Describe the role of tetanus vaccination (Td or Tdap)
ID-CM	Tetanus	in children
007		Describe the role of tetanus vaccination in adults
		Discuss the significance of booster doses
		Discuss the importance of timely immunization after
		potential exposure to contaminated wounds

		Discuss the importance of educating the community
		about wound care
		Discuss the significance of seeking medical attention
		for injuries
	INTERNAL	MEDICINE
		Define pyrexia of unknown origin
ID-Pa		Describe the investigations of a patient with pyrexia
009	Pyrexia of unknown	of unknown origin.
	origin	Summarize the treatment plan of a patient with
		pyrexia of unknown origin
ID-Pa-	CNS	Discuss the signs, symptoms, diagnosis and treatment
013		of septic and aseptic meningitis.
		Discuss the signs, symptoms, diagnosis and treatment
		of septic and aseptic encephalitis
ID-Ph	GIT infections	Discuss the signs symptoms diagnosis and treatment
010		of diarrhea and dysentery.
ID-Ph-	Respiratory tract	Discuss the clinical diagnosis and treatment of typical
011	infections	and atypical pneumonia
		Discuss the clinical diagnosis and treatment of TB
		GYNAECOLOGY
ID-GO	Sexually transmitted	Discuss clinical presentation & treatment of pelvic
001	infections	inflammatory diseases (PID)
ID-GO	Genital Tract	Discuss the differential diagnosis of bacterial, parasitic
002		and fungal vaginosis/vaginitis and their treatment
	1	PEDIATRICS MEDICINE
ID-Pe-	CNS	Discuss the signs symptom diagnosis and treatment of
001		neonatal meningitis
ID-Pe-	GIT	Discuss sign symptom diagnosis and treatment of
002		diarrhea in infants.
ID-Pe-	RTI	Discuss clinical diagnosis and treatment of childhood
003		respiratory tract infections.
		SURGERY
ID-S-	Skin infections	Discuss treatment of carbuncle, necrotizing fasciitis
001		and gas gangrene
ID-S-	GIT	Discuss sign & symptom diagnosis & surgical
002		treatment of hydatid cyst and its differential diagnosis
		with ameobic liver abscess
		INFECTION CONTROL

		Define hospital acquired infections (HAI)
		Discuss various types of HAI
		Enlist bacteria and fungi associated with HAI
		Describe the main routes of transmission of HAI in detail
		Discuss the etiology and prevention of VAP (ventilator
ID-Pa-	INFECTION prevention	associated pneumonia)
009	& control	Discuss the etiology and prevention of hospital
		acquired UTI
		Discuss the etiology and prevention of nosocomial
		diarrhea
		Discuss the etiology and prevention of central line
		associated infections
		Discuss various methods of hospital sanitation
		Define antimicrobial surfaces and enlist the
		microorganisms that are frequently present on touch
		surfaces
		Describe the various preventive techniques to reduce
		the HAI
	BIOS	AFETY

ID-Pa- 010	Bio-risk management(BRM)	Define biosafety and biosafety levels according to WHO? Enlist the bio risk organisms in each of biosafety levels? What are 4 levels of biosafety? Discuss the safety protocols of BSL 1? Discuss the safety protocols of BSL 2? Discuss the safety protocols of BSL 3? Discuss the safety protocols of BSL 4? Define biological waste? categorize the biological wastes (HAZARDOUS, NON HAZARDOUS, SHARPS)? Describe procedures for segregation, storage, treatment and disposal of biological waste? Define spill management and discuss the steps for the management of a laboratory spill? Define PPE and discuss the situations under which PPE should be used by the health care professionals. Discuss the SOP of transportation of biological samples? Define and briefly discuss bio risk management?
		MICROBIOLOGY

ID-Pa 011	Staining	Identify the stained slides* of gram positive and gram negative bacteria (staphylococci, streptococci, Neisseria, Strept. pneumoniae, E. coli, proteus and acid fast bacilli). (*if slides will not be available, photographic slides should be used
. ID-Pa 012	Laboratory reporting	Interpret the culture sensitivity reports and antibiogram of gram positive and gram-negative bacteria.

RHEUMATOLOGY		
	Musc	uloskeletal & Locomotion-II
	1	MODULE-18
ID-M 007	Management plan	Record and present the complete history, physical examination findings, laboratory data, differential diagnosis, and therapeutic plan in a systematic concise, and coherent manner, both in writing and orally
ID-M 006	Therapeutic plan	Formulate a therapeutic plan by integrating information from history physical examination, and laboratory data for the management of a patien with fever
ID-M 005	Differential diagnosis	Use information from history, physical examination, and laborator investigations to identify and formulate a differential diagnosis of th underlying causes of fever
ID-M 004	Results	Interpret the results of investigations of a patient with fever
ID-M 003	Investigations	Order laboratory and radiological investigations for a patient with fever
ID-M 002	Physical Examination	Perform a thorough general physical examination of a patient with fever
ID-M 001	History taking	Demonstrate an accurate and comprehensive history from patient wit fever
		INTERNAL MEDICINE
ID-Pa 015	Laboratory tests	Perform and interpret the catalase test, coagulase test and oxidase test
ID-Pa 014	Stool examination	Identify the ova, cysts and trophozoites of protozoans, helminths, cestodes and schistosomes
ID-Pa 013	Culture sensitivity	Identify and describe the organisms that grow on the Blood agar, Chocolate agar, nutrient agar, TCBS, MacConkey media, LJ media. CLED, TSI, UREASE, CITRATE. blood culture bottle and anaerobic jar

		Understand the scope and importance of rheumatology.
MS2-Rh- 001	Introduction to Rheumatology	Recognize common musculoskeletal disorders
		managed in rheumatology.

Rheumatoid	Describe the pathophysiology of Rheumatoid
Arthritis (RA)	Arthritis (RA).
	Identify clinical features of Rheumatoid Arthritis (RA).
	Explain diagnostic criteria for Rheumatoid Arthritis (RA).
	Differentiate Rheumatoid Arthritis (RA) from other inflammatory joint disease
	Identify clinical manifestations of Osteoarthritis (OA).
	Discuss diagnostic methods for Osteoarthritis (OA).
Osteoarthritis	Explain the community burden of Osteoarthritis (OA)
(OA)	Identify risk factors for Osteoarthritis (OA).
	Explain the pathogenesis of Osteoarthritis (OA).
	Define Crystal Arthritis, including Gout and
	Pseudogout.
	Describe the pathophysiology of Gout.
	Describe the pathophysiology of Pseudogout
Crystal Arthritis	Identify clinical features of Gout.
(Gout/ Pseudogout)	Identify clinical features of pseudogout
	Discuss diagnostic tests for Crystal Arthritis.
	Differentiate between Gout and Pseudogout based
	on clinical and diagnostic findings.
	Outline management strategies for Gout
	Outline management strategies for Pseudogout.
	Define Systemic Inflammatory Vasculitis.
	Describe the pathophysiology of Systemic Inflammatory Vasculitis.
	Identify types of Systemic Inflammatory Vasculitis.
	Arthritis (RA) Osteoarthritis (OA)

		Discuss the community burden of Systemic
MS2-Rh- 005	Systemic	Inflammatory Vasculitis.
	Inflammatory Vasculitis	Explain risk factors for Systemic Inflammatory Vasculitis.
		Describe clinical features of Systemic Inflammatory Vasculitis.
		Identify diagnostic tests for Systemic Inflammatory Vasculitis.
		Justify the use of diagnostic investigations in
		Systemic Inflammatory Vasculitis.
		Discuss management strategies for Systemic Inflammatory Vasculitis.
		Define Autoimmune Rheumatic Diseases (e.g., SLE, Sjogren's, Systemic Sclerosis).
		Describe the pathophysiology of Systemic Lupus Erythematosus (SLE).
		Identify clinical manifestations of Sjogren's
MS2-Rh- 006	Autoimmune Rheumatic	Syndrome.
	Diseases	Explain the pathophysiology of Systemic Sclerosis
		Discuss treatment options for Polymyositis and
		Dermatomyositis.
		Define Spondylarthritis and its clinical features.
		Describe clinical features of Spondylarthritis
		Explain diagnostic criteria for Autoimmune Rheumatic Diseases.
		Differentiate Autoimmune Rheumatic Diseases from each other.
		Understand the role of evidence-based medicine in rheumatology management
MS2-Rh-		Apply evidence-based guidelines to rheumatology case studies
007	Integrated EBM	Critically evaluate current research in rheumatology.

	Critically evaluate current research in
	rheumatology.
	Integrate evidence-based practices into
	rheumatology treatment plans.
	Demonstrate the ability to appraise rheumatology research studies.
	Apply evidence-based findings to clinical decision making in rheumatology.
	Summarize key research advancements in rheumatology.
	Implement evidence-based guidelines in rheumatology practice
	ORTHOPEDICS
Introduction to	Define the field of orthopedics and its significance.
Orthopedics	Orthopedics
	Identify common orthopedic conditions and their impact.
Fracture Classification and Healing	Explain the classification of fractures using the AO system.
	Describe principles of fracture healing.
	Differentiate between complete and incomplete fractures.
Pediatric	Discuss pediatric fractures and their management.
Fractures	Explain Salter-Harris classification for growth plate Injuries
Osteoporotic	Define osteoporotic fractures and their clinical features.
riaciures	
	Identify common sites of osteoporotic fractures
	Discuss risk factors for osteoporosis
Pathological	Define pathological fractures and differentiate from traumatic.
	Orthopedics         Fracture         Classification         and Healing         Pediatric         Fractures         Osteoporotic         Fractures         Image: Contemporation of the second

	Fractures	Identify causes of pathological fractures.
		Describe diagnostic approaches for pathological fractures.
		Explain management options for pathological fractures.
		Classify sports injuries and their management.
		Describe common sports injuries in upper and lower limbs.
		Discuss pathophysiology of muscle strains and ligament sprains.
MS2-Orth-	Sports Injuries	Explain biomechanics of gait and malalignment injuries
006		Outline injury prevention strategies in sports.
		Analyze rehabilitation processes for sports injuries.
		Discuss use of assistive devices in rehabilitation. Orthopedics.
		Describe nutritional roles in recovery from sports.
		Understand surgical intervention in severe sports
		Promote multidisciplinary approach in managing sports injuries.
		Define genetic conditions: Achondroplasia and Marfan's Syndrome.
MS2-Orth- 007	Genetic Conditions in Orthopedics	Describe clinical features of Achondroplasia.
		Explain management of Marfan's Syndrome.
		Define scoliosis and its types.
		Identify clinical features and screening methods for scoliosis.
		Discuss treatment options for scoliosis.
MS2-Orth-	Bone and joint	Recognize multidisciplinary approach in managing Rehabilitation Scoliosis

008	Disorders	Define Osteogenesis Imperfecta and its genetic basis.		
		Identify clinical features and types of Osteogeneses Imperfecta.		
		Discuss management strategies for Osteogenesis Imperfecta.		
		Educate patients on Osteogenesis Imperfecta		
		Define Marfan's Syndrome and its genetic basis		
		Identify clinical manifestations of Marfan's Syndrome.		
		Discuss management strategies for Marfan's Syndrome.		
		Promote patient education and support for Marfan's Syndrome.		
		SURGICAL TRAUMATOLOGY		
MS2-Orth- 009	Introduction to Surgical Traumatology	Define ATLS and describe its relevance in trauma management.		
		Explain principles of trauma management and primary survey.		
MS2-Orth- 010	Introduction to Trauma Management & ATLS	Describe types of injuries managed in traumatology.		
010		Discuss multidisciplinary approach in trauma care.		
		Identify key specialties in managing traumatic injuries.		
MS2-Orth- 011	Primary Survey and ATLS	Understand ATLS guidelines in primary survey (ABCDE).		
		Recognize common causes of severe trauma.		
		Apply ATLS principles in conducting primary survey.		
		Identify indications for rapid imaging in trauma assessment.		
MS2-Orth-	Shock Recognition	Describe shock recognition and resuscitation measures		

012	and		
	Management		
		Define Traumatic Brain Injury (TBI) and classify its	
		severity.	
MS2-Orth-	Traumatic		
013	Brain Injury	Describe pathophysiology of primary and secondary brain injury.	
	(ТВІ)	secondary brain injury.	
		Identify common causes of TBI.	
		Describe clinical features of TBI.	
		Explain importance of early imaging for TBI	
		Discuss ATLS role in TBI management	
		Outline complications of TBI	
		Define Neck and Spine Trauma and classify it.	
MS2-Orth-	Neck and	Recognize mechanisms of neck and spine trauma.	
014	Spine Trauma	Describe anatomy of spine and spinal cord in	
		trauma context.	
		Identify clinical features of neck and spine trauma.	
		Understand importance of immobilization in spinal	
		trauma.	
		Discuss role of imaging in spinal trauma diagnosis.	
		Recognize role of ATLS in spinal trauma	
		management.	
		Outline complications of spine trauma.	
		Define Maxillofacial Trauma and its classification.	
		Identify causes of Maxillofacial Trauma	
	Maxillofacial Trauma	Explain anatomy relevant to Maxillofacial Trauma.	
MS2-Orth-		Recognize clinical features of facial trauma.	
015		Identify importance of airway management in facial trauma.	
		Describe radiological investigations for facial	
		fractures.	

		Discuss complications of maxillofacial trauma.
		Outline ATLS principles in maxillofacial trauma
		Discuss surgical interventions for maxillofacial
		trauma.
		Define Extremity Trauma and its types.
MS2-Orth- 016	Extremity	Evaluin machanisms of extremity trauma
010	Trauma	Explain mechanisms of extremity trauma.
		Recognize clinical signs of extremity injuries
		Identify life-threatening complications of extremity trauma.
		Understand role of imaging in extremity trauma diagnosis
		Describe principles of ATLS in extremity trauma
		Management
		Discuss management techniques for extremity Trauma
		Explain indications for surgical intervention in
		extremity trauma
PATHOLOG	Y, PHARMACOLOG	Y, COMMUNITY MEDICINE and BEHAVIORAL SCIENCES & EBM
		Discuss the etiology, pathophysiology, morphology,
		clinical manifestations and diagnostic criteria of
		Rheumatoid Arthritis (RA)
		Discuss the etiology, pathophysiology, morphology,
		clinical manifestations and diagnostic criteria of
		Osteoarthritis (OA)
		Discuss the etiology, pathophysiology, morphology,
		clinical manifestations and diagnostic criteria of
	MSK Diseases	Crystal Arthritis (Gout/Pseudogout)
MS2-Pa-001	& Tumors	Discuss the etiology, pathophysiology, morphology,
		clinical manifestations and diagnostic criteria of
		Autoimmune Rheumatic Diseases
		Identify bone tumors, cartilaginous and soft tumors
		and their clinical features
		Discuss the etiology, pathophysiology, morphology,
		clinical manifestations and diagnostic criteria of
		Bone tumours, cartilaginous and soft tumors
		Describe pharmacologic interventions for MSK
		disorders.
		Explain mechanisms of NSAIDs in MSK disorders.
	MSK Drugs &	Describe DMARDs and their use in MSK disorders
MS2-Ph-	MSK Drugs &	
MS2-Ph- 001	MSK Drugs & Interventions	Discuss corticosteroids in MSK management.

		Explain bisphosphonates and opioids in MSK Disorders
MS2-CM-	Epidemiology	Understand epidemiology of MSK diseases.
001	& Prevention	Discuss public health burden of MSK diseases.
		Explain preventive measures for MSK diseases.
		Discuss pharmacologic management in rheumatology.
	Dhammaaalaaia	Understand the use of NSAIDs in rheumatic diseases.
	Pharmacologic Management	Describe DMARDs and their role in managing RA
	in Rheumatology	Explain corticosteroids in rheumatic disease management.
		Discuss biologics in rheumatology management.
		Describe opioids for pain management in rheumatology.
MS2-CM-001	Epidemiology & Prevention	Understand the epidemiology of rheumatic diseases.
		Discuss the public health burden of rheumatic diseases.
		Explain preventive measures for rheumatic diseases.
		Analyze psychosocial impact of chronic MSK conditions.
		Describe patient counseling techniques for MSk.
MS2-BhS- 001	Psychosocial Impact & Patient Counseling	Promote adherence to MSK treatment plans.
001		Educate patients on importance of adherence to MSK management
		Discuss impact of disability on MSK patients
	Integrated EBM	Understand role of evidence-based medicine in MSK management.
MS2-Orth-		Apply evidence-based guidelines to rheumatology case studies.
017		Critically evaluate current research in Rheumatology
		Integrate evidence-based practices into rheumatology treatment plans.

		Demonstrate the ability to appraise rheumatology
		research studies.
		Apply evidence-based findings to clinical decision making in rheumatology.
		Summarize key research advancements in
		rheumatology.
		Implement evidence-based guidelines in
		rheumatology practice.
		PRACTICAL /LAB WORK
		Interpret various investigations related to joint
		diseases including:
		i. Complete Blood Count (CBC)
		ii. Erythrocyte Sedimentation rate (ESR)
MS2-Pa-		iii. C-reactive protein (CRP)
002		iv. Creatine Kinase (CK)
		v. Rheumatoid factor (RF)
		vi. Antinuclear antibody (ANA)
		vii. Anti-Neutrophil Cytoplasmic Antibodies
		(ANCA)
		viii. Serum uric acid level
MS2-Pa-	_	Interpret related cultures for diagnosis for infections
003		
	Test	
MS2-Ra-	Interpretation	Interpret imaging tests to evaluate various
001		musculoskeletal disorders including:
		i. X-rays
		ii. Computed tomography (CT) Scans
		iii. Ultrasound Scans
		iv. Bone Scans
		Analysis and interpretation of Drugs (atracurium or
MS2-Ph-	MSK &	skeletal muscle relaxant) on animal through online
002	locomotion	videos / simulations / graphs / practical
		performance.
		Analysis and interpretation of different concentrations of Drugs
		(atracurium or skeletal
		muscle relaxant) on Frog's rectus muscle through
		online videos / simulations / graphs / practical
		performance.
	GENERAL	MEDICINE/GENERAL SURGERY
MS2-M-	History taking	Elicit symptom of "pain" in history in terms of
001	in pain	location, intensity, duration, character, aggravating
		and relieving factors.

MS2-S- 001	History taking in swelling	Elicit symptom of "swelling" in history in terms of location, intensity, duration, character, aggravating and relieving factors.		
MS2-M- 002	History taking in swelling in drug history	Elicit symptom of "swelling" in history in terms of location, duration, pattern and any family or drug history.		
MS2-Rh- 011	History taking in joint mobility	Elicit symptom of 'joint mobility" in history in terms of location, intensity, duration, character, aggravating and relieving factors.		
History taking MS2-Orth- 017		<ul> <li>Elicit symptom of "joint mobility" in history in terms of its location, duration, pattern, mechanism of injury with associated symptoms.</li> <li>Elicit the signs and symptoms of patient with joint dislocation in history.</li> <li>Elicit signs and symptoms of patient with fracture in history</li> </ul>		
MS2-Rh- 012	History taking in osteoporosis	Elicit the signs and symptoms of patient with Osteoporosis. Elicit a patient history to make a provisional diagnosis.		
	R	HEUMATOLOGY		
		Palpate joints or areas for tenderness, warmth, swelling, and other inflammatory markers (e.g., effusion).		
	Physical	Assess range of motion (ROM) in joints, both actively (patient's effort) and passively (examiner's effort).		
		Test for specific joint tenderness and swelling in conditions like gout, rheumatoid arthritis, and osteoarthritis.		
MS2-Rh-013	Examination	Assess for joint deformities (e.g., rheumatoid nodules, Heberden's nodes).		
		Perform a thorough hand and wrist examination for signs of arthritis (e.g., Boutonnière deformity, swan neck deformity).		
		Examine for abnormal postural patterns such as scoliosis, kyphosis, or lordosis.		
		Perform a spine examination, assessing for alignment, tenderness, and range of motion.		
		Perform pulse examination in Systemic Inflammatory Vasculitis.		

	AF	FECTIVE DOMAIN
		Show empathy toward patients with chronic pain.
		Communicate the importance of early intervention.
MS2-PS- 001	Affective Domain	Encourage adherence to long-term treatment plans.
		Promote timely referrals to specialists when necessary.
		Promote dietary interventions to improve overall health.
		Discuss the prognosis of diseases based on
		findings and individual circumstances.
	ORTH	OPEDICS
		Inspect normal gait and assess deviations such as limping, stiffness, or imbalance.
		Assess muscle strength surrounding normally functioning limbs using standard grading
		techniques (e.g., Oxford scale). Assess joint stability through special tests (e.g.,
		Lachman test for ACL integrity, McMurray test for
		meniscus tears).
	Dhusiaal	Perform a compartment syndrome assessment
MS2-Orth	Physical Examination	(checking for swelling, pain, and vascular
018		compromise).
		Assess vascular status (pulses, capillary refill) in cases of trauma or orthopedic injury.
		Conduct a neurological examination of the upper and lower limbs to assess motor and sensory
		function.
		Demonstrate skills in performing a thorough
	Soft	assessment of extremity injuries, including physical
MS2-Orth-	tissue, Neurological	examination techniques
019	and Bony Extremity	Provide first aid to a person with bone injury like
	injuries	common sprains, fractures and dislocations
		(immobilization of body part) resuscitation of injured patients.
		Demonstrate skills in assessing fractures through
		physical examination and appropriate imaging
		modalities, including X-rays and CT scans.
		Perform a fracture assessment and evaluate signs of potential fractures or dislocations (e.g., deformity,
		abnormal movement).
MS2-Orth-		Demonstrate skills in developing individualized
020		treatment plans based on fracture type, patient

	ractures	factors, and healing principles.	
021 Tr ar	rinciples of riage Surgery nd Damage	Demonstrate clinical skills in assessing and managing fractures in various locations, including the use of appropriate imaging studies. Observe application of dressings, splints, plasters and other immobilization techniques in fracture patients in emergency. Observation of fracture reduction and fixation . Observation of internal and external fixation Assess and prioritize patients based on the severity of injuries. Implement damage control surgery techniques for orthopedic trauma. Identify candidates for damage control surgery. Stabilize fractures and manage soft tissue injuries	
	ontrol	in a timely manner Minimize the risk of complications and improve	
		patient outcomes through damage control strategies.	
	AFFECTI	/E DOMAIN	
MS2-Orth- Fr 022	ractures	Recognize the indications for surgical intervention in the management of fractures, including fixation techniques and considerations for rehabilitation.	
023 Pr	racture Healing and rinciples of reatment	Educate patients on the principles of fracture healing and the importance of adherence to treatment protocols for optimal recovery.	
MS2-Orth- Tr	reatment by racture location and	Educate patients on the importance of follow-up and rehabilitation based on fracture location to optimize healing and functional recovery. Collaborate with multidisciplinary teams to address unique challenges presented by fractures in specific regions (e.g., elderly patients with hip fractures).	
024 fra	egion		
024 fra	egion rinciples of		
024 fra re MS2-Orth- Pr			
024 fra re MS2-Orth- Pr 025 Tr	rinciples of	regions (e.g., elderly patients with hip fractures).	

		process and damage control strategies.
		AL TRAUMATOLOGY Principles of ATLS-ABCDE
MS2-S001	General Principles of ATLS - ABCDE	Principles of ATLS-ABCDE         Assess airway patency and clear airway         obstructions. Apply cervical spine immobilization if         necessary.         Inspect for chest movement, auscultate breath         sounds, palpate for deformities.         Assess pulse, control external bleeding, and assess         perfusion. Initiate shock management if required.         Assess level of consciousness using the Glasgow         Coma Scale (GCS) and check pupil reaction.         Expose the patient to assess for hidden injuries and         prevent hypothermia.         Conduct secondary survey - a head-to-toe         examination, including history and detailed physical
		exam.
	SPECIAL EXAMIN	
MS2-M- 001	SPECIAL EXAMIN Traumatic Brain Injury (TBI)	exam.
MS2-M- 001 MS2-Orth- 026	Traumatic	exam. ATIONS ACCORDING TO TYPE OF TRAUMA Use the Glasgow Coma Scale to assess
MS2-Orth-	Traumatic Brain Injury (TBI) Neck and Spine	exam. ATIONS ACCORDING TO TYPE OF TRAUMA Use the Glasgow Coma Scale to assess Consciouness in patients with head injuries. Assess for tenderness and deformity along the
MS2-Orth- 026	Traumatic Brain Injury (TBI) Neck and Spine Trauma	exam. ATIONS ACCORDING TO TYPE OF TRAUMA Use the Glasgow Coma Scale to assess Consciouness in patients with head injuries. Assess for tenderness and deformity along the cervical spine in trauma patients. Identify abnormal breath sounds during auscultation
MS2-Orth- 026 MS2-M-002	Traumatic Brain Injury (TBI) Neck and Spine Trauma Thoracic Trauma	exam. ATIONS ACCORDING TO TYPE OF TRAUMA Use the Glasgow Coma Scale to assess Consciouness in patients with head injuries. Assess for tenderness and deformity along the cervical spine in trauma patients. Identify abnormal breath sounds during auscultation to detect potential injuries. Perform abnormal palpatation to identify tenderness or rigidity
MS2-Orth- 026 MS2-M-002 MS2-S-002	Traumatic Brain Injury (TBI) Neck and Spine Trauma Thoracic Trauma Abdominal Trauma Maxillofacial	exam. ATIONS ACCORDING TO TYPE OF TRAUMA Use the Glasgow Coma Scale to assess Consciouness in patients with head injuries. Assess for tenderness and deformity along the cervical spine in trauma patients. Identify abnormal breath sounds during auscultation to detect potential injuries. Perform abnormal palpatation to identify tenderness or rigidity indicating injury. Recognize signs of facial fractures or deformities

	Early Recognize when to initiate life-saving interventions			
	Assessment	such as airway management, chest		
	and	decompression, and external hemorrhage control.		
MS2-S-	Management of	Initiate consultation/ referral to a trauma center for		
009	Severe Trauma	further management, ensuring early communication		
		with the trauma team.		
		Recognize when to initiate life-saving interventions		
		such as airway management, chest		
		decompression, and external hemorrhage control.		
	MO	DULE-19		

ensic Medicine Toxicology-II

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For2-Tr 001	General concept	Define injury, wound and hurt.
		Classify injuries on the basis of causative weapons
		Classify injuries as per Qisas and Diyyat Act.
For2-Tr 002	Wound production	Explain mechanism of wound production with reference to subject, object and contact.
For2-Tr 003	Abrasion	Define abrasions. Classify abrasion. Describe mechanism of production of abrasions. Differentiate between different types of abrasions. Explain medicolegal importance of abrasions.
For2-Tr 004	Bruise	Define bruises. Describe mechanism of production of bruises. Classify bruises. Explain pathophysiology of color changes in the bruise Assess the age of wound from color changes of wound. Distinguish between bruise, artificial bruise and hypostasis. Explain medico legal importance of bruises.
For2-Tr 005	Laceration	Define lacerated wound. Outline mechanism of production of a lacerated wound. Classify lacerated wounds. Differentiate between a lacerated wound and incised wound on gross examination. Explain medico legal importance.
For2-Tr 006	Fractures	Explain mechanism of fracture of bones/tooth. Discuss the mechanism of fractures/tooth. Describe different types of fractures of bones.

		Interpret the age of fractures from radiological findings
		Interpret the age of fractures from radiological findings.
		Illustrate stages of healing of fractures of bones/teeth.
		Apply the nature of the fracture in the injury certificate as per Qisas and Diyat act.
		Explain medico-legal importance of fracture of bone/tooth.
For2-Tr 007	Incised/stab wounds	Define incised/stab wounds.
		Discuss mechanism of production of an incised wound.
		Explain medico-legal significance of incised/stab wounds.
	SPEC	IAL TRAUMATOLOGY
For2-Tr 008	Pathophysiology of	Describe the pathophysiology of injuries.
F012-11 008	injuries	Explain effects of injuries on the body.
	injunes	
For2-Tr 009	Timing of injury /	Elaborate different methods (naked eye examination, microscopic
	ante mortem, post	examination, histochemical and biochemical methods) for determination
	mortem nature of	of age of wound.
	wound	Describe different methods (naked eye examination, microscopic
		examination, histochemical and biochemical methods of determination of
		ante mortem/ post mortem nature (vital reaction) of a wound. Pathology,
		surgery, medicine & Forensic medicine.
For2-Tr 010	Ewing's postulate	Link Sequelae of trauma to its original cause and search for the
		relationship of sequelae to pre-existing disease.
For2-Tr 011	Battered baby	Give a detailed account of battered baby or Caffey syndrome from a
	syndrome	medicolegal point of view.
		Diagnose a case of a battered baby on the basis of different injuries
		sustained by a battered baby.
For2-Tr 012	Torture	Define torture.
		Explain reasons, types and complications of torture.
		Describe medicolegal aspects of torture.
For2-Tr 013	Medicolegal	Examine and prepare Medico-legal report of an injured person with
	Certification of injury	different etiologies in a simulated/supervised environment.
For2-Tr-14	Internal ballistics	Define fire arms and ballistics.
		Classify fire arm.
		Explain different parts of fire arm weapons.
		Describe ammunition used in firearms.
		Explain chain of events of firing Internal ballistics
For2-Tr 015	External Ballistics	To explain the factors affecting the trajectory of bullet after its exit from
		the muzzle end.
For2-Tr 016	Terminal Ballistics	Interpret wound complex produced by a rifled and non rifled weapons at
		different ranges.
		Calculate the distance of fire from the wound examination.
		Differentiate between entry and exit wounds of fire arms.
		Explain medicolegal importance of fire arm injuries.
For2-Tr 017	Gun powders	Identify gun powders and ammunition used through different methods.
For2-Tr 018		
For2-Tr 018	Blast injuries	Describe mechanics of blast injuries.
For2-Tr 018	Blast injuries	Describe mechanics of blast injuries. Explain effects of blast injuries on human body.

For2-Tr 019	Regional Injuries	Explain mechanism of injuries to soft and bony tissues of head, neck, chest, abdomen and limbs.
		Describe effects of injuries to head, neck, chest, abdomen and limbs. Describe medicolegal aspects of regional injuries
For2-Tr 020	Transportation	Classify transport accidents.
	Injuries	Describe different factors involved in the causation of RTA.
		Classify and describe different patterns of injuries sustained by pedestrians
		and occupants of the vehicles
		Explain medicolegal significance and prevention of RTA.
For2-Tr 021	Therrmal Injuries /	Define thermal injuries.
	Burn	Classify thermal injuries-flame burns and scalds.
		Describe degree of burns according to different classifications.
		Calculate percentage of burnt surface area and their effects on the body.
		Describe management of the burnt patient clinically.
		Appraise causes of death due to burn.
		Determine age of burn and ante-mortem/post mortem nature of burn.
F 0 F 000		Describe autopsy findings and medico legal importance of burns. I
For2-Tr 022	Electrocution	Classify electrical injuries injuries-low voltage and high voltage
	Lightening	Explain factors affecting electrocution.
		Describe mechanism and causes of death in electrocution. Interpret
		different patterns of electrical injuries due to low and high voltage current
		and lightening
For2 Tr 022	llumor /	Describe autopsy findings and medico legal importance of electrocution
For2-Tr 023	Hyper /	Explain deaths from exposure to high environmental temperature like heat stroke, heat cramps and heat exhaustion.
	Hypothermia/ Starvation	Explain deaths from exposure to low environmental temperature like Frost
	Starvation	bite, Trench foot, Immersion foot.
		Describe their mechanism of development, autopsy findings and
		medicolegal importance.
		Interpret Starvation, causes, clinical findings, autopsy findings and
		medicolegal importanc
For2-Tr 02	Chemical Burns	Describe chemical burns
1012 11 02		Explain mechanism of development of chemical burns
		Describe autopsy findings
		Summarize the chemical buns as per gisas and diyat act. Describe
		medicolegal importance of chemical burns
For2-Tr 025	Drowning	Define and classify drowning.
	C C	Explain mechanism of death in wet and dry drowning.
		Describe external and internal autopsy findings in wet and dry drowning.
		Interpret biochemical and diatom tests.
		Emphasize medicolegal importance of drowning
	MEDICOLEGA	L ASPECTS OF SEXUAL OFFENCES
For 2 Co. 001	Lucia e terraria faita talita a	Comprehend the terms-impotency, frigidity in females and sterility Explain
	Impotency trigiaity	T Comprehend the terms-impotency, ingluity in females and sternity EXPIdII
For2 Se-001	Impotency frigidity	
	and sterility	their causes. Narrate their medico legal importance
For2 Se-001 For2 Se-002		

For2 Se-003	Pregnancy	Describe presumptive, probable and sure signs of pregnancy in living and dead.
For2 Se-004	Delivery	Explain recent and old signs of delivery in living and dead
For2 Se-005	Abortion/Miscarriage	Define and classify abortions. Explain motives for criminal abortions. Reproduce different methods of inducing criminal abortion. Outline complications and causes of death due to abortion. Describe findings in living and dead after abortion. Examine the aborted material to assess the age and viability. Apply sections of Qisas and Diyat act relevant to abortion.
For2-Se-006	Sexual Offences	Classify sexual offenses (natural, un-natural and perversions) and explain their medico legal importance. Describe sexual perversions and identify the traits. Reproduce different sections of law relevant to sexual offenses. Explain Medico-legal examination of a victim of sexual assault and issue report. Describe Medico-legal examination of the alleged accused of rape and issue report. Know the Medico-legal examination in unnatural sexual offence. Outline collection, preservation and dispatch of specimens in cases of sexual assaults to chemical examiner. Interpret Psycho-pathology of assailant. Interpret Psycho-pathology of victim.' Undertake initial management & referral of victim.
For2 Se-007	Infanticide	Define infanticide. State status of infants-still born/dead born/live born. Describe autopsy findings to determine whether live born or not, cause of death, age of new born and others
	TRAUI	MATOLOGY
For2-Tr 026	Mechanical injuries	Recognize and identify common conventional blunt objects, sharp objects, firearms, electrical instruments and chemicals and their medico- legal aspects. (lathi, knife, axe, gandasa, sickle, dagger, razor & stick, fire arms.
For2-Tr 027	Abrasion	Differentiate between different types of abrasions
For2-Tr 028	Bruise	Assess the age of a bruise on the basis of color changes. Differentiate between a bruise and post mortem staining.
For2-Tr 029	Wound	Differentiate between a lacerated and incised wound on naked eye examination wound .
For2-Tr 030	Age of fracture	Assess the age of fracture by recognition of healing stages on x rays Apply different sections of Qisas and Diyat Act from examination of fractures on x rays.

For2-Tr 031	Hurt / Qisas N Diyat	Identify hurt and apply relevant section of Qisas and Diyat Act for: i. Itlaf-udw ii. Itlaf -slahiat-udw iii. Shajja iv. Jurh Act
For2-Tr 032	Certification of injury	Demonstrate appropriate examination of an injured person and issue the report in a simulated/supervised environment correctly
For2-Tr 033	Firearm	Identify different types of fire arm weapons. Identify different parts of fire arm weapons. Identify different parts of ammunition. Determine the type of fire arm weapon from the examination of fire arm wound complex. Calculate the firing range of the weapon from appearance of wound. Identify characteristics of entry and exit fire arm wounds.
For2-Tr 034	Burn	Differentiate between dry burn and wet burn. Calculate burnt surface area. Determine age and nature of burn on naked eye examination Recognize autopsy findings
For2-Tr 035	Electrocuted injury	Recognize between entry and exit wounds of electric currents on body. Describe different pathways of electric currents through human body. Recognize different patterns of electrical injuries.
For2-Tr 036	Hypo / Hypothermia / starvation	Recognize different patterns of effects of high/low environmental temperature on the body. Appreciate clinical and autopsy findings of death due to starvation
For2-Tr 037	Chemical Burns	Recognize different patterns of Chemical burns over body. Apply relevant sections of Qisas And Diyat Act.
For2-Tr 038	Hanging	Identify different kinds of ligature materials used for hanging. Recognize different types of hanging. Appreciate nonspecific and specific autopsy findings of hanging. Know how to remove and preserve the ligature material used.
For2-Tr 039	Strangulation / Hanging	Differentiate between ligature marks due to hanging and strangulation. Appreciate nonspecific and specific autopsy findings of hanging. Know how to remove and preserve the ligature material used.
For2-Tr 040	Throttling	Appreciate external and internal autopsy findings of death due to throttling. Determine the position of assailant and victim from external marks on neck
For2-Tr 041	Smothering / Gagging	Appreciate external and internal autopsy findings of death due to smothering, choking, gagging and traumatic asphyxia
For2-Tr 042	Drowning	Appreciate external and internal autopsy findings of death due to drowning. CODE SPECIFIC LEARNING OUTCOMES TOTAL HOURS = 06 INTEGRATING DISCIPLINE TOPIC SEXOLOGY
For2 Se-008	Sexual Assaults	Replicate Medico-legal examination of a victim of sexual assault and issue report. Demonstrate Medico-legal examination of the alleged accused of rape and issue report. Copy the Medico-legal examination in unnatural sexual offence. Perform collection, preservation and dispatch of specimens in cases of sexual assaults to chemical examiner.

### PRACTICAL/LAB WORK

- Class will be divided into 8 batches (A H). These batches will be used for clinical rotation and Practical work.
- Practicals will be conducted from Monday to Thursday
- For practicals, batches will be distributed as follows
  - Pathology lab
  - Pharma lab
  - Forensic lab
  - Pathology Tutorial

#### PATHOLOGY PRACTICALS

Code	Practical Topic
MS2-Pa	Interpret various investigations related to joint diseases including:
002	i. Complete Blood Count (CBC)
	ii. Erythrocyte Sedimentation rate (ESR)
	iii. C-reactive protein (CRP)
	iv. Creatine Kinase (CK) v. Rheumatoid factor (RF)
	v. Antinuclear antibody (ANA)
	vi. Anti-Neutrophil Cytoplasmic Antibodies (ANCA)
	vii. Serum uric acid level Pathology
MS2-Pa	Interpret related cultures for diagnosis for infections
003	Microbiology, Pathology
ID-Pa 011	Identify the stained slides* of gram positive and gram negative
	bacteria (staphylococci, streptococci, Neisseria, Strept.
	pneumoniae, E. coli, proteus and acid fast bacilli). (*if slides will
	not be available, photographic slides should be used
ID-Pa 012	Interpret the culture sensitivity reports and antibiogram of gram
	positive and gram-negative bacteria.
	ID-Pa 013 Identify and describe the organisms that grow on the
	Blood agar, Chocolate agar, nutrient agar, TCBS, MacConkey
	media, LJ media. CLED, TSI, UREASE, CITRATE. blood culture bottle
	and anaerobic jar
ID-Pa 014	Identify the ova, cysts and trophozoites of protozoans, helminths,
	cestodes and schistosomes.
ID-Pa 015	Perform and interpret the catalase test, coagulase test and
	oxidase test.
N-Pa-008	Morphological features of Benign and Malignant tumours (Gross
	and Microscopic features) Pathology Nomenclature, Difference
	between benign and malignant tumours Common Benign tumours
	(Lipoma, Leiomyoma, Fibroadenoma of Breast) Carcinoma in situ

	(DCIS & Bowens disease) Common Malignant tumours (Adenocarcinoma, Squamous cell carcinoma)
N-Pa-009	Tumour grade and stage in malignant tumours Adenocarcinoma / Squamous cell carcinoma (including tumour invasion and metastasis)

### FORENSIC PRACTICALS

Code	Practical Topic
For2-Tr 026	Recognize and identify common conventional blunt objects, sharp objects, firearms, electrical instruments and chemicals and their medico- legal aspects. (lathi, knife, axe, gandasa, sickle, dagger, razor
For2-Tr 026	Recognize and identify common conventional blunt objects, sharp objects, firearms, electrical instruments and chemicals and their medico- legal aspects. (lathi, knife, axe, gandasa, sickle, dagger, razor Forensic medicine Mechanical injuries 192 & stick, fire arms
For2-Tr 027 For2-Tr 028 For2-Tr 029	Differentiate between different types of abrasions Assess the age of a bruise on the basis of color changes. Differentiate between a bruise and post mortem staining Differentiate between a lacerated and incised wound on naked eye examination
For2-Tr 030	Assess the age of fracture by recognition of healing stages on x rays Apply different sections of Qisas and Diyat Act from examination of fractures on x rays
For2-Tr 031 For2-Tr 032	Identify hurt and apply relevant section of Qisas and Diyat Act for: i. Itlaf-udw ii. Itlaf -slahiat-udw iii. Shajja iv. Jurh Hurt / Qisas N Diyat Act Demonstrate appropriate examination of an injured person and
	issue the report in a simulated/supervised environment correctly
For2-Tr 033	Identify different types of fire arm weapons Identify different parts of fire arm Identify different parts of ammunition. Determine the type of fire arm weapon from the examination of fire arm wound complex. Calculate the firing range of the weapon from appearance of wound. Identify characteristics of entry and exit fire arm wounds.
For2-Tr 034	Differentiate between dry burn and wet burn. Calculate burnt surface area
For2-Tr 037	Determine age and nature of burn on naked eye examination Recognize different patterns of Chemical burns over body. Apply relevant sections of Qisas And Diyat Act.

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For2-Tr 035	Recognize between entry and exit wounds of electric currents on body.
For2-Tr 036	Describe different pathways of electric currents through human body.
	Recognize different patterns of electrical injuries.
For2-Tr 036	Recognize different patterns of effects of high/low
	environmental temperature on the body.
	Appreciate clinical and autopsy findings of death due to
	starvation
For2-Tr 038	Identify different kinds of ligature materials used for hanging
1012 11 030	Recognize different types of hanging Appreciate nonspecific and
	specific autopsy findings of hanging. Know how to remove and
	preserve the ligature material used.
For2-Tr 039	Differentiate between ligature marks due to hanging and
	strangulation. Appreciate nonspecific and specific autopsy
	findings of hanging. Know how to remove and preserve the
	ligature material used.
For2-Tr 026	Recognize and identify common conventional blunt objects,
1012-11 020	sharp objects, firearms, electrical instruments and chemicals
	and their medico- legal aspects. (lathi, knife, axe, gandasa,
	sickle, dagger, razor Forensic medicine Mechanical injuries 192
	& stick, fire arms
For2-Tr 027	
For2-Tr 028	Differentiate between different types of abrasions Abrasion
For2-Tr 029	Assess the age of a bruise on the basis of color changes.
1012-11 025	Differentiate between a bruise and post mortem staining Bruise
	Differentiate between a lacerated and incised wound on naked
	eye examination
For2-Tr 030	Assess the age of fracture by recognition of healing stages on x
	rays Apply different sections of Qisas and Diyat Act from
	examination of fractures on x rays
For2-Tr 031	Identify hurt and apply relevant section of Qisas and Diyat Act
For2-Tr 032	for: i. Itlaf-udw ii. Itlaf -slahiat-udw iii. Shajja iv. Jurh Hurt / Qisas
	N Diyat Act
	Demonstrate appropriate examination of an injured person and
	issue the report in a simulated/supervised environment
	correctly
For2-Tr 033	Identify different types of fire arm weapons Identify different
	parts of fire arm weapons Identify different parts of
	ammunition. Firearm Determine the type of fire arm weapon
	from the examination of fire arm wound complex. Calculate the
	firing range of the weapon from appearance of wound. Identify
	characteristics of entry and exit fire arm wounds.
For2-Tr 034	Differentiate between dry burn and wet burn. Calculate burnt
For2-Tr 037	surface area Determine age and nature of burn on naked eye
	examination
	Recognize different patterns of Chemical burns over body. Apply

	relevant sections of Qisas And Diyat Act.			
For2-Tr 035	Recognize between entry and exit wounds of electric currents			
For2-Tr 036	on body. Describe different pathways of electric currents			
F012-11 030	, , ,			
	through human body. Recognize different patterns of electrical			
	injuries. Recognize different patterns of effects of high/low			
	environmental temperature on the body. Appreciate clinical and			
	autopsy findings of death due to starvation			
For2-Tr 040	Appreciate external and internal autopsy findings of death due			
	to throttling. Determine the position of assailant and victim			
	from external marks on neck			
For2-Tr 041	Appreciate external and internal autopsy findings of death due			
	to smothering, choking, gagging and traumatic asphyxia			
For2-Tr 042	Appreciate external and internal autopsy findings of death due			
	to drowning.			
	Replicate Medico-legal examination of a victim of sexual assault			
	and issue report.			
	Demonstrate Medico-legal examination of the alleged accused			
For2 Se-008	of rape and issue report.			
	Copy the Medico-legal examination in unnatural sexual offence.			
	Perform collection, preservation and dispatch of specimens in			
	cases of sexual assaults to chemical examiner.			

### PHARMACOLOGY PRACTICALS

1	MS2-Ph	Analysis and interpretation of Drugs (atracurium or skeletal muscle relaxant) on animal through online videos / simulations / graphs / practical performance.
2	002	Analysis and interpretation of different Concentrations of Drugs (atracurium or skeletal muscle relaxant) on Frog's rectus muscle through online videos / simulations / graphs / practical performance.

### RADIOLOGY PRACTICAL

	Interpret i including:	maging tests to evaluate various musculoskeletal disorders
MS2-Ra	i.	X-rays
001	ii.	Computed tomography (CT) Scans
	iii.	Ultrasound Scans
	iv.	Bone Scans

### **ASSESSMENT METHODS.**

Tools & Policy Tools for Formative and Summative Assessment:-Formative assessment:

#### CLASS TESTS (After every 2 weeks))

- 1. Friday during Grand Tutorial
- 2. On all topics covered during the past 2 weeks.
- 3. Weightage and Grading will be as follows

	Pathology	Pharmacology	Forensic Medicine	Allied subjects	Total	Marks
MCQs	15	5	7	3	30	30
SEQs	2	1	1	-	4	20
TOTAL						50

4. Combined Test Dates

Friday 8:45 – 10:15 am Venue: Pathology Department Labs

1 <sup>st</sup> TEST	4-7-25
2 <sup>ND</sup> TEST	22-8-25
3 <sup>RD</sup> TEST	19-9-25

- Summative Block examination:
  - o MCQ's
  - o SEQ's
  - o OSPE
  - Viva Voce
  - Assignments

## Block – 8 TOS

		М	BBS 3rd Profe	ssional			
			Block-8				
		Written Exam			Oral/Practica	I/Clinical Exam	
Subject	MCQ (1 mark)	SEQ (5 mark each)	Marks	OSPE /OSCE (8 marks each observed)	OSCE (10 marks each observed)	OSVE (14 marks each observed)	Marks
Pharmacology	12	02	22	03	-	01	38
Pathology	30	05	55	04	-	02	60
Family Medicine	-	-	-	-	-	-	-
Community Medicine	04	-	04	-	-	-	-
Surgery	15	01	20	01	-	-	08
Medicine	15	01	20	01	-	-	08
Forensic	10	01	15	01	-	-	08
Behavioral	02	-	02	-	-	-	-
Patient Safety	02	-	02	-	-	-	-
CFRC	-	-	-	01	-	-	08
PERLs + ExposITory	-	-	-	-	01	-	10
Total	90	10x5=50	140	11 stations x 08 = 88	01 stations x 10 = 10	03 stations x 14=42	140

### **UHS Assessment Policy:-**

- 1. Professional examination shall be open to any student who: -
  - has been enrolled/registered and completed one academic year preceding the concerned professional examination in a constituent/affiliated college of the University.
  - b. has his/her name submitted to the Controller of Examinations, for the purpose of examination, by the Principal of the college in which he / she is enrolled & is eligible as per all prerequisites of the examination.
  - c. has his/her marks of internal assessment in all the Blocks sent to the Controller of Examinations by the Principal of the college along with the admission form.
  - produces the following certificates duly verified by the principal of his / her college:
    - (i) of good character;
    - (ii) of having attended not less than cumulative 85% of the full course of lectures delivered and practical conducted in the particular academic session, while maintaining 75 % attendance in each block,
    - (iii) Certificate of having appeared at the Block Examinations conducted by the college of enrolment with at least 55 % cumulative percentage in aggregate of blocks 7,8, and 9 for the third year;
    - (iv) Candidates falling short of block/s attendance shall not be admitted to the annual examination unless they take remedial classes to complete the requirement.
- 2. The minimum number of marks required to pass the professional examination for each paper shall be fifty-five percent (55%) in Written and fifty-five percent (55%) in the 'Oral/Practical/Clinical' examinations and fifty-five percent (55%) in aggregate, independently and concomitantly, at one and the same time.
- 3. Candidates who secure eighty five percent (85%) or above marks in any of the papers shall be declared to have passed "with distinction" in that Block, subject to having at least 80 % marks in the Written component of that paper, concomitantly. However, no candidate shall be declared to have passed "with distinction" in any paper, who does not pass in all the papers of the Professional Examination as a whole at one and the same time,
- 4. A candidate failing in one or more paper of the annual examination shall be provisionally allowed to join the next professional class till the commencement of supplementary examinations. Under no circumstances, a candidate shall be promoted to the next professional class till he / she has passed all the papers in the preceding professional examination.
- 5. If a student appears in the supplementary examination for the first time as he/she did

notappear in the annual examination because of any reason and fails in any paper in the Supplementary Examination, he/she will be detained in the same class and will not be promoted to next class.

- 6. The colleges may arrange remedial classes and one re-sit for each block examination after approval from the Competent Authority.
- 7. The remedial classes and re-sit examination can be conducted during summer vacation/weekends, before or during preparatory leave, for the concerned professional examination, subject to the following conditions:
  - a. At the completion of each block, the principals of the colleges shall submit a detailed report to the university, including cases of students with short attendance, poor performance/absence in the block examination along with the reasons and evidence for the same, proposed schedule for remedial classes and re-sit examination.
  - b. Competent Authority UHS will have the cause and the submitted evidence evaluated and documented, before permitting the colleges to arrange remedial classes and re-sit examination at the concerned block. No college is allowed to conduct remedial classes or re-sit examination without prior approval of the competent authority.
  - c. The students can appear in remedial classes / re-sit of a block examination, However, conduct of remedial classes shall be permitted only in the cases of students, who shall have attended at least 50 % of total attendance of the concerned block in the first instance.
    - a. However, in special circumstances a student can be allowed to attend the 'remedial classes' for a certain block, with the permission of the Competent Authority, to complete his/her requirement of attendance, even if the block attendance is less than 50%. In such cases, the evidence of reason will be provided by the college after the Principal has endorsed the case.
    - b. The students who have attained a cumulative attendance of 85% directly or with remedial classes, can appear in the 'annual' professional examination.
    - c. The valid reasons for short attendance in a block or absence from a block examination may include major illness/accident/surgery of the student or sickness / death of an immediate relative/being afflicted by a natural/manmade calamity or disaster or detained students (missed the first block of the year) or UHS permitted late admission students
- 8. The application for admission of each candidate for examination shall be submitted to the Controller of Examination, through the Principal of the College, in a prescribed format, as per notified schedule, accompanied by the prescribed fee.
- 9. The marks of internal assessment through block/s examination and attendance shall be submitted to Controller of Examinations three times, within two weeks of completion of each block examination.
- 10.At the end of each block, the colleges are required to submit question papers and keys for the block examination, internal assessment marks and attendance record to

the Department of Examinations UHS. Further, parent-teacher meetings shall be arranged by the colleges after every block examination to share feedback on the progress of students with their parents. Minutes of parent teacher meetings shall be submitted to the Department of Medical Education UHS.

- 11.It is emphasized that fresh internal assessment or a revision of assessment for supplementary examination shall not be permissible. However, a revised internal assessment for the detained students can be submitted. The internal assessment award in a particular year will not be decreased subsequently detrimental to the detainee candidate. A proper record of the continuous internal assessment shall be maintained by the concerned department/s in the colleges.
- 12. The candidates shall pay their fee through the Principal of their respective Colleges whoshall forward a bank draft / pay order / crossed cheque in favor of Treasurer, University of Health Sciences Lahore, along with their Admission Forms.
- 13.Only one annual and one supplementary of First, Second & Third Professional MBBS Examinations shall be allowed in a particular academic session. In exceptional situations, i.e., national calamities, war or loss of solved answer books in case of accident, special examination may be arranged after having observed due process of law. This will require permission of relevantauthorities, i.e., Syndicate and Board of Governors.

#### Eligibility Criteria for Appearing in UHS Annual Examination.

- a. Minimum 85% attendance (in each Block and in aggregate)
- b. Minimum 55% aggregate Marks all Test
- 2. Retake of institutional block examination/ s will be allowed only under Special Circumstances
- **3.** Candidates falling short of attendance requirement shall not be admitted to the annual examination but may be permitted to appear at the supplementary examination if they make up the deficiency up to the commencement of next examination by remaining on rolls of a college as regular student, subject to fulfillment of all other mandatory requirements to appear at the examination
- 4. College may arrange remedial classes and one re-sit for each block examination, either with the subsequent block examination or before completion of the subsequent block, and before or during preparatory leave in case of terminal block of the professional year, before issuance of date sheet for the concerned professional examination.
- 5. The students can appear in Re-sit of a block examination, along with the subsequent block, and before or during preparatory leave for the terminal block of the professional year, once the requirement of attendance is met with. However, conduct of remedial classes shall be permitted only in the cases of students, who shall have attended at least 50% of the total attendance of the concerned block in the first instance.
- 6. The valid reason for short attendance in block or absence from a block examination may include major illness/ accident/ surgery of the student or death of an immediate relative, being afflicted by nature calamity or disaster.

#### B. Block 8 (Musculoskeletal & Locomotion -- II + Infectious Diseases + Neoplasia

#### + Forensic Medicine - II))

The examination in Block 8 shall be as follows: -

I. One written paper of 140 marks having two parts:

iii. Part I shall have ninety Multiple Choice Questions (MCQs) of total 90

marks (01 mark for each MCQ) and the time allotted shall be 90 minutes.

There will be no negative marking.

iv. Part II shall have ten Structured Essay Questions (SEQs) of total 50 marks

- marks (05 marks for each SEQ) and the time allotted shall be 110 minutes.
  - I. "Oral/Practical/Clinical" examination shall have 140 marks in total.
  - II. The continuous internal assessment through 'Block Examination' and other parameters specified, conducted by the college of enrollment shall

carry 70 marks, i.e., 20% of the total allocated marks (350) for the block. The score will be equally distributed to the Written and 'Oral/Practical/Clinical' Examinations.

	Block				
	GRAND 1	UTORIAL AND	Class test DA	TES	
GRAND 1	UTORIAL	FRIDAY	8:45 - 10:15		
Week	Date		Department		
1	20-6-25		Pathology		
2	27-6-25	Fo	rensic Medicine	5	
3	4-7-25	COM	BINED TEST -	- 1	
4	8-8-25	F	harmacology		
5	15-8-25		Pathology		
6	22-8-25	COM	BINED TEST -	- 2	
7	29-8-25	Fo	rensic Medicine	8	
8	5-9-25	F	Pharmacology		
9	12-9-25		Pathology		
10	19-9-25	COM	BINED TEST -	- 3	
11	26-9-25	Fo	Forensic Medicine		
1 <sup>°°</sup> COM₿	NNED TEST	4-7-25	Friday	Venue:	
Pathology	y Labs				
2 <sup>ND</sup> COM	BINED TEST	22-8-25	Friday	Venue: Pathology	
Labs					
3 <sup>RD</sup> COM	BINED TEST	19-9-25 1	Friday	Venue: Pathology	
Labs			-		

#### Timetable CRRC (Ward/Skills lab) 3<sup>rd</sup> yr M885 2024 (BLOCK – 8)

Monday - Thursday

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Ward Time: 8:45 - 10:30 am Skills lab Time: 10:45 - 12:00

BATCHES
Monday – G+H, Tuesday – E+F,
Wednesday - C+D, Thursday - A+B

	Week Dates			Name Of Skill		Venue		Department Involved	
		SUMMER BREAK 7-7-25 TO 3-8-25							
4	4-8-3	4-8-25 to 7-8-25 CFRC3-022		-019 Inspection of joints and res -022 facture management (splinting,	Skills lab O		Ord	Orthopedics	
5	11-8-25 to 14-8-25		CFRC3 suturir	-023 Wound management and 18	Skills	ц.	9	ungeny	
6	18-8-3	18-8-25 to 21-8-25 MS2 ATLS		001	Skills	lab	9	ungeny	
7	25-8-3	25.8.25 to 28.8.25		4 001 e Glasgow Coma Scale to assess ousness in patients with head s.	Skills	lab	м	edicine	

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Director, Clinical Skills Lab, LMDC

CLINICAL ROTATIONS LEARNING OBJECTIVES

CFRC code	Name of Skill	
CFRC3-017	Joint injury history	Ward
CFRC3-018	Fracture history	
CFRC3-019	Inspection of joints and fractures	
CFRC3-020	Palpation for tenderness and deformities	Skills lab Orthopedics
CFRC3-021	Range of motion examination	
CFRC3-022	Basic fracture management (splinting, casting)	
CFRC3-023	Wound management and suturing	Skills lab Surgery
CFRC3-024	History of infections related to surgical wounds	Ward
CFRC3-026	Inspecting and diagnosing surgical wound infections	Ward
CFRC3-027	Antimicrobial prophylaxis and post-surgical infection	Ward

#### CLINICAL WARD ROTATION LEARNING OBJECTIVES

Medicine	Learning Objectives		
MS2-M 001	Elicit symptom of "pain" in history in terms of location, intensity, duration,		
	character, aggravating and relieving factors.		
MS2-M 002	Elicit symptom of "swelling" in history in terms of location, duration, pattern and		
	any family or drug history.		
MS2-Rh 011	Elicit symptom of 'joint mobility" in history in terms of location, intensity, duration		
	character, aggravating and relieving factors.		
MS2-Rh 012	Elicit the signs and symptoms of patient with osteoporosis		
	Elicit a patient history to make a provisional diagnosis		
	Test for specific joint tenderness and swelling in conditions like gout, rheumatoid		
	arthritis, and osteoarthritis.		
	Palpate joints or areas for tenderness, warmth, swelling, and other inflammatory		
	markers (e.g., effusion).		
	Perform pulse examination in Systemic Inflammatory Vasculitis.		
ID-M001	Demonstrate an accurate and comprehensive history from patient with fever		
ID-M002	Perform a thorough general physical examination of a patient with fever		
ID-M003	Order laboratory and radiological investigations for a patient with fever		
ID-M004	Interpret the results of investigations of a patient with fever		
ID-M005	Use information from history, physical examination, and laboratory investigations		

D-M005	Use information from history, physical examination, and laboratory investigations
10-101003	ose mormation normation y, physical examination, and laboratory investigations
ID-M 006	to identify and formulate a differential diagnosis of the underlying causes of fever
ID-M 007	Formulate a therapeutic plan by integrating information from history, physical
	examination, and laboratory data for the management of a patient with fever
	Record and present the complete history, physical examination findings, laboratory
	data, differential diagnosis, and therapeutic plan in a systematic, concise, and
	coherent manner, both in writing and orally
MS2-M 001	
	Use the Glasgow ComaScale to assess consciousness in patients with head injuries.
SURGERY	
MS2-S 001	Bicit symptom of "swelling" in history in terms of location, intensity, duration,
	character, aggravating and relieving factors.
MS2-S 001	Assess airway patency and clear airway obstructions.
	Apply cervical spine immebilization if necessary.
	General Principles of ATLS - ABCDE
	Inspect for chest movement, auscultate breath sounds, palpate for deformities.
	Assess pulse, control external bleeding, and assess perfusion.
	Initiate shock management if required.
	Assess level of consciousness using the Glasgow ComaScale (GCS) and check pupil
	wation.
	Expose the patient to assess for hidden injuries and prevent hypothermia.
	Conduct secondary survey -a head-to-toe examination, including history and
	detailed physical exam.
MS2-S 009	Recognize when to initiate life-saving interventions such as airway management,
	chest decompression, and external hemorrhage control.
	Early Assessment and Management of Severe Trauma
	Initiate consultation/referral to a trauma center for further management, ensuring
	early communication with the trauma team.
	Recognize when to initiate life saving interventions such as airway management,
	chest decompression, and external hemorrhage control.
ORTHOPEDICS	
MS2-Orth 017	Bicit symptom of "joint mobility" in history in terms of its location, duration,
	pattern, mechanism of injury with associated symptoms. Bicit the signs and
	symptoms of patient with joint dislocation in history flicit signs and symptoms of
	patient with fracture in history
	Assess range of motion (ROM) in joints, both actively (patient's effort) and passively
	(examiner's effort).
	Assess for joint deformities (e.g., rheumatoid nodules, Heberden's nodes).
	Rheumatology,
	Perform a thorough hand and wrist examination for signs of arthritis (e.g.,
	Boutonnière deformity, swan neck deformity). Examine for abnormal postural
	patterns such as scoliosis, kyphosis, or londosis.
	Perform a spine examination, assessing for alignment, tenderness, and range of
	•
MS2 0-4-019	motion.
MS2-Orth 019	motion. Inspect normal gait and assess deviations such as limping, stiffness, or imbalance.
MS2-Onth 019	motion.

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-	McMurray test for meniscusteers).
	Perform a compartment syndrome assessment (checking for swelling, pain, and
	vascular compromise).
	Assess vascular status (pulses, capillary refill) in cases of trauma or orthopedic
	injuy.
	Conduct a neurological examination of the upper and lower limbs to assess moto
	and sensory function.
	Demonstrate skills in performing a thorough assessment of extremity injuries,
	including physical examination techniques. Provide first aid to a person with bone
	injury like common sprains, fractures and dislocations (immobilization of body pa
	resuscitation of injured patient.
MS2-Orth 021	Demonstrate skills in assessing fractures through physical examination and
Inde-Origi De a	appropriate imaging modalities, including X-rays and CT scans.
	Perform a fracture assessment and evaluate signs of potential fractures or
	dislocations (e.g., deformity, abnormal movement).
	Demonstrate skills in developing individualized treatment plans based on fracture
	type, patient factors, and healing principles.
	Demonstrate clinical skills in assessing and managing fractures in various location
	including the use of appropriate imaging studies.
	Observe application of dressings, splints, plasters and other immobilization
	techniques in fracture patients in emergency Observation of fracture reduction ar
	fixation
	Observation of internal and external fixation
	Assess and prioritize patients based on the severity of injuries.
	Implement damage control surgery techniques for orthopedic trauma.
	Identify candidates for damage control surgery. Stabilize fractures and manage so
	tissue injuries in a timely manner. Minimize the risk of complications and improve
	patient outcome
MS2-Orth 022	Recognize the indications for surgical intervention in the management of fractures
179 MS2-Orth 023	including fixation techniques and considerations for rehabilitation.
MS2-Orth 024	Educate patients on the principles of fracture healing and the importance of
MS2-Orth 025	adherence to treatment protocols for optimal recovery.
	Educate patients on the importance of follow-up and rehabilitation based on
	fracture location to optimize healing and functional recovery.
	Collaborate with multidisciplinary teams to address unique challenges presented
	fractures in specific regions (e.g., elderly patients with hip fractures).
	Coordinate with other specialties for comprehensive trauma care.
	Educate patients and families about the triage process and damage control
	strategies.
MS2-Orth 026	Identify abnormal breath sounds during auscultation to detect, potential injuries.
MS2-5 002	Assess for tendemess and deformity along the cervical spine in trauma patients.
MS2-M 002	Perform abdominal palpation to identify tenderness or rigidity indicating injury.
MS2-5 008	Recognize signs of facial fractures or deformities during the examination.
MS2-S 004	Conduct a guickneurovascular examination of the limbs to evaluate pulse and

PSYCHATRY	
MS2-PS001	Show empathy toward patients with chronic pain. Communicate the importance of
	early intervention.
	Encourage adherence to long-term treatment plans.
	Promote timely referrals to specialists when necessary.
	Promote dietary interventions to improve overall health. Nutrition, Patient Education
	Discuss the prognosisof diseases based on findings and individual circumstances.

BLOCK - 8 (11 Weeks) 16-6-25 to 26-9-25				
		LECTURE SCHEDULE	DETAIL	
PATHOLOG	r			
	Monday	8:00 - 8:45 am	Microbiology	
		12:00 - 12:45 pm	Neoplasia	
	Tuesday	12:45 - 1:30 pm	Microbiology	
		2:15 - 3:00 pm	Neoplasia	
	Wednesday	1:30 - 2:15 pm	Microbiology	
		2:15 - 3:00 pm	Sp. Pathology	
	Thursday	8:00 - 8:45 am	Microbiology	
		1:30 - 2:15 pm	Biosafety	
	Friday	8:00 - 8:45 am	Microbiology	
		12:15 - 1:00 pm	Infection Control	
PHARMACO	LOGY			
	Monday	12:45 - 1:30 pm		
	Tuesday	8:00 - 8:45 am		
	Wednesday	12:45 - 1:30 pm		
	Thursday	2:15 - 3:00 pm	(1 <sup>st</sup> - 2 <sup>st</sup> - 3 <sup>st</sup> Week)	
FORENSIC I	MEDICINE			
	Wednesday	12:00 - 12:45 pm		
	Thursday	12:00 - 12:45 pm		
	Thursday	2:15 – 1:00 pm	(9 <sup>m</sup> - 10 <sup>m</sup> - 11 <sup>m</sup> Week)	
ORTHOPED	ICS			
	Tuesday	12:00 - 12:45 pm		
	Friday	10:45 - 11:30 am	$(5^{th} - 6^{th} - 7^{th} - 8^{th} week)$	
SURGERY/N	leurosurgery			
	Thursday	12:45 - 1:30 pm		
	Friday	10:45 - 11:30 am	(1 <sup>st</sup> -2 <sup>sd</sup> -3 <sup>sd</sup> -4 <sup>th</sup> week)	
RADIOLOGY	r			
	Friday	10:45 - 11:30 am	(9 <sup>cs</sup> - 10 <sup>m</sup> - 11 <sup>m</sup> Week)	

COMMUNIT	Y MEDICINE Monday	2:15 - 3:00 pm	
	Pionday	2:15 - 3:00 pm	
INTERNAL M	1EDICINE		
	Monday	1:30 – 2;15 pm	(7 <sup>m</sup> - 8 <sup>m</sup> - 9 <sup>m</sup> - 10 <sup>m</sup> - 11 <sup>m</sup> Week)
MEDICINE/	Rheumatology		
	Monday	1:30 - 2:15 pm	(1 <sup>st</sup> - 6 Weeks)
	Wednesday	8:00 - 8:45 am	(*******
MEDICINE/			
	Tuesday	1:30 – 2:15 pm	(1= - 5 Weeks)
MEDICINE/	EVIDENCE BASED MI	EDICINE	
The biolities	Tuesday	1:30 - 2:15 pm	(6 <sup>10</sup> - 7 <sup>10</sup> - 8 <sup>10</sup> Week)
	( debday	1.00 - 2.10 pm	to - / - o meety
PEDIATRICS	5		
	Tuesday	1:30 – 2:15 pm	(9 <sup>th</sup> - 10 <sup>th</sup> - 11 <sup>th</sup> Week)
BEHAVIOUR			(T
	Friday	11:30 – 12:15 am	(1 <sup>st</sup> – 5 Weeks)
BIOCHEMIS	TRY		
	Friday	11:30 - 12:15 am	(6 <sup>10</sup> = 7 <sup>10</sup> = 8 <sup>10</sup> Week)
GYNECOLO			
	Friday	11:30 – 12:15 am	(9 <sup>m</sup> - 10 <sup>m</sup> - 11 <sup>m</sup> Week)
PERL			
PERL	Thursday	2:15 - 3:00 pm	4 <sup>m</sup> = 5 <sup>m</sup> = 6 <sup>m</sup> = 7 <sup>m</sup> = 8 <sup>m</sup> Week
	marsday	2.13 = 3.00 pm	4

#### PRACTICAL / TUTORIAL SCHEDULE (Time: 10:30 – 12:00 pm)

#### PATHOLOGY

Monday – Thursday Monday – Thursday Pathology Practical Pathology Tutorial

#### PHARMACOLOGY

Monday – Thursday Monday – Thursday

Pharmacology practical Pharmacology Tutorial

Forensic Medicine practical

Forensic medicine Tutorial (8th and 10th week only)

1<sup>st</sup> and 2<sup>st</sup> Week only 9<sup>th</sup> and 11<sup>th</sup> Week only

FORENSIC MEDICINE Monday – Thursday

Monday - Thursday

Monday - Thursday

#### RADIOLOGY PRACTICAL

CFRC SCHEDULE DETAIL

3<sup>el</sup> Week only

Week	Dates	Name Of Skill	Venue	Department Involved	
	5	SUMMER BREAK 7-7-25 TO 3-8-25			
4	4-8-25 to 7-8-25	CFRC3-018 Fracture history CFRC3-019 Inspection of joints and fractures CFRC3-022 Basic fracture management (splinting, casting)	Skills lab	Orthopedics	
5	11-8-25 to 14-8-25	CFRC3-023 Wound management and suturing	Skills lab	Surgery	
6	18-8-25 to 21-8-25	M52-5 001 ATLS	Skills lab	Surgery	
7	25-8-25 to 28-8-25	MS2-M 001 Use the Glasgow Coma Scale to assess consciousness in patients with head injuries.	Skills lab	Medicine	

# PERL

DOMAIN	ТОРІС
Research	Identification of Research problem
	Developing Research Hypotheses and Questions
	Introducing clinical audit
Ethics	Autonomy in rehabilitation, Informed consent
	End of life decisions, ventilator use
	Cultural/religious views on Do Not resuscitate
Professionalism	Professional Responsibiilty in Public Health
	Adapting to the Physician Role
Leader ship	Enterpreneurship in Health care