



Study Guide

Block - X



Department of Medical Education
Aziz Fatimah Medical & Dental College Faisalabad

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1. Introduction to Study Guide

The study guide serves several crucial purposes:

1. Communicating information on the organization and management of the module:

This aids students in identifying the appropriate point of contact in case they encounter any difficulties during the semester.

2. Defining the objectives expected to be achieved by the end of the module:

It outlines clear learning goals, ensuring that students understand what is expected of them academically.

3. Identifying the learning strategies employed to achieve module objectives:

These strategies may encompass various methods such as lectures, small group sessions, clinical skills practice, demonstrations, tutorials, and case-based learning.

4. Providing a list of learning resources:

Students are offered a comprehensive list of resources, including books, computer-assisted learning programs, web links, and journals. These resources empower students to maximize their learning potential.

5. Highlighting information on the contribution of continuous assessment and semester examinations:

This section emphasizes the significance of ongoing assessments and final exams in determining a student's overall performance in the module.

6. Including information on assessment methods:

Details about the various assessment methods employed to evaluate students' progress in achieving the objectives are outlined.

7. Focusing on examination policies, rules, and regulations:

This section clarifies the policies and regulations governing examinations, ensuring that students are well-informed about the rules they must adhere to during their assessments.

By providing students with this comprehensive guide, educational institutions aim to enhance their learning experience, facilitate effective academic management, and foster compliance with academic standards and regulations.



2. Implementation Team for Block 10 4th Year MBBS

Academic Year In charge	Prof. Dr. Humayun Suqrat		
Head of Medical Education	Dr. Ayesha Sadiq		
Block Coordinator	Block 10 Prof. Dr. Humayun Suqrat (HOD Community Medicine)		
Module In charge	Community Medicine & Family Health-II Prof. Dr. Humayun Suqrat	GIT & Nutrition-II Prof. Dr. Kashif Baig	ENT & EYE-I Prof. Dr. Muhammad Saleem
Subject leads	Subject	Leads	
	Community medicine	Prof. Dr. Humayun Suqrat	
	Pathology	Prof. Dr. Muhammad Kashif Baig	
	Pharmacology	Prof. Dr. Sarwat Jahan	
	Medicine	Prof. Dr. Ghulam Abbas Shaikh	
	Gastroenterology	Dr. Kashif Nawaz	
	Surgery	Prof. Dr. Asrar Ahmad Khan	
	ENT	Prof. Dr. Muhammad Saleem	
	EYE	Dr Amir Shahzad	
	PERL's	Dr Ayesha Sadiq	
CFRC	Dr. Rizwan Rasool		
Assessment coordinator	Dr. Ayesha Sadiq		
Timetable coordinator	Miss Huma Afzal		

3. Introduction of BLOCK 10

Block 10 of the Fourth Year MBBS curriculum is a comprehensive and integrated academic block designed to strengthen students' clinical knowledge, preventive strategies, and patient-centered care across multiple essential disciplines. This block encompasses Community Medicine and Family Health II, Gastrointestinal Tract (GIT) and Nutrition II, as well as Eye & ENT I modules, providing a holistic approach to healthcare delivery.

The Community Medicine and Family Health II module focuses on advancing students' understanding of public health principles, disease prevention, health promotion, and primary healthcare systems. It emphasizes epidemiological approaches, community-based interventions, and the role of family physicians in delivering continuous and comprehensive care. Additionally, the module highlights the importance of research in public health, enabling students to develop skills in identifying research problems, formulating research questions, and applying appropriate methodologies. Through participation in a structured research project, students gain hands-on experience in data collection, analysis, and interpretation, fostering critical thinking and evidence-based decision-making essential for effective healthcare practice.

The GIT and Nutrition II module builds upon prior knowledge to explore the pathophysiology, clinical presentation, diagnosis, and management of gastrointestinal and hepatobiliary disorders. It also integrates the principles of clinical nutrition, highlighting the role of diet in disease prevention, management, and recovery, thereby reinforcing the importance of nutritional assessment in patient care.

The Eye I and ENT I modules introduce students to the fundamentals of ophthalmology and otorhinolaryngology. These modules focus on common disorders of the eye & ear along with their clinical evaluation, basic diagnostic techniques, and initial management. Emphasis is placed on early detection, appropriate referral, and prevention of complications.

Overall, Block 10 is structured to promote integrated learning, clinical reasoning, and application of knowledge in real-life scenarios. Through a combination of lectures, clinical rotations, practical sessions, and assessments, students are expected to develop competencies that align with the standards of safe, ethical, and effective medical practice.

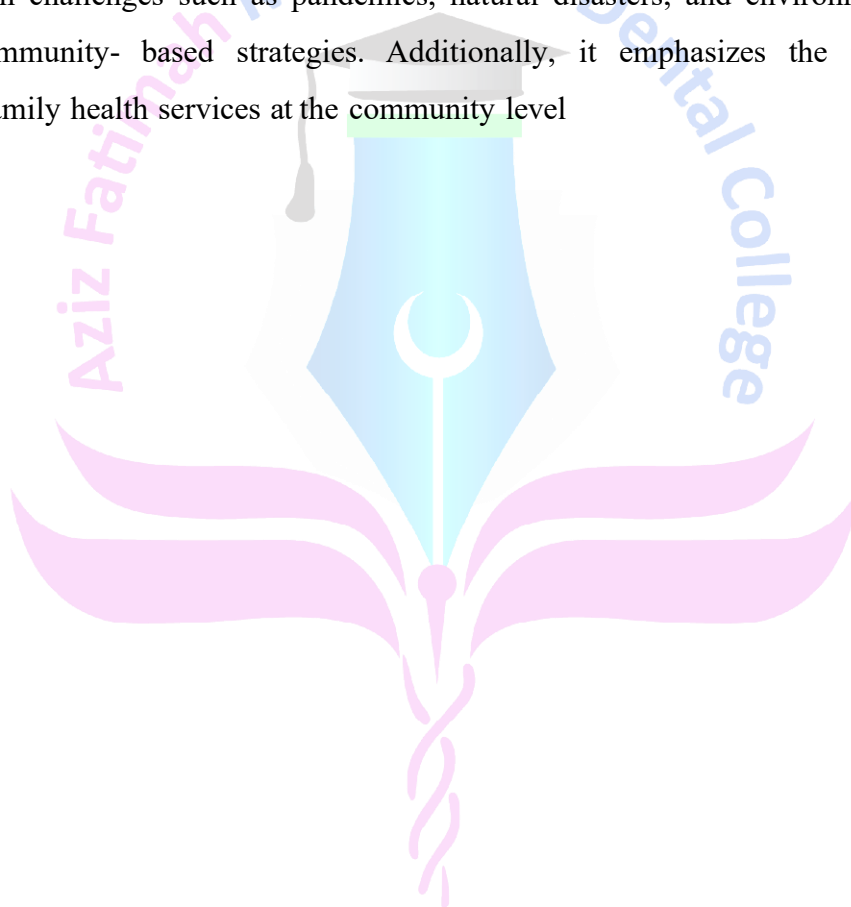


COMMUNITY MEDICINE &
FAMILY HEALTH-II

4. Community Medicine & Family Health-II

4.1 Module Rationale

Community Medicine & Family Health-II equips future healthcare professionals with the knowledge, skills, and attitudes necessary to implement preventive strategies, promote health, and reduce the burden of disease through a primary healthcare approach aimed at achieving universal health coverage. It enables students to understand how social, economic, and environmental factors influence health outcomes and prepares them to address health disparities effectively. The module also focuses on developing competencies to respond to public health challenges such as pandemics, natural disasters, and environmental hazards through community-based strategies. Additionally, it emphasizes the importance of providing family health services at the community level



4.2 Module Outcomes

- Apply bio statistical and epidemiological methods to collect, analyze, interpret, and present health data for evidence-based decision-making and research.
- Analyze demographic principles, transitions, and indicators to evaluate their implications for population health and healthcare planning in the context of Pakistan and globally.
- Evaluate occupational and environmental health risks, identify related diseases and hazards, and propose preventive, protective, and management strategies within legal and organizational frameworks.
- Develop and apply strategies for disaster preparedness, response, and recovery, including triage, relief management, and community mobilization.
- Critically appraise health systems, planning processes, and policies, and relate them to sustainable development goals and the concept of “Health for All.”



4.3 Learning Objectives

4.3.1 Knowledge

COMMUNITY MEDICINE-II

Code	Topic	Sub Topic	Learning objectives
CMFH2- CM-001	Community Medicine	Biostatistics and Health Management Information System	Explain the basic concepts and uses of biostatistics.
			Classify data according to its types.
			Define and apply rates, ratios, and proportions in health contexts.
			Describe the process of collection and registration of vital events in Pakistan.
			Apply methods of data presentation, including tables, graphs, and diagrams.
			Calculate measures of central tendency (mean, median, and mode).
			Calculate measures of dispersion (range, standard deviation, standard error).
			Interpret the normal curve and its applications in health sciences.
			Analyze and apply sampling techniques in health research.
CMFH2- CM-002	Community Medicine	Demography and Population Dynamics	Explain demographic principles and demographic processes.
			Describe population pyramids and differentiate between those of developing and developed countries.

			<p>Interpret and apply population pyramids to analyze population structures.</p> <ol style="list-style-type: none"> 1. Identify and analyze determinants of fertility and mortality. 2. Calculate and interpret indicators of fertility and mortality. <ol style="list-style-type: none"> 1. Describe the stages of demographic transition. 2. Describe, calculate, and interpret the dependency ratio, growth rates, and population doubling time.
			<p>Explain demographic concepts such as demographic trap, demographic window, demographic bonus, and demographic dividend.</p>
			<p>Define and explain the methodology and types of censuses, and evaluate their importance for health planning.</p>
			<p>Discuss the implications of high population growth, social mobilization, and urbanization, and apply these to the context of Pakistan.</p>
CMFH2- CM-003	Community Medicine	Occupational Health	<p>Explain the concepts of occupational health, occupational medicine, and occupational hygiene.</p> <p>Identify and classify physical, chemical, biological, mechanical, and psychosocial workplace hazards.</p> <p>Apply general principles of occupational disease prevention in workplace settings.</p> <p>Define and discuss ergonomics and its importance in occupational health.</p>

			<p>Interpret causes and recognize signs and symptoms of occupational lung diseases, including pneumoconiosis, silicosis, anthracosis, byssinosis, bagassosis, asbestosis, and farmer's lung.</p> <p>Analyze the causes, signs, and diagnosis of lead poisoning, and propose preventive and management strategies.</p> <ol style="list-style-type: none"> 1. Describe accidents in the industry, sickness absenteeism, and other health problems due to industrialization. 2. Recommend medical, engineering, and legislative measures for worker protection.
CMFH2- CM-004	Community Medicine	Disaster Management and accidents	<p>Define and classify disasters.</p> <p>Describe and explain disaster cycle and its phases.</p> <ol style="list-style-type: none"> 1. Explain the epidemiology and preventive strategies of communicable diseases during disaster. 2. Describe impact of man-made disasters. <p>Explain and apply the principles of triage in disaster situations.</p>
CMFH2- CM-005	Community Medicine	Health Planning and Management	<p>Define health planning and apply its relevance in healthcare delivery.</p> <p>Describe the steps of the health planning cycle.</p> <p>Discuss key management methods and techniques used in health planning.</p>

FAMILY HEALTH-II

Code	Topic	Sub Topic	Learning objectives
CMFH2- FM-001	Family Medicine/ Neurology/ Medicine	Headache	Define and classify headache.
			<ol style="list-style-type: none"> Diagnose the following based on signs and symptoms: <ul style="list-style-type: none"> ➤ Migraine (with/without aura) ➤ Tension-type headache ➤ Cluster headache Identify red flags.
			<p>List the common causes of secondary headache including intracranial and systemic.</p> <ol style="list-style-type: none"> Outline the treatment of migraine, tension-type, and cluster headaches. Prescribe prophylactic treatment for recurrent primary headaches. Plan the management of secondary headaches according to cause. Advise non-pharmacological measures.
CMFH2- FM-002	Family Medicine/ Medicine	Fever	<ol style="list-style-type: none"> Classify fever based on duration and pattern. Explain their clinical relevance in primary care.
			Outline the common infectious and non-infectious causes of fever, with emphasis on locally prevalent conditions.
			<p>Enlist baseline investigations in the evaluation of fever in primary care.</p> <p>Outline the symptomatic management and disease-specific treatment at the primary care level.</p>

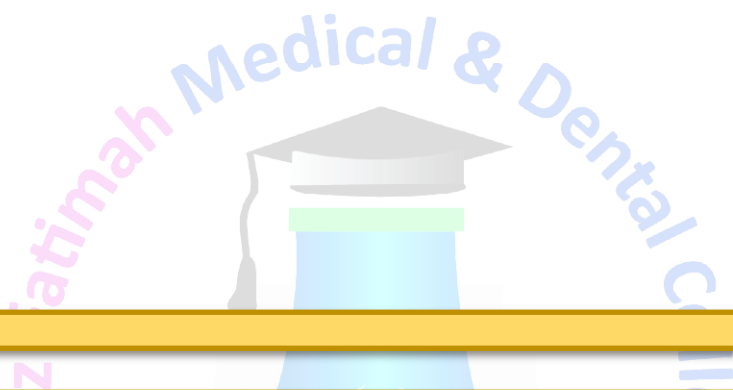
			<p>Counsel patients and caregivers on home management of fever.</p> <p>Identify red flag features in febrile patients that require urgent referral.</p>
CMFH2- FM-003	Family Medicine/ Pediatrics	Unwell child	<p>List the common causes of an unwell child presentation.</p> <ol style="list-style-type: none"> 1. Outline the initial assessment of a sick child. 2. Identify the red flag signs of serious illness in children. <p>Enlist the baseline investigations.</p> <p>Plan the management of unwell child including</p> <ul style="list-style-type: none"> ➤ Immediate stabilization ➤ Symptomatic management ➤ Specific management according to cause ➤ Indications for referral and hospitalization <p>Discuss preventive aspects including:</p> <ul style="list-style-type: none"> ➤ Importance of immunization ➤ Nutrition ➤ Early recognition of illness by caregivers
CMFH2- FM-004	Family Medicine/ Psychiatry	Mental Health	<p>Enlist the common mental health disorders relevant to general practice.</p> <p>Outline the key signs and symptoms important for early detection of psychiatric conditions.</p> <p>Discuss the principles of initial management and referral pathways for common psychiatric disorders and</p>

			emergencies.
			Explain the role of general practitioners in promoting mental health and reducing stigma.
CMFH2- FM-005	Family Medicine/Medicine	Generalized weakness and weight loss	Enlist common causes of weakness and weight loss.
			Outline baseline investigations to guide initial evaluation at the primary care level.
			Evaluate patients for red flag features that warrant urgent referral.
			Formulate an initial management plan, including symptomatic care, preventive counseling, and referral.
			Discuss the role of family physicians in promoting early recognition, lifestyle modification, and community awareness to prevent late presentations.
CMFH2- FM-006	Family Medicine/ Nephrology/ Urology	Urogenital Symptoms (Male and female)	Identify common urogenital symptoms in males and females.
			Enlist the common causes.
			Outline baseline investigations to reach diagnosis.
			Evaluate warning signs that require urgent referral.
			Discuss the general principles of management of common urogenital conditions in primary care, including symptomatic treatment, infection control, and referral.
CMFH2- FM-007	Family Medicine/	Skin Conditions (common OPD)	Diagnose common skin fungal infections based on clinical presentation and outline

	Dermatology	cases)	<p>their primary care management.</p> <p>Identify common ectoparasitic infestations (scabies, pediculosis), manage appropriately, and counsel regarding treatment of contacts and preventive measures.</p> <ol style="list-style-type: none"> 1. Diagnose common bacterial skin infections (cellulitis, folliculitis). 2. Identify red flags for urgent referral. 3. Outline initial primary care management. <p>Diagnose and manage common viral skin infections (warts, herpes simplex) at primary care level, and identify cases requiring referral.</p> <ol style="list-style-type: none"> 1. Diagnose common inflammatory and allergic skin conditions (eczema, atopic dermatitis, acne vulgaris) based on signs and symptoms. 2. Outline primary care management including lifestyle advice, topical therapy, and patient education.
CMFH2-FM-008	Family Medicine/ Medicine	Common Geriatric Issues	<p>Identify common geriatric problems including pressure ulcers, incontinence, falls, functional decline, and delirium, and evaluate their impact on the quality of life of older adults.</p> <p>Discuss the components of a basic geriatric assessment, including physical, functional, cognitive, and social aspects.</p> <p>Identify red flag symptoms in elderly patients (acute confusion, unexplained</p>

			weight loss, recurrent falls, and elder abuse/neglect) that require urgent evaluation or referral.
			Counsel elderly patients and caregivers regarding chronic disease management, adherence, rehabilitation, and end-of-life care options.



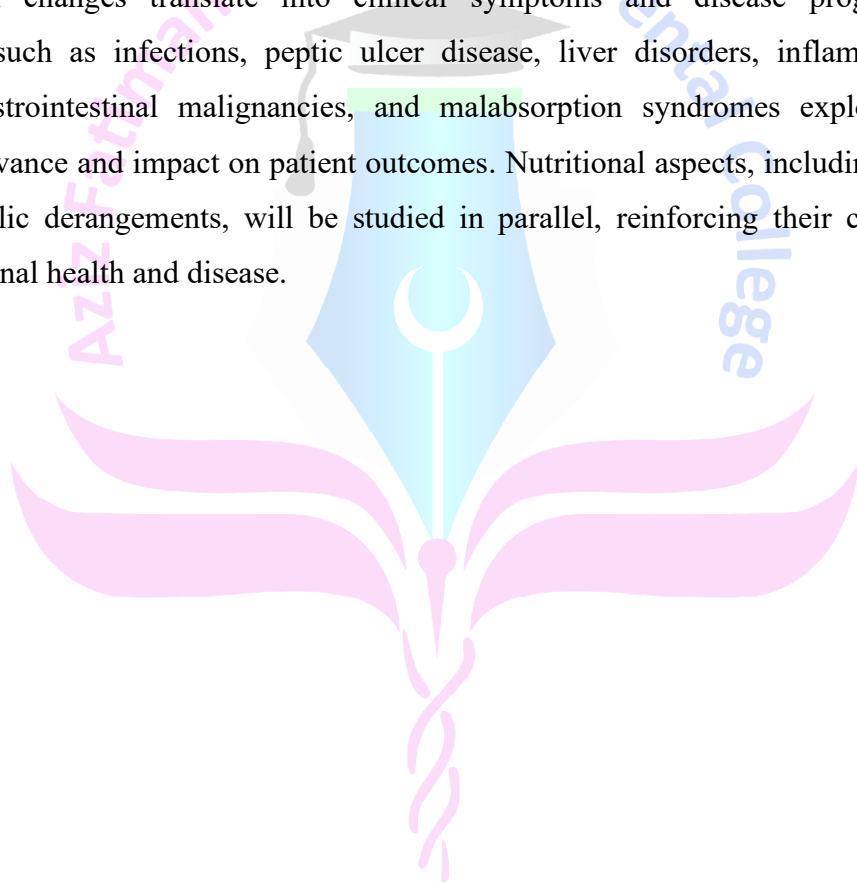


GIT & NUTRITION-II

5. GIT & Nutrition-II

5.1 Module Rationale

In GIT and Nutrition II, students developed a foundational understanding of the normal structure and mechanisms of the gastrointestinal system and nutrition. Building on this base, GIT and Nutrition II shifts the focus to pathological basis and clinical aspects of gastrointestinal and nutritional disorders. The module emphasizes disease mechanisms, characteristic pathological features, clinical presentations, diagnostic approaches, and evidence-based management of both common and significant GIT conditions, with nutrition considered in relation to these disorders. Students will gain a deeper understanding of how pathological changes translate into clinical symptoms and disease progression, with conditions such as infections, peptic ulcer disease, liver disorders, inflammatory bowel disease, gastrointestinal malignancies, and malabsorption syndromes explored for their clinical relevance and impact on patient outcomes. Nutritional aspects, including deficiencies and metabolic derangements, will be studied in parallel, reinforcing their close link with gastrointestinal health and disease.



5.2 Module Outcomes

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



5.3 Learning Objectives

5.3.1 Knowledge

ORAL CAVITY & SALIVARY GLAND TUMORS

Code	Topic	Sub Topic	Learning objectives
GIT2- Pa- 001	Pathology	Oral infectious diseases	Classify and describe the morphological features of oral infectious diseases.
GIT2- Pa- 002		Oral lesions	Describe briefly benign, premalignant, and malignant oral lesions.
GIT2- Pa- 003		Salivary gland tumors	Classify salivary gland tumors into benign and malignant types.
GIT2- Pa- 004		Pleomorphic adenoma	Discuss the histopathological features of pleomorphic adenoma and Warthin's tumors.
GIT2- Pa- 005		Malignant salivary gland tumors	Differentiate the pathological features of common malignant salivary gland tumors.
GIT2- Pa- 006		Diagnostic tools	Explain the role of immunohistochemistry and other diagnostic tools in differentiating between various salivary gland tumors.

ESOPHAGUS

Code	Topic	Sub Topic	Learning objectives
GIT2- Pa- 007	Pathology	Esophageal obstruction	Discuss in detail the pathological causes of esophageal obstruction.
GIT2- Pa- 008	Pathology	Esophagitis	Enumerate and describe the pathogenesis of different types of esophagitis.
GIT2- Pa-009	Pathology	Esophageal Varices	Describe the pathogenesis of esophageal varices.

GIT2- Pa- 010	Pathology	Barret's Esophagus	Describe in detail the morphology of Barret's esophagus with major complications.
GIT2- Pa- 011	Pathology	Esophageal Tumors	<ol style="list-style-type: none"> 1. Classify esophageal tumors. 2. Describe the pathogenesis and morphology of adenocarcinoma and squamous cell carcinoma of the esophagus.
GIT2- GE- 012	Gastroenterology / Medicine	Dysphagia	<ol style="list-style-type: none"> 1. Define dysphagia. 2. Explain the pathophysiological mechanisms leading to dysphagia. 3. Outline the etiology of dysphagia 4. Develop a stepwise diagnostic and management plan for a patient presenting with dysphagia.
GIT2- GE- 013	Gastroenterology / Medicine	Gastroesophageal Reflux Disease (GERD)	<ol style="list-style-type: none"> 1. Diagnose gastroesophageal reflux disease (GERD) on the basis of characteristic symptoms and clinical presentation. 2. Enlist the etiology and pathophysiology of GERD. 3. Outline differential diagnosis of GERD.
GIT2- GE- 014	Gastroenterology /Medicine	Achalasia	<ol style="list-style-type: none"> 1. Diagnose achalasia on the basis of characteristic symptoms and clinical presentation. 2. Describe the etiology and pathophysiology of achalasia. 3. Outline the diagnostic investigations for achalasia. Interpret the radiological and endoscopic findings in achalasia.

			4. Discuss the treatment options for achalasia.
GIT2-GE-015	Gastroenterology / Medicine	Esophageal candidiasis	<ol style="list-style-type: none"> 1. Diagnose esophageal candidiasis based on its specific signs and symptoms. 2. Enumerate the risk factors for esophageal candidiasis. 3. Outline the diagnostic investigations and discuss the treatment options for esophageal candidiasis.
GIT2-GE-016	Gastroenterology / Medicine	Esophageal cancer	<ol style="list-style-type: none"> 1. Describe the risk factors for esophageal cancer. Diagnose esophageal cancer from its symptoms and clinical presentation. 2. Outline the diagnostic investigations for esophageal cancer. 3. Explain the staging of esophageal cancer. 4. Discuss the treatment options for esophageal cancer.

STOMACH AND DUODENUM

Code	Topic	Sub Topic	Learning objectives
GIT2-Pa-017	Pathology	Acute gastritis	Describe the pathogenesis and morphology of acute gastritis.
GIT2-Pa-018	Pathology	Chronic gastritis	Enumerate the causes of chronic gastritis with special emphasis on the pathogenesis of H. Pylori gastritis and autoimmune gastritis.
			Describe the differentiating features of H. Pylori and autoimmune gastritis.

GIT2- Pa- 019	Pathology	Peptic ulcer disease	Describe the pathogenesis, morphology, and complication of peptic ulcer disease.
GIT2- Pa-020	Pathology	Hypertrophic gastropathies	Discuss in detail the hypertrophic gastropathies.
GIT2- Pa- 021	Pathology	Gastric polyps and adenomas	Describe the important features of the fundic gland, inflammatory, hyperplastic polyps, and gastric adenomas.
GIT2- Pa- 022	Pathology	Gastric tumors	<ol style="list-style-type: none"> 1. Classify gastric tumors. 2. Describe the morphology of gastric adenocarcinomas and its two types. 3. Describe the morphology of Maltoma and its immunohistochemistry. 4. Describe the morphology and variants of Gastrointestinal Stromal Tumors (GIST) and its immunohistochemistry. 5. Describe the location, morphology, and important features of carcinoid tumors.
GIT2- GE- 023	Gastroenterology / Medicine	Vomiting	<ol style="list-style-type: none"> 1. Explain the causes and pathophysiology of vomiting, including central and peripheral pathways 2. Formulate a differential diagnosis for patients presenting with vomiting. 3. Identify red flag features requiring urgent evaluation. Enlist investigations.

			4. Outline management strategies.
GIT2- GE- 024	Gastroenterology /Medicine	Hematemesis	<ol style="list-style-type: none"> 1. Enumerate the causes of hematemesis. 2. Identify risk factors for upper gastrointestinal bleeding. Describe the clinical presentations. 3. Outline the investigations and procedures used to establish a diagnosis. 4. Outline the emergency management of hematemesis.
GIT2- GE- 025	Gastroenterology / Medicine	Abdominal pain	<ol style="list-style-type: none"> 1. Enumerate the causes of abdominal pain. 2. Develop a differential diagnosis for abdominal pain. Outline the investigations required to establish a diagnosis. 3. Describe the treatment options for abdominal pain.
GIT2- GE- 026	Gastroenterology /Medicine	Acid peptic disease	<ol style="list-style-type: none"> 1. Diagnose acid peptic disease based on symptoms, clinical presentation, and risk factors. 2. Explain the role of Helicobacter pylori in the pathogenesis of acid peptic disease. 3. Plan the diagnostic workup and management options.
GIT2- GE- 027	Gastroenterology / Medicine	Gastric carcinoma	<ol style="list-style-type: none"> 1. Classify the types of gastric cancer. Enlist the risk factors for gastric cancer. Describe clinical presentation. 2. Plan the diagnostic workup for

			<p>gastric cancer. Explain the staging of gastric carcinoma.</p> <p>3. Discuss the treatment options for gastric cancer.</p>
GIT2-S-028	Surgery	Duodenal obstruction	<p>1. Describe the causes of duodenal obstruction. Diagnose duodenal tumors based on clinical presentation.</p> <p>2. Outline the investigations to confirm diagnosis.</p>
GIT2-S-029	Surgery	Bariatric and metabolic surgery	<p>1. Describe the management of obesity as a surgical disease.</p> <p>2. Explain the rationale for bariatric and metabolic surgery.</p> <p>3. Outline the eligibility criteria and summarize NICE guidelines for bariatric surgery.</p> <p>4. Describe the multidisciplinary assessment and multimodal treatment required before surgery.</p> <p>5. Enumerate the types of bariatric surgical procedures. Identify and manage perioperative complications.</p> <p>6. Describe the follow-up plan, including nutritional supplementation and biochemical monitoring.</p>
GIT2-Ph-030	Pharmacology	Antacids	<p>1. Classify Antacids</p> <p>2. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions,</p>

			<p>and contraindications.</p> <ol style="list-style-type: none"> Describe the milk-alkali syndrome. Explain the acid-rebound phenomenon caused by antacids. Differentiate between the different antacids.
GIT2- Ph- 031	Pharmacology	H2 receptor blockers	<ol style="list-style-type: none"> Classify H2 receptor blockers. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications.
GIT2- Ph- 032	Pharmacology	Proton Pump Inhibitors (PPI)	<ol style="list-style-type: none"> Classify Proton Pump Inhibitors (PPI) Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications. Tabulate differences between PPIs and H2 receptor blockers.
GIT2- Ph- 033	Pharmacology	Mucosal Protective Agents	<ol style="list-style-type: none"> Enumerate Mucosal Protective Agents and the drugs used for eradication of H. Pylori. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications. Describe triple regimen, quadruple regimen & sequential therapy for eradication of H. Pylori.

GIT2- Ph- 034	Pharmacology	Anti-emetics	<ol style="list-style-type: none"> 1. Classify anti-emetics. 2. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications. 3. Tabulate differences between metoclopramide and Domperidone.
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SMALL & LARGE INTESTINE

Code	Topic	Sub Topic	Learning objectives
GIT2- Pa- 035	Pathology	Diseases of the Small and Large Intestines	<ol style="list-style-type: none"> 1. Describe the morphological features of ischemic bowel disease with special emphasis on its causes and mutations involved. 2. Enumerate the pathological causes of malabsorption syndrome. 3. Describe the morphology, Marsh classification, and lab diagnosis of Celiac disease. 4. Describe the pathogenesis and morphological features of Whipple disease.
GIT2- Pa- 036	Microbiology	Causative agents of infectious enterocolitis	<ol style="list-style-type: none"> 1. Enumerate the common causative agents of infectious enterocolitis including bacterial, viral, and parasitic. 2. Explain the pathogenesis of enterocolitis caused by Salmonella, Mycobacterium tuberculosis, and Clostridium difficile.
GIT2-	Pathology	Crohn's disease	Describe the pathogenesis,

Pa- 037		and ulcerative colitis	microscopic and macroscopic features, and complications of Crohn's disease and Ulcerative colitis.
GIT2- Pa- 038	Pathology	Intestinal polyps	<ol style="list-style-type: none"> 1. Classify the intestinal polyps. 2. Describe the morphological features of: <ul style="list-style-type: none"> ➤ Hyperplastic polyps ➤ Inflammatory polyps ➤ Hamartomata's polyps ➤ Peutz-Jeghers syndrome ➤ Classify polyposis syndromes and describe: <ul style="list-style-type: none"> ➤ Complications ➤ Genetic mutations ➤ Extra-gastrointestinal manifestations ➤ Morphology
GIT2- Pa- 039	Pathology	Neoplastic polyps and colorectal carcinoma	<ol style="list-style-type: none"> 1. Classify neoplastic polyps and describe their morphological features in detail. 2. Describe in detail the pathogenesis and morphological features of colorectal carcinoma. 3. Enumerate immunohistochemically markers and TNM/AJCC staging.
GIT2- Pa- 040	Pathology	Diseases of appendix	<ol style="list-style-type: none"> 1. Describe the etiology and morphological features of acute appendicitis. 2. Classify the tumors of the appendix and discuss their clinical importance.

GIT2- GE- 041	Gastroenterology /Medicine	Diarrhea (acute and chronic)	<ol style="list-style-type: none"> 3. Enlist causes of acute and chronic diarrhea. Develop a differential diagnosis of diarrhea. 4. Explain the pathophysiology of acute and chronic diarrhea.
GIT2- GE- 042	Gastroenterology /Medicine	Acute gastroenteritis	<ol style="list-style-type: none"> 1. Identify the common causes of acute gastroenteritis. Diagnose on the basis of characteristic symptoms and clinical presentation. 2. Outline diagnostic investigations with management plan.
GIT2- GE- 043	Gastroenterology /Medicine	Malabsorption syndromes	<ol style="list-style-type: none"> 1. Classify malabsorption syndromes. 2. Identify the symptoms and signs of malabsorption. Enlist investigations to establish the diagnosis. 3. Describe treatment strategies for different malabsorption syndromes.
GIT2- GE- 044	Gastroenterology /Medicine	Inflammatory bowel disease	<ol style="list-style-type: none"> 1. Classify inflammatory bowel disease. 2. Identify the risk factors, clinical presentations, and associations of ulcerative colitis and Crohn's disease. List the investigations and treatment plans with follow-up for monitoring and long-term management.
GIT2- GE- 045	Gastroenterology /Medicine	Irritable bowel syndrome (IBS)	<ol style="list-style-type: none"> 1. Define Irritable bowel syndrome (IBS). 2. Describe the etiology and clinical presentation of IBS. Formulate a differential diagnosis for patients with suspected IBS.

			3. Outline investigations and treatment strategies.
GIT2- GE- 046	Gastroenterology /Medicine	Intestinal cancers	<ol style="list-style-type: none"> 1. Classify the types of small and large intestinal cancers. 2. Identify the risk factors and clinical presentation. 3. Outline the staging systems used for intestinal cancers. 4. Outline investigations and treatment options.
GIT2- GE- 047	Gastroenterology /Medicine	Constipation	<ol style="list-style-type: none"> 1. Identify the causes of constipation. 2. Formulate a differential diagnosis for patients presenting with constipation. 3. Enlist investigations to establish the diagnosis. 4. Outline treatment strategies for constipation.
GIT2- GE- 048	Gastroenterology /Medicine	Abdominal tuberculosis	<ol style="list-style-type: none"> 1. Identify clinical presentation. 2. Outline investigations and treatment strategies for abdominal tuberculosis.
GIT2- Ph- 049	Pharmacology	Prokinetic drugs	<ol style="list-style-type: none"> 1. Classify Prokinetic drugs. 2. Describe their pharmacokinetics, mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications.
GIT2- Ph- 050	Pharmacology	Laxative and Purgative	<ol style="list-style-type: none"> 1. Classify Laxative, Purgative, Cathartic stool, Softeners & Stimulant Purgatives. 2. Describe their pharmacokinetics,

			<p>mechanism of action, pharmacological effects, uses, adverse effects, drug interactions, and contraindications.</p> <p>3. Explain the role of lactulose in the treatment of Hepatic</p> <p>4. Encephalopathy.</p>
GIT2- PS- 051	Pediatric Surgery	Intussusception and causes of intestinal obstruction in children	<p>1. List causes of congenital (atresias, neonatal volvulus, malrotation,) and acquired intestinal obstruction.</p> <p>2. Define intussusception.</p> <p>3. Classify types of intussusceptions and pathophysiology. Identify common age group and etiology.</p> <p>4. Enumerate the classical triad of symptoms. Enlist diagnostic methods.</p> <p>5. Discuss importance of early diagnosis</p> <p>6. Outline treatment plan.</p>
GIT2- PS-051a	Pediatric Surgery	Appendicitis in children	<p>1. Define acute appendicitis.</p> <p>2. Identify clinical features and complications of delayed treatment.</p> <p>3. Outline the diagnostic investigations and initial management.</p>
GIT2- PS- 051b	Pediatric Surgery	Hernia (inguinal & umbilical) and Hydrocoele	<p>1. Define inguinal hernia and hydrocele. Classify them in children.</p> <p>2. Describe the pathophysiology of communicating and non-communicating hydrocele.</p> <p>3. Enumerate clinical features of hernia and hydrocele. Differentiate</p>

			<p>between two.</p> <p>4. Outline principles of management with referral for treatment to Pediatric Surgical Setting.</p>
GIT2-PS-051c	Pediatric Surgery	Phimosis and paraphimosis	<p>1. Define Phimosis and Paraphimosis.</p> <p>2. Differentiate physiological and pathological phimosis. Enumerate complications.</p> <p>3. Outline management options.</p>
GIT2-PS-051d		Vesical and Cloacal Exstrophy	<p>1. Define vesical and cloacal exstrophy. Describe embryological basis.</p> <p>2. Enumerate clinical features.</p> <p>3. Outline management principles.</p>

HEPATOBILLARY SYSTEM

Code	Topic	Sub Topic	Learning objectives
GIT2-Pa-052	Pathology	Jaundice	<p>1. Enumerate the causes of jaundice with special emphasis on hereditary hyperbilirubinemias.</p> <p>2. Differentiate between cholestasis and hepatocellular jaundice.</p> <p>3. Describe the pathological changes in liver cirrhosis that occur at the cellular and structural levels.</p> <p>4. Interpret liver function tests (LFTs) and correlate abnormal results.</p>
GIT2-Pa-053	Pathology	Viral hepatitis	<p>1. Identify the etiology and pathogenesis of viral hepatitis (A, B, C, D, and E), including their modes of transmission and effects on the liver.</p>

			<ol style="list-style-type: none"> Identify the clinical and pathological features of acute liver failure.
GIT2- Pa- 054	Pathology	Alcoholic and non-alcoholic fatty liver disease	<ol style="list-style-type: none"> Explain the pathogenesis and morphology of alcoholic liver disease (fatty liver, alcoholic hepatitis, and cirrhosis). Describe non-alcoholic fatty liver disease (NAFLD) and its progression to non-alcoholic steatohepatitis (NASH) and cirrhosis. Describe the differentiating features of primary biliary cholangitis, secondary biliary cirrhosis, and primary sclerosing cholangitis.
GIT2- Pa- 055	Pathology	Pathogenesis of Hepatocellular carcinoma	<ol style="list-style-type: none"> Classify the liver nodules and tumors along with salient morphological features. Discuss the pathogenesis of hepatocellular carcinoma (HCC), including risk factors like cirrhosis and hepatitis, precursor lesions, and morphological variants. Describe the differentiating features of HCC and Cholangiocarcinoma along with immunohistochemistry. Explain the pathogenesis and risk factors contributing to the development of Cholangiocarcinoma.
GIT2- Pa- 056	Pathology	Cholelithiasis	<ol style="list-style-type: none"> Enumerate the types of gallstones. Explain the etiopathogenesis of gallstones.

			2. Explain the pathophysiology and morphology of acute and chronic cholecystitis.
GIT2- Pa- 057	Pathology	Pancreatitis	<ol style="list-style-type: none"> 1. Describe the pathogenesis of acute pancreatitis, its morphology and lab diagnosis. 2. Describe the morphology of chronic pancreatitis and its complications.
GIT2- Pa- 058	Pathology	Pancreatic cancers	Classify the neoplasms of the pancreas, precursor lesions to pancreatic cancers, and its morphology along with tumor markers.
GIT2- GE-059	Gastroenterology /Medicine	Jaundice	<ol style="list-style-type: none"> 1. Define jaundice and describe its major causes. 2. Differentiate between pre-hepatic, hepatic, and post-hepatic jaundice. 3. Outline investigations to reach diagnosis.
GIT2- GE- 060	Gastroenterology /Medicine	Acute and chronic hepatitis	<ol style="list-style-type: none"> 1. Describe etiology and clinical presentation. Enlist investigations to reach diagnosis. 2. Outline management plan. 3. Discuss prognosis and potential complications of hepatitis.
GIT2- GE- 061	Gastroenterology /Medicine	Management of NAFLD & NASH	<ol style="list-style-type: none"> 1. Describe non-alcoholic fatty liver disease (NAFLD) and NASH. 2. Identify the risk factors and clinical features of NAFLD. 3. Outline investigations and management plan for patients with NAFLD.

GIT2- GE- 062	Gastroenterology /Medicine	Chronic liver disease	<ol style="list-style-type: none"> 1. Identify risk factors and describe the clinical course, progression, and outcomes of cirrhosis. 2. Differentiate between compensated and decompensated liver disease. 3. Outline investigations and management strategies. 4. Enlist potential complications.
GIT2- GE- 063	Gastroenterology /Medicine	Metabolic and Genetic Disorders of Liver	<ol style="list-style-type: none"> 1. Describe autoimmune hepatitis, Wilson's disease, hemochromatosis, and alcoholic liver disease with reference to etiology, risk factors, and clinical features. Enlist investigations and procedures to establish a diagnosis. 2. Outline management strategies for these disorders.
GIT2- GE- 064	Gastroenterology /Medicine	Hepatocellular carcinoma	<ol style="list-style-type: none"> 1. Describe the types, risk factors, and clinical features of hepatocellular carcinoma (HCC). 2. Enlist investigations for diagnosing and staging HCC. 3. Outline the stages of HCC and discuss available treatment options.
GIT2-S- 065	Surgery	Cholecystectomy	<ol style="list-style-type: none"> 1. Describe the surgical anatomy and basic function of the gallbladder and bile ducts. 2. Explain in simple terms the formation of gallstones and outline their surgical management. 3. Identify common disorders of the biliary tree.

GIT2-S-066	Surgery	Pancreatitis and its management	<ol style="list-style-type: none"> 1. Describe the surgical anatomy of the pancreas and important adjacent structures to preserve during surgery. 2. Diagnose acute pancreatitis based on symptoms, signs, and risk factors. 3. Outline the role of surgery in the management of pancreatitis.
GIT2-PS-066	Pediatric Surgery	Primary peritonitis	<ol style="list-style-type: none"> 1. Define primary peritonitis and differentiate from secondary peritonitis. 2. List predisposing factors and common causative organisms. 3. Describe clinical features. Outline investigations. 4. State principles of management and early referral.

SPLEEN

Code	Topic	Sub Topic	Learning objectives
GIT2-GE-067	Pathology	Morphology of splenic congestion	<ol style="list-style-type: none"> 1. Enumerate the causes of splenomegaly. 2. Describe the morphology of splenic congestion and splenic rupture.
GIT2-PS-068	Pediatric Surgery/ General Surgery	Splenectomy	<ol style="list-style-type: none"> 1. Enlist the indications for splenectomy. 2. Describe potential complications of splenectomy. Describe the potential advantages of laparoscopic splenectomy. 3. Describe the benefits of splenic conservation.

			4. Describe the importance of prophylaxis against infection following splenectomy.
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HEALTH & NUTRITION

Code	Topic	Sub Topic	Learning objectives
GIT2- CM- 069	Community Medicine	Fundamentals of Nutrition and Balanced Diet	<ol style="list-style-type: none"> 1. Describe nutrition. 2. Classify food and nutrients. Define balanced diet. 3. Discuss prudent diet and its components. 4. Describe daily requirements of nutrients. 5. Discuss measures to ensure healthy dietary intake.
GIT2- CM- 070	Community Medicine	Macronutrients and Micronutrients	<ol style="list-style-type: none"> 1. Describe the role of macronutrients and micronutrients at different stages of life. 2. Explain the importance of dietary fibers and their role in health. 3. Discuss diseases related to deficiencies or excess of macronutrients, vitamins, and minerals.
GIT2- CM- 071	Community Medicine	Malnutrition	<ol style="list-style-type: none"> 1. Describe the concept of malnutrition. Classify the types of malnutrition. 2. Identify the causes of malnutrition. 3. Discuss the impact of malnutrition at different stages of life. 4. Describe strategies for control and prevention of malnutrition. 5. Enlist specific preventive measures for malnutrition.
GIT2- CM- 072	Community Medicine	Nutritional requirements	<ol style="list-style-type: none"> 1. Discuss the nutritional requirements of children under 5 years of age. 2. Discuss the nutritional requirements during pregnancy. 3. Discuss the nutritional requirements

			4. Explain the consequences of poor nutrition
GIT2- CM- 073	Community Medicine	Public Health Nutrition Programs	<ol style="list-style-type: none"> 1. Describe nutritional diseases and related public health programs. 2. Discuss the role of food fortification in improving nutrition. 3. Describe the concept and application of nutritional surveillance. 4. Describe methods of nutritional assessment.
GIT2- CM- 074	Community Medicine	Food Hygiene and Safety	<ol style="list-style-type: none"> 1. Discuss the concept of food adulteration, food additives, and their health implications. 2. Classify common food-borne diseases. 3. Describe strategies to prevent food-borne diseases.
GIT2-S- 075	Surgery	Perioperative Nutritional Management	<ol style="list-style-type: none"> 1. Explain the importance of assessing perioperative nutritional status and its implications. 2. Describe the causes and complications of malnutrition in surgical patients. 3. Discuss fluid balance management in the perioperative setting. 4. Outline the nutritional requirements of surgical patients and options for nutritional support, including indications for enteral versus parenteral feeding. 5. Explain the nutritional consequences of intestinal resection.

5.3.1 Practical / Lab Work

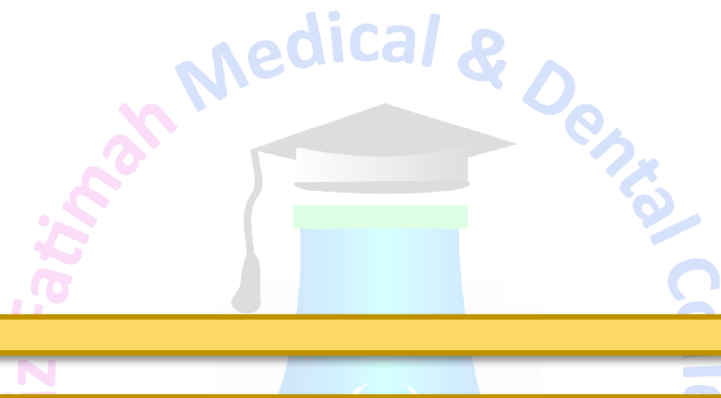
PATHOLOGY

Code	Topic	Sub Topic	Learning objectives
GIT2- Pa- 076	Pathology	Gastrointestinal tract	Identify the classical morphological features (gross and microscopic) of

			Barrett's esophagitis, gastric carcinoma, Celiac disease, familial adenomatous polyposis, Peutz Jegher's syndrome, adenocarcinoma colon, Crohn's disease, ulcerative colitis, acute appendicitis and salivary gland tumors (pleomorphic adenoma, Warthin's tumor).
GIT2- Pa- 077	Pathology	Gallbladder & Pancreas	<ol style="list-style-type: none"> 1. Identify the classical morphological features (gross and microscopic) of fatty liver, liver cirrhosis, hepatocellular carcinoma, gall stones, and chronic cholecystitis. 2. Interpret the reports of abnormal liver function test and acute pancreatitis.

PHARMACOLOGY

Code	Topic	Sub Topic	Learning objectives
GIT2- Ph- 078	Pharmacology	Gastrointestinal tract	<p>Write down the prescription for</p> <ul style="list-style-type: none"> ➤ Acid Peptic Disease ➤ Cancer chemotherapy induced vomiting ➤ Motion sickness ➤ Irritable bowel disease ➤ Inflammatory bowel disease ➤ Diarrhea

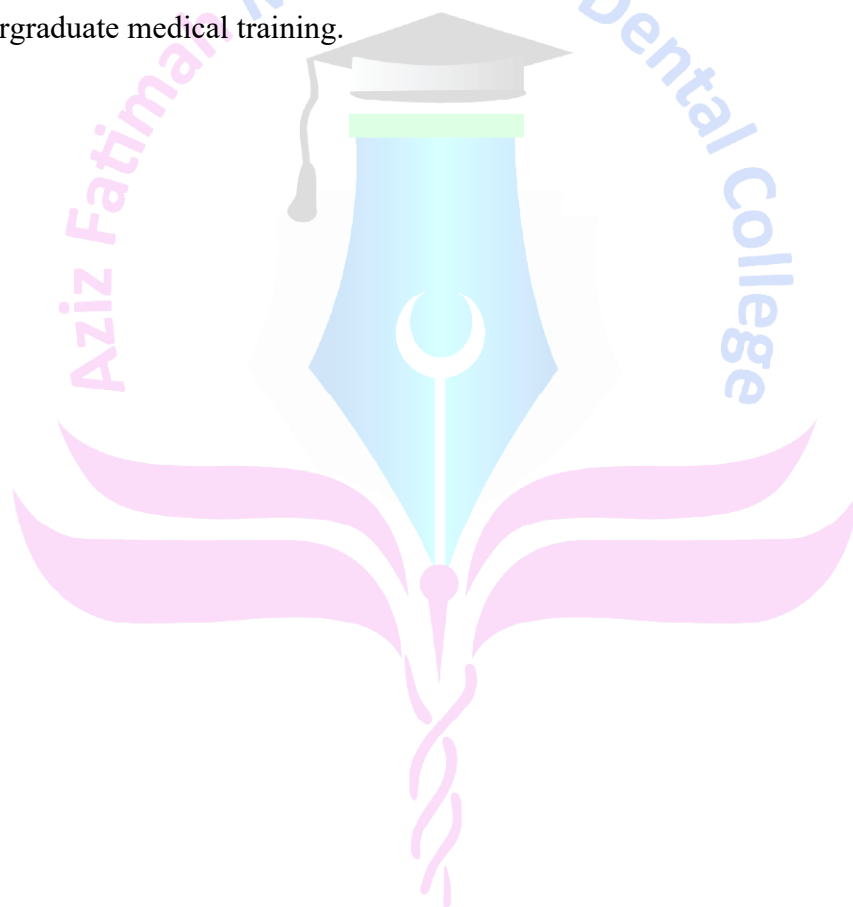


EYE & ENT-I

6 ENT-I

6.1 Module Rationale

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



6.2 Module Outcomes

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



6.3 Learning Objectives

6.3.1 Knowledge

ENT-I (EAR)

Code	Topic	Sub Topic	Learning objectives
ENT1-Ear-001	ENT	Hearing Loss	<ol style="list-style-type: none"> 1. Classify the types of hearing loss. 2. Explain the pathophysiological mechanisms underlying hearing loss. 3. Differentiate between conductive and sensorineural hearing loss. 4. Describe the indications, benefits, and limitations of hearing implants.
ENT1-Ear-002	ENT	Diseases of the External Ear	<ol style="list-style-type: none"> 1. Diagnose Perichondritis of pinna on basis of clinical features and plan its management. 2. Define and classify Otitis externa. 3. Describe the clinical presentation. 4. Plan management. 5. Describe the etiology, clinical presentation, and treatment of Otomycosis. 6. Differentiate Otomycosis from other causes of otitis externa. 7. Describe the composition of ear wax. 8. Diagnose cerumen impaction based on clinical presentation. 9. Outline the treatment options and precautions. 10. Enlist complications associated with cerumen removal. 11. Diagnose foreign bodies impaction

			<p>in the ear based on clinical presentation.</p> <p>12. Enlist the complications.</p> <p>13. Outline the methods for removal of foreign bodies in the ear.</p> <p>14. Describe the etiology, clinical presentation, and treatment of auricular hematoma.</p> <p>15. Identify frostbite of the ear based on clinical presentation with its management plan.</p> <p>16. Describe the etiology, clinical presentation, and treatment of lacerations and avulsion injuries of the pinna.</p>
ENT1- Ear-003	ENT	Diseases of the Middle Ear	<p>1. Enlist the etiological and risk factors of Acute Otitis Media.</p> <p>2. Diagnose acute otitis media based on clinical presentation.</p> <p>3. Outline the treatment plan.</p> <p>4. Enlist the complications.</p> <hr/> <p>1. Describe the etiology and clinical presentation of Chronic Otitis Media.</p> <p>2. Outline the management strategies.</p> <p>3. Enlist the potential complications.</p> <p>4. Outline the management plan of facial paralysis in otitis media.</p> <hr/> <p>1. Explain the pathophysiology and risk factors of Otosclerosis.</p> <p>2. Formulate differential diagnosis.</p> <p>3. Outline the management plan.</p>

ENT1- Ear-004	ENT	Diseases of Inner Ear	<ol style="list-style-type: none"> 1. Enlist the causes of pre-lingual Sensorineural Hearing Loss. 2. Explain the clinical presentation and diagnostic approach. 3. Plan medical, rehabilitative, and surgical management.
			<ol style="list-style-type: none"> 1. Explain the pathophysiology and clinical features of Benign Paroxysmal Positional Vertigo (BPPV). 2. Outline management, including repositioning maneuvers.
			<ol style="list-style-type: none"> 1. Describe the etiology and clinical presentation of vestibular neuronitis. 2. Differentiate vestibular neuronitis from central causes of vertigo. 3. Discuss management plan.
			<ol style="list-style-type: none"> 1. Describe the etiology and predisposing factors of Meniere's disease. 2. Describe the characteristic signs and symptoms. Outline the medical and surgical management options. Discuss the long-term impact of Meniere's disease on hearing and quality of life.
			<ol style="list-style-type: none"> 1. Describe the etiology and risk factors of Presbycusis. Diagnose based on clinical presentation. 2. Outline management plan.
			<ol style="list-style-type: none"> 1. Describe the etiology and risk factors of noise-induced hearing loss (NIHL).

			<ol style="list-style-type: none"> 2. Identify the clinical presentation and audiometric findings of NIHL. 3. Outline management plan including prevention.
ENT1-Ear-005	ENT/ Pharmacology	Ototoxic hearing loss	<ol style="list-style-type: none"> 1. Enlist the common ototoxic drugs. Describe the mechanism of ototoxicity. 2. Identify clinical presentation of ototoxic hearing loss. Outline strategies for monitoring, prevention, and management of ototoxicity.
ENT1-Ear-006	ENT	Glomus tumor	<ol style="list-style-type: none"> 1. Identify clinical features of Glomus tumor. Enlist investigations. 2. Discuss management options.
ENT1-Ear-006	ENT	Temporal bone trauma	<ol style="list-style-type: none"> 1. Describe clinical features of temporal bone trauma. Enlist its possible complications. 2. Outline relevant investigations and initial management plan.
ENT1-Ear-007	ENT	Facial Nerve Palsy	<ol style="list-style-type: none"> 1. Describe causes and clinical features of facial nerve palsy. 2. Outline management plan. 3. Identify potential complications and prognostic factors of facial nerve palsy.
ENT1-Ear-008	ENT	Surgical Procedures of Ear	<ol style="list-style-type: none"> 1. Describe following surgical procedures used in treatment of ear diseases and mention their indications. <ul style="list-style-type: none"> ➤ Myringotomy ➤ Myringoplasty

			<ul style="list-style-type: none">➤ Tympanoplasty➤ Cortical mastoidectomy➤ Modified radical mastoidectomy➤ Radical Mastoidectomy
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7 EYE-I

7.1 Module Rationale

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



7.2 Module Outcomes

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



7.3 Learning Objectives

7.3.1 Knowledge

EYE-I

Code	Topic	Sub Topic	Learning objectives
Eye1-001	Ophthalmology	Orbit	<ol style="list-style-type: none"> 1. Describe the clinical presentation of orbital cellulitis. Enlist the common causes of orbital cellulitis. 2. Outline the management plan for a patient with orbital cellulitis. 3. List the potential complications of orbital cellulitis. Differentiate between different causes of Proptosis (Thyroid eye disease, IOID, Fungal, Tumors) 4. Describe the clinical presentation of a blowout fracture 5. Explain management of a Blowout Fracture
Eye1-002	Ophthalmology	Lacrimal Apparatus	<ol style="list-style-type: none"> 1. Explain the mechanism of tear production and drainage in the lacrimal apparatus. 2. Differentiate between epiphora and lacrimation based on underlying mechanisms. 3. Enumerate the symptoms and signs of acute and chronic dacryocystitis. 4. List the causes of acute and chronic dacryocystitis 5. Explain the pathophysiology of acute and chronic dacryocystitis. 6. Outline the management plan for acute and chronic dacryocystitis.

			7. Describe causes, clinical presentation, and treatment of dacryoadenitis.
Eye1-003	Ophthalmology		<ol style="list-style-type: none"> 1. Differentiate between ectropion and entropion on the basis of clinical features. 2. Enlist the clinical features of ectropion and entropion. Enlist clinical features of trichiasis and distichiasis. 3. Discuss the management options for ectropion and entropion, trichiasis, distichiasis.
	Ophthalmology	Eyelids	<ol style="list-style-type: none"> 1. Classify blepharitis. 2. Identify the signs and symptoms of each type of blepharitis. 3. Differentiate blepharitis from other eyelid conditions such as stye, chalazion and other eyelid swellings. 4. Outline the management plan for blepharitis.
	Ophthalmology		<ol style="list-style-type: none"> 1. Describe the clinical presentation of stye. 2. Differentiate stye from other eyelid swellings on the basis of clinical features and pathophysiology. 3. List the etiological factors of stye. 4. Outline appropriate treatment and patient advice.
	Ophthalmology		<ol style="list-style-type: none"> 5. Define chalazion and differentiate it from stye. Explain the underlying pathophysiology and causes. List the clinical features and possible

			<p>complications. Outline the management options.</p> <p>6. Discuss preventive measures and patient counseling.</p>
	Ophthalmology/ Medicine		<p>1. Define ptosis. (Congenital and acquired) List the common causes of ptosis.</p> <p>2. Identify clinical conditions associated with ptosis.</p> <p>3. Describe surgical and non-surgical treatment options for ptosis.</p>
Eye1-004	Ophthalmology		<p>1. Describe the clinical presentation of pterygium and pingecula.</p> <p>2. List the causes of pterygium and pingecula</p> <p>3. Outline the medical and surgical management of pterygium and pingecula.</p> <p>4. Discuss preventive measures and patient counseling.</p>
	Ophthalmology	Conjunctiva	<p>1. Classify conjunctivitis based on etiology.</p> <p>2. Describe the clinical presentation of infective conjunctivitis. (Bacterial, Viral, Trachoma)</p> <p>3. Identify possible differential diagnosis for 'pink eye'.</p> <p>4. Outline the management plan of infective conjunctivitis.</p> <p>5. Describe the clinical presentation for allergic conjunctivitis.</p> <p>6. List the causes of allergic conjunctivitis.</p>

			<ol style="list-style-type: none"> Outline the treatment plan for allergic conjunctivitis
	Ophthalmology		<ol style="list-style-type: none"> Define 'dry eyes. Explain the pathophysiology of dry eyes. Identify the clinical conditions associated with dry eyes. Discuss the treatment options for dry eyes.
Eye1-005	Ophthalmology	Sclera	<ol style="list-style-type: none"> Diagnose episcleritis based on characteristic clinical findings. Explain the pathophysiology of episcleritis. Outline the treatment plan, including supportive care and pharmacological options. Differentiate episcleritis from scleritis and other causes of red eye.
	Ophthalmology		<ol style="list-style-type: none"> Diagnose scleritis based on clinical features, including severity and pattern of pain and redness. Explain the pathophysiology of scleritis. Outline the management strategies, including systemic therapy and monitoring for complications.
Eye1-006	Ophthalmology	Cornea	<ol style="list-style-type: none"> Classify keratitis based on etiology. Describe signs and symptoms of keratitis. Outline the treatment options of keratitis based on etiology. Discuss the complications of keratitis.
			<ol style="list-style-type: none"> Diagnose corneal ulcers based on

			<p>etiology (bacterial, viral, fungal, acanthamoeba, autoimmune) symptoms, signs, specific investigations, and slit lamp exam.</p> <ol style="list-style-type: none"> 2. Explain the etiology of corneal ulcers along with risk factors. 3. List the complications of corneal ulcers. 4. Discuss the management of corneal ulcers according to etiology along with the preventive measures. 5. Describe the common indications and contraindications for contact lens use. 6. Identify common complications related to contact lens wear. 7. Outline preventive measures to avoid contact lens- related ocular problems.
			<ol style="list-style-type: none"> 1. List the indications and contraindications for photorefractive surgery. 2. Identify the complications of photorefractive surgery. 3. Outline postoperative care and patient counseling points.
			<p>Define keratoconus and describe its pathophysiology.</p>
			<p>List the risk factors associated with keratoconus.</p>
			<ol style="list-style-type: none"> 1. Identify the clinical features and signs of keratoconus. 2. Discuss the management options for keratoconus including preventive strategies to slow disease progression.

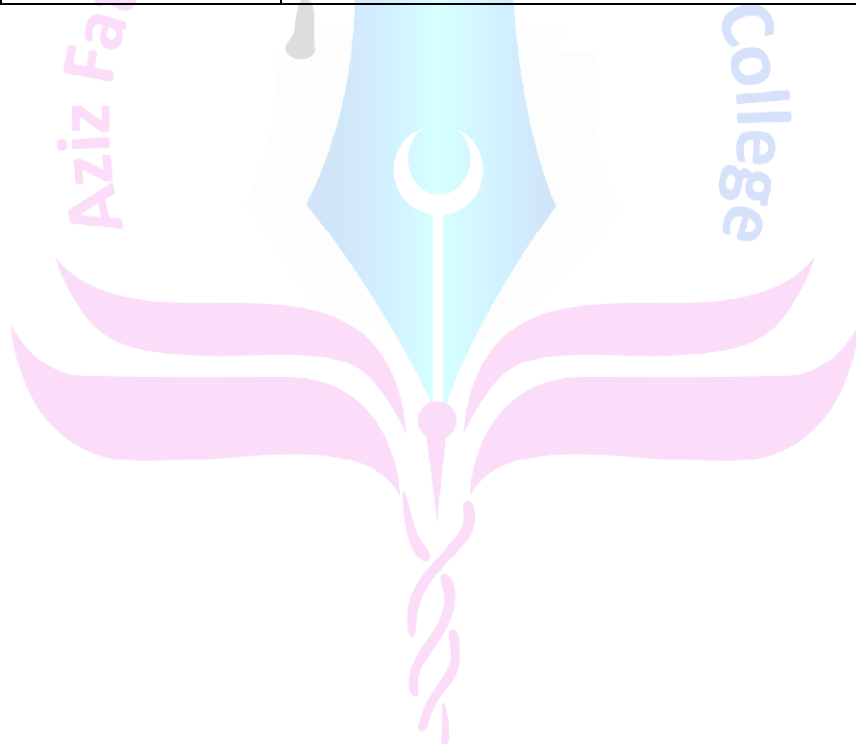
8 CFRC for Block-X

Community Medicine

Community Visit

S. No	Code	Competencies
1	CFRC 4-CM-001	<p>Factory/hospital visit to observe occupational health hazards:</p> <ul style="list-style-type: none"> • Observe the occupational health hazards associated with industrial processes. • Observe safe practices and educate the workers during the factory visit (e.g., use of PPE, adherence to safety instructions). • Observe and report potential sources of environmental and occupational hazards. (<i>Report writing</i>)
2	CFRC 4-CM-002	<p>Training and implementation of data collection for research:</p> <ul style="list-style-type: none"> • Collect data according to the research question (e.g., patient demographics, symptoms, community health practices). • Record the data accurately. • Ensure ethical practices during data collection (e.g., taking consent, maintaining confidentiality).
3	CFRC 4-CM-003	<p>Data analysis hands on training:</p> <ul style="list-style-type: none"> • Analyze data using SPSS software. • Compile a structure survey report.

4	CFRC 4-CM-004	<p>School visit:</p> <p>Record anthropometric measurements (height, weight, BMI, mid-upper arm circumference) of school-going children.</p> <p>Recognize environmental and social factors at school that may influence nutrition (e.g., hygiene, school meals, and junk food availability).</p> <p>Create awareness among children and teachers on healthy eating practices and prevention of malnutrition.</p> <p>Assess knowledge and practices of adolescent school girls regarding menstrual health.</p> <p>Identify common menstrual health problems (e.g., dysmenorrhea, poor hygiene practices, and anemia).</p> <p>Counsel adolescent girls on menstrual hygiene, nutrition, and breaking myths/taboo.</p> <p>Document and report findings from the school visit.</p>
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24) FAMILY HEALTH

GENERAL MEDICINE

S. No	Code	Competencies
1	CFRC 4-FH-002	<p>Presenting complaint: Fever</p> <ul style="list-style-type: none"> • Take a focused history of fever (onset, duration, pattern, associated symptoms, and relevant risk factors). • Perform examination, noting vitals, hydration status, pallor, and other systemic findings. • Measure and interpret body temperature using a thermometer. • Provide initial symptomatic management counseling, and guidance on when to seek urgent medical care. (<i>under supervision</i>) • Administer I/M and S/C injection under supervision or practice on manikin.
2	CFRC 4-FH-004	<p>Presenting complaint: Generalized weakness and weight loss</p> <ul style="list-style-type: none"> • Take history related to weakness and weight loss. • Perform general physical examination including assessment for pallor, lymph node enlargement, and thyroid gland. • Measure and record body mass index. • Interpret capillary blood glucose levels.
3	CFRC 4-FH-007	<p>Geriatrics History Taking Skills</p> <ul style="list-style-type: none"> • Take history from an elderly patient of presenting complaints, comorbidities, medications, nutrition, and social support. • Perform basic functional assessment of mobility and activities of daily living. • Counsel patients and caregivers regarding lifestyle modification, nutrition, medication adherence, and fall prevention. • Identify red flag issues that need urgent attention or referral. <p>Apply splint or bandage for simple falls or sprains. (<i>under supervision</i>)</p>

24) FAMILY HEALTH

NEPHROLOGY

S. No	Code	Competencies
1	CFRC 4-FH-005	<p>Presenting complaint: Urogenital symptoms</p> <ul style="list-style-type: none"> • Take a focused history of urogenital symptoms (dysuria, frequency, hematuria, abnormal discharge, pain, fertility concerns, menstrual/obstetric history where relevant). • Perform an abdominal examination relevant to urinary and reproductive complaints. • Perform and interpret a urine dipstick test accurately. • Identify red flag features requiring urgent referral. (<i>under supervision</i>)

24) Family Health

Neurology

S. No	Code	Competencies
1	CFRC 4-FH-001	<p>Presenting complaint: Headache</p> <ul style="list-style-type: none"> • Assess a patient with headache through focused history, general and neurological examination, relevant ENT/sinus examination, and identification of psychosocial or lifestyle triggers. • Provide symptomatic treatment and counsel patients regarding lifestyle modifications, trigger avoidance, and non-pharmacological measures. (<i>under supervision</i>) • Identify and refer urgently when warning signs are present.

24) FAMILY HEALTH

PAEDIATRICS

S. No	Code	Competencies
1	CFRC 4-FH-003	<p>Paediatrics History Taking Skills</p> <ul style="list-style-type: none"> • Take history of unwell child including feeding, immunization, and developmental milestones. • Measure and interpret weight, height, and mid upper arm circumference. • Plot growth chart and calculate body mass index. • Counsel parents of an unwell child by explaining the condition, treatment plan, home care, and warning signs. (<i>under supervision</i>)

24) FAMILY HEALTH

DERMATOLOGY

S. No	Code	Competencies
1	CFRC 4-FH-006	<p>Common skin lesions</p> <ul style="list-style-type: none"> • Inspect common skin lesions presented in OPD. • Perform wound dressing and care. (<i>under supervision</i>)

25) GIT & NUTRITION-II

S. No	Code	Competencies
1	CFRC 4- GIT2-001	Prepare and present gastrointestinal cases (gastroesophageal reflux disease, acid peptic disease, peptic ulcer, gastritis, irritable bowel syndrome, inflammatory bowel disease (Crohn's disease and ulcerative colitis), hepatitis, cirrhosis of liver, gallstones, acute pancreatitis, colorectal carcinoma) for case-based discussion, including history, examination, differentials, and initial management.
2	CFRC 4- GIT2-002	Abdominal examination Perform abdominal examination including inspection, palpation, percussion, and auscultation, and interpret findings.
3	CFRC 4- GIT2-003	Nasogastric tube insertion Observe and assist in nasogastric (NG) tube insertion and feeding. Demonstrate and narrate the method to check NG tube patency and placement confirmation.
4	CFRC 4- GIT2-004	Digital rectal examination Demonstrate digital rectal examination (DRE) and interpret findings.
5	CFRC 4- GIT2-005	Ascites Perform clinical examination to detect ascites (shifting dullness, fluid thrill). Interpret clinical findings to differentiate ascites from other causes of abdominal distension.
6	CFRC 4- GIT2-006	Investigations Interpret common laboratory and ultrasound investigations in gastrointestinal diseases, including LFTs, viral hepatitis profile, serum amylase/lipase, stool tests, and abdominal ultrasound findings.

7	CFRC 4- GIT2-007	<p>Liver palpation</p> <p>Perform palpation of the liver to determine its size, consistency, tenderness, and surface characteristics.</p> <p>Identify clinical signs of hepatomegaly.</p> <p>Differentiate between normal and abnormal liver findings on palpation.</p>
8	CFRC 4- GIT2-008	<p>Spleen palpation</p> <p>Examine and palpate the spleen to assess size, tenderness, and clinical abnormalities.</p>
9	CFRC 4- GIT2-009	<p>GI endoscopy & colonoscopy</p> <p>Observe the procedure of upper GI endoscopy and colonoscopy.</p> <p>Observe the indications, steps of patient preparation, and abnormal findings.</p>
10	CFRC 4- GIT2-010	<p>Prescription writing</p> <p>Write prescriptions for following:</p> <ol style="list-style-type: none"> i. Acid Peptic Disease ii. GERD iii. Acute Infectious Diarrhea iv. Acute Gastroenteritis with Vomiting v. Irritable Bowel Syndrome (IBS) vi. Constipation vii. Hemorrhoids
11	CFRC 4- GIT2-011	<p>Peritoneal tap</p> <p>Observe the procedure of a peritoneal tap, including patient preparation, aseptic technique, and procedural steps.</p>
12	CFRC 4- GIT2-012	<p>Counsel patients on diet, nutrition, and lifestyle modifications relevant to common gastrointestinal disorders.</p>

EYE & ENT-I

ENT-I

S. No	Code	Competencies
1	CFRC 4-Ear1- 001	<p>History taking</p> <ul style="list-style-type: none"> • Take focused ENT history in a structured and concise manner. <p>Clinical Examination Skills</p> <ul style="list-style-type: none"> • Inspect and palpate external ear. • Examine for mastoid tenderness and fistula test. • Perform otoscopic examination. • Perform a basic hearing assessment (whisper test, free-field voice test). • Perform tuning fork tests (Rinne's test, Weber's test, Absolute Bone Conduction test). • Assess cranial nerves related to ear pathology (VII, VIII). • Interpret audiogram and tympanogram (basic level). • Identify red flags in ear symptoms (sudden hearing loss, vertigo with neurological signs, facial nerve palsy). • Perform aural toilet / ear syringing for wax and foreign body removal under supervision. • Demonstrate first aid measures for acute ear trauma / bleeding. • Narrate the steps of initial management in acute mastoiditis and suspicion of complications • Identify Nystagmus using clinical methods. • Assess Vestibulo cerebellar function using clinical methods. <p>Counselling</p> <ul style="list-style-type: none"> • Explain common ear procedures to patients in simple language. • Take informed consent. • Counsel patients on preventive measures.

EYE & ENT-I

EYE-I

S. No	Code	Competencies
1	CFRC 4-Eye1- 001	<p>Ophthalmic History Taking</p> <ul style="list-style-type: none"> • Take focused ophthalmic history in a structured and concise manner <p>Eye examination skills and procedures</p> <ul style="list-style-type: none"> • Perform visual acuity assessment (near, far, pinhole, color vision, Amsler grid). • Inspect and palpate the adnexa. • Inspect the anterior segment and anterior segment diseases of the eye with torch light. • Demonstrate eversion of the upper eyelid. • Observe regurgitation test for lacrimal passage patency. • Perform distant direct ophthalmoscopy <p>OPD clinical examination instruments/ machines</p> <p>Observe the functioning of the auto refractometer and slit lamp.</p>

9 PERL's for Block-X

Topic	Sub Topic	Learning objectives	Teaching mode/ Task
Professionalism	Social accountability	Discuss the concept of social accountability in healthcare, focusing on the responsibility of healthcare professionals to address the community's health needs and contribute to public well-being.	Student's presentations on said topics.
	Addressing a local health issue as health professional	Analyze a local health issue and formulate a concise action plan describing how healthcare professionals can contribute to addressing it.	Student's presentations on said topics.
	A Professional Doctor	Demonstrate a professional doctor-like persona by adopting appropriate clinical attire, maintaining confident and respectful body language, and communicating with patients and colleagues clearly, empathetically, and ethically.	
Ethics	Principles of Community Ethics	Learn the ethical principles that guide community health practices, including respect for autonomy, justice, and fairness in allocating health	Student's presentations on said topics.

		resources.	
		Evaluate an ethical dilemma in community healthcare (e.g., vaccination distribution or resource allocation) and propose a solution based on ethical principles.	Student's presentations on said topics.
	Organ Transplant Ethics	Describe ethical principles involved in organ transplantation, including issues related to patient autonomy, consent, allocation of scarce resources, and cultural/religious perspectives on organ donation.	Interactive lecture
	Equitable Access to Care	Discuss the ethical principles of equitable access to eye care services, focusing on the challenges and responsibilities of providing fair healthcare to all patients, regardless of socio-economic status, geographic location, or cultural background.	Interactive lecture
		Case study of successful equitable access to care.	Case based discussion
Research	Data collection	Collect data in field/clinical settings. Apply quality control during data collection.	Group work

	<p>Data Management using Excel/SPSS</p>	<p>Perform data entry, and basic analysis using software.</p> <p>Enter and manage data using Excel/SPSS basics.</p> <p>Explain basics of descriptive statistics (mean, median, mode, SD, rates).</p> <p>Interpret outputs (frequencies, charts, p-values, CI, chi-square, t-test).</p> <p>Discuss the principles of inference and significance.</p>	<p>Interactive lecture/ hands on training</p>
<p>Leadership</p>	<p>Professional Identity Formation</p>	<p>Explore professional identity formation through the lens of the PMDC 7-Star Doctor framework, reflecting on the essential roles of a healthcare professional and conducting a self-assessment of progress in these areas.</p> <p>Perform a self-rating based on their current professional development, identifying areas for growth in the PMDC 7-star Doctor Framework.</p>	<p>Interactive lecture</p>

10 Teaching & Learning Methodologies

➤ **Interactive Lectures**

Interactive lecturing involves an increased interchange between teachers, students, and the lecture content. The use of interactive lectures can promote active learning, heighten attention and motivation, give feedback to the teacher and the student, and increase satisfaction for both.

➤ **Small group discussions**

Small-group discussion is a student-centered methodology that allows students to actively involve and be partners in the teaching-learning process. Students interact with peers and instructors, discussing, and sharing ideas. They develop the ability to build consensus in a group.

➤ **Clinical Ward Rotation**

During clinical rotations, students learn history taking and physical examination, recognize common clinical presentations, and get introduced to basic diagnostic procedures and treatment planning. They also develop professional behavior and communication skills essential for patient care.

➤ **Case based Learning**

Case-based learning is a student-centered learning approach where students read and discuss complex situations and apply their knowledge to each situation. Students typically examine the case together as a team and address the problems within the realistic scenario to develop a reasonable conclusion.

➤ **Self-directed learning**

Self-directed learning is an instructional strategy where the students with guidance from the teacher decide what and how they will learn. It can be done individually or with group, learning, but the overall concept is that students take honor ship of their learning

11 Assessment Methodologies

Theory

1. MCQ's

A multiple-choice question (MCQ) is composed of two parts: a stem that identifies the question or problem, and a set of alternatives or possible answers that contain a key that is the best answer to the question, and several distractors that are plausible but incorrect answers to the question.

Practical

1. OSCE

OSCE stands for “Objectively Structured Clinical Examination.” OSCEs are very helpful in medical education because they allow a student to practice and demonstrate clinical skills in a standardized medical scenario.

2. OSVE

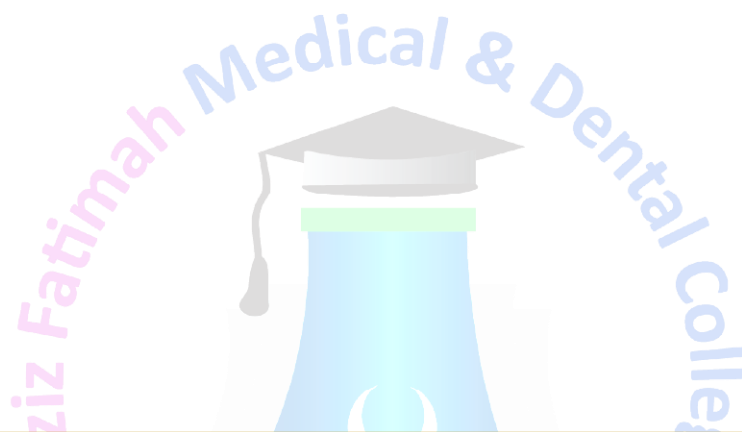
OSVE stands for “Objectively Structured Viva Examination”. In the viva you have to answer questions and engage with your examiners.

3. SHORT CASE

A short case is a clinical examination format in which a student assesses a patient in a limited time, focusing on relevant history, physical examination, identification of key findings, and giving a provisional diagnosis.

4. EOR

End-of-Rotation (EOR) assessments are summative evaluations conducted at the conclusion of a clinical rotation or academic module. These assessments aim to measure the knowledge, skills, attitudes, and clinical competencies a student has acquired over the duration of the rotation.



ASSESSMENT POLICY AND TOS OF UHS

12 Exam Regulations by UHS

Regulations

1. Professional examination shall be open to any student who: -
 - a. 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/Clinical Clerkships sent to the Controller of Examinations through office of the Principal of the concerned college, at the end of each Block/Clinical Clerkships, as well as at the conclusion of the academic session along with the admission form for the professional examination.
 - d. Has been certified by the principal of his/her college:
 - i. of good character;
 - ii. of having attended not less than cumulative 75%* of the full course of lectures delivered, practical and clinical rotations conducted in the particular academic session, while maintaining 75 % attendance in each Block/Clinical Clerkship,
 - iii. of having appeared at the Block/Clinical Clerkship Examinations conducted by the college of enrolment with at least 50 % marks* in each Block/Clinical Clerkship examination, as well as in aggregate score of all Blocks/Clinical Clerkships examinations for the concerned year;
2. Written/Theory paper in all Professional Examinations in Modular Integrated MBBS or BDS Curricula shall consist of MCQs alone, with effect from Annual 2026 Examinations. (Ref: No. UHS/REG-25/2379, dated 17.11.2025)
3. The minimum number of marks required to pass the professional examination for each Block/Clinical Clerkship shall be fifty percent (50%) in Written and fifty percent (50%) in the 'Oral/Practical/Clinical' examinations and fifty percent (50%) in aggregate, independently and concomitantly, at one and the same time.
4. A candidate failing in one or more Blocks/Clinical Clerkships in the annual examination shall be provisionally allowed to join the next professional class till the

commencement of supplementary examinations. The candidate, however, shall have to pass the failed Block/s or Clinical Clerkship in this supplementary examination failing which he / she shall be detained in the professional year. Under no circumstances, a candidate shall be promoted to the next professional class till he/she has previously passed all the Blocks/Clinical Clerkships in the preceding professional examination.

If a student appears in the Supplementary Examination for the first time as he/she did not appear in the annual examination for any reason and failed in any Block/Clinical Clerkship in the Supplementary Examination, he/she will be detained in the same class and will not be promoted to the next class.

*Notification No.UHS/REG-25/2351 Dated 13-11-2025

5. Only one annual and one supplementary of each Professional Examination shall be allowed in a particular academic session. However, 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 relevant authorities, i.e., Syndicate and Board of Governors.
6. Any student who fails to clear the First or Second Professional MBBS / First Professional BDS Examination, in four consecutive attempts, each, inclusive of both availed as well as un-availed attempts, after becoming eligible for the examination, and has been expelled on that account shall not be eligible for continuation of studies and shall not be eligible for admission as a fresh candidate in either MBBS or BDS.
7. The application for admission of each candidate to the professional examination shall be submitted to the Controller of Examination, through the Principal of the College, on the prescribed format, as per notified schedule, accompanied by the prescribed fee.
8. The candidates shall pay their fee through the principal of their respective Colleges, who shall forward the Examination Forms along with the duly paid challan of the examination fee generated from the Online Examination Form.
9. The continuous internal assessment through the Block/Clinical Clerkship, conducted by the college of enrollment, shall carry 20% weightage in the total allocated marks for the concerned Block/Clinical Clerkship in the Professional Examination conducted by the university. The score will be equally distributed to the Written and "Oral/Practical/Clinical" Examinations.
10. The marks of internal assessment through Blocks/Clinical Clerkships examination and attendance record shall be submitted to Controller of Examinations, along with question

papers and keys for the Block/Clinical Clerkship examination, within two weeks of completion of each Blocks/Clinical Clerkships examination.

Further, parent-teacher meetings shall be arranged by the colleges after every Block/Clinical Clerkship examination to share feedback on the progress of students with their parents. Minutes of parent teacher meetings, academic timetables/schedule of Blocks/Clinical Clerkships and academic year study guides shall be submitted to the Department of Medical Education UHS, as well.

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 colleges may arrange remedial classes and one re-sit for each Block/Clinical Clerkship examination after fulfillment of prescribed requirements given below. 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:

Block/Clinical Clerkship Attendance	Remedial Classes
$<75\%, \geq 50\%$ (50-74%)	<ol style="list-style-type: none"> 1. Principal of the college may conduct remedial classes and submit result to the Examination Department, UHS, independently. 2. Principal of the college may conduct remedial classes for detained students, who have short attendance in the first Block/Clinical Clerkship of a professional year after detention. The college may submit record of the remedial classes to the Examination Department, UHS, independently.
$<50\%$	<ol style="list-style-type: none"> 1. Principal of the college may submit attendance record of such students to Department of Medical Education, UHS,

	<p>and seeking permission for conduct of remedial Classes. The conduct of remedial classes in such cases shall be arranged only after permission from the Competent</p> <ol style="list-style-type: none"> 2. Authority in the university. 3. The colleges shall also have to provide the university with the reasons submitted by the candidates for short attendance along with documentary evidence for the same duly verified by the principal. 4. The following shall be considered as valid reasons for short attendance of the students for consideration of permission for remedial classes: <ol style="list-style-type: none"> a. Illness/accident/surgery of the student or sickness/death of an immediate relative/being afflicted by a natural/man-made calamity or disaster or detained students (missed the first Block/Clinical Clerkship of the year), students clearing their preceding professional examination in supplementary, or late b. admitted students who have been permitted for joining by UHS
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Marks in Block/ Clinical Clerkship Examination	Re-sit Examination
<50% Marks/ Absence from Block /Clinical Clerkship Examination	<ol style="list-style-type: none"> 1. Principal of the college may submit record of such students to Department of Medical Education, UHS, and seeking permission for conduct of re-sit examination. 2. The conduct of re-sit examination in all cases shall be arranged only after permission from the Competent Authority in the university. 3. The colleges shall also have to provide the university with the reasons submitted by the candidates for absence from

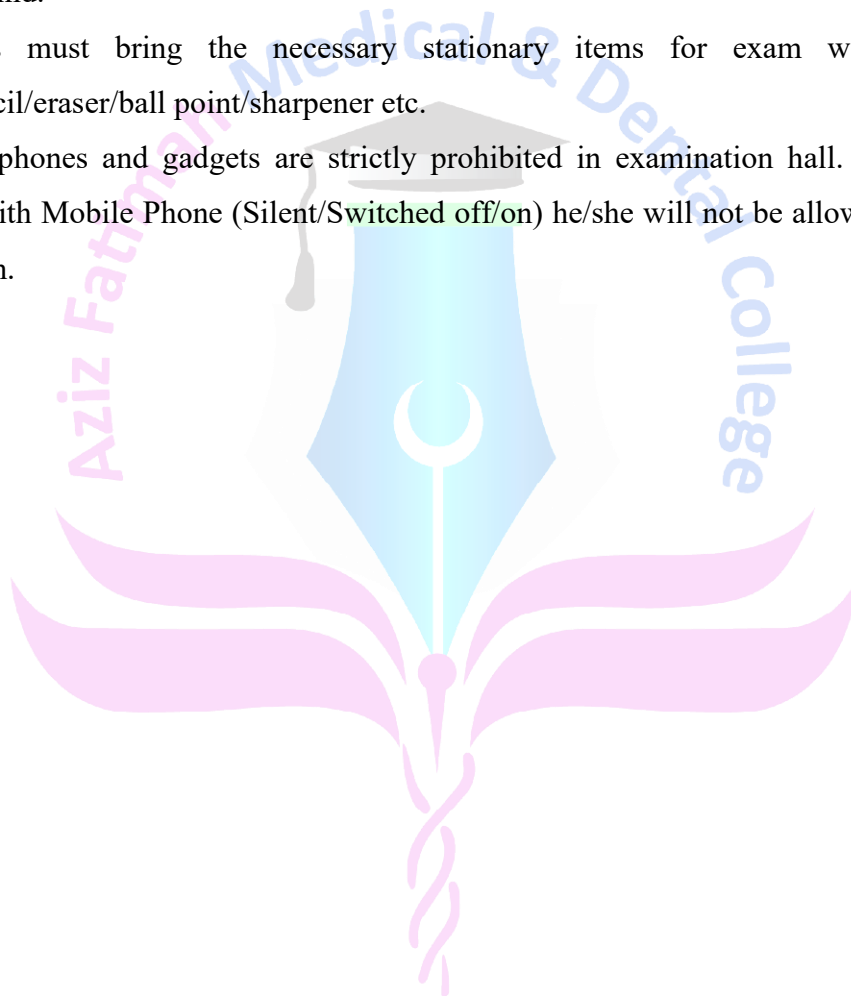
	<p>the Block/Clinical Clerkship examination, along with documentary evidence for the same duly verified by the principal.</p> <p>4. The following shall be considered as valid reasons for absence of a student from Block/Clinical Clerkship examination, and for consideration of permission for re-sit examination:</p> <ol style="list-style-type: none"> a. Illness/accident/surgery of the student or sickness/death of an immediate relative/being afflicted by a natural/man-made calamity or disaster or detained students (missed the first b. Block/Clinical Clerkship of the year), students clearing their preceding professional examination in supplementary, or late admitted students who have been permitted for joining by UHS
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13. The following policy shall be applicable for transition of students From Traditional Subject-Based Scheme to the Modular Integrated Curriculum Scheme:

- a. The students who fail in all subjects of the professional examination, either by taking the examination or due to non-appearance, and are detained in the respective professional year, shall follow the Modular Integrated Curriculum Scheme for their teaching and assessment.
- b. The students who fail in one or more subjects but not all the subjects of a professional examination, either by taking the examination or due to non-appearance, and are detained in the respective professional year, shall attend classes with students following the Modular Integrated Curriculum Scheme, but they will be examined in the failed subject/s according to their parent scheme, i.e., the Traditional Subject-Based Curriculum Scheme.

13 Examination Rules AFMDC

- Students must report to examination hall/ venue at least 30 minutes before the exam.
- Exam will start sharp at time.
- Late comers arriving at the examination hall more than 15 minutes after the start of the paper will not be allowed to enter the examination hall.
- All students should wear Lab coats before appearing in the exam.
- Students are not allowed to take into the examination hall textbooks, notes or manuscript of any kind.
- Students must bring the necessary stationary items for exam with them e.g. pen/pencil/eraser/ball point/sharpener etc.
- Mobile phones and gadgets are strictly prohibited in examination hall. If any student found with Mobile Phone (Silent/Switched off/on) he/she will not be allowed to continue the exam.



14 Internal Assessment Policy AFMDC

(Theory = 10% = 35 Marks)

Block weightage (Total Marks = 18)

Criteria for Block weightage

Less than 50%= 08 Marks

50%= 09 Marks

51-55%=11 Marks

56-60%=13 Marks

61-65% =14 Marks

66-70%= 15 Marks

71-75% = 16 Marks

More than 75% = 18 Marks

Attendance (Total Marks = 07)

Criteria for Attendance

75% Attendance = 3.5 Marks

>85 Attendance = 07 Marks

Individual Subjects Weightage (Total Marks = 10)

Criteria for individual subjects Weightage

Sr. No	Subject	Total Marks
1.	Pathology	02 Marks
2.	Community Medicine	02 Marks
3.	General Medicine	02 Marks
4.	Gastroenterology	02 Marks
5.	ENT	02 Marks
6.	EYE	02 Marks

(Practical = 10% = 35 Marks)**Block weightage (Total Marks = 18)****Criteria for Block weightage**

Less than 50%= 08 Marks

50%= 09 Marks

51-55%=11 Marks

56-60%=13 Marks

61-65% =14 Marks

66-70%= 15 Marks

71-75% = 16 Marks

More than 75% = 18 Marks

Attendance (Total Marks = 07)**Criteria for Attendance**

75% Attendance = 3.5 Marks

>85 Attendance = 07 Marks

CFRC Log book + Portfolio + End of Rotation Exam Weightage (Total Marks = 10)**Criteria for individual subjects Weightage**

Sr. No	Subject	Total Marks	Responsibility
1.	CFRC Log book	02 Marks	Block Coordinator
2.	End of Rotation	02 Marks	Block Coordinator
3.	Portfolio	03 Marks	DME
4.	Research Project	03 Marks	Community Medicine Department

15 Table of Specification (TOS)

Block-X						
Modules	Theory		Practical			
	MCQs (1 mark each)	Marks	OSCE (8 marks each)	OSVE (10 marks each)	Short Case (20 marks each)	Marks
Community Medicine-II & Family health-II	25 + 15	40	2	1	-	26
GIT & Nutrition-II	35 + 5	40	2	1	-	26
Eye-I	30	30	3	-	1	44
ENT-I	30	30	3	-	1	44
Total	140 MCQs	140 Marks	10 stations x 8= 80 Marks	2 stations x 10= 20 Marks	2 short cases x 20=40 Marks	140 Marks
Grand Total=280 Marks						

16 Frame work of Block 10 4th Year MBBS Timetable 2025-26

DAY	1	2	3	4	5	
	08:00 - 09:00	09:00 - 10:00	10:00 - 11:00	11:00 - 11:30	11:30 - 02:00	
Monday	Gastroenterology Lecture	Community Medicine Lecture	Pathology Lecture	Break /Transportation Time	Clinical Ward	
DAY	1	2	3	4	5	6
	08:00 - 09:00	09:00 - 10:00	10:00 - 11:00	11:00 - 12:30	12:30 - 01:00	01:00 - 02:00
Tuesday	ENT Lecture	Community Medicine Lecture	Pathology Lecture	Community Visit/Research Work	Break/Namaz Break	PERL's /Pharmacology Lecture
DAY	1	2	3	4	5	6
	08:00 - 09:00	09:00 - 10:00	10:00 - 11:00	11:00 - 11:30	11:30 - 02:00	
Wednesday	ENT Lecture	Community Medicine Lecture	Pathology Lecture	Break /Transportation Time	Clinical Ward	
Thursday	EYE Lecture	Practical /SGD	Family Medicine Lecture	Break /Transportation Time	Clinical Ward	
DAY	1	2	3	4	5	
	08:00 - 09:00	09:00 - 10:00	10:00 - 11:00	11:00 - 12:00	12:00 am - 01:00 pm	
Friday	EYE Lecture	Practical /SGD	Pathology Lecture	Community Medicine Lecture	Gastroenterology Lecture	
DAY	1	2	3	4	5	6
	08:00 - 09:00	09:00 - 10:00	10:00 - 11:00	11:00 - 11:30	11:30 - 02:00	
Saturday	Gastroenterologists Lecture	Practical /SGD	Pathology Lecture	Break /Transportation Time	Clinical Ward	

17 Clinical Ward Rotation of 4th Year MBBS 2025-26

Group Wise Rotation of Block 10 4th Year MBBS (Session 2025-26)

Rotations	Family Medicine				ENT	EYE	Gastroentrolgy
	Weeks	General Medicine + Nephrology + Neurology	Pediatrics	Dermatology			
Rotations 1	Week 1	A1	A2	A3	B	C	D
	Week 2	A3	A1	A2			
	Week 3	A2	A3	A1			
Rotations 2	Week 1	D1	D2	D3	A	B	C
	Week 2	D3	D1	D2			
	Week 3	D2	D3	D1			
Rotations 3	Week 1	C1	C2	C3	D	A	B
	Week 2	C3	C1	C2			
	Week 3	C2	C3	C1			
Rotations 4	Week 1	B1	B2	B3	C	D	A
	Week 2	B3	B1	B2			
	Week 3	B2	B3	B1			

18 Schedule of Basic Skill acquisition Workshop for 4th Year MBBS

Class	Workshop Title	Groups	Schedule
4th Year MBBS	Emergency Triage, Assessment, and Treatment (ETAT)	Batchwise (each Batch having 6 students)	During Block 10
	Immediate Care Trauma/Advanced Life Support Trauma (ICT/ALST)		

