AYUB MEDICAL COLLEGE ABBOTTABAD

DEPARTMENT OF MEDICAL EDUCATION



RENAL I MODULE STUDY GUIDE

2ND YEAR MBBS

BLOCK: E CLASS OF : 2024 DURATION: 3 WEEKS

STUDENT NAME

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1. Module Committee:

s.no	Name	Department	Role
1.	Prof. Dr. Umar Farooq	CEO	& Dean
2.	Prof. Dr. Irfan U. Khattak	DME	Director
		Module Team	
3.	Dr. Ruhila	Chairperson Biochemistry	Block coordinator
4.	Dr. Sarwat Abbasi	Biochemistry	Module coordinator
5.	Dr. Ayesha Awan	Biochemistry	Module coordinator
6.	Dr. Sara Jadoon	Anatomy	Member
7.	Dr. Maria Shafique	Physiology	Member
8.	Miss Ayesha Saleem Jadoon	Prime	Member

2. What Is A Study Guide?

It is an aid to Inform students how student learning program of the module has been organized, to help students organize and manage their studies throughout the module and guide students on assessment methods, rules and regulations.

2.1 The study guide:

- Communicates information on organization and management of the module.
- This will help the student to contact the right person in case of any difficulty.
- Defines the objectives which are expected to be achieved at the end of the module.
- Identifies the learning strategies such as lectures, small group teachings.

2.2 Module objectives.

- Provides a list of learning resources such as books, computer-assisted learning programs, weblinks, and journals, for students to consult in order to maximize their learning.
- Highlights information on the contribution of continuous on the student's overall performance.
- Includes information on the assessment methods that will be held to determine every student's performance.

2.3 Achievement of objectives.

Focuses on information pertaining to examination policy, rules and regulations.

3. Recommended List Of Icons



Introduction To Case



For Objectives



Critical Questions

FORMATIVE ONDOING SSESSMENT SSESSMENT For Assessment For Assessment For Assessment For Assessment For Assessment For Matting F



Assessment

Resource Material

4. Table Of Specification

TOS of Renal module (Paper- E) in GIT, Hepatobiliary, Metabolism and Renal (Block – E)

S.NO	SUBJECT	LGD NO. OF HOURS	SGD NO. OF HOURS	PERCENT DISTRIBUTION (HOURS ALLOCATED IN TT/TOTAL HOURSx100) TOTAL HOURS= 93	NO. OF MCQs	NO. OF OSPE OSPE VIVA
1	GROSS ANATOMY	5	24	31.2%	7	3
2	HISTOLOGY	3	6	9.7%	2	_
3	EMBROLOGY	3	_	3.2%	3	_
4	PHYSIOLOGY	14	6	21.5%	16	1
5	BIOCHEMISTRY	12	6	19.4%	5	2
6	PRIME(COMMUNITY MEDICINE)	4	-	4.3%	2	-
7	PATHOLOGY	1	_	1.0%	_	_
8	MEDICINE	3	_	3.2%	_	_
9	RADIOLOGY	2	_	2.2%	_	_
10	PAK.STUDIES	3	_	3.3%	_	_
11	ENT	1	_	1.0%	_	_
12	SURGERY	_	_	0%	1	_
	TOTAL	51	42	100%		

5. Organization of Renal Module:

5.1 INTRODUCTION TO BLOCK -E

Biochemistry Department of Ayub Medical College is not only responsible for Organizing, conducting and Record Maintaing of the Block E but it is also responsible to assess the students for 13 marks theory and 10 marks OSPE interal assessments in collaboration with the other two core subjects i.e. Anatomy and Physiology

It is 10 weeks Duration and divided into 02 Modules

INTRODUCTION TO GIT, HEPATOBILIARY & METABOLISM MODULE

THEM	E FOR GIT, HEPATOBILIARY & METABOLISM MOD	ULE
TOTAL	DURATION – 07 WEEKS	
S.NO	THEME	DURATION
01	Painful Swallowing	01 week
02	Abdominal Pain	01week
03	Jaundice	03 days
04	Diarrhea and Constipation	03 days
05	Bleeding Per Rectum	04 days
06	Hyperglycemia (carbohydrate Metabolism)	01 week
07	Obesity (Lipid Metabolism)	01 week
08	Wasting (Protein Metabolism)	01 week

INTRODUCTION TO RENAL MODULE

THEM	E FOR RENAL MODULE	
TOTAL	DURATION – 03 WEEKS	
S.NO	THEME	DURATION
09	Flank Pain /Loin Pain	01 week
10	Scanty Urine /Urinary retention and Edema	01 week
11	Urinary Incontinence	eek



6. Learning Objectives

6.1 General Learning Outcomes

By the end of Renal module the students would be able to:

6.1.1 A: KNOWLEDGE:

- 1. Familiarize with the MBBS system based curriculum.
- 2. Identify & describe the various aspects of renal system in relation to its Anatomy, Physiology & Biochemistry.
- 3. Describe the development of renal system with Congenital anomalies.
- 4. Describe glomerular filteration, its autoregulation and renal blood flow.
- 5. Describe acid base balance and imbalance.
- 6. Describe the fluid compartments of the body with the regulation of intra and extracellular fluid volumes.
- 7. Describe pathologies related to urinary system.
- 8. Describe Nephrotoxic drugs, mechanism of action of diuretic drugs and mechanism of drug excretion.
- 9. Describe the basic concepts of -PRIME MODULE
 - P Professionalism, Patient safety & Communication Skills
 - R Research
 - I Identity formation
- M Management & Leadership
- E Ethics & Legal issues

6.1.2 B: PSYCHOMOTOR

- 1. Describe the basic laboratory techniques and use of microscope.
- 2. Identify basic tissues under the microscope
- 3. Follow the basic laboratory protocols
- 4. Perform biochemical analysis of a urine
- 5. Make and record observations accurately.
- 6. identify the gross anatomical features of urinary system and radiographic understanding of KUB and identification on IVU.
- 7. Maintain intake output charts in bedridden patients and to insert catheter..
- 8. To perform biochemical tests for analysis of normal and abnormal constituents of urine..
- 9. Able to estimate creatinine in 24h urine sample.
- 10. Able to analyse arterial blood gas levels.

6.1.2 C.ATTITUDE

- 1. Follow the basic laboratory protocols.
- 2. Participate in class and practical work efficiently
- 3. Maintain discipline and follow the norms of the college.
- 4. Communicate effectively with colleagues and teachers.
- 5. Follow ethical rules..
- 6. Demonstrate the ability to reflect on the performance. .
- 7. Exchange opinion & knowledge
- 8. To equip themselves for teamwork
- 9. Regularly attend the classes
- 10. Demonstrate good laboratory practices

6.2 Specific learning objectives:

1 THEME-I: Loin pain/ Flank Pain

SNO	Subject	Topics	Learning Outcomes	MIT/hours
1	Gross	Overview of the	List and describe the main components of the	LGD/1
	anatomy	urinary system	urinary system	
2			urinary system1. Discuss the location, anatomical structure, and relations of right and left kidneys to other abdominal organs2. Discuss the gross morphological composition of kidneys• Capsule• Pericapsular adipose tissue• Cortex• Medulla• Pelvis• Hilum• Vascular system within kidneys• Arterial supply• Venous drainage• Lymphatic's• Innervation3. Enumerate the various coverings of the kidney4. Explain the clinical significance of coverings of the kidneys5. Describe the structures entering and leaving the hilum of kidney and their relationsDiscuss the location, anatomical structure, and relations of right and left kidneys to other abdominal organs1. Describe the general features of lumbar vertebrae	SGD/1 SGD/1
			 Describe the special features of lumbar vertebrae. Explain the course and relations of Abdominal Aorta. 	
4	Embryology	Development of the urinary system	Trace the embryological origins and development of the urinary system	LGD/1
5		Congenital anomalies of the urinary system	List and describe the common congenital anomalies of kidney and ureter.	LGD/1
6	Histology	Kidney	 Describe the parenchyma of kidney Enlist different components of uriniferous tubules Describe Histological features of the various components of Nephron Describe the histological features of renal corpuscle Describe filtration barrier Describe the parts of collecting tubules Describe the microscopic anatomy of collecting duct Enlist the components of juxtaglomerular 	LGD/1/1

NO	Subject	Topics	Learning Outcomes	MIT/hour
	Physiology	Physiological Anatomy Of the kidneys and Overview of its Functions	 apparatus States major functions of the kidneys & brief physiological anatomy of kidney. Define the components of the nephron and their interrelationships: renal corpuscle, glomerulus, nephron, and collecting-duct system. Draw the relationship between glomerulus, Bowman's capsule, and the proximal tubule. Describe the 3 layers separating the lumen of the glomerular capillaries and Bowman's space; defines podocytes, foot processes, and slit diaphragms. Define glomerular mesangial cells and states their functions and location within the glomerulus. Detail of renal vessels & Pressure within them. Describe, in general terms, the differences among superficial cortical, midcortical, and juxtamedullary nephrons. location within the glomerulus. Detail of renal vessels & Pressure within them. Describe, in general terms, the differences among superficial cortical, and juxtamedullary nephrons. Define juxtaglomerular apparatus and describes its 3 cell types; states the function of the granular cells. 	LGD/1
		Glomerular Filtration: Determinants and Equation	 function of the granular cells. Describe how molecular size and electrical charge determine filterability of plasma solutes; states how protein binding of a lowmolecular-weight substance influences its filterability. State the formula for the determinants of glomerular filtration rate, and states, in qualitative terms why the net filtration pressure is positive. Define filtration coefficient and states how mesangial cells might alter the filtration coefficient; states the reason glomerular filtration rate is so large relative to filtration across other capillaries in the body. Describe how arterial pressure, afferent arteriolar resistance, and efferent arteriolar resistance influence glomerular capillary pressure. Describe how changes in renal plasma flow influence average glomerular capillary oncotic pressure. State the Starling forces involved in capillary filtration. State how changes in each Starling force affert glomerular filtration rate 	LGD/1
		Nervous &	affect glomerular filtration rate 1. Define renal blood flow, renal plasma	LGD/1
			 Define renal blood flow, renal plasma 	1 1 (-1)/7

SNO	Subject	Topics	Learning Outcomes	MIT/hour
		of Renal	filtration fraction, and gives normal	
		Circulation	values.	
			2. State the formula relating flow, pressure,	
			and resistance in an organ.	
			3. State the formula relating flow, pressure,	
			and resistance in an organ.	
			Describe the effects of changes in afferent	
			and efferent arteriolar resistances on	
			renal blood flow.	
		Auto regulation	1. Define auto regulation of renal blood flow	LGD/1
		of GFR and renal	and glomerular filtration rate	
		blood flow	2. Define auto regulation of renal blood flow	
			and glomerular filtration rate.	
		Review of	1. Review of Transport Mechanisms across	LGD/1
		Transport	the Cell Membrane(Active and Passive	
		Mechanisms	transport	
		across the Cell	2. Review of Transport Mechanisms across	
		Membrane(Active	the Cell Membrane(Active and Passive	
		and Passive	transport	
		transport)	3. Describe what is meant by the expression	
			"water follows the osmoles."	
			 Describe qualitatively the forces that determine meyoment of reabserhed fluid 	
			determine movement of reabsorbed fluid	
			from the interstitium into peritubular	
			capillaries.	
			5. Compare the Starling forces governing	
			glomerular filtration with those governing peritubular capillary absorption.	
			 Compare and contrasts the concepts of Tm and gradient-limited transport. 	
			Describe 3 processes that can produce bidirectional transport of a substance in a	
			single tubular segment; states the	
			consequences of pump-leak systems.	
			Contrast "tight" and "leaky" epithelia.	
	Biochemistry	Acid-base balance	1. Study the sources of Hydrogen Ion, pH &	LGD/1
	Diochernistry	& imbalance	Anion Gap	200/1
		& inibalance	2. Describe Buffer Systems operating in the	
			Body	
			3. Carbonic acid, protein, and phosphate	
			buffer	
			4. Carbonic acid, protein, and phosphate	
			buffer	
			5. Describe Respiratory Regulation of Acid	
			Base Balance	
			6. Describe Renal Regulation of Acid Base	
			Balance	
			Describe Disorders of Acid Base Balance:	
			their causes, mechanisms and	
			compensations of Respiratory Acidosis &	
			Alkalosis and Metabolic Acidosis &	
			Alkalosis.	
	Pathology	Smoky urine	1. List the common kidney symptoms	LGD/1
	01		2. Discuss the pathophysiology of renal	/-
			infections	
			3. Describe Symptoms associated with renal	
			pathology	
			4. Classify renal diseases	
			5. Explain Pathophysiology of renal	

SNO	Subject	Topics	Learning Outcomes	MIT/hours
			Describe Treatment of chronic	
			pyelonephritis	
		Renal disorders	1. Define the terms Nephrotic syndrome,	LGD/1
			nephritic syndrome, Azotemia.	
			2. Enlist the Causes types of renal stones.	
			Enlist the causes and describe the	
			pathogenesis of urinary tract infection.	
		Systemic disease	1. Explain how systemic diseases can affect	LGD/1
		affecting kidneys	renal function	
			2. Systemic diseases affecting renal function	
			Diabetes	
			Cardiovascular disorders	
			(hypertension, CHF)	
			 Immunological disorders (SLE, 	
			glomerulonephritis)	
			Cancers (myeloma)	
			Hematological disorders (sickle cell	
			anemia, HUS)	
			PRACTICAL	
	Anatomy	Surface anatomy	1. Identify the gross anatomic features the	
		of the urinary	kidneys, renal pelvis, ureter, urinary	
		system and	bladder and urethra	
		radiology	2. locate renal angle	
			3. Perform renal punch and its clinical	
			significance	
			Develop Understanding of KUB	
			Identify different parts of urinary system	
			on IVU.	
	Biochemistry	Titrable acidity of	Find out PH of urine	
		urine		

Theme-2 Edema and Urinary retention/ Scanty Urine

S#	Subject	Торіс	Learning Outcomes	MIT
1	Anatomy	Ureters	 Describe the gross anatomy of ureters Describe the relations of right ureter in males and females Describe the relations of left ureter in males and females Highlight the clinical significance of relations of right and left ureters in both sexes Discuss constrictions in ureter and their clinical relevance. 	SGD/1
		Urinary bladder	 Describe the gross structure of urinary bladder Discuss the Ligaments/supports. Discuss the blood supply and nerve supply of urinary bladder Discuss the relations of urinary bladder in males Discuss the relations of urinary bladder in females 	LGD/1
		Prostate gland	 Describe the structure of prostate gland Describe Lobes, capsule, relations and structures within prostate. Discuss the common problems resulting from abnormal growth of the prostate. Relate the symptoms to structures 	SGD/1

5#	Subject	Торіс	Learning Outcomes	MIT
-		Urethra	 Describe the gross anatomy of urethra Enlist the differences between male and 	SGD/1
			female urethra	
	Embryology	Development	1. Enlist the stages of development of	LGD/1
		of the urinary	kidneys	,-
		system (Kidney	2. Describe the formation of pronephric,	
		and Ureter)	mesonephric and metanephric kidneys	
			3. Enumerate the derivatives of	
			metanephricblastema and describe their development	
			4. Enumerate the derivatives of metanephric diverticulum/ureteric bud	
			 Describe the changes in position and blood supply of kidneys during 	
			development	
			6. Enlist the various types of developmental	
			anomalies of kidneys along with their	
			embryological causes	
			7. Enlist the various types of developmental	
			anomalies of ureters along with their	
			embryological causes	
		(Bladder and	1. Describe the development of bladder	LGD/1
		urethra)	 Discuss the developmental anomalies of bladder 	
			3. Describe the development of male	
			urethra	
			4. Describe the development of prostate	
			and bulbourethral glands	
			5. Describe the development of female	
			urethra	
			 Discuss the developmental anomalies of male and female urethra 	
		Prostate gland	Describe Embryological development of prostate gland	LGD/1
		Congenital	List and describe the common congenital	LGD/1
		anomalies of	anomalies of of bladder and urethra.	
		the urinary		
		system		
	Histology	Ureter	Describe the microscopic anatomy of ureter	LGD/1
		Bladder	Describe the histological features of urinary bladder	LGD/1
		Prostate	Describe the microscopic structure of prostate	LGD/1
_		Urethra	Discuss the microscopic structure of male and female urethra	LGD/1
	Physiology	Body fluid	1. List the body fluid compartments	LGD/1
	,	compartments	2. Recall the volumes of body fluid	,-
			compartments	
			3. Discuss the interplay in fluid volumes	
			between different fluid compartments	
			4. Describes principles of osmosis and	
			osmotic pressure	
			5. Discuss the interplay between various	
			pressures	
			6. Discuss principles of edema	
			Intracellular fluid compartment	
			Extracellular fluid compartment •	
			Intravascular fluids	
			Blood	
	1	1		1

S#	Subject	Торіс	Learning Outcomes	MIT
5#	Subject	Topic Reabsorption /Secretion along Different Parts of the Nephron	 Learning Outcomes Interstitial fluid Constituents of intra- and extracellular fluid compartments Calculating fluid volumes Osmosis and osmotic fluid regulation List approximate percentages of sodium reabsorbed in major tubular segments. List approximate percentages of water reabsorbed in major tubular segments. Define the term iso-osmotic volume reabsorption. Describe proximal tubule sodium reabsorption, including the functions of the apical membrane sodium entry mechanisms and the basolateral sodium-potassium-adenosine triphosphatase. Explain why chloride reabsorption, and lists the major pathways of proximal tubule chloride reabsorption. State the maximum and minimum values of urine osmolality. Define osmotic diuresis and water diuresis. Explain why there is an obligatory water loss. Describe the handling of sodium by the descending and ascending limbs, distal tubule, and collecting-duct system. Describe the role of sodium-potassium-2 chloride symporters in the thick ascending limb. 	MIT LGD/1
		mechanisms of regulation of tubular reabsorption	 11. Describe the handling of water by descending and ascending limbs, distal tubule, and collecting duct system 1. Discuss the mechanisms of regulation of tubular reabsorption Reabsorption and secretion by the renal tubules Active and passive transport mechanisms Mechanism of reabsorption of specific substances (eg. Water, electrolytes) Reabsorption and secretion in different parts of the tubules Glomerular balance Peritubular and renal interstitial fluid physical forces Effect of arterial pressure on urine output Hormonal control of tubular reabsorption Aldosterone Angiotensin-II ADH Parathyroid hormone Nervous regulation of tubular reabsorption 	LGD/1
		Concept Of Renal Clearance	1. Define the terms clearance and metabolic clearance rate, and differentiates between general clearance and renal	LGD/1

S#	Subject	Торіс	Learning Outcomes	MIT
S#	Subject	Topic Image: Construction of the second se	 Learning Outcomes clearance. 2. List the information required for clearance calculation 3. State the criteria that must be met for a substance so that its clearance can be used as a measure of glomerular filtration rate; states which substances are used to measure glomerular filtration rate and effective renal plasma flow. 4. Predict whether a substance undergoes net reabsorption or net secretion by comparing its clearance with that of inulin or by comparing its rate of filtration with its rate of excretion. 5. Calculate net rate of reabsorption or secretion for any substance. 6. Calculate fractional excretion of any substance. 7. Describe how to estimate glomerular filtration rate from CCr and describes the limitations. 8. Describe how to use plasma concentrations of urea and creatinine as indicators of changes in glomerular filtration rate. 1. Describe the process of "separating salt from water" and how this permits excretion of either concentrated or dilute urine. 2. Describe how antidiuretic hormone affects water reabsorption. 3. Describe the characteristics of the medullary osmotic gradient. 4. Explain the role of the thick ascending limb, urea recycling, and medullary osmotic gradient is partially "washed out" during a water diuresis 6. Describe the origin of antidiuretic hormone anterioles. 7. Distinguish between the reflex changes 	MIT LGD/1
			 Distinguish between the reflex changes that occur when an individual has suffered iso-osmotic fluid loss because of diarrhoea as opposed to a pure water loss (ie, solute-water loss as opposed to purewater loss) 	
		Mechanism of	 8. Describe the control of thirst. 9. Describe the pathways by which sodium and water excretion are altered in response to sweating, diarrhoea, haemorrhage, high-salt diet, and low-salt diet. Discuss the mechanism of concentrated urine 	LGD/1
		concentrated urine	formation.	

5# Subjec	Торіс	Learning Outcomes	MIT
	formation		
	formation Renal regulation of Potassium	 State the normal balance and distribution of potassium within different body compartments, including cells and extracellular fluid. Describe how potassium moves between cells and the extracellular fluid, and how, on a short-term basis, the movement protects the extracellular fluid from large changes in potassium concentration. Describe how plasma levels of potassium do not always reflect the status of total- body potassium. State generalizations about renal potassium handling for persons on high- or low-potassium diets. State the relative amounts of potassium reabsorbed by the proximal tubule and thick ascending limb of Henle's loop regardless of the state of potassium intake. Describe how the cortical collecting duct can manifest net secretion or reabsorption; describes the role of principal cells and intercalated cells in these processes. List the 3 inputs that control the rate of potassium secretion by the cortical collecting duct. Describe the mechanism by which changes in potassium balance influence aldosterone secretion. State the effects of most diuretic drugs and osmotic diuretics on potassium excretion. Describe the association between 	LGD/1
		perturbations in acid-base status and the plasma potassium level	
	The prostate	Discuss the physiological functions of the prostate	LGD/1
	physiochemic aspects	al Discuss the physiochemical aspects (Diffusion, Adsorption, Viscosity, Colloid Osmotic pressure and role of Albumin in regulation of Osmotic pressure)	LGD/1
	Regulation of extracellular fluid osmolali and sodium concentration	kidneys2. Explain the mechanism by which kidneysare able to form diluted or concentrated	LGD/1

	Subject	Торіс	Learni	ng Outcomes	MIT
			9.	Describe Disorders of urine concentration	
				ability	
		Regulation of	1.	Discuss the homeostatic function of the	LGD/1
		extracellular		kidneys	
		fluid	2.	Discuss the principles of osmoregulation	
		osmolarity and		by the kidneys	
		sodium	3.	Explain how the body regulated the	
		concentration-		osmolarity of fluid comparts	
		2	4.	Describe Control of extracellular fluid	
				osmolarity and sodium concentration	
			5.	Describe Osmoreceptor-ADH feedback	
				system	
			6.	Describe Role of thirst in controlling	
				extracellular fluid osmolarity and	
				concentration	
			7.	Describe Salt-appetite mechanism and	
				Integrated response to sodium intake	
		Regulation of	1.	5	LGD/1
		concentration		concentrations of various ions in the body	
		of potassium,	2.	Describe the processes occurring at	
		calcium,		cellular level to maintain/excrete various	
		phosphate and		ions in the kidneys	
		magnesium	•	Regulation of potassium	
			•	Regulation of calcium	
			•	Regulation of phosphate	
			•	Regulation of magnesium	
		Short and Long	1.	Describe the 3 temporal domains of blood	LGD/1
		term control of		pressure control and the major	
		Blood pressure		mechanisms associated with them.	
		by Kidneys	2.	Describe the relationship between renin	
				and angiotensin II.	
			3.	Describe the 3 detectors that can alter	
				renin secretion.	
			4.	Define pressure natriuresis and diuresis.	
			5.	Define tubuloglomerular feedback and	
				describe the mechanism for	
				tubuloglomerular feedback and auto	
				regulation of glomerular filtration rate	
	Biochemistry	Renal control	1.	State the normal total plasma calcium	LGD/1
		of Calcium &		concentration and the fraction that is free.	
		Phosphorus	2.	Describe the distribution of calcium	
				between bone and extracellular fluid and	
				the role of bone in regulating extracellular	
				calcium.	
			3.	Describe and compare osteocytes	
				osteolysis and bone remodelling.	
			4.	Describe renal handling of phosphate	
			5.	Describe how parathyroid hormone	
				changes renal phosphate excretion.	
			6.		
		constituents of		Describe the normal and abnormal	SGD/1
		urine		constituents of urine	
-	General	Urinary	1.	Describe the etiology, and management of	LGD/1
	Surgery/urology	retention		urinary retention	
			2.	Describe the etiology, clinical features and	
_				treatment of Benign prostatic hyperplasia	
	Pathology	Renal failure	1.	Enlist the causes of Renal failure/ uraemia	LGD/1
				and abnormalities related to micturition	
				including incontinence	1

Subject	Торіс	Learning Outcomes	MIT
		Discuss the causes and pathophysiology of Chronic Renal failure	
	Urinary stones	Describe the pathophysiology of Urinary stones	LGD/1
	Glomerular diseases	Describe the etiology and pathogenesis of glomerulonephritis	LGD/1
	Classification of kidney disorders	Classify kidney disorders according to etiology, site of dysfunction and type of dysfunction Acute/ chronic Infectious Immunological Neoplastic Vascular/interstitial /parenchymal Primary/systemic	LGD/1
	Nephrotic syndrome	Describe Nephrotic syndrome and its etiology	LGD/1
Pharmacology	Nephrotoxic drugs	 Describe the mechanism of drug excretion Enlist nephrotoxic drugs Describe the mechanism of action of diuretic drugs 	LGD/1
	Drugs acting on the renal system (in NW module it's in theme of Scanty Urine)	Classify diuretics	
Community Medicine/Public Health	Quality of life in problems of prostate	 Discuss quality of life issues in patients with prostate problems Overview of the concept of quality of life (QoL) Discuss the significance of quality of life in disease and treatment settings Discuss quality of life issues in geriatric population 	LGD/1
Physiology	Intake output chart maintenance in bed ridden patients	Maintain Intake output chart maintenance in bed ridden patients	PRACTICA L/2
	Catheter insertion	Preform insertion of catheter on dummy	PRACTICA L/2
Biochemistry	Urine analysis	Determine the normal/abnormal constituents in the urine Urine sugar Amino acids Proteins Hemoglobin Uric acid Urea Creatinine and chloride Calcium and phosphate Ammonia Ketone bodies	PRACTICA L/2
	Community Medicine/Public Health Physiology	PharmacologyNephrotic syndromePharmacologyNephrotoxic drugsPharmacologyNephrotoxic drugsDrugs acting on the renal system (in NW module it's in theme of Scanty Urine)Community Medicine/Public HealthQuality of life in problems of prostatePhysiologyIntake output chart maintenance in bed ridden patientsPhysiologyIntake output chartPhysiologyIntake output chartPhysiologyIntake output chartCatheter in protientsCatheter insertion	InfectiousImmunologicalImmunologicalNephroticsyndromePharmacologyDrugs acting on the renal system (in NWm module it's in theme of Scanty Urine)CommunityQuality of life in problems of prostateprostateprostateprostateprostateprostateprostateprostateproblems of prostateproblems of prostatePhysiologyPhysiologyPhysiologyIntake outputcharterpatientsPhysiologyPhysiologyUrine analysisBiochemistryUrine analysisBiochemistry<

Theme-3 Urinary incontinence

S#	Subject	Торіс		Learning Outcomes		
	Anatomy	The Perineum	1.	2. Define the pelvis and the perineum Discuss the openings in the pelvis and what passes through them	SGD/1	

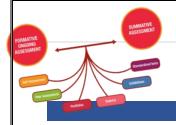
				Page
			 3. List and describe the contents of the urogenital triangle Contents of the male 	
			 urogenital triangle Urethral injuries Injury to the perineum in 	
			childhood	
Physiology	Urinary bladder and micturition	1.	 Describe the functional anatomy of urinary bladder Explain the mechanism of micturition Explain the micturition reflex and relate structures of the bladder with 	LGD/1
			function 5. Explain basal cystometrogram 6. Describe the nervous control of bladder	
			functions	
	Urinary incontinence	1.	 Discuss the causes, symptoms and management of patients with urinary incontinence, urgency, frequency, 	LGD/1
			burning micturition etc 3. Causes of urinary incontinence, urgency, frequency, burning micturition	
			4. Terms related to urinary obstruction and incontinence	
			5. Describe Clinical presentation of continence disorders	
			 Explain General management of incontinence 	
Biochemistry	Water balance/metabolism	1.	 Mechanism & regulation of Water balance Disorders of water balance 	LGD/1
			 Disorders of water balance, such as dehydration & over hydration Electrolytes (intracellular & 	
			extracellular cations) & its metabolism 5. Disorders of electrolyte	
 Dadialan	Padiological	1	metabolism	
Radiology	Radiological diagnosis of urinary pathologies	1.	 Identify and describe the various anatomic landmarks of the renal system on radiographs 	LGD/1
			 Discuss special radiological tests to determine renal function and pathologies Describe normal 	
			 4. Describe normal radiographs of abdomen and pelvis 5. Describe special 	

			-	Page
				radiological tests to show
				renal pathology and
				function
+		D : 1 ·		6. Abdominal ultrasound
	Clinical	Dialysis	1.	2. Describe the types, LGD/
	(Nephrology/			indications and the process
	Medicine)			of dialysis for kidney
				disease
				3. Describe Types of dialysis
				Peritoneal dialysis
				Hemodialysis
				Hemofiltration
				Haemodiafiltration
				Intestinal dialysis
				indications for dialysis
				4. Discuss disorders of acid-
				base balance, electrolyte
				abnormalities uremia or
				fluid overload resulting
				from acute and chronic
				renal failure, and
				intoxication
				5. Describe The process of
				hemodialysis and
				peritoneal dialysis
				6. Describe Dialyzable
_				substances
	Clinical	Patient with	1.	2. Discuss the disorders LGD/
	(Nephrology/ excessive urin Medicine)	excessive urination		associated with urine
				concentrating ability
				3. Plan a line of investigation
				and management in renal
				disorders
				4. Disorders of renal
				concentration ability
				 Comparison of excessive urine volume with
				increased frequency of micturition
				6. Describe the mechanism of
				secretion and action of
				ADH
				7. Describe Urine
				concentrating ability of the
				various parts of the
				nephron Proximal
				convoluted tubule
				Descending limb of loop of
				Henle Ascending limb of
				loop of Henle Collecting
				system
\dagger	Clinical	Patient with	1.	2. Discuss the causes of LGD/
	(Nephrology/	continuous		urinary incontinence
				3. Discuss the significance of
Medicine) dribbling of ur	medicine			radiological investigations
				in cases of urinary
				in cases of utiliary
				incontinence in children
				incontinence in children
				4. Define and describe

			0
Pathology	common	1.	incontinence 6. Describe the micturition reflex 7. Discuss Tests for investigating urinary incontinence 2. List and define the
	pathologies of perineal region		common pathologies of the perineal region
			3. Describe Urethral infection
	PRACTICAL/2		
Anatomy	surface anatomy of	Identificat	on of the various structures forming the
	the perineum and		perineum on models.
	radiology	Identify the ra	diographic landmarks of the perineum
	.Histologic	Identify the ch	aracteristic microscopic features of the
	examination urinary	urinary system	-Kidney
	system	-Ureter	
		-Urinary bladd	er
		-Urethra	
Biochemistry	Creatinine in urine	Estimation of	creatinine in 24 hour urine sample
Physiology	Arterial blood-gas	Arterial blood	
, ,,	analysis		nterpretation of arterial blood gases

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MIT:mode of information transfer. E.g. lecture, SGD, DSL, Practical, skill lab etc etc



7. Examination and Methods of Assessment:

a. Instruction:

EXAMINATION RULES & REGULATIONS

- 1. Student must report to examination hall/venue, in time for smooth conduction of the exams.
- 2. No student will be allowed to enter the examination hall after 10 minutes of scheduled examination time.
- 3. No students will be allowed to sit in exam without College ID Card, and Lab Coat
- 4. Students must sit according to their roll numbers mentioned on the seats.
- 5. Student must bring their own stationary items (Pen, Pencil, Eraser, and Sharpener) –Sharing is prohibited
- 6. Any disturbance or Indiscipline in the exam hall/venue is not acceptable.
- 7. Students must not possess any written material or communicate with their fellow students
- 8. Cell phones are strictly not allowed in examination hall. If any student is found with cell phone in any mode (silent, switched off or on) he/she will be **not be allowed to continue their exam.**
- 9. No student is allowed to leave the examination hall before half the time is over, paper is handed over to the examiner and properly marking the attendance.

b. INTERNAL: total 10% (24 marks)

- 1. Students will be assessed comprehensively through multiple methods.
- 2. 10% marks of internal evaluation will be added to the KMU annual professional exam.
- 3. The marks distribution is based on Formative Assessment done individually by all the concerned departments. It may include:
- 4. Class participation and attitude of the students, class tests/ quiz, assignment, presentations, peer assessments, practicals log books and the internal exam results, all have specific marks allocation.
- 5. NOTE: **at least 75% attendance is mandatory** to appear in the annual university examination.

Biochemistry department is responsible to maintain the attendance record for BLOCK –E in coordination with all the concerned departments.

c. UNIVERSITY EXAM: Exam has 90% (210) marks in total

Year 2 Professional Exam in System-based Curriculum-

THEORY	MODULES	THEORY	INTERNAL	OSPE	INTERNAL	TOTAL
PAPERS		MARKS	ASSESSMENT	/VIVA	ASSESSMENT	MARKS
			THEORY(10%)		OSPE(10%	
PAPER-A	NS -1	120	14	90	10	234
	NS -2					
PAPER-B	GIT/LIVER	120	13	90	10	233
	RENAL					
PAPER-C	ENDOCRINE	120	13	90	10	233
	REPRODUCTION					
TOTAL		360	40	270	30	700
MARKS						

Paper-E (GIT, Hepatobiliary & Metabolism and Renal module) 2nd year MBBS.

Each written paper consists of 120 MCQs and internal assessment marks will be added to the final marks

Final distribution of MCQs for Renal Module 2nd year MBBS Annual University Examination

Subject	TOTAL MCQs – RENAL MODULE
Gross Anatomy	7
Histology	2
Embryology	3
Physiology	16
Biochemistry	5
PRIME including	2

Research	
Medicine	-
Pharmacology	-
Pathology	-
Community	-
medicine	
Pediatrics	-
Surgery	1
Total	36

SUBJECT	RENAL MODULE		
	OSPE	VIVA	
ΑΝΑΤΟΜΥ	03	01	
Gross Anatomy			
Histology			
Embryology			
PHYSIOLOGY	01	01	
BIOCHEMISTRY	02	01	



8. Learning Opportunities and Resources

8.1 Instruction (if any)

- Try to be regular in the classes as teacher is the best guide.
- Make your studies a primary goal as you have to deal with precious human lives.
- Stick to one book of your choice and stick the relavent high yield points from other sources to that single book of choice –it will make your examination and preps a lot easier
- Try to have as many sources of MCQ book as possible –it will help you focus on the most relevant and high yield knowledge.

8.2 Books:

CORE SUBJECTS	RESOURCES	CHAPTERS/ pages
ANATOMY	A. GROSS ANATOMY	
	1. Clinical Anatomy by Regions by Richard S.	
	Snell	
	2. K.L. Moore, Clinically Oriented Anatomy	
	3. General Anatomy by BD Churissia	
	B. HISTOLOGY	
	1. B. Young J. W. Health Wheather's Functional	
	Histology	
	C. EMBRYOLOGY	
	1. Keith L. Moore. The Developing Human	
	2. Langman's Medical Embryology	
	B. REFERENCE BOOKS	
	Gray's Anatomy for Students	
BIOCHEMISTRY	A. TEXTBOOKS for 2 nd PROFESSIONAL	
	1.Lippincott's illustrated Biochemistry.	Carbohydrate Metabolism
	2.Pankaja Naik Or	Lipid Metabolism
	3. Satyanarayana & Chakrapani	Protein Metabolism
	4.MCQ's Books & OLD PAPERS	Nutrition
	B. REFERENCE BOOKS	Digestion & Absorption
	1. Harper's Illustrated Biochemistry	Acid Base Balance
	2. Textbook of medical biochemistry by	Oxidative Phosphorylation.
	Chatterjee-8thEdition	
	3.Lehninger Principle of Biochemistry	
	4. Biochemistry by Devlin	
PHYSIOLOGY	A. TEXTBOOKS	
	1. Textbook Of Medical Physiology by Guyton	
	And Hall	
	2. Ganong 'S Review of Medical Physiology	
	3. Human Physiology by Lauralee Sherwood	
	4. Berne & Levy Physiology	
	5. Best & Taylor Physiological Basis of Medical	
	Practice	
	B. REFERENCE BOOKS	
	1. Guyton & Hall Physiological Review	
	2. Essentials Of Medical Physiology by Jaypee	
	3. Textbook Of Medical Physiology by	
	InduKhurana	
	4. Short Textbook Of Physiology by Mrthur	
	5. NMS Physiology	

8.3 Other learning sources:

Hands-on Activities/	Students will be involved in Practical sessions and hands-on activities
Practical	that link with the foundation and Blood modules to enhance the
	learning
Labs	Utilize the lab eg. Histology lab and Anatomy Museum, Biochemistry
	and Physiology labs. to relate the knowledge to the specimens and
	models available
Skill Labs	A skills lab provides the simulators to learn the basic skills and
	procedures.
	Drawing blood and different procedures at biochemistry and
	Physiology labs.
	This helps build the confidence to approach the patients
Videos	Lot of good academic high quality Videos are easily available on
	Youtube
Computers Lab.	In the present day the students must be computer literate. Fortunately
	computer lab with internet faciliy is available on the campus.
	Students have the access to Digital library, various websites for articles
	and different topics. This can be an additional advantage to increase
	learning.

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9. Time tables

		RENAL MODULE		
SUBJECTS	TOPICS	TEACHER NAME	MODE OF TEACHING	VENUE
	Gross Anatomy	Dr Humaira Imtiaz	Lecture/LGD	
	Embryology	Dr Ashfaq	Lecture/LGD	
ANATOMY	Histology	Dr Fatima Shirin	Lecture/LGD	
	Histology Practicals	Dr Rizwana Iqbal		Histology Lab (1 st Floor Biochemistry Dept)
	Bioenergetics and oxidative	Dr. Sarwat Abbasi	Lecture/ LGD	
	phosphorylation			Lecture Hall 1
	Acid Base Balance	Dr. Ayesha Awan	Lecture/ LGD	
BIOCHEMISTRY	Practicals Details shared	Dr. Asma Rafique	Practical performance and +	Biochemistry Lab
		Dr. Maria Khan	Scedulled SGDs	(Ground Floor& Demo Room
		Dr Fizza Gul		
	Renal Physiology	Dr Munazza BiBi	Lecture/LGD	
	Glomerular Filteration			
	Nervous and hormonal control of renal			
	circulation			
	Body fluid compartments			
	Mechanism of regulation of tubular			
PHYSIOLOGY	reabsorption			
	Urinary bladder and micturition with			
	incontinence'			
	Practicals	Dr Faisal iftikhar	Practical performance and +	
		Dr. sajjad	Scedulled SGDs	
		Dr. Asfandyar Qureshi		

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					RENAL MODULE: WE	<u> EEK-01 : THEME –F</u>	<u>'lank Pain /Loin Pain</u>		
<u>DAYS</u>	<u>8:00-10:00</u>				<u>10.00- 11.00</u>	<u>11.00- 12.00</u>	12.00-12.45	<u>12.45- 1.15</u>	<u>1.15-3.00</u>
MONDAY	PRACTICAL Histology Biochem lab 1 st floor	Physiology Pharmacodynamics lab B	Biochemistry Biochem lab Ground floor C	SDL D	Biochemistry (Dr Ayesha) (LH 2) Protein-7	Physiology Dr munaza (LH 2)	(Community Medicine-2) Dr Arooj (LH 2)		D I S S E C T I O N Batch A: Dental college hall -1 Batch B: Dental college hall-2 Batch C: LH-1
	Dr Rizwana	Dr faisal iftikhar	Dr Fizza						Batch D: GCR
TUESDAY	B Dr Rizwana	D Dr asfandyar qureshi	A Dr Fizza	C	Biochemistry (Dr Nadia) (LH 2) Lipid-7	Physiology Dr shazia (LH 2)	Gross Anatomy Dr humaira imtiaz (LH 2)		D I S S E C T I O N Batch A: Dental college hall -1 Batch B : Dental college hall-2 Batch C: LH-1 Batch D: GCR
WEDNESDAY	C Dr Rizwana	A Dr sajad	D Dr Maria	В	Biochemistry (Dr Noreen) (LH 2) CHO-7	Physiology Dr munaza (LH 2)	Histology Dr Fatima Shireen (LH 2)		DISSECTION Batch A: Dental college hall -1 Batch B: Dental college hall-2 Batch C: LH-1 Batch D: GCR
THURSDAY	D Dr Rizwana	C <u>Dr faisal</u>	B Dr Asma	A	Biochemistry (Dr Ayesha) (LH 2) Protein-8	Physiology Dr shazia (LH 2)	Medicine-4 Dr Adnan (LH 2)	BREAK	D I S S E C T I O N Batch A: Dental college hall -1 Batch B : Dental college hall-2 Batch C: LH-1 Batch D: GCR
FRIDAY	(8:00-9:00) Dr Ghayur Kh (LH 2)	Radiology an		Biochemistry (9:00-10:00) (Dr ruhila) (LH-2) Nutrition-3	Embryology Dr Ishfaq (LH 2)	Pathology -7 Dr avid (LH 2)	Pak. Studies-4 Manzoor Qadir (LH 2)	PRAYER	HALF DAY

Note: Student Should Visit Notice Boards everyday, Venues and Teacher's Name may get changed, Dates are tentaives

				IE TABLE OF 2 ND	B MEDICAL COLLEGE / YEAR MBBS CLASS F(<-02, Theme- Scanty u	OR THE SESSION 2			
D A Y S	<u>8:00-10:00</u>				10.00- 11.00	<u>11.00- 12.00</u>	12.00-12.45	<u>12.45- 1.15</u>	<u>1.15- 3.00</u>
MONDAY	PRACTICAL Histology Biochem lab 1st floor A Dr Rizwana	Physiology Pharmacodynamics lab B Dr faisal iftikhar	Biochemistry Biochem lab Ground Floor C Dr Fizza	Self-Directed Learning D	Biochemistry (Dr Ayesha) Protein-9	Physiology Dr munaza	(Community Medicine-3) Dr Muneeba		D I S S E C T I O N Batch A: Dental college hall -1 Batch B : Dental college hall-2 Batch C: LH-1 Batch D: GCR
TUESDAY	B Dr Rizwana	D Dr asfandyar qureshi	A Dr Fizza	C	Biochemistry (Dr Nadia) Lipid-8	Physiology Dr shazia	Gross Anatomy Dr Humaira		D I S S E C T I O N Batch A: Dental college hall -1 Batch B : Dental college hall-2 Batch C: LH-1 Batch D: GCR
WEDNESDAY	C Dr Rizwana	A Dr sajad	D Dr Maria	B	Biochemistry (Dr Noreen) (LH-2) CHO 8	Physiology Dr munaza	Histology Dr Fatma Shireen		D I S S E C T I O N Batch A: Dental college hall -1 Batch B : Dental college hall-2 Batch C: LH-1 Batch D: GCR
THURSDAY	D Dr Rizwana	C Dr faisal	B Dr Asma	A	Biochemistry (Dr Ayesha) Acid base balance-1	Physiology Dr shazia	Surgery -4 Dr ismail	BREAK	DISSECTION Batch A: Dental college hall -1 Batch B: Dental college hall-2 Batch C: LH-1 Batch D: GCR
RIDAY	ENT (8:00-9:00) Dr.M.ibrahim			Biochemistry (9:00-10:00) (Dr ruhila) (LH-2) Nutrition-4	Embryology Dr Ishfaq	Pathology-8 Dr abid	Islamiyat-4 Aftab Ahmed (LH 2)	PRAYER	HALF DAY

Prof Dr Ruhila Hanif Block -2 Coordinator Renal Module Chairperson Dept. of Biochemistry ASSOCIATE DEAN (UG) AYUB MEDICAL COLLEGE MTI, ABBOTTABAD

Note: Student Should Visit Notice Boards everyday, Venues and Teacher's Name may get changed, Dates are tentaives

Page | 28 AYUB MEDICAL COLLEGE ABBOTTABAD TIME TABLE OF 2ND YEAR MBBS CLASS FOR THE SESSION 2024 BLOCK -2:RENAL MODULE WEEK-3: THEME – Urinary Incontinence DAYS 8:00-10:00 10.00-11.00 11.00-12.00 12.00-12.45 12.45-1.15-3.00 1.15 DISSECTION Computer PRACTICAL Batch A: Dental college hall -1 Science Biochemistry Batch B : Dental college hall-2 / Skill Lab. Histology **Biochemistry** Physiology Physiology MONDAY (Dr Ayesha) Batch C: LH-1 Medicine-5) Biochem lab 1st Biochem lab Dr munaza Pharmacodynamics lab (LH 2) Dr rashid Batch D: GCR floor Ground Floor (LH 2) Acid base-2 (LH 2) С А В D Dr Rizwana Dr faisal iftikhar Dr Fizza DISSECTION Biochemistry **Gross Anatomy** Batch A: Dental college hall -1 D Physiology TUESDAY (Dr Nadia) Dr humaira Batch B : Dental college hall-2 В Α Dr asfandyar qureshi С Dr shazia Dr Rizwana Dr Fizza (LH 2) (LH 2) Batch C: LH-1 (LH 2) Lipid-9 Batch D: GCR DISSECTION Biochemistry Histology Batch A: Dental college hall -1 Physiology Dr Fatima Batch B : Dental college hall-2 WEDNESDAY С А D (Dr Ayesha) В Dr munaza Dr Rizwana Dr Maria (LH 2) (LH 2) Batch C: LH-1 Dr sajad (LH 2) Acid base-3 Batch D: GCR DISSECTION Biochemistry (Dr Ayesha) Batch A: Dental college hall -1 Physiology Surgery-5 THURSDAY D С В (LH 2) Dr shazia Dr behre-room Batch B : Dental college hall-2 Α Dr Rizwana Dr faisal Dr Asma Acid base-4 (LH 2) (LH 2) Batch C: LH-1 Batch D: GCR RAYER BREAK Islamiyat-5 Pediatrics Pak. Studies-5 FRIDAY 8:00-9:00 Medicine-6 Surgery-6 HALF DAY (9:00-10:00)Manzoor gadir Mr Aftab Ahmed Dr farhat Dr shahzad (LH 2) (LH 2) Prof Dr Ruhila Hanif ASSOCIATE DEAN (UG) Block -2 Coordinator Renal Module AYUB MEDICAL COLLEGE **Chairperson Dept. of Biochemistry** MTI, ABBOTTABAD Note: Student Should Visit Notice Boards everyday, Venues and Teacher's Name may get changedDates are tentaives

10. For inquiry and troubleshooting



Please contact

Associate Professor Dr Ayesha Awan -0333-7879702 <u>ana.khyber@gmail.com</u> Associate Professor Dr Nadia Haleem -0322-9100036<u>nadiahaleem@myself.com</u> Assistant Professor Dr Sarwat Abbasi -0332-8901301 <u>sarwatabbasi007@gmail.com</u> DEPARTMENT OF BIOCHEMISTRY –AYUB MEDICAL COLLEGE ABBOTTABAD.

Course Title:		
Semester/Module	Dates:	
Please fill the short questionnaire to make t	the course better.	
Please respond below with 1, 2, 3, 4 or 5, w		
THE DESIGN OF THE MODLUE		
A. Were objectives of the course clear to you?	Y N	
B. The course contents met with your expectations		
l. Strongly disagree	5. Strongly agree	
C. The lecture sequence was well-planned		
l. Strongly disagree	5. Strongly agree	
D. The contents were illustrated with		
l. Too few examples	5. Adequate examples	
E. The level of the course was		
l. Too low	5. Too high	
F. The course contents compared with your expectal. I. Too theoretical	5. Too empirical	
G. The course exposed you to new knowledge and p	•	
l. Strongly disagree		
H. Will you recommend this course to your colleagu	••••	
l. Not at all	5. Very strongly	
THE CONDUCT OF THE MODLUE		
A. The lectures were clear and easy to understand		
l. Strongly disagree	5. Strongly agree	
The teaching aids were effectively used		
l. Strongly disagree	5. Strongly agree	
C. The course material handed out was adequate	F. C	
l. Strongly disagree	5. Strongly agree	
D. The instructors encouraged interaction and were l. Strongly disagree	5. Strongly agree	
E. Were objectives of the course realized? Y		
F. Please give overall rating of the course		
90% - 100% ()	60% - 70% ()	
90% - l00% () 80% - 90% ()	50% - 60% ()	
90% - 100% ()		
90% - l00% () 80% - 90% ()	50% - 60% () below 50% ()	

Please comment on the weaknesses of the course and the way it was conducted.

Please give suggestions for the improvement of the course.

Optional - Your name and contact address:

Thank you!!