

AYUB MEDICAL COLLEGE ABBOTTABAD

DEPARTMENT OF MEDICAL EDUCATION



THIRD, FORTH & FINAL YEAR MBBS

STUDY GUIDE (GYNAE/OBS) BLOCK P (RENAL, ENDOCRINE AND REPRODUCTION II & III) SESSION 2024

PROF. DR. SADIA HABIB

CHAIRPERSON DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

BLOCK CO-ORDINATOR-BLOCK P

DISCLAIMER

- Developing a study guide is a dynamic process and undergoes iteration according to the needs and priorities.
- This study guide is subjected to the change and modification over the whole academic year.
- However, students are advised to use it as a guide for respective modules.
- It is to declare that the learning objectives (general and specific) and the distribution of assessment tools (both theory and practical) are obtained from Khyber Medical University, Peshawar. These can be obtained from: <https://kmu.edu.pk/examination/guidelines>
- The timetables are for guiding purpose. It is to advise that final timetables are always displayed over the notice boards of each lecture hall.
- Students are encouraged to provide feedback via coordinator.

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1. Module Committee:

s.no	Name	Department	Role
1.	Prof. Dr. Saqib Malik	CEO & Dean	
2.	Prof. Dr. Sadia Habib	Deputy Director DME	
3.	Dr. Ayesha Rafiq	Lecturer DME	
Lead Department: GYNAE & OBSTETRICS			
Module Team			
4.	Block Coordinator	Prof. Dr. Sadia Habib	
5.	Module Coordinator	1. Dr. Ansa Islam 2. Dr. Iram Sarwar 3. Dr. Attiya Bibi 4. Dr. Quratul Ain Munir 5. Dr. Yasmin Akhter	
6.	Representatives	1. Dr. Haider Zaman 2. Dr. Yasir Gilani	MEDICINE
7.		Dr. Fazli Junaid	GENERAL SURGERY
8.		Prof. Dr. Aftab Alam	PSYCHIATRY
9.		Dr. Akhter Hussain	ENDOCRINOLOGY
10.		Dr. Nasir Jamil	UROLOGY
11.		Prof. Dr. Saima Gillani	PEADIATRICS

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.

2.4: CURRICULUM FRAMEWORK:

STUDENTS WILL EXPERIENCE INTEGRATED CURRICULUM.

1 Recommended List Of Icons



Introduction To Case



For Objectives



Critical Questions



Assessment



Resource Material

3. Organization of Block

Introduction:

Dear student,

On behalf of faculty of Department of Gynae Obstetrics, I welcome you all to Third, Fourth and Final year, where lectures will be supplemented by clinical rotations with the aim of integrating basics sciences with clinical subjects.

There are three teaching units in the department to facilitate your learning.

	Gynae A unit	Gynae B unit	Gynae C unit
HEAD OF UNIT	Prof Dr Anisa Fawad	Prof. Dr. Shehla Noor	Prof. Dr. Ruqiya Sultana
Faculty	Prof Dr. Sadia Habib	Dr. Ansa Islam	Dr. Iram Sarwar
	Dr. Bushra Khan	Dr. Humera Jadun	Dr. Attiya Khan
		Dr. Shandana Jadun	
Consultants/ Registrars	Dr. Quratul-Ain Munir	Dr. Ayesha Fareed	Dr. Yasmin Akhter
	Dr. Sadia Bibi	Dr. Asma Ali	
	Dr. Bushra Zardad	Dr. Barira Mumtaz	
	Dr. Sundus Nawaz		

This is a hybrid study guide (Discipline based & block based), covering mainly the teaching during rotation in GYNAE/OBS, covering content of block P and L. The purpose of this study guide is to guide you regarding your learning journey in the department of obstetrics and gynaecology, help you manage your learning using the available resources. It helps you understand the course work, clinical skills and attitudes required for a good doctor.

The department of Obstetrics and Gynaecology will be facilitating the teaching during block P in final year and Gynae content of Block L during fourth year. During third year students will learn basics of obstetrics including history taking and clinical examination.

Details of assessment are also shared so that you can relate your learning to assessment and have an overview of the assessment methods including internal and external assessment.

Rationale of the Block:

In Pakistan, the burden of renal, endocrine, and reproductive disorders is significant, making this block essential for the final-year MBBS curriculum.

The **Block P** consists of Renal III, Endocrine III, and Reproductive III Modules (final-year MBBS) while **Block L** consists of Renal II, Endocrine II, and Reproductive II Modules (4th year MBBS). These Blocks provides an integrated understanding of vital physiological systems. The Renal module II & III focuses on kidney functions, fluid balance, and conditions like renal failure. The Endocrine part of the module covers hormonal regulation and disorders such as diabetes and thyroid dysfunction. The Reproductive part of the module explores male and female reproductive physiology, infertility, and pregnancy complications. Through clinical correlations and case-based discussions, students will apply theoretical knowledge to real-world medical practice, preparing them for clinical rotations and future patient care.

The high prevalence of chronic kidney disease (CKD), often due to uncontrolled hypertension and diabetes, demands that future physicians are well-versed in managing renal conditions. Pakistan also faces an epidemic of diabetes and other endocrine disorders like thyroid dysfunctions and adrenal diseases, making endocrinology a critical area of medical education.

Furthermore, reproductive health is a priority in Pakistan, with issues like infertility, maternal health complications, and family planning being widespread concerns. Understanding male and female reproductive physiology and pathophysiology prepares students to address these critical aspects of public health, contributing to better maternal and child health outcomes.

Clinical Teaching in Gynae department is aimed to promote group activities in the form of smallgroup discussion, assignments to encourage teamwork, collaboration and peer assisted learning among students.

Clinical teaching strategies are meant to be student-centred to groom the student to be a self-directed focussed learners. Teachers will preferably focus on Learning Objectives and emphasize on application of knowledge in clinical practice. Innovative teaching methods

including small group teaching, PBL, CBL, SNAPPS, Flipped classroom and bedside teaching on real/simulated patients will be preferable teaching strategies.

We look forward to feed back from the students and faculty so that the guide can be to improved further.

For any guidance please do not hesitate to contact the teaching faculty of the department of Obstetrics and Gynaecology. Please feel free to visit the chairperson of the department for any issues that you face in learning or otherwise during your clinical rotation in Obstetrics & Gynaecology.

We hope and pray that your rotation in our department will be very beneficial and effective in terms of learning and will equip you for professional life in future.

GENERAL INSTRUCTIONS FOR STUDENT

Students are advised to;

- Dress up in a simple, decent and appropriate manner, with an ironed white coat and college ID visibly displayed.
- Be respectful and professional in behaviour when communicating with patients and her attendants.
- Respect patient's privacy, dignity and confidentiality
- Examine patients with their permission only under supervision or in the presence of chaperon (nurse, female colleague, HO or PGR)
- Come to wards, equipped with your own clinical examination gadgets (stethoscope, BP apparatus, measuring tape
- Inculcate behaviour of regular self-learning for academic sessions & clinical problem
- Ensure that your actions do not in any way threaten or endanger the health, safety or security of other students or patients.
- Refrain from any behaviour which will cause damage to MCHC property.
- Refrain from any form of disrespect, abusive language, or harassment of other students, nursing staff, faculty, PGs/HOs or patients within or outside the MCHC.
- Follow the clinical timetable displayed on ward noticeboard and shared with your batch.
- Wear masks, caps gowns and OT shoes before entering operation theatre. Entering OT with outside-shoes covered with shoe covers is NOT ALLOWED.

THIRD YEAR MBBS

During third year MBBS, students will perform clinical rotation in batches only in **Gynae C ward for 2 weeks**. During this rotation students will be taught basics of obstetrics including history taking and clinical examination.

- At the end of ward rotation ward test in the form of viva/OSCE and long case presentation is conducted.

3rd year clinical ward rotation GCW time table 2025

Morning 10am to 12pm

FIRST WEEK

Monday	Definition of basic obstetrics terminologies
Tuesday	History taking
Wenesday	History taking +GPE
Thursday	GPE+ OBS Examination

SECOND WEEK

Monday	Case presentation and clinical examination
Tuesday	Case presentation and clinical examination
Wenesday	Obstetrical examination
Thursday	Ward test

PROF. DR. RUQQIA SULTANA
HEAD OF GYNAE – "C" DEPARTMENT
AYUB TEACHING HOSPITAL

4TH YEAR MBBS

During 4TH year MBBS, students will perform clinical rotation in batches, both in Gynae A & B wards for 2 weeks. During this rotation students will be taught the clinical aspect of gynaecology content of block L.

At the end of ward rotation, ward test in the form of OSCE and long case presentation will be conducted in both Gynae A & B wards.

During 4th year Gynae rotation, each batch attending Gynae B ward will also perform maternity duties for 2 weeks. Curriculum map of maternity duties is shared in study guide (Page 10) and also with the students.

4th YEAR SCHEDULE/PLANNER 2025

GAW & GBW

Two Weeks

Venue	Teaching strategies	Morning Topics GAW & GBW
Ward 3 days	<ul style="list-style-type: none"> • PBL • BST (bedside teaching) • CBL 	<ul style="list-style-type: none"> • Briefing regarding ward protocol/History discussion • Polycystic ovary syndrome • Uterine fibroids • Endometrial cancers • Cervical carcinomas • Female infertility • Malignant diseases of the ovaries • Uterovaginal prolapse • Urinary incontinence • Endometriosis • Abnormal uterine bleeding • Miscarriage • Ectopic gestation • Gestational trophoblastic diseases (GTDs) • Vaginal discharge and STDs
BOPD 3-4 days	SNAPPS	
OT 2-3 days	Observation of live surgical cases	
Last day	Ward test (OSCE & Long case)	

4th Year Clinical rotation GBW

4th YEAR SCHEDULE/PLANNER 2025

First Week

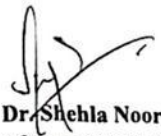
Days	Morning Topics	Evening topic
Monday	Briefing regarding ward protocol/History discussion	History presentation
Tuesday	OPD (SNAP)	History relevant to the morning topic and examination
Wednesday	OT	① Heavy Menstrual Bleeding History relevant to the morning topic and examination
Thursday	Sub Fertility (History taking)	② PCOS History relevant to the morning topic and examination
Friday	OPD (SNAP)	③ Endometriosis History relevant to the morning topic and examination

Second Week

Days	Morning Topics	Evening topic
Monday	④ Contraception	History relevant to the morning topic and examination
Tuesday	OPD (SNAP)	History relevant to the morning topic and examination
Wednesday	OT/Fibroid uterus (5)	History relevant to the morning topic and examination (Fibroid Uterus)
Thursday	STI (6)	Menopause (7) History relevant to the morning topic and examination
Friday	Ward Test	

Note: (Senior most PGR on duty is supposed to teach 4th year and they must check and mark their written histories)

CS Scanned with CamScanner


Prof. Dr. Shehla Noor
 Head of Gynaec "R" Unit

4th year Clinical Rotation GAW

OBSTETRICS & GYNAECOLOGY, "A" UNIT AYUB MEDICAL COLLEGE & AYUB TEACHING HOSPITAL ABBOTTABAD.						
Prof. Dr. Anisa Fawad MBBS, FCPS, CHPE (KMU) Head of Gynae "A" Ward Ayub Medical College & Ayub Teaching Hospital, Abbottabad				Ph #: 92-992-382221 & 0992-381907-14 E-mail: No.F.1-Gyn.dpt.GAU/ATH-25 Dated: 01.03.2025		
MORNING & EVENING SCHEDULE FOR 4 th YEAR MBBS 2025.						
S. NO	DAY	MORNING TOPICS	FACULTY	VENUE	MIT	EVENING TOPIC
1.	Monday (OT day)	<ul style="list-style-type: none"> Briefing History taking & clinical examination Miscarriage 	Prof. Dr. Anisa Fawad Dr. Bushra Khan	OT	Case based Discussion	CA Endometrium
2.	Tuesday (Ward day)	<ul style="list-style-type: none"> CA Endometrium 	Prof. Dr. Anisa Fawad Dr. Bushra Khan	Ward	Case based discussion/Bed side teaching	CA cervix
3.	Wednesday (Emergency)	<ul style="list-style-type: none"> CA cervix 	Prof. Dr. Anisa Fawad Dr. Bushra Khan	OPD	SNAPP/ CBD	CA ovary
4.	Thursday (OT day)	<ul style="list-style-type: none"> CA ovary 	Prof. Dr. Sadia Habib Dr. Qurat-ul-Ain	OT	Case based discussion/ observation of surgical procedures	UV prolapse
5.	Friday (Ward day)	<ul style="list-style-type: none"> UV prolapse 	Prof. Dr. Sadia Habib Dr. Qurat-ul-Ain	Ward	Case based discussion/Bed side teaching	PPH
6.	Monday (OT day)	<ul style="list-style-type: none"> Urinary incontinence 	Prof. Dr. Anisa Fawad Dr. Bushra Khan	OT	Case based discussion/ Observation of surgical procedures	Ectopic
7.	Tuesday (Ward day)	<ul style="list-style-type: none"> Ectopic 	Prof. Dr. Anisa Fawad Dr. Bushra Khan	Ward	Case based & Bed side teaching	Asymptotic bacteriuria
8.	Wednesday (Emergency)	<ul style="list-style-type: none"> Asymptotic bacteriuria 	Dr. Sadia Habib Dr. Qurat-ul-Ain	OPD	SNAPP/ CBD	GTD
9.	Thursday (OT day)	<ul style="list-style-type: none"> GTD 	Dr. Sadia Habib Dr. Qurat-ul-Ain	OT	Case based discussion/ Observation of procedure	Normal labour
10.	Friday	Assessment day all faculty				

Note:
In the evening 4th year MBBS will do ward round with senior TMO on duty followed by 30 minutes teaching session by the senior TMO on allotted topics.

Prof. Dr. Anisa Fawad
MBBS, FCPS, CHPE (KMU)
Head of Gynae "A" Ward
Ayub Medical College & Ayub Teaching Hospital
Abbottabad
11/3/25

CURRICULUM FOR MATERNITY STUDENTS (MBBS)

Students of 4th year MBBS will perform maternity duty for 2 weeks (including Saturday & Sunday) during clinical rotation in Gynae B ward throughout the academic year 2025.

Maternity rotation will be supervised by Gynae A unit in the year 2025.

TIMINGS: : Monday to Saturday: 8pm to 12 MN. Sunday: 9am to 3pm

ATTENDANCE: Attendance after maternity duty will be signed by PGR (batch senior) on duty in labour room and submitted to PA office (GBW) next morning.

Evening Log book will also be signed by senior PGR on duty.

- Clinical Teaching and learning during maternity rotation is aimed to promote group activities in the form of small group discussion, assignments to encourage teamwork, collaboration and peer assisted learning among students.
- Students should be divided into 4-5 groups on day 1 by their batch representative. (Group 1,2,3,4 & 5).
- Clinical teaching strategies are meant to be student-centred to groom the student to be a self-directed learner.

LEARNING OUTCOMES:

At the end of 2 weeks of maternity rotation, students will be able to:

1. Evaluate common symptoms and Identify common clinical signs
 2. Communicate effectively with the patients, seniors and colleagues
 3. Follow the steps of history taking and take a focused history and perform clinical examination to determine provisional diagnosis
 4. Formulate differential diagnosis of common obstetrical emergencies.
 5. Interpret common investigations and comment whether these are normal or abnormal
 6. Develop the plans of initial management in Labour room and OBGY emergency
 7. Discuss indications, contraindications and numerate common side effects of drugs like Magnesium sulphate, Oxytocin, Misoprostol, Prostaglandin E2, Labetalol, Nifedipine, corticosteroids.
 8. Communicate effectively with patient regarding her disease and its relevant issues.
 9. Prepare a patient for caesarean section
 10. Understand ethics specially to maintain patient confidentiality
 11. Observe surgical procedures like **Caesarean Sections**, laparotomies, E&C , MVA etc.
 12. Enumerate the complications of different surgical procedures (**Caesarean Sections**, E&C), regional and General anaesthesia and its complications.
 13. Understand basic etiquettes of operation theatre, surgical scrubbing & instrument handling.
 14. Enumerate the names and uses of instruments, steps of surgical procedures, indications & complications.
- Logbooks will be maintained to keep the record of student performance during maternity rotation.

SKILLS/COMPETENCIES (as per PMDC recommendations)

- Maternity students are expected to perform or assist following skills/competencies safely under supervision as per PMDC recommendations.
- After performing/assisting/observing any of the following clinical skills, students should document these in their **LOG BOOKS** with date and time and get it **signed by PGR on duty(sign & stamp)**.
- Logbook will be countersigned by the faculty in the morning.
- Log book will be checked by teachers any time during clinical rotations and during ward tests
- Log book will be marked during an OSCE station in the Final Prof Block P examination.

S.#	Procedure	Description	Level of Competence
01	Carry out Venipuncture	Insert a needle into a patient's vein to take a sample of blood for testing. Make sure that blood samples are taken in the correct order, placed in the correct containers, that these are labelled correctly and sent to the laboratory promptly	Perform under direct supervision
02	Set up an infusion	Set up run through and intravenous infusion. Have awareness of the different equipment and devices used.	Perform under direct supervision
03	Prescribe and administer oxygen	Prescribe and administer oxygen safely using a delivery method appropriate for the patient's needs and monitor and adjust oxygen as needed. Knows the exact volume given per minute	Perform under direct supervision
04	Assist in preparing and administering injectable (intramuscular, subcutaneous, intravenous) drugs	Prepare and assist the nurse or doctor in administering injectable drugs and prefilled syringes	Assist the nurse or doctor
05	Carry out intravenous cannulation	Insert a cannula into a patient's vein and apply an appropriate dressing.	Perform under direct supervision
06	Safe and appropriate blood transfusion	Following the correct procedures, assist the doctors in transfusion of blood (including correct identification of the patient and checking blood groups). Observe the patient for possible reactions to the transfusion, and take action if they occur. Able to document transfusion notes.	Assist the doctor performing blood transfusion.
07	Carry out female urinary catheterization	Insert a urethral catheter female patient. Should know its complications and management (Female students can perform on real patient under supervision while male students can learn on manikin in skill lab during SDL hours)	Safe to practice under direct supervision
08	Take base line physiological observation and record appropriately.	Measure temperature, respiratory rate, pulse rate, blood pressure, oxygen saturations, NG output and urine output.	Safe to practice under indirect supervision
09	Carry out systemic examination abdominal, obstetrical examination)	Systemic approach in clinical examination Complete All steps of examination and document appropriately	Safe to practice under indirect supervision

10	Measure capillary blood glucose	Measure the concentration of glucose in the patient's blood at the bedside using appropriate equipment. Record and interpret the results.	Safe to practice under indirect supervision
11	Carry out a urine multi dips tick test	Explain to patient how to collect a midstream urine sample. Test a sample of urine to detect abnormalities. Perform a pregnancy test where appropriate.	Safe to practice under indirect supervision
12	Perform surgical scrubbing up	Follow approved processes for cleaning hands and wearing appropriate personal protective equipment before procedures or surgical operations	Safe to practice under direct supervision
13.	Entries in HMIS System	Able to do patient's data entry, trace investigations and to make a discharge card under supervision	Safe to practice under direct supervision

MATERNITY COPY:

- Students are expected to take 20 case histories and document these in Maternity copy by the end of maternity rotation.
- Maternity copy will be checked and marked by the concerned Gynae unit supervising maternity duty.
- These marks will be included in the ward test and final prof Block P examination.

INQUIRY BASED LEARNING:

- Maternity students are expected to see patients admitted in labour room.
- They should take case history, examine the patient with the help of doctor on duty.
- They can discuss their patients with on duty doctors.
- These case histories should be documented in their maternity notebooks.

While taking case histories in labour room, they should make following observations and find answers to these questions.

1. What was the clinical presentation of patient at the time of admission?
Note symptoms/signs which made the patient come to hospital.
2. What initial assessments were made? Note how these assessments helped in the management of the patient.
3. What method(s) of analgesia was/were used? Note any complications/difficulties/effectiveness of analgesics.
4. What monitoring was performed during labour?

- Note both maternal and fetal monitoring.
- Plot the progress of labour on the Labour care guide LCG.

5. What was the duration of the three stages of labour?
6. Was an episiotomy required? Note the reason for performing it.
7. How was the third stage managed?
 - Active management of third stage of labour (AMTSL)/Note drugs administered/how placental separation was confirmed/blood loss.
8. What was the outcome of labour?
 - Note sex of baby/birthweight/Apgar scores.
9. What care was performed after the delivery?
10. In the case of breast-feeding mothers, note the time of the first feed.
11. What preparation did the mother receive prior to her labour?

Note: (Senior PGR on duty in labour room check and sign their attendance, log books and written histories)

OPD TEACHING BY SNAPPS METHOD

- Students are given introductory session briefly about “SNAPPS” and its use by mnemonic.
- Then patient are allotted to students individually and they take their histories, do clinical examination and make one or two differential diagnosis and come in the teacher office and present the case.
- Then student do discussion with teacher/ preceptor about differential diagnose is and try to reach on final diagnosis, they can ask questions from teacher. Teacher then give about 05 minutes time for SDL (Self directed learning) about management plan of case presented which they do by sitting and studying in student area and then come back and answer the question about case.

FINAL YEAR MBBS

During Final year MBBS, students will be rotated block-wise in Gynae/Obstetrics, General Medicine, G. Surgery, LR/Gynae & Obs Emergency, Nephrology And Endocrinology.

Students will perform clinical rotation in batches, in one of the three wards (Gynae A, B & C wards) for 2 weeks. During this rotation students will be taught the clinical aspect of obs/gynae content of block P. At the end of ward rotation, ward test in the form of OSCE and long case presentation will be conducted.

02 WEEKS PLANNER FOR FINAL YEAR MBBS BLOCK “P” GAW

Time: Time 09: 00am to 12:30pm

PROF. DR. ANEESA FAWAD

HOD GYNAE-B UNIT

Day	Venue	Topic	Teacher Name
Wednesday	OPD	Briefing about CBL (CBL-1) IUD and preterm labour/PPROM SNAPPS	Prof Dr. Aneesa Fawad Dr. Bushra Khan Dr. Sadia Bibi
Thursday	GAW	PBL ➤ Pre- eclampsia ➤ Students are briefed about steps of PBL ➤ Each ward has panaflex of PBL for student and teacher guidance	Prof. Dr. Sadia Habib Dr. Sundus Nawaz
Friday	GAW	CBL – II Students come prepared (intrauterine death or Preterm Labour/PPROM) with their cases	Prof. Dr. Sadia Habib
Saturday	OPD	SNAPPS	Prof. Dr. Sadia Habib Dr. Bushra Zardad
Monday	GAW	PBL (Anemia in pregnancy)	Prof. Dr. Aneesa Fawad Dr. Bushra Khan
Wednesday	OPD	SNAPP	Prof. Dr. Aneesa Fawad Dr. Bushra Khan Dr. Sadia Bibi
Tuesday	GAW	CBL – II Preterm labour	Dr. Bushra Khan
Thursday	GAW	PBL – GDM	Prof. Dr. Aneesa Fawad
Saturday	OPD	SNAPP	Prof. Dr. Sadia Habib Dr. Quratul-Ain
Friday	GAW	Ward test (OSCE + Long case)	Dr. Bushra Khan + Consultant In Ward

Students will be briefed about CBL – I on first day of ward. They are divided into 02 subgroups of 08 – 10 students.

02 WEEKS PLANNER FOR FINAL YEAR MBBS BLOCK “P” GBW

Time: Time 09: 00am to 12:30pm

PROF.DR.SHEHLA NOOR

HOD GYNAE-B UNIT

	DAYS	TOPIC/METHOD	FACILITATOR
DAY-1	Monday	Preterm/prom CBL+ ward round	Dr. Humaira Jadoon In evening same topic to be reinforced
DAY-2	Tuesday (opd)	SNAPPS	OPD team/ Bed to bed round and discussion in the evening
DAY-3	Wednesday OT	PIH/ Eclampsia PBL Ward round	Dr. Ansa Islam In evening same topic to be reinforced
DAY-4	Thursday	Venous thromboembolism Flipped class room Ward round	Dr. Shandana Jadun In evening same topic to be reinforced
DAY-5	Friday	SNAPPS	OPD team
DAY-6	Monday	GDM Pbl-2 Ward round	Prof. Dr. Shehla Noor In evening same topic to be reinforced
DAY-7	Tuesday (OPD)	SNAPPS	OPD team Bed round and discussion in the evening
DAY-8	Wednesday	Anemia in pregnancy PBL-3 Ward round	Prof. Dr. Shehla Noor In evening same topic to be reinforced
DAY-9	Thursday	IUD/APH CBL Ward round	Dr. Ansa Islam In evening same topic to be reinforced
DAY-10	Friday	Ward test	Faculty on duty

02 WEEKS PLANNER FOR FINAL YEAR MBBS BLOCK “P” GCW

Time: Time 09: 00am to 12:30pm

PROF. DR. RUQIYA SULTANA

HOD GYNAE-C UNIT

Day	Venue	Topic	Teacher Name
Monday	GCW	IUGR Flipp classroom	Prof. Dr. Ruqiya Sultana
Tuesday	GCW	PBL ➤ Pre- eclampsia	Dr. Iram Sarwar
Wednesday	OPD	➤ SNAPPS	Prof. Dr. Ruqiya Sultana
Thursday	GCW	PBL	Dr. Attiya Khan
Friday	GCW	VTE Flipp classroom	Prof. Dr. Ruqiya Sultana
Monday	GCW	SNAPP	Prof. Dr. Ruqiya Sultana Dr. Attiya khan
Tuesday	GCW	PBL	Dr. Iram Sarwar
Wednesday	OPD	SNAPPS	Prof. Dr. Ruqiya Sultana Dr. Iram Sarwar
Thursday	GCW	+ PBL	Dr. Iram Sarwar
Friday	GCW	Ward test (OSCE + Long case)	Faculty/ consultants in ward

Evening topics for Final year

Time 4-6pm Venue: Gynae A, B & C wards

First Week		Second Week	
Monday	PPH	Monday	Obstructed Labour
Tuesday	Normal Labour Partogram	Tuesday	Cord Prolapse
Wenesday	APH	Wenesday	Shoulder Dystocia
Thursday	Puerperium (Normal +Abnormal)	Thursday	Breech Presentation
Friday	Operative Vaginal Delivery	Friday	cesarean section

Evening topics will be taught by PG-4 on duty as per duty rota displayed on ward notice board.

Renal III MODULE

THEMES

TABLE 1: THEMES AND DURATION

S. No	Themes	Duration in Hours
1	Facial swelling	4
2	Scanty Urine	6
3	Loin pain and dysuria	5
4	Pain and swelling of external genitalia	5

5.1 General Learning Outcomes

By the end of this module the students will be able to:

- 1) Discuss the diagnostic approach and management of an adult and a child with suspected glomerular disease.
- 2) Discuss the diagnostic approach and management of an adult and a child with acute and chronic renal disease.
- 3) Discuss the management of a patient with nephrocalcinosis.
- 4) Discuss the etiology, clinical features, and management of common electrolyte abnormalities.
- 5) Explain the diagnosis and management of a patient with hematuria and UTIs.
- 6) Explain the common diseases of the urogenital system.
- 7) Take history and perform a physical examination of urogenital system.
- 8) Counsel a patient with acute and chronic renal failure.

SPECIFIC LEARNING OBJECTIVES

Theme 1: Facial swelling

Subject	Topic	Hours	S. No	Domain of Learning	Learning objective
Medicine/ Nephrology	Investigations of renal diseases	1	1	Cognitive	Discuss the biochemical, radiological, hematological, and other specialized investigations and their interpretations in renal diseases.
	Approach to a facial swelling		2	Cognitive	Discuss the diagnostic workup and management approach for a patient with facial swelling of renal origin
			3	Psychomotor	Take history and perform physical examination of patient with facial swelling
	Minimal change disease	1	4	Cognitive	Explain the diagnostic workup and management and complications of a patient with Minimal change disease.
	Post streptococcal Glomerulonephritis		5	Cognitive	Explain the diagnostic workup and management and complications of a patient with Post-Streptococcal Glomerulonephritis.
	IgA Nephropathy		6	Cognitive	Explain the diagnostic workup and management and complications of a patient with IgA Nephropathy.
	Chronic glomerulonephritis	1	7	Cognitive	Explain the diagnostic workup and management and complications of a patient with Chronic glomerulonephritis
Pediatrics	Nephrotic Syndrome		8	Cognitive	Discuss the clinical presentation, the diagnostic workup and management for suspected GN and Nephrotic Syndrome in Pediatric patients.
			9	Psychomotor	Take a history from a patient with Nephrotic Syndrome.
			10	Psychomotor	Perform physical examination of a patient with suspected GN and Nephrotic Syndrome.
			11	Affective	Effectively counsel a child and his/her parents with nephrotic syndrome.

Theme-2: Scanty Urine

Subject	Topic	Hours	S. No	Domain of learning	Learning objectives
Medicine/N	Electrolyte	1	12	Cognitive	Explain the etiology, clinical features,

e phrology	disorders	1	13	Cognitive	diagnosis, and treatment of Hyper and Hyponatremia.
			14	Cognitive	Explain the etiology, clinical features, diagnosis, and treatment of hyper and hypokalemia.
			15	Cognitive	Explain the etiology, clinical features, diagnosis, and treatment of hyper and hypophosphatemia.
			16	Cognitive	Explain the etiology, clinical features, diagnosis and treatment of Metabolic acidosis and alkalosis and its associated compensations.
			17	Cognitive	Explain the etiology, clinical features, diagnosis and treatment of respiratory acidosis and alkalosis and its associated compensation.
	Blood Ph abnormalities	1	18	Cognitive	Discuss the diagnostic workup and management approach for a patient with oliguria and anuria.
	Uremia		19	Cognitive	Discuss the pathophysiological mechanisms, clinical manifestations, investigations, and management of a patient with Uremia.
	Chronic Kidney Injury		20	Cognitive	Explain the diagnostic workup and management and complications of a patient with Chronic Kidney Injury
Pediatrics	Acute Kidney Injury (AKI)	1	21	Cognitive	Discuss the clinical presentation, the diagnostic workup and management for Acute Kidney Injury in Pediatric patients.
	Chronic Renal Failure (CKD)	1	22	Cognitive	Discuss the clinical presentation, the diagnostic workup and management for Chronic Renal Failure in Pediatric patients.

Theme-3: Loin pain and dysuria

Subject	Topic	Hours	S. No	Domain of learning	Learning objectives
Medicine/ Nephrology	Approach to blood in urine	0.5	23	Psychomotor	Take a history from a patient presenting with blood in the urine.
			24	Psychomotor	Perform a physical examination of a patient with blood in the urine.

	(haematuria)		25	Cognitive	Discuss the diagnostic workup and management approach for a patient blood in urine.
	Loin pain and dysuria	0.5	26	Cognitive	Discuss the diagnostic workup and management approach for a patient with loin pain and dysuria.
	Acute pyelonephritis	1	27		Discuss the diagnostic workup and management approach for a patient with acute pyelonephritis.
	Acute and chronic prostatitis	1	28	Cognitive	Discuss the diagnostic workup and management approach for a patient with acute and chronic prostatitis
Surgery	Nephrolithiasis	1	29	Cognitive	Explain the etiology, risk factors, types, approach, investigations, treatment, and prevention of Nephrolithiasis
			30	Psychomotor	Take a history from a patient presenting with acute Flank and loin pain.
			31	Psychomotor	Perform a physical examination of a patient with acute Flank, and loin pain.
			32	Affective	Counsel a patient presenting with nephrolithiasis.
	Dysuria	1	33	Cognitive	Discuss the diagnostic workup for Dysuria.
			34	Cognitive	Discuss the management options for a patient with Dysuria
	Hematuria		35	Cognitive	Discuss the diagnostic workup for Hematuria.
36			Cognitive	Discuss the management options for a patient with Hematuria.	

Theme-4: Pain and swelling of external genitalia

Subject	Topic	Hours	S. No	Domain of learning	Learning objectives
Surgery	Testicular torsion	1	37	Cognitive	Discuss the diagnostic workup for Testicular torsion
			38	Cognitive	Discuss the management options for a patient with Testicular torsion.
	Hydrocele		39	Cognitive	Discuss the diagnostic workup for Hydrocele.
			40	Cognitive	Discuss the management options for a patient with Hydrocele.
	Testicular tumors	1	41	Cognitive	Explain the diagnostic workup and management and complications of a patient with suspected Testicular tumors.
Epididymo-		42	Cognitive	Discuss the diagnostic workup for	

	orchitis				Epididymo-orchitis.
			43	Cognitive	Discuss the management options for a patient with Epididymo-orchitis.
Pediatric surgery	Hypospadias	1	44	Cognitive	Discuss the types, complications, and management of a child with Hypospadias.
Urology	Male infertility	1	45	Cognitive	Discuss the diagnostic approach and management options for a male patient with infertility.
Medicine/ Nephrology	Sexually transmitted infections	1	46	Cognitive	Classify STDs and enlist their treatment options.
			47	Cognitive	Discuss the management approach of a patient with a new onset lesion on the genitalia.

**ENDOCRINE & REPRODUCTION III MODULE
THEMES**

S. No	Themes	Duration in Hours
1	Tall/Short Stature	3
2	Neck Swelling and Muscle cramps	5
3	Excessive Thirst & Urination	8
4	Moon Face	4
5	Pregnancy and Breast Lump	20

General Learning Outcomes

By the end of this module the students will be able to:

1. Discuss the clinical conditions resulting in Tall/short stature and its management.
2. Discuss the clinical conditions causing Excessive thirst and Urination and its management.
3. Discuss the clinical conditions resulting in Infertility and its management.
4. Discuss pathophysiology of Pregnancy, its Management, and complications.
5. Discuss the development of fetus, its growth, and complications.
6. Discuss the pathophysiology of Obstetrics emergencies, its Management, and complications.

Specific Learning Outcomes

Theme-1: Tall / short stature				
Subject	Topic	Hours needed	Domain of learning	Learning Objectives
Medicine	Anterior pituitary gland	1	Cognitive	Discuss the diagnostic approach and management of a patient with tall stature.
	Posterior pituitary gland	1	Cognitive	Discuss the approach consideration of a patient with polydipsia
			Cognitive	Explain the diagnostic approach and treatment of a patient with Diabetes insipidus.
Pediatrics	Short stature	1	Cognitive	Discuss the diagnostic approach and management of a child with short stature.
Theme-2: Neck swelling and muscle cramps				
Subject	Topic	Hours needed	Domain of learning	Learning Objectives
Medicine	Thyroid gland and disorders	1	Cognitive	Discuss the diagnostic approach, management, and complications of a patient with suspected hyperthyroidism.
		1	Cognitive	Discuss the diagnostic approach, management, and complications of a patient with suspected hyperthyroidism.
	Parathyroid gland	1	Cognitive	Discuss the diagnostic approach, management, and complications of a patient with tetany.
			Psychomotor	Take history and perform physical examination of a patient with goitre.
			Affective	Counsel a patient with goitre.
Surgery	Thyroid nodule	1	Cognitive	Explain the diagnostic approach, management, and complications of multinodular goitre.
			Cognitive	Explain the diagnostic approach, and management of a patient with solitary thyroid nodule.
			Psychomotor	Perform thyroid examination
Pediatrics	Thyroid disorders	1	Cognitive	Explain the neonatal screening for hypothyroidism

			Cognitive	Explain the diagnostic approach and management of a child with suspected Cretinism
			Cognitive	Discuss the complications of Cretinism
			Psychomotor	Take history and perform physical examination of a child with hypothyroidism/cretinism.

Theme-3: Excessive thirst and urination

Subject	Topic	Hours needed	Domain of learning	Learning Objectives
Medicine	Diabetes Mellitus	1	Cognitive	Explain the diagnostic approach, screening and management of a patient with suspected Diabetes Mellitus.
		1	Cognitive	Elaborate the pharmacological and non-pharmacological management strategies in the management of type-1 and type-2 DM.
		1	Cognitive	Elaborate the acute and chronic complications of DM and their Management
		1	Cognitive	Discuss the diagnostic approach, management, and complications of hyperglycaemic syndromes in Diabetic patients.
			Cognitive	Explain the diagnosis, management and complications of a diabetic patient presenting with hypoglycaemias.
			Psychomotor	Take history and perform physical examination of a patient with Type 2 DM.
			Affective	Counsel a newly diagnosed patient with DM.
Family medicine	Diabetes mellitus-general practice management		Cognitive	Explain the management strategies of a diabetic patient in general practice including the psychosocial impact of disease on patient and their families.
				Describe the strategies for prevention of diabetes mellitus and its complications.
				Identify the red flags in a diabetic patient and appropriately refer to speciality care when required.

Surgery	Diabetic foot ulcers	1	Cognitive	Discuss the classification, investigations, management, and complications of diabetic foot ulcers
			Psychomotor	Examine and stage a diabetic foot ulcer
Nephrology	Diabetic nephropathy	1	Cognitive	Explain the pathogenesis, clinical features, complications, short and long-term management of Diabetic Nephropathy
Pediatrics	Type-1 DM	1	Cognitive	Explain the diagnostic approach, screening, and management of a Child with suspected Type-1 Diabetes Mellitus
			Psychomotor	Take history and perform physical examination of a patient with Type 2 DM
			Affective	Counsel a newly diagnosed patient and parents with type 1 DM

Theme-3: Moon face and obesity

Subject	Topic	Hours needed	Domain of learning	Learning Objectives
Medicine	Cushing`s syndrome	1	Cognitive	Discuss the diagnosis, management, and complications of a patient with suspected Cushing`s syndrome.
		1	Cognitive	Explain the Dexamethasone suppression test in terms of its indications and interpretation.
			Cognitive	Explain the protocol of steroids withdrawal in a patient with steroids abuse.
			Psychomotor	Take history and perform physical examination of a patient with Cushing`s syndrome.
	Addison`s disease	1	Cognitive	Discuss the diagnosis, management, and complications of a patient with suspected Addison`s disease (both primary and secondary).
Cognitive			Explain the concept of steroids replacement in terms of its	

				indications and precautions.
	Obesity	1	Cognitive	Discuss the etiology, complications, medical and surgical approaches to the management of obesity.
			Psychomotor	Take history and perform physical examination of a patient with morbid obesity.
			Affective	Counsel a morbidly obese patient regarding the complications and lifestyle management.

Theme-5: Pregnancy and breast feeding

Subject	Topic	Hours needed	Domain of learning	Learning Objectives	
Gynaecology and Obstetrics	Obstetrics history and examination		Psychomotor	Take an obstetric history and perform abdominal, pelvic, and obstetric examination of a pregnant lady.	
			Psychomotor	Measure and interpret blood pressure in a pregnant lady	
			Psychomotor	Examine the breast of a full-term pregnant female	
			Psychomotor	Perform urine examination via dipstick technique for pregnancy, glucose, urine, and bacteria	
	Antenatal care	1	Cognitive	Define and explain the aims of antenatal care	
			Cognitive	Discuss the components of antenatal care	
			Cognitive	Explain different types of screening tests during antenatal care	
			1	Cognitive	Discuss the maternal and neonatal complications associated with increased BMI in pregnancy
				Cognitive	Identify high risk women of developing pre-eclampsia, preterm birth, fetal growth restriction, and vitamin D deficiency
			Psychomotor	Perform and record proper antenatal check-ups	
	Affective	Counsel a pregnant lady about the complications of pregnancy			
	Assessment of fetal wellbeing	1	Cognitive	Explain the methods of assessment of fetal wellbeing	
Cognitive			Explain the types and diagnosis of fetal abnormalities		

	Prenatal diagnosis	1	Cognitive	Explain the reasons, classification, and methods of prenatal diagnosis
	Antenatal maternal and obstetric complications	1	Cognitive	Discuss musculoskeletal, gastroenterological, and haematological problems associated with pregnancy.
			Cognitive	Discuss the risk factors and management of venous thromboembolism in pregnancy.
		1	Cognitive	Explain the causes, complications, and management of polyhydromnias and oligohydromnias.
			Cognitive	Discuss the etiology, complications and management of fetal malpresentations.
		1	Cognitive	Explain the approach and management of a pregnant lady with antepartum bleeding.
			Cognitive	Discuss the etiology, prevalence, management, and prevention of Rh isoimmunization.
	Preterm labor x PROM x PPRM	1	Cognitive	Discuss the etiology, complications, and management of preterm labor.
Family medicine/ Obstetrics	Hypertensive disorders in pregnancy	1	Cognitive	Classify hypertension in pregnancy and disorders of hypertension in pregnancy.
			Cognitive	Discuss the diagnostic approach, management, complications and prevention of Pre-eclampsia and Eclampsia
Family medicine/ Obstetrics	Diabetes mellitus and pregnancy	1	Cognitive	Explain the management of a pregnant lady with gestational DM and overt DM
Obstetrics	Perinatal infections	1	Cognitive	Classify prenatal infections.
			Cognitive	Explain the screening and preventive strategies of common perinatal infections.
	Labour	1	Cognitive	Explain the management of normal labour at different stages
			Cognitive	Explain the management of abnormal labour at different stages
		1	Cognitive	Discuss the indications and complications of analgesia and anaesthesia in labour.
		1	Cognitive	Discuss the management of labour at special circumstances like uterine scar, fetal malposition's, and

				multiple pregnancies,
			Cognitive	Explain the types, indications, and complications of operative deliveries.
			Cognitive	Discuss the indications and complications of Caesarian section
			Psychomotor	Observe normal labour and assisted deliveries.
	Management of labor in special	1	Cognitive	Discuss the management of labor at special circumstances like
	circumstances			uterine scar, fetal malpositions, fetal death, multiple pregnancies, and post-date pregnancies
			Cognitive	Explain the types, indications, and complications of operative deliveries.
			Cognitive	Discuss the indications and complications of Caesarian section.
			Psychomotor	Observe normal labor and assisted deliveries.
	Obstetric emergencies	1	Cognitive	Classify obstetric emergencies.
			Cognitive	Discuss the management of sepsis in pregnancy
			Cognitive	Explain the management and complications of placental diseases in a pregnant woman.
			Psychomotor	Observe a normal delivery
	Postpartum bleeding	1	Cognitive	Discuss the etiology, diagnostic and management approach to a patient with postpartum haemorrhage.
	Puerperium		Cognitive	Classify puerperal disorders and their management
Psychiatry	Psychiatric disorders in Pregnancy and puerperium	1	Cognitive	Classify different psychiatric disorders in pregnancy and puerperium.
			Cognitive	Discuss the management of puerperal psychosis and depression
			Affective	Counsel a patient and her family with postpartum psychosis/depression.
Pediatrics	The neonate	1	Cognitive	Discuss the types and management of common problems of preterm and term babies
			Cognitive	Discuss the principles of neonatal care
			Psychomotor	Observe the care of a neonate in nursery
			Psychomotor	Take history and perform physical

				examination of a neonate
Surgery	Breast diseases	1	Cognitive	Discuss approach to a patient with breast lump emphasizing on diagnostic work-up of different breast pathologies (complexity of benign and malignant breast diseases) including imaging and procedures.
		1	Cognitive	Discuss the diagnostic approach and management of a patient with nipple discharge.
			Psychomotor Skills	Perform a Clinical breast examination by all techniques including “radial wagon wheel” and “spoke” method
			Affective domain	Counsel a patient with breast cancer about the diagnosis, management, and screening of her family members.



1. Examination and Methods of Assessment:

The year-5 will be assessed in 4 blocks

- 1) Block-1 (Foundation-3, Blood and Immunology-3, and MSK-3) will be assessed in **Paper-N**
- 2) Block-2 (Cardiorespiratory-3) will be assessed in **Paper-O**.
- 3) **Block-3 (Renal-3 and Endocrine and Reproduction-3) will be assessed in Paper-P.**
- 4) Block-4 (Neurosciences-3, GIT and Hepatobiliary-3 and Multisystem-2) will be assessed in **Paper-Q**.
- 5) Each written paper consists of 120 MCQs.
- 6) Internal assessment will be added to final marks in KMU as shown in table-9
- 7) **In OSCE, each station will be allotted 6 marks, and a total of 120 (+10% marks of internal assessment {18 marks}) marks are allocated for each OSCE examination. Practical assessment will be in the form of OSCE (+embedded Short cases and OSLER (Objective Structured Long Examination Record). The details of each section are given in the tables below.**

Section-A Total Marks Distribution Scheme

Table 1: Distribution of marks in the final year professional examination

Year 5 Professional Exam in System-based Curriculum							
Theory paper	Modules	Theory marks	Internal assessment theory (10%)	OSCE	Structured Long-case)	Internal Assessment OSPE/OSPE (10%)	T. Marks
Paper N	Foundation-3 Blood-3 MSK-3	120	12	120	30	18	300
Paper O	Cardiopulmonary-3	120	12	120	30	18	300
Paper P	Renal-3 Endocrine and Reproduction-3	120	12	120	30	18	300
Paper Q	Neurosciences-3 GIT-3 Multisystem-2	120	12	120	30	18	300
Total Marks		480	48	480	120	72	1200

Section-B
Theory Examination Scheme

Table-2: Paper-P (Renal-3, Endocrine & Reproduction-3)

Block	Module	Subjects hours	Subject MCQs	Total MCQs	Paper MCQs
P	Renal-3	Medicine/Nephrology	22	40	120
		Surgery/Urology	10		
		Pediatrics	6		
		Pediatric surgery	2		
	Endocrine and Reprouction-3	Medicine/ Family medicine	12	80	
		Obstetrics	56		
		Surgery	8		
	Paediatrics	4			

Section-B
Practical Examination Scheme

Table 6: OSCE station distribution of different subjects

BLOCK-P (TOTAL STATIONS=20 and 6 marks/station)					
Subjects	OSCE stations	Viva stations	Short cases	Logbook and history books (1-station)	Structured Long case. OSLER -30 marks)
Gynaecology	7	1	2	Gynaecology And Obstetrics	Gynaecology And Obstetrics
Medicine+ Endocrinology	2	1	1		
Paediatrics	1	1	0		
Surgery	1	1	1		
Total	11	4	4	1	1



2. Learning Opportunities and Resources

a. INSTRUCTION

- 2 The following are the recommended sources of further reading. This is not a comprehensive list. Please feel free to discuss with your teacher if you want to consult other sources. Please interact with patients as much as you can. The doctors on duty shall be there to guide you and to answer your questions.

b. Books

c. Website

d. Articles:

Recommended Learning Resources:

1. Obstetrics by Ten teachers, 20th edition
2. Oxford hand book of Obstetrics & Gynaecology 3rd edition
3. Text book of Obstetrics and Gynaecology by Prof. Dr. Aziz-un-Nisa Abasi
4. Text book of Obstetrics and Gynaecology by Rashid Lateef
5. Dewhurst's text book of Obstetrics & Gynaecology by D. Keith Edmonds 9/10th edition

3. TIMETABLES

DEPARTMENT OF GYNECOLOGY & OBSTETRICS

GENERAL TIMETABLE FOR BLOCK P

BLOCK P, (Renal III, and Endocrine & Reproduction III MODULES)

This is just an overview of block P timetable (TT). Final Dates of the TT will be shared 2 weeks before the start of BLOCK P

WEEK 01

Days	8:00 AM to 9:00 AM	9:00 AM to 12:45 PM	1:15 PM To 2:00 PM	2:00 PM To 3:00 PM
Monday	Gynae Dr. Iram Sarwar Obesity of pregnancy	Hospital	Gynae Prof. Dr. Sadia Habib A/N care	Gynae Prof. Dr. Sadia Habib A/N care
Tuesday	Gynae Dr. Iram Sarwar C/ section	Hospital	Medicine Dr. Akhtar Hussain Anti pituitary gland	Nephrology Dr. Ayesha Investigation of renal disease
Wednesday	Gynae Dr. Ansa Islam Hypertensive disorder in pregnancy I	Hospital	Gynae Prof. Dr. Sadia Habib Normal puerperium	Surgery Dr. Kashif Rafique Thyroid disorder
Thursday	Gynae Dr. Ansa Islam Hypertensive disorder in pregnancy II	Hospital	Gynae Prof. Dr. Sadia Habib Puerperal disorders	Peds. Dr. Ali Raza Diabetes mellitus II
Friday	Hospital Duty		Prayer Time	SDL

WEEK 02

Days	8:00 AM to 9:00 AM	9:00 AM to 12:45 PM	1:15 PM To 2:00 PM	2:00 PM To 3:00 PM
Monday	Peds Dr. Ali Raza Diabetes mellitus I	Hospital Duty	Gynae Prof. Dr. Shehla Noor Normal labour I	Gynae Dr. Attiya Bibi Diagnosis of fetal abnormalities
Tuesday	Medicine (Renal) Dr. Ayesha Minimal change disease PSGN, IGA nephropathy	Hospital Duty	Gynae Prof. Dr. Shehla Noor Normal labour II	Medicine Dr. Nighat Jamal Diabetes mellitus I
Wednesday	Gynae Prof. Dr. Shehla Noor Abnormal labour I	Hospital Duty	Medicine Dr. Akhtar Hussain Post pituitary gland	Surgery Dr. Behre Room Diabetic foot
Thursday	Gynae Prof. Dr. Shehla Noor Abnormal labour II	Hospital Duty	Gynae Dr. Shandana Oligospermia	Surgery (Renal) Dr. Yousaf Testicular torsion, hydrocele, Hypospadias
Friday	Hospital Duty		Prayer Time	SDL

WEEK 03

Days	8:00 AM to 9:00 AM	9:00 AM to 12:45 PM	1:15 PM To 2:00 PM	2:00 PM To 3:00 PM
Monday	Gynae Dr. Ansa Islam Thromboembolism in pregnancy I (LH-2)	Hospital Duty	Medicine Thyroid disorder I Dr. Akhtar (LH-2)	Surgery Dr. Ghazala Breast disease I (LH-2)
Tuesday	Moharram Holidays			
Wednesday				
Thursday	Gynae Dr. Ansa Islam Thromboembolism in pregnancy II (LH-2)	Hospital Duty	Gynae Prof. Dr. Sadia Habib Vacuum delivery (LH-2)	Gynae Prof. Dr. Sadia Habib Forecep delivery (LH-2)
Friday	Hospital Duty		Prayer Time	

Week 04

Days	8:00 AM to 9:00 AM	9:00 AM to 12:45 PM	1:15 PM To 2:00 PM	2:00 PM To 3:00 PM
Monday 22.07.2024	Gynae Prof. Dr. Ruqqa Sultana Anaemia, Thalasemia in pregnancy I (LH-2)	Hospital Duty	Gynae Dr. Humaira Jadoon Preterm labour (LH-2)	Medicine Dr. Nighat Jamal Diabetes II (LH-2)
Tuesday	Gynae Prof. Dr. Ruqqa Sultana Anaemia, Thalasemia in pregnancy II (LH-2)	Hospital Duty	Gynae Dr. Humaira Jadoon Prom preprom (LH-2)	Gynae Dr. Attiya Bibi Assessment of fetal well being (LH-2)
Wednesday	Gynae Prof. Dr. Ruqqa Sultana Sicklecell Anaemia/ Thrombocytopenia in pregnancy (LH-2)	Hospital Duty	Medicine Dr. Haider Zaman Diabetes in pregnancy (LH-2)	Medicine Dr. Akhter Thyroid deceases II (LH-2)
Thursday	Peads Dr. Toseef Ahmed Short stature (LH-2)	Hospital Duty	Surgery Dr. Ghazala Bhatti Breast diseases II (LH-2)	Gynae Dr. Attiya Bibi Diagnosis of fetal abnormalities (LH-2)
Friday	Hospital Duty		Prayer Time	

Week 05

Days	8:00 AM to 9:00 AM	9:00 AM to 12:45 PM	1:15 PM To 2:00 PM	2:00 PM To 3:00 PM
Monday	Gynae Dr. Iram Sarwar Diabetes in pregnancy I	Hospital Duty	Gynae Prof. Dr. Ruqqa Sultana Maternal collapse (LH-2)	Medicine Dr. Haider Zaman Cushing syndrome I (LH-2)
Tuesday	Gynae Dr. Iram Sarwar Diabetes in pregnancy II		Medicine (Renal) Dr. Yasir Gilani Approach to blood in urine (Loain pain, dysuria) (LH-2)	Medicine Dr. Haider Zaman Cushing syndrome II (LH-2)
Wednesday	Gynae Dr. Iram Sarwar PPH		Gynae Dr. Attiya Bibi Prenatal diagnosis	Peads (Renal) Dr. Madiha Acute renal injury Peads patients (LH-2)
Thursday 01.08.2024	Gynae Dr. Bushra Khan Fetal mal presentation		Medicine Dr. Haider Zaman Addison's diseases	Peads Dr. Ejaz Hussain Thyroid disorder (LH-2)
Friday	Hospital Duty		Prayer Time	

WEEK 06

Days	8:00 AM to 9:00 AM	9:00 AM to 12:45 PM	1:15 PM To 2:00 PM	2:00 PM To 3:00 PM
Monday	Gynae Dr. Ansa Islam Obs/ emergency (Ruptured uterus) (LH-2)	Hospital Duty	Gynae Prof. Dr. Ruqqa Sultana Multiple pregnancy I (LH-2)	Medicine (Renal) Dr. Yasir Galani Scanty urine, Uremia (LH-2)
Tuesday	Gynae Dr. Ansa Islam Obs/ emergency (Uterine in version) (LH-2)		Gynae Prof. Dr. Ruqqa Sultana Multiple pregnancy II (LH-2)	Family medicine Dr. Akhter Pera thyroid gland disorder (LH-2)
Wednesday	Gynae Dr. Bushra Khan Liver disorder in pregnancy (Hepatis cholestesis, AFL) (LH-2)		Peads (renal) Dr. Madiha Chronic renal failure (LH-2)	Urology Dr. Nasir Jameel Testicular cumors, epidydmritis (LH-2)
Thursday	Gynae Dr. Attiya Bibi Jaundics in pregnancy (Hepatitis) (LH-2)		Medicine Dr. Nighat Jamal Obesity (LH-2)	Surgery Dr. Ismail Nephrolithiasis, dysurine Haematuria (LH-2)
Friday	Hospital Duty		Prayer Time	

WEEK 07

Days	8:00 AM to 9:00 AM	9:00 AM to 12:45 PM	1:15 PM To 2:00 PM	2:00 PM To 3:00 PM
Monday	Peads Dr. Raza Shah Neonate	Hospital Duty	Gynae Dr. Shandana Hyperemesis gravidarum	Medicine (Renal) Dr. Yasir Galani Chronic renal injury
Tuesday	Medicine (Renal) Dr. Fakhar Zaman Blood PH abnormality		Gynae Dr. Shandana V BACK	Medicine (Renal) Dr. Farhat Naz Acute pyelonephirities
Wednesday	Independence day (Holiday)			
Thursday	Gynae Dr. Humaira Jadoon Analgesia/ Anesthesia in pregnancy	Hospital Duty	Medicine (Renal) Dr. Fakhar Zaman Acute/ chronic prostatitis	Gynae Dr. Bushra Khan Perinatal infection
Friday	Hospital Duty		Prayer Time	

WEEK 08

Days	8:00 AM to 9:00 AM	9:00 AM to 12:45 PM	1:15 PM To 2:00 PM	2:00 PM To 3:00 PM
Monday	Urology Dr. Amin Ullah Male in inferplity (LH-2)	Hospital Duty	Dr. Aftab Alam Psychosexual disorder in pregnancy I (LH-2)	Gynae Dr. Humaira Jadoon RH incompatibility (LH-2)
Tuesday 20.08.2024	Dr. Aftab Alam Psychosexual disorder in pregnancy II (LH-2)		Gynae Dr. Shandana Oligohydromnios (LH-2)	Gynae Dr. Shandana Polyhydromnios (LH-2)
Wednesday	Medicine Dr. Akhtar Pituitaray (LH-2)		Gynae Dr. Attiya Bibi Sepsis in pregnancy (LH-2)	Peads Dr. Madiha Nephrotic syndrome (LH-2)
Thursday	Gynae Dr. Bushra Khan APH (LH-2)		Medicine (Renal) Dr. Toqeer Electrolyte disorder I (LH-2)	Medicine (Renal) Dr. Toqeer Electrolyte disorder II (LH-2)
Friday	Hospital Duty		Prayer Time	

WEEK 09

Days	8:00 AM to 9:00 AM	9:00 AM to 12:45 PM	1:15 PM To 2:00 PM	2:00 PM To 3:00 PM
Monday	Psychosexual Dr. Aftab Alam Psychaitric disorder in puerpureum I (LH-2)	Hospital Duty	Gynae Dr. Bushra Khan Breech presentation (LH-2)	Medicine Dr. Nighat Jamal Diabetes mellitus general practice I (LH-2)
Tuesday	Psychosexual Dr. Aftab Alam Psychaitric disorder in puerpureum II (LH-2)		Gynae Dr. Shandana IUD (LH-2)	Medicine Dr. Nighat Jamal Diabetes mellitus general practice II (LH-2)
Wednesday	Medicine Dr. Hadir Zaman Hypertensive disorder in pregnancy I (LH-2)		Gynae Dr. Shandana Post date pregnancy (LH-2)	Medicine Dr. Akhtar Diabetes mellitus (LH-2)
Thursday	Medicine Dr. Hadir Zaman Hypertensive disorder in pregnancy II (LH-2)		Medicine (Renal) Dr. Toqeer Sexually transmuted disease I (LH-2)	Medicine (Renal) Dr. Toqeer Sexually transmuted disease I (LH-2)
Friday	Hospital Duty		Prayer Time	

Timetable For Clinical Rotations of Final Year MBBS 2025 BLOCK P

- There are approx. 275 students in final Year MBBS.
- Students will be divided into 4 main batches i.e A, B, C & D.
- Each main batch consist of approx. 69 students.
- The main batches are further subdivided into following sub batches; A1, A2 & A3, B1, B2 & B3, C1, C2 & C3, D1, D2 & D3.
- Each sub-batch consist of approx. 23 students.
- Students will rotate within the four specialties in each block. The duration of the rotation is decided according to the content of the block.
- Students are not allowed to switch rotations into other specialties apart from their scheduled rotation.

BLOCK-WISE ROTATION FOR BLOCK P (10-Days Rotation)

Dates	MEDICINE 10 DAYS			SURGERY 10 DAYS			GYNAE & OBS 10 DAYS			Allied 10 days (3-4 days in each of the following disciplines)		
	Med A	Med B	Med C	Surg A	Surg B	Surg C	Gynae A	Gynae B	Gynae C	OBGY ER/ Labor Room	Nephrology (Medical D)	Endocrinology
	A3	A1	A2	B3	B1	B2	C3	C1	C2	D		
	D3	D1	D2	A3	A1	A2	B3	B1	B2	C		
	C3	C1	C2	D3	D1	D2	A3	A1	A2	B		
	B3	B1	B2	C3	C1	C2	D3	D1	D2	A		

Further Break-up for Block P Allied rotations (2024)			
Dates	OBGY ER/ Labor Room	Nephrology (Medical D)	Endocrinology
	D1	D2	D3
	D3	D1	D2
	D2	D3	D1
	C1	C2	C3
	C3	C1	C2
	C2	C3	C1
	B1	B2	B3
	B3	B1	B2
	B2	B3	B1
	A1	A2	A3
	A3	A1	A2
	A2	A3	A1

4. For inquiry and troubleshooting

Please contact

1. Prof. Dr. Sadia Habib

Chairpersongynae@ayubmed.edu.pk

2. Prof. Dr. Shehla Noor

Head Of Gynae B Unit

3. Prof. Dr. Aneesa Fawad

Head Of Gynae A Unit

4. Prof. Dr. Ruqiyya Sultana

Head Of Gynae C Unit

5. Prof. Dr. Ansa Islam (GBW)

6. Prof Dr. Iram Sarwar (GCW)

7. Dr. Attiya Khan (GCW)

8. Dr. Quratulain Munir (GAW)

9. Dr. Yasmin Akhter (GCW)



5. Course Feedback Form

COURSE TITLE: _____

Semester/Module _____

Dates: _____

Please fill the short questionnaire to make the course better.

Please respond below with 1, 2, 3, 4 or 5, where 1 and 5 are explained.

THE DESIGN OF THE MODLUE

- | | | | | | |
|--|---|---|--------------------------|--------------------------|--------------------------|
| A. Were objectives of the course clear to you? | Y | N | <input type="checkbox"/> | <input type="checkbox"/> | |
| B. The course contents met with your expectations | | | | | <input type="checkbox"/> |
| 1. Strongly disagree | | | | 5. Strongly agree | |
| C. The lecture sequence was well-planned | | | | | <input type="checkbox"/> |
| 1. Strongly disagree | | | | 5. Strongly agree | |
| D. The contents were illustrated with | | | | | <input type="checkbox"/> |
| 1. Too few examples | | | | 5. Adequate examples | |
| E. The level of the course was | | | | | <input type="checkbox"/> |
| 1. Too low | | | | 5. Too high | |
| F. The course contents compared with your expectations | | | | | <input type="checkbox"/> |
| 1. Too theoretical | | | | 5. Too empirical | |
| G. The course exposed you to new knowledge and practices | | | | | <input type="checkbox"/> |
| 1. Strongly disagree | | | | 5. Strongly agree | |
| H. Will you recommend this course to your colleagues? | | | | | <input type="checkbox"/> |
| 1. Not at all | | | | 5. Very strongly | |

THE CONDUCT OF THE MODLUE

- | | | | | | |
|--|--|---|--------------------------|--------------------------|--------------------------|
| A. The lectures were clear and easy to understand | | | | | <input type="checkbox"/> |
| 1. Strongly disagree | | | | 5. Strongly agree | |
| B. The teaching aids were effectively used | | | | | <input type="checkbox"/> |
| 1. Strongly disagree | | | | 5. Strongly agree | |
| C. The course material handed out was adequate | | | | | <input type="checkbox"/> |
| 1. Strongly disagree | | | | 5. Strongly agree | |
| D. The instructors encouraged interaction and were helpful | | | | | <input type="checkbox"/> |
| 1. Strongly disagree | | | | 5. Strongly agree | |
| E. Were objectives of the course realized? Y | | N | <input type="checkbox"/> | <input type="checkbox"/> | |
| F. Please give overall rating of the course | | | | | |

90% - 100% ()	60% - 70% ()
80% - 90% ()	50% - 60% ()

70% - 80% ()

below50% ()

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

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!!