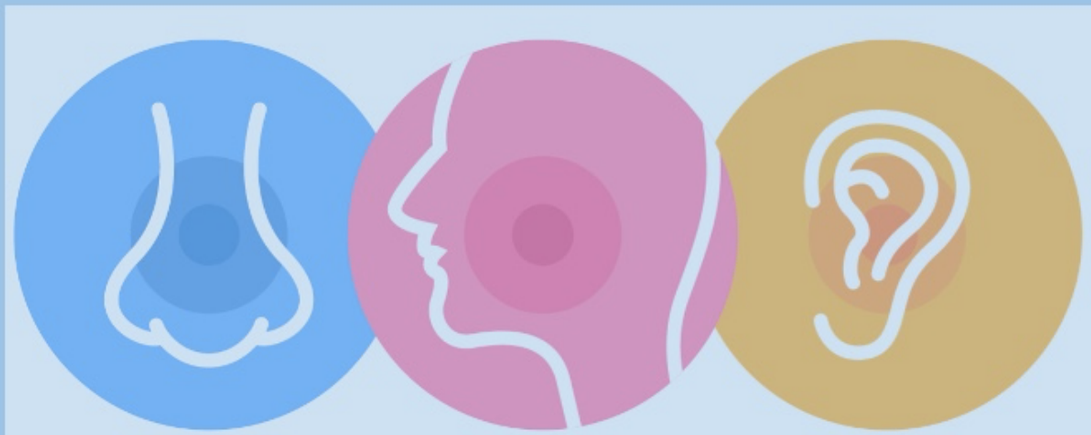
Rawalpindi Medical University

Otorhinolaryngology Module

Integrated Clinically Oriented Modular Curriculum

4th Year MBBS 2023 (Revised)



Department of Medical Education

Fourth Year MBBS 2023 (Revised)

Study Guide

Otorhinolaryngology (ENT) Module

Table of Contents

1.Otorhinolaryngology Module Team

Module Name : Otorhinolaryngology Module
Duration of module : 04 Weeks

Module Committee			Module Task Force Team		
1.	Vice Chancellor RMU	Prof. Dr. Muhammad Umar	1.	Coordinator	Dr. Ashar Alamgir (Assistant Professor of ENT)
2.	Director DME	Prof. Dr. Rai Muhammad Asghar	2.	DME Focal Person	Dr. Maryum Batool
3.	Convener Curriculum	Prof. Dr. Naeem Akhter			
4.	Dean Basic Sciences	Prof. Dr. Ayesha Yousaf			
5.	Additional Director DME	Prof. Dr. Ifra Saeed			
6.	Chairperson Otorhinolaryngology	Prof Nousheen Qureshi			
7.	Chairperson Community Medicine	Prof. Dr. Arshad Sabir	**DME Implementation Team**		
			1.	Director DME	Prof. Dr. Rai Muhammad Asghar
8.	Focal Person Otorhinolaryngology	Dr Huma	2.	Add. Director DME	Prof. Dr. Ifra Saeed
9.	Focal Person Community Medicine	Dr Sana	3.	Deputy Director DME	Dr Shazia Zaib
			4.	Module planner & Implementation coordinator	Dr. Omaima Asif
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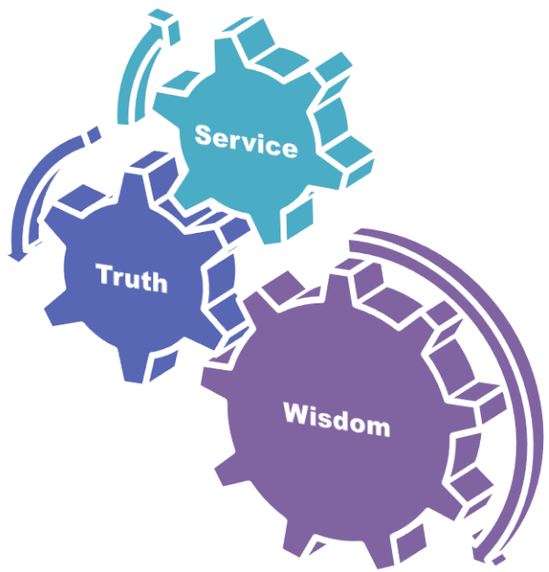
2.University Motto, Vision, Values & Goals

RMU Motto



Mission Statement

To impart evidence-based research-oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability.

Vision and Values

Highly recognized and accredited centre of excellence in Medical Education, using evidence-based training techniques for development of highly competent health professionals, who are lifelong experiential learner and are socially accountable.

Goals of the Undergraduate Integrated Modular Curriculum

The Undergraduate Integrated Learning Program is geared to provide you with quality medical education in an environment designed to:

- Provide thorough grounding in the basic theoretical concepts underpinning the practice of medicine.
- Develop and polish the skills required for providing medical services at all levels of the Health care delivery system.
- Help you attain and maintain the highest possible levels of ethical and professional conduct in your future life.
- Kindle a spirit of inquiry and acquisition of knowledge to help you attain personal and professional growth & excellence.

3.Otorhinolaryngology Module Outcomes

Introduction: Otorhinolaryngology module provides integration of core concepts that underlie the foundation of basic sciences and their use in clinical medicine. This will eventually lead to develop critical thinking for integration and application of basic knowledge for clinical application.

Rationale: The Otorhinolaryngology module is designed to impart basic knowledge about Otorhinolaryngology and Community Medicine. This knowledge will serve as a base on which the student will construct further knowledge about the etiology, pathogenesis and prevention of diseases; the principles of their therapeutics and management.

Module Outcomes

Each student will be able to:

Knowledge

Acquire knowledge about the basic terminologies used in Otorhinolaryngology and Community Medicine as well as the concepts of diseases in the community

- Use technology based medical education including **Artificial Intelligence.**
- Appreciate concepts & importance of
  - **Research**
  - **Biomedical ethics**
  - **Family medicine**

Skills

Interpret and analyze various practicals of Clinical Sciences.

Attitude

- Demonstrate a **professional attitude, team building spirit** and **good communication skills**

This module will run in 4 weeks duration. The content will be covered through introduction of topics. Instructional strategies are given in the time table and learning objectives are given in the study guides. Study guides will be uploaded on the university website. Good luck!

4. Terms & Abbreviations

Contents

Tables & Figures

5.Domains of learning according to Blooms Taxonomy

Sr. #	Abbreviation	Domains of learning
1.	C	**Cognitive Domain:** knowledge and mental skills.
	• C1	Remembering
	• C2	Understanding
	• C3	Applying
	• C4	Analyzing
	• C5	Evaluating
	• C6	Creating
2.	P	**Psychomotor Domain:** motor skills.
	• P1	Imitation
	• P2	Manipulation
	• P3	Precision
	• P4	Articulation
	• P5	Naturalization
3.	A	**Affective Domain:** feelings, values, dispositions, attitudes, etc
	• A1	Receive
	• A2	Respond
	• A3	Value
	• A4	Organize
	• A5	Internalize

6.Teaching and Learning Methodologies / Strategies

Large Group Interactive Session (LGIS)

The large group interactive session is structured format of Prof Umar Model of Integrated lecture. It will be followed for delivery of all LGIS. Lecturer will introduce a topic or common clinical condition and explains the underlying phenomena through questions, pictures, videos of patients, interviews and exercises, etc. Students are actively involved in the learning process.

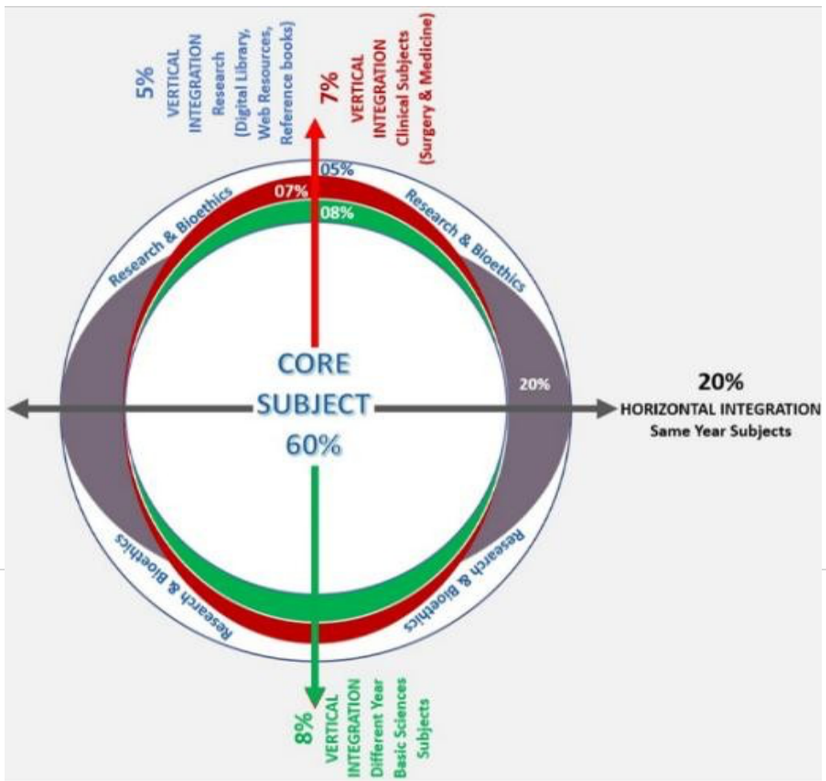


Figure 1. Prof Umar's

Model of Integrated Lecture

7.Small Group Discussion (SGD)

This format helps students to clarify concepts acquire skills and attitudes. Sessions are structured with the help of specific exercises such as patient case, interviews or discussion topics or power point presentations. Students exchange opinions and apply knowledge gained from lectures, SGDs and self study. The facilitator role is to ask probing questions, summarize and helps to clarify the concepts.

Table 2. Standardizationof teaching content in Small Group Discussions

S.No	Topics	Approximate %
1	Title Of SGD	
2	Learning Objectives from Study Guides	
3	Horizontal Integration	5%+5% = 10%
4	Core Concepts of the topic	70%
5	Vertical Integration	10%
6	Related Advance Research points	3%
7	Biomedical Ethical points	2%
8	Spiral integration	5%

Table 3. Steps of taking Small Group Discussions

Step 1	Sharing of Learning objectives by using students Study guides	First 5 minutes
Step 2	Asking students pre-planned questions from previous teaching sessionto develop co-relation (these questions will be standardized)	5minutes
Step 3	Students divided into groups of three and allocation of learning objectives	5minutes
Step 4	ACTIVITY: Students will discuss the learning objectives among themselves	15 minutes
Step 5	Each group of students will present its learning objectives	20 min
Step 6	Discussion of learning content in the main group	30min
Step 7	Clarification of concept by the facilitator by asking structured questions from learning content	15 min
Step 8	Questions on core concepts	
Step 9	Questions on horizontal integration	
Step 10	Questions on vertical integration	
Step 11	Questions on related research article	
Step 12	Questions on related ethics content	
Step 13	Students Assessment on online MS teams (5 MCQs)	5 min
Step 14	Summarization of main points by the facilitator	5 min
Step 15	Students feedback on the SGD and entry into log book	5 min
Step 16	Ending remarks	

8.Self Directed Learning (SDL)

- Self- directed learning is a process where students take primary charge of planning, continuing and evaluating their learning experiences.
- Time Home assignment
- Learning objectives will be defined
- Learning resources will be given to students = Text book (page no), web site
- Assessment: i Will be online on LMS (Mid module/ end of Module)

  ii.OSPE station

Case Based Learning (CBL)

- It's a learner centered model which engages students in discussion of specific scenarios that resemble typically are real world examples.
- Case scenario will be given to the students
- Will engage students in discussion of specific scenarios that resemble or typically are real-world examples.
- Learning objectives will be given to the students and will be based on:

i. To provide students with a relevant opportunity to see theory in practice
ii. Require students to analyze data in order to reach a conclusion.
iii. Develop analytic, communicative and collaborative skills along with content knowledge.

Learning Objectives, Teaching Strategies & Assessments

Contents

Orientation Day Introduction to New Teaching Block & Hospital Disciplines

Medical Education And Integrated Disciplines			
Topic	**Facilitator**	**Learning Objectives**	**TeachingStrategy**
Introduction to RMU and Allied Hospitals	Vice Chancellor	Honorable VC will welcome and introduce the University and Allied Hospitals.	LGIS
		The students will be able to:	
Introduction to Medical Education Department	Assistant Director DME	• Introduce DME • Define Medical Education • Discuss its role • Appreciate role of DME in their curriculum • Appreciate role of DME in attendance monitoring • Illustrate the application • Leave submission process	LGIS
Introduction to Pre-Clinical Sciences	Implementation In charge 4th Year MBBS	• Introduction to Departments • Introduction to Hospitals • Discussion about Teaching & Learning strategies • Assessment Model • Discipline	LGIS
Introduction to Medicine & Allied	Lecture by Dean of Medicine & Allied	• Define medicine • Discuss History of medicine • Describe Islamic concepts of medicine • Identify Basic sciences involved in medicine • Identify Clinical subjects and their role • Describe practice of medicine • Describe the process	LGIS

9.LEARNING OBJECTIVES OF ENT (LGIS)

Topic	Learning objectives At the end of the lecture the student should be able to	Learning domain	Teaching strategy	Assessment tool
Otology				
Endoscopic anatomy of middle ear	• Define middle ear cleft • Parts of middle ear • Physiology of middle ear	C1 C2 C3	LGIS	SAQ MCQ OSCE
Anatomy and physiology of ear and vestibular system	• Parts of ear and vestibular system • Functions of cochlea and vestibular system • Biochemical processes of cochlea and vestibular system	C1 C2 C3	LGIS	SAQ MCQ OSCE
Acute otitis externa Malignant otitis externa	• Definition of acute otitis externa and malignant otitis externa • Clinical features, diagnosis, investigations • Management plan	C1 C2 C3	LGIS	SAQ MCQ OSCE
Acute otitis media Otitis Media with effusion Eustachian tube catarrh	• Definition of acute otitis media and otitis media with effusion • Clinical features, diagnosis, investigations • Management plan	C1 C2 C3	LGIS	SAQ MCQ OSCE
Chronic otitis media	• Definition of chronic otitis media • Clinical features, diagnosis, investigations • Management plan	C1 C2 C3	LGIS	SAQ MCQ OSCE
Complications of chronic otitis media	• Different types of complications of chronic otitis media • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Facial nerve palsy	• Anatomy of facial nerve, types of facial nerve palsy • Clinical features, diagnosis, investigations • Management plan	C1 C2 C3	LGIS	SAQ MCQ OSCE
Otosclerosis	• Definition of otosclerosis, types, pathophysiology • Clinical features, diagnosis, investigations • Management plan	C1 C2 C3	LGIS	SAQ MCQ OSCE

	•			
Sensorineural hearing loss **Noise induced hearing loss** **Meniere's disease** **Drug induced hearing loss**	• Definition of sensorineural, noise induced, drug induced hearing loss, Meniere's disease • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
	•			
Types of mastoidectomies	• Canal wall up, canal wall down mastoidectomies • Investigations before mastoid exploration • Post operative care	C1 C2 C3	LGIS	SAQ MCQ OSCE
Audiology				
Pure tone audiometry **Tympanometry** **BERA test** **ASSR test**	• Hearing assessment methods and tests • Types of graphs • Clinical implications and diagnoses	C1 C2 C3	LGIS	SAQ MCQ OSCE
Hearing aids **Cochlear implant**	• Types of hearing aids • Parts of cochlear implant • Indication of hearing aids and cochlear implant	C1 C2 C3	LGIS	SAQ MCQ OSCE
Rhinology				
Anatomy and physiology of nose and paranasal sinuses	• Anatomy of nasal septum, nasal cavity, paranasal sinuses • Physiology of nasal septum, nasal cavity, paranasal sinuses • Clinical aspects of anatomical variations	C1 C2 C3	LGIS	SAQ MCQ OSCE
Snoring and sleep apnoea	• Definition of snoring and sleep apnoea • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Nasopharyngeal angiofibroma	• Origin of nasopharyngeal angiofibroma • Clinical features, diagnosis, investigations • Management plan	C1 C2 C3	LGIS	SAQ MCQ OSCE
FESS	• Definition of FESS • Steps of FESS • Complications of FESS	C1 C2 C3	LGIS	SAQ MCQ OSCE
Deviated Nasal Septum **Rhinoplasty**	• Definition of deviated nasal septum, rhinoplasty • Clinical features, diagnosis, investigations	C1 C2 C3	LGIS	SAQ MCQ

	• Management plans			OSCE
Acute and chronic rhinosinusitis	• Definition of acute and chronic sinusitis • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Nasal polyps **Allergic** **Infective**	• Types and pathophysiology of nasal polyps • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Complications of rhinosinusitis	• Enumerate complications of rhinosinusitis • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Allergic rhinitis	• Definition of Allergic Rhinitis • Pathophysiology • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Radiology of nose and PNS	• Important investigations done for nose and PNS • Indications and findings • Recent advances	C1 C2 C3	LGIS	SAQ MCQ OSCE
Septal hematoma **Septal abscess**	• What is Septal hematoma, septal abscess • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Basal cell carcinoma **Squamous cell carcinoma**	• What is BCC, SCC nose • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Oral cavity, Head and Neck, Aerodigestive tract				
Acute Chronic tonsillitis **Peritonsillar abscess** **Retropharyngeal abscess** **Parapharyngeal abscess**	• Anatomy of tonsils, retropharyngeal, parapharyngeal spaces • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Adenoiditis	• What is adenoiditis • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Vocal nodules **Vocal polyps** **Reinke's edema**	• What is vocal nodule, vocal polyp, Reinke's edema • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Ludwigs angina	• What is Ludwigs angina	C1	LGIS	SAQ

	• Causative organism • Clinical features, diagnosis, investigations • Management plans	C2 C3		MCQ OSCE
Diseases of salivary glands	• Anatomy and physiology of salivary glands • Diseases of salivary glands • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Anatomy and physiology of oral cavity and pharynx	• Anatomy of oral cavity, pharynx • Blood supply of oral cavity, pharynx • Physiology of oral cavity and pharynx • Clinical implications	C1 C2 C3	LGIS	SAQ MCQ OSCE
Anatomy and physiology of Larynx, Trachea, bronchi	• Anatomy of larynx, trachea, bronchi • Physiology of larynx, trachea, bronchi • Nerve supply of larynx • Clinical implications	C1 C2 C3	LGIS	SAQ MCQ OSCE
Acute epiglottitis	• What is acute epiglottitis • Causative organism • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Acute laryngo tracheo bronchitis	• What is laryngotracheobronchitis • Causative organism • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE
Carcinoma larynx	• Types of carcinoma of larynx • Etiological factors • Clinical features, diagnosis, investigations • Management plans	C1 C2 C3	LGIS	SAQ MCQ OSCE

Community Medicine (LGIS)

TOPIC	Contents Outlines (Major Topics & Sub-Topics)	Learning objectives After The Session Students Will Be Able To:	Learning domain	Teaching strategy	Assessment tool
Introductory lecture	• Intro to the subject of community medicine & public Health. • Intro to IUGRC Scheme of learning	• Comprehend the definitions explaining the subjects. • Identify applications of practices of Public Health. • Follow the scheme of learning & assessment CM over the year. • Follow scheme of learning IUGRC.	C1 C2 C2 C2	LGIS	MCQs, SEQs, OSPE Viva
Fundamental concepts of Preventive medicine- I	• Health & Disease • Wellbeing & Positive Health • Dimensions of health	• Describe public health aspects of Health & disease. • Explain health wellbeing and positive Health with examples • Explain dimensions of health	C1 C2 C1	LGIS	MCQs, SEQs, OSPE Viva
Fundamental concepts of Preventive medicine- II	• Health Assessment (Indicators) • Quality of life indicators Health indexes • Approaches to disease prevention & control	• Explains attributes of good statistical indicators of health & disease • Describe health indicators • Comprehend & calculate health indicators & Indexes • Explains public health approaches to diseases prevention	C1, C2 C1 C3 C1 , C2	LGIS	MCQs, SEQs, OSPE Viva
Levels of prevention	• Natural History of disease • Models of Disease causation • Levels of prevention	• Explains natural history disease concepts in context of prevention. • Explains models of disease causation with examples. • Apply levels of prevention and modes of intervention	C2 C2 C3	LGIS	MCQs, SEQs, OSPE Viva
Fundamental Concepts & Uses of Epidemiology	• Definition of epidemiology • Explanation of concepts (Time- place-Person & Epidemiological triangle) • Epidemiologic approach to health problems	• Explains epidemiology as a fundamental science of public health. • Explain major concepts embodied in definition. • Comprehend & explains epidemiologic approach to health problems • Enumerate uses of epidemiology	C2 C2 C2 C1	LGIS	MCQs, SEQs, OSPE Viva

Introduction to Epidemiologic Methods	• Epidemiologic Methods / studies • Descriptive epidemiology- types & step of descriptive studies • Steps of descriptive studies Migration studies	• Explain classification of epidemiologic study designs. • Comprehend types of descriptive studies • Explain steps of Descriptive study • Describe theme of Migration study designs •	C2 C2 C2 C1	LGIS	MCQs, SEQs, OSPE Viva
Analytical studies (case-control studies)	• Fundamental concept of case- control study designs • Steps of case control studies Bias & Matching • Odds ratio • Limitations of case-control studies	• Explain rationale of Case-Control study designs • Describe & apply steps for undertaking a Case-Control study • Comprehend Bias issues and perform matching • Calculate & interpret Odds Ratio • Explain limitations of Case-Control studies	C2 C2 C3 C3 C2	LGIS	MCQs, SEQs, OSPE, Viva
Analytical studies (cohort studies)	• Fundamental concept of Cohort study design • Steps to conduct Cohort studies • Measures of association in Cohort Study designs (Relative Risk) • Types of Cohort-Study • Limitations of cohort studies • Differences b/w Cohort- & Case Control study designs •	• Explain rationale of Cohort- study design • Comprehend & apply steps for undertaking a Cohort-study in given scenario • Calculate & interpret measures association in Cohort-study • Differentiate Cohort-study designs from C-C studies.	C1, C2 C2, C3 C2, C3 C2	LGIS	MCQs, SEQs, OSPE Viva
Experimental Epidemiologic study designs	• Fundamental concept of Experimental Epidemiologic designs • Steps of undertaking a Randomized Controlled Trial (RCT) • Randomization & Blinding • Types Experimental Epidemiologic study designs	• Explain Fundamental concept of Experimental Epidemiologic designs • Apply general Steps of undertaking a Randomized Controlled Trial (RCT) in required scenario • Apply Randomization & Blinding in required situation • Explain Types Experimental study designs •	C2 C2 & C3 C3 C1, C2	LGIS	MCQs, SEQs, OSPE and Viva Voce
Comparative review of all Epidemiological study designs	• Comparative review based on Study population • Concepts of study group and control group • Data collection modes • Statistical components used in each design • Etiologic significance Advantages &	• Comprehend & differentiate parallel concepts of all study designs • Choose right study designs in given scene • Choose right analytical techniques for the given study design selected • Comprehend & choose right study population / groups for the study designs appropriate to given scene	C2 C3 C3	LGIS	MCQs, SEQs, OSPE and Viva Voce

	limitations of each design	• Comprehend & apply right statistical techniques for the studies undertaken under the given scene. • Comprehend Etiologic significance, advantages &limitations of each design in relevance to each other.	C3 C3 C2		
Association & Causation	• Statistical significance & clinical significance • Hill's criterion for judging causality of association	• Describes Types of association • Explains requirements for disease causation • Explain difference b/w statistical significance and clinical significance • Apply Hill's criterion for judging causality of association.	C1 C2 C2 C3	LGIS	MCQs, SEQs, Viva Voce and OSPE
Sampling-I	• Non probability sampling • Sample size	• Define and comprehend the definition & rationale of sampling. • Understand the Concept of non-probability sampling technique • Enlist the types of non-probability sampling • Appraise different scenarios to apply different non - probability technique • Calculate sample size for any study design	C2 C2 C1 C3 C3	LGIS	MCQs, SEQs, Viva Voce and OSPE
Sampling-II	• Probability sampling	• Enlist the types of probability sampling. • Appraise different scenarios to apply different probability technique (04 primary methods) • Compare probability sampling technique with non-probability sampling technique keeping in mind its pros and cons.	C1 C3 C2	LGIS	MCQs, SEQs, Viva Voce and OSPE

Droplet infections- I	• Smallpox • Chicken Pox • measles	• Explain the strategy adopted for eradication of smallpox. • Describe the WHO response in case of any bioterrorism. • Describe the epidemiology of chicken pox & measles. • Explain modes of transmission and incubation period of chicken pox & measles. • Identify the high risk individuals who are most susceptible to get the chicken pox & measles • Differentiate skin rashes of chicken pox & measles. • Recommend prevention and control measures of chicken pox & measles in community. • Recommend prevention and control measures of chicken pox & measles in institutional outbreaks • Explain the steps of WHO Measles Elimination Strategy in the community.	C2 C2 C1 C2 C2 C2 C3 C2	LGIS	MCQs, SEQs, Viva Voce and OSPE
Droplet infections- II	• Rubella • Pertussis • Mumps	• Describe the epidemiology of mumps, rubella, and pertussis. • Explain the modes of transmission and incubation period of mumps, rubella, and pertussis. • Identify the high-risk individuals who are most susceptible to get rubella, pertussis, mumps. • Describe the cases based on epidemiological features. • Enlist the complications of mumps rubella, pertussis. • Apply prevention and control measures of mumps, rubella, and pertussis in community. • Explain Congenital Rubella Syndrome (CRS) as public health issue.	C1 C1 C2 C3 C1 C3 C2	LGIS	MCQs, SEQs, OSPE and Viva Voce

Droplet infections- III	• Meningitis • Influenza • COVID • Diphtheria	• Describe public health importance of Meningitis, influenza, COVID, diphtheria in global and local context. • Describe the epidemiology of Meningitis, influenza, COVID, diphtheria. • Enlist the modes of transmission and incubation period of Meningitis, influenza, COVID, diphtheria. • Identify the high-risk individuals who are most susceptible to get these diseases. • Diagnose the cases based on signs and symptoms. • Enlist the complications of Meningitis, influenza, COVID, diphtheria • Recommend prevention and control measures of Meningitis, influenza, COVID, diphtheria in community. • Differentiate between antigenic drift and antigenic shift with reference to Influenza.	C2 C2 C1 C2 C3 C2 C3 C2	LGIS	MCQs, SEQs, OSPE and Viva Voce
Droplet infections- IV	• Tuberculosis	• Describe the public health importance of Tuberculosis in global and local context. • Describe the epidemiology of Tuberculosis. • Identify the risk factors and high risk population of the disease. • Explain case definition of tuberculosis. • Explain various case finding measures for TB. • Recommend prevention and control of Tuberculosis in community. • Enumerate components of End TB Strategy. Including TB-DOTs strategy. • Differentiate primary, secondary drug resistance and MDR-TB and XDR-TB. • Apply levels of prevention for control of TB in community.	C2 C2 C1 C2 C2 C3 C3 C2 C3	LGIS	MCQs, SEQs, OSPE and Viva Voce

Small Group Discussion (SGDs)
Otorhinolaryngology

SGD IN ENT WARDS	At The End Of SGD Student Should Be Able To	Learning Domains	AssessmentTool
Anatomy of ear and vestibular system	• Parts of ear and vestibular system • How to examine ear and vestibular system	C2	MCQ SAQ OSPE
Physiology of ear and vestibular system	• Functions of cochlea and vestibular system • Biochemical processes of cochlea and vestibular system	P	MCQ SAQ OSPE
Acute otitis externa **Malignant otitis externa**	• Definition of acute otitis externa and malignant otitis externa • Clinical features, diagnosis, investigations • Management plan	C1	MCQ SAQ OSPE
Otitis media with effusion **Eustachian tube catarrh**	• Definition of acute otitis media and otitis media with effusion • Clinical features, diagnosis, investigations • Management plan	P	MCQ SAQ OSPE
Epistaxis and management	• Types of epistaxis, how patient presents • Clinical features, diagnosis, investigations • Emergency and definitive management plan	C2	MCQ SAQ OSPE
Types of hearing loss and their management	• Types of hearing loss • Investigations • Hearing aids • Cochlear implant • Speech therapy	C3	MCQ SAQ OSPE
Causes of otalgia and referred otalgia	• What is otalgia and referred otalgia • How to take history and examine the patient • Differential diagnosis • Investigations • Management	C1	MCQ SAQ OSPE
Discuss different types of mastoidectomies in ENT ward class room	• Types of mastoidectomies • Indications • Steps of mastoidectomy • Complications	C2	
Anatomy and physiology of nose and PNS	• Anatomy of nose and PNS • Physiology of nose and PNS • Examination of nose and PNS	C3	MCQ SAQ OSPE

DNS, Sinusitis, Angiofibroma	• **How to take history, examine the patient** • **Clinical features, diagnosis, investigations** • **Management plans**	**C3**	**MCQ** **SAQ** **OSPE**
Rhinoplasty	• Types • Examination steps • Investigations • Surgical steps • Complications	C2	MCQ SAQ OSPE
Acute chronic rhinosinusitis	• Definition of acute and chronic sinusitis • Clinical features, diagnosis, investigations • Management plan	C2	MCQ SAQ OSPE
Discuss radiology of Nose and PNS in ENT wards	• Important investigations done for nose and PNS • Indications and findings • Recent advances	C1	MCQ SAQ OSPE
Discuss septal abscess, septal hematoma in ENT ward	• How to diagnose septal hematoma and septal abscess on patient • Management steps	C2	MCQ SAQ OSPE
Discuss anatomy and physiology of larynx, trachea, bronchi in ENT ward	• Anatomy of larynx, trachea, bronchi • Physiology of larynx • Nerve supply of larynx • Examination of larynx, trachea •	C3	MCQ SAQ OSPE
Discuss acute tonsillitis **Chronic tonsillitis,** **Peritonsillar abscess** **Retropharyngeal abscess** **Parapharyngeal abscess in ENT ward**	• How patients present • History taking • Examination steps • Investigations • Management •	C3	MCQ SAQ OSPE

Small Group Discussion (SGDs) Community Medicine

Demonstration	Contents Outlines (Major Topics & Sub-Topics)	Learning objectives	Learning domain	Teaching strategy	Assessment tool
An exercise of tools of measurement in epidemiology- Measurement of Morbidity	• Concepts & formulae of Epidemiologic tools used for measurements of diseases in the community. • Various types of morbidity rates • Calculation of Incidence Rate Prevalence Rate • Relation b/w Incidence and Prevalence	• Comprehend statistical tools used for measurement of disease in the population. • Calculate incidence rate and prevalence rates in various scenarios • Derive relationship in incidence rates and prevalence Rates. • Interpret relationship in incidence rates and prevalence Rates. • Identify uses of morbidity data	C2 C3 C3 C3 C2	SGD	MCQs, SEQs, OSPE and Viva Voce
An exercise of tools of measurement in epidemiology- Measurement of mortality	• Review of Basic tools of measurements in epidemiology • Measurement of Mortality • Issues of recording morality • Types of Mortality Rates • Standardization of Mortality Rate	• Quantification of mortality data • Comprehend issue in death certification. • Practice methods of standardization of morality rates • Calculate 04 types of Mortality rates in various scenarios • Identify uses of morality data	C3 C3 C3 C3 C2	SGD	MCQs, SAQs, OSPE and Viva Voce

Self Directed Learning (SDL) Otorhinolaryngology

Sr #	Topics Of SDL	Learning Objectives	Learning resources
1.	Radiology of ear And mastoid	• Radiological investigations done for ear and mastoid • X ray mastoid oblique view, CT scan temporal bone (axial, coronal views) • Indications of radiological investigations • Findings on radiological investigations	• Diseases of Ear, Nose and Throat & Head and Neck Surgery, 4th edition PL Dhingra • Section IX page 386
2.	Vasomotor Rhinitis and its differentials	• What is vasomotor rhinitis • Etiology • Investigations • Management	• Diseases of Ear, Nose and Throat & Head and Neck Surgery, 4th edition PL Dhingra • Section II page 160
3.	Acute otitis media/Chronic otitis media / Cholesteatoma	• Definition • Etiology • Investigations • Treatment options • Surgical options	• Diseases of Ear, Nose and Throat & Head and Neck Surgery, 4th edition PL Dhingra • Section I pages 61,66

Self Directed Learning (SDL) Otorhinolaryngology

Sr #	Topics Of SDL	Learning Objectives	Learning resources
4.	Laser and cryosurgery in otorhinolaryngology	• Types of lasers • Uses of lasers in ENT • Hazards of lasers	• Ear, Nose and Throat, Self-Assessment and Self Evaluation Manual, 7th Edition, PL Dhingra • Section VII pages 315, 317
5.	Anatomy and physiology of esophagus, trachea, bronchi	• Anatomy of esophagus, trachea, bronchi • Physiology of esophagus, trachea, bronchi • Anatomical variations	• Diseases of Ear, Nose and Throat & Head and Neck Surgery, 4th edition PL Dhingra • Section V, VI pages 259, 301
6.	Vocal cord paralysis Radiology of neck and aerodigestive tract	• Nerve supply of larynx • Radiological investigations for larynx and esophagus • Indication of radiological investigations	• Diseases of Ear, Nose and Throat & Head and Neck Surgery, 4th edition PL Dhingra • Section V, VI pages 275, 386

OBSTETRICS & GYNAECOLOGY LEARNING OBJECTIVES (LGIS)

SECOND WEEK								
S. No.	**Date**	**Day**	**Teacher**	**Region**	**Topic**	**Learning objectives**	**Level**	**Assessment**
1	15-03-23	WEDNESDAY	Dr Humera Noreen	Obstetrics	Preparation for obstetric ward LGIS	Orientation of obstetric department Define the antenatal & postnatal care Ethics to communicate with female patients Bed-side manners Dress-code especially for male students Principles of privacy & Confidentiality of obstetric patient	C1 C1 A2	OSCE
2	18-03-23	SATURDAY	Prof Tallat Farkhanda	Obstetrics	History & examination of obstetric patient LGIS	Elicit booking history and examination To know the investigations in each trimester To differentiate between low and high risk pregnancy	C1 C2 C2	OSCE

Self Directed Learning (SDL) Community Medicine

Topic	Contents Outlines (Major Topics & Sub- Topics)	Learning objectives	Assessment tool		Learning resource
			LMS	END MODULE	
Epidemiologic Investigation	Disease outbreak & epidemic – review (epidemic, endemic & pandemic) Types of epidemics Steps of an epidemiologic investigation Covid-19 a case study Exercise of undertaking investigation of outbreaks in various given scenarios.	Describes public approach to deal with disease outbreaks & epidemics. Classify types and levels disease epidemics or outbreaks. Explain steps of investigating a disease outbreak situation. Delineates epidemiologic investigation levels involved in Covid-19 Apply steps of epidemiologic investigation in various given scenarios (Exercises) Able to read relevant research article	MCQ	OSPE VIVA SAQ	K. Park Ed. 27th Page no. 146

Peer assisted learning (PAL)* IUGRC Contact Session

Contact Session I Time duration: 2hrs / batch

Indictors of accomplishment Prior readings / assigned work	Learning objectives/ competencies	Learning outcomes	Assessment strategy
Able to reflect on Elements of proposal writings. **Reflect on relevant literature search and on some articles close to topic of interest.** **Reflect on point to research topic selection.**	Interactive discussion on how to; How to and what literature / sources reviewed for topic selection. To perform advanced search option to modify, refine the topic & search for new ideas/perspectives organize research idea or general thought into a topic that can be configured into research problem / formulating research question brief outline of study proposal in chronological order develop data collection tool do reflective learning	Each student be able to; Develop the list of useful keywords for relevant literature search Perform review of relevant Literature to refine how to approach selected topic and finding a way to analyze it. review community health profile data bases, EMBASE,MEDLINE, PubMed, Google scholar Ovid, ProQuest Psych INFO, Cochrane Database, Scopus) etc. identify knowledge gaps formulate appropriate research questioning the form of a study proposal Attempt “reflective writing.	MCQ in end of block block exam Viva exam at the end of the session

SECTION III

Basic And Clinical Sciences (Vertical Integration)

Content

- CBLs
- Vertical Integration LGIS

Basic And Clinical Sciences (Vertical Integration)
Case Based Learning (CBL) Otorhinolaryngology

Subject	Topic Learning Objectives At the end of the lecture the student should be able to	Learning Domain
OTOLOGY	• Ear examination in ENT wards on patients	CBL
	• Examination of hearing and vestibular system on patients in ENT ward	CBL
	• History and examination of Acute otitis externa	CBL
	• Malignant otitis externa patients in ENT ward	CBL
	• History and examination of Otitis media with effusion Eustachian catarrh patients in ENT ward	CBL
	• Management of otitis media in ENT wards on patients	CBL
	• Examination of hearing and vestibular system on patients and interpretation in ENT ward	CBL
	• History and examination of patients with otalgia in ENT ward	CBL
	• Demonstration of mastoidectomy patients in ENT operation theatre	CBL
	• History taking and Nose and PNS examination in ENT wards on patients	CBL
RHINOLOGY	• Septoplasty, SMR, FESS on patients	CBL
	• Demonstrate rhinoplasty on patients in ENT OT	CBL
	• Demonstrate acute and chronic sinusitis on patients in ENT ward	CBL
	• History taking, examination of oral cavity, pharynx in ENT wards on patients	CBL
	• Demonstrate septal hematoma, septal abscess, Basal cell carcinoma, squamous cell carcinoma on patients in ENT ward	CBL

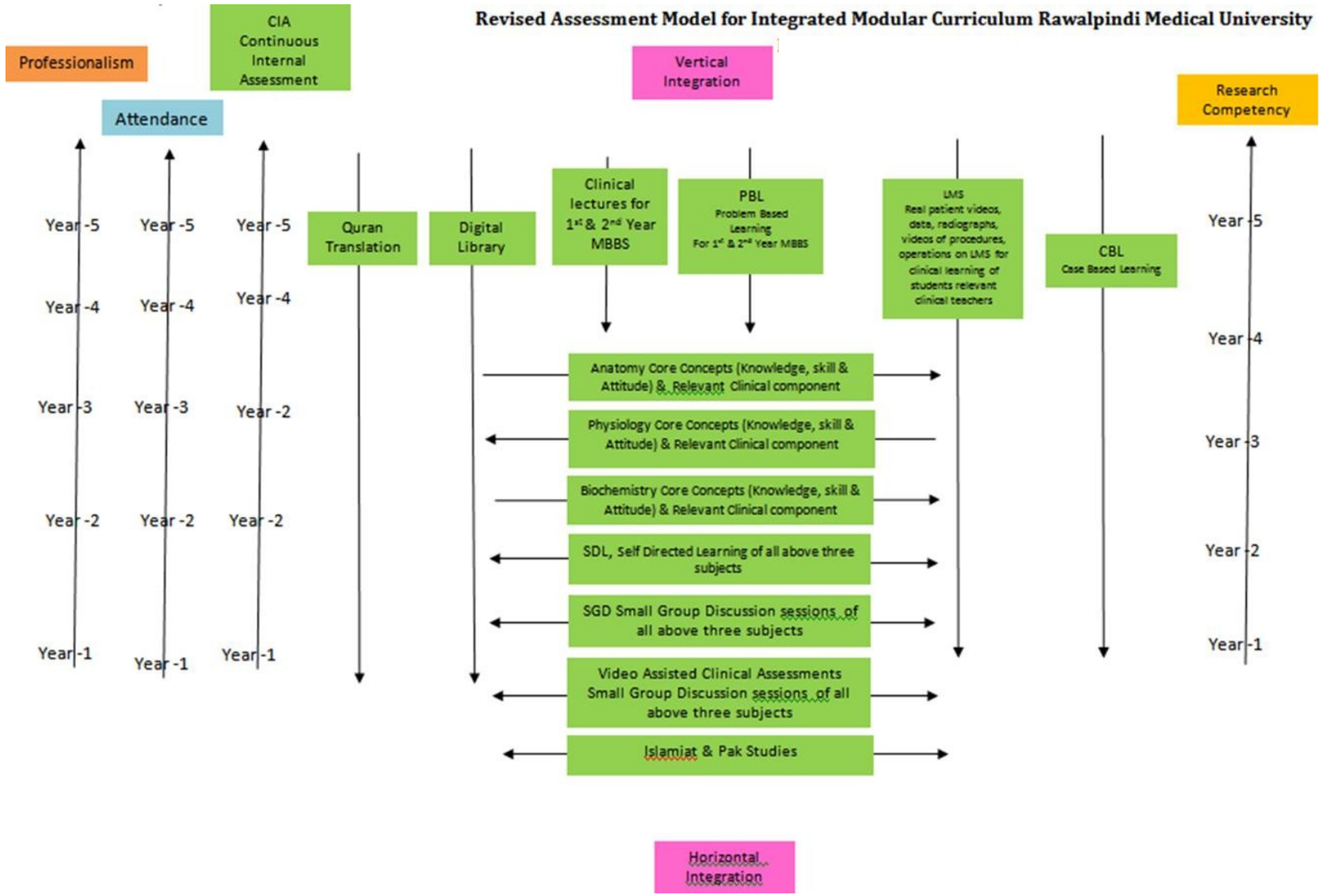
Subject	Learning Objectives At the end of the lecture the student should be able to	Learning Domain
HEAD AND NECK	• History taking, examination of larynx, trachea, bronchi, neck on patients in ENT ward • Demonstrate acute, chronic tonsillitis, peritonsillar abscess, retropharyngeal, parapharyngeal abscess on patients in ENT ward • Examination of salivary glands • Investigations of salivary glands diseases	CBL CBL CBL CBL

10.Assessment Policies

Contents

- Assessment plan
- Types of Assessment:
- Modular Examinations
- Block Examination
- Table 4: Assessment Frequency & Time in Otorhinolaryngology Module

10.Assessment Policies



Gauge for Continuous Internal Assessment (CIA)

Red Zone	High Alert	Yellow Zone	Green Zone	Excellent	Extra Ordinary
0 - 25%	26 - *50%	51 - 60%	61 – 70%	71 – 80%	81 - 100%

*50% and above is Passing Marks.

Gauge for attendance percentage

Red Zone	High Alert	Yellow Zone-1	Yellow Zone-2	Green Zone	Excellent
0 - 25%	26 - 50%	51 - 60%	61 – 74%	*75 – 80%	81 - 100%

*75% is eligibility criteria for appearing in professional examination.

11.Assessment plan

University has followed the guidelines of Pakistan Medical and Dental Council for assessment. Assessment is conducted for SDL, SGD, mid modular, block/module levels.

Types of Assessment:

The assessment is formative and summative.

Formative Assessment

Formative assessment is taken from topics of SDL,SGD (LMS).

Summative Assessment:

Summative assessment is taken at the mid modular, end modular/block exam.

Modular Examinations

Theory

Paper

There is a module examination at the end of first module. The content of the whole teaching of the module are tested in this examination.
It consists of paper with objective type questions and structured essay questions. The distribution of the questions is based on the Table of Specifications of themodule. (Annexure I attached)

Block Examination

On completion of a block which consists of two modules, there is a block examination which consists of one theory paper and OSPE.

Theory Paper

There is one written paper for each subject. The paper consists of objective type questions (MCQ) and structured essay questions (SAQ). The distribution of the questions is based on the Table of Specifications of the module.

Block OSPE

This covers the practical content of whole block.

11.ASSESSMENT PLAN

Types of Assessment:

1. Formative
2. summative

Formative Assessment

Formative assessment will be done at the mid of module of SDL and SGD through LMS at end of 3rd week. Assessment of clinical lectures on LMS. Tool for this assessment will be one best choice question.

Summative Assessment:

Summative assessment will be taken at mid module, at the end of module, block and will be subject wise.

MID MODULE EXAM

It will be taken at the end of 3rd week of module. Theory Paper (50 MCQS) 50 marks based on table of specifications (TOS).

END BLOCK EXAMINATION

On completion of a block which consists of ONE ENT modules, there will be a block examination which consists of one theory paper and OSPE.

Theory Paper

The paper will be of objective type questions and short answer questions. The distribution of the questions will based on the Table of Specifications of the module.

OSPE;

This will cover the practical content of whole block.

3 wards tests in all three ENT units at the end of 2 weeks ward (OSCE) (10 stations x 5 = 50 marks) (10 MCQs) TOTAL = 60 marks

Schedule of Assessment
OTORHINOLARYNGOLOGY
MODULE/BLOCK

S. No	Mode of Assessment	Type of Assessment	Schedule of Assessment	Remarks	Remarks	Colander schedule
1st	One best option MCQs test	CIA	Mid module at the end of 03 weeks	LMS	Credit will be part of IA	25 March 2023
2nd	MCQ, SEQs, based examination	CIA	End of module /block exam	On campus test	Credit will be part of IA	07 April 2023
3rd	OSPE	CIA	End of module /block exam	On campus test	Credit will be part of IA	08 April 2023

12.Assessment Frequency & Time In Otorhinolaryngology Module

Block		Otorhinolaryngology Module	Type of Assessments	Total Assessments Time			No. of Assessments	
Otorhinolaryngology Block	Sr #	**Otorhinolaryngology Module Components**		Assessment Time	Summative Assessment Time	Formative Assessment Time		
	1	Mid Module Examinations LMS 25 March 2023 (Otorhinolaryngology, Community Medicine) (50 marks 50 MCQs)	Summative	60 Minutes	300 minutes (5 hours)	30 Minutes	1 Formative	2 Summative
	2	Topics of SDL Examination on LMS (10 marks 10 MCQs) 04 APRIL 2023	Formative	30 Minutes				
	3	End Module Examinations (10 SAQ & 55 MCQs) 50 marks SAQ, 55 marks MCQs 7 April 2023	Summative	120 minutes				
		Otorhinolaryngology OSPE 70 marks 8 April 2023	Summative	50 Minutes				
		Community Medicine OSPE 35 marks 8 April 2023	Summative	10 Minutes				
	4	Ward test at the end of two weeks in every hospital 3 ward tests MCQ 10 MARKS (OSCE 10x5=50) (TOTAL=60 marks)	Summative	60 minutes	MCQ 10 marks OSCE (10 x 5 stations) 50 marks			

13.Table of Specification (TOS)

MID MODULE ASSESSMENT

Fourth Year MBBS 2023

25 MARCH 2023

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain			Total
			C1	C2	C3	
1.	Otorhinolaryngology	35	20	10	05	35
2.	Community Medicine	15	10	03	02	15
		50	30	13	07	50

SDL ASSESSMENT

04 APRIL 2023

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain			Total
			C1	C2	C3	
1.	Otorhinolaryngology	07	05	01	01	07
2.	Community Medicine	03	01	01	01	03
		10	06	02	02	10

END OF BLOCK / MODULE ASSESSMENT
Fourth Year MBBS 2023
07-08 APRIL 2023

Sr. #	Discipline	No. of MCQs(%)	No. of MCQs according to cognitive domain			No. of SAQs (%)		No. of SAQs according to cognitive domain			OSPE/VIVA	Total Marks	Internal assessment
			C1	C2	C3	No. of items	Marks	C1	C2	C3			
1.	Otorhinolaryngology	35	20	10	5	07	35	3	2	2	70	140	90 marks (60 ENT 30 CMED)
2.	Community Medicine	20	10	7	3	03	15	1	1	1	35	70	
Grand Total											210+90		300

Internal assessment break up

End of block assessment 50% (30 marks)	**Work Place Based Assessment 50% (30 marks)**			
	Ward test	**Evening ward duties**	**Histories**	**Case presentation**
	50%	**10%**	**20%**	**20%**
	15	**03**	**06**	**06**
		More than 3 = 1.5 marks Less than 3 = 0 marks	**Complete 5 histories = 06 marks Incomplete 5 histories = 04 marks Less than 5 histories = zero marks**	**1 case presentation = 06 marks No case presentation = zero marks**

4TH YEAR OTORHINOLARYNGOLOGY CLINICAL CLERKSHIP

HOLY FAMILY HOSPITAL

DURATION TWO WEEKS

Morning: 10.30 am to 02.00 pm

Evening: 02.00 pm to 04.00 pm

Day	Specialty	Topic	SPECIFIC LEARNING DOMAINS			COGNITION			PSYCHOMOTOR		AFFECTIVE		MIT
			Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2	
FIRST WEEK													
Monday	OTOLOGY	History & examination of ear		*	*	*			*		*		Bedside
Tuesday		Acute & chronic otitis media, otitis media with effusion, otosclerosis		*	*	*	*						SGD
Wednesday		Tympanoplasty, myringotomy, foreign body ear		*	*		*		*		*		OT
Thursday				*	*		*		*		*		Bedside
SECOND WEEK													
Monday	OTOLOGY	Pure tone audiometry, tympanometry, BERA, ASSR, Radiology in otology				*	*						SGD
Tuesday		Epley's maneuver		*	*			*	*		*		Bedside
Wednesday		Mastoidectomy, grommet insertion, stapedectomy, stapedotomy		*	*		*		*		*		OT
Thursday	WARD TEST(10 MCQ = 10 MARKS) (OSCE 10 STATIONS = 10X5 = 50 MARKS)												OSCE
Emergency duty from 2 to 4 pm in Emergency room, managing emergencies of ear like ear trauma, temporal fractures, foreign body ear, hematoma auris ETC													

CLINICAL CLERKSHIP OTORHINOLARYNGOLOGY

4TH YEAR OTORHINOLARYNGOLOGY CLINICAL CLERKSHIP

BENAZIR BHUTTO HOSPITAL

DURATION TWO WEEKS

Morning: 10.30 am to 02.00 pm

Evening: 02.00 pm to 04.00 pm

Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES			COGNITION			PSYCHOMOTOR		AFFECTIVE		MIT
			Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2	
FIRST WEEK													
Monday	RHINOLOGY	History of patient with nasal and sinus problems	*	*	*	*			*		*		Bedside
Tuesday		Acute, chronic, allergic rhinosinusitis, nasal polyps, vasomotor rhinitis, atrophic rhinitis	*			*	*						SGD
Wednesday		Septoplasty, turbinoplasty, rhinoplasty,	*	*	*		*		*		*		OT
Thursday		Examination of nose and paranasal sinuses	*	*	*		*		*		*		Bedside
SECOND WEEK													
Monday	RHINOLOGY	Radiology in rhinology	*			*	*						SGD
Tuesday		DNS, Angiofibroma, allergic fungal polyposis, foreign body nose	*	*	*			*	*		*		SGD
Wednesday		FESS, Caldwell Luc, antrostomy, polypectomy	*	*	*		*		*		*		OT
Thursday	WARD TEST(10 MCQ = 10 MARKS) (OSCE 10 STATIONS = 10X5 = 50 MARKS)												OSCE
Emergency duty from 2 to 4 pm in Emergency room, managing emergencies of nose like epistaxis, anterior nasal packing, posterior nasal packing, cauterization, foreign body removal ETC													

4TH YEAR OTORHINOLARYNGOLOGY CLINICAL CLERKSHIP

DISTRICT HEADQUARTER HOSPITAL

DURATION TWO WEEKS

Morning: 10.30 am to 02.00 pm

Evening: 02.00 pm to 04.00 pm

Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES			COGNITION			PSYCHOMOTOR		AFFECTIVE		MIT
			Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2	
FIRST WEEK													
Monday	LARYNGO PHARYNGOLOGY HEAD &. NECK	Oral cavity, oropharynx, hypopharynx, larynx, neck history taking	*	*	*	*			*		*		Bedside
Tuesday		Acute, chronic pharyngitis, tonsillitis, Ludwig's angina, peritonsillar abscess	*			*	*						SGD
Wednesday		Tonsillectomy, adenoidectomy, parotidectomy, Sistrunk's operation	*	*	*		*		*		*		OT
Thursday		Examination of oral cavity, oropharynx, hypopharynx, larynx, thyroid	*	*	*		*		*		*		Bedside
SECOND WEEK													
Monday	LARYNGO PHARYNGOLOGY HEAD & NECK	Foreign body aerodigestive tract, acute laryngitis, laryngotracheobronchitis Radiology of head & neck	*			*	*						SGD
Tuesday		History & examination, management	*	*	*			*	*		*		Bedside
Wednesday		Esophagoscopy, bronchoscopy, tracheostomy, laryngoscopy	*	*	*		*		*		*		OT
Thursday	WARD TEST(10 MCQ = 10 MARKS) (OSCE 10 STATIONS = 10X5 = 50 MARKS)												OSCE

Emergency duty from 2 to 4 pm in Emergency room, managing emergencies like tracheostomy, foreign body removal from throat, esophagus, bronchus ETC

Community Oriented Clerkship module

4th year MBBS

Department of community medicine & public Health RMU

Theme (aim):

The primary purpose of this module is to educate students in those areas of the subject of CM&PH which are learnt better by onsite presence of the students at certain sites, processes, agencies which have public health relevance and in general community setting. Moreover some, areas of the subject which demands close interactive teachings in small group like HHS data analysis & report writing skills, contraceptive use skills, vaccination skills, etc are also covered during this rotation. All opportunities available within and outside the institution within affordable logistics, time, are focused for this purpose. A short time of this batch rotation is dedicated for health education communication practices as Health awareness work and other social work.

Learning outcomes (LOs):

at the end of this learning module students are expected to achieve following Public health Competencies as will be able to:

1. *Undertake a population based health survey (HHS)*
2. *Appreciate working of First level Care Facility (Public Sector)*
3. *Perform Community Immunization / EPI vaccinations.*
4. *Develop Hospital waste management plans.*
5. *Develop Community based health awareness message.*
6. *Communicate for Health awareness in community settings.*
7. *Commemorate International public health days.*
8. *Develop Hospital administration Plans.*
9. *Undertake Preventive healthcare inquiries and NCDs Risk Factors Surveillance*
10. *Counsel for the contraceptive devices to the community*

Module outline:

- *A batch comprising 20-22 students is posted in the department of CM & PH for a period of 2weeks* ***(Monday to Thursday-04 hrs. /day & for 32hrs in total****). This schedule is run over the whole academic year, till all students of 4th year MBBS class passes through this rotation.*
- *Batch formation and schedules of rotation for whole class as notified by the DME / Student's section will be followed accordingly.*
- *At commencement of the academic year overall batch learning module coordinator, nomination of batch in-charges, senior faculty in charges and calendar schedule of batch rotation for all batches over the whole academic year will be notified by the Department of CM & PH.*

Domains of learning: *learning will occur in all the three domains C, A & P*

SOPs of Learning & Assessments:

- *Active participation will be graded by the batch in charge* ***(under a check list)*** *during the activity / session and grades/marks will be entered in the practical manual as out of 05 (Max marks 05) by the batch in charge. O5 Max Marks are reserved for CHC (HMDTD and Health awareness work.*
- *Assessment will be done by* ***OSPE / MCQs Exam / Viva voce*** *at the end of each module and credit will be objectively recorded for the purpose of internal assessment. (Max mark 10)*
- *General assessment of the subject learning will be through MCQs, SEQs & OSPE on the relevant subjects in the relevant end of modules, block exams and Send up Exams.*
- ***Students are required to report / write the relevant work in Practical Journal, House Hold Survey Report Book and log all the clerkship activities in the Logbook on daily basis.***

Core Planner of Community Oriented Clerkship in the subject of Community Medicine (2 weeks batch rotation)

[Calendar schedule as notified by DME will be followed accordingly]

	ivity -I 0 – 11.00	**ivity – II 0- 11.30am**	**ivity -III 0- 01.00pm**	**-V 0 – 2.00pm**	**s of teaching-learning**	**essment**	**sion outcome (level of learning)**
	sion topic	sion topic	sion topic	sion topic			
1st day	ructing / demonstration on Practical Manual based Assignments	• Visit to CHC • SGIS on Health days commemoration work, Display material, PPT.	• SGIS on HM-DTD practicum. Topic finalization, CHC-Message draft outlines finalization.	• PPT based Demo on How to conduct & report HHS. • Guidelines on PHI work to be done during clinical rotations / ward duties	• Demonstration / lec -Hall 3 • CHC -Dept CM NTB RMU.	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Assessment of HHS -Report (Max marks:5 part practical /viva exam 4th Prof MBBS)	• Construct a health message. (C6) • Prepare Health days commemoration stuff, Display material, PPT, (P) • Undertake a health survey. (HHS) (C3)
2nd day	ow up session on. M-DTD work HS work alth days commemoration work	S/ Briefing / PPT based guidelines on field visit of the day (EPI services center HFH)	to the EPI center HFH	lth awareness work (HAW)	• Demo Room, • EPI Center HFH • OPD, hospital shelters sites for health awareness work (HAW)	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Grade of performance in EPI visit reporting. • Credit of HAW	• Explain cold chain component at EPI center • Vaccinate (EPI) vaccines to the clients . • Comprehend EPI system
3rd day	ow up session on HM-DTD work & HHS	S / Briefing / PPT based guidelines on FV to MCH & FP Services Center HFH	to the MCH services & FP center HFH	Health awareness work (HAW)	• FP Center HFH • OPD, hospital shelters sites for HAW	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Grade of performance in EPI visit reporting. • Credit of HAW	• Identify CP devices available at MHC FP center • Counsel clients for use of a contraception method • Place CP devices to client (P)
4th day	ow up session on HM-DTD work & HHS	efing / guidelines on FV Hospital waste disposal system in hospitals	• FV to the hospital waste disposal system & relevant sites / Incinerator	lth awareness work (HAW)	• FP Center HFH D, hospital shelters sites for HAW	• End of module OSPE • Grade of performance in visits to sites	• Explain hospital waste disposal system • Develop a hospital waste management plan • Explains various domains of hospital management (C2)
day (week 2)	S / PPT based briefing on Hospital management & administration	Visit to Hospital management & administration (HFH) office		Health awareness work (HAW	F	• End of module OSPE • Grade of performance in visits to sites	
6th day	S / PPT based briefing on visit to First level of health care facility (FLCF) BHU/RHC	Field visit to RHC Khyaban Sir-Syed (RHC) or BHU		• Demo room / lec Hall 3 NTB / CPC-Hall . • RHC / BHU	lth awareness work (HAW at site visited	• End of module OSPE • Report credit in PJ	• Explain working of FLCF • Appreciate PHC elements at FLCF. (C2)

7th day	lth days commemoration (walk/ seminar/ presentation/ CHC-message dissemination work 30 – 12.00pm)	12.00 – 2.00pm • Completion & assessment of relevant Practical Journal work, • HHS-report book, • Logbook etc. • Feedback discussion on PHI	• Communication skills • Comprehend frequency Preventable RFs of NCDs in the real population (RF surveillance) • Undertake a preventive Healthcare inquiry
8th day	seum learning module (MLM) / visit to departmental Museum 0- 12.30	• Endo of module OSPE (12.30 – 2.00pm) • OPSE conduction (10 stations video assisted OPSE / OSPE) for 40 total marks .	s npletion of any remaining work journal assessment HHS report assessment Students feedback etc

Community based / Field Visits

Each batch will be perform at least 02 filed visits of sites of Public health importance outside the institutions under available opportunities and logistics. Following sites may be considered for the purpose.

I.	RHC Khiaban-e-Sir-Syed Rawalpindi / DHO	**s:**
II.	Sewerage Treatment Plant I-8 Islamabad	dents will better comprehend the System, Mechanism, or Processes (visited) of community health or public health relevance in regional practices context. (**Practice based Learning)**
III.	Water purification plant Rawal Dame Islamabad	
IV.	Child protection Bureau Rawalpindi	
V.	Community Livings / urban slums - US-15 Rawalpindi	**sibility, opportunity, and logistics:** every visit will be planned subject to:
VI.	National Vaccination production unit– Chuk Shahzad Islamabad	1. Approval of competent authority (RMU) in given conditions.
VII.	Vaccines & Venom Production Unit, NIH, Islamabad	2. Time space available (total 8 days rotation & with max 04 hrs. a day)
VIII.	Clinical Trail Unit, NIH- Islamabad	3. Availability of Transport
IX.	Diseases Surveillance & control / SAAL office. NIH Islamabad	4. Consent / approval of f remote sites
X.	WHO-Office, Chuk Shahzad, Islamabad	5. Another justified pre-visit approval/favor or fulfillment of need.
XI.	National Command & Operation Control Office (NCOC) / System. Disaster Control & Management office Islamabad	
XII.	Office of Punjab Food Control Authority – Rawalpindi	
XIII.	Drug intoxication & Rehabilitation center Dept of Psychiatry BBH Rawalpindi	
XIV.	Any site appropriate & feasible for the purpose.	

Note:

1. Colander schedule of each batch will be noticed by the Department of community Medicine prior to the commencement of the batch rotation.
2. Students will have to record all activities of the clerkship in the relevant Logbook accordingly. Students will keep logbook updated and duly signed by faculties & departments.

Department of Community Medicine & Public Health
Rawalpindi Medical University – Feb 2023

14.Learning Resources

Subject	Resources
Otorhinolaryngology	• Diseases of ear nose thar Dr Saleem Iqbal Bhutta • Scott Brown Otorhinolaryngology Head & Neck Surgery, Eighth Edition • Diseases of Ear, Nose and Throat & Head and Neck Surgery, Seventh Edition, PL Dhingra • Color Atlas of ENT diagnosis, Tony R. Bull, 5th Edition • Ear, Nose and Throat, Self-Assessment and Self Evaluation Manual, Second Edition, PL Dhingra
Community Medicine	• Park's Textbook of Preventive and Social Medicine, 26th edition, Chapter 3, 4, 5 • Textbook of Community Medicine by Muhammad Ilyas and Dr Irfanullah Siddiqi • Epidemiology by Leon Girdis

15.Time Table

Integrated Clinically Oriented Modular Curriculum for Fourth Year MBBS

Otorhinolaryngology Module Time Table

Fourth Year MBBS

Session 2023 – 2024

Module Name : **Otorhinolaryngology Module**

Duration of Module : **05 Weeks**

Coordinator : **Dr. Ashar Alamgir (Assistant Professor ENT)**

Module Committee		Module task force		
Vice Chancellor RMU	Prof. Dr. Muhammad Umar	Co Coordinator	Dr. Huma (PGT ENT HFH).	
Director DME	Prof. Dr. Rai Muhammad Asghar	DME Focal Person	Dr. Sidra Hamid	
Convener Curriculum	Prof. Dr. Naeem Akhter	Co-coordinator Comm Med	Dr. Imrana	
Chairperson Otorhinolaryngology	Prof Dr. Nousheen Qureshi			
Additional Director DME	Prof. Dr. Ifra Saeed			
Chairperson Physiology	Prof. Dr. Samia Sarwar			
Chairperson Biochemistry	Dr. Aneela Jamil	**DME Implementation Team**		
		Director DME		Dr. Rai Muhammad Asghar
Focal Person ENT 4th **YearMBBS**	Dr Huma	Implementation In charge 4th Year MBBS		Prof. Dr. Arshad Ali Sabir
Focal Person Comm Med	Dr. Affifa Kalsoom	Deputy Director DME		Dr. Shazia Zeb

Categorization of Modular Content of Otorhinolaryngology		
Category A* By Professors	**Category B** By Assoc & Assist Prof**	**Category C By Senior Registrars**
Endoscopic anatomy of middle ear	Anatomy and physiology of ear and vestibular system	Chronic Otitis media
Types of mastoidectomies	Acute Otitis externa & Malignant Otitis externa	Snoring and Sleep Apnoea
FESS	Acute Otitis Media /Otitis media with effusion + Eustachian tube catarrh	Vasomotor Rhinitis and its differentials
Stapedectomy	Facial nerve palsy	Pure tone audiometry, Tympanometry and BERA/ASSR
	Otosclerosis	Hearing Aids, Cochlear implant
	Sensorineural hearing loss, noise induced hearing loss, drug induced HL, Meniere's	Nasal polyps
	Acute epiglottitis, Acute laryngotracheobronchitis	Allergic rhinitis
	Complications of Chronic Otitis media	Radiology of nose and paranasal sinuses
	Nasopharyngeal Angiofibroma	Anatomy and physiology of oral cavity, pharynx
	Deviated nasal septum & Rhinoplasty	Septal abscess & septal hematoma
	Complications of rhinosinusitis	Basal cell carcinoma &Squamous cell carcinoma Nose
	Acute and chronic tonsillitis, peritonsillar abscess, retropharyngeal abscess, parapharyngeal abscess	Anatomy and physiology of larynx, trachea, bronchi
	Vocal nodule, vocal polyp, Rienke's edema	Adenoiditis
	Diseases of salivary glands	Ludwigs angina

Teaching Staff / Human Resource of Department of Otorhinolaryngology

Sr. #	Designation Of Teaching Staff / Human Resource	Total number of teaching staff
1.	Professor	01
2.	Associate professors	02
3.	Assistant professors	04
4.	Senior Registrars	02

Contact Hours (Faculty)

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours
1.	Large Group Interactive Session (LGIS)	2 * 13 = 26 hours
2.	Small Group Discussions (SGD)	2*12+ 1*2=26 hours
3.	Case Based Learning (CBL)	2 * 2 = 4 hours
4.	Operation theatre	4 * 8 = 32 hours

CATEGORIZATION OF MODULAR CONTENT OF COMMUNITY MEDICINE DEPARTMENT

Category A*	Category B**	Category C***		
LGIS	LGIS	SDGS	SDL	IUGRC SESSIONS (PAL)
Epidemiology Fundamental concepts	Concept of to disease & health	Measures of morbidity & exercise of morbidity statists		Selection of research title (Finer Criteria) & literature review
Quantification of ill health & death	Concept of disease causation	Measures of mortality & exercise of morality statists		
Epidemiological Study designs	Levels of prevention			
Measure of association in epidemiological data analysis				
Epidemiological investigation	Health dimensions & indicators	Calculation of indicators & indexes	Exercise of Investigation of epidemics	
Disease Causation & association concepts	Epidemiology of Communicable diseases			
Overview of Health research methods				
Research Sampling techniques				

Category A*: Fundamental & Complex Concepts taken by Professors, Associate Professors and Assistant Professors
Category B**: Intermediate concepts. Exercises. By Professorial faculty and Senior Demonstrators/ subject specialists.
Category C***: Relatively lower complex concepts, exercises/ applications. By Assistant professors, Demonstrators & senior PGTs)

Teaching Staff / Human Resource of Department of Community Medicine

Sr.no.	Designation	Total number of teaching staff
1	Professor	01
2	Associate professor	02
3	Assistant professor	02
4	demonstrators	05
5	PGTs	04

Contact Hours (Faculty)

Sr. no.	Hours Calculation for Various Type of Teaching Strategies	Total Hours (Faculty)	Total Hours (Students)	Faculty level
1	LGIS (17). 1hrs each session (half class sessions)	2 x 17= 34 hrs.	17	Professor, associate, and assistant professors
2	SGD (2) approx. 2hrs each session. 1/4th class	2 x 8= 16 hrs.	4	Demos (subject specialists), Senior PGTs
3	PAL (IUGRC) (1) approx. 2hrs per session. (16 small group sessions. 8 sessions per day)	2 x 16 =32 hrs.	2	Demos (subject specialists) supervised by professional faculties
4	SDL (1)	1 x 4 =2 hrs.	2	Demos (subject specialists)
		Total: 84hrs	25hrs	

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK

TENTATIVE TIME TABLE 4th YEAR MBBS – OTORHINOLARYNGOLOGY MODULE 2023 (FIRST WEEK)

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am	BREAK 10:00AM – 10:30AM	10:30am – 12:00pm	12:00pm - 02:00pm
Monday 06-03-23	**ENT (EVEN/ODD) LGIS** Endoscopic anatomy of middle ear Dr Nausheen/ Dr Ashar Lec hall 1 & 2	**COMMUNITY MEDICINE (EVEN/ODD) LGIS** Introduction to the subject (fundamental concepts and scheme of learning) Prof Arshad Sabir Lec hall 1& 2		**SGD** Discuss anatomy of ear and vestibular system in ENT wards class room	**CBL** Ear examination in ENT wards on patients
Tuesday 07-03-23	**ENT LGIS** Anatomy and physiology of ear and vestibular system Dr Ahmad Hassan/Dr Arshad Lec hall 1& 2	**COMMUNITY MEDICINE LGIS** Introduction to disease and health-I(epidemiological triad) Dr Gul Mehar AP/Dr Imrana S.Demo Lec hall 1& 2		**SGD** Discuss physiology of ear and vestibular system in ENT ward class room	**CBL** Examination of hearing and vestibular system on patients in ENT ward
Wednesday 08-03-23	**ENT LGIS** Acute Otitis externa Malignant Otitis externa Dr Nausheen/Dr Sundas Lec hall 1& 2	**PHARMACOLOGY LGIS** Antihistamines Dr Omaima Lec hall 1 & 2		**SGD** Discuss acute otitis externa Malignant otitis externa in ENT ward class room	**CBL** History and examination of Acute otitis externa Malignant otitis externa patients in ENT ward
Thursday 09-03-23	**ENT LGIS** Acute Otitis Media /Otitis media with effusion + Eustachian tube catarrh Dr Ahmad Hassan/Dr Arshad Lec hall 1& 2	**COMMUNITY MEDICINE LGIS** Fundamental concepts of Epidemiology-I Prof Arshad Sabir Dr. Sana Bilal Assc Prof Lec hall 1 & 2		**SGD** Discuss otitis media with effusion Eustachian catarrh in ENT ward class room	**CBL** History and examination of Otitis media with effusion Eustachian catarrh patients in ENT ward

Friday 10-03-23	08:00AM – 09:45AM	09:45AM – 10:30		10:30AM – 11:15AM		11:15AM – 12:00PM	SDL
	VISIT	ENT **LGIS**		COMMUNITY MEDICINE **LGIS**		LGIS-ENT	
	Community medicine / Pharmacology HRM (Contact session) R1/ Overview to health research methodology(SGD) Prof Arshad Sabir/ Dr. Sana Bilal Assc Prof. Effect of histamine and anti histamine on rabbit's ileum Dr Uzma / Dr Arsheen	Chronic Otitis media Dr Sadia Lec hall 4	Chronic Otitis media Dr Nida Lec hall 5	Health and Disease II Positive health and Dimensions of health (health indices)		Snoring and Sleep Apnoea Dr Nida/Dr Sundas Lec hall 4 & 5	Radiology of ear And mastoid
				Dr. Gul Mehar AP hall 4	/Dr. Imrana S.Demo hall 5		
		Odd	Even	Odd	Even		

Saturday 11-03-23	08:00AM – 09:45AM	09:45AM – 10:30		10:30AM – 11:15AM	BREAK 11:15AM – 11:45AM	11:45AM – 12:30PM	12:30PM – 01:15PM	01:15PM – 02:00PM
	VISIT (SGD)	ENT **LGIS**		COMMUNITY MEDICINE **LGIS**		ENT **LGIS**	Pathology **LGIS**	SDL-ENT
	Community medicine / Pharmacology HRM (Contact session) R1/)verview to health research methodology Dr. Khola Assc Prof/ Dr.Afifa AP Effect of histamine and anti histamine on rabbit's ileum Dr Uzma / Dr Arsheen	Facial nerve palsy Dr Nida Lec hall 4	Facial nerve palsy Dr Sundas Lec hall 5	Natural history of disease and levels of prevention-III Dr. Gul Mehar AP/ Dr. Imrana S.Demo Hall 4 & 5		Otosclerosis Dr Ashar / Nida Lect Hall 4 & 5	Cysts, polyp, cholesteatoma and neoplastic lesions of ear Dr Abid / Dr Mudassira Lec Hall 4 & 5	Vasomotor Rhinitis and its differentials Dr Nida Lect hall 4 & 5
		Odd	**Even**					

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK

TENTATIVE TIME TABLE 4th YEAR MBBS – OTORHINOLARYNGOLOGY MODULE 2023 (SECOND WEEK)

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am	BREAK 10:00AM – 10:30AM	10:30am – 12:00pm	12:00pm - 02:00pm
Monday 13-03-23	**ENT LGIS** Pure tone audiometry, Tympanometry and BERA / ASSR Dr Ashar/Dr Sadia Lec hall 1 & 2	**COMMUNITY MEDICINE LGIS** Introduction to Epidemiological Methods-II Prof Arshad Sabir/ Dr Sana Bilal Assc Prof Lec Hall 1 & 2		**SGD** Discuss chronic otitis media and management in ENT ward class room	**CBL** Management of otitis media in ENT wards on patients
Tuesday 14-03-23	ENT **LGIS** Sensorineural hearing loss, noise induced hearing loss, drug induced HL, Meniere's Dr Sadia /Dr Haitham Lec Hall 1 & 2	**COMMUNITY MEDICINE LGIS** Analytical Epidemiology-III (case control study) Prof Arshad Sabir/ Dr Sana Bilal Assc Prof Lect Hall 1 & 2		**SGD** Discuss different types of hearing loss and their management in ENT ward class room	**CBL** Examination of hearing and vestibular system on patients and interpretation in ENT ward
Wednesday 15-03-23	ENT **LGIS** Hearing Aids, Cochlear implant Dr.Nida/Dr Arshad Lec Hall 1 & 2	**OBSTETRICS** Preparation to go to obs ward Dr Humera Noreen Lec hall 1 & 2		**SGD** Discuss causes of otalgia and referred otalgia in ENT ward class room	**CBL** History and examination of patients with otalgia in ENT ward
Thursday 16-03-23	ENT **LGIS** Anatomy and physiology of nose and paranasal sinuses Dr Ahmad Hassan/DrHaitham Lec hall 1 & 2	COMMUNITY MEDICINE **LGIS** Epidemiology-IV (cohort study) Prof Arshad Sabir/Dr Sana Bilal Assc Prof Lec Hall 1 & 2		**SGD** Discuss different types of mastoidectomies in ENT ward class room	**CBL** Demonstration of mastoidectomy patients in ENT operation theatre

	08:00AM – 09:45AM	09:45AM – 10:30		10:30AM – 11:15AM		11:15AM – 12:00PM	SDL
Friday 17-03-23	VISIT Community medicine / Pharmacology HRM (Contact session) -I/ (PAL) Selection of Research title FINER criteria All demonstrators CMED department Prescription writing on allergic rhinitis	ENT **LGIS** Acute epiglottitis, Acute laryngotracheobronchitis Dr Sadia Lec Hall 4 Even	Acute epiglottitis, Acute laryngotracheobronchitis Dr Ashar Lec hall 5 Odd	COMMUNITY MEDICINE **LGIS** Droplet Infections-I(smallpox,chickenpox ,measles) Dr. Narjis(S.Demo) Lec hall 4 Odd	Droplet Infections-I(smallpox,chicken pox ,measles) Dr Memona (S.Demo) Lect hall 5 Even	PATHOLOGY **LGIS** Oral inflammatory lesions and neoplastic lesions, pathologies of tonsils Dr Abid / Dr Mudassira Lecture hall 4 & 5	Acute otitis media/Chronic otitis media / Cholesteatoma

	08:00AM – 09:45AM	09:45AM – 10:30		10:30AM – 11:15AM	BREAK 11:15AM – 11:45AM	11:45AM – 12:30PM	12:30PM – 01:15PM	01:15PM – 02:00PM
Saturday 18-03-23	VISIT Community medicine / Pharmacology HRM (Contact session) -I/ (PAL) (Selection of Research title FINER criteria. All demonstrators Cmed department Prescription writing on allergic rhinitis	ENT **LGIS** Complications of Chronic Otitis media Dr Ahmad Hasan Lec hall 4 **Odd**	Complications of Chronic Otitis media Dr Haitham Lec hall 5 **Even**	ENT **LGIS** Types of mastoidectomies Dr Sundas/ Arshad Lec Hall 4 & 5		COMMUNITY MEDICINE **LGIS** Droplet Infections-II(rubella, pertussis,mumps) Dr.Narjis/Dr.Asif(S.Demo) Lec Hall 4 & 5	OBSTETRICS History taking and examination of obs patients Prof Tallat Farkhanda Lec Hall 4 & 5	SDL Laser and cryosurgery in otorhinolaryngology Dr Nida Lec Hall 4 & 5

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK

TENTATIVE TIME TABLE 4th YEAR MBBS – OTORHINOLARYNGOLOGY MODULE 2023 (THIRD WEEK)

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am	BREAK 10:00AM – 10:30AM	10:30am – 12:00pm	12:00pm - 02:00pm
Monday 20-03-23	**ENT LGIS** Nasopharyngeal Angiofibroma Dr Ashar/Dr Sadia Lec hall 1 & 2	**COMMUNITY MEDICINE LGIS** Experimental epidemiology -V (RCTs) Prof Arshad Sabir/Dr Sana BilalLec Hall 1 & 2		**SGD** Discuss anatomy and physiology of nose and paranasal sinuses in ENT wards	**CBL** History taking and Nose and PNS examination in ENT wards on patients
Tuesday 21-03-23	ENT **LGIS** FESS Dr Haitham/Dr Ashar Lec Hall 1 & 2	COMMUNITY MEDICINE **LGIS** Non probability Sampling Dr.Khola Assc Proff/ Dr.Afifa AP Lec Hall 1 & 2		**SGD** Discuss DNS, Angiofibroma in ENT ward	**CBL** Septoplasty, SMR, FESS on patients
Wednesday 22-03-23	ENT **LGIS** Deviated nasal septum & Rhinoplasty Dr Nida/Dr Arshad Lec hall 1 & 2	COMMUNITY MEDICINE **LGIS** Probability Sampling Dr.KholaAssc Proff/ Dr.Afifa AP Lect hall 1&2		**SGD** Discuss Rhinoplasty in ENT ward	**CBL** H patients in ENT ward
Thursday 23-03-23	ENT **LGIS** Acute and chronic Rhinosinusitis Dr Ahmad Hassan/Dr Sadia Lec hall 1 & 2	COMMUNITY MEDICINE **LGIS** Comparison of all study designs-VI Prof Arshad Sabir/Dr Sana Bilal Assc Prof Lecture hall 1&2		**SGD** Discuss acute and chronic rhinosinusitis	**CBL** Demonstrate acute and chronic sinusitis on patients in ENT ward

Friday 24-03-23	08:00AM – 09:45AM	09:45AM – 10:30		10:30AM – 11:15AM		11:15AM – 12:00PM	SDL
	CM/Pathology	ENT **LGIS**		Community Medicine **LGIS**		DERMATOLOGY	
	Community medicine / Pathology Measures of morbidity Dr.Gul Mehar, Dr.Abdul Qudoos, Dr.Zaira,Dr.Moniba Inflammatory/allergic nasal polyps, cholesteatoma, squamous cell Carcinoma, Nasal polyps Dr Fatima / Dr Saeed	Nasal polyps Dr Sadia Lec hall 4	Nasal Polyps Dr Nida Lec hall 5	Droplet Infection – III(diphtheria, meningitis,influenz) Dr.Narjis(S.Demo) Lecture Hall 4	Droplet Infection – III(diphtheria, meningitis,influenz) Dr.Memona(S.Demo) Lecture Hall 5	Approach to a patient with fungal & viral skin infections Dr Shahwana Lecture hall 4 & 5	Septal abscess & Septal hematoma Radiology of nose and paranasal sinuses Vocal cord paralysis
		Odd	Even	Odd	Even		

Saturday 25-03-23	08:00AM – 09:45AM	10:00AM – 11:00AM		11:00AM – 11:40AM	NO BREAK	11:40AM – 12:20PM	12:20PM – 01:00PM	
	CM/Pathology	ENT **LGIS**		COMMUNITY MEDICINE **LGIS**		ENT **LGIS**	DERMATOLOGY **LGIS**	25-03-2023
	Community medicine / Pathology Measures of morbidity Dr.Gul Mehar, Dr.Abdul Qudoos, Dr.Zaira,Dr.Moniba Nasal polyps, Neoplasms of nasopharynx, Nasal polyps Dr Fatima / Dr Saeed	Complications of rhinosinusitis Dr Sundas Lec hall 4	Complications of rhinosinusitis Dr Haitham Lec hall 5	Droplet Infections _IV Tuberculosis Dr. asif / Dr. Narjis(S.Demo) Lec hall 4 & 5		Allergic rhinitis Dr Sundas/Dr Haitham Lec hall 4 & 5	Approach to a patient with Acne & Melasma Dr Shahwana Lec Hall 4 & 5	**MID MODULE ASSESSMENT MCQ PAPER**
		Odd	**Even**					

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK

TENTATIVE TIME TABLE 4th YEAR MBBS – OTORHINOLARYNGOLOGY MODULE 2023 **(FOURTH WEEK)**

DATE / DAY	8:00 AM – 9:00 AM	09:00AM – 10:00AM		10:00AM – 11:30AM	11:30AM - 01:00PM
Monday 27-03-23	**ENT LGIS** Radiology of nose and paranasal sinuses Dr Haitham/Dr Ashar Lec hall 1 & 2	**ENT LGIS** Anatomy and physiology of oral cavity, pharynx Dr Sadia/Dr Ahmad Hassan Lec Hall 1 & 2	**NO BREAK**	**SGD** Discuss radiology of Nose and PNS in ENT wards	**CBL** History taking, examination of oral cavity, pharynx in ENT wards on patients
Tuesday 28-03-23	**ENT LGIS** Septal abscess & septal hematoma Dr Ashar /Dr Sadia Lec hall 1 & 2	**ENT LGIS** Basal cell carcinoma &Squamous cell carcinoma Nose Dr Haitham/Dr Ahmad Hassan Lec hall 1 & 2		**SGD** Discuss septal abscess, septal hematoma in ENT ward	**CBL** Demonstrate septal hematoma, septal abscess, Basal cell carcinoma, squamous cell carcinoma on patients in ENT ward
Wednesday 29-03-23	**ENT LGIS** Anatomy and physiology of larynx, trachea, bronchi Dr Nida /DrArshad Lec hall 1 & 2	COMMUNITY MEDICINE **LGIS** Experimental Studies Prof Arshad/Dr.Sana Bilal Lec hall 1 & 2		**SGD** Discuss anatomy and physiology of larynx, trachea, bronchi in ENT ward	**CBL** History taking, examination of larynx, trachea, bronchi, neck on patients in ENT ward
Thursday 30-03-23	**ENT LGIS** Acute and chronic tonsillitis, peritonsillar abscess, retropharyngeal abscess, parapharyngeal abscess Dr Ashar/Dr Sundas Lec hall 1 & 2	COMMUNITY MEDICINE **DSL** Association and Causation Prof Arshad/Dr.Sana Bilal Lec hall 1 & 2		**SGD** Discuss acute, chronic tonsillitis, peritonsillar abscess, retropharyngeal abscess, parapharyngeal abscess in ENT ward	**CBL** Demonstrate acute, chronic tonsillitis, peritonsillar abscess, retropharyngeal, parapharyngeal abscess on patients in ENT ward

DATE / DAY	08:00AM – 09:40AM	09:45AM – 10:30AM		10:30AM – 11:15AM		11:15AM – 12:00PM	
Friday 31-03-23	**CM/Pathology** Community medicine / Pathology HRM (Contact session) R1/ Measures of mortality Neoplastic lesions of nasopharynx	**ENT LGIS** Adenoiditis Dr Sadia Lec hall 4 **Odd**	Adenoiditis Dr Haitham Lec hall 5 **Even**	**DERMATOLOGY LGIS** Approach to a patient with Lichen Planus Dr Shahwana Lec hall 4 **Odd**	Approach to a patient with Lichen Planus Lec Hall 5 **Even**	**ENT LGIS** Vocal nodule, vocal polyp, Rienke's edema Dr Sundas / DrArshad Lec hall 4 & 5	SDL Study about adenoiditis, its clinical features, investigations and management Salivary gland diseases, their diagnosis, investigations and management

DATE / DAY	08:00AM – 09:45AM	10:00AM – 11:00AM		11:00AM – 12:00PM		12:00PM – 01:00PM	
Saturday 01-04-23	**CM /Pathology** HRM (Contact session) R1/ Dr.Gul Mehar, Dr.Abdul Qudoos,Dr.Zaira,Dr.Moniba Epidemiologic aspects of diphtheria, pertussis, meningococcal meningitis, influenza, SARS, tuberculosis, pneumonia, Neoplastic lesions of nasopharynx	**ENT LGIS** Ludwigs angina Dr Ahmad Hassan Lec Hall 4 **Odd**	Ludwigs angina Dr Sundas Lec hall 5 **Even**	**ENT LGIS** Diseases of salivary glands Dr Sundas/ Arshad Lec Hall 4 & 5	**NO BREAK**	**DERMATOLOGY LGIS** Approach to a patient with Cutaneous Drug Reactions Dr Shahwana Lec hall 4 & 5	**SDL** Vocal cord paralysis Radiology of neck and aerodigestive tract Dr Nida

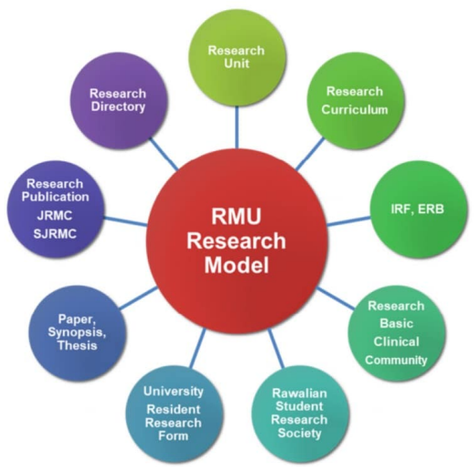
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK

TENTATIVE TIME TABLE 4th YEAR MBBS – OTORHINOLARYNGOLOGY MODULE 2023 **(FIFTH WEEK)**

DATE / DAY	8:00 AM – 9:00 AM	09:00AM – 10:00AM		10:00AM – 11:30AM	11:30AM - 01:00PM
Monday 03-04-23	**ENT SDL**	**ENT SDL**		**SGD**	**CBL**
	Revision Ear Diseases Dr Tabassum Dr Nida	Revision Throat diseases Dr Tabassum Dr Sundas		Revision of history taking, investigations	Revision nose, throat, neck examination
Tuesday 04-04-23	**ENT SDL**	**ENT SDL**		**SGD**	**CBL**
	Revision Nose Diseases Dr Tabassum Dr Nida	Revision Head and Neck diseases Dr Sundas/Dr Tabassum		Revision of radiology of ear, nose, throat	Revision Examination of hearing and vestibular system on patients in ENT wards
Wednesday 05-04-23			NO BREAK	**SDL ASSSESSMENT 04-04-2023**	
	EXAM PREPARATION LEAVE			EXAM PREPARATION LEAVE	
Thursday 06-04-23					
	EXAM PREPARATION LEAVE			EXAM PREPRATAION LEAVE	
Friday 07-04-23	**END OF BLOCK / MODULE - WRITTEN PAPER (MCQ+SAQ) MCQ 09 AM TO 10 AM SAQ 10 AM TO 11 AM**				
Saturday 08-04-23	**END OF BLOCK / MODULE – OSPE 09 AM TO 11 AM**				

16.Research

Cultivating the culture of Research has always been envisioned as one of the main pillars of Rawalpindi Medical University, as a means to develop healthcare professionals capable of contributing to the development of their country and the world. For the purpose thereof, right from the inception of Rawalpindi Medical University, efforts were concentrated to establish a comprehensive framework for research in Rawalpindi Medical University, as a matter of prime importance. With team efforts of specialists in the field of research, framework was made during the first year of the RMU, for the development and promotion of Research activities in RMU, called the Research Model of RMU, giving clear scheme and plan for establishment of required components for not only promoting, facilitating and monitoring the research activities but also to promote entrepreneurship through research for future development of RMU itself.



17. Biomedical Ethics

Ethical choices, both minor and major, confront us everyday in the provision of health care for persons with diverse values living in a pluralistic and multicultural society.

Four commonly accepted principles of health care ethics, excerpted from Beauchamp and Childress (2008), include the:

1. Principle of respect for autonomy,
2. Principle of nonmaleficence,
3. Principle of beneficence, and
4. Principle of justice.

18. Family Medicine

Family Medicine is the primary care medical specialty concerned with provision of comprehensive health care to the individual and the family regardless of sex, age or type of problem. It is the specialty of breadth that integrates the biological, clinical and behavioural sciences. Family physicians can themselves provide care for the majority of conditions encountered in the ambulatory setting and integrate all necessary health care services.

19.Artificial intelligence

Artificial intelligence in medicine is the use of machine learning models to search medical data and uncover insights to help improve health outcomes and patient experiences. Artificial intelligence (AI) is quickly becoming an integral part of modern healthcare. AI algorithms and other applications powered by AI are being used to support medical professionals in clinical settings and in ongoing research. Currently, the most common roles for AI in medical settings are clinical decision support and imaging analysis.

Annexure

(Sample MCQ & SAQ papers)

Department of Otorhinolaryngology
Holy Family Hospital
SEND UP ENT MODULE 4TH YEAR MBBS 2022
WRITTEN EXAMINATION

In charge: **Prof Nousheen Qureshi**
Coordinator: **Dr Ashar Alamgir**

Total marks: 55 Total time: 60 minutes
Attempt all questions. All questions carry equal marks.
ENT = 35 Comm Medicine = 20

1. A young boy was involved in road traffic accident. He developed vertigo when he tried to move about . On examination he had blue ear drum and facial palsy on right side. Audiogram done two weeks later confirmed sensorineural hearing loss. The likely diagnosis is:
   a. **Transverse fracture of temporal bone***
   b. Longitudinal fracture of temporal bone
   c. Ossicular chain disruption
   d. Disruption of spiral ganglion
   e. Brain contusion
2. A two year old child is suffering from acute otitis media. His pain is not relieved in spite of adequate treatment .The best treatment in this situation is:
   a. Change antibiotic
   b. Increase analgesic dose
   c. Do hot fomentation
   d. Give lignocaine ear drops
   e. **Do myringotomy***
3. The posterior meatal wall is left intact in:
   a. **Cortical mastoidectomy***
   b. Modified radical mastoidectomy
   c. Radical mastoidectomy
   d. Fenestration operation
   e. Extended radical mastoidectomy
4. The patient complains of reduced hearing .The tuning fork test show negative Rinne test on right side and Weber test lateralizing to same side. This means:
   a. **Conductive deafness on right side***
   b. Perceptive deafness on right side
   c. Sensorineural deafness on right side
   d. Cochlear hydrops on right side
   e. Cochlear otosclerosis on right side
5. On otoscopic examination of a patient with complaints of itching and pain in the ear, black spores are seen along with debris in the ear canal. Which organism was responsible for patients otomycosis :
   a. **Aspergillus Niger***
   b. Aspergillus Flavus
   c. Aspergillus Alba
   d. Candida Albicans
   e. Aspergillus Fumigatus
6. A 20 year old boy presented in OPD with swelling behind the right ear for five days. The swelling was preceded by discharge from the same ear for 3 weeks along with occasional pain behind the ear. On examination there was erythema behind right pinna with protrusion of right pinna. The diagnosis in this patient was:
   a. Bezold Abscess
   b. Preauricular Abscess
   c. **Subperiosteal Abscess***
   d. Pharyngeal Abscess
   e. Luc's abscess
7. Commonest organism causing malignant otitis externa is:
   a. Proteus
   b. **Pseudomonas***
   c. Streptococcus Pyogenes
   d. Streptococcus Pneumonia
   e. Bacteroides
8. The patient had discharging ear. He was put on some antibiotics ear drops. He self-medicated with these drops for a long time. Now he complains of reduced hearing. Audiogram shows sensorineural hearing loss. Which drug is responsible for his hearing loss?
   a. Erythromycin
   b. **Gentamycin***
   c. Streptomycin
   d. Neomycin
   e. Clindamycin
9. A patient presents with decreased hearing since 1 month. Tuning fork tests were done. There was conductive deafness in the patient. Which of the following conditions will present with conductive deafness?
   a. Presbycusis
   b. Meniere's disease
   c. Vestibular schwannoma
   d. **Otosclerosis***
   e. Noise induced hearing loss
10. A 25 year old female patient presented with unilateral hearing loss. Schwartz sign was positive. Patient was diagnosed with conductive hearing loss due to otosclerosis. How will you manage the patient:
    a. **Stapedotomy***
    b. Grommet insertion
    c. Myringoplasty
    d. Observe
    e. Sodium fluoride
11. A two year old child is having unilateral nasal discharge which is foul smelling and purulent. The likely diagnosis is:

Sample Of MCQs paper

RAWALPINDI MEDICAL UNIVERSITY

4TH YEAR SEND UP OTORHINOLARYNGOLOGY MODULE (Y4M1)

Date:	00-00-2022	Total SAQs:	10	Total marks:	50	Time allocated:	60 minutes
ENT	07	COMM MED	03				

Attempt all questions. All questions carry equal marks.

1. A 16 years old male presents with history of pain in throat and fever for last one week and difficulty in swallowing for last 2 days. Examination shows swelling of right soft palate and uvula was shifted to left side. Complete blood count showed neutrophilia.
    a. What is the most probable diagnosis and what is causative organism? 2
    b. Write management steps for this case. 2
    c. What is interval tonsillectomy? 1
2. A 45 years old male, singer by profession and chronic smoker presented with history of hoarseness of voice from last 1 month. Indirect laryngoscopy showed small polypoidal growths involving bilateral anterior two third of vocal cords.
    a. Write down your diagnosis. 1
    b. Briefly write management options. 2
    c. What preventive measure should be taken to avoid further worsening of voice? 2
3. A 15 year old boy presented with complaints of right sided progressive nasal blockage and on & off profuse epistaxis from last 3 months. Examination revealed a fleshy mass filling right nostril. CT scan nose & paranasal sinuses showed a homogenous opacification involving right nasal cavity and invading the pterygopalatine fossa.
    a. Write down your diagnosis? 1
    b. How will you investigate? 2
    c. What are different surgical approaches in this case? 2
4. A patient of age 37 year presented in ENT OPD with history of nasal obstruction, nasal discharge and anosmia for past 6 month . On anterior rhinoscopy pale glistening masses were seen in both nasal cavities.
    a. What is most likely diagnosis? 1
    b. What investigations can be helpful in this disease? 2
    c. Briefly write management plan. 2
5. A 20 year old girl presented to ENT OPD after ear piercing with red, hot, painful pinna which on examination feels stiff.
    a. Write down your diagnosis. 1
    b. What are the complications if left untreated? 2
    c. What is your management plan? 2
6. A 7 year old child presented to ENT Emergency with pain behind the ear, fever and ear discharge for two days. On examination pinna is pushed downward and forward with congestion over the mastoid.
    a. Pen down your diagnosis? 1
    b. Enumerate important investigations. 2
    c. Write steps of management plan. 2
7. A 50 years old male, smoker from the last 30 years presented to ENT OPD with complaints of hoarseness of voice for 6 months and dysphagia from 3 months. On examination there is a mass seen in glottic area causing fixation of vocal cords with palpable neck nodes.
    a. What is most likely diagnosis? 1
    b. Write investigations to reach final diagnosis. 2
    c. What is your management plan? 2
8. A retrospective study was done among 2000 individuals (1000 from each group) in order to determine the association of obesity with life style (sedentary / healthy). About 770 cases and 230 controls were observed to have sedentary life style.
    a. Draw 2 ×2 (contingency) table. 2
    b. Calculate relevant measure of association. 2
    c. Interpret the results. 1
9. Covid-19 has produced devastating effects on lives of people over the Globe. Public health has emerged as an important and effective science in protecting and promoting health of the people. Considering Covid-19 pandemic and public practices answer following.
    a. Explain primary and secondary levels of prevention practices in wave of covid-19. 3
    b. Explain 04 dimensions of health embodied in WHO definition of Health. 2
10. A research was intended for risk assessment of type-II diabetes among adult people residing in Wah Cantt. Population of adults was stratified with respect to their age into five groups.
    a. Explain which type of sampling will be appropriate, how it will be accomplished and what would be its benefits in the above scenario? 4
    b. Explain concept of "Snow ball" sampling. 1

---------- **THE END** ----------

Sample of SAQ paper