



ASSESSMENT DOCUMENT

Medicine & Allied

Final Year MBBS- 2023

Rawalpindi Medical University, Rawalpindi

Revised and updated 19-6-2023

Rawalpindi Medical University Scheme

Theory 28% of total marks 40% of Theory + Clinical & Practical				Clinical & Practical 42% of total marks Uniform, standardized 60 % of Theory + Clinical & Practical			Internal Assessment (30%)	Total
140				210			150	500
Paper I		Paper II		Observed Structured Clinical Evaluation				
70		70						
MCQs	SAQs	MCQs	SAQs	Long Case	Short Cases	Practical		
45 (1 number each)	5 (5 number each)	45 (1 number each)	5 (5 number each)	3 stations (24 numbers each)	4 stations (22 numbers each)	5 stations (10 numbers each)		
Numbers				Number				
45	25	45	25	60	80	70		

- *Pass marks 50%. Theory and Clinical Components need to be passed separately. In Clinical Component obtaining 50% marks in Long and Short Case stations is mandatory to pass.*
- *The continuous internal assessment marks will be equally distributed to the Theory and Clinical Practical Examinations. Theory marks will thus be $140+75=215$ (43%), and Clinical Practical marks will be $210+75=285$ (57%),*

Final Professional MBBS Examination- RMU And UHS Comparison

Rawalpindi Medical University (RMU)								
Theory 28% of total marks 40% of Theory + Clinical & Practical				Clinical & Practical 42% of total marks Uniform, standardized 60 % of Theory + Clinical & Practical			Internal Assessment (30%)	Total
140				210			150	500
Paper I		Paper II		Structured Clinical Evaluation				
70		70						
MCQs	SAQs	MCQs	SAQs	Long Case	Short Cases	Practical		
45 (1 number each)	5 (5 number each)	45 (1 number each)	5 (5 number each)	3 stations (24 numbers each)	4 stations (22 numbers each)	5 stations (10 numbers each)		
Numbers				Number				
45	25	45	25	72 (34.28%)	88 (41.9%)	50 (23.8%)		
University of Health Sciences (UHS)								
Theory 35% of total marks 38.8% of Theory + Clinical & Practical				Clinical & Practical 55% of total marks 61.2% of Theory + Clinical & Practical			Internal Assessment (10%)	Total
175				275			50	500
Paper I		Paper II		Long Case	Short Case	OSCE		
90 marks		85 marks						
MCQs	SEQs	MCQs	SEQs	90	120	65		
45 (1 number each)	9 (5 numbers each)	40 (1 number each)	9 (5 numbers each)	32.7%	43.6%	23.6%		

- *Internal assessment marks are equally distributed to theory and Practical components.*
- *For UHS Theory marks are 174+25=200 (40%), and Clinical Practical marks will be 275+25=300 (60%)*
- *For RMU Theory marks are 140+75=215 (43%), and Clinical Practical marks will be 210+75=285 (57%)*

Final Professional MBBS Examination

Written Component- Table of Specification

Paper I

	Topic Distribution	MCQs- 45	SAQs- 5
1	Respiratory Medicine	7	1
2	Cardiovascular Diseases	7	1
3	Gastroenterology and Hepatobiliary Diseases	7	1
4	Neurology	6	1
5	Rheumatology	6	1
6	Hematology	6	
7	Poisoning	6	

Paper II

	Topic Distribution	MCQs- 45	SAQs- 5
1	Infectious Diseases	7	1
2	Endocrinology including Diabetes Mellitus	7	1
3	Nephrology	7	1
4	Psychiatry and Behavioral Sciences	6	1
5	Acid Base, Water and Electrolytes Disorders	6	1
6	Dermatology	6	
7	Critical Care	6	

Both Papers

MCQs 90= 90 numbers	SAQs 10= 50 numbers	140 numbers
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*Five percent (5%) questions may come from any topic in all assessments

Clinical & Practical Component Breakup

1	Long Case History	24
2	Long Case Examination	24
3	Long Case Discussion/Management	24
4	Short Case Respiratory	22
5	Short Case CVS	22
6	Short Case CNS	22
7	Short Case GIT	22
8	Work Book, Log Book	10
9	ECG, Instrument, Medication	10
10	X-Ray and CT Scan	10
11	Counseling	10
12	BLS	10

- **All candidates will take history, examine a clinical system or component, do counseling, perform BLS related activity, and get review of Work and Log Book etc with reference to uniform written command in specified time,**
- **Information to Examiner/Key based assessment of each student will be done e.g., evaluation of clinical examination general demeanor, examination technique, examination findings, likely differential diagnosis based on the finding, probable causes and severity of the condition etc will be focused keeping in mind clinical scenario.**

Clinical and Practical Component Cycle

1 Long Case History Taking	2 Long Case Examination	3 Long Case Discussion/Viva Voce
12 BLS related	OSCE Final Year MBBS	4 Short Case- Respiratory
11 Counseling	5 minutes/station 60 minutes' minimum cycle, can be increased with Rest Stations Total Marks 210 Station 1-7= 20 numbers each Station 8-12= 14 numbers each	5 Short Case- CVS
10 X-Ray & CT scan Station		6 Short Case- CNS
9 ECG, Instrument/Medication	8 Log Book, Work Book	7 Short Case- GIT

Station Details- Clinical and Practical Component Cycle

Station 1	Long Case History	<p><i>Student will be asked to take history from a patient or surrogate pertaining to a clinical problem.</i></p> <p><i>Examiner will observe and mark according to key.</i></p>
Station 2	Long Case Examination	<p><i>Student will be asked to do relevant clinical examination keeping in mind the clinical scenario given in long case history station</i></p> <p><i>Examiner will observe and mark according to key.</i></p>
Station 3	Long Case Discussion	<p><i>Examiner will ask questions pertaining to history, examination findings, interpretation, and management etc according to key</i></p>
Station 4	Short Case- Respiratory System	<p><i>Student will be asked to perform focused clinical examination of chest pertaining to a clinical scenario.</i></p> <p><i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key</i></p>
Station 5	Short Case- CVS	<p><i>Student will be asked to perform focused clinical examination of CVS keeping in mind given clinical scenario.</i></p> <p><i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key</i></p>
Station 6	Short Case- CNS	<p><i>Student will be asked to perform focused clinical examination of CNS keeping in mind a</i></p>

		<i>clinical scenario for assessment of knowledge, skill and attitude.</i>
Station 7	Short Case- GIT	<i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key Student will be asked to perform focused clinical examination of GIT keeping in mind a given clinical scenario for assessment of knowledge, skill and attitude.</i>
Station 8	Log Book, Work Book evaluation, CPC participation, and Research Evaluation (if relevant)	<i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key Students will be asked questions focusing patients documented and about the CPCs attended.</i>
Station 9	ECG, Instrument/Medication	<i>If any research is done its pertinent components be discussed ECG, Instrument or medication will be shown to the student.</i>
Station 10	X Ray, CT Scan Station	<i>Questions focusing relevant findings, diagnosis, identification, utilization-indications, contraindications, complications, administration, and interactions will be asked according to key X-Rays or CT scan will be shown.</i>
Station 11	Counseling Station	<i>Questions will focus relevant findings, diagnosis, and etiology etc according to key. In a given scenario Focusing autonomy, confidentiality, beneficence, justice, no harm, empathy, breaking bad diseases, and safety net etc students ability to solve relevant issue will be evaluated.</i>
Station 12	BLS related Station	<i>Scenario focusing BLS component will be given.</i>

Student will be observed by Examiner for managing the issue. Relevant questions will be asked according to key including identification, usage of equipment (Defibrillator, Oxymetre etc) .

Internal Assessment- RMU

Details and marks distribution

Clerkship- Unit/Ward Wise	1 st Medical Unit	2 nd Medical Unit	Cardiology	Psychiatry	Dermatology	Radiology	
Assessment <i>A- Work Place Based (WPBA)- 50%</i> + <i>B- Ward Test (WT)- 50%</i>	20	20	5	5	5	5	60
EBE It will comprise clinical (40 marks-50% of total EBE marks) and MCQ/SAQ (40 marks- 50% of total EBE marks) similar to framework of Final Professional Examination in Medicine							80
CPC Attended ≥75% 10marks Attended >75% Zero mark							10
Total							150
*Unit/Ward assessment will be rounded.							

- A student having publication (Medicine & Allied related) in non-predator Journal during Final Year MBBS period will get extra 7.5 marks. Addition of these numbers will not be over and above total 150 numbers. Credit of these marks cannot be taken in other subjects.
- There is no compensation for attendance for missed period(s) of clerkship. Remedial learning can only be used to make up for compensation of clerkship objectives not attendance.

Internal Assessment 150 Marks % Wise Breakup

Component	% of Internal Assessment
EBE- 80/150	53.3%
Clerkship- Unit/Ward assessment- Work Place Based (WPBA) and Ward Test (WT) Assessment 60/150	40%
CPC 10/150	6.7%
<i>*Publication- 7.5/150</i>	5%

- *Details have been provided in previous page*

Clinical Rotation/Clerkship- Unit/Ward; Work Based Assessment (WBA) and Ward Test (WT)

Marking details- At One Medical Unit (20 marks)

WBA- 10 marks (50%)			WT - 10 marks (50%)
2 Case Presentation/morning report	Clinical Work Book assessment (5 Case Write Ups on Work Book)	6 Evening duties in in Ward/ER	
4	3 5 Complete Case Write ups Yes -3 No, <5- Zero	3 Attended all Yes - 3 No, <6 – Zero	10
20%	15%	15%	50%

Subspecialties will reduce components to 5 keeping in mind 1 week duration compared to 4 weeks of one Medical Unit

End Block Examination (EBE)

- End Block Examination (EBE) has been devised for assessment of three months Rotation/Clerkship. It has undergone a number of modifications over last few years. A lot of effort has been done to make it uniform and standardized keeping in mind attachment of Medical Students to more than one hospital and Ten Departments.
- It will be held at the end of each Block (after 12 weeks) on last working days.
- It will include theory (MCQs and SAQs- 40 numbers) and clinical (OSCE- 40 numbers).
- MCQ and SAQs component will be according to Final RMU Examination pattern.
- OSCE will be the same as RMU Final professional Examination Clinical and Practical Component as given in next component.
- Pass marks are 50%. Both theory and clinical components have to be passed separately. 50% marks are mandatory in Long and Short Case components to pass Clinical Component.

End Block Examination (EBE) - 80 numbers

Written Component- 40 Numbers

It will include 40 MCQS, each of 0.5 number

It will be held after CPC on Wednesday in last working week.

Table of Specification

	Topic Distribution	MCQs-40 each of 0.5 numbers	SAQs-10 Each of 2 numbers
1	Respiratory Medicine	4	1
2	Cardiovascular Diseases	4	1
3	Gastroenterology and Hepatobiliary Diseases	4	1
4	Neurology	4	1
5	Psychiatry and Behavioral Sciences	3	1
6	Nephrology	2	1
7	Endocrinology including Diabetes Mellitus	3	1
8	Infectious Diseases	3	1
9	Dermatology	3	2
10	Critical Care	2	
11	Acid Base, Water and Electrolytes Disorders	2	
12	Poisoning	2	
13	Rheumatology	2	
14	Hematology	2	

MCQS 40= 20 numbers	SAQs 10= 20 numbers	Total Theory= 40 numbers
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*Five percent (5%) questions may come from any topic in all assessment

Clinical Component Stations

It will include 12 Stations. It will be of 40 marks

COMPONENT		Numbers
1	Long Case History	4
2	Long Case Examination	4
3	Long Case Discussion/Management	4
4	Short Case Respiratory	3
5	Short Case CVS	3
6	Short Case CNS	3
7	Short Case GIT	3
8	Work Book, Log Book	3
9	ECG, Instrument, Medication etc	3
10	X-Ray and CT Scan	3
11	Counseling	3
12	BLS	4
Total		40

- 50% marks are mandatory in Long and Short Case components to pass Clinical Component.

Clinical and Practical Component Cycle

1 Long Case History Taking	2 Long Case Examination	3 Long Case Discussion/Viva Voce
12 BLS related	EBE Final Year MBBS	4 Short Case- Respiratory
11 Counseling	5 minutes/station 60 minutes' minimum cycle, can be increased with Rest Stations Total Marks = 40 Station1-3 & 12 = 4 marks each Station 4- 11 =3 marks	5 Short Case- CVS
10 X-Ray & CT scan Station		6 Short Case- CNS
9 ECG, Instrument/Medication	8 Log Book, Work Book	7 Short Case- GIT

**Final Year MBBS Clerkship- Unit/Ward Work Based Assessment (WBA)
10 Marks- (MU-II HFH Template)**

Name		Roll No	
Batch		Dates of Session	

A- Clinical Work Book Assessment- 3 Marks

3 marks for 5 Complete Clinical Write ups according to Work Book components, Zero for any incomplete and <5

S No	Case Diagnosis	Assessed by	Assessment	Signature
1		Dr Nida Anjum	Complete Incomplete	
2		Dr. Raja Asif	Complete Incomplete	
3		Dr. Madeeha Nazar	Complete Incomplete	
4		Dr. Unaiza Sharif/Dr Noman	Complete Incomplete	

5		Dr Mudasar	Complete Incomplete	
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B- 2 Case Presentations- 4 Marks

4 marks for 2 satisfactory Case Presentation/Morning Reports,

Zero for any unsatisfactory or <2 Case Presentations

S No	Case Presentation/Morning Report	Assessed by (Consultant Name)	Assessment	Signature
1			Satisfactory Unsatisfactory	
2			Satisfactory Unsatisfactory	

C- 6 Evening Duties in Ward/ER- 3 Marks

3 marks for all attended and documented,

Zero for <6 attended and documented

Date	Patient Documentation	Assessed by	Assessment	Signature

Composite Marks

Case Presentations	Work Book Assessment	6 Evening Duties	Total
----/4	----/3	----/3	----/10
Consultant Incharge Final Year MU-II HFH Dir. Mudasar		Signature, Date, Stamp	

Ward Test- 10 Numbers

HFH MU-I or MU-II HFH

Station	Topic	Topic description	LOS	Marks %
1	Long case History taking	<p>Respiratory system</p> <ul style="list-style-type: none"> COPD, Pneumonia, Tuberculosis, Asthma, Thromboembolic disease, Pleural disease, ILD & Sarcoidosis, Lung Cancer <p>GIT</p> <ul style="list-style-type: none"> Gastro-esophageal reflux (GERD), Peptic ulcer disease (PUD), Acute and chronic diarrhea, Celiac disease, Inflammatory bowel disease, Irritable bowel syndrome, Colorectal carcinoma Acute Hepatitis, Chronic Liver Disease (CLD), Liver Cirrhosis, ascites & PH, Gastric & Esophageal Carcinoma, Hepatocellular Carcinoma 	<p>Able to introduce himself and polite with the patient</p> <p>Able to extract relevant information</p> <p>Takes informed consent</p> <p>Takes detailed history</p>	10 (10%)

		<p>Nephrology</p> <ul style="list-style-type: none"> Renal Failure (ARF), Chronic Kidney Disease (CKD), Urinary Tract Infection (UTI) Water & Electrolyte disorders, Acid- Base disorders 		
2	Long case Examination	Respiratory system, GIT and Nephrology (same as above)	<p>Takes informed consent</p> <p>Uses correct clinical methods systemically including appropriate exposure and redrape</p> <p>Able to pick clinical sign present in the Patient</p>	10 (10%)
3	Long case Discussion/viva-voce	Respiratory system, GIT and Nephrology (same as above)	<p>Presents skillfully</p> <p>Gives correct findings</p> <p>Gives logical interpretation of</p>	10 (10%)

			<p>findings and differential diagnosis</p> <p>Enumerate and justify relevant investigation</p> <p>Outline the treatment plan</p>	
4	Short case Respiratory system	Pleural effusion, Consolidation, lung collapse, COPD, Bronchogenic CA, Bronchiectasis, Lung fibrosis, Pneumothorax	<p>Perform proper and concerned relevant clinical examination according to instructions given in professional manner</p> <p>Systematic and appropriate application of clinical methods</p> <p>Able to pick correct signs</p> <p>Logically interprets the clinical findings</p>	10 (10%)

			<p>Justifies diagnosis</p> <p>Make an appropriate management plan</p>	
5	Short case GIT	Hepatomegaly, Splenomegaly, hepatosplenomegaly, Ascites, Jaundice, Cirrhosis	<p>Perform proper and concerned relevant clinical examination according to instructions given in professional manner</p> <p>Systematic and appropriate application of clinical methods</p> <p>Able to pick correct signs</p> <p>Logically interprets the clinical findings</p> <p>Justifies diagnosis</p> <p>Make an appropriate management plan</p>	10 (10%)

6	Logbook/workbook	<p>Complete logbook with all columns filled including daily topic discussed, long case presented, morning report, procedures, investigations</p> <p>Complete workbook with five histories and morning reports checked and signed</p>		10 (10%)
7	Instruments	ETT, Ambu bag, LP needle, BMB needle, oropharyngeal airway, NG tube, Foleys catheter, IV cannulas, Central venous line, Laryngoscope, chest tube	Able to identify the instrument, describes indications, contraindications and complications	10 (10%)
8	X-ray	CXR of consolidation, pleural effusion, fibrosis, cavitation, cardiac failure, mediastinal and hilar lymphadenopathy	Able to identify findings, give diagnosis and differential diagnosis, enumerate complications and briefly describes Treatment	10 (10%)
9	Counseling	Breaking bad news, Needle prick injuries, Initiation of ATT, Initiation of ATT and other drugs in pregnancy, Counseling regarding pregnancy related medical issues	Able to counsel the patient focusing on autonomy, confidentiality, beneficence,	10 (10%)

			justice, no harm and safety net etc	
10	BLS	Performance of BLS steps on simulator and related viva	Able to perform BLS according to recent AHA Guidelines	10 (10%)
Total marks 100				
WT marks will be rounded to 10 for inclusion in Internal Assessment				
Similar Framework will be utilized by Other Medical and Specialty Units				

- 50% marks are mandatory in Station 1-5 to pass Ward Test.

Recommended Resources

(Bold ones are essential)

1. **Kumar and Clark's Clinical Medicine, 10th Edition, 2020**
2. **Davidson's Principles and Practice of MEDICINE, 23rd edition 2018**
3. **Videos on clinical skills available on NEJM website, free online.**
4. **MacLeod's Clinical Examination. Churchill Livingstone. 14th Edition 2018**
5. **Clinical Examination by Nicholas Talley & Simon O'Connor. Elsevier. 9th Edition 2020**
6. MacLeod's Clinical Diagnosis by Alan G Japp & Colin Robertson Elsevier, 2nd Edition 2017
7. Medical Statistics Made Easy, Harris & Taylor. Churchill Livingstone, 2nd Edition, 2008
8. ABC of Practical Procedures by Tim Nutbeam and Ron Daniels: Blackwell Publishing, BMJ Books, UK, 2010
9. RAPID ACLS by Barbara Aehlert: Elsevier Revised 2nd Edition 2012
10. Kaplan USMLE Step-2 CK Lecture Notes

11. Current Medical Diagnosis & Treatment, 61st Edition,2022
12. Cecil's Essentials of MEDICINE: By Andreoli and Carpenter, 10th edition2021
13. Clinical Medicine, A Clerking Companion: By Randall & Feather, OUP2011
14. 14.Oxford American Handbook of Clinical Medicine, OUP, 10th
edition2017
15. Davidson's 100 clinical cases. Churchill Livingstone. 2nd Edition,2012
16. Oxford Handbook of Clinical diagnosis. Oxford University Press. 10th Edition2017
17. Problem Based Medical Diagnosis (POMD) By John Friedman 7th Edition2003
18. The Patient History: An Evidence-Based Approach to Differential Diagnosis by Henderson, Tierney and Smetana.
McGraw Hill Medical. 2nd Edition2012
19. Mechanisms of Clinical Signs by Dennis, Bowen and Cho. Churchill Livingstone. 2020, 3rdedition
20. The Rational Clinical Examination. JAMA Evidence.2009
21. Tutorials in Differential Diagnosis (Beck tutorials) by Beck and Souhami. 4th Edition2004
22. How to read a paper, Trisha Greenhalgh. BMJ books, 6th Edition,2019

Acknowledgement

It is acknowledged that many of the components of this document have been extracted/modified from,

- Clerkship Manual in Medicine 2016. Shifa College of Medicine, Islamabad.
- Dow University of Health Sciences, Karachi available at <https://www.duhs.edu.pk/download/Final%20Module%20Book-20160514.pdf>

Revision/Modifications Details

- 31/12/22- Details of each OSCE station added.
- Addition of UHS assessment and comparison with RMU assessment
- Page numbers added
- 01/01/23- Comparison between RMU and UHS details improvement done
- References added
- 21/01/23- OSCE/Clinical components details improved
- 10/02/23- TOS updated by adding *Five percent (5%) questions may come from any topic
- 8/03/23- Study Guide was revised and updated
- 19/6/23- Assessment document updated based on post examination evaluation. It is now mandatory to obtain 50% marks in Long and Short Cases Stations to pass Clinical Component. Number of SAQs in EBE were increased from 5 to 10 and their distribution revised to avoid selective study issue.