

STUDY GUIDE

FINAL YEAR MBBS

Multisystem II Module, Block Q



Abbottabad International Medical Institute

Abbottabad

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1. Overview

Multisystem II Module, Block Q

Final Year MBBS

Year: *The module shall be part of Block Q, and taught in up to 39 hours of lectures. In addition to lectures, the students shall also be attending 4 hours daily of clinical learning.*

Module Name: *Multisystem II Module*

Contact Hours: *Total hours allocated shall be 39. The hours shall be divided into 5 different themes, as detailed in another section. However, it is stressed at the cost of repetition that students must allocate more hours for SDL and Clinical Learning. We expect the students to be fully versed with this relatively important module. The themes covered in this module are both common and important.*

Thematic Distribution

Teaching hours

S. No	Themes	Duration in Hours
1	Weight loss/gain	9
2	Poisoning	7
3	Cold & Heat	3
4	The Abnormal Baby	7
5	Rash & Joint Pains	13
	Total hours	39

Pre-requisites of the course: *The module shall be offered to Final Year MB BS students ONLY. Therefore, as a pre-requisite, we expect all the students to have cleared their first, second, third and fourth year University examinations.*

Infrastructure Requirements: *The module faculty shall utilize lecture rooms, but some teaching may be scheduled around smaller group learning, depending on the faculty decision. However, any change in the lecture room shall be communicated in advance to the students. Students are expected to use all the other relevant and available resources on need basis, including the library, skills lab, hostel, wards, OTs and all the other facilities.*

Block Q: **Multisystem II Module Committee**

Block Co-Ordinator: Professor Irfan U Khattak		
1	Dr. Muhammad Adnan	Module Co-ordinator
3	Dr. Wahaj	Member
4	Dr. Nadia Qaiser	Member

Note for Students: Students are expected to go through the syllabus of the module, and come prepared for the lectures. Additionally, students must appreciate that the recent knowledge explosion prohibits the provision of a comprehensive, all-encompassing lecture program: the lectures will provide only guidelines on the scope and the breadth and depth of the study. Students have to complete the study on their own.

Every student must attend all the lectures.

In order to learn well, students are expected to take active part in discussions in the class and ensure their completion of assignments and reflective reports. Students have to appreciate that internal assessment is based on a continuous formative assessment and presence and participation of students in the learning activities.

2. INTRODUCTION

The Need for this Study Guide?

This study guide is intended to help the students learn what is important for them to learn, but limited to this block ONLY, and the methodology to learn it. With the growth of medical literature and text books and the availability of a large amount of information on the internet, it is now very important that the students are provided with guidance to direct their learning efforts.

This guide will provide some basic information regarding LOs, text books, faculty, focal persons and internal and university assessments, pertaining to this module. However, students are reminded that their clinical placements in the wards, their attendance at lectures and their appearance in internal examinations are the

experiences that are never covered by reading passive texts. Therefore, students must ensure their presence in all the academic activities arranged for them, and complete all the tasks allocated for them.

The Table of Specifications annexed herein is a guide to our curriculum, and in line with the KMU guidelines, but because curriculum is a living document, things may change after dissemination of this document. For authentic, up-to-date information, students are directed to KMU website and to check the information directly from there. Students are also encouraged to visit the PMDC website to ensure that their expectations are catered for.

There are references to other documents, and it has been ensured that all those documents are uploaded on college website. Students are directed to those to read a detailed account of the particular part of curriculum they intend to re-confirm.

Interactive Lectures:

Read the provided lecture schedule carefully. Do not miss even a single lecture. If you miss a lecture, the learning loss is enormous, because the following lectures may have been designed to build on top of the previous lecture.

To get the most benefit from interactive lectures, especially in your modular system, students are reminded that they benefit the most when they come fully prepared. Students are encouraged to read the syllabus and LOs of the session before-hand, to go through the subject matter, and try to make a note of what difficulties they are facing. Once they have read the lecture subject matter, attending the lecture will provide all the answers and students will benefit the most. When students don't come prepared, their gain from lectures is still appreciable, but not equal to when they come fully prepared.

Students are also advised to read their notes from the previous lecture, and to revisit the previous sessions' subject matter. In many instances, the lectures are integrated so that the lecture builds on the scaffolding provided by the earlier lecture

Students must abstain from any attention-diverting activities, like attending to their telephones or reading or writing subject other than the present lecture.

Students are encouraged to listen attentively, and to write down the ambiguities, and to ask questions when the lecturer allows questions to be asked. Interaction always leads to a deeper comprehension. Taking notes is allowed by some teachers, not by others. Follow the instructions of the lecturer. If you are taking notes, the following may help:

- Take concise notes of the major philosophical and broad concepts, do not try to record every single word.
- Organize the notes such that they can be effectively consulted later for a review
- If there is any vague area, put a question mark, so as to identify a subject area that needs clarification, either by self-study or by asking for help and clarification, later on in the same lecture or on any of the subsequent lectures.
- Always date and identify your notes with a subject heading

If a question is posed by the lecturer, students are encouraged to raise their hands and to try to answer to the best of their ability. Unless, they attempt, they won't be able to identify their weaknesses.

Assignments:

Students shall be given various assignments. Teachers will usually arrange assignments in such a way that the important learning points are re-inforced, that the students are able to demonstrate their learning, that the students may prove their ability to respond to a clinical inquiry appropriately and intelligently, to integrate the knowledge gained in the lectures with theoretical application scenarios, to get a tangible record of a student's involvement in the learning process over the full academic year, and also to get assistance in formative assessment. Students also gain by discussing their assignments with their faculty.

Students are strongly advised to complete all the assignments, fulfilling all the requirements that are given to them. And to complete and return those well in time.

Recommended books: the following books are considered standard texts for learning subject matter:

- i. Browse's Introduction to Symptoms and Signs of Surgical Disease. Text Book
- ii. Demonstration of Physical Signs in Clinical Surgery, by Hamilton Bailey. 19th edition or newer. Text Book
- iii. Pye's Surgical Handicraft. This is a classical text dealing with minor procedures and other duties of HOs. (Text Book, but with limited topics to be studied from this book)

Assessment: Daily formative assessment, and end of rotation ward test, including OSCE & simulated patients

Your focal person is Dr. Nadia Qaiser (Assistant Professor). Please do not hesitate to contact her in case of need. If you are unable to contact Dr. Nadia, then do not hesitate to contact any of the faculty members and they will guide you.

3. CURRICULUM FRAMEWORK

OUR CURRICULAR FRAMEWORK

At AIMC, in line with the KMU directions, and the PMDC guidelines, we are following a Hybrid Curriculum, where our teaching has already shifted over to the Modular System, and the summative, end-of-the-year, university examinations are conducted as per the specified blocks, but conducted at the end of the year rather than at the end of a module or a block.

The teaching, again, is integrated, and all the relevant disciplines teach their specified facets of the same subject matter during a given time slot. For example, the anatomy, physiology, pharmacology, surgery and medicine will teach the topics relevant to their specialty during module on various related themes during this module of GIT III.

4. LEARNING METHODOLOGIES

During this module, faculty may employ the following teaching modalities:

1. Interactive Lectures (IL)
2. Assignments and Reflective Reports
3. Self-Directed Learning (SDL) and Directed Self Learning (DSL)
4. Team Based Learning (TBL)
5. Small Group Discussions

5. OBJECTIVES & LEARNING STRATEGIES

In line with PMDC and KMU directions, we shall strive for our doctors to achieve the capabilities of a 7 Star Doctor. Details are posted on college website. Here are the specific LOs of this module.

By the end of Multisystem-II Module, Final year MBBS students will be able to:

1. Explain the etiology, risk factors, complications, and management of obesity
2. Explain the classification, etiology, risk factors, and management of PCM
3. Explain the risk factors, clinical features, investigations, and treatment of

common water-soluble and fat-soluble vitamins

4. Explain the concepts of nutritional support both in the hospital and community settings
5. Explain the risk factors, clinical features, complications, and management of Anorexia nervosa and Bulimia nervosa
6. Discuss the management of common household poisoning including natural gas and snake bites
7. Explain the management of heat and cold-related disorders
8. Discuss the high-altitude sickness, decompression sickness, drowning, and electrocution.
9. Discuss chromosomal abnormalities, their clinical features, and the concepts of genetic counselling
10. Discuss the management of different autoimmune disorders and vasculitides in children and adults and their complications.

Specific Learning Objectives
Theme Wise Learning objectives

Theme-1: Weight loss/gain					
Subject	Topic	Hours	S. No	Domain of learning	Learning objectives
Medicine	Obesity	2	1	Cognitive	Classify the types of obesity.
			2	Cognitive	Discuss the etiology of obesity.
			3	Cognitive	Explain the methods of measuring obesity.
			4	Cognitive	Discuss the musculoskeletal, endocrine, cardiovascular, and psychological complications of obesity.
			5	Cognitive	Classify the drugs used in the management of obesity and their complications and adverse effects.
Surgery	Bariatric surgery	1	6	Cognitive	Discuss the forms of surgical management of obesity
	Vitamins deficiencies • Thiamine deficiency • Pyridoxine	1	7	Cognitive	Explain the etiology, clinical features, investigations, and treatment of Beri Beri.
			8	Cognitive	Explain the etiology, clinical features, investigations, and treatment of Pyridoxine deficiency.

	deficiency <ul style="list-style-type: none"> • B12 deficiency and pernicious anemia 		9	Cognitive	Explain the etiology, clinical features, investigations, and treatment of B12 deficiency / pernicious anemia.
	Vitamin A, D, E, K deficiency	1	10	Cognitive	Explain the etiology, clinical features, investigations, treatment, and prevention of Vitamin A deficiency
			11	Cognitive	Explain the etiology, clinical features, investigations, and treatment of vitamin D deficiency
		12	Cognitive	Explain the etiology, clinical features, investigations, and treatment of vitamin E deficiency	
		13	Cognitive	Explain the etiology, clinical features, and management of vitamin K deficiency	
Surgery	Nutritional support/Enteral and parenteral nutrition	2	14	Cognitive	Define malnutrition and explain the methods of Nutritional support.
			15	Cognitive	Explain the indications, contraindications, and complications of oral, enteral, and parenteral nutritional support
			16	Cognitive	Discuss the modes of clinical and laboratory monitoring of nutritional support
			17	Cognitive	Describe the routes of access of parenteral nutrition

			18	Psychomotor	Perform insertion of Nasogastric tube
			19	Psychomotor	Observe the insertion and care of PEG tube
			20	Psychomotor	Keep an intake and output record of an admitted patient on parenteral nutrition
			21	Affective	Counsel a patient before NG tube and PEG tube insertion
Pediatrics	Protein calorie malnutrition	1	22	Cognitive	Discuss the causes of malnutrition in developing countries <ul style="list-style-type: none"> - Describe the different forms of protein-energy malnutrition - Describe the symptoms of severe protein-energy malnutrition in children - Outline the treatment needed - Define the criteria that classifies protein-energy malnutrition
					Discuss the causes of malnutrition in developing countries <ul style="list-style-type: none"> - Describe the different forms of protein-energy malnutrition - Describe the symptoms of severe protein-energy malnutrition in children - Outline the treatment needed - Define the criteria that classifies protein-energy malnutrition Explain the different causes, forms, classification, clinical features, and management of PMC
Psychiatry	Anorexia nervosa and Bulimia	1	23	Cognitive	Discuss the etiology, precipitating factors, clinical features, and management of Anorexia nervosa

	nervosa		24	Cognitive	Discuss the etiology, precipitating factors, clinical features, and management of Bulimia nervosa.	
Theme-2: Poisoning						
Subject	Topic	Hours	S. No	Domain of learning	Learning objectives	
Medicine	Approach to a patient with poisoning	1	25	Cognitive	Explain the management approach to a patient with poisoning in emergency setup	
	Management of a comatose patient with poisoning	1	26	Cognitive	Discuss the management approach to a patient who presents in a comatose state in emergency	
	Diagnosis of a patient with poisoning	1	27	Cognitive	Diagnose a patient with poisoning	
	Common antidotes And general management of poisoning		28	Cognitive	Discuss the antidotes for common poisons and their Management	
	Selected poisoning • Acetaminophen • Amphetamines and cocaine • Benzodiazepine		1	29	Cognitive	Discuss the management of a patient with paracetamol poisoning
			3	30	Cognitive	Discuss the management of a patient with Amphetamine, cocaine and Ice poisoning
				31	Cognitive	Discuss the management of a patient with benzodiazepine poisoning
	• Insecticides and anticholinergics • Carbon monoxide • Ethanol and Methanol Snake bites			32	Cognitive	Discuss the management of a patient with insecticide and anticholinergic poisoning
				33	Cognitive	Discuss the management of a patient with ethanol and methanol poisoning
				34	Cognitive	Discuss the management of a patient with Carbon monoxide (Natural gas) poisoning

			35	Cognitive	Discuss the management of a patient with snake venom poisoning
			36	Psychomotor	Perform gastric lavage
			37	Affective	Counsel a patient/family with poisoning

Theme-3: Cold and heat

Subject	Topic	Hours	S. No	Domain of learning	Learning objectives
Medicine	Heat-related disorders	1	38	Cognitive	Classify heat-related disorders
	Hyperthermia		39	Cognitive	Explain the etiology, pathogenesis, clinical features and management of Hyperthermia and heat stroke
			40	Cognitive	Differentiate between hyperthermia and hyperpyrexia
	Hypothermia	1	41	Cognitive	Explain the risk factors, complications, and management of hypothermia.
	Drowning		42	Cognitive	Explain the management of a patient with drowning
	Electrical injuries		43	Cognitive	Discuss the management of a patient with electrocution
	High altitude sickness	1	44	Cognitive	Discuss the clinical features, management, and prevention of high-altitude sickness.
	Decompression sickness		45	Cognitive	Discuss the management of a patient with decompression sickness.

Theme-4: The abnormal baby

Subject	Topic	Hours	S. No	Domain of learning	Learning objectives
Pediatrics	Porphyria	1	46	Cognitive	Classify porphyria.
			47	Cognitive	Explain the etiology, pathogenesis, clinical features and treatment of different types of porphyria
	Down syndrome	1	48	Cognitive	Explain the risk factor, chromosomal aberrations, clinical features and complications of Down Syndrome

	Collagen disorders	1	49	Cognitive	Classify collagen disorders and their clinical features
	Glycogen storage diseases		50	Cognitive	Classify glycogen storage disease and their clinical features
	Mucopolysaccharidoses	1	51	Cognitive	Describe the clinical features and complications of mucopolysaccharidosis
	Galactosemia and Phenylketonuria		52	Cognitive	Describe the clinical features, investigations and complications of Galactosemia and Phenylketonuria
Medicine	Chromosomal disorders	1	53	Cognitive	Classify chromosomal disorders and give examples
	Single gene defects		54	Cognitive	Classify single gene disorders and give examples
	Sex linked disorders		55	Cognitive	Classify sex linked disorders and give examples
	Polygenic inheritance		56	Cognitive	Classify polygenic inheritance disorders and give examples
	Marfan syndrome	1	57	Cognitive	Explain the clinical features and complications of Marfan syndrome
Gynaecology	Genetic counselling and perinatal diagnosis	1	58	Cognitive	Explain the modes and indications of perinatal diagnosis
			59	Cognitive	Discuss the concept of genetic counseling
			60	Affective	Observe premarital counseling of a family for thalassemia.
Theme-5: Rash and joint pains					
Subject	Topic	Hours	S. No	Domain of learning	Learning objectives
Medicine	Evaluation of an adult with suspected autoimmune disorder	1	61	Cognitive	Discuss the diagnostic approach to a patient who presents with suspected autoimmune disorder
			62	Cognitive	Explain the different serological and immunological investigations used in the diagnosis of autoimmune disorders
			63	Cognitive	Classify and explain the mechanism of action of different pharmacotherapies in the management of autoimmune disorders

	SLE	2	64	Cognitive	Explain the clinical features, investigations, management, prognosis and complications of SLE
			65	Cognitive	Discuss the diagnostic criteria for the diagnosis of SLE
			66	Cognitive	Explain the differences between SLE and drug induced lupus
	Antiphospholipid syndrome	1	67	Cognitive	Explain the clinical features, investigations, management, prognosis and complications of Antiphospholipid syndrome
	Scleroderma	1	68	Cognitive	Explain the clinical features, investigations, management, prognosis, and complications of Scleroderma/Systemic sclerosis
	Polymyositis and dermatomyositis	1	69	Cognitive	Explain the clinical features, investigations, management, prognosis and complications of polymyositis and dermatomyositis
	Sjogren Syndrome		70	Cognitive	Explain the clinical features, investigations, management, prognosis and complications of Sjogren Syndrome
	Giant cell arteritis and polymyalgia Rehumatica	1	71	Cognitive	Explain the clinical features, investigations, management, prognosis and complications of Giant cell arteritis and polymyalgia Rehumatica
	Polyarteritis nodosa	1	72	Cognitive	Explain the clinical features, investigations, management, prognosis and complications of Polyarteritis nodosa
	Wegener granulomatosis		73	Cognitive	Explain the clinical features, investigations, management, prognosis, and complications of Wegener granulomatosis
	Vasculitides	1	74	Cognitive	Classify vasculitides, their clinical features, diagnostic approach, and management

			75	Cognitive	Explain the clinical features, investigations, management, prognosis, and complications of Henoch-Schönlein purpura
			76	Cognitive	Explain the clinical features, investigations, management, prognosis, and complications of Behçet syndrome
Pediatrics	Kawasaki disease	2	77	Cognitive	Explain the clinical features, investigations, management, prognosis and complications of Kawasaki syndrome
			78	Cognitive	Explain the clinical features, investigations, management, prognosis and complications of SLE in children
Nephrology	Renal involvement in different autoimmune disorders	2	79	Cognitive	Classify different pathological entities involving the kidneys in SLE, Rheumatoid arthritis and other autoimmune disorders
			80	Cognitive	Explain the renal complications and their management in SLE and Rheumatoid arthritis.

6. LEARNING RESOURCES

Sr. No

Text Books

1. Bailey & Love's Short Practice of Surgery 27th edition (a new edition is expected shortly. Keep a look out for the new one)
2. Demonstration of Physical Signs in Clinical Surgery, by Hamilton Bailey. 19th edition or newer. Text Book
3. Browse's Introduction to Symptoms and Signs of Surgical Disease. Text Book

Pediatrics

1. Nelson textbook of pediatrics
2. Textbook of Pediatrics, Pakistan Pediatrics Association

Medicine

3. DAVIDSON principles and practice of Medicine
4. Kumar and Clark's clinical Medicine

Reference Books

Video Links/Journals/ Websites

- 1.
2. This weblink will take you to a library of animated videos on various aspects of pathologies
<https://www.medindia.net/animation/specialty.asp?c=General%20Surgery>

Students are encouraged to use various net-based learning resources, and learn. Some websites are very interesting and students, we expect, will enjoy the learning environment

Additional Learning Resources

Hands on

Students will be involved in practical performance by using models. This will be in addition to their direct patient experiences

Skills Lab

Acquiring of skills in a simulated environment i.e. skills lab involving experiential learning ensures patient safety and confidence building in approaching and treating the patients.

Videos

Students are encouraged to watch videos in order to familiarize themselves with the procedures and protocol which they can watch at any time as per their own convenience, as part of Self-Directed Learning.

Internet Resources

Students are encouraged to use accessible internet resources for clarity of their concepts and update their knowledge.

7. ASSESSMENT METHODS

7.1 Multiple Choice Questions

- 7.1.1 Single best type MCQs having five options with one correct answer and four distractors are part of assessment.
- 7.1.2 Correct answer carries one mark, and incorrect will be marked zero. Negative marking is not applicable.
- 7.1.3 Students mark their responses on specified computer-based sheet designed by Khyber Medical University.

7.2 Structured Answer Questions

- 7.2.1 Short-answer questions are structured way of asking open-ended questions that require students to create their answers based on their knowledge.
- 7.2.2 Commonly used in examinations to assess the depth of knowledge and understanding.

7.3 Objective Structured Clinical Examination

- 7.3.1 Nine OSCE stations are used for formative as well as summative assessment.
- 7.3.2 Time allocated for each station is five minutes as per Examination rules of Khyber Medical University, Peshawar.
- 7.3.3 All students are rotated through the same stations.
- 7.3.4 Stations used are unobserved, observed, interactive and rest stations.
- 7.3.5 On unobserved stations, models, lab reports, radiographs, flowcharts, case scenarios may be used to assess cognitive domain.
- 7.3.6 On observed station, examiners don't interact with candidate and just observe the performance of skills/procedures.
- 7.3.7 On interactive station, examiner asks questions related to the task within the allocated time.
- 7.3.8 On rest station, students are not given any task. They just wait to move to the next station.

7.4 Directly Observed Procedural Skills

The Direct observation of procedural skills (DOPS) is a tool used for workplace-based assessment. The aim of this strategy is to promote learning for students where teacher provides structured feedback on performance.

The purpose of the DOPS is to enable examiners to provide structured feedback. Few of the examples are:

- 7.4.1 Communication skills
- 7.4.2 Demonstrate knowledge of procedure
- 7.4.3 Organisation, time management and documentation

7.5 Presentation

Students are given topics for presentation either individually or in groups. They are encouraged to prepare presentations on power point to enhance their understanding of the topic and IT Skills.

These presentations are assessed on pre-designed rubrics.

8. INTERNAL ASSESSMENT CRITERIA

- 8.1 10% weightage of Internal Assessment in professional exam is policy of Khyber Medical University.

8.2 **Internal Assessment** is a very important component of the curriculum. In line with LOs of the surgical curriculum, and institutional vision, our department uses internal assessment as a very valuable tool, and marks are awarded on the following principles:
 8.3 marks are awarded on the following principles:

7.2.1 Theory internal Assessment (total marks:12)	
Assessment criteria include:	
Attendance	4
Block exam	4
Preprof Exam	4

7.2.Clinicals Internal Assessment (total Marks: 18)	
End of rotation/End of year assessment:	
Attendance	8
Ward test	6
Preprof Exam	4

CALCULATION OF INTERNAL ASSESSMENT MARKS: THEORY					
THEORY: Marks 12. (Attendance 4 marks. Block exam 4 marks, Preprof 4 marks)					
	Students attendance	Total days of teaching	% attendance	to make it out of 4	Total
Attendance	10	14	71.4	2.9	2.9
	Marks obtained	Max. Marks	% Marks	To make it out of 4	
Block exam	60	100	60.0	2.4	2.4
Preprof Exam	60	100	60.0	2.4	2.4
Internal assessment marks in theory: Out of 12					7.7

CALCULATION OF INTERNAL ASSESSMENT MARKS: CLINICALS					
Block O Clinicals: Marks 18 (Attendance 8, End of ward 6, Preprof 4)					
	Students attendance	Total days of teaching	% attendance	to make it out of 8	Total
Attendance	20	24	83.3	6.7	6.7
	Marks obtained	Max. Marks	% Marks	To make it out of 6	
ward test	45	100	45.0	2.7	2.7
				To make it out of 4	
Preprof	34	100	34.0	1.4	1.4
Internal assessment marks in theory: Out of 18					10.7

8.4 The following assessment methods shall be used to assess the theoretical knowledge of the students, during all their years of clinical placements:

8.4.1 MCQs

8.4.2 SAQs

8.4.3 OSCEs

8.4.4 DOPs

8.4.5 Quality of assignments and log records

Marks awarded during placement of student at General Surgery and Allied Specialties are all considered, and weightage as per time allocation. Allied Specialties compile their own results and these are communicated to the office of Head of Department Surgery & Allied who finalizes the results and forward these to the University.

Results are communicated to students, with feedback aimed at encouraging improvement on learning and performance. Weak students are preferentially targeted to ensure that they receive support to improve their performance. Students who fail to appear in summative assessment, especially the Pre-Prof examination are given a chance to appear in second ward test as a group. The marks of second chance test are treated as Pre-Prof exam marks.

The finalized results are also forwarded to the college administration to ensure that they are aware of the performance of individual students in discipline of Surgery. If any student has a poor performance, it is recommended to be communicated to the parents through the college administration, to ensure their involvement in this important aspect of a student's career.

9 EXAMINATION RULES & REGULATIONS

University Examination:

(Ref: <https://kmu.edu.pk/storage/app/uploads/public/640/57c/de3/64057cde33fa8344367635.pdf>, accessed on 14/06/2023)

At the end of the final year, Multisystem II Module shall be assessed as part of Block Q. Summative Block Q Assessment shall include the following:

Block-Q (Neurosciences-3, GIT and Hepatobiliary-3 and Multisystem-2) will be assessed in Paper-Q. Written paper consists of 120 MCQs.

Internal assessment will be added to final marks in KMU as shown in table- .

In OSCE, each station will be allotted 6 marks, and a total of 120 (+10% marks of internal assessment {18 marks}) marks are allocated for each OSCE examination.

Practical assessment will be in the form of OSCE (+embedded Short cases and OSLER (Objective Structured Long Examination Record)). The details of each section are given in the tables below:

Theory Marks	OSCE	Structured Long Case	Internal Assessment Theory Marks	Internal Assessment OSCE	Total
120	120	30	12	18	300

Block Q: Paper Details					
Block	Module	Discipline	Subject MCQs	Total MCQs	Block MCQs
Q	NS-III	*	*	45	120
	GIT-III	Medicine	9	35	
		Surgery / Paediatric Surgery	17		
		Paediatrics	8		
		Gynaecology	1		
	MultiSystem II	**	**	40	

Legend: * & ** Relevant Module Guides or KMU Website for further details

Block Q: OSCE Station Distribution					
Discipline	OSCE Stations	Viva Stations	Short Cases	Logbook & History books	Structured Long Case
Medicine/Neurology/ Gastroenterology	4	1	2	Paediatrics	Paediatrics
Paediatrics	1	1	1		
Surgery/Neurosurgery/ Paediatric surgery	5	1	1		
Psychiatry	1	1	0		
Total	11	4	4	1	1

10.FEEDBACK ON EXAMINATION

1. Students' feedback on assessment strategies will be taken in a preformed proforma for feedback twice a year i.e., Mid-term and pre-prof exams.
2. Feedback of theory as well as OSPE/OSCE & Viva will be taken.
3. Department of Medical Education & Quality Enhancement Cell in collaboration with Exam Cell of AIMI is responsible to conduct this exercise.

4.

11.ACADEMIC CALENDAR

Sr. No	Events	Dates
1	Commencement of Classes	
2	Eid-ul-Fitr	29 th April- 8 th May, 2023
3	Mid Term	
4	Eid-ul-Azha/Summer Vacation	1 st -17 th July, 2023
5	Course Completion	
6	Practical Note book/ Clinical Log book Completion	All students must complete their history books and log books at the end of their clinical rotation
7	Extension of Clinical Rotation	
8	Pre-Prof	
9	Prep Leaves	
10	Annual Professional Exam	

More than 75% attendance is mandatory as per Khyber Medical University Examination policy to sit in the pre-prof and Final Professional Examination

In case of Medical Leave or any other unforeseen situation, refer to Exam Policy.