

MISSION

Our mission is to educate and produce exemplary doctors who practice ethical patient centered health care, discover and advance knowledge and are responsive to the community needs.

VISION

To produce competent doctors equipped with sound knowledge based on scientific principles, imbued with ethics and moral values primed to serve the community through the profession.

Our aim is to

- ➤ Provide outstanding educational environment for medical students.
- ➤ Develop exemplary clinicians who are lifelong learners and provide the highest qualitycompassionatecareandservetheneedsoftheircommunityandthenation in the best traditions of medical profession.
- Ensure the highest ethical and professional standards in all of our deeds.

Exit Outcomes for the CKMC Graduate

Knowledge

- Integrate knowledge of basic and clinical sciences in disease prevention and promotion of health and well-being of community.
- Able to appraise varied information they would come across during professional work and testify innovative ideas to benefit human society through evidence-based health care practice
- Demonstrate scientific knowledge in all professional activities
- Demonstrate research skills which bring innovation and significance to health care practices.

Skills

- Able to perform physical examinations, formulate provisional diagnosis with appropriate investigations to identify specific problems.
- Perform various common procedures to diagnose and manage non critical clinical problems.
- Demonstrate competency in life saving procedures.
- Exhibit propensity of critical thinking, problem solving and lifelong self-directed learning skills.

Attitude

- Manifest ethical values and professionalism.
- Demonstrate professional attitude towards patients, their families, seniors and colleagues.
- Demonstrate dedication and professionalism when faced natural disasters in country.
- Demonstrate communication skills, inter professional skills and leadership.

knowledge	Skill	Attitude
Integrated knowledge of basic & clinical sciences	Communication skills	Ethical values
Patient centered care	Research skills	
Health promotion & disease prevention	Patient management skills	Professionalism
Community needs	Leadership skills	
	Critical thinking skills	

Introduction to the Study Guide

Dear Students,

We, at the Department of Medical Education, CMH Kharian Medical College, have developed this study guide especially for you. This study guide is an aid to

- Inform you how this part of your syllabus has been organized.
- Inform you how your learning programs have been organized in this block.
- Help you organize and manage your studies throughout the block
- Guide you on assessment methods, rules and regulations.
- Communicate information on organization and management of the block. This will help you to contact the right person in case of any difficulty.
- Define the objectives which are expected to be achieved at the end of the block.
- Identify the learning strategies such as lectures, small group discussions, clinical skills, demonstration, tutorial and case-based learning that will be implemented to achieve the block objectives.
- Provide a list of learning resources such as books, and journals for students to consult in order to maximize their learning.

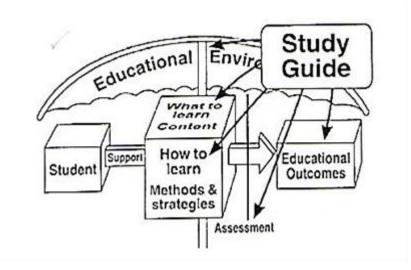


Figure 1 Objectives of study guide by Harden

Curriculum Integration



Medical college curriculum shall be organized in blocks of modules. The modules are named after body system for example a module of blood in a block. The key details are as follows:

- 1. There shall be three blocks in first year MBBS comprising modules.
- 2. The blocks shall be labeled as 1, 2 and 3.
- 3. Each module in a block shall have a title. The name of the module shall represent the content taught and learned the majority of time in that module. Module shall be named after body systems.
- 4. The duration of three blocks shall vary between 8–11 weeks according to syllabus.
- 5. The syllabus shall be integrated horizontally around systems of the body.
- 6. There shall be vertical integration to the extent decided by the curriculum coordination committee.
- 7. Vertical integration shall be in case based learning sessions and in clinical lectures of basic sciences, scheduled in the structured training program.

Teaching and Learning Methods

1: Small Group Discussions (SGD)

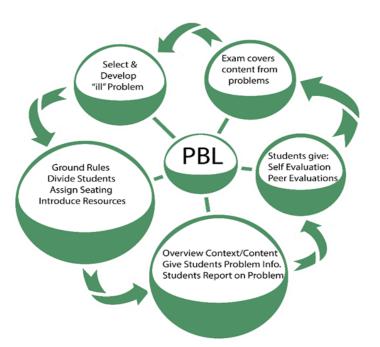


The topic will be taught in groups with the help of models and audiovisual aids. Pre-planned topics would help students to combine their wisdom in achieve learning objectives. Facilitator would be guiding to achieve learning objectives and making them on right track by clarify any misconception.

"Small group learning provides more active learning, better retention, higher satisfaction, and facilitates development of problem-solving and team-working abilities (Jahan, Siddiqui, AlKhouri, Ahuja, & AlWard, 2016).

2: Problem Based Learning (PBL)

This is group learning comprising of 8-10 students guided by a facilitator. For a specific problem given to students two sessions of 2 hours would be scheduled to achieve the learning objectives. In the first session students will discuss problem based upon their existing knowledge among the group and will produce a list of their learning objectives for further study. In the second session students share, discuss with each other to build new knowledge.



PBL is a self-directed learning and that type of educational strategy most likely produce doctors who are prepared for lifelong learning and able to meet the changing needs of their patients (Spencer & Jordan, 1999).

3: Large Group Interactive Session (LGIS)



These are meant to give overview of certain course content. They should be interactive so that students can not only gain knowledge but should completely understand it. Students may clarify the difficult concepts in these sessions. The lecturer introduces a topic and explains the underlying

phenomena through questions, pictures, videos of patient's interviews, exercises, etc. Students are actively involved in the learning process.

4: Self Directed Learning (SDL)



In this modern era of medical education, students assume responsibilities of their own learning according to the principles of adult learning. They can study independently, can share and discuss with peers, can take information from the sources of information college have like library, internet and teachers. Students will be provided time within the scheduled college hours for self-study.

5: Hands on Training

• Lab session



Histology, biochemistry, physiology practical will build skills in identification of normal histology of human body tissues. There would be test of these skills in OSPE exam.

• Clinical Rotations



The students will rotate in the clinical departments to see integration of knowledge into clinical practices.

Teaching and learning activities are meant to help students to gain new knowledge. It should be kept in mind that they are not meant to fully cover the objectives of the subject. It is therefore responsibility of students to attain more information to cover all objectives given in the overall objectives.

Class attendance and participation is of most important in gaining knowledge. If any help is needed module team can be contacted without any hesitation. Attendance will be strictly checked in different teaching activities. If attendance is less than 75%, students would not be allowed to sit for the examination.

Attendance in the examination is must and no students would be allowed to enter the examination area after starting the examination. In case of sickness, sick leaves from government/private hospitals or the emergency of the college hospital will only be entertained.

Assessment Format

Assessment is a goal-oriented process (Angelo, 1995). We assess in order to check whether the learning objectives set at the initiation of the program are met or not and to what extent (Amin,

2007).

No student will be allowed to sit in the annual examination if attendance is below 75% in theory and practical separately.

Assessment types

The assessment will be continuous. The purpose of continuous assessment is formative and summative.

Summative Assessment:

The marks of this type of assessment contribute in the final university result through internal assessment. It comprises:

- > CBL/tutorial assessment
- Scheduled tests
- > Sub-stages
- > End of block exam
- > Pre-annual exam

Scheduled tests and sub-stages will be conducted intermittently throughout the block. Their schedule will be intimated through the time tables.

The end of the block exam will be conducted after completion of weeks of instruction. It will comprise one theory paper and one practical exam for Anatomy, Physiology and Biochemistry. (Table of specifications (TOS) for exam has been provided)

Formative Assessment: Tests may be quizzes, surprise tests/written assignments/self-reflection by students during the teaching time but their marks will not be added to internal evaluation marks. The purpose of formative assessment is to provide feedback to the students, for the purpose of improvement and to teachers to identify areas where students need further guidance.

Internal Assessment

(Will be submitted to the university before professional exam)

- The weightage of internal assessment shall be 10 % in theory paper and 10 % in practical, in the annual professional examination (or 10 marks for 100 marks in theory and practical each)
- Scheduled tests, sub-stages, CBLs/tutorials, block examinations and pre-annual examinations, conducted by the college shall contribute towards internal assessment for professional examination.

Annual Professional Examination:

- The professional examinations schedule will be provided by NUMS.
- There will be two components of the final result
 - (i) Examination-80 % (ii) Internal Assessment- 20 %
- There will be one theory paper and one Practical exam for Anatomy, Physiology and Biochemistry each. For practical the class will be divided into batches. Each batch will have practical exam of one subject on the specified day, according to schedule.
- Theory & Practical assessment shall be of 100 marks each in Anatomy, Physiology and Biochemistry, making a **total of 200 marks for each subject.**
- The Annual Theory paper shall be of 80 marks. 20 marks of internal assessment of theory papers, conducted throughout the year will be added to it, to make annual theory assessment of 100 marks.
 Similarly, the annual practical examination will be of 80 marks. 20 marks of internal evaluation of practical exams, conducted throughout the year will be added to it, to make annual practical assessment of 100 marks.
- The pass score shall be 50 out of 100, in theory and practical separately.

Schedule of examinations:

a) Continuous assessments schedule

Schedule provided by each department in Time table.

b) Formative tests: Throughout the block

Block Development Committee

Chairperson curriculum committee	Principal Brig (Retd) Shoaib Nayyar Hashmi
Director Medical education	Dr Aasma Qaiser
DI I DI	Du Acema Ocioca
Block Planner	Dr Aasma Qaiser
	7.070.01
Resource Persons	Anatomy: Prof. Irfan Qadir
	Physiology: Dr Aiman Farogh Anjum
	Biochemistry: Prof. Dr. Aleem Ul Haq
	Medicine: Maj Usman
	Surgery: Dr Waqas
Study Guide Developed By	Department of Medical Education
	CMH Kharian Medical College Kharian

Structured Summery of Y2B3

Block Code	Y2B3
Pre requisite Block	Y2B2
Duration	10 weeks
Rationale	The Y2B3 block is taught as the third block after the students clear their first professional exam. In a period of 8 weeks, the block aims to form a basis for knowledge and skills related to the Neuroscience, brain. The concepts taught to the students in this block will help to lay a foundation for their knowledge of Neuroanatomy.
Anatomy	Gross anatomy Head and Neck Embryology Development of Head and Neck, Eye, Ear, Integumentary System Histology Lip and tongue, Salivary glands ,Endocrine glands, Eye, Ear ,Integumentary system
Physiology	Special Senses Physiology
Biochemistry	Hormones, Lipids, Metabolic pathways



Knowledge

- Describe the gross anatomical features of Cerebrum,
 Midbrain, Pons, Medulla and Spinal cord
- Describe the sensory and motor parts of nervous system
- Describe the major levels of central nervous system along with their functions
- Describe the integrative function of nervous system
- Describe the blood cerebrospinal fluid and blood brain barriers
- Describe the structure of Nerve and explain the myelination of nerve fiber
- Describe the ascending and descending tracts of brain stem
- Describe analgesia system in brain & spinal cord
- Describe the mechanism of consolidation of memory
- Describe the functions of autonomic nervous system
- Explain the Physiology, anatomy and pathogenesis of Head & neck and special sense problems.
- Apply basic sciences to understand the causes of common
 Head & neck and special sense problems.
- Explain the structural & developmental organization of GIT.

	Explain the composition, functions, mechanism & control
	of following gastrointestinal secretions: salivary, gastric,
	pancreatic, biliary, small & large intestines.
	Describe the mechanism of absorption of various
	nutrients and their role in malabsorption syndrome.
	Explain the physiological anatomy, biochemistry
	functions and dysfunctions of Liver.
	Explain the GIT hormones (structure, function) & their
	role in secretion and motility.
	Describe the chemical nature, biosynthesis and the
	physiological functions of hormones on their target
	organs.
	Draw a labeled diagram of the identified structures with
	the help of eosin and hematoxylin pencils on the
	histology notebooks
	Mark the main anatomical land marks on skull
	Dissect various parts of head and neck and special
	senses, and related structure
	Demonstrate their gross Anatomy and relationship to
Skill	each other.
	Identify the histological features of all the endocrine
	glands under microscope.
	To perform all the steps of blood glucose estimation in
	the lab.
	Dissect various parts of GIT, and related structures
	including peritoneum, to demonstrate their gross
	Anatomy and relationship to each other.
	Identify different organs of GIT under microscope and on
	model.

Attitude

- Demonstrate the effective attitude towards the colleagues
- Demonstrate a professional attitude, team building spirit and good communication skills
- Observe lab safety rules

Course content:

2nd YEAR MBBS

Block 3 CODE Y2B3

In case of online classes MIT and Assessment will be online via zoom meeting and Google classroom

Anatomy

Learning outcomes:

By the end of this block, the student should be able to:

- Elucidate the topographic anatomy of bones of skull, muscles of face and neck & joints of Head and Neck to deal with the common musculoskeletal conditions e.g. fractures and dislocations in future.
- Appraise the concepts of topographic anatomy of neurovascular components of Head and Neck to deal with the common neurovascular diseases/injuries in clinical practice.
- Apply the knowledge and skill gained through dissection of cadavers & study of prosected specimens of Head and Neck so as to learn the surgical procedures in future.
- Appraise the embryological basis of common congenital anomalies related with development of Head and Neck ,eye, ear and integumentary system
- Recognize the normal histomorphological features of various endocrine glands in the body, eye, ear, lip and tongue, salivary glands and the integumentary system to identify common histopathological conditions associated with these structures in future.

EMBRYOLOGY			
S No.	Learning objectives:	MIT	Mode of
			assessment
1.	List embryological sources	Online LGIS	Theory/ Viva
	of head and neck structures	(G- Classroom & Zoom)	Voce/OSPE
2.	List components of	66	66
	pharyngeal apparatus		
3.	Tabulate the nerve supply	66	"
	and derivatives of arches,		
	pouches, clefts and		
	membranes		
4.	Describe the embryological	66	"
	basis of first arch syndrome		
	and its relation to cardiac		
	anomalies		
5.	Correlate the normal	66	"
	development of tongue with		
	its congenital anomalies		
6.	Correlate the normal	66	"
	development and decent of		
	thyroid gland with its		
	associated anomalies.		
7.	Justify the anatomical	66	"
	location of parathyroid with		
	its development		
8.	Outline the development of	66	66
	nose and paranasal sinuses		
9.	Enumerate the prominences	66	"

	of fascial development.		
10.	Elucidate the embryological phenomenon of development of face and palate	66	66
11.	Correlate various facial and	66	"
	palatal clefts with normal		
	development		
12.	Describe the development	66	Theory/
	of various layers of eyeball.		viva voce
13.	Revisit the role of first and	66	66
	second pharyngeal		
	apparatus in development of		
	ear.		
14.	Describe the differentiation	66	66
	of otic capsule into inner ear		
15.	Correlate the anomalies of	66	66
	external ear with neural		
	crest cells		
16.	Describe the development	66	66
	of skin, hair, nails,		
	mammary gland		
17.	Analyze the embryological	66	"
	basis of relevant congenital		
	anomalies like vitiligo,		
	ichthyoses, hemangioma,		
	dermatoglyphics, mammary		
	gland.		

HISTOLOGY			
	Learning objectives:	MIT	Mode of
S No.			assessment
1.	Describe the histological	Online LGIS	Theory/
	features of lip, with	(G- Classroom & Zoom)	Viva voce
	emphasis on transition in		/OSPE
	structure from cutaneous to		
	vermillion to mucosal zone.		
2.	Explain the histological	66	66
	features of dorsal and		
	ventral surfaces of tongue,		
	with focus on tongue		
	papillae, their shape,		
	location, keratinization,		
	number and presence or		
	absence of taste buds.		
3.	Describe the histological	66	66
	features of lip, with		
	emphasis on transition in		
	structure from cutaneous to		
	vermillion to mucosal zone.		
4.	Summarize the classification of salivary	"	"
	glands on basis of		
	morphology and nature of		
	secretion.		
5.	Describe the	•	66
	histomorphological features		
	of salivary glands with		

	regards to their secretory		
	and ductal systems.		
6.	Describe the various parts	"	"
	of pituitary gland.		
7.	Identify and understand the	66	"
	cells forming the		
	parenchyma of different		
	parts of adenohypophysis,		
	their staining characteristics,		
	cellular features, and the		
	hormones produced by		
	them.		
8.	Describe the histological	"	"
	differences between		
	adenohypophysis and		
	neurohypophysis on the		
	basis of embryological		
	origin, and understand the		
	concept of Herring bodies		
	and the hormones contained		
	within them.		
9.	Describe the histological	66	66
	structure of adrenal gland as		
	an endocrine gland, with		
	special focus on structure of		
	various zones as regards the		
	types of cells and their		
	arrangements and the		
	hormones produced by each		
	zone.		
		1	

10.	Describe the histological	66	66
	structure and hormones		
	produced by the thyroid and		
	parathyroid glands.		
11.	Describe the detailed	66	66
	structure and function of		
	sclera and cornea, with		
	special emphasis on corneal		
	transparency and its fusion		
	with sclera at corneoscleral		
	junction.		
12.	Describe the light and	66	66
	ultramicroscopic structure		
	of uveal tract, different		
	layers of retina, correlating		
	the arrangement of neuronal		
	cells and processes with		
	their functions		
13.	Describe and correlate the	66	66
	gross anatomical structure		
	of eyelid with its		
	histological structure		
14.	Identify and understand the	66	66
	histological structure of		
	different parts of ear,		
	particularly the external and		
	internal ear.		
15.	Describe the histological	66	66
	structure of sensory receptor		
	areas of internal ear like		

	Organ of Corti, maculae		
	acousticae and crista		
	ampullaris		
16.	Describe the components of	66	"
	skin, its epithelium		
	(including the various cells		
	of epidermis along with		
	their functions), nail, hair		
	and mammary gland.		
17.	Explain histological	66	"
	differences between thick		
	and thin skin.		
18.	Describe the various	66	"
	appendages of skin.		
19.	Describe the histological	66	"
	basis of psoriasis, vitiligo,		
	albinism, blister disorders		
	and cancers of skin.		
20.	Describe the differences in	66	66
	histological structure of		
	mammary gland between		
	inactive, active and lactating		
	phase.		
21.	Describe the involution of	66	"
	mammary gland in old age.		
22.	Describe the histological	66	"
	basis of carcinoma of		
	mammary gland (part of		
	parenchyma mostly		

involved- intraductal	
carcinoma).	

	GROSS ANATOMY			
S No.	Learning objectives:	MIT	Mode of assessment	
1.	Appraise the general plan of studying skull from different views.	Online SGD (Narrated videos, 3-D atlas, G- Classroom & Zoom)	Viva voce	
2.	Identify important bony landmarks on the bones as viewed from lateral, superior, inferior, anterior and posterior views.	"	66	
3.	List structures traversing the foramina in these bones	"	Theory/ Viva voce/OSPE	
4.	Identify the bones forming the boundaries of orbit, nasal cavity. oral cavity, temporal, infratemporal fossa & pterygopalatinefossa on the given bone. (detail to be done with relevant topics)	"	66	
5.	Identify parts of mandible	"	Viva voce	
6.	Identify ramus and body of mandible with respect to its	66	66	

	bony features and		
	attachments.		
7.	Enlist structures that are in	"	Theory/ Viva
	direct contact with mandible		voce
8.	Distinguish the features of	"	66
	each cervical vertebra.		
9.	Enumerate structures	"	66
	passing through foramina		
10.	Identify type and	"	66
	movements of atlantoaxial		
	and atlantooccipital joints.		
11.	Outline ligamentous	66	Viva Voce
	attachments on cervical		
	vertebrae		
12.	Appraise extent of scalp on	Online LGIS	Theory/ Viva
	model Enumerate layers of	(G-Classroom & Zoom)	voce
	scalp in a sequential order		
13.	Correlate gross features of	"	44
	each layer with anatomical		
	basis of black eye, profuse		
	bleeding, gaping wound,		
	spread of scalp infection		
	and shape of hematoma.		
14.	Outline the characteristic	"	66
	features of facial skin.		
15.	Elucidate the cutaneous	Online LGIS	Viva Voce
	innervation of face.	(G-Classroom & Zoom)	
16.	Group facial muscles	66	Theory/ Viva
	according to the orifices		voce

	they are guarding.		
17.	Describe the nerve supply	66	66
	of muscles of facial		
	expressions.		
18.	Describe the course of	"	viva
	arteries, veins, lymphatics		voce/OSPE
	and nerves of the face with		
	the help of model.		
19.	Correlate gross features of	66	Theory/ viva
	face with anatomical basis		voce
	of danger area,		
20.	Identify muscles of facial	66	OSPE
	expressions		
21.	Illustrate the cutaneous	66	Theory
	innervation of face		
22.	Summarize contents of superficial	66	Theory/ viva
	fascia of neck (platysma, external jugular		voce
	vein)		
23.	Illustrate cutaneous	66	66
	innervation of neck		
24.	Enumerate the layers of	66	66
	deep cervical fascia.		
25.	Trace the attachments of	66	66
	investing, pretracheal,		
	carotid sheath and		
	prevertebral layers of fascia.		
26.	Identify various	66	66
	modifications and neck		
	spaces formed by facial		

	attachments.		
27.	Comprehend the clinical	66	66
	importance of neck spaces		
	in spread of infection.		
28.	Tabulate the attachments,	66	Theory
	nerve supply, actions of		
	superficial and deep		
	muscles of neck		
	(sternocleidomastoid,		
	suprahyoid, infrahyoid, sub		
	occipital, prevertebral		
	muscles,).		
29.	Identify boundaries and	66	OSPE
	contents of triangles of neck		
	on model		
30.	Describe the origin, course	66	Theory/ viva
	and distribution of vessels		voce
	and nerves of neck (cervical		
	plexus, Ansa cervicalis,		
	Common carotid artery,		
	Internal jugular vein,		
	subclavian vessels)		
31.	Analyze a case of lesion to	66	66
	accessory, glossopharyngeal		
	and vagus nerve on		
	anatomical basis.		
32.	Describe the clinical	66	66
	features of torticollis.		
33.	Revisit boundaries of	66	Theory /OSPE

submandibular triangle		
Describe the parts, relations	66	Theory/
and neurovasculature of		viva voce
submandibular gland.		
Trace the routes of	66	66
submandibular ganglion.		
Describe the distribution of	66	Theory/ Viva
submandibular ganglion		voce
Correlate the anatomy of	66	66
submandibular fascial space		
with Ludwig's angina		
List contents of parotid	66	66
region		
Elucidate the surfaces,	66	66
borders, shape, location,		
parts, relations and drainage		
of parotid gland		
Trace the pathway of	66	66
autonomic supply of parotid		
gland.		
Enumerate structures	66	66
embedded in parotid gland		
in a sequential order.		
Analyze anatomical basis of	66	66
clinical presentation of		
mumps.		
Correlate the extracranial	66	66
course of facial nerve with		
Bell's palsy		
	Describe the parts, relations and neurovasculature of submandibular gland. Trace the routes of submandibular ganglion. Describe the distribution of submandibular ganglion Correlate the anatomy of submandibular fascial space with Ludwig's angina List contents of parotid region Elucidate the surfaces, borders, shape, location, parts, relations and drainage of parotid gland Trace the pathway of autonomic supply of parotid gland. Enumerate structures embedded in parotid gland in a sequential order. Analyze anatomical basis of clinical presentation of mumps. Correlate the extracranial course of facial nerve with	Describe the parts, relations and neurovasculature of submandibular gland. Trace the routes of submandibular ganglion. Describe the distribution of submandibular ganglion Correlate the anatomy of submandibular fascial space with Ludwig's angina List contents of parotid region Elucidate the surfaces, borders, shape, location, parts, relations and drainage of parotid gland Trace the pathway of autonomic supply of parotid gland. Enumerate structures embedded in parotid gland in a sequential order. Analyze anatomical basis of clinical presentation of mumps. Correlate the extracranial course of facial nerve with

44.	Outline the type, articular	66	66
	surfaces, capsule, ligaments,		
	supporting factors,		
	movements and nerve		
	supply of TMJ.		
45.	Describe movements of	66	"
	TMJ with reference to axes		
	and muscles producing		
	them.		
46.	Correlate a case of	66	Theory/ Viva
	dislocation and reduction of		Voce
	TMJ with anatomical		
	knowledge of TMJ		
47.	Identify the location,	66	OSPE
	boundaries, contents and		
	communications of		
	temporal and infratemporal		
	fossa on a given model and		
	skull.		
48.	Describe the course and	66	Theory/ Viva
	distribution of mandibular		Voce
	nerve from origin to		
	distribution		
49.	Tabulate the attachments,	66	"
	actions and nerve supply of		
	muscles of mastication.		
50.	Trace location, various	66	66
	routes and distribution of		
	otic ganglion		

51.	Justify role of lateral	66	66
	pterygoid as a peripheral		
	heart on anatomical basis of		
	pterygoid venous plexus.		
52.	Elucidate importance of	66	66
	pterygoid venous plexus in		
	case of intracranial spread		
	of infection to cavernous		
	sinus.		
53.	Trace origin and distribution	66	Theory/ Viva
	of superficial temporal, First		Voce/OSPE
	and second parts of		
	maxillary artery		
54.	Trace origin and distribution	"	Theory/ Viva
	of Chorda tympani from		voce
	origin till it joins the lingual		
	nerve.		
55.	Outline the floor, roof,	"	"
	lateral walls and vestibule		
	of oral cavity.		
56.	Describe topographic	66	"
	features of tongue.		
57.	Tabulate the actions and	66	66
	nerve supply of muscles		
	(intrinsic and extrinsic) of		
	tongue		
58.	Correlate the nerve supply	66	66
	of tongue with its		
	embryological origin.		

59.	Differentiate a case of UMN	"	66
	and LMN lesion of		
	hypoglossal nerve		
60.	Correlate Lymphatic	66	66
	drainage of different parts		
	of tongue with spread of		
	malignancy and infection of		
	tongue.		
61.	Tabulate the attachments,	"	66
	nerve supply, actions of		
	muscles of soft palate.		
62.	Describe the skeletal	66	66
	framework of different		
	walls of nose		
63.	Summarize the features,	66	66
	vascular supply, nerve		
	supply and openings in		
	lateral wall of nose		
64.	Describe the features,	66	66
	vascular supply, nerve		
	supply of medial wall of		
	nose		
65.	Highlight the significance of	66	66
	little's area in a case of		
	epistaxis		
66.	Trace the location and	66	Viva voce/
	drainage of paranasal		OSPE
	sinuses in skull and on		
	radiograph		

67.	Identify the location of	66	Viva voce
	pterygopalatine fossa on		
	skull		
68.	List bones forming walls of	66	Theory/ Viva
	pterygopalatine fossa		voce
69.	Enumerate the contents and	66	66
	communications of		
	pterygopalatine fossa		
70.	Describe the distribution of	66	Theory/ Viva
	third part of maxillary		voce
	artery, maxillary nerve and		
	pterygopalatine ganglion		
71.	Differentiate extent,	66	66
	anatomical features,		
	vascular supply, nerve		
	supply of three parts of		
	pharynx on anatomical basis		
72.	List muscles of pharynx	66	66
	with nerve supply and		
	action		
73.	Name structures passing	66	66
	through the spaces between		
	muscles of pharynx		
74.	Trace origin of	66	Viva voce
	pharyngobasilar fascia on		
	base of skull.		
75.	Correlate anatomical	66	Theory/ Viva
	knowledge of		voce
	pharayngobasilar fascia		

	nasopharynx		
76.	Justify role of Eustachian	66	66
	tube in equalizing middle		
	ear pressure, age related		
	obliquity		
77.	Describe anatomical route	66	66
	of spread of infections from		
	nasopharynx to middle ear.		
78.	Relate boundaries of	66	66
	tonsillar fossa and tonsillar		
	bed with significant		
	structures that must be		
	protected during		
	tonsillectomy.		
79.	Define Kilian's dehiscence.	66	66
80.	Describe laryngeal wall in	66	66
	detail with emphasis on		
	cartilages, ligaments,		
	muscles, vascular supply		
	and nerve supply.		
81.	Enlist paired & unpaired	66	66
	laryngeal cartilages and		
	identify their gross features.		
82.	Enlist intrinsic & extrinsic	66	66
	membranes of larynx		
	identify their gross features		
	& formation of vestibular		
	and vocal ligaments.		

83.	Analyze mechanism of	66	66
	abduction and adduction of		
	vocal cords		
84.	Distinguish clinical	66	66
	presentations of injury to		
	external, internal and		
	recurrent laryngeal nerves.		
85.	Explain Clinical	66	66
	significance of piriform		
	fossa		
86.	Identify gross features of	66	OSPE
	thyroid and parathyroid		
	glands on models.		
87.	Describe capsule, relations	66	Theory/ Viva
	and blood supply of thyroid		voce
	and parathyroid gland		
88.	Justify anatomical basis of	66	66
	movement of thyroid gland		
	during deglutition		
89.	Comprehend surgical	66	66
	precautions in thyroid		
	surgery while ligating		
	vessels and enucleation		
90.	Identify the anatomical	66	66
	basis of hoarseness of voice		
	after thyroidectomy		
91.	Enumerate the groups of	66	Theory/ Viva
	lymph of nodes draining the		voce
	neck and describe their		

	location and areas of		
	drainage.		
92.	Describe the formation of	66	66
	jugular lymph trunk.		
93.	Appraise the clinical	66	66
	importance of `lymphatic		
	drainage of head and neck		
94.	Describe the gross	66	66
	anatomical features of		
	auricle, external auditory		
	meatus and tympanic		
	membrane.		
95.	Correlate nerve supply of	66	66
	external ear and tympanic		
	membrane		
96.	Justify the anatomical basis	66	66
	of otoscopy in infants and		
	adults		
97.	Describe the gross	66	66
	anatomical features,		
	boundaries, structures and		
	contents of middle ear		
	cavity.		
98.	Describe the structures	66	OSPE
	forming the walls of middle		
	ear cavity on the given		
	model.		
99.	Highlight the importance of	"	Theory/ Viva
	infection in middle ear		voce

	cavity in relation to its		
	communications.		
100.	Trace the pathway and	66	66
	distribution of facial nerve		
	within petrous part of		
	temporal bone.		
101.	Describe the parts of bony	66	66
	and membranous parts of		
	inner ear		
102.	Identify the parts of bony	66	OSPE
	and membranous parts of		
	inner ear on model		
103.	Describe the course and	66	Theory/ Viva
	distribution of facial nerve		voce
104.	Revisit the effects of lesion	66	66
	of facial nerve at different		
	levels		
105.	Differentiate anatomical	66	66
	basis of clinical presentation		
	of UMN and LMN lesion of		
	facial nerve		
106.	Describe the skeletal	66	OSPE/ Viva
	framework of bony orbit		voce
	and its communications		
107.	List the contents of orbit	66	Theory/ Viva
			voce
108.	Identify the parts of eyeball	66	OSPE
	on a model		
109.	Tabulate the attachments,	66	Theory

	nerve supply and actions of		
	extraocular muscles		
110.	Justify the movements of	66	Theory/ Viva
	extraocular muscles based		voce
	on their attachments		
111.	Trace the course and	66	66
	distribution of 3, 4 and 6		
	CN.		
112.	Justify the peculiar Position	66	"
	of eyeball in case of lesion		
	of 3, 4 and 6 CN		
113.	Trace the route and	66	"
	distribution of ciliary		
	ganglion		
114.	Describe the course and	66	"
	distribution of ophthalmic		
	nerve		
115.	Name different components	66	66
	of lacrimal apparatus		
116.	Describe the nerve supply	66	"
	of Lacrimal gland		
117.	Trace the intracranial and	66	"
	extracranial courses and		
	distribution of all the cranial		
	nerves		
118.	Identify the important bony	66	OSPE
	landmarks of cervical		
	vertebrae, paranasal sinuses,		
	skull on x ray.		

119.	Mark following structures on subject	66	VIVA VOCE
	 a. Parotid Gland and duct 		
	b. Thyroid		
	c. Common Carotid		
	Artery		
	d. External carotid artery		
	e. Facial artery		
	f. Vagus nerve		
	g. Accessory nerve		
	h. Hypoglossal nerve		
	i. External jugular		
	vein		
	j. Internal jugular		
	vein		

Surgical Anatomy					
G N	Learning objectives:	MIT	Mode of		
S No.			assessment		
120.	 Demonstrate understanding of basic concepts Justify the clinical presentation with reasoning regarding the following 	Online LGIS (G- Classroom & Zoom)	MCQ SEQ SAQ Viva Voce		
	topics: ✓ Face trauma ✓ Danger area of face ✓ Impacted stones in salivary				
	glands ✓ Freys syndrome ✓ Epistaxis ✓ Scalp injuries				

LIST OF PRACTICALS

- Lip and tongue
- Salivary glands
- Thick and thin skin
- Eye
- Ear
- Pituitary gland
- Thyroid and parathyroid gland
- Adrenal gland

Physiology

S.No	Learning	Learning	MIT	Assessment
	outcomes	Objectives/ Content		Tool
1.	Describe the physiological mechanisms involved in special senses and the related abnormalities.	 Objectives/ Content Explain refraction and concept of convergence and divergence. Define focal length, focal point and power of lens. Differentiate between ametropic, myopia, hyperopia, astigmatism, presbyopia and describe their treatment Discuss the concept of reduced eye and depth perception Explain the process of its formation, circulation and regulation of aqueous humor. Describe Intraocular pressure and pathophysiology of glaucoma. Describe accommodation reflex, light reflex and their pathway Describe physiological anatomy of retina and pathophysiology of retinal detachment. Explain rhodopsin visual cycle and role of vitamin A in night blindness. Describe photo transduction in photoreceptors Explain the mechanism of regulation of retinal Sensitivity (light and dark adaptation). Discuss and sketch the visual pathway and its lesions 	Online LGIS/SGD/CBL	Tool MCQ, SEQ/ Viva

	 Explain the visual cortex and its functional units. Describe the mechanism of different types of eye movements Discuss pathophysiology of strabismus Horner's syndrome and Argyll Robertson pupil Discuss the effects of sympathetic and parasympathetic innervation of eye 		
	 Describe the physiological Anatomy of ear Explain the mechanism of conduction of sound waves through the ear to the cochlea ☐ Describe "Impedance Matching" and its importance Describe the process of attenuation of sounds Explain the Place Principle Describe the functions of Organ of Corti Explain the mechanism of determination of loudness Identify the auditory pathway Explain the process of determination of direction from which sound is coming Describe various hearing Abnormalities 	Online LGIS/ SGD/CBL	MCQ, SEQ/ Viva
3.	 Describe various taste sensations Describe the mechanism of stimulation of taste buds and the transmission of signals to CNS 	Online LGIS/ SGD/CBL	MCQ, SEQ/ Viva
4.	• Explain the physiological anatomy of olfactory membrane.	Online LGIS/ SGD/CBL	MCQ, SEQ/ Viva

		 Describe the mechanism of stimulation of olfactory cells and the transmission of signals to CNS Identify the primary sensations of smell Describe the transmission of signals of olfaction into the central nervous system 		
5.	Explain the basic physiology of endocrinology And describe the functions and related abnormalities of different hormones.	 Describe the coordination of body functions by chemical messengers Identify the chemical structure and synthesis of hormones Identify the hormone secretion, transport, and clearance from the blood Explain the feedback control of hormone secretion Describe the transport of hormones in blood and "clearance" of hormones from the blood Identify the hormone receptors and Their activation Explain the intracellular signaling after hormone receptor activation Describe the second messenger mechanisms for mediating intracellular 	Online LGIS/ SGD/CBL	MCQ, SEQ/ Viva
6.		 Describe the pituitary gland and its relation to the hypothalamus Describe the hypothalamichypophysial portal blood vessels of the anterior pituitary gland Explain the posterior pituitary gland and its relation to the hypothalamus Identify the physiological functions of ADH and oxytocin Hormone 	Online LGIS/ SGD/CBL	MCQ, SEQ/ Viva

7			Online I CIC/	MCO SEO
7.		 Explain the physiological functions of growth hormone 	Online LGIS/ SGD/CBL	MCQ,SEQ, PBQ /Viva
		• Explain the regulation of growth hormone secretion		
		 Describe the hypopituitarism and Hypopituitarism. 		
8.		Outline the synthesis and secretion of the thyroid metabolic hormones	Online LGIS/ SGD/CBL	MCQ, SEQ/ Viva
		• Explain the physiologic functions of the thyroid hormones		
		Describe the regulation of thyroid hormone secretion		
		Describe the Diseases of the Thyroid gland		
9.	Describe the male and female reproductive functions and related abnormalities	Describe the regulation of calcium and phosphate in the extracellular fluid and plasma	Online LGIS/ SGD/CBL	MCQ, SEQ/ Viva
		• Identify the actions of vitamin D		
		Explain the effects of parathyroid hormone on calcium and phosphate concentrations in the extracellular fluid		
		Describe the control of parathyroid secretion by calcium ion concentration		
		Discuss the actions of calcitonin		
		 Relate the pathophysiology of parathyroid hormone, vitamin D, and bone disease 		
10.		Explain synthesis and secretion of	Online LGIS/ SGD/CBL	MCQ, SEQ/Viva
		 adrenocortical hormones Describe the functions of the mineralocorticoid oidsaldosterone 		
		 Describe the functions of the glucocorticoids Identify the abnormalities 		

11.	 Identify the metabolic effects of insulin Describe the mechanisms of insulin secretion Describe the control of insulin secretion Outline the functions of glucagon Describe the regulation of glucagon secretion Describe the pathophysiology of diabetes mellitus 	Online LGIS/ SGD/CBL	MCQ, SEQ/Viva
12.	 Identify the physiologic anatomy of the male sexual organs Outline the process of spermatogenesis Describe the functions of the seminal vesicles and prostate gland Explain the abnormal spermatogenesis and male Fertility Describe the functions of testosterone and other male sex hormones 	Online LGIS/ SGD/CBL	MCQ, SEQ/ Viva
13.	 Identify the physiologic anatomy of the female sexual organs Relate the monthly ovarian cycle with function of the gonadotropic hormones Describe the gonadotropic hormones and their effects on the ovarian cycle. Outline the functions of the ovarian hormones—estradiol and progesterone Describe the regulation of the female monthly rhythm—interplay between the ovarian and hypothalamic pituitary hormones and feedback 	Online LGIS/ SGD/CBL	MCQ, SEQ/ Viva

14.		oscillation of the hypothalamic pituitary axis Identify the pituitaryovarian system Explain physiological basis of puberty, menarche and menopause Describe maturation and	Online LGIS/	MCQ, SEQ/ Viva
		 fertilization of the ovum Explain the process of transport of the fertilized ovum in the fallopian tube Describe the implantation of the 	SGD/CBL	
15.		Explain blastocyst in parturition and onset of labor and the hormones	Online LGIS/ SGD/CBL	MCQ, SEQ/Viva
16.	Appreciate the physiological basis of fetal growth and neonatal adjustment to extra-uterine life	 Outline the growth and functional development of the fetus and development of the organ system Identify the adjustments of the infant to extra uterine life Explain the circulatory readjustments at birth Describe the special problems of prematurity 	Online LGIS/ SGD/CBL	MCQ, SEQ/Viva

Physiology CBL

CBL 1: Vision

Zeeshan, a 6 years child, was brought to an ophthalmologist because his parents observed that his eyes are not properly aligned and he is using only left eye to look at various objects. His external ocular examination revealed healthy eye lids, palpebral fissures, conjunctiva and cornea. Pupils were equal in size and light and accommodation response was normal on both sides. Ocular motility was tested and unpairing of conjugate movements in the horizontal plane along with saccadic dysfunction was observed. Visual acuity was 6/6 in left eye and 6/24 in right eye. Intra ocular pressure was 12mm of Hg on both sides. Ophthalmoscopy and slit lamp examination revealed no abnormality. The ophthalmologist covered the normal eye with eye patch. He also counseled the parents about the conservative management plan and available surgical options and advised review after 01 month.

Learning objectives:

By the end of CBL session, the students will be able to

- 1. Discuss the optics of vision as a basis of refractive errors.
- 2. Describe the physiological basis of image formation on retina.
- 3. Describe the basis of ocular reflexes.
- 4. Explain the types of eye movements and their role in vision (locking unlocking movements, vestibular movements, saccadic movements, pursuit movements).
- 5. Describe the basis of interference excitation and fusion of visual images.

CBL 2: Acromegaly

A 44 years old man presented in OPD with complaints of gradual deterioration of vision, progressive increase in body weight and increased frequency of micturition. He also told the doctor that his shoe size had increased and he was facing problems in finding extra-large shoes for the last 2 years. His physical examination revealed the following:

Height = 1.73m (5 ft 8 inches),

Weight = 114 kg (250 lbs),

B.P = 140/80 mm Hg,

Thickened fingers and a large jaw and tongue.

Biochemical tests revealed:

IGF-1 = 1289 ng/ml (normal: 109 - 284 ng/ml)

Basal GH = 31 ng/ml (normal: 5 ng/ml)

 $TSH = 2.41 \, \mu IU/ml$ (normal: $0.49 - 4.67 \, \mu IU/ml$)

Random blood glucose = 360 ml/dl (normal: 70 - 140 mg/dl)

Chest radiograph showed gross cardiomegaly. A pituitary MRI revealed a 4.5 cm macro adenoma which was compressing the optic chiasma significantly. A diagnosis of acromegaly was made.

Learning objectives:

- 1. Relate the symptoms and lab tests to the affected endocrine gland and the hormones.
- 2. Identify the manifestations of acromegaly which are normal or abnormal in this patient.
- 3. Enlist the hormones secreted by pituitary gland, their mechanism of action and regulation.
- 4. Elucidate the action of growth hormone and role of somatomedins in bone growth.
- 5. Comprehend feedback control of growth hormone secretion.
- 6. Differentiate between gigantism, acromegaly and dwarfism.

CBL 3: Diabetes Mellitus

A 10 year old Asif presented in pediatric OPD with complaints of significant weight loss in last six months despite having voracious appetite. He was constantly thirsty and was urinating every 30-40 min. He also had episodes of bed wetting.

On physical examination:

Height was 5 ft 1 inch

Weight was 95 lb which was 106 lb 2 months back.

BP 90/55 mm Hg in supine and 75/45 mm Hg in standing position.

Laboratory findings revealed the following:

Test	Patient's value	Normal Range
Fasting plasma glucose	320mg/dl	70-110 mg/dl

Plasma ketones	+1	Nil
Urinary glucose	+4	Nil
Urinary ketones	+2	Nil

On the basis of these findings diagnosis of type 1 diabetes was made. He was immediately started injectable insulin and counseled on how to monitor blood glucose with finger stick. He was advised regular check-up for monitoring of renal function.

Learning objectives:

At the end of the session, the students should be able to:

- 1. Comment on the pathophysiology and significance of
 - a. Urinary and plasma ketones
 - b. Urinary glucose
 - c. Weight loss in diabetes
- 2. Explain the effects of insulin on carbohydrate, protein and fat metabolism.
- 3. Explicate the mechanism of action of insulin.
- 4. Elucidate the role of insulin in controlling blood sugar level in postprandial and fasting state.
- 5. Describe the causes, age of onset, diagnostic criteria, complications and treatment options of different types of diabetes mellitus.

CBL 4 : Cushing's Syndrome

A 35-year-old woman comes to her physician's office with the complaint of recent rapid weight gain and excessive sweating. What initiated her visit was a recent panic attack that frightened her. Her face looks swollen compared with the rest of her body. She complains of recent weakness, backaches, and headaches, and her periods have lately been irregular. Over the past month, she has noticed frequent bruising with slow healing. She is not on any birth control or using any medication except for acetaminophen for the headaches.

PHYSICAL EXAMINATION

Vital Signs: Temp: 37°C, Pulse 68/min, Resp rate 14/min, BP 130/86 mm Hg, BMI 33 Physical Examination: The patient's face is round and her trunk is swollen, but her arms and legs are thin. She sounds depressed. She has supraclavicular fat pads.

LABORATORY STUDIES & IMAGING

- Pregnancy test (HCG): Negative
- Glucose tolerance: Abnormal, consistent with insulin resistance.
- Plasma cortisol levels: 4 pm: $25 \mu g/dL$ (normal: $3-15\mu g/dL$). Dexamethasone is given orally at 11 pm. At around 8 am the next morning, cortisol levels are $35 \mu g/dL$ (normal: $< 5 \mu g/dL$).
- 24-Hour urine collection for free cortisol: Abnormally high
- Plasma ACTH: 7 pg/mL (normal: > 20 pg/mL)
- MRI of the pituitary was normal. CT of abdomen and chest: Adrenal tumor □ Diagnosis of Cushing's syndrome (primary hypercortisolism from adrenal tumor) was made.

Learning objectives:

By the end of CBL session, the students will be able to:

- 1. Explain the relevance of protein carriers in blood for hydrophobic hormones and the mechanism that determine the level of free circulating hormone.
- 2. Describe the functions of cortisol and correlate the clinical manifestations of the given patient with cortisol excess.
- 3. Compare the roles of cortisol, insulin, growth hormone and glucagon in glucose homeostasis.
- 4. Describe the principles of feedback control for cortisol release and its relevance for homeostasis.
- 5. Describe the disease state that results from under secretion of corticosteroids.
- 6. Differentiate between Cushing' disease and Cushing's syndrome.

Biochemistry

LEARNING OBJECTIVES:

- 1. Understand the biochemistry of Hormones and their effects on different metabolic processes
- 2. Biochemistry of Reproductive hormones
- 3. Comprehend primary and secondary metabolism of Lipids
- 4. Understand Integration and regulation of Metabolic Pathways in Different Tissues

	Learning outcomes:	MIT	Mode of
S No.	By the end of session, the student should be able to:	LGIS/ SGD/ CBL/ Practical/ Tutorial	assessment Theory/ OSCE/ Viva Voce
1.	Describe the endocrine system of human body and different types of glands.	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
2.	Illustrate the classification of hormones on basis of their chemical nature and mechanism of action	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
3.	Describe the detailed Mechanism of action of various hormones	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
4.	Elaborate chemistry and composition, functions, daily secretion, stimulants and depressants of growth hormone. Describe regulation and effect on Carbohydrates, Lipids,	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE

	Proteins, Mineral and water		
	metabolism and disorders of		
	Growth Hormone		
5.	Elaborate chemistry and composition, functions,	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
	daily secretion, stimulants		
	and depressants of Thyroid		
	hormone. Describe		
	regulation and effect on		
	Carbohydrates, Lipids,		
	Proteins, Mineral and water		
	metabolism and disorders of		
	Thyroid hormone		
6.	Elaborate chemistry and composition, functions, daily secretion, stimulants and depressants of Adrenal hormones. Describe regulation and effect on Carbohydrates, Lipids,	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
	Proteins, Mineral and water metabolism and disorders of Adrenal hormones		
7.	Elaborate chemistry and composition, functions, daily secretion, stimulants and depressants of Pancreatic hormone. Describe regulation and effect on Carbohydrates, Lipids, Proteins, Mineral and water metabolism and disorders of Pancreatic hormones	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
8.	Elaborate chemistry and composition, functions, daily secretion, stimulants	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE

	and depressants of		
	Parathyroid hormone.		
	Describe regulation and		
	effect on Carbohydrates,		
	Lipids, Proteins, Mineral		
	and water metabolism and		
	disorders of parathyroid		
	hormone		
9.	Illustrate the chemistry,	Online LGIS/ SGD/	SAQs/SEQs/
	synthesis and functions of	CBL/ Tutorial	Viva/OSPE
	Androgens		
10.	Illustrate the chemistry,	Online LGIS/ SGD/	SAQs/SEQs/
	synthesis and functions of	CBL/ Tutorial	Viva/OSPE
	Estrogen		
11.	Describe Mobilization and	Online LGIS/ SGD/	SAQs/SEQs/
	transport of fatty acids, tricylglycerol, and sterols	CBL/ Tutorial	Viva/OSPE
12.	Comprehend Oxidation of fatty	Online LGIS/ SGD/	SAQs/SEQs/
	acids - Activation and transport of fatty acid in the mitochondria - Boxidation, fate of Acetyl CoA, regulation of B-oxidation - Other types of oxidation, i.e. alpha-	CBL/ Tutorial	Viva/OSPE
	oxidation, w-oxidation,		
	peroxisome oxidation,		
	oxidaton of odd number		
	carbon containing fatty		
	acids and Unsaturated fatty		
	acids etc.		
13.	Explain Biosynthesis of	Online LGIS/ SGD/	SAQs/SEQs/
	fatty acids	CBL/ Tutorial	Viva/OSPE
14.	Illustrate Eicosanoids, synthesis	Online LGIS/ SGD/	SAQs/SEQs/
	from Arahidonic acid, their mechanism and biochemical	CBL/ Tutorial	Viva/OSPE

	functions		
15.	Explain Triacylgycerol	Online LGIS/ SGD/	SAQs/SEQs/
	synthesis and regulation	CBL/ Tutorial	Viva/OSPE
16.	Describe Synthesis and	Online LGIS/ SGD/	SAQs/SEQs/
	degradation of	CBL/ Tutorial	Viva/OSPE
	phospholipids and their		
	metabolic disorders		
17.	Comprehend Cholesterol synthesis, regulation, functions, fate of intermediates of Cholesterol synthesis, Hypercholesterolemia, Atherosclerosis	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
18.	Describe Ketogenesis - Mechanism and utilization of Ketone bodies and significance - Ketosis and	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
10	its mechanism	O 1: A GIG/GGD/	GAO (GEO /
19.	Illustrate Plasma Lipoproteins, VLDL, LDL, HDL, and Chylomicrons, their transport, functions and importance in health and disease	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
20.	Explain Glycolipid	Online LGIS/ SGD/	SAQs/SEQs/
	metabolism and abnormalities	CBL/ Tutorial	Viva/OSPE
21.	Comprehend Chemistry and	Online LGIS/ SGD/	SAQs/SEQs/
	Metabolic effects of insulin and glucagon on metabolism	CBL/ Tutorial	Viva/OSPE
22.	Describe Feed fast cycle	Online LGIS/ SGD/	SAQs/SEQs/
	and Biochemistry of Liver,	CBL/ Tutorial	Viva/OSPE
	brain, skeletal muscle and		
	kidney in fasting state		

23.	Explain Biochemistry of Liver, brain, skeletal muscle and kidney in fed state	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
24.	Illustrate Biochemistry Adipose tissue in fed and fasting state	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
25.	Explain Biochemical and metabolic Aspects of Diabetes mellitus	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
26.	Comprehend Biochemistry and Metabolic consequences of Obesity	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE
27.	Integration and regulation of Metabolic Pathways in Different Tissues	Online LGIS/ SGD/ CBL/ Tutorial	SAQs/SEQs/ Viva/OSPE



Learning Resources

Anatomy

- a) Clinical Anatomy for Medical Students by Richard Snell (9th edition).
- b) Basic Histology Text and Atlas by Luiz Carlos and Junqueira (14th edition)
- c) Basic Histology by Laiq Hussain Siddiqui (5th Revised edition)
- d) Medical Embryology by Langman (14th edition).
- e) Essential Clinical Anatomy by Keith Moore (7th edition).
- f) The Developing Human by Keith Moore (10th edition).
- g) General Anatomy by Laiq Hussain Siddiqui.

PHYSIOLOGY

- a) Guyton and Hall Textbook of Medical Physiology, 13th Edition by John E. Hall.
- b) Human Physiology: From Cells to Systems, 9th Edition by Lauralee Sherwood.
- c) Ganong's Review of Medical Physiology, 25th Edition (LANGE Basic Science) by Kim E. Barrett, Susan M. Barman, Scott Boitano, Heddwen Brooks.
- d) Practical physiology by CL Ghai
- e) Electronic modes

BIOCHEMISTRY

- a) Lippincott's illustrated reviews, 7th edition
- b) Harper's illustrated Biochemistry, 30th edition
- c) M.N Chatterjea Textbook of Biochemistry, 8th edition
- d) M.D Vasudevan, Sreekumari, M.D.S;Kannan, M.D. Vaidyanathan D.M Textbook of Biochemistry for medical students, 2016
- e) Practical Biochemistry Manual (Prof Maj Gen AK Naveed, Dr Shakir Khan)
- f) Electronic modes

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Education Guide No 16: Study guides-their use and preparation. *Medical Teacher*, 21(3), 248–265.

https://doi.org/10.1080/01421599979491