







STUDY GUIDE FOR RESPIRATORY II MODULE

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Module name: Respiratory II Year: Three Duration: 4 weeks (June-July 2021)

Timetable hours: Lectures, Case-Based Integrated Learning (CBIL), Clinical Rotations, learning experience in LNH outreach centers, Laboratory, Practical, Demonstrations, Skills, Self-Study

MODULE INTEGRATED COMMITTEE

MODULE COORDINATOR:	Prof. Shaheen Sharafat (Microbiology)
CO-COORDINATORS:	Dr. Amna Khurshid (Pathology)Dr. M. Suleman Sadiq (DHPE)

DEPARTMENTS & RESOURCE PERSONS

	BASIC HEALTH SCIENCES
	COMMUNITY MEDICINE
	Dr. Saima Zainab
	FORENSIC MEDICINE
	Professor Murad Zafar Marri
	MICROBIOLOGY
	Professor Shaheen Sharafat
	PATHOLOGY
	Professor Naveen Faridi
	PHARMACOLOGY
	Professor Nazir Ahmad Solangi
	DEPARTMENT of HEALTH PROFESSIONS EDUCATION
Professor NighatHu	
Dr. Muhammad Sule	
	LNH&MC MANAGEMENT
	Professor K.U. Makki, Principal, LNH&MC
	Dr. Shaheena Akbani, Director A.A & R.T LNH&MC

INTRODUCTION

WHAT IS A STUDY GUIDE?

It is an aid to:

- Inform students how student learning program module has been organized
- Help students organize and manage their studies throughout the module
- Guide students on assessment methods, rules and regulations

THE STUDY GUIDE:

- Communicates information on organization and management of the module. This will help the student to contact the right person in case of any difficulty.
- Defines the objectives which are expected to be achieved at the end of the module.
- Identifies the learning strategies such as lectures, small group teachings, clinical skills, demonstration,
 tutorial and case based learning that will be implemented to achieve the module objectives.
- Provides a list of learning resources such as books, computer assisted learning programs, web- links and journals for students to consult in order to maximize their learning.
- Highlights information on the contribution of continuous and Term examinations on the student's overall performance.
- Includes information on the assessment methods that will be held to determine every student's achievement of objectives.
- Focuses on information pertaining to examination policy, rules and regulations.

CURRICULUM FRAMEWORK

Students will experience integrated curriculum similar to previous modules.

INTEGRATED CURRICULUM comprises of system-based modules such as Foundation II, Blood-II, Locomotor II, Respiratory system-II, CVS-II and GIT Liver II which links basic science knowledge to clinical problems. Integrated teaching means that subjects are presented as a meaningful whole. Students will be able to have better understanding of basic sciences when they repeatedly learn in relation to clinical examples.

LEARNING EXPERIENCES: Case based integrated discussions, skills acquisition in skills lab. Computer-based assignments, learning experiences in clinics, wards, and outreach centers

INTEGRATING DISCIPLINES OF RESPIRATORY MODULE-II

PHARMACOLOGY

RESPIRATORY MODULE-II

MICROBIOLOGY

PATHOLOGY

Note: *Research Methodology will run parallel in 3rd Year

LEARNING METHODOLOGIES

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Small Group Discussion
- Case- Based Integrated Learning (CBIL)
- Clinical Experiences
 - Clinical Rotations
 - o Experience in LNH outreach centers
- Practicals
- Skills session
- Self-Directed Study

INTERACTIVE LECTURE: In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients' interviews, exercises, etc. Students are actively involved in the learning process.

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

CASE- BASED INTEGRATED LEARNING (CBIL): A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained previously in clinical and basic health sciences during the module and construct new knowledge. The CBIL will be provided by the concern department. CBIL will be provided by the concern department.

CLINICAL LEARNING EXPERIENCES: In small groups, students observe patients with signs and symptoms in hospital wards, clinics and outreach centers. This helps students to relate knowledge of basic and clinical sciences of the module and prepare for future practice.

- CLINICAL ROTATIONS: In small groups, students rotate in different wards like Medicine, Pediatrics, Surgery, Obs & Gyne, ENT, Eye, Family Medicine clinics, outreach centers & Community Medicine experiences. Here students observe patients, take histories and perform supervised clinical examinations in outpatient and inpatient settings. They also get an opportunity to observe medical personnel working as a team. These rotations help students relate basic medical and clinical knowledge in diverse clinical areas.
- EXPERIENCES IN LNH OUTREACH CENTERS: Learning at outreach centers of LNH have been organized and incorporated as part of training of third year medical students. The objective of these visits is to provide clinical training experiences for students in primary care settings.

PRACTICAL: Basic science practicals related to pharmacology, microbiology, forensic medicine, and community medicine have been schedule for student learning.

SKILLS SESSION: Skills relevant to respective module are observed and practiced where applicable in skills laboratory.

SELF DIRECTED STUDY: Students' assume responsibilities of their own learning through individual study, sharing and discussing with peers, seeking information from Learning Resource Center, teachers and resource persons within and outside the college. Students can utilize the time within the college scheduled hours of self-study.

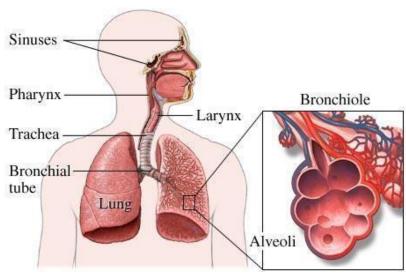
MODULE 4: RESPIRATORY II

RATIONALE

The Respiratory System II (RES II) module is designed to consolidate, and build on the First year Respiratory I module which covered basic medical sciences concepts for understanding the causes and treatment of diseases.

Tuberculosis is considered to be a major cause of ill health in Pakistan. The annual incidence rate of infectious Tuberculosis cases is estimated to be between 85-100/100,000 persons. The exact prevalence of COPD in Pakistan is not known, but a large number of patients attend outpatient and emergency departments across most of the country. The socio economic burden of COPD is considerable. A part from smoking, urban air pollution is an important cause of COPD. Pakistan at present falls in to a low risk lung cancer region in females and a moderate risk region for males and the highest registered increase between 1995 and 2002 was observed in the older age groups (65+).

RES (II) will focus on the respiratory system, its associated diseases, treatment options, and prevention of the diseases such as obstructive lung diseases, hypersensitivity related diseases, pulmonary infections, respiratory failure and restrictive lung diseases. The community medicine learning will aim at sessions on preventive medicine and various program such as TB, DOTS and National tuberculosis control program of Pakistan. The module will enable students to relate their theoretical knowledge to real practice through common clinical presentations, case-based discussions, interactive lectures, patient interactions and simulated-based learning.



- 1. DeMuynckA, SiddiqiS, GhaffarA, SadiqH. Tuberculosis controlin Pakistan: critical analysis of its implementation. JPak Med Assoc. 2001 Jan; 51(1):41-7.
- 2. Anwar SK, Mehmood N, Nasim N, Khurshid M, Khurshid B. Sweeper's lungdisease: across-sectional study of an overlooked illness among sweepers of Pakistan. International journal of chronic obstructive pulmonary disease. 2013; 8:193
- 3. BhurgriY,BhurgriA,UsmanA,SheikhN,FaridiN,MalikJ,AhmedR,KayaniN,PervezS,HasanSH.Patho-epidemiology of lung cancer in Karachi (1995-2002). Asian Pacific journal of cancer prevention. 2006 Jan 25;7(1):60.

COURSE OBJECTIVES AND STRATEGIES

At the end of the module the students will be able to:

COMMUNITY MEDICINE

OBJECTIVES	TEACHING STRATEGY
1. Pneumoconiosis and its prevention	
Define pneumoconiosis	
List pneumoconiosis diseases	
Discuss the control and prevention of pneumoconiosis	
2. Pulmonary tuberculosis and its prevention	
Discuss the history & causative organism of tuberculosis	
Discuss why Tuberculosis remains a world-wide problem	
Discuss Tuberculosis situation in Pakistan	
List epidemiological indices of tuberculosis	
Explain TB-DOTS Therapy	
Discuss the control and prevention of tuberculosis	
3. Asthma and its prevention	
Define Asthma	
Discuss the sign and symptoms of Asthma	
Discuss the diagnosis criteria of Asthma	
Discuss the control and prevention of Asthma	
4. Chicken pox and its prevention	
Define Chicken pox disease	Interactive Lectures
Discuss the sign and symptoms of Chicken pox	
Discuss the diagnosis criteria of Chicken pox	
Discuss the control and prevention of Chicken pox	
5. Influenza and its prevention	
Define influenza	
Discuss the sign and symptoms of influenza	
Discuss the control and prevention of influenza	
6. Diphtheria and its prevention	
Discuss the epidemiology of Diphtheria	
Explain the risk factors and consequences of Diphtheria	
Describe the signs and symptoms of Diphtheria	
Discuss the control and prevention of Diphtheria	
7. Measles and its prevention	
Describe the etiology of measles	
Describe the epidemiology of measles	
Describe the clinical features, assessment and diagnosis of measles	
Discuss the role of immunization in prevention of measles	

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8. Pertussis and its prevention	
Describe the etiology of pertussis	
Describe the epidemiology of pertussis	
Explain the clinical features, assessment and diagnostic criteria of Pertussis	
Discuss the process of control and prevention of Pertussis	
9. Air Pollution	
Describe the situation of air Pollution	
Identify the sources of air pollution	Small Group Discussion
Explain the effects of air pollution on health	Small Group Discussion
Discuss the concept of green house effects, global warming and ozone depletion	
Discuss the methods to control air pollution	
10. Pneumonia, SARS, Covid	
Define pneumonia	
Classify different types of pneumonia	
Explain the mode of transmission of pneumonia	Interactive Lectures
List the predisposing factors of pneumonia	
Describe the measures for prevention	
Discuss the sign and symptoms, diagnostic criteria, control & prevention of Covid 19	

FORENSIC MEDICINE

OBJECTIVES	TEACHING STRATEGY
1. Asphyxia I	
Define asphyxia	
Summarize the etiology, pathophysiology and classic signs of asphyxia	
Enumerate the different types of asphyxia and violent asphyxial deaths	
Classify tissue anoxia according to Gordon's classification	
List the different types of hanging	
Explain the autopsy findings and medicolegal importance of hanging	
Differentiate between ante-mortem and post-mortem hanging	
2. Asphyxia II	
Diagnose strangulation, throttling, suffocation, smothering, gagging and choking based on postmortem findings	Interactive Lectures
Discuss the mechanism, diagnostic features, and autopsy findings of traumatic asphyxia.	
3. Asphyxia III	
Define the types, mechanism and postmortem findings of drowning.	
Describe the causes of death due to drowning.	
Highlight the importance of diatoms in deaths by drowning.	
Define Sexual asphyxia (auto-erotic hanging).	

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4. Toxicology- Organophosphate insecticides poisoning	
List commonly used insecticides	
Classify organophosphate compounds	
Describe the mode of action, signs and symptoms, treatment, postmortem findings and medico legal importance of organophosphate and Carbamate	
poisoning	
5. Toxicology- Chloro group of insecticides (D.D.T.)	
 Describe the mode of action, signs, symptoms, treatment and postmortem findings of DDT Poisoning 	
6. Toxicology- Irrespirable /Asphyxiants gases I (CO2 & Sewer gas poisoning)	
Describe the mode of action, signs and symptoms, treatment, postmortem findings and medico legal aspects of CO2 & sewer gas poisoning	
7. Toxicology-Irrespirable/Asphyxiants gases II (Carbon monoxide, Hydrogen sulphide and War gases poisoning)	
List the sources of Carbon monoxide	
 Describe the mode of action, signs and symptoms, treatment, postmortem findings and medico legal aspects of Carbon monoxide and hydrogen Sulphide poisoning 	
Classify war gases	Small Group Discussion
Describe lacrimators and their treatment	
8. Toxicology Aluminum Phosphide & Paraquat poisoning	
List the sources of Aluminum phosphide and Paraquat	
Describe the mode of action, signs, symptoms, treatment, postmortem findings and medico legal aspects of Aluminum phosphide and Paraquat poisoning	
9. Toxicology Naphthalene Poisoning]
 Describe the mode of action, signs, symptoms, treatment, postmortem findings and medico legal aspects of Naphthalene poisoning 	

MICROBIOLOGY

OBJECTIVES	TEACHING STRATEGY
1. Bacteria and fungi causing pneumonia	
Discuss the properties, transmission, epidemiology, & pathogenesis of Streptococcus pneumoniae	
Describe clinical findings and laboratory diagnosis of Streptococcus pneumoniae	
Discuss treatment and prevention of Streptococcus pneumoniae	
List the fungus causing pneumonia	Intornativa Lasturas (
Briefly discuss Aspergillus	Interactive Lectures & Small Group Discussion
2. Mycobacterium tuberculosis	Sitiali Group Discussion
 Discuss the important properties, transmission, epidemiology, pathogenesis of M. Tuberculosis 	
Describe clinical findings and laboratory diagnosis of M. Tuberculosis	
Discuss treatment and prevention of M. Tuberculosis	
Briefly describe Atypical mycobacteria	

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3. mc	Gram positive rods (Corynebacterium diphtheriae and Listeria procytogenes, Bacillus and clostridium)	
•	Discuss the properties, transmission, epidemiology, pathogenesis of Gram positive rods	
•	Describe their clinical findings and laboratory diagnosis	
•	Discuss treatment and prevention of infections due to Corynebacterium diphtheriae and Listeria monocytogenes, Bacillus and Clostridium.	Interactive Lectures
4.	Gram negative rods (Haemophilus, Bordetella, Legionella)	
•	Discuss the Important properties, Transmission, Epidemiology, pathogenesis of Gram negative rods	
•	Describe clinical findings and laboratory diagnosis of Gram-negative rods	
•	Discuss treatment and prevention of Gram negative rods	
5.	Respiratory viruses [Influenza ,SARS AND SARS II (COVID 19)]	
•	Discuss the Important properties, transmission, epidemiology, pathogenesis of Influenza virus.	Internative Leatures 0
•	Describe replication cycle, clinical findings and laboratory diagnosis of Influenza virus	Interactive Lectures & Small Group Discussion
•	Discuss treatment and prevention of Influenza virus.	
•	Discuss SARS ,SARS II (COVID 19)	
6.	Childhood viruses (Measles, Mumps, Rubella)	
•	Discuss the important properties, transmission, epidemiology, pathogenesis of childhood viruses	
•	Describe replication cycle, clinical findings and laboratory diagnosis of childhood viruses	
•	Discuss treatment and prevention of childhood viruses	
7.	Respiratory virus Parainfluenza (Adeno, Corona, Rhino)	
•	Discuss the important properties, transmission, epidemiology, pathogenesis of Parainfluenza virus	
•	Describe replication cycle, clinical findings and laboratory diagnosis of parainfluenza virus	Interactive Lectures
•	Discuss treatment and prevention of parainfluenza virus	
8.	Bacteria causing atypical pneumonia (Nocardia, Actinomycetes and Mycoplasma)	
•	Define atypical pneumonia	
•	Discuss the important properties, pathogenesis of Actinomycetes and mycoplasma	
•	Describe clinical findings and laboratory diagnosis of Actinomycetes and mycoplasma	
•	Discuss treatment and prevention of Actinomycetes and mycoplasma	

PATHOLOGY

	PATHOLOGY			
	OBJECTIVES	TEACHING STRATEGY		
1.	Congenital Anomalies of respiratory system, Atelectasis & Pulmonary edema			
•	List the types of congenital anomalies of respiratory system			
•	Describe the embryologic pathology, microscopic, and clinical features of these congenital anomalies			
•	Define Atelectasis and Pulmonary edema			
•	Discuss the classification, pathogenesis, morphology, causes and clinical features of Atelectasis and Pulmonary edema			
•	Differentiate between pathogenesis of hemodynamic and micro vascular alveolar injury			
2.	Acute lung injury (ALI) and acute respiratory distress syndrome (ARDS)			
•	Define ALI and ARDS			
•	List the conditions associated with development of ARDS			
•	Discuss pathogenesis, morphological and clinical features of ARDS / ALI			
3.	Obstructive lung diseases I (Emphysema, Chronic Bronchitis)			
•	Define emphysema and chronic bronchitis			
•	Classify emphysema			
•	Describe the various clinical forms of emphysema			
•	Discuss the etiology, pathogenesis, morphology and clinical features of emphysema and chronic bronchitis			
4.	Obstructive lung diseases II (Asthma, Bronchiectasis)	latanasti is Lastinas		
•	Define Asthma and Bronchiectasis	Interactive Lectures		
•	Classify Asthma			
•	List the causes of Asthma, and Bronchiectasis			
•	Discuss the etiology, pathogenesis, morphology and clinical features of Asthma and Bronchiectasis			
5.	Chronic Interstitial restrictive lung diseases			
•	Define restrictive diseases of lung			
•	Classify restrictive diseases of lung (Fibrosing, Granulomatous, Eosinophilic, Smoking Related)			
•	Discuss the etiopathogenesis, morphology and clinical features of chroni restrictive lung diseases			
6.	Pneumoconiosis			
•	Define Pneumoconiosis			
•	List the causative agents of Pneumoconiosis			
•	Discuss the pathogenesis, morphology and clinical features of Pneumoconiosis			
7.	Granulomatous diseases			
•	Define Granulomatous diseases (Sarcoidosis)			
•	Classify Granulomatous diseases			
•	Discuss the pathogenesis, morphology and clinical features of Granulomatous diseases			

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8. Pulmonary Infections (Pneumonia)	
Define Pneumonia	
Classify Pneumonia	
Discuss the morphology, pathogenesis, clinical, and diagnostic features of	
Pulmonary Infections	
Briefly discuss aspiration pneumonia and lung abscess	
9. Pulmonary tuberculosis	
Define Pulmonary tuberculosis	
Discuss the morphology, pathogenesis, clinical features, laboratory investigations	
of pulmonary tuberculosis	
10. Lung Tumors (Squamous cell carcinoma, small cell carcinoma,	
adenocarcinoma, large cell carcinoma)	
Describe lung tumors	
Classify lung tumors according to WHO	
Discuss the risk factors, pathogenesis, morphology, clinical features of lung	Interactive Lectures/
tumors	Small Group Discussion
Briefly discuss the staging & grading of carcinoma	
11. Pleural pathology (pleural effusion, Pneumothorax, pleural tumors)	
Briefly discuss pleural effusion and pneumothorax	
Discuss the pathogenesis, morphology and clinical course of pleural tumors	
12. Pulmonary vascular diseases	
Define Pulmonary vascular diseases]
List the risk factors of pulmonary vascular diseases	Interactive Lectures
Discuss the pathogenesis, morphology and clinical features of pulmonary vascular diseases	
13. Histopathology of Chronic Obstructive Pulmonary Disease (COPD)	
Discuss histopathology of Chronic Obstructive Pulmonary Disease	
14. Histopathology of pneumonia	
Discuss etiology and morphology of pneumonia	Small Group Discussion
15. Histopathology of Pulmonary Tuberculosis	Sinan Group Discussion
Discuss detailed morphology and pathogenesis of Pulmonary Tuberculosis	
16. Pathology of lung tumors	
Discuss etiology, morphology and manifestations of lung tumors	

PHARMACOLOGY

OBJECTIVES	TEACHING STRATEGY
1. Drugs used to treat bronchial asthma & COPD- (I & II)	
Discuss classification, pharmacokinetic and dynamics of drugs used for the treatment & prevention of asthma & COPD	
2. Drug used in Tuberculosis and leprosy (I & II)	
Classify anti-tuberculosis drugs (ATT)	<u> </u>
Discuss the therapeutic classification of ATT according to WHO	Interactive Lectures
Describe the mode of action, adverse effects & contraindications of ATT	
Describe the drugs used in multidrug resistant tuberculosis	
Explain the drug management of extensive multidrug resistant tuberculosis	
Classify Anti leprosy drugs	
Explain their pharmacokinetic and dynamics	
3. Pharmacology of Histamine & Anti-histamines	
Discuss the properties and role of histamine	Case- Based Integrated
 Describe the classification, and the basic & clinical pharmacology of antihistamines 	Learning
4. Drug used in Community Acquired Pneumonia	
Classify Drug used in Community Acquired Pneumonia	Interactive Lectures
Explain the basic and clinical pharmacology of these agents	
5. Anti-Tussives & Mucolytics	
Describe Anti-tussive & Mucolytic drugs	Case- Based Integrated
Discuss their role in respiratory diseases	Learning
Discuss their basic and clinical pharmacology	
6. Treatment of bronchial-asthma / methods of administration of drugs	
Demonstrate the different methods of administration of drugs used in treatment of bronchial-asthma	t Practical
Describe their clinical importance	

RESEARCH METHODOLOGY

OBJECTIVES	TEACHING STRATEGY
Introduction to SPSS	Interactive Lectures
Application on SPSS - summarize data, Normal and skewed distribution of data, assessing normality on SPSS, Measure of central tendency and dispersion	
 Describe basic concept of inferential statistics (Calculation of confidence interval for means and proportion) 	Small Group Discussion
Discuss the development of synopsis	

LEARNING RESOURCES

SUBJECT	RESOURCES
COMMUNITY MEDICINE	TEXT BOOKS 1. Community Medicine by Parikh 2. Community Medicine by M Illyas 3. Basic Statistics for the Health Sciences by Jan W Kuzma TEXT BOOKS 1. Nasib R. Awan. Principles and practice of Forensic Medicine 1st ed. 2002.
FORENSIC MEDICINE	 Parikh, C.K.Parikh'sTextbook of Medical Juris prudence, Forensic Medicine and Toxicology. 7th ed.2005. REFERENCE BOOKS Knight B. Simpson's Forensic Medicine. 11thed.1993. KnightandPekka.Principlesofforensicmedicine.3rded.2004 Krishan VIJ. Text book of forensic medicine and toxicology (principles and practice). 4th ed. 2007 Dikshit P.C. Text book of forensic medicine and toxicology. 1st ed. 2010 Polson.Polson's Essential of Forensic Medicine. 4the dition. 2010. Rao. Atlas of Forensic Medicine (latest edition). Rao. Practical Forensic Medicine 3rd ed, 2007. Knight: Jimpson's Forensic Medicine 10th 1991, 11thed. 1993 Taylor's Principles and Practice of Medical Juris prudence. 15th ed. 1999 CDs: Lectures on Forensic Medicine. Atlas of Forensic Medicine.
	WEBSITES: www.forensicmedicine.co.uk
PATHOLOGY/MICROBIOLOGY	TEXT BOOKS 1. Robbins & Cotran, Pathologic Basis of Disease, 9 th edition. 2. Rapid Review Pathology, 4 th edition by Edward F. Goljan MD WEBSITES: 1. http://library.med.utah.edu/WebPath/webpath.html 2. http://www.pathologyatlas.ro/
PHARMACOLOGY	TEXT BOOKS 1. Lippincot Illustrated Pharmacology 2. Basic and Clinical Pharmacology by Katzung

ASSESSMENT METHODS:

- Best Choice Questions(BCQs) also known as MCQs (Multiple Choice Questions)
- Objective Structured Practical/Clinical Examination (OSPE or OSCE)

BCQs:

- A BCQ has a statement or clinical scenario of four options (likely answers).
- Correct answer carries one mark, and incorrect 'zero mark'. There is NO negative marking.
- Students mark their responses on specified computer-based sheet designed for LNHMC.

OSCE:

- All students rotate through the same series of stations in the same allocated time.
- At each station, a brief written statement includes the task. Student completes the given task at one given station in a specified time.
- Stations are observed, unobserved, interactive or rest stations.
- In unobserved stations, flowcharts, models, slide identification, lab reports, case scenarios may be used to cover knowledge component of the content.
- Observed station: Performance of skills /procedures is observed by assessor
- Interactive: Examiner/s ask questions related to the task within the time allocated.
- In Rest station, students in the given time not given any specific task but wait to move to the following station.

Internal Evaluation

- Students will be assessed comprehensively through multiple methods.
- 20% marks of internal evaluation will be added to JSMU final exam. That 20% may include class tests, assignment, practicals and the internal exam which will all have specific marks allocation.

Formative Assessment

Individual department may hold quiz or short answer questions to help students assess their own learning. The marks obtained are not included in the internal evaluation

For JSMU Examination Policy, please consult JSMU website!

More than 75% attendance is needed to sit for the internal and final examinations

LNH&MC EXAMINATION RULES & REGULATIONS

- Student must report to examination hall/venue, 30 minutes before the exam.
- Exam will begin sharp at the given time.
- No student will be allowed to enter the examination hall after 15 minutes of scheduled examination time.
- Students must sit according to their roll numbers mentioned on the seats.
- Cell phones are strictly not allowed in examination hall.
- If any student is found with cell phone in any mode (silent, switched off or on) he/she will be not be allowed to continue their exam.
- No students will be allowed to sit in exam without University Admit Card, LNMC College ID Card and Lab Coat
- Student must bring the following stationary items for the exam: Pen, Pencil, Eraser, and Sharpener.
- Indiscipline in the exam hall/venue is not acceptable. Students must not possess any written material or communicate with their fellow students.

SCHEDULE:

WEEKS	3 RD YEAR	MONTH	
WEEK 1-10	FOUNDATION II MODULE	8 th February 2021	
		15 th April 2021	
WEEK 1-4	BLOOD II MODULE	16 th April 2021	
		12 th May 2021	
MID TERM EXAMINATION 20 TH MAY TO 22 ND MAY 2021			
WEEK 1-4 L		24 th May 2021	
	LOCOMOTOR II MODULE		
		18 th June 2021	
		21 st June 2021	
WEEK 1-4 RESPIRATORY II MOI	RESPIRATORY II MODULE		
		17 th July 2021	
		19 th July 2021	
WEEK 1-4	CVS II MODULE		
		14 th August 2021	
WEEK 1-6		16 th August 2021	
	GIT II MODULE		
		25 th September 2021	
PRE PROF. EXAMINATION*			

^{*}Final dates will be announced later