

COURSE CURRICULUM FOR THIRD PROFESSIONAL B.U.M.S.
(PRESCRIBED BY NCISM)

ILMUL QABALAT WA AMRAZE NISWAN
(Obstetrics and Gynaecology)

(SUBJECT CODE : UNIUG-QAN)

(Applicable from 2021-22 batch, from the academic year 2024-25 onwards for 5 batches or until further notification by NCISM, whichever is earlier)



॥ आयुषे सर्वलोकानाम् ॥

BOARD OF UNANI, SIDDHA AND SOWA-RIGPA
NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE

NEW DELHI-110026



III Professional Kamil-e-Tib-o-Jarahat
(Bachelor of Unani Medicine and Surgery(B.U.M.S.))

Subject Code : UNIUG-QAN

Ilmul Qabalat wa Amraze Niswan
 (Obstetrics and Gynaecology)

Summary

Total number of Teaching hours: 270			
Lecture (LH) - Theory		100	100(LH)
Paper I	50		
Paper II	50		
Non-Lecture (NLHT)		60	170(NLH)
Paper I	30		
Paper II	30		
Non-Lecture (NLHP)		110	
Paper I	43		
Paper II	67		

Examination (Papers & Mark Distribution)					
Item	Theory Component Marks	Practical Component Marks			
		Practical	Viva	Elective	IA
Paper I	100	100	30	-	20
Paper II	100				
Sub-Total	200	150			
Total marks	350				

Important Note:- The User Manual III BUMS is a valuable resource that provides comprehensive details about the curriculum file. It will help you understand and implement the curriculum. Please read the User Manual III before reading this curriculum file. The curriculum file has been thoroughly reviewed and verified for accuracy. However, if you find any discrepancies, please note that the contents related to the MSE should be considered authentic. In case of difficulty and questions regarding curriculum write to syllabus24uni@ncismindia.org

Preface

The *'Ilm al-Qabālat wa Amrāḍ-i-Niswān* (Obstetrics and Gynecology) Undergraduate Program uniquely combines aspects of both Unani Medicine and recent advances, is designed to provide medical students with a comprehensive foundation in women's health care across various life stages. This curriculum integrates conventional medical practices with traditional Unani principles, offering students a dual perspective on managing health conditions related to pregnancy, childbirth, reproductive health, and gynaecological disorders. Through this approach, students gain an understanding of the physiological, pathological, and psychosocial dimensions of women's health, blending contemporary scientific knowledge with Unani frameworks.

Key objectives of the program include developing clinical skills in patient assessment and diagnosis, mastering knowledge of evidence-based management of obstetric and gynaecological conditions, and understanding the ethical, social, and psychological aspects of women's health care. Additionally, the program emphasizes preventive health measures, family planning, and maternal-fetal health, preparing students for roles as primary healthcare providers, specialists, and public health advocates who can deliver compassionate and culturally sensitive care.

The Unani aspect of the curriculum provides students with insight into natural, lifestyle-based approaches and remedies, focusing on balancing akhlat (bodily humor) along with Mizaj (Temperament) for optimal female health and integrating these practices with conventional medical treatments when appropriate. This dual-modality curriculum prepares students to offer holistic care, respecting both contemporary and Unani principles, and enabling them to meet the unique needs of women with a focus on safety, patient dignity, and cultural sensitivity.

Ultimately, this program aims to foster well-rounded healthcare providers who are equipped to work in diverse clinical and community settings, addressing the specific health needs of women while respecting medical ethics. Graduates will emerge with the theoretical knowledge and practical skills needed to provide empathetic, competent, and integrative care to women in all stages of life.

INDEX

Summary	2
Preface	3
Course Code and Name of Course	5
Table 1 : Course learning outcomes and mapped PO	5
Table 2 : Contents of Course.....	7
Table 3 : Learning objectives of Course	25
Table 4 : NLHT Activity	144
Table 5 : List of Practicals	147
Table 6 : Assessment Summary: Assessment is subdivided in A to H points	149
6 A : Number of Papers and Marks Distribution.....	149
6 B : Scheme of Assessment (formative and Summative)	149
6 C : Calculation Method for Internal assessment Marks	149
6 D : Evaluation Methods for Periodical Assessment.....	150
6 E : Question Paper Pattern	151
6 F : Distribution of theory examination	151
6 G : Instructions for UG Paper Setting & Blue print	154
6 H : Distribution of Practical Exam.....	162
References Books/ Resources	163
Abbreviations	165

Course Code and Name of Course

Course code	Name of Course
UNIUG-QAN	Ilmul Qabalat wa Amraze Niswan

Table 1 : Course learning outcomes and mapped PO

SR1 CO No	A1 Course learning Outcomes (CO) UNIUG-QAN At the end of the course UNIUG-QAN, the students should be able to	B1 Course learning Outcomes mapped with program learning outcomes.
CO1	Demonstrate the basic principles of Unani Medicine and contemporary approaches to etiopathogenesis, clinical manifestations & prevention of common gynecological disorders and obstetric conditions, and promotive healthcare while exhibiting effective communication and teamwork skills.	PO1,PO2,PO8
CO2	Conduct thorough history-taking, physical examinations, diagnostic evaluations, and management for gynecological and obstetric conditions, employing both Unani and conventional medical methodologies, and leveraging modern advancements & scientific technologies including AI tools to enhance diagnostic accuracy.	PO2,PO5
CO3	Integrate Unani and conventional diagnostic tools with relevant investigations to deliver preventive care in gynaecology and obstetrics, while fostering entrepreneurial thinking to enhance services and address community health needs.	PO3,PO4
CO4	Demonstrate management of gynaecological and obstetric disorders effectively by prescribing appropriate Unani pharmacotherapy, Ilaj Bit Tadabeer (Regimenal therapies) & lifestyle modifications.	PO1,PO8
CO5	Demonstrate up critical thinking and problem-solving skills to navigate gynaecological and obstetric cases, actively identifying knowledge gaps and engaging in continuous independent learning & incorporating current research outcomes to enhance clinical practice and optimise patient care.	PO4,PO6
CO6	Illustrate holistic care and counseling on changing patterns in menarche & menopause, contraception, sexual health, menstrual hygiene, maternal nutrition,	PO3,PO5

	newborn care & breastfeeding, rooted in Unani philosophy, enhance patient understanding & empathy and adherence through effective interpersonal communication.	
CO7	Apparise precise clinical records, ethically following Unani medical standards, exemplifying professionalism and a commitment to lifelong learning in healthcare practice, while ensuring patient confidentiality & quality care.	PO5,PO7

Table 2 : Contents of Course

Paper 1 (امراض نسوان Amrāḍ-i Niswān [Gynaecology])						
Sr.No	A2 List of Topics	B2 Term	C2 Marks	D2 Lecture hours	E2 NonLecture hours Theory	F2 NonLecture hours Practica I
1	<p>1 Zanana A'ḍa' Tanāsuliyya ki Tashrīḥ wa Manāfi' aur Ghayr Ṭabī'ī shaklen: (Anatomy and Physiology of Female Genital Tract and its Variations) :</p> <p>1.1 بیرونی اعضاء تناسل Bairooni A'ḍā' Tanasul (External Genitalia)</p> <p>1.2 اندرونی اعضاء تناسل Androoni A'ḍā' Tanāsul (Internal Genitalia)</p> <p>1.3 ثدی Thadī (Breast)</p> <p>1.4 زنانه مجری بول Zanana Majrā-i-Bawl (Female Urinary Tract)</p> <p>1.5 مستقیم و قنات شرجی Am'a' mustaqeem wa Qanat shrjiya (Rectum & Anal Canal)</p> <p>1.6 فرش عانہ کے عضلات اور رباطات Farsh-i-'Ana ke 'Aḍalāt aur Ribāṭāt (Perineum, Pelvic Floor Muscles & Ligaments)</p> <p>1.7 خلتی نقائص Khilqī nqāyes (Developmental Anomalies)</p> <p>1.8 بین الجنسیات کا بیان Bayn al-jinsiyat ka byan (Description of Intersex)</p>	1	30	3	1	0
2	<p>2 Rudād-i-maraḍ aur nesāyee imtehān (History Taking & Gynecological Examination)</p>	1		0	8	20

	<p>2.1 امراض نسواں کے علاج و معالجہ سے متعلق اخلاقیات اور اصول و ضوابط 2.1 Amrād-i-Niswān ke 'Ilāj wa Mu'ālajā se mutalliḳ Akhlaqiyyat aur Uṣūl wa zawabit (Moral Values & Ethics in Gynecology Practice)</p> <p>2.2 رودادِ مرض Rudād-i-maraḍ (History Taking)</p> <p>2.3 امتحانِ عمومی و نظامی Imtehan-i-Umūmī wa Nizāmi (General & Systemic Examination)</p> <p>2.4 امتحانِ عانہ Imtehan-i-'Ana (Pelvic Examination)</p> <p>2.5 امتحانِ ثدین Imtehan-i-Thadyayn (Breast Examination)</p>					
3	<p>3 ادرارِ طمث اور متعلقہ غیر طبعی تغیرات Idrār-i-Ṭamth aur mutalliqa Ghayr Ṭabī'ī Taghayyurat (Menstruation & Related Disorders)</p> <p>3.1 نظامِ تولیدی لائقاتی Niẓām-i-taulidi laqanati (Reproductive Endocrinology)</p> <p>3.2 دورہ طمث کا مکانیہ Dauray-i-Ṭamth ka mekaniya (Physiology of Menstruation)</p> <p>3.3 احتباسِ طمث Iḥtibās al-Ṭamth (Amenorrhoea)</p> <p>3.4 عُسرِ طمث 'Usr al-Ṭamth (Dysmenorrhoea)</p> <p>3.5 متلازمہ سابقِ الحيض Mutalazema sabiq-al-Ḥayḍ (Pre Menstrual Syndrome)</p> <p>3.6 قَلَّتِ طمث Qillat-i-Ṭamth (Oligomenorrhoea)</p>	1	6	0	0	

	<p>3.7 تحت الطمث Taht al-Ṭamth (Hypomenorrhoea)</p> <p>3.8 تعذر طمث Ta'addud-al-Ṭamth (Polymenorrhoea)</p> <p>3.9 كثرت طمث Kathrat-i-Ṭamth (Menorrhagia)</p> <p>3.10 استنانه Istihāḍa (Metrorrhagia)</p> <p>3.11 نَزْفُ الرَّحِمِ غَيْرَ طَبِيعِي Nazf al-Raḥim Ghayr Ṭabī'ī (Abnormal Uterine Bleeding)</p> <p>3.12 شعرانیت Shuraniat (Hirsutism)</p>				
4	<p>4 بلوغت، Murahiqa aur Muta'allaqa Amrāḍ (Puberty, Adolescence & its Disorders)</p> <p>4.1 بلوغت کا تعارف Bulūghat ka Ta'arruf (Introduction of Puberty)</p> <p>4.2 بدء الاحاضه Badul-ehaza (Menarche, Thalarche, Pubarche, Adrenarche)</p> <p>4.3 بلوغت قبل از وقت Bulūghat qabl az waqt (Precocious puberty)</p> <p>4.4 بلوغ مؤخر Bulūgh-i-Mu'akhhkar (Delayed puberty)</p> <p>4.5 كثرت طمث بلوغی Kathrat-i-Ṭamth Bulūghi (Pubertal Menorrhagia)</p>	1	3	0	0
5	<p>5 انقطاع طمث اور متعلقہ مسائل Inqitā' al-Tamth aur Muta'allaqa Masāel (Menopause & Its Related Problems)</p> <p>5.1 مرحلہ انتقال سن یاس Marhalah Intiqāl Sinn-i-Yas (Menopausal Transition)</p>	1	3	0	0

	<p>5.2 انقطاع طمث کے تغیرات / عمر کے ساتھ تبدیلیاں Inqitā' al-Ṭamth ke Taghayyurat / Umr ke sath tabdiliyan (Menopausal Changes/ Age-related changes)</p> <p>5.3 عوارضات کے عوارضات سن یاس کے Marhalah Intiqāl Sinn-i-Yas ke awarezat (Perimenopausal abnormalities)</p> <p>5.4 متلازمہ سن یاس Mutalazema Sinn-i-Yas (Post Menopausal Syndrome)</p> <p>5.5 نطفہ رحم بعد سن یاس Nazf-i-Raḥim bad Sinn-i-Yas (Post Menopausal Bleeding)</p>					
6	<p>6 Amrāḍ-i Niswān mein hormone aur Nabātī hormone ka istemal (Hormone & Phytohormone Therapy in Gynecological Disorders)</p> <p>6.1 استبدال ہارمون معالجہ Istebdal-e-hormone Muaaleja (Hormone Replacement Therapy) (HRT)</p> <p>6.2 نباتی ہارمونس Nabātī hormones (Phytohormones)</p>	2	2	0	0	
7	<p>7 Amrāḍ-i farj (Diseases of Vulva)</p> <p>7.1 حكة الفرج Hikka al-farj (Pruritus Vulvae)</p> <p>7.2 قروح الفرج Qurūḥ ul-farj (Ulcers of Vulva)</p> <p>7.3 التهاب فرج Illtihā b-i-farj (Vulvitis)</p> <p>7.4 ہزال Huzāl (Atrophy)</p> <p>7.5 اکیاس اور سلعات Akyās wa Sal'at (Cysts & Neoplasm)</p> <p>7.6 آلم فرج Alam-i-farj (Vulvodynia)</p> <p>7.7 متلازمہ التهاب دلیز فرج Mutalazemai Illtihā b-i-Dehlīz-i-farj (Vulval vestibulitis Syndrome)</p>	2	20	3	3	0

8	<p>8 امراض مہبیل Amrād al-mahbil (Diseases of Vagina)</p> <p>8.1 سیلان الرحم و غیر طبعی مہبلی افرازات <i>Sayalan-al-Raḥim wa Ghayr Ṭabīṭ mahbil Ifrāzāt</i> (Excessive & Abnormal Vaginal Discharge)</p> <p>8.2 التهاب مہبیل اور التهاب مہبیل جراثیمی <i>Itihāb-i-mahbil aur Itihāb-i-mahbil jursoomi</i> (Vaginitis & Bacterial Vaginosis)</p> <p>8.3 قروح مہبیل <i>Qurūḥ-i-mahbil</i> (Ulcers of Vagina)</p> <p>8.4 خروج مہبیل و استرخاء مہبیل <i>Khurāj-i-mahbil aur Istirkhā-i-mahbil</i> (Prolapse of Vagina)</p> <p>8.5 تشنج مہبیل <i>Tashannuj-i-mahbil</i> (Vaginismus)</p> <p>8.6 جماع مؤلم <i>Jemay-i-molim</i> (Dyspareunia)</p> <p>8.7 اکیاس اور سلعات <i>Akyās wa Sal'at</i> (Cysts & Neoplasm)</p>	2		3	3	0
9	<p>9 امراض رحم Amrād al-Raḥim (Diseases of Uterus)</p> <p>9.1 سوء مزاج رحم <i>Sū' Mizāj-i-Raḥim</i> (Abnormal Temperament of Uterus)</p> <p>9.2 التهاب عنق رحم <i>Itihāb-i-Unuq-i-Raḥim</i> (Cervicitis)</p> <p>9.3 تآكل عنق رحم <i>Ta'akkul 'Unuq-i-Raḥim</i> (Cervical Erosion)</p> <p>9.4 التهاب رحم <i>Itihāb-i-Raḥim</i> (Inflammation of Uterus)</p> <p>9.5 ميٹان الرحم / اعوجاج الرحم <i>Maylān-al-Raḥim / Eujaj-al-Raḥim</i> (Displacement of Uterus)</p> <p>9.6 انزلاق رحم / خروج رحم <i>Inzilāq-i-Raḥim / I Khurāj-i-Raḥim</i> (Prolapse of Uterus)</p>	2	20	5	3	10

	<p>9.7 انقلاب رحم <i>Inqilāb-i-Raḥim</i> (Inversion of Uterus)</p> <p>9.8 عضلات غدّي / رحمی درون رحمیت <i>Rahmi daroon-i-rahmiyat / Uzal-i-Guddi</i> (Adenomyosis)</p> <p>9.9 بواسیر الرحم <i>Bawā sīr-al-Raḥim</i> (Polyps of Uterus)</p> <p>9.10 اکیاس اور سلعات <i>Akyās wa Sal'at</i> (Cysts & Neoplasm)</p>					
10	<p>10 امراض تافین وخصیہ الرحم Amrāḍ-i Qādhifen wa Khuṣya al-Raḥim (Diseases of the Fallopian Tubes & Ovaries)</p> <p>10.1 التهاب تافین <i>Illihāb-i-Qādhifain</i> (Salpingitis)</p> <p>10.2 التهاب خصیہ رحم <i>Illihāb-i-Khuṣya-i-Raḥim</i> (Oophoritis)</p> <p>10.3 درون رحمیت / بطانہ رحمیت <i>Baṭāna-i-Raḥimiyat / Darūn-i-Raḥimiyat</i> (Endometriosis)</p> <p>10.4 متلازمہ تکلیس المبايض <i>Mutalazema takai-yasul-mabayez</i> (Polycystic Ovarian Syndrome)</p> <p>10.5 اکیاس اور سلعات <i>Akyās wa Sal'a</i> (Cysts & Neoplasm)</p>	2	4	0	0	
11	<p>11 تعديہ عامه Ta'diya-e- aana (Pelvic Infections) :</p> <p>11.1 زنانه اعضاء تناسليه کا طبعی دفاعی نظام <i>Zanana A'dā' Tanā suliyya ka Ṭabī ṭ Dā fi'- Niṣām</i> (Defence of genital tract)</p> <p>11.2 زنانه اعضاء تناسليه سے متعلق اسباب سته ضروريه و غير ضروريه کا کردار <i>Zanana A'dā' Tanā suliyya se mutalliq Asbāb Sitta Ḍarūriyya wa Ghayr Ḍarūriyya ka kirdar</i> (Role of Six Essential & Non-essential Factors in maintaining genital health)</p>	2	3	3	0	

	<p>11.3 مرض التهاب حوض عانہ <i>Marāḍ -i Illihā b-i-hauz-e-aana</i> (Pelvic inflammatory Diseases)</p> <p>11.4 امراض منقولہ جنسیا <i>Amrāḍ-i manqoola Jinsiyya</i> (Sexually Transmitted Diseases)</p> <p>11.5 تدرؤن اعضاء تناسلیہ زنانہ <i>Tadarrun A'dā ' Tanāsuliyya zanana</i> (Genital Tuberculosis)</p> <p>11.6 وبع حوض عانہ اور وبع الخاصره <i>Waja' hauz-e-aana aur Waja' al-Khāṣira</i> (Pelvic Pain& Low Backache)</p>					
12	<p>12 عققر Uqr (Infertility)</p> <p>12.1 زنانہ عققر <i>Zanana 'Uqr</i> (Female infertility)</p> <p>12.2 مردانہ عققر <i>Mardana 'Uqr</i> (Male infertility)</p> <p>12.3 تولید کے امدادی طریقے <i>Tawlīd ke imdadi Ta'rīqe</i> (Assisted Reproductive Techniques)</p>	3		6	0	0
13	<p>13 امراض ثدین Amrāḍ-i-Thadyayn (Diseases of Breast)</p> <p>13.1 وجع ثدی <i>Waja' -i-Thadī</i> (Mastalgia)</p> <p>13.2 التهاب ثدین <i>Iltehab-i-Thadyayn</i> (Mastitis)</p> <p>13.3 خراج ثدی <i>Khurāj -i-Thadī</i> (Breast Abscess)</p> <p>13.4 کثرت لبن <i>Kathra-i-Laban</i> (Galactorrhoea)</p> <p>13.5 اکیاس اور سلعات ثدی <i>Akyās aur Sal'āt-i-Thadī</i> (Cysts & Tumours of Breast)</p>	3	30	3	2	0
14	<p>14 خاناندانی منصوبہ بندی اور ماحات حمل تدابیر وادویہ Khandani Mansuba Bandi aur Māni'-aat-i-Haml Tadābīr wa Adwiya (Family Planning & Contraceptive Measures)</p>	3		3	2	5

	<p>14.1 مانع حمل ادویہ <i>Māni'-i-Ḥaml Adwiya</i> (Contraceptives Medicines)</p> <p>14.2 مانع حمل تدابیر <i>Māni'-i-Ḥaml Tadābīr</i> (Contraceptives Measures)</p>					
15	<p>15 مسالک بولیہ نسائیہ Masālik-i Bawliya nisayiyah (Urogynecology)</p> <p>15.1 تعدیہ مجری بول <i>Ta'diya Majrā-i-Bawl</i> (Urinary Tract Infection)</p> <p>15.2 سلس بول <i>Salas-al-Bawl</i> (Incontinences)</p> <p>15.3 متلازیمہ و حج مثانہ <i>Mutalazima Waja'-i-Mathāna</i> (Painful Bladder Syndrome)</p>	3		3	1	0
16	<p>16 تشخیصی و معالجاتی عملیات Tashkhīṣi wa Mu'ālajāti Amalīyat (Diagnostic & Therapeutic Procedures)</p> <p>16.1 امراض نسواں و علم القبات میں مستعمل علاج بالدابیر کے مختلف طریقے <i>Amrād-i Niswān wa 'Ilm al-Qabālat mien mustamal 'Ilāj bi'l-Tadbīr</i> ke mukhtalif tariqe (Various Ilaj bit Tadbeer methods uses in Gynecology & Obstetrics)</p> <p>16.2 'Amalīyat-i-Taṣfiya' عملیات تصفیہ (سلا کا کاشفہ 'مسحہ مہبلیہ عالیہ (Silar ka kashifa, Mas-ha mahbileya aaliya (Screening Procedures: (VIA, Schiller's, High Vaginal Swab)</p> <p>16.3 امتحان خلوی <i>Imtehān-i-Khalwi</i> (Cytological Examinations): پیپس اسمیر کاشفہ <i>Pap ismear kashifah</i> (Pap's Smear Test)</p> <p>16.4 جراثیم تبریدیہ <i>Jarāḥat-i-tabridiya</i> (Cryosurgery)</p> <p>16.5 ہارمون کی جانچ <i>Hormone ki janch</i> (Hormone Assay)</p>	3		0	4	8

16.6 امراض نسوان میں شعاعی تصویر کشی <i>Amrād-i Niswān me shuaayi tasveerkashi</i> (Imaging Techniques in Gynaecology)					
16.7 امتحان نسج مرضی <i>Imtehān-i-Nasīj-i-Maraḍi</i> (Histopathological Examinations: Cervical & Endometrial Biopsy)					
16.8 اتساع و اجزاف <i>Ittisā' wa ijteraaf</i> (Dilatation & Curettage)					
16.9 انبوبہ نگاری رحم <i>Ambuba nigari raḥim</i> (Hysterosalpingography)					
16.10 انبوبہ نگاری <i>Ambuba nigari</i> (Sonosalpingography)					
16.11 بطن بینی همراه رنگ بینی <i>Baṭn beeni hamrah rang beeni</i> (Laparoscopy with Dye Instillations)					
16.12 تنظیر المہبل اور تنظیر الرحم <i>Tanzeer-ul-mahbil aur tanzeeru-r-rahim</i> (Colposcopy & Hysteroscopy)					
16.13 تنظیر البطن <i>Tanzeer-al-Baṭn</i> (Laparoscopy)					
16.14 ہوائی انبوبہ نگاری <i>Hawai amboob nigari</i> (Tubal Insufflation Test)					
16.15 شگاف بطن <i>Shigāf-i-baṭn</i> (Laparotomy)					
16.16 شگاف رحم <i>Shigāf-i-rahim</i> (Hysterotomy)					
16.17 سلتہ عضلی لیٹی برآری <i>Sal'a 'Aḍalī Līṭī barān</i> (Myomectomy)					
16.18 رحم برآری <i>Raḥim barān</i> (Hysterectomy)					
Total		100	50	30	43
Paper 2 (علم القبالت) [Ilm al-Qabālat (Obstetrics)]					

Sr.No	A2 List of Topics	B2 Term	C2 Marks	D2 Lecture hours	E2 NonLecture hours Theory	F2 NonLecture hours Practical
17	<p>17 توليد کے بنیادی اصول Tauleed ke bunyadi Uṣūl (Fundamentals of Reproduction) :</p> <p>17.1 تجویض Tabveez (Ovulation)</p> <p>17.2 عمل بار آوری 'Amal-i-baaraawri (Fertilization)</p> <p>17.3 عمل تنصیب 'Amal-i-tanseeb (Implantation)</p> <p>17.4 ارتقاء جنین Irteqa-i-Janīn (Development of Foetus)</p> <p>17.5 جنینی دوران خون Janīnī dauran-i-Khūn (Foetal Circulation)</p>	1		4	0	0
18	<p>18 مشیمہ، اغشیہ جنین، رطوبت امینوسی اور خنبل الشترہ Mashīma, Aghshiya-i-Janīn, Ruṭūbat-i-Amīnūsiyya wa Hablussurrah (The Placenta, Fetal Membranes, Amniotic Fluid & Umbilical Cord)</p> <p>18.1 مشیمہ طبیعی اور غیر طبیعی Ṭabī'ī wa Ghayr Ṭabī'ī Mashīma (Normal & Abnormal Placenta)</p> <p>18.2 اغشیہ جنین Aghshiya-i-Janīn (Foetal Membranes)</p> <p>18.3 رطوبت امینوسیہ طبیعی اور غیر طبیعی Ṭaba'ī wa Ghayr Ṭabā'ī Rutubat-i-Aminusiyya (Amniotic Fluid & its Abnormalities)</p> <p>18.4 خنبل الشترہ طبیعی اور غیر طبیعی Ṭaba'ī wa Ghayr Ṭaba'ī Hablussurrah (Umbilical Cord & its Abnormalities)</p>	1	30	4	0	0
19	19 حمل Ḥaml (Pregnancy)	1		6	4	6

	<p>19.1 قبل از حمل ذہن سازی Qabl az ḥaml zehn saazi (Preconceptional Counseling & Care)</p> <p>19.2 حمل اور ولادت سے ما قبل تشخیصی ذرائع اور متعلقہ قوانین Ḥaml aur Wilādat se ma'qabl Tashkhīṣī zaray-i-aur mutalleqah qwaneen (Preconception & Prenatal Diagnostic Techniques & PNDT Act)</p> <p>19.3 علم القبالة سے متعلق قانونی اور اخلاقی مسائل 'Ilm-al-Qabālat se mutaalliq qanooni aur akhlāqi masaayil (Legal & Ethical Issues in Obstetric Practice)</p> <p>19.4 حمل کے طبعی تغیرات Ḥaml ke ṭaba'ī taghayyurāt (Physiological Changes)</p> <p>19.5 حمل کی علامات و نشانی و تشخیص حمل Ḥaml ki 'Alāmat wa Nishāniyya wa Tashkhīṣ-i-ḥaml (Signs & Symptoms & Diagnosis of Pregnancy)</p> <p>19.6 حمل کاذب / رجاہ Ḥaml-i-Kādhīb/Rajā' (Pseudocyesis /False Pregnancy)</p> <p>19.7 حاملہ کی نگہداشت اور حمل کے دوران ہونے والے خفیف امراض Ḥamla' ki nigahdasht aur Ḥaml ke dauran hone wale khafīf amrāḍ (Ante Natal Care & Minor Ailments in Pregnancy)</p> <p>19.8 قومی صحتی پروگرام برائے قبالت Qaumi sehatee program braye Qabālat (National Health Programs in Obstetrics)</p>					
20	<p>20 'عائدہ زنانہ اور جمجمہ جنین Ana-i-zanāna aur jumjuma-i-Janīn (Female Pelvis & Fetal Skull) :</p> <p>20.1 جمجمہ جنین اور اس کے اقطار Jumjuma-i-Janīn aur uske aqtār (Fetal Skull & its Diameters)</p>	1		1	2	4

	<p>20.2 عانہ ء زانہ : اقسام و اقطار Ana-i-zanāna: aqsām aur aqtār (Maternal pelvis: Types & diameters)</p> <p>20.3 منقبض عانہ Ana-e-munqabiz (Contracted Pelvis)</p> <p>20.4 رآسی حوضی عدم تناسب Rasi Hauzi Adm-i-tanasub (Cephalo-Pelvic disproportion / CPD)</p>					
21	<p>21 رحم وعانہ سے جنین کا رشتہ اور رحم میں جنین کا ارتقاء Raḥim-wa-'Ana se janīn ka rishta aur Raḥim me janīn ka irteqā' : (Fetopelvic Relationship & Fetus in Utero)</p> <p>21.1 وضعتہ Wiḍ-ah (Lie)</p> <p>21.2 مَجْبِي Maji (Presentation)</p> <p>21.3 جُزءُ المَجْبِي Juz-ul-maji (Presenting part)</p> <p>21.4 مَوْقِف / وَضْعَة Waḍ-ah / Mauqif (Attitude)</p> <p>21.5 مقام Makām (Denominator)</p> <p>21.6 وَضْعِيَة Waḍ-yeeyah (Position)</p> <p>21.7 بطنی و مہبلی : قبالتی امتحان کے طریقے : Qabālatī imtehan ke treeqe : Baṭīnī wa mahbilī (Methods of Obstetrical examination: Abdominal & Vaginal)</p>	1		0	3	3
22	<p>22 طبعی وضع حمل Ṭaba-ī waḍa'-e-Ḥaml (Normal Labor)</p> <p>22.1 طبعی وضع حمل : میکانیہ و معالجہ Ṭaba-ī waḍa'-e-Ḥaml : Mikania wa Mu'ālajā (Normal Labor, its Mechanism & Management)</p> <p>22.2 تحریض الخاض Tahreez-ul-makhaz (Induction of Labor)</p> <p>22.3 نوزائیدہ کی نگہداشت Nauzayedah ki nighahdasht (Essential Newborn Care)</p>	2	40	2	5	25

23	<p>23 Ghaiyr Ṭabī'ī Waḍa'-e-Ḥaml wa Ghaiyr Ṭabī'ī taqdeemat (Abnormal Labour & Abnormal Presentations) :</p> <p>23.1 ولادتِ مُطَوَّلَة Wilādat-e-mutau-wala (Prolonged Labor)</p> <p>23.2 ولادتِ مُعْرَقَة Wilādat-e-muar-qla (obstructed labor)</p> <p>23.3 وَضْعِيَّة قَدَائِيَّة خَلْفِيَّة Wazyeeya qazaliya khalfiya (Occipito Posterior position)</p> <p>23.4 تَوَقُّفٌ مُسْتَعْرِضٌ عَمِيقٌ Twaq-quf-e-mustariz ameeq (Deep Transverse Arrest)</p> <p>23.5 مَجِيئِيٌّ مُتَقَدِّرِيٌّ Maji-e-maqadee (Breech Presentation)</p> <p>23.6 مَجِيئِيٌّ وَجْهِئِيٌّ Maji-e-wajhee (Face Presentation)</p> <p>23.7 مَجِيئِيٌّ جَنْبِيٌّ Maji-e-jabhee (Brow Presentation)</p> <p>23.8 وَضْعَةٌ مُسْتَعْرِضَةٌ Vajah mustariza (transverse lie)</p> <p>23.9 مَجِيئِيٌّ مُرَكَّبٌ Maji-e-murakkab (Compound Presentation)</p> <p>23.10 مَجِيئِيٌّ كَتْفِيٌّ أَوْ عَسْرُ الْوِلَادَةِ Maji-e-ktafi aur 'Usr-al-Wilāda (Shoulder Presentation & Dystocia)</p> <p>23.11 مَجِيئِيٌّ سُرْرِيٌّ أَوْ تَدَالِييٌّ عِنْدَ حَبْلِ السُّرْرِيِّ Maji-e-surri aur tadaliyy-e-habl-us-surrah (Cord Presentation & Cord Prolapse)</p>	2	5	0	0
24	<p>24 Dauran-e-Ḥaml laḥq hone wale Mu'ālajāti aur Niswāni Amrād : (Medical & Gynecological Disorders in Pregnancy):</p> <p>24.1 قَيْءُ الْحَمْلِ أَوْ قَيْءُ الْحَمْلِ مُفْرَطٌ Qay'al-Ḥaml aur Qay'al-Ḥaml Mufriat (Emesis & Hyperemesis Gravidarum)</p>	2	6	0	0

	<p>24.2 فقر الدم Faqr-al-Dam (Anemia)</p> <p>24.3 ذیابیطس حار اور ذیابیطس حار حَمَلی Dhayābītus Ḥārr aur Dhayābītus Ḥārr Ḥamli (Diabetes Mellitus & GDM)</p> <p>24.4 خلل غده درقچیه Khalal--i-Ghudda Darqiyya (Thyroid Dysfunction)</p> <p>24.5 تشنّیح راهائی اِسْوِی Tamniy-i-rahayee iswi (Rh Isoimmunization)</p> <p>24.6 مَعْوِی مِعْوِی امراض Mi'dī Mi'wī Amrāḍ (Gastrointestinal Disorders)</p> <p>24.7 کبیدی 'مراری اور بَنکرِیاسی امراض Kabidī, Marārī aur Bānqarāsī Amrāḍ (Hepatic, Biliary & Pancreatic Disorder)</p> <p>24.8 قلبی عروقی امراض Qalbī 'Urūqī Amrāḍ (Cardiovascular Disorders)</p> <p>24.9 امراض کلیه و مجری بول Amrāḍ-i-Kulya wa Majrā-i-Bawl (Renal & Urinary Tract Disorders)</p> <p>24.10 دورانِ حمل فیروسی 'جراثیمی، طفیلی اور اَوالی ابتلاء و تعدیہ Daurane Ḥaml fairoosi, jarasimi, tufeli aur awali ibtela wa ta'diya (Viral, Bacterial, Parasitic & Protozoal Infestations & Infections in pregnancy)</p> <p>24.11 دورانِ حمل لائق ہونے والے نسوانی امراض Daurane Ḥaml lahaq hone wale Niswānī Amrāḍ (Gynecological disorders in pregnancy)</p>					
25	<p>25 نَزفِ التولید Nazf-al-tauliid (Obstetrical Hemorrhage) :</p> <p>25.1 اسقاط Isqāṭ (Abortion)</p> <p>25.2 قوانین اسقاطِ طبی Q/waneen-i-Isqāṭ-i-Ṭibbī (MTP Act)</p>	2		3	3	9

	<p>25.3 حمل خارج الرحم Ḥaml Khārij-al-Raḥim (Ectopic Pregnancy)</p> <p>25.4 داء الأروم غاذية حملی Daul-aroma ghaziyah Ḥamlī (Gestational Trophoblastic Disease)</p> <p>25.5 جريان الدم قبل ولادت Jirayān-al-Dam qabl-i-Wilādat (Ante Partum Hemorrhage)</p> <p>25.6 جريان الدم بعد ولادت Jirayān-al-Dam bad-i-Wilādat (Post Partum Hemorrhage)</p>					
26	<p>26 عوارضات ولادة Awareḍat-i-Wilādat (Obstetrical Complications)</p> <p>26.1 دوران حمل ارتفاع ضغط الدم کے عوارضات Dauran-i-ḥaml irtefay-i-Ḍaght-al-Dam ke awareḍat (Hypertensive disorders in pregnancy)</p> <p>26.2 قلت ماء امينوسى Qillat-i-Mā' Amniosi (Oligohydramnios) & كثر ماء امينوسى Kasrat-i-Mā' Amniosi (Polyhydramnios)</p> <p>26.3 حمل عدید اور حمل توام Ḥaml-i--adeed aur ḥaml-i-tawam (Multifetal & Twins Pregnancy)</p> <p>26.4 تخلف نمو داخل الرحم Takhal-luf-i-nam-we-dakhillur-rahim (Intra Uterine Growth Retardation)</p> <p>26.5 تمزق أغشية جنين مبترس Tamazzuk-i-aghshiyahya-i-jneen mubtasir (Preterm Rupture of Membrane)</p> <p>26.6 ولادت مبكره Wilādat-i-Mubakkerah (Preterm Labor)</p> <p>26.7 ولادة متجاوزة للنضج Wilādat-i-mutajaweh linnuzj (Post Maturity)</p>	2	4	4	0	

	26.8 موت جنین داخل الرحم Maut-i-janeen Dākhil-al-Raḥim (Intra Uterine Fetal Death)					
27	<p>27 Zamāna-i-Nafās Ṭaba'ī wa Ghayr Ṭaba'ī (Normal & Abnormal Puerperium) :</p> <p>27.1 عمومی منافع الاعضائی تبدیلیاں 'Umūmī Manāfi' ul-A'ḍā'ī Tabdīliyān (General Physiological Changes)</p> <p>27.2 سائل نفاسی / حلابہ Sael-e-Nafāsi / Hulabah (Lochia)</p> <p>27.3 رضاعت Raḍā'at (Lactation)</p> <p>27.4 طبعی زمانہ نفاس کا معالجہ Ṭaba'ī Zamāna-i-Nifās ka Mu'ālajāh (Management of normal puerperium)</p> <p>27.5 نگہداشت بعد ولادت Nighdasht bad Wilāda (Post Natal Care)</p> <p>27.6 حُمّی نَفَاسِیَہ Ḥummā Nefāsiyah (Puerperal Pyrexia)</p> <p>27.7 اِنْتَانِ نَفَاسِی Enten-e-Nefāsi (Puerperal Sepsis)</p> <p>27.8 اَوْبُ الرِّحْمِ جُزْئِی Aubur-Raḥim Juz' ī (Sub Involution)</p> <p>27.9 عوارضات مجری بول 'Āwariḍāt-e-Majrā Bawl (Urinary tract Complications)</p> <p>27.10 عوارضات ثدی 'Āriḍāt-e-Thad ī (Breast Complications)</p> <p>27.11 خُثَار وریدی نَفَاسِی اور اِنْسِدَاو رَوِّی Khusar-e-Warīdī Nefāsi aur insed-e-Ri'wī (Puerperal Venous Thrombosis & Pulmonary embolism)</p> <p>27.12 نَفْسِیَاتِی خَلَل Nafsiyati khlal (Psychiatric Disorders)</p>	3	30	6	2	3
28	28 تولیدی عملیات و جراحیات Taulidi 'Amalīyāt wa Jarāḥeyat (Obstetrical Procedures & Operations)	3		0	3	12

	<p>28.1 قطع العجان Qata-ul-Ejaan (Episiotomy)</p> <p>28.2 گردش / تحویل Gardish / Tahweel (Version)</p> <p>28.3 ملقط اور منجم کے ذریعہ ولادت Milqt aur mehjm ke zriyah weladt (Forceps and vacuum Delivery)</p> <p>28.4 شگاف قیصری Shigaaf-e-Qaisree (Caesarean Section)</p> <p>28.5 تخریبی دستکاریاں Takhreebi dastkariyan (Destructive Operations)</p>					
29	<p>29 جنین کی نگہداشت / قبل از ولادت جنین کی صحت مندی کا جائزہ Jneen ki nighdast / Qbl az weladt jneen ki sehtmndi ka jayeza (Fetal Surveillance /Antenatal Assessment of Fetal Wellbeing) :</p> <p>29.1 سریریاتی جائزہ Sarīriyyāti jayeza (Clinical Assessment)</p> <p>29.2 کیمیادی جائزہ Kemyawi jayeza (Biochemical Assessment)</p> <p>29.3 بائیوفزیکل جائزہ Bayu phizikal jayeza (Biophysical)</p> <p>29.4 جنین حرکت / احصاء حرکت جنین Ehsay-e- hrkt-e-jneen (Fetal Movement Count)</p> <p>29.5 الٹراسونوگرافی Altrasonography (Ultrasonography)</p> <p>29.6 مراقبہ قلب الجنین Murakabatu qlbel jneen (CardioTocography)</p> <p>29.7 اختصار عدم اجهاد Ikhtebare adm-e-ijhad (Non-stress test)</p> <p>29.8 جنینی بائیوفزیکل پروفائل Janeeni bayuphysikal profayil (Fetal Biophysical Profile)</p>	3		4	4	5

	<p>29.9 ڈوپلر الٹراساؤنڈ Doppler altrasaond (Doppler Ultrasound)</p> <p>29.10 اختبار ابتزازى صوتى Ikhtebar-e-ehterazi sauti (Vibroacoustic Stimulation Test)</p> <p>29.11 اختبار تقلص اجهاد Ikhtebar-e-tqllus-e-ijhad (Contraction Stress Test)</p> <p>29.12 حجم رطوبت امينوسيه Hjam-e-Ruṭūbat-i- Amīnūsiyya (Amniotic Fluid Volume)</p>					
30	<p>30 علم القبالة میں مستعمل ادویہ 'Ilm al-Qabālat me musta'mal advia (Pharmacotherapeutics in Obstetrics :</p> <p>30.1 محل استعمال اور ممنوعات اور ممانعات Mhall-i-estematat aur mamnuaat (Indicated & Contraindicated Unani & Contemporary Medicines)</p>	3		5	0	0
	Total		100	50	30	67
	Grand Total		200	100	60	110

Table 3 : Learning objectives of Course

Paper 1 (امراض نسوان Amrāḍ-i Niswān [Gynaecology])										
A3 Course outcome	B3 Learning Objective (At the end of the session, the students should be able to)	C3 Domain /sub	D3 MK/ DK/ NK	E3 Level	F3 T-L method	G3 Assessment	H3 Assessment Type	I3 Ter m	J3 Integratio n	K3 Type
Topic 1 زنانہ اعضاء تناسلیہ کی تشریح و منافع اور غیر طبی شکلیں Zanana A'ḍa' Tanāsuliyya ki Tashrīḥ wa Manāfi' aur Ghayr Ṭabī'ī shaklen: (Anatomy and Physiology of Female Genital Tract and its Variations) : (LH : 3, NLHT: 1, NLHP: 0 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1	Discuss the anatomy and physiology of External & Internal Genital organs	CC	MK	KH	L, BL, L&GD, DIS, L_VC	INT, CL-PR, VV-Viva, QZ, S-LAQ	F&S	1	-	LH
CO1	Describe the perineum Pelvic Floor Muscles & Ligaments	CK	MK	KH	L, D-M, BL, L_VC, L&PPT	INT, VV-Viva, QZ, CL-PR	F&S	1	-	LH
CO1	Describe the Female Urinary Tract, Rectum & Anal Canal	CK	MK	K	D, L, PL, L&GD, PER	T-CS, M-CHT, VV-Viva, CL-PR, QZ	F&S	1	-	LH

CO1	Demonstrate the anatomy of the Breast	CK	MK	K	D-M, L&GD, L_VC	CL-PR, S- LAQ, VV- Viva, INT, M- CHT	F&S	1	-	NLHT1.1
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Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
NLHT1.1	Anatomy of Breast	<p>Total Duration 60 Minutes</p> <p>1. Demonstration on models: (Duration 30 Minutes)</p> <ul style="list-style-type: none"> • The teacher will demonstrate the anatomy of each part of the breast model • The teacher will make small groups of students • The teacher will mentor/allot a model of Breast to each group • The student will explain and illustrate the anatomy of the breast on the model • The teacher will guide and evaluate each group of students <p>or</p> <p>Lecture with video clip: (Duration 30 Minutes)</p> <ul style="list-style-type: none"> • The teacher will show a prerecorded video lecture. • The teacher will pause the video, encourage the students to take notes or write down some questions/queries while watching, and then share important points with the teacher during the pause.

		<ul style="list-style-type: none"> The teacher will evaluate the notes. <p>2. Group Discussion (Duration 30 Minutes)</p> <ul style="list-style-type: none"> The teacher will make small groups of students Students will discuss the Anatomy of the Breast with peer fellows The teacher will select a student from each group to present his/her discussed topic The teacher will guide and evaluate each group of student <p>Home assignment</p> <p>Kinesthetic Learning</p> <ul style="list-style-type: none"> The teacher will make small groups of students Students will make a poster/chart of the Anatomy of the Breast at home Students will present the breast anatomy in the next class on the poster presentation. The teacher will guide and evaluate each group of student
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity
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Topic 2 **رود اور نسائی امتحان Rudād-i-maraḍ aur nesāyee imtehān (History Taking & Gynecological Examination)** (LH : 0, NLHT: 8, NLHP: 20 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
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CO7	Describe the Moral Values & justify the importance of Ethics in Gynecology & Obstetrics Practices.	AFT-VAL	MK	KH	L&GD, CBL, RP, RLE	T-OBT, DEB, S-LAQ, VV-Viva, QZ	F&S	1	V-SUI	NLHT2.1
CO7	Describe & create a document for the Informed consent.	CS	MK	KH	CBL, L_VC	CL-PR, T-OBT, INT, CHK	F&S	1	-	NLHT2.2
CO2	Discuss the detailed History-taking in Gynecology & Obstetrics	CS	MK	SH	PL, IBL, CBL	INT, PA, T-OBT, VV-Viva, Log book	F&S	1	-	NLHT2.3
CO2	Illustrate the General & Systemic Examination	PSY-GUD	MK	SH	DIS, LRI, X-Ray, SIM, D-BED	INT, VV-Viva, P-RP, P-VIVA, P-EXAM	F&S	1	-	NLHP2.1
CO2	Perform & explain the Breast examination and Breast self-examination	PSY-GUD	MK	SH	KL, L_VC, D-M, PER, D-BED	PA, PRN, OSCE, QZ, PP-Practical	F&S	1	-	NLHP2.2
CO2	Observe & assist in the performance of Pelvic Examination	PSY-GUD	MK	SH	RP, D-BED, SIM, D-M, L_VC	P-VIVA, P-EXAM, OSCE	F&S	1	-	NLHP2.3

CO7	Document & present 10 Complete Case Report of Gynecology with Provisional Diagnosis	PSY-SET	MK	KH	CD, D-BED, CBL, DIS, RP	P-VIVA, RK, SP, CL-PR, OSCE	F&S	1	-	NLHP2.4
CO7	Document & present 10 Complete Case Report of Obstetrics with Provisional Diagnosis	PSY-SET	MK	KH	CD, DIS, PBL, CBL, PER	OSCE, P-EXAM, P-CASE, P-VIVA	F&S	1	-	NLHP2.5
CO7	Document & present Patient's Discharge Summary	PSY-MEC	MK	KH	DIS, L&GD, LRI, PER, D-BED	VV-Viva, CL-PR, CHK, Log book, P-VIVA	F&S	1	-	NLHP2.6

Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
NLHT2.1	Importance of Moral Values & Ethics	<p>Total duration 2 hours</p> <p>1. Role Play (60 Minutes)</p> <ul style="list-style-type: none"> The teacher will give an overview of moral values and ethics in Gynecology & Obstetrics Practices. The teacher will divide students into small groups. The teacher will mentor/allot a patient and ask to interact with the patient formally.

		<ul style="list-style-type: none"> • The teacher will observe the communication between the patient and the student. • The teacher will guide and evaluate the student. <p>2. Real-life experience (60 Minutes)</p> <ul style="list-style-type: none"> • The teacher will give an overview of "how to communicate with the patient in OPD/IPD" in Gynecology & Obstetrics Practices. • The teacher will mentor/allot a patient in the hospital and ask to communicate and perform the relevant examination on the patient. • The teacher will observe the student-patient interaction. • The teacher will guide and evaluate the moral values and ethics inculcated during the interaction.
NLHT2.2	Documentation of Informed consent.	<p>Total duration 3 hours</p> <p>1. Case based Learning (120 Minutes)</p> <ul style="list-style-type: none"> • The teacher will provide real or hypothetical cases that require them to engage with informed consent issues that require obtaining consent for different gynecological and obstetrical procedures. • The student will identify a case and document relevant informed consent.

		<ul style="list-style-type: none"> • The teacher will review the written consent forms and correct errors in terms of terminology, completeness, and legal compliance. <p>2. Video learning (60 Minutes)</p> <ul style="list-style-type: none"> • The teacher will show a video presentation related to documentation of informed consent. • Students will note down the points covered in a video lecture. • Students practice writing informed consent forms. • Students may use templates or checklists to formulate documentation of informed consent. • The teacher will assess students on their ability to document the consent form and evaluate them.
NLHT2.3	History taking	<p>Total duration 3 hours</p> <p>1. Case-based Learning (120 Minutes)</p> <ul style="list-style-type: none"> • The teacher will give an overview of history-taking • The teacher will allot a case to the students. • Students will write a detailed history in the prescribed case sheet proforma. • The teacher will guide and assess the performance. <p>2. Checklist (60 Minutes)</p>

		<ul style="list-style-type: none"> • The teacher will provide a checklist of questions related to history taking. • Students will take a detailed history and gather relevant information regarding the given case. • Students will mark the points covered in history-taking • Students will submit the checklist to the teacher • The teacher will evaluate the checklist
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity
NLHP2.1	General & Systemic Examination	<p>Total Duration 3 hours</p> <p>1. Bedside Demonstration (patient/simulation) (120 Minutes)</p> <ul style="list-style-type: none"> • The teacher will give an overview of the General & Systemic Examination. • The teacher will make small groups of students. • The teacher will demonstrate the General & Systemic Examination on the patient/simulator. • The teacher will allot a patient/simulator to each group. • Students will observe and perform the General & Systemic Examination. • Students will keep a record of their findings. • The teacher will guide and evaluate the student's performance. <p>2. Lab Report Interpretation (30 Minutes)</p>

		<ul style="list-style-type: none"> • Students will record the laboratory findings in a tabular format, including all relevant details. • Students will discuss the findings with their peers. • Students will relate the cases to any unexpected findings during their discussions. • Students will record their laboratory report interpretations in their record books. • The teacher will discuss possible errors and provide guidance. <p>3. X-ray Interpretation (30 Minutes)</p> <ul style="list-style-type: none"> • The teacher will divide students into small groups and assign each group a set of X-ray images to analyze (e.g., one group interprets chest X-rays, and another looks at orthopedic X-rays). • Each group discusses the images, identifies possible diagnoses, and presents their findings to the class. • The teacher will promote collaborative learning, and peer-to-peer knowledge exchange on X-ray interpretation.
NLHP2.2	Examination of Breast	<p>Total duration 3 hours</p> <p>1. Video Demonstration (60 Minutes)</p> <ul style="list-style-type: none"> • The teacher will show a video demonstration of Breast examination.

		<ul style="list-style-type: none"> • Students will observe and note the steps of the examination in their record book. • Students will discuss the steps of the examination with peer fellows. <p>2. Poster presentation (60 Minutes)</p> <ul style="list-style-type: none"> • Students will make a poster for the Breast Examination. • Students will present the steps of the examination. <p>3. Simulation (60 Minutes)</p> <ul style="list-style-type: none"> • The teacher will demonstrate breast examination on the simulator. • Students will observe and note the steps of the examination in their record book. • Students will perform the steps of the examination on the simulator. • The teacher will guide and evaluate the student's performance.
NLHP2.3	Pelvic Examination	<p>Total duration 3 hours</p> <p>1. Video Demonstration with discussion (Duration 60 Minutes)</p> <ul style="list-style-type: none"> • The teacher will show a prerecorded video of a pelvic examination.

		<ul style="list-style-type: none"> • The teacher will pause the video, and encourage the students to observe the correct techniques of pelvic examination, moreover, they discuss what they learned from the video. <p>2. Demonstration on patient/model/simulation (120 minutes)</p> <ul style="list-style-type: none"> • The teacher will give an overview of pelvic examination. • The teacher will make small groups of students. • The teacher will demonstrate the pelvic examination on the patient/model/simulator. • The teacher will mentor/allot a patient/model/simulator to each group. • Students will observe and perform the pelvic examination under close supervision. • Students will discuss the correct positioning techniques, and the ability to identify normal and abnormal findings in their observations within the group. This collaborative analysis is valuable. • The teacher will guide and evaluate the student's performance.
NLHP2.4	Writing a gynecological case report	<p>Total duration 4 hours</p> <p>1. Role-Playing (90 minutes)</p> <ul style="list-style-type: none"> • The teacher will set up a role-playing scenario where one student acts as the patient and another as the doctor. The doctor should take a full gynecological history of the patient.

		<ul style="list-style-type: none"> • After the role-play, the students will document 10 case reports. • The teacher will guide & evaluate the case reports submitted by the student. <p>2. History Taking and Case Presentation Activity (90 minutes)</p> <ul style="list-style-type: none"> • A teacher/doctor will perform a live history-taking session with a patient presenting with a gynaecological complaint (e.g., pelvic pain, abnormal bleeding, or infertility). • The students will observe and be encouraged to ask questions or guide the interview. • Students will present gynaecological cases that include the patient's history, physical examination, investigations, diagnosis, and treatment plan. Ask students to write 10 structured case reports based on the cases. <p>3. Case-Based Group Discussion (60 minutes)</p> <ul style="list-style-type: none"> • The teacher will divide students into small groups and give each group a different gynecological case (e.g., abnormal uterine bleeding, pelvic inflammatory disease, etc.). • Students will discuss the case, make a provisional diagnosis, list differential diagnoses, and outline a management plan.
NLHP2.5	Case report writing for obstetric cases	<p>Total duration 5 hours</p> <p>1. Problem-Based Learning (90 Minutes)</p>

		<ul style="list-style-type: none">• The teacher will make small groups of students.• The teacher will mentor/allot the obstetric cases (real/simulated) to each group.• The student will do a complete physical, clinical, and systemic examination of the patient/simulated patient.• The student will write his/her observations in the case report and will write a provisional diagnosis.• All the students will keep a record of at least 10 cases of obstetrics and will submit to the teacher• The teacher will evaluate the case reports submitted by students <p>2. Presenting the Case Report (90 Minutes)</p> <ul style="list-style-type: none">• The students will present their case reports to the class or in small groups, simulating a clinical case presentation.• The teacher will Instruct them to highlight the patient’s history, diagnosis, management, and learning points.• Encourage students to be concise, clear, and ready to answer questions from their peers or instructors. <p>3. Role-Playing (120 Minutes)</p> <ul style="list-style-type: none">• The teacher will set up a role-playing scenario where one student acts as the patient and another as the doctor. The student who is playing the role of a doctor will communicate effectively with patients and conduct a comprehensive ANC
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		<p>check-up. e.g. how to calculate EDD and screening for high-risk pregnancies.</p> <ul style="list-style-type: none"> • After the role-play, the students will document at least 10 case reports. • The teacher will guide & evaluate the case reports submitted by the student.
NLHP2.6	Patient's discharge summary	<p>Total duration 2 hours</p> <p>1. Case-Based Discussion (Duration 30 Minutes)</p> <ul style="list-style-type: none"> • The teacher will make small groups of students • the teacher will mentor/allot a case to each group • The teacher will give an overview of the case • The student will write the discharge summary for at least two cases and keep the record of the discharge summary in his/her record book. • The student will justify their recommendations of the discharge summary and will discuss it with their peer fellow. • The teacher will guide and evaluate the discharge summary <p>2. Bedside Demonstration (Duration 60 Minutes)</p> <ul style="list-style-type: none"> • The teacher will divide the students into small groups. • The teacher will allot/mentor a bedside demonstration case to each group involving a patient (real or simulated) to teach students how to prepare a discharge summary.

		<ul style="list-style-type: none"> • The teacher will provide an overview of the key components of a discharge summary. • Let the students take turns preparing and explaining the discharge summary to the patients under supervision emphasizing the importance of explaining follow-up care and warning signs. • Other students observe and provide constructive feedback on their classmate's performance. <p>3. Lab Report Interpretation (30 Minutes)</p> <ul style="list-style-type: none"> • While one group prepares a discharge summary, another group will write a concise summary of the laboratory reports for a minimum of two cases. • Students will record the laboratory findings in a tabular format, including all relevant details. • Students will discuss the findings with their peers, interpreting how they are relevant to the provisional diagnosis. • Students will relate the cases to any unexpected findings during their discussions. • Students will record their laboratory report interpretations in their record books. • The teacher will discuss possible errors and provide guidance.
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Topic 3 **دریافت اور متعلقہ غیر طبیعی تغیرات** Idrār-i-Ṭamth aur mutalliqa Ghayr Ṭabī'ī Taghayyurat (Menstruation & Related Disorders) (LH : 6, NLHT: 0, NLHP: 0 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
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CO1, CO3	Summarise the reproductive endocrinology	CK	MK	K	L&PPT , FC, D- M, L	COM, VV- Viva, INT, CL-PR	F&S	1	V-MZ	LH
CO1, CO3, CO6	Describe in detail physiology of Menstruation.	CK	MK	KH	L&GD, LS, L&PPT , DIS	QZ , M-CHT, S-LAQ, M- MOD, VV- Viva	F&S	1	-	LH
CO1, CO3, CO4	Describe & discuss the causes of primary and secondary <i>Ahtabaas-e-Tams</i> (Amenorrhoea), its investigations and principles of management	CAP	MK	KH	BS, LRI, DIS, IBL, L&PPT	QZ , M-CHT, CL-PR, COM, S-LAQ	F&S	1	-	LH
CO1, CO3, CO4	Define hirsutism and enumerate its causes	CK	DK	KH	L&PPT , LRI, FC, L, BS	VV-Viva, QZ	F&S	1	-	LH
CO3, CO4	Describe, classify & discuss the causes, diagnosis and management of <i>Usar-e-Tams</i> (Dysmenorrhoea)	CAP	MK	KH	L&PPT , DIS, RP, CBL, RLE	SBA, QZ , VV-Viva, S- LAQ	F&S	1	-	LH
CO3, CO4	Describe Pre-Menstrual Syndrome & its management	CAP	MK	KH	L, SY, CD, D- BED, L_VC	VV-Viva, M- CHT, CL-PR, T-OBT, QZ	F&S	1	-	LH

CO1, CO3	Define <i>Qillat Tams</i> (Oligomenorrhoea), <i>Tahtut Tams</i> (Hypomenorrhoea), <i>Taadud-e-Tams</i> (Polymenorrhoea), <i>Kasrat-e-Tams</i> (Menorrhagia) & <i>Istehaza</i> (Metrorrhagia)	CK	MK	K	REC, PL, L&PPT, L	QZ, VV-Viva	F&S	1	-	LH
CO2, CO3, CO4	Define & discuss <i>Ghair Tabaiee Idrar-e-Tams</i> (Abnormal Uterine Bleeding) its etiology, diagnosis, complications & management	CAP	MK	KH	L, BS, L&PPT, FC, D	C-INT, VV-Viva, S-LAQ, QZ, INT	F&S	1	-	LH
Non Lecture Hour Theory										
S.No	Name	Description of Theory Activity								
Non Lecture Hour Practical										
S.No	Name	Description of Practical Activity								
Topic 4 بلوغت، نرہاقت اور متعلقہ امراض Bulūghat, Murahiqa aur Muta'allaqa Amrāḍ (Puberty, Adolescence & its Disorders) (LH : 3, NLHT: 0, NLHP: 0 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO2	Define <i>Balughat</i> (Puberty) & discuss the morphological and hormonal changes in puberty.	CC	MK	K	L&PPT, SY, L	VV-Viva, S-LAQ, QZ	F&S	1	-	LH
CO1, CO2	Define Menarche, Thalarche, Pubarche & Adrenarche & tanner staging.	CK	MK	K	L, L&PPT	QZ, C-INT, VV-Viva, INT	F&S	1	-	LH
CO4, CO5	Describe & discuss the causes, diagnosis and management of precocious puberty.	CAP	MK	KH	L&PPT, L, BS	QZ, S-LAQ, VV-Viva	F&S	1	-	LH
CO4, CO5	Describe & discuss the causes, diagnosis and management of Delayed puberty.	CAP	MK	KH	BS, L, L&PPT	S-LAQ, QZ, VV-Viva	F&S	1	-	LH

CO4	Explain the causes,diagnosis,management of pubertal menorrhagia	CAP	MK	K	BS, L&PPT , L	QZ , S-LAQ, VV-Viva	F&S	1	-	LH
Non Lecture Hour Theory										
S.No	Name	Description of Theory Activity								
Non Lecture Hour Practical										
S.No	Name	Description of Practical Activity								
Topic 5 انقطاع طمث اور متعلقہ مسائل Inqitā' al-Tamth aur Muta'allaqa Masāel (Menopause & Its Related Problems) (LH : 3, NLHT: 0, NLHP: 0 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO2	Describe menopausal transition	CC	MK	KH	L&GD, L&PPT , L	VV-Viva, QZ , SP	F&S	1	-	LH
CO1, CO2	Enumerate the Menopausal Changes/ Age-related changes.	CC	MK	KH	L&GD, PL, L, L&PPT	S-LAQ, QZ , VV-Viva	F&S	1	-	LH
CO1, CO2	Describe in <i>Layyan ul Izaam & Nakhrul (Hashsatul) Izaam</i> (Osteomalacia & Osteoporosis)	CC	MK	KH	L, L&PPT	VV-Viva, QZ	F&S	1	-	LH
CO1, CO2	Enumerate the Perimenopausal abnormalities	CC	DK	KH	L, L&GD, L&PPT	VV-Viva, QZ	F&S	1	-	LH

CO1, CO2, CO4	Describe & discuss the Post-Menopausal Syndrome and its management	CAP	DK	KH	L, L&PPT	INT, C-INT, QZ	F&S	1	-	LH
CO2, CO4	Enumerate the causes of Post-Menopausal Bleeding and describe its management	CAP	DK	K	L&PPT , L	INT, C-INT, QZ	F&S	1	-	LH

Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity
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Topic 6 **امراض نسوان میں ہارمون اور نباتی ہارمون کا استعمال** Amrād-i Niswān mein hormone aur Nabātī hormone ka istemal (Hormone & Phytohormone Therapy in Gynecological Disorders) (LH : 2, NLHT: 0, NLHP: 0 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO5	Describe in brief Hormone Replacement Therapy (HRT)	CC	MK	KH	LRI, L, L&PPT	S-LAQ, T- OBT, P- VIVA, PRN	F&S	2	-	LH
CO1, CO5	Enlist the Phytohormones & describe their mechanism of action	CC	MK	KH	L&PPT , L, FC, EDU, BL	P-VIVA, S- LAQ, COM	F&S	2	-	LH

Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity								
Topic 7 امراض فرج Amrād-i farj (Diseases of Vulva) (LH : 3, NLHT: 3, NLHP: 0 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO2, CO4	Describe the causes of <i>Hikkaat-ul-Farj</i> (Pruritus Vulvae) and describe its diagnosis, management & complications	CAP	MK	KH	BL, L_VC, CBL	P-PS, P-VIVA, PRN, T-CS, S-LAQ	F&S	2	-	NLHT7.1
CO1, CO2, CO4	Describe the causes, types, diagnosis, management, and complications of <i>Qurooh-Ul-Farj</i> (Ulcers of Vulva)	CAP	MK	KH	L&PPT, L_VC, L	P-VIVA, PRN, T-CS, S-LAQ	F&S	2	-	LH
CO1, CO2, CO4	Describe the causes, diagnosis, management, and complications of <i>Illitahab-e-Farj</i> (Vulvitis)	CC	MK	KH	D-M, KL, CBL, SIM	S-LAQ, PRN, T-CS, P-PS, OSCE	F&S	2	-	NLHT7.2
CO1, CO2, CO4	Describe the causes, diagnosis, management & complications of <i>Huzaal</i> (Atrophy) of the vagina	CC	MK	KH	DIS, PL, L_VC, CBL, L&PPT	T-CS, PRN, S-LAQ, OSCE, P-PS	F&S	2	-	NLHT7.3
CO1, CO2, CO3	Explain in brief the causes, classification, diagnosis, stages, management, and complications of <i>Daweera & Sulaat</i> (Cysts & Neoplasm)	CC	MK	KH	L, KL, L_VC, L&PPT	PRN, T-CS, S-LAQ, P-VIVA	F&S	2	-	LH
CO2, CO4	Enumerate the causes of Vulvodynia and describe its management	CC	NK	KH	L_VC, L, L&PPT	PRN, T-CS, P-VIVA	F&S	2	-	LH
CO1, CO2, CO3	Explain Vulval vestibulitis syndrome in brief	CC	NK	KH	L&PPT, L, L_VC	PRN, P-VIVA, T-CS	F&S	2	-	LH

Non Lecture Hour Theory		
S.No	Name	Description of Theory Activity
NLHT7.1	<i>Hikkat-ul-Farj</i> (Pruritus Vulvae)	<p>Total duration one hour</p> <p>1. Blended Learning (60 Minutes)</p> <ul style="list-style-type: none"> The teacher will provide a prerecorded video lecture explaining the causes, diagnosis, management, and complications of Pruritus Vulvae. or The teacher can present a case study of a patient with pruritus vulvae including symptoms diagnosis & Treatment options. The student should practice taking history and performing a clinical examination of the patient. The teacher will evaluate the case report/history taking/diagnostic reasoning.
NLHT7.2	<i>Itiḥab-e-Farj</i> (Vulvitis)	<p>Total Duration one hour</p> <p>Case-based Learning (60 Minutes)</p> <p>The teacher will give a comprehensive description of a case of vulvitis. The teacher will divide students into small groups and ask them to gather relevant patient history and perform a physical examination on the patient/model/simulation. Students will write all the possible causes, clinical signs & symptoms, and diagnostic investigations in</p>

		<p>their record book. The teacher will ask for differential diagnosis, and possible treatment plans and will assess the recorded observations.</p> <p>For home assignment:</p> <p>Poster Presentation</p> <p>Students will make a colored poster of the disease including causes, diagnosis, management, and complications of <i>Illtihab-e-Farj</i> (Vulvitis).</p> <p>The teacher can ask the students to present a sub-topic like causes, differential diagnosis, or management.</p>
NLHT7.3	Atrophy of the vagina	<p>Total duration one Hour</p> <p>1. Case-study (60 Minutes)</p> <p>Students work in groups to analyze real-world/hypothetical cases of vaginal atrophy including patient history, symptoms, provisional diagnosis, treatment & Complications</p> <p>or</p> <p>2. Group Discussion (60 Minutes)</p> <ul style="list-style-type: none"> • The teacher will divide the students into two groups. • The teacher will allot the topics related to atrophy of the vagina • Students discuss the topics as allotted under the guidance of the teacher

		<p>or</p> <p>3. Quiz competition (60 Minutes)</p> <ul style="list-style-type: none"> The teacher will make multiple choice questions related to atrophy of the vagina The teacher will arrange a quiz competition among students The teacher will analyze the quiz competition
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity
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Topic 8 امراض مهبلی Amrād al-mahbil (Diseases of Vagina) (LH : 3, NLHT: 3, NLHP: 0 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO2, CO4	Evaluate the etiopathogenesis, diagnosis, management & complications of <i>Sailan-al-Rahim wa Ghair Tabaiee Mahbili Afrazaat</i> (Excessive & Abnormal Vaginal Discharge)	CE	MK	KH	PL, DIS, CBL, PER, KL	T-CS, P-PS, OSCE, PRN, P-VIVA	F&S	2	-	NLHT8.1
CO2, CO4	Discuss the etiology, types, diagnosis, management, and complications of <i>Illitahab-e-Mahbil</i> (Vaginitis & Bacterial Vaginosis)	CAP	MK	KH	FC, CBL, L_VC	PRN, S-LAQ, T-CS, P-VIVA, OSCE	F&S	2	-	NLHT8.2
CO2, CO4	Describe the causes, diagnosis, management and complications of <i>Qurooh-e-Mahbil</i> (Ulcers of Vagina)	CAP	MK	KH	L&PPT, L_VC, L	T-CS, P-VIVA, S-LAQ	F&S	2	-	LH
CO2, CO4	Elaborate the causes, types, diagnosis, management, and complications of <i>Khurooj-e-Mahbil & Isterkhai Mahbil</i> (Prolapse of Vagina)	CAP	MK	KH	CD, PER, L_VC	OSCE, CBA, T-CS, P-VIVA, S-LAQ	F&S	2	-	NLHT8.3

CO2, CO4	Describe the causes, types, diagnosis, and management of <i>Tashannuj-e-Mahbil</i> (Vaginismus) & <i>Moallam-e-jima</i> (Dyspareunia)	CAP	MK	KH	L, L&PPT, L_VC	T-CS, P-VIVA, S-LAQ	F&S	2	-	LH
CO1, CO2, CO3, CO4	Explain briefly the causes, stages, diagnosis, management and complications of <i>Daweera & Sulaat</i> (Cysts & Neoplasm) of the Vagina	CC	DK	KH	L_VC, L, L&PPT, KL	T-CS, P-VIVA, PRN	F&S	2	-	LH

Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
NLHT8.1	Excessive & Abnormal Vaginal Discharge	<p>Total duration one hour</p> <p>1. Case presentation (60 Minutes)</p> <ul style="list-style-type: none"> The teacher will divide students into small groups and allot a case to each group for case presentation. Students will prepare a case explaining etiopathogenesis, diagnosis, management & complications of <i>Sailan-al-Rahim wa Ghair Tabaiee Mahbili Afrazaat</i> (Excessive & Abnormal Vaginal Discharge). Each group will present the prepared case in the class. Students will discuss their findings with the peer fellows. The teacher will guide and assess the presentation. <p>or</p> <p>2. Flowchart Creation for Differential Diagnosis (60 Minutes)</p>

		Students will create a flowchart or decision tree based on symptoms of abnormal vaginal discharge (color, consistency, odor). The flowchart guides the diagnosis process.
NLHT8.2	<i>Iltihab-e-Mahbil</i> (Vaginitis & Bacterial Vaginosis)	<p>Total duration one hour</p> <p>Flipped Class (60 Minutes)</p> <p>1. Pre-Class Activity:</p> <ul style="list-style-type: none"> • Students study the topic independently using the video lecture. • The teacher will share pre-recorded videos explaining: the etiology, types, diagnosis, management, and complications of Iltihab-e-Mahbil (Vaginitis & Bacterial Vaginosis). <p>2. During Class Activity</p> <ul style="list-style-type: none"> • The teacher will give a quick review of the topic and then start a short discussion or quiz to review key concepts. Ask students to identify possible causes, diagnoses, and management. • Lastly, the teacher should ask students to reflect on what they learned in class and submit a summary.
NLHT8.3	<i>Khurooj-e-Mahbil & Isterkhai</i> (Prolapse of Vagina)	<p>The total duration is one hour</p> <p>1. Presentation with video clips (60 Minutes)</p> <ul style="list-style-type: none"> • The teacher will show an animated video lecture/PowerPoint presentation related to causes, types, diagnosis,

		<p>management, and complications, and demonstrate pelvic floor exercises or surgical procedures of vaginal prolapse</p> <ul style="list-style-type: none"> • Students will observe the clinical presentations of prolapse of the vagina. • The teacher will encourage the discussion among the students by explaining the clinical importance of vaginal prolapse and, assess the student's performance by asking some small questions.
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity
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Topic 9 امراض رحم Amrād al-Raḥim (Diseases of Uterus) (LH : 5, NLHT: 3, NLHP: 10 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO2, CO3, CO4	Interpret <i>Su-e-Mizaj-e-Rahim</i> (Abnormal Temperament of Uterus) & explore its management	CAP	MK	KH	L, L&PPT	S-LAQ, P-VIVA, T-OBT	F&S	2	-	LH
CO1, CO2, CO4	Describe the causes, types, diagnosis, management, and complications of <i>Illitahab-e-Unaq-Ur-Rahim</i> (Cervicitis)	CAP	MK	KH	L, L&PPT, L_VC	S-LAQ, PRN, T-CS, P-VIVA	F&S	2	-	LH
CO2, CO4	Discuss the causes, diagnosis, and management of <i>Taakkul-Unaq-Ur-Rahim</i> (Cervical Erosion /Ectopy)	CAP	MK	KH	L&PPT, DIS, SIM, CD, CBL	OSCE, T-CS, P-VIVA	F&S	2	-	NLHT9.1

CO2, CO4	Explain the causes, types, diagnosis, management, and complications of <i>Illitahab-e-Rahim</i> (Inflammation of the Uterus)	CAP	MK	KH	L_VC, L&GD, L&PPT, L	PRN, T-OBT, S-LAQ, P- VIVA	F&S	2	-	LH
CO1, CO2	Describe the causes, diagnosis, management, and complications of <i>Mailan wa Aujaj-Ur-Rahim</i> (Displacement of Uterus) & <i>Inzalaq-e-Rahim/ Khurooj-e-Rahim</i> (Prolapse of Uterus)	CAP	MK	KH	CBL, DIS, L&PPT, L_VC	DOPS, OSCE, P- VIVA, DOPS, T-CS	F&S	2	-	NLHT9.2
CO4	Demonstrate gradation of Uterine Prolapse	PSY- MEC	MK	KH	D-BED, D-M, KL, SIM, CBL	P-EXAM, P- VIVA, P- CASE, OSPE, OSCE	F&S	2	-	NLHP9.1
CO1, CO2	Describe the causes, diagnosis & complications of <i>Inqilab-e-Rahim</i> (Inversion of Uterus)	CAP	MK	KH	L&PPT, CD, D- BED, L	P-VIVA, T- CS, S-LAQ	F&S	2	-	LH
CO4	Describe & demonstrate pelvic floor exercises to patients	PSY- MEC	MK	KH	SDL, RP	P-VIVA, P- EN, P-CASE, P-EXAM	F&S	2	-	NLHP9.2
CO4	Perform & demonstrate the technique of Pessary Insertion	PSY- MEC	MK	SH	W, CBL, PT, SIM, CD	DOPS, DOPS, OSPE, P- CASE, P- VIVA	F&S	2	-	NLHP9.3

CO3, CO4	Describe & discuss the causes, diagnosis, management and complications of <i>Daroon-e-Rehmiyat</i> (Adenomyosis)	CK	MK	K	L&PPT , L, L_VC, CD	VV-Viva, CBA, T-CS, S-LAQ	F&S	2	-	LH
CO3, CO4	Describe the causes, types, diagnosis, management and complications of <i>Bawaseer ur Rahim</i> (Polyp of Uterus)	CC	MK	K	D-M, CD, D, L_VC, CBL	CBA, P- VIVA, T-CS	F&S	2	-	NLHT9.3
CO3	Observe and describe Polypectomy.	PSY- SET	MK	KH	D-BED, D-M, CBL, W, SIM	OSCE, P- EXAM, OSPE, DOPS, DOPS	F&S	2	-	NLHP9.4
CO1, CO3	Explain briefly the causes, stages, diagnosis, and complications of <i>Daweera & Sulaat</i> (Cysts & Neoplasm)	CC	DK	K	L_VC, CD, KL, L, L&PPT	COM, S- LAQ, T-OBT, VV-Viva	F&S	2	-	LH

Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
NLHT9.1	<i>Taakkul-Unaq-Ur-Rahim</i> (Cervical Erosion/ Ectopy)	<p>(Total duration: 1 Hour)</p> <p>1. Case Study Discussions: (Duration: 60 minutes)</p> <p>Present students with real or simulated case studies of women with symptoms related to cervical ectopy (e.g., abnormal vaginal discharge,</p>

		<p>spotting, or post-coital bleeding). Ask students to discuss the diagnostic process, including the use of Pap smears, HPV testing, and colposcopy. Students should be allowed to discuss their confusion regarding history, vaginal examination, investigation, and principles of treatment of cervical erosion.</p> <p>OR</p> <p>Presentation with PPT: (Duration: 60 minutes)</p> <p>Prepare a PPT with video clips by students to explain the etiology, diagnosis, and differential diagnosis of Cervical Erosion /Ectopy.</p> <p>OR</p> <p>Colposcopy Simulation: (Duration: 60 minutes)</p> <p>Use colposcopy simulation software or a colposcopy machine to demonstrate how the cervix is visualized during a colposcopy. Students can take turns using the colposcope to examine a model cervix and look for signs of ectopy, such as areas of inflammation or changes in the transformation zone.</p>
NLHT9.2	<p><i>Mailan wa Aujaj-Ur-Rahim</i> (Displacement of Uterus) & <i>Inzalaq-e-Rahim/ Khurooj-e-Rahim</i> (Prolapse of Uterus)</p>	<p>(Total duration: 1 Hour)</p> <p>1. Presentation with PPT or Videoclips: (Duration: 60 minutes)</p>

		<p>Prepare a PPT with video clips by students to explain the grading, diagnosis, complications & preventive measures of uterine prolapse & displacement of the uterus.</p> <p>OR</p> <p>Group Discussion: (Duration: 60 minutes)</p> <p>In small groups, students discuss the case, supports of the uterus, grades of displacements & prolapse.</p>
NLHT9.3	<i>Bawaseer ur Rahim</i> (Polyp of Uterus)	<p>(Total duration: 1 Hour)</p> <p>1. Visual Aids: (Duration: 60 minutes)</p> <p>Use diagrams, illustrations or 3D models to show the structure of uterus and how polyp develops.</p> <p>OR</p> <p>Case Discussion: (Duration: 60 minutes)</p> <p>Students into groups to discuss the causes, types its diagnosis and different treatment option for uterine polyp including surgical and non surgical (Unani & modern) methods.</p>
Non Lecture Hour Practical		
S.No	Name	Description of Practical Activity

NLHP9.1	Gradation of Uterine Prolapse	<p>(Total duration: 2 Hours)</p> <p>1. Making Charts/Models: (Duration: 120 minutes)</p> <p>Small groups of students may be asked to make charts or models of gradations of uterine prolapse with proper labeling.</p> <p>OR</p> <p>Bedside Demonstration: (Duration: 120 minutes)</p> <p>Demonstration of diagnosis of the gradation of uterine prolapse on a patient by doctor.</p>
NLHP9.2	Pelvic floor exercises	<p>(Total duration: 2 Hours)</p> <p>1. Role Play: (Duration: 120 minutes)</p> <p>Make a small group of students, assign them the duties of doctor & patient, ask them to act as per topic & discuss it with students.</p> <p>OR</p> <p>Self-directed learning: (Duration: 120 minutes)</p> <p>In this method, the teacher first explains each step of the pelvic floor exercise to students, who will take responsibility for learning & follow all steps as per instruction. Then the teacher instructs the patient to follow these steps for pelvic floor exercise.</p>

NLHP9.3	Pessary Insertion techniques	<p>(Total duration: 3 Hours)</p> <p>1. Hands on workshops:- (Duration: 180 minutes)</p> <p>Organize a practical workshop where students can practice pessary insertion techniques using mannequins provide step-by-step guidance and allow students to practice in pairs.</p> <p>OR</p> <p>Practical Performance:- (Duration: 180 minutes)</p> <p>Student actively engages in skills, related to pessary insertion techniques on patient under guidance by a doctor .</p>
NLHP9.4	Polypectomy	<p>(Total duration: 3 Hours)</p> <p>1. Bedside Demonstration: (Duration: 120 minutes)</p> <ul style="list-style-type: none"> • Demonstrate the basic setup for a polypectomy, including sterilization and instrument preparation. • Show common instruments used (e.g., speculum, scissors, polyp forceps, curette). • Walk through the actual procedure, demonstrating key steps of a cervical or endometrial polypectomy. • Show how to manage bleeding and check for any retained tissue. • Discuss pain management, possible discharge, and when the patient should return for a follow-up exam.

		<ul style="list-style-type: none"> • Explain the importance of monitoring for any signs of infection or recurrence of polyps. <p>OR</p> <p>Polyp Removal Simulation or hands-on practice: (Duration: 120 minutes)</p> <ul style="list-style-type: none"> • Using a pelvic model with simulated uterine polyps, students perform a simulated polypectomy using surgical instruments. • Ensure sterile technique throughout the procedure. • Monitor for any complications such as excessive bleeding, perforation, or infection. • Discuss follow-up visits to check for complications or recurrence. <p>2. Video Tutorials and Guided Observations: (Duration: 60 minutes)</p> <p>Students can watch video tutorials or attend live demonstrations of polypectomies performed by experienced practitioners. Following this, students can discuss key points such as technique, complications, and patient care.</p>
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Topic 10 امراض تافين و تخسيد الرحم Amrāḍ-i Qādhifen wa Khuṣya al-Raḥim (Diseases of the Fallopian Tubes & Ovaries) (LH : 4, NLHT: 0, NLHP: 0 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO4	Discuss the causes, types, diagnosis, management and complications of <i>Itihab-e-Qazafain</i> (Salpingitis)	CAP	MK	KH	L&PPT , L_VC, CD, L	S-LAQ, CBA, VV-Viva, T- CS	F&S	2	-	LH

CO4	Describe briefly <i>Iltihab-e-Khusyatur-Rahim</i> (Oophoritis)	CK	MK	KH	LRI, L, L_VC, CD, L&PPT	VV-Viva, T- OBT, CBA, S-LAQ	F&S	2	-	LH
CO1, CO4	Discuss the causes, classify to sites, diagnosis, management and complications of <i>Batan-e-Rehmiyat</i> (Endometriosis)	CAP	MK	KH	LRI, L_VC, CD, L&PPT , L	VV-Viva, CBA, T-OBT, S-LAQ	F&S	2	-	LH
CO1, CO4	Elaborate the etiopathogenesis, diagnosis, management and complications of PCOD	CAP	MK	KH	REC, LRI, L&PPT , L&GD, L	CBA, S-LAQ, CL-PR, VV- Viva, T-CS	F&S	2	-	LH
CO1, CO3, CO4	Explain the causes, stages, diagnosis, and complications of <i>Daweera-wa-Sulaat</i> (Cysts & Neoplasm)	CC	MK	KH	KL, CD, D-BED, L, L&GD	S-LAQ, T- OBT, CBA, VV-Viva	F&S	2	-	LH
Non Lecture Hour Theory										
S.No	Name				Description of Theory Activity					
Non Lecture Hour Practical										
S.No	Name				Description of Practical Activity					
Topic 11 تعديبه عانه Ta'diya-e- aana (Pelvic Infections) : (LH : 3, NLHT: 3, NLHP: 0 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3

CO1	Explain the defence mechanism of the genital Tract & Role of <i>Asbab sitta zarooria & ghair zarooriya</i> in maintaining genital health	CC	MK	KH	IBL, CBL, BS, DIS, PL	QZ , PA, T-OBT, P-VIVA, DEB	F&S	2	V-TST	NLHT11.1
CO1, CO3, CO4, CO6	Describe & discuss the etiopathogenesis, diagnosis, management, and complications of Pelvic Inflammatory Disease	CAP	MK	KH	CBL, CD, D-BED	CBA, P-VIVA, CL-PR, OSCE, OSPE	F&S	2	-	NLHT11.2
CO3, CO4, CO6	Discuss the causes, diagnosis, management and complications of Sexually Transmitted Diseases	CAP	MK	KH	LRI, FC, BL, L&PPT , L&GD	VV-Viva, S-LAQ, T-CS, PRN, CBA	F&S	2	H-IJ	LH
CO2, CO3, CO4	Describe the etiopathogenesis, diagnosis, management and complications of Genital Tuberculosis	CAP	MK	KH	LRI, L&PPT , FC, BL, CD	VV-Viva, CBA, T-CS, PRN, S-LAQ	F&S	2	-	LH
CO1, CO4	Enumerate the causes of Pelvic Pain & Low Backache and describe its management	CAP	MK	KH	L&PPT , X-Ray, FC, LRI, BL	VV-Viva, PRN, CBA, T-CS, S-LAQ	F&S	2	-	LH

Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
NLHT11.1	Defence mechanism of the genital Tract & Role of <i>Asbab sitta zarooria & ghair zarooriya</i> in maintaining genital health	(Total Duration: 120 minutes)

		<p>1. Peer Learning- (Duration: 120 minutes)</p> <p>Few students who have grasped well the concept of <i>Asbab sitta zarooria</i> & <i>ghair zarooriya</i> in maintaining genital health may be allowed to demonstrate to their peers.</p> <p>OR</p> <p>Debate & Group Discussion- (Duration: 120 minutes)</p> <p>Sudents may be allowed to debate & discuss on the role of <i>Asbab sitta zarooria</i> & <i>ghair zarooriya</i> in maintaining genital health.</p>
NLHT11.2	Pelvic Inflammatory Disease	<p>(Total Duration: 1 Hour)</p> <p>1. Case Diagnosis: (Duration: 60 minutes)</p> <p>The teacher or Doctor presents the case to the students providing relevant clinical details. Then, students discuss the case, identify key issues formulate a differential diagnosis, and propose a treatment plan.</p> <p>OR</p> <p>Bedside Demonstration: (Duration: 60 minutes)</p> <p>Demonstration of diagnosis of Pelvic Inflammatory Disease by bimanual examination of a patient by a doctor.</p>
Non Lecture Hour Practical		
S.No	Name	Description of Practical Activity

Topic 12 Uqr (Infertility) (LH : 6, NLHT: 0, NLHP: 0 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO3, CO4	Define female infertility, classify the causes, and describe briefly its diagnosis, management and complications	CAP	MK	KH	SY, L&PPT, L&GD, L, BS	VV-Viva, CL-PR, INT, DEB, QZ	F&S	3	-	LH
CO1	Explain the Causes of Male infertility	CC	MK	K	L&GD, BL, L&PPT, FC, L	QZ, PRN, M-CHT, CL-PR, S-LAQ	F&S	3	-	LH
CO5	Describe in brief various types of Assisted Reproductive Techniques	CK	NK	K	L&PPT, L, ML, L_VC	M-CHT, VV-Viva, P-VIVA, CL-PR, QZ	F&S	3	-	LH
Non Lecture Hour Theory										
S.No	Name	Description of Theory Activity								
Non Lecture Hour Practical										
S.No	Name	Description of Practical Activity								
Topic 13 امراض الثديين Amrāḍ-i-Thadyayn (Diseases of Breast) (LH : 3, NLHT: 2, NLHP: 0 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO2, CO4	Elaborate causes, diagnosis, treatment & complications of <i>Waja e Saddi</i> (Mastalgia)	CAP	MK	KH	FC, L, L&GD,	QZ, VV-Viva, S-LAQ, CL-PR	F&S	3	-	LH

					PER, L&PPT					
CO2, CO4	Explain causes, diagnosis, treatment & complications of <i>Ilthab-e-Saddiyain</i> (Mastitis)	CAP	MK	KH	FC, BS, L, L&PPT , L_VC	PRN, QZ , INT, S-LAQ, CL-PR	F&S	3	-	LH
CO2, CO4	Describe the causes, diagnosis, management & complications of <i>Khuraj-Saddi</i> (Breast Abscess)	CC	MK	KH	SIM, DIS, CBL, CD	PRN, CL-PR, QZ , S-LAQ, CBA	F&S	3	-	NLHT13.1
CO1, CO4	Enumerate the causes of Galactorrhoea & describe its management	CC	MK	KH	BS, L, FC, L&GD, L&PPT	PRN, VV- Viva, QZ , INT, CR-W	F&S	3	-	LH
CO3	Discuss in Brief <i>Daweera-wa-Sulaat-e-Saddi</i> (Cysts & Tumours of Breast)	CC	DK	KH	IBL, KL, W, DIS, TPW	M-CHT, QZ , CL-PR, VV- Viva, INT	F&S	3	-	NLHT13.2

Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
NLHT13.1	<i>Khuraj-Saddi</i> (Breast Abscess)	<p>(Total Duration: 1 Hour)</p> <p>Group Discussion: (Duration: 60 minutes)</p> <p>Gather students to discuss their experiences with the simulation and address any challenges they faced during the procedure or counseling.</p>

		<p>Instructors can clarify common misconceptions and reinforce best practices.</p> <p>OR</p> <p>Present a Case Scenario: (Duration: 60 minutes)</p> <p>Begin with a case scenario describing a patient. Have students discuss how they would perform a clinical assessment, including history-taking. Guide students to create a step-by-step management plan.</p> <p>OR</p> <p>Hands-On Simulation: (Duration: 60 minutes)</p> <p>Use manikins or models to simulate the incision and drainage procedure. Provide instruments and practice proper techniques under the guidance of an instructor, emphasizing infection control, sterile technique, and pain management.</p>
NLHT13.2	<i>Daweera-wa-Sulaat-e-Saddi</i> (Cysts & Tumours of Breast)	<p>(Total Duration: 1 Hour)</p> <p>1. Hands-On Simulation: (Duration: 60 minutes)</p> <ul style="list-style-type: none"> • Use manikins or models to simulate the benign & malignant lesions of the breast.

		<ul style="list-style-type: none"> • Provide instruments and practice proper techniques under the guidance of a teacher, emphasizing infection control, sterile technique, and pain management. <p>OR</p> <p>Present a Case Scenario: (Duration: 60 minutes)</p> <p>Begin with a case scenario describing a patient. Students have to discuss how they would perform a clinical assessment, including history-taking.</p> <p>OR</p> <p>Q&A and Reflection: (Duration: 60 minutes)</p> <p>Encourage students to ask questions and reflect on the importance of early detection and effective management of breast abscesses, especially in lactating women, to prevent complications.</p> <p>OR</p> <p>Awareness campaign: (Duration: 60 minutes)</p> <p>Organize a campaign in rural & urban areas to raise awareness about breast health & give the message about the importance of breast self-examination.</p>
<p>Non Lecture Hour Practical</p>		

S.No	Name	Description of Practical Activity								
Topic 14 خاندانی منصوبہ بندی اور ماہانہ حمل تداریکیں وادویہ Khandani Mansuba Bandi aur Māni'-aat-i-Ḥaml Tadābīr wa Adwiya (Family Planning & Contraceptive Measures) (LH : 3, NLHT: 2, NLHP: 5 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO6	Describe the small family norms & their importance & Discuss the criteria for ideal contraceptives.	CC	MK	KH	PL, KL, RP, DIS, IBL	CL-PR, VV- Viva, QZ , INT	F&S	3	V-TST	NLHT14.1
CO1, CO6	Describe Contraceptive measures & its mechanism of action, types, doses, side effects of <i>Mana'e Hamal Advia</i> (contraceptive measures)	CAP	MK	KH	L&GD, BS, L&PPT , L	S-LAQ, CL- PR, QZ , DEB, VV- Viva	F&S	3	-	LH
CO6	Demonstrate the correct technique to insert & remove IUCDs, use of cervical cap and diaphragm.	PSY- MEC	MK	SH	DIS, CBL, SIM, IBL, KL	OSPE, M- CHT, Log book, DOPS, INT	F&S	3	-	NLHP14.1
Non Lecture Hour Theory										
S.No	Name	Description of Theory Activity								
NLHT14.1	Contraceptive measures	(Total Duration: 2 Hours) 1. Role-Playing Scenarios (Duration: 120 min) Students can engage in role-playing where they practice conversations with a partner about contraception. One student plays the role of a health professional, and the other plays a person seeking advice. This								

		<p>encourages open communication and understanding of how to discuss family planning in real-life situations.</p> <p>OR</p> <p>Reflection and Q&A: (Duration: 120 min)</p> <p>encouraging students to discuss what they learned, any challenges faced during counseling, and how they might approach family planning discussions in real-life clinical practice.</p> <p>OR</p> <p>Creating Informational Flyers or Posters (Duration: 120 min)</p> <p>Assign students to create informational flyers or posters that highlight different contraception methods, how they work, and their benefits and risks. These can be displayed around the school or shared with peers to promote awareness.</p> <p>OR</p> <p>Guest Speakers or Peer Education (Time Duration: 120 minutes)</p> <p>Invite health professionals (doctors, counselors, sexual health educators) to talk to students about contraception and family planning. Alternatively, teachers can train student peer educators to help share knowledge and provide support to their fellow students.</p>
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Non Lecture Hour Practical		
S.No	Name	Description of Practical Activity
NLHP14.1	Technique to insert & remove IUCDs, use of cervical cap and diaphragm	<p>(Total Time duration- 5 Hours)</p> <p>1. Educational Workshops with Demonstration Models: (Duration: 180 min)</p> <p>Invite a healthcare professional (e.g., gynecologist, or family planning nurse) to conduct a workshop on the insertion and removal of IUCDs. They can demonstrate the process using a simulation model (e.g., a pelvic model with IUCDs) to show how the device is inserted and removed.</p> <p>2. Step-by-Step Process Visuals or Diagrams: (Duration: 120 min)</p> <p>Create a detailed, step-by-step visual guide or a flowchart that explains the IUCD insertion and removal process. Use posters, slides, PowerPoint presentations or a video clip to outline the key stages involved, from patient preparation to aftercare.</p> <p>OR</p> <p>Interactive Quizzes and Debates: (Duration: 120 min)</p> <p>Use quizzes to assess knowledge about the IUCD insertion and removal process. Topics can include proper patient selection, technique, aftercare, and potential complications. Follow the quiz with a</p>

		debate or discussion on the pros and cons of different contraception methods, including IUCDs.
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Topic 15 مسالك بوليہ نسا ئیہ Masālik-i Bawliya nisaiyyah (Urogynecology) (LH : 3, NLHT: 1, NLHP: 0 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO4, CO5	Describe and discuss the causes, diagnosis, complications and management of UTI	CAP	MK	KH	FC, IBL, L&PPT, L	S-LAQ, VV-Viva, QZ, PRN	F&S	3	-	LH
CO4, CO5	Define Urinary Incontinence and explain its etiopathogenesis, types, diagnosis, management and complications	CAP	MK	KH	CD, KL, DIS, CBL, L&GD	VV-Viva, PRN, CL-PR, QZ, T-CS	F&S	3	-	NLHT15.1
CO1, CO2	Explain Painful Bladder Syndrome	CC	NK	K	L, L&PPT, L&GD	QZ, INT, VV-Viva	F&S	3	-	LH

Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
NLHT15.1	Urinary Incontinence	<p>(Total Duration: 1 Hour)</p> <p>Interactive Lecture and Discussion: (Duration: 60 min)</p> <p>Start with a brief lecture or presentation on urinary incontinence, including the different types (stress, urge, overflow, functional), common causes, risk factors, and treatment options. Afterward, engage</p>

		<p>students in a discussion where they can ask questions or share their thoughts.</p> <p>OR</p> <p>Role-Playing: (Duration: 60 min)</p> <p>In pairs or small groups, students can role-play as either a healthcare provider or a patient experiencing urinary incontinence. The "healthcare provider" asks questions to assess the patient's condition and provide advice on lifestyle changes, exercises, or treatment options. Then, they switch roles.</p>
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity
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Topic 16 تشخيصی و معالجاتی عملیات Tashkhīsi wa Mu'āljāti Amalīyat (Diagnostic & Therapeutic Procedures) (LH : 0, NLHT: 4, NLHP: 8 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO3, CO5	Demonstrate the steps of aseptic precautions & Interpret the diagnostic procedure.	CAP	MK	SH	D, D-M, W, DIS, LRI	INT, SA, PRN, VV- Viva, T-OBT	F&S	3	-	NLHT16.1
CO1, CO4, CO5	Explore various Ilaj bit Tadbeer methods used in Gynecology & Obstetrics	PSY-GUD	MK	SH	D, CD, SY, CBL, RP	P-PRF, VV- Viva, M-POS, DOPS, P-EN	F&S	3	-	NLHP16.1

CO3, CO5	Describe VIA, Schiller's, High Vaginal Swab & demonstrate the Screening Procedures.	PSY-GUD	MK	SH	IBL, SIM, CD, W, PT	PRN, CL-PR, P-EN, P-PRF, P-RP	F&S	3	-	NLHP16.2
CO3, CO5	Describe <i>Imtihaan-e-Khalvi</i> (Pap's Smear Test) & Demonstrate the procedure of screening for cervical cancer	PSY-GUD	MK	D	DIS, LRI, CD, W, D-BED	P-PRF, OSCE, CHK, INT, DOPS	F&S	3	-	NLHP16.3
CO3	Explain & interpret the Hormone Assay	CAN	DK	KH	CBL, CD, LRI, ML, RP	QZ, INT, M-CHT, VV-Viva, T-OBT	F&S	3	-	NLHT16.2
CO3, CO5	Explore the procedures of imaging Techniques in Gynaecology & Obstetrics	CAP	MK	KH	SIM, FV, X-Ray, CBL, D-M	T-OBT, VV-Viva, QZ, CL-PR, INT	F&S	3	-	NLHT16.3
CO3	Explain <i>Imtihaan-e-Naseej-e-Marzi</i> (Histopathological Examinations: Cervical & Endometrial Biopsy)	CAP	DK	K	LRI, DIS, SIM, RP, CD	T-CS, CL-PR, OSCE, VV-Viva, DOPS	F&S	3	-	NLHT16.4
CO3	Observe & assist procedure of Dilatation & Curettage and Dilatation & Evacuation	PSY-GUD	MK	KH	D-M, CBL, PT, SIM, PrBL	DOPS, CHK, DOPS, P-PRF, OSPE	F&S	3	-	NLHP16.4

CO4	Explain proper wound care including cleaning, dressing & packing and Demonstrate the steps of I&D.	PSY-GUD	MK	SH	PBL, L&GD, D-M, L&PPT, TBL	PRN, OSCE, DOPS, P-VIVA, P-PRF	F&S	3	-	NLHP16.5
CO3	Observe and describe the procedure of Cryosurgery	CAP	DK	KH	D-M, SIM, D-BED, CD, PT	VV-Viva, CL-PR, INT	F&S	3	-	NLHP16.6
CO3	Explain <i>Ambubi-Rahim Nigari</i> (Hysterosalpingography & Sonosalpingography)	CAP	DK	K	DIS, X-Ray, CD, PER, LRI	T-OBT, PA, INT, CHK, CL-PR	F&S	3	-	NLHT16.5
CO3, CO5	Explain <i>Tanzeerul Mahbil wa Rahim, Tanzeer ul Batan & Batan Beeni Hamrah Rangbeen</i> (Colposcopy & Hysteroscopy, Laparoscopy & Laparoscopy with Dye Instillations)	CAP	NK	KH	L_VC, IBL, L&PPT, DIS, CBL	T-OBT, QZ, VV-Viva, INT, PRN	F&S	3	-	NLHT16.6
CO3	Explain <i>Hawai Amboob Nigari</i> (Tubal Insufflation Test)	CAP	NK	KH	L&PPT, TUT, IBL, DIS, CBL	INT, VV-Viva, T-OBT, QZ	F&S	3	-	NLHT16.7

CO3, CO5	Explain <i>Shigaf-e-Batan</i> (Laparotomy), <i>Shigaaf-e-Rahim</i> (Hysterotomy), <i>Salaa Azli Leefi Barari</i> (Myomectomy)& <i>Rahim Barari</i> (Hysterectomy)	CAP	NK	KH	CD, L&PPT, TBL, SIM, IBL	CL-PR, VV-Viva, QZ, T-OBT, DOAP	F&S	3	-	NLHT16.8
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Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
NLHT16.1	Aseptic precautions & Diagnostic procedures.	<p>(Total duration: 30 Min)</p> <p>1. Hands-On Aseptic Technique Stations: (Duration: 30 minutes)</p> <p>Set up stations for practicing various aseptic techniques, such as Hand hygiene, Personal protective equipment (PPE), Sterile field preparation.</p> <p>OR</p> <p>Simulated Aseptic Diagnostic Procedure: (Duration: 30 minutes)</p> <p>Practice performing a simulated aseptic diagnostic procedure, such as a blood draw or catheter insertion, with emphasis on maintaining sterility throughout.</p> <p>OR</p> <p>Q&A: (Duration: 30 minutes)</p>

		<p>significance of aseptic technique and diagnostic accuracy in patient care. Emphasize how proper aseptic precautions reduce infection risks, and how accurate diagnostic interpretation guides effective treatment.</p>
NLHT16.2	Hormone Assay	<p>(Total duration: 30 Min)</p> <p>1. Case-Based Interpretation of Hormone Assay Results: (Duration: 30 minutes)</p> <p>Divide students into small groups, giving each group case scenarios with hormone assay results. Have each group present their case interpretation, explaining the significance of each hormone level in relation to the patient's symptoms.</p> <p>OR</p> <p>Role-Playing Patient Counseling: (Duration: 30 minutes)</p> <p>In each group, students role-play a session in which they explain hormone assay results to a "patient." The student should convey the findings, explain the potential diagnosis or management plan, and address patient questions sensitively.</p> <p>OR</p> <p>Reflection and Summary: (Duration: 30 minutes)</p>

		<p>Conclude with a summary of key points on hormone assays, discussing how these tests fit into broader diagnostic and management strategies in obstetrics and gynecology.</p>
<p>NLHT16.3</p>	<p>Imaging Techniques in Gynaecology & Obstetrics</p>	<p>(Total duration: 30 Min)</p> <p>1. Case-Based Imaging Interpretation: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> • Present case studies that include symptoms and imaging results (e.g., an abnormal ultrasound with suspected fibroids or an MRI with suspected endometriosis). • Have students interpret the images and suggest a diagnosis or possible next steps. <p>OR</p> <p>Ultrasound Imaging Workshop or Field visit: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> • Provide students with a demonstration of transabdominal and transvaginal ultrasound techniques. • Allow students to practice obtaining different types of scans (e.g., pelvic, obstetric, and fetal growth scans). • Simulate different scenarios such as identifying ovarian cysts, uterine fibroids, or measuring fetal crown-rump length. • Discuss sonographic markers for various conditions like ectopic pregnancy, multiple pregnancies, or uterine anomalies.

NLHT16.4	<p><i>Imtihaan-e-Naseej-e-Marzi</i> (Histopathological Examinations: Cervical & Endometrial Biopsy)</p>	<p>(Total duration: 30 Min)</p> <p>1. Demonstration of Biopsy Techniques: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> • Use pelvic models to demonstrate the technique for each procedure. <p>OR</p> <p>Group Discussion and Case Analysis: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> • In small groups, students discuss each case and interpret the results, drawing conclusions about potential diagnoses and appropriate management. Each group will present their findings, explaining the reasoning behind their interpretations. <p>OR</p> <p>Role play Patient Counselling: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> • In each group, students role-play a session in which they explain HPE" The student should convey the findings.
NLHT16.5	<p><i>Ambubi-Rahim Nigari</i> (Hysterosalpingography & Sonosalpingography)</p>	<p>(Total duration: 30 minutes)</p> <p>1. Hysterosalpingography (HSG) : (Duration: 15 minutes)</p> <p>Image Analysis:</p>

		<ul style="list-style-type: none">• Provide students with HSG images of normal and abnormal findings:• Normal tubal patency (bilateral dye spillage).• Blocked fallopian tubes (proximal or distal).• Uterine abnormalities (septum, fibroids, adhesions). <p>OR</p> <p>Simulation and Hands-On Practice:</p> <ul style="list-style-type: none">• Instrument Familiarization: Identify and handle HSG equipment: cervical cannulas, syringes, speculum, and fluoroscopy machine.• Simulated Procedure: Use anatomical models to practice: Cervical cannulation, simulating the injection of a contrast medium.• Observing contrast flow on fluoroscopy. <p>2. Sonosalpingography (SSG) : (Duration: 15 minutes)</p> <p>Classroom Learning (PPT or video clips):</p> <ul style="list-style-type: none">• Show video clips to students of SSG: A minimally invasive ultrasound-based technique to assess tubal patency.• Use of saline or contrast agents (e.g., foam contrast like ExEm Foam) to visualize the uterine cavity and fallopian tubes.• Assessment of uterine and tubal abnormalities.
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		<p>Procedure Steps:</p> <ul style="list-style-type: none"> • Positioning the patient and inserting the speculum. • Cervical cannulation and saline/contrast instillation. • Observing the flow of contrast through the tubes using transvaginal ultrasound.
NLHT16.6	<p><i>Tanzeerul Mahbil wa Rahim, Tanzeer ul Batan & Batan Beeni Hamrah Rangbeeni</i> (Colposcopy & Hysteroscopy, Laparoscopy & Laparoscopy with Dye Instillations)</p>	<p>(Total duration: 30 minutes)</p> <p>1. Lecture with PPT or Videoclips: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> • Review abdominal and pelvic anatomy, cervical anatomy, transformation zone, and blood supply. focusing on landmarks for trocar placement and internal organs. • Explain Indications (Diagnostic & Therapeutic) • Learn about Veres's needle insertion, pneumoperitoneum creation, trocar placement and colposcopes, acetic acid, Lugol's iodine, and biopsy forceps. • Understand laparoscopic instruments: camera, graspers, scissors, electro-surgical devices. • Understand the progression of cervical intraepithelial neoplasia (CIN) and human papillomavirus (HPV) infection. • Explain the Steps of the procedure positioning, speculum insertion, applying acetic acid and iodine, identifying abnormal areas, and biopsy. • Interpret the Findings

		<p>OR</p> <p>Case Discussions: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> Analyze colposcopic images and videos of actual cases. Discuss the findings and management plans. <p>OR</p> <p>Reflection and Q&A: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> Encourage the students to share their experiences and ask questions. Conduct a short quiz or ask students to outline the procedure steps verbally or in writing. Summarise the key points and clarify doubts.
NLHT16.7	<i>Hawai Amboob Nigari</i> (Tubal Insufflation Test)	<p>(Total duration: 30 minutes)</p> <p>1. Lecture with PPT or Video clips: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> Review the structure and function of the fallopian tubes. Understand the importance of tubal patency in female fertility. Learn about the uterine and ovarian anatomy in relation to the fallopian tubes. Its Indications & Contraindications Explain the Procedure Overview & how to interpret patient feedback (pain) and auscultation findings

		<ul style="list-style-type: none"> • Explain Alternative Procedures (Compare tubal insufflation with hysterosalpingography (HSG) and saline infusion sonohysterography (SIS)). <p>OR</p> <p>Case Discussions: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> • Present case studies of patients undergoing tubal insufflation. • Discuss outcomes and compare findings with alternative methods. <p>OR</p> <p>Reflection and Q&A: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> • Encourage students to share their experiences and ask questions. Conduct a short quiz or ask students to outline the procedure steps and clinical applications verbally or written. Summarise the key points and clarify doubts.
NLHT16.8	<p><i>Shigaf-e-Batan</i> (Laparotomy), <i>Shigaaf-e-Rahim</i> (Hysterotomy), <i>Salaa Azli Leefi Barari</i> (Myomectomy)& <i>Rahim Barari</i> (Hysterectomy)</p>	<p>(Total duration: 30 minutes)</p> <p>1. Lecture with PPT or Video clips: (Duration: 30 min)</p> <ul style="list-style-type: none"> • Review the female reproductive system, including uterine structure, blood supply, and surrounding organs & Understand the pelvic cavity, including its layers and landmarks.

		<ul style="list-style-type: none">• Understand the conditions necessitating a hysterotomy (e.g., cesarean delivery, uterine abnormalities).• Learn the indications for hysterectomy (fibroids, cancer, endometriosis, uterine prolapse, etc.).• Discuss laparotomy indications (trauma, diagnostic exploration, or other surgeries).• Learn the differences between abdominal, vaginal, and laparoscopic approaches.• Discuss preoperative, intraoperative, and postoperative care.• Understand potential complications such as infection, hemorrhage, and injury to surrounding organs. <p>OR</p> <p>Simulation-based Learning: (Duration: 30 minutes)</p> <ul style="list-style-type: none">• Hysterotomy: Practice on anatomical models or virtual simulations for uterine incision techniques. Explore suturing techniques used to close uterine incisions.• Hysterectomy: Practice identifying key anatomical landmarks using simulations or cadaveric dissection.
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		<p>Learn basic steps of total abdominal hysterectomy (TAH), laparoscopic-assisted vaginal hysterectomy (LAVH), and robotic hysterectomy.</p> <ul style="list-style-type: none"> • Laparotomy: <p>Perform laparotomy incision techniques (e.g., midline or Pfannenstiel incision).</p> <p>Practice opening and closing the abdominal wall.</p> <p>OR</p> <p>Reflection and Q&A: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> • Encourage Students to ask questions. Conduct a short quiz or ask students to outline the procedure steps verbally. Summarise the key points and clarify doubts. <p>OR</p> <p>Instrument Identification and Handling: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> • Familiarize students with instruments such as: Scalpels, forceps, clamps (Heaney, Allis), Uterine elevators, speculums, and retractors. Electrocautery tools and laparoscopic instruments.
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity
NLHP16.1	Various Ilaj bit Tadbeer methods used in Gynecology & Obstetrics	<p>(Total duration: 2 Hours)</p> <p>1. Case-Based Assignments for Therapeutic Applications: (Duration: 120 minutes)</p> <p>Divide students into small groups, assigning each a case that may benefit from regimenal therapies.</p> <p>OR</p> <p>Demonstration and Hands-On Practice:(Duration: 120 minutes)</p> <p>Set up different stations for the demonstration and practice of regimenal therapies, such as: Hijamah (Cupping therapy), Dalak (Massage therapy), Hammam (Hydrotherapy), Leech Therapy, Sitz bath etc.</p> <p>OR</p> <p>Role-Playing Patient Counseling: (Duration: 120 minutes)</p> <p>Each group practices counselling the "patient" in their assigned case scenario, explaining the selected therapy, benefits, risks, and aftercare instructions.</p>
NLHP16.2	VIA, Schiller's, High Vaginal Swab & their Screening Procedures.	<p>(Total duration: 2 Hours)</p> <p>1. Demonstration of each Procedure: (Duration: 120 minutes)</p>

		<p>Use pelvic models to demonstrate the proper techniques.</p> <p>OR</p> <p>Hands-On Practice with Models: (Duration: 120 minutes)</p> <p>Divide students into small groups and have them practice each procedure on pelvic models under supervision.</p> <p>OR</p> <p>Case-Based Interpretation Practice: (Duration: 120 minutes)</p> <p>Provide case scenarios with hypothetical results for VIA, Schiller's test, and high vaginal swab analysis.</p> <p>OR</p> <p>Reflection and Group Discussion: (Duration: 120 minutes)</p> <p>Conclude with a reflection on the importance of VIA, Schiller's test, and high vaginal swabs in early detection of cervical changes and infection screening.</p>
NLHP16.3	<i>Imtihaan-e-Khalvi</i> (Pap's Smear Test) & procedure of screening for cervical cancer	<p>(Total duration: 1 Hour)</p> <p>1. Demonstration of Pap Smear Technique: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> • Use a detailed pelvic model (preferably one with an artificial cervix) to show the students the correct way to perform a Pap

smear. Demonstrate how to insert the speculum, collect cells from the cervix using a spatula and cytobrush, and explain the steps involved in the procedure.

Hands-On Practice with Models: (Duration: 30 minutes)

- Divide students into small groups and allow them to practice the Pap smear collection technique on pelvic models.
- Use artificial cervixes or teaching models with synthetic material to practice collecting cells using a spatula or cytobrush.
- Students should be guided on how to gently rotate the tool to collect an adequate sample and how to preserve the sample for transportation to the laboratory.

OR

2. Cytology Slide Interpretation & Discussion: (Time Duration: 30 minutes)

- Provide students with a set of cytology slides that contain different types of cervical cell samples (e.g., normal, atypical, squamous intraepithelial lesions, and cancerous cells). Ask students to identify and categorize the slides based on the presence of abnormal cells.
- In small groups, students discuss each case and interpret the results, drawing conclusions about potential diagnoses and

		<p>appropriate management. Each group will present their findings, explaining the reasoning behind their interpretations.</p> <ul style="list-style-type: none"> • Conclude with a reflection on the importance of Paps Smear in the early detection of cervical changes and infection screening. <p>OR</p> <p>Peer Review: (Time Duration: 30 minutes)</p> <p>Learners perform the procedure in small groups. Each group provides constructive feedback on techniques and areas of improvement.</p>
NLHP16.4	Dilatation & Curettage (D&C) and Dilatation & Evacuation (D&E)	<p>(Total Duration: 1 Hour)</p> <p>1. Simulated D&C on Models: (Duration: 60 minutes)</p> <ul style="list-style-type: none"> • Use anatomical models of the uterus or synthetic practice models designed for medical training. • Students can practice the insertion of the speculum, the dilation of the cervix using graduated dilators, and the curettage process using simulated instruments. • The goal is to teach the technique of gentle, controlled movements to avoid injury to the uterine walls or cervix. • An instructor can guide them through the process, providing feedback on technique, hand positioning, and instrument handling.

		<p style="text-align: center;">OR</p> <p>Case scenario: (Duration: 60 minutes)</p> <ul style="list-style-type: none"> • Present students with different clinical scenarios (e.g., miscarriage, heavy bleeding, etc.) and ask them to plan the necessary diagnostic or therapeutic approach, including whether D&C is required. • Discuss the risks and indications for the procedure, as well as the steps to manage potential complications such as uterine perforation or infection. <p style="text-align: center;">OR</p> <p>Review of Surgical Instruments: (Duration: 60 minutes)</p> <ul style="list-style-type: none"> • Display the surgical instruments required for D&C (e.g., uterine curette, cervical dilators, speculum, etc.). • Students can learn about the different types of instruments and their functions, and practice handling them in a sterile environment. • This also includes understanding proper sterilization and handling techniques for surgical tools.
NLHP16.5	Proper wound care (Cleaning, Dressing & Packing), and steps of I&D.	<p>(Total duration: 1 Hour)</p> <p>1. PPT & Video clips: (Duration: 15 minutes)</p>

		<ul style="list-style-type: none"> • Understanding Abscesses & its Common sites • Explain Indications ,Contraindications & Complications for I&D • Explain Procedure Overviews like preparation, consent, sterile setup, anesthesia, Post-procedure care, and follow-up. <p>2. Simulation-Based Learning: (Duration: 30 minutes)</p> <ul style="list-style-type: none"> • Abscess Models: Use silicone or gel-based abscess models to simulate I&D. Allow students to practice making incisions, draining pus, and packing the cavity. • Local Anesthesia Simulation: Practice injecting a local anesthetic into simulated tissue. Teach techniques for achieving adequate anesthesia before the incision. <p>3. Instrument Handling: (Duration: 15 minutes)</p> <ul style="list-style-type: none"> • Familiarize students with instruments like scalpels, forceps, and retractors. Practice loading blades onto scalpels and maintaining sterility.
NLHP16.6	Cryosurgery	<p>(Total duration: 1 Hour)</p> <p>1. Documentation: (Duration: 60 minutes)</p> <ul style="list-style-type: none"> • Train students to document the lesion size, cryogen used, freezing duration, and any complications. • Write post-procedure instructions.

		<p>OR</p> <p>Simulation-Based Learning : (Duration: 60 minutes)</p> <ul style="list-style-type: none"> • Cryosurgery on Models: Use anatomical models (e.g., cervical or skin lesion models) to simulate the application of cryogens. Practice cryoprobe handling and accurate targeting of lesions. • Cryogen Handling: Teach students to handle liquid nitrogen or nitrous oxide safely. Simulate proper storage, preparation, and disposal of cryogenic materials. <p>OR</p> <p>Clinical Observation and Assistance: (Duration: 60 minutes)</p> <ul style="list-style-type: none"> • Observation: Arrange clinical rotations for students to observe live cryosurgery procedures in, Gynecology clinics for cervical lesions. • Hands-On Assistance: Allow students to assist with preparing instruments and cryogens, positioning patients and maintaining sterile conditions, post-procedure cleanup and patient education.
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Paper 2 علم القبالت، Ilm al-Qabālat [Obstetrics]

A3 Course outcome	B3 Learning Objective (At the end of the session, the students should be able to)	C3 Domain /sub	D3 MK /	E3 Level	F3 T-L method	G3 Assessment	H3 Assessment Type	I3 Ter m	J3 Integratio n	K3 Type
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			DK/ NK							
Topic 17 توليد کے بنيادی اصول Tauleed ke bunyadi Uṣūl (Fundamentals of Reproduction) : (LH : 4, NLHT: 0, NLHP: 0 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO2	Explain the mechanism of Tabvez (Ovulation), Amal e Barawri (Fertilization), Amal e Tanseeb (Implantation) and changes in deciduas	CAN	MK	KH	L, CBL, L&PPT, D-M	PP-Practical, CL-PR, P-VIVA	F&S	1	-	LH
CO1	Summarize the basic embryology of the fetus, enlist factors influencing the fetal growth and development & define teratogenicity	CC	MK	KH	L_VC, L&PPT, L	CL-PR, M-CHT, M-MOD	F&S	1	-	LH
CO1	Discuss Janeeni doran-e-Khoon (Foetal Circulation) & changes at birth.	CC	MK	KH	D-M, L&PPT, KL, L, L_VC	M-CHT, M-MOD, CL-PR	F&S	1	-	LH
Non Lecture Hour Theory										
S.No	Name	Description of Theory Activity								
Non Lecture Hour Practical										
S.No	Name	Description of Practical Activity								
Topic 18 مشیمہ، اگھشیہ جنین، رطوبت امینوسی اور خبل السره Mashīma, Aghshiya-i-Janīn, Ruṭūbat-i-Amīnūsiyya wa Hablussurrah (The Placenta, Fetal Membranes, Amniotic Fluid & Umbilical Cord) (LH : 4, NLHT: 0, NLHP: 0 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3

CO1, CO2	Explain the development, structure, circulation & functions of the normal placenta & define the types of Abnormal Placenta	CC	MK	KH	L&PPT , L_VC, SIM, L	QZ , CL-PR, T-OBT, M- CHT	F&S	1	-	LH
CO1, CO2	Explain the Aghshiyae Janeen (Foetal Membranes) and its function	CC	MK	KH	L&PPT , L, L_VC, SIM	COM, VV- Viva, S-LAQ	F&S	1	-	LH
CO1, CO2	Summarize the characteristics of Tabai wa Ghair Tabai Ratoobat-e-Aminoosi (Amniotic Fluid & its Abnormalities) & enlist its function	CC	MK	KH	L&PPT , L, L_VC	VV-Viva, QZ	F&S	1	-	LH
CO1, CO2	Explain the development, structure, and characteristics of the <i>Tabie wa Ghair Tabayi Hablussurah</i> (Umbilical Cord & its Abnormalities)	CC	MK	KH	L, L_VC, SIM	M-CHT, M- MOD, VV- Viva	F&S	1	-	LH
Non Lecture Hour Theory										
S.No	Name				Description of Theory Activity					
Non Lecture Hour Practical										
S.No	Name				Description of Practical Activity					
Topic 19 حمل (Pregnancy) (LH : 6, NLHT: 4, NLHP: 6 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO7	Describe the objectives & advantages of preconceptional counseling.	CAN	MK	KH	L&GD, RP, IBL, DIS, PL	VV-Viva, INT	F&S	1	-	NLHT19.1

CO1, CO7	Explain PNDT act ,preconceptional care and prenatal diagnosis	CC	MK	KH	BS, IBL	INT, VV-Viva	F&S	1	-	LH
CO7	Discuss the Legal and Ethical Issues in Obstetric Practices	CC	MK	KH	L, L&PPT , L&GD	INT, COM	F&S	1	-	LH
CO1, CO2	Explain the <i>Hamal ke Tabie Taghayyurat</i> (Anatomical & Physiological changes during pregnancy)	CAP	MK	KH	SIM, L&GD, PER, DIS, D- M	INT, VV-Viva, CBA, P-ID, M-CHT	F&S	1	-	NLHT19.2
CO2, CO3	Evaluate and assess the <i>Hamal Ki Alamat wa Nishaniyan</i> (Signs & Symptoms of Pregnancy) & <i>Hamal ki Tashkhees</i> (Diagnosis of Pregnancy)	CE	MK	SH	DIS, D- M, RP, SIM, PL	OSPE, P- EXAM, PA, P-CASE, CL- PR	F&S	1	-	NLHP19.1
CO2	Elicit & document Gestational Age, Expected Date of Delivery (EDD) & Obstetric Formula	PSY- GUD	MK	KH	DIS, CBL, L&GD, RP, ML	CL-PR, T- CS, QZ , S- LAQ, PA	F&S	1	-	NLHT19.3
CO1, CO4	Define <i>Hamal-e- Kazib / Rijaa'</i> (Pseudocyesis /False Pregnancy)	CK	MK	KH	REC, L&PPT , RP	S-LAQ, VV- Viva	F&S	1	-	LH
CO1, CO3, CO6	Enumerate the objectives of <i>Hamla ki Nigahdasht</i> (antenatal care) & Illustrate the screening for high-risk factors, procedures	CAP	MK	SH	CD, L&GD,	S-LAQ, SBA, VV-Viva, T- CS, DEB	F&S	1	-	NLHT19.4

	of visits & antenatal advice & management of minor ailments in Pregnancy				CBL, IBL, BS					
CO1, CO5	Enlist Various National Health Programs in Obstetrics	CK	DK	K	DIS, L_VC, PL, KL, W	VV-Viva, COM, INT, M-CHT, P- REC	F&S	1	V-TST	NLHP19.2

Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
NLHT19.1	Preconceptional counseling	<p>(Total duration- 1 Hour)</p> <p>1. Group discussion: (Duration- 60 min)</p> <p>Divide students into groups and have to discuss preconception counseling and care.</p> <p>OR</p> <p>Role-playing Scenarios: (Duration- 60 min)</p> <p>Divide students into pairs or small groups. Assign one student to play the role of a healthcare provider and the other as a client seeking counseling. Use different scenarios: one where the woman has a medical condition (e.g., diabetes, hypertension), another where lifestyle factors like smoking or obesity are concerns, and another where genetic counseling is needed. After each session, have students provide</p>

		<p>feedback to each other on their communication techniques and the advice given.</p> <p>OR</p> <p>Interactive Q&A with a Healthcare Provider: (Duration- 60 min)</p> <p>Arrange a guest speaker session with a healthcare provider (e.g., obstetrician-gynecologist, genetic counselor, dietitian) who specializes in preconception care. Allow students to ask questions about the common challenges, advice given during counseling, and recent advances in the field. This could be done as a Q&A session or as a case study discussion led by the professional.</p>
NLHT19.2	Anatomical & Physiological changes during pregnancy	<p>(Total duration- 1 Hour)</p> <p>1. Group Presentation & Discussion: (Duration- 60 min)</p> <p>Divide students into small groups and assign each group one physiological change to research and present. After research, each group will present their findings and demonstrate the impact of these changes on the body.</p> <p>OR</p> <p>Demonstration on 3D Model: (Duration- 60 min)</p> <p>Use 3D models or interactive digital tools that show the changes in the female reproductive system and fetus development during pregnancy.</p>

		<p>Have students examine the models, focusing on key changes such as the growth of the uterus, the position of the baby, and the hormonal changes influencing the body. Students can compare a non-pregnant model with a pregnant one, highlighting differences in organ position, size, and structure.</p> <p>OR</p> <p>Video Case Studies: (Duration- 60 min)</p> <p>Show video clips of pregnant women discussing their experiences with various changes. Afterward, have a class discussion or Q&A session, where students can compare these real-world examples with the theoretical knowledge they've learned.</p>
NLHT19.3	Calculation of Gestational Age, Expected Date of Delivery (EDD) & Obstetric Formula	<p>(Total duration- 1 Hour)</p> <p>1. Case-based learning: (Duration- 60 min)</p> <p>Students are provided with case scenarios in which they must calculate the gestational age and determine the expected date of delivery (EDD) using Naegele's rule or clinical findings.</p> <p>OR</p> <p>Group discussion: (Duration- 60 min)</p>

		<p>Divide students into groups & have them calculate the Gestational age, EDD & Obstetric formula using different methods.</p> <p>OR</p> <p>EDD Quiz: (Duration- 60 min)</p> <p>Prepare a set of flashcards with various questions related to EDD and pregnancy (e.g., “What is Naegele’s Rule?” or “How do you calculate EDD?”). Students can take turns drawing flashcards and answering questions. Alternatively, you can create a quiz with multiple-choice or short-answer questions to reinforce the concept.</p> <p>OR</p> <p>Using Online Tools and Apps: (Duration- 60 min)</p> <p>Introduce students to reputable online EDD calculators or pregnancy apps. Have students input a variety of LMP dates into these tools and compare results. Discuss how the apps take into account different cycle lengths and adjust the calculation accordingly.</p>
NLHT19.4	Antenatal care, screening & management of minor ailments in pregnancy	<p>(Total duration: 1 hour)</p> <p>1. Case-Based Learning: (Duration- 60 min)</p>

		<p>Present case scenarios where students analyze & suggest the appropriate management for Ante-Natal Cases including screenings, minor ailments & complications.</p> <p>OR</p> <p>Group Presentation & Discussion: (Duration- 60 min)</p> <p>Divide students into small groups and assign them topics related to antenatal care, high-risk factors in pregnancy, and developing ANC plans for women with such factors. Each group will research and create a presentation to deliver a comprehensive antenatal education session to their peers or a simulated patient. After the presentation, facilitate a discussion on the best ways to deliver antenatal care education in a culturally sensitive and patient-friendly manner.</p>
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity
NLHP19.1	Signs and Symptoms & Diagnosis of Pregnancy	<p>(Total duration: 4 hours)</p> <p>1. Case-Based Learning: (Duration- 60 min)</p> <p>Provide students with a variety of case studies describing women at different stages of pregnancy or suspected pregnancies. Include details about their age, health history, lifestyle, and reported symptoms. Ask students to identify common signs and symptoms of pregnancy such as missed periods, nausea, breast tenderness, frequent urination, and</p>

fatigue. Students should discuss whether these symptoms indicate pregnancy or other possible conditions.

OR

Peer Review: (Duration- 60 min)

In a group setting, students can assess each other's diagnostic process, providing constructive feedback to improve history taking-clinical examination & diagnostic reasoning.

2. Pregnancy Simulation with a Model: (Duration- 120 min)

Use a high-fidelity simulation manikins or pregnancy model (either a doll or 3D model) to show physical changes during pregnancy, such as belly growth, fetal movement, and changes in the body. Students can practice palpating the abdomen to simulate checking for fetal movement or size changes at different pregnancy stages. Discuss how each symptom could relate to pregnancy, as well as other possible causes.

OR

Role-Playing Pregnancy Scenarios: (Duration- 120 min)

Divide students into pairs or small groups. Assign one group member to act as a woman experiencing pregnancy symptoms and others as healthcare professionals. Have the students role-play a scenario where they identify and discuss pregnancy symptoms, the decision to take a pregnancy test, and the subsequent care or advice given. After the role-

		<p>play, discuss the different signs and how they are confirmed with medical tests.</p> <p>3. Fundal Height Measurement Practice : (Duration- 60 min)</p> <p>Teach students how to perform and interpret fundal height measurements. In small groups, have students practice measuring the fundal height of a manikins or peer, simulating a real-life scenario. Demonstrate how to measure the distance from the pubic symphysis to the top of the uterine fundus. Discuss how to interpret the findings based on gestational age (e.g., measuring fundal height and comparing it to gestational age).</p>
NLHP19.2	Various National Health Programs in Obstetrics	<p>(Total duration: 2 hours)</p> <p>1. Health Education and Awareness Campaign: (Duration- 120 min)</p> <p>Organize a campaign where students create educational materials (flyers, posters, videos) on maternal health, focusing on government schemes and services like immunization, antenatal care, and institutional deliveries. Set up a mock antenatal health camp where students simulate providing maternal health care services, including counseling, screenings, and follow-up for national programs.</p> <p>OR</p> <p>Workshops: (Duration- 120 min)</p>

		Organise workshops where students will be aware of various national health programs.								
Topic 20 انہ کے زائد اور جمجمہ جین Ana-i-zanāna aur jumjuma-i-Janīn (Female Pelvis & Fetal Skull) : (LH : 1, NLHT: 2, NLHP: 4 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO2	Enumerate & Interpret the Fetal Skull & its Diameters along with diagram and Maternal Pelvis & its types with labelled diagram.	CC	MK	KH	DIS, D-M, SIM	S-LAQ, P-MOD, M-POS, VV-Viva, CL-PR	F&S	1	V-TB	NLHP20.1
CO3	Define Ana e Munqabiz (Contracted Pelvis), Elaborate the diagnosis of contracted pelvis	CC	MK	KH	L&PPT , L_VC	COM, CL-PR, QZ	F&S	1	-	LH
CO2, CO3	Explain the etiology and diagnosis of Cephalopelvic disproportion.	CC	DK	KH	DIS, L_VC, D-M, D-BED, CD	VV-Viva, T-OBT, INT, CL-PR	F&S	1	-	NLHT20.1
Non Lecture Hour Theory										
S.No	Name	Description of Theory Activity								
NLHT20.1	Cephalopelvic disproportion (CPD)	<p>(Total duration- 120 min)</p> <p>1. Lectures & Interactive Sessions: (Duration- 60 min)</p> <p>Use case studies & videos of real life scenarios to reinforce the theoretical understanding of CPD.</p>								

		<p>2. Assessment of Cephalic and Pelvic Proportions: (Duration- 60 min)</p> <p>Provide students with various fetal head models (e.g., large and small) and ask them to assess how well the fetal head would fit through the maternal pelvis. Measure the diameter of the fetal head and compare it to the pelvic inlet to determine if there is a mismatch. Discuss the concept of cephalopelvic disproportion (CPD) and its implications for delivery.</p>
<p>Non Lecture Hour Practical</p>		
<p>S.No</p>	<p>Name</p>	<p>Description of Practical Activity</p>
<p>NLHP20.1</p>	<p>Fetal skull & Maternal pelvis</p>	<p>(Total duration- 4 Hours)</p> <p>1. Interactive Sessions with 3D Model Demonstration: (Duration- 120 min)</p> <ul style="list-style-type: none"> • Demonstration of Fetal Skull Anatomy: The teacher will show the key parts of the fetal skull, including the fontanelles (soft spots), sutures, and bones (e.g., frontal, parietal, occipital). Explain how the fontanelles allow flexibility during birth. • Palpation Exercise: Have students feel the fetal skull model one by one. Let students palpate to feel the sutures and fontanelles to understand how the skull changes during labor. Discuss the importance of this flexibility for passage through the birth canal. • Maternal Pelvis Anatomy and measurement: Introduce the components of the maternal pelvis (pelvic inlet, midpelvis, and

		<p>pelvic outlet). Explain the different pelvic shapes (gynecoid, android, anthropoid, and platypelloid).</p> <ul style="list-style-type: none"> • Interactive Measurement Exercise: Have students use measuring tapes to measure the pelvic inlet, midpelvis, and pelvic outlet on the model to understand how dimensions affect the birth process. Discuss the implications of different pelvic shapes for vaginal delivery. <p>2. Simulation: (Duration- 120 min)</p> <p>Use obstetric simulators to follow students to practice palpating fetal presenting parts & assessing pelvic adequacy.</p>
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Topic 21 رحم و عائد سے جنین کا رشتہ اور رحم میں جنین کا ارتقاء **Raḥim-wa-'Ana se janīn ka rishta aur Raḥim me janīn ka irteqā'** : (Fetopelvic Relationship & Fetus in Utero) (LH : 0, NLHT: 3, NLHP: 3 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO2, CO3	Describe the Lie, Presentation, Presenting Part, Attitude, Denominator & Position of the fetus	CC	MK	KH	CBL, TPW, SIM, D-BED, CD	S-LAQ, VV-Viva, T-OBT, T-CS	F&S	1	-	NLHT21.1
CO2, CO3	Demonstrate the Methods of Obstetrical examination including Leopold maneuvers (Abdominal) and Pelvic (Internal) examination	PSY-MEC	MK	SH	TUT, D-BED, D-M, L_VC, CD	VV-Viva, P-VIVA, P-EXAM, DOPS, S-LAQ	F&S	1	-	NLHP21.1

Non Lecture Hour Theory		
S.No	Name	Description of Theory Activity
NLHT21.1	Lie, Presentation, Presenting Part, Attitude, Denominator & Position of the fetus in uterus	<p>(Total duration- 3 Hours)</p> <p>1. Case studies and discussions: (Duration- 60 min)</p> <p>Present real or hypothetical case studies where students must determine the fetal positions based on palpation findings. Discuss how variations in the maternal pelvis or fetal positioning could affect labor and delivery outcomes.</p> <p>2. Simulation models: (Duration- 120 min)</p> <p>Provide students with 3D simulation models of pregnant uteruses where they can manipulate the fetal positions manually. Show how different fetal positions (cephalic, breech, transverse) affect delivery. Let students practice positioning the fetal skull in different positions relative to the maternal pelvis. After the simulation, have a group discussion to reflect on the experience.</p> <p>OR</p> <p>Diagram activity: (Duration- 120 min)</p> <p>Have students label and draw diagrams of various fetal positions (e.g; cephalic, breech, transverse) on anatomical models or paper.</p>
Non Lecture Hour Practical		

S.No	Name	Description of Practical Activity
NLHP21.1	Methods of Obstetrical examinations	<p>(Total duration- 3 Hours)</p> <p>1. Demonstrations & video tutorials: (Duration- 120 min)</p> <p>Use videos to show step-by-step demonstrations of Leopold's maneuvers and pelvic examinations, helping students visualize & understand the technique.</p> <p>2. Guided practice: (Duration- 60 min)</p> <p>Clinical duties where students perform Leopold's maneuvers and pelvic examinations on real patients under close supervision with feedback on technique & accuracy.</p>

Topic 22 طبي وضع حمل Tabā-i waḍa'-e-Ḥaml (Normal Labor) (LH : 2, NLHT: 5, NLHP: 25 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO3, CO4	Describe Normal Labor, causes of the onset of labor, and stages, and demonstrate its Mechanism & Management)	CAP	MK	SH	L&PPT , REC, PL, L_VC, TBL	S-LAQ, T- CS, VV-Viva, CL-PR	F&S	2	-	LH
CO3	Demonstrate the principles of IM/IV injections/NS/RL Techniques	PSY- MEC	MK	SH	CD, PL, D-M, DA	P-PRF	F&S	2	H-IJ	NLHP22.1

CO3, CO4	Demonstrate Normal Labor on Manikins & Simulators	PSY-MEC	MK	SH	CD, SIM, D-M, L_VC, L&GD	S-LAQ, T-CS, P-CASE, P-VIVA	F&S	2	-	NLHP22.2
CO3	Demonstrate the technique of Catheterization on the Simulator	PSY-MEC	MK	SH	SIM, D-M, CD	P-PRF, DOPS	F&S	2	H-IJ	NLHP22.3
CO3	Observe & Chart Partograph	PSY-COR	MK	SH	D-BED, CD, CBL, PSM	RK, P-VIVA, P-CASE, VV-Viva	F&S	2	-	NLHP22.4
CO3, CO4	Observe and describe Amniotomy	PSY-MEC	MK	SH	CBL, SIM, D-BED, CD	P-POS, PRN, T-CS	F&S	2	-	NLHP22.5
CO3	Document the normal delivery notes	PSY-GUD	MK	KH	PBL, DIS, CD, PL, CBL	P-CASE, CWS, RK, Log book	F&S	2	-	NLHP22.6
CO1, CO4, CO6	Explain the immediate care of newborn (<i>Nauzaida Ki Nighahdashṭ</i>)	CAP	MK	KH	D-BED, W, CBL, DIS, FV	DOPS, P-EN, CHK, P-VIVA, P-PRF	F&S	2	-	NLHT22.1

CO1, CO4	Define Induction of Labor, its indications & contraindications, and enlist the methods of Cervical ripening & Induction of labor	CAP	NK	K	CBL, PER, DIS, TBL, D-BED	CL-PR, P-VIVA, QZ, PRN, SBA	F&S	2	-	NLHT22.2
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Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
NLHT22.1	Immediate care of newborn	<p>(Total duration- 3 Hours)</p> <p>1. Hands-on workshop: (Duration- 120 min)</p> <p>Use newborn manikins or high-fidelity simulators to stimulate various delivery scenarios. Students can practice essential tasks such as APGAR Scoring, Clearing the airways, Drying the newborn, Clamping and cutting the cord, and administering vitamin K injections.</p> <p>OR</p> <p>Guest Lecture or Field Visit on Immediate Care of Newborn: (Duration- 120 min)</p> <p>A guest lecture by a neonatology, obstetrics, or pediatric care expert would provide students with valuable insights into the importance and procedures involved in newborn care.</p>

		<p>Field visits can take place in hospitals, delivery rooms, or neonatal units. The focus of the field visit should be on observing and performing practical tasks under the supervision of experienced practitioners.</p> <p>2. Newborn Assessment Checklist: (Duration- 60 min)</p> <p>Teach students how to perform a thorough physical exam on a newborn. Go over a comprehensive newborn assessment checklist (e.g., head-to-toe examination, APGAR Scoring, and physiological status).</p>
NLHT22.2	Methods of Induction of labor (IOL)	<p>(Total duration- 2 Hours)</p> <p>1. Symposium: (Duration- 60 min)</p> <p>Assign each group a specific method of induction (e.g.; prostaglandins, oxytocin, mechanical dilation) to research. Have them present the indications, procedure, contraindications, and benefits to the rest of the class.</p> <p>2. Case Scenario Discussions: (Duration- 60 min)</p> <p>Present various clinical scenarios where IOL might be indicated (e.g., post-term pregnancy, gestational hypertension, preeclampsia, or intrauterine growth restriction). Students should discuss the appropriate indications for IOL, contraindications, and the choice of methods for induction (e.g., prostaglandins, oxytocin, mechanical methods).</p>

		<p>Students can work in groups to create management plans based on the case scenario.</p> <p>OR</p> <p>Quiz: (Duration- 60 min)</p> <p>Create a quiz or flashcards to test students on the different methods of induction, indications, contraindications, and complications.</p>
Non Lecture Hour Practical		
S.No	Name	Description of Practical Activity
NLHP22.1	Principles of IM/IV injections/NS/RL Techniques	<p>(Total duration- 3 Hours)</p> <p>1. Demonstration on models: (Duration- 120 min)</p> <p>Perform a live demonstration using practice manikins or simulation kits. Discuss the correct needle angle, depth, and method of insertion for both IM/IV injections and NS/RL techniques. Explain the step-by-step procedure and answer the questions.</p> <p>2. Peer Learning: (Duration- 60 min)</p> <p>After students practice the IM/IV/NS/RL technique, have them work in pairs to assess each other's techniques and provide feedback on areas of improvement, focusing on proper technique and safety protocol.</p>
NLHP22.2	Mechanism of Normal Labor	<p>(Total duration- 12 Hours)</p>

		<p>1. Simulation-based training: (Duration- 4 Hours)</p> <ul style="list-style-type: none">• Set up a simulated delivery room with manikins using high-fidelity birthing simulators that come with a neonate, which helps to create realistic scenarios.• Have students simulate the steps of a normal vaginal delivery, with the fetal skull navigating the maternal pelvis.• Let students rotate the fetal skull to demonstrate the cardinal movements of labor (engagement, descent, flexion, internal rotation, extension, external rotation, and expulsion).• Discuss each movement and how it helps facilitate the passage of the baby through the birth canal. <p>2. Animated video clips: (Duration- 4 Hours)</p> <p>Provide a video showing real-life or animated depictions of labor, highlighting stages and steps of normal labor. Afterward, students can review and discuss the video, identifying each stage and the fetal movements.</p> <p>OR</p> <p>Guest lecturers from Experts: (Duration- 4 Hours))</p> <p>Invite an Obstetrician and Pediatrician to give a lecture on understanding the stages of labor, charting partograph, pain</p>
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		<p>management techniques, postpartum care, recovery, and common myths and misconceptions about labor.</p> <p>3. Labor and Birth Assessment Checklist: (Duration- 120 min)</p> <p>Provide students with a checklist that includes an assessment of vital signs, cervical exam findings, fetal heart tones, contraction patterns, and maternal comfort. Have students practice using the checklist during a mock labor scenario.</p> <p>4. Case Study and Group Discussion: (Duration- 120 min)</p> <p>Provide students with a case study of a normal labor (or one with mild complications). Have students work in groups to discuss the steps in care, potential issues, and how to manage them. Afterward, conduct a class discussion on the findings and provide feedback.</p>
NLHP22.3	Technique of Catheterization	<p>(Total duration- 2 Hours)</p> <p>1. Demonstration on models: (Duration- 120 min)</p> <p>Students observe the procedure & then practice it on models under the guidance of a doctor.</p> <p>OR</p> <p>Practical Performance: (Duration- 120 min)</p>

		Student actively engages in skills, related to catheterization technique under guidance by a doctor.
NLHP22.4	Charting Partograph	<p>(Total duration- 4 Hours)</p> <p>1. Bedside Demonstration: (Duration- 120 min)</p> <p>Students observe normal labor & simultaneously perform charting partographs under the guidance of a doctor.</p> <p>2. Partograph interpretation quiz: (Duration- 120 min)</p> <p>Present a completed partograph with various details about labor progress and complications. Ask students to answer questions related to the interpretation of the graph.</p>
NLHP22.5	Amniotomy procedure	<p>(Total duration- 2 Hours)</p> <p>1. DOPS (Directly Observe the Procedural Skill and Assist: (Duration- 120 min)</p> <p>Students can directly observe or assist the procedure being performed in a clinical setting under the supervision of an experienced practitioner.</p> <p>OR</p> <p>Simulated Practice: (Duration- 120 min)</p> <p>Using a labor manikin or a pelvic model to practice the steps of amniotomy procedure in a safe, and controlled environment.</p>

NLHP22.6	Notes of normal delivery	<p>(Total duration- 2 Hours)</p> <p>1. Assignments: (Duration- 60 min)</p> <p>Divide students into small groups and assign each group a specific case to analyze. This method encourages groups to work together to review the case & then students discuss it with a teacher.</p> <p>2. Peer Review: (Duration- 60 min)</p> <p>After writing, have students exchange their notes with a classmate for feedback and they should check for clarity, accuracy, and appropriate language.</p> <p>OR</p> <p>Mock Patient Charting: (Duration- 60 min)</p> <p>Provide students with a sample patient chart that includes sections like admission history, labor progress, delivery details, and postpartum care. Simulate a normal delivery and ask students to fill in the appropriate details based on the information given (e.g., labor progress, vital signs, medications, and interventions). Include real-life scenarios where students may need to document any changes or complications.</p>									
Topic 23 غیبرطبی وضع حمل اور غیرطبی تقدیرات Ghaiyr Ṭabī'ī Waḍa'-e-Ḥaml wa Ghaiyr Ṭabī'ī taqdeemat (Abnormal Labour & Abnormal Presentations) : (LH : 5, NLHT: 0, NLHP: 0 hours)											
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3	

CO1, CO5	Identify Prolonged labor & Obstructed Labor, its causes, diagnosis & complications	CK	MK	K	L&PPT , L, L_VC, REC, L&GD	VV-Viva, PRN, S-LAQ, T-CS	F&S	2	-	LH
CO1, CO5	Define Occipito Posterior Position (OP), its diagnosis, mechanism of labor & complications	CK	DK	K	L&GD, REC, SY, L, L_VC	VV-Viva, T- CS, PRN, S- LAQ	F&S	2	-	LH
CO1, CO5	Define Deep Transverse Arrest (DTA)	CK	NK	K	SY, L, L&PPT , D, REC	PRN, S-LAQ, VV-Viva, T- CS	F&S	2	-	LH
CO1	Outline Breech Face & Brow presentation, its varieties, etiology, diagnosis and complications	CK	DK	K	REC, L, L&GD, L&PPT , D	T-CS, VV- Viva, PRN, S-LAQ	F&S	2	-	LH
CO1	Define Transverse lie & also Outline Shoulder presentation	CK	NK	K	SY, REC, L&GD, D, L&PPT	PRN, S-LAQ, T-CS, VV- Viva	F&S	2	-	LH
CO1, CO2	Define Compound Presentation & Cord presentation & Identify Cord Prolapse	CK	NK	K	D, L&GD, L_VC, REC, SY	VV-Viva, S- LAQ, T-CS, PRN	F&S	2	-	LH

Non Lecture Hour Theory										
S.No	Name	Description of Theory Activity								
Non Lecture Hour Practical										
S.No	Name	Description of Practical Activity								
Topic 24 دورانِ حمل لائق ہونے والے معالجاتی اور نسوانی امراض Dauran-e-Ḥaml laḥq hone wale Mu'ālajāti aur Niswānī Amrād : (Medical & Gynecological Disorders in Pregnancy): (LH : 6, NLHT: 0, NLHP: 0 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO4	Identify Emesis & Hyperemesis Gravidarum & explore etiopathology, diagnosis, complications & management of Emesis Gravidarum	CAP	MK	K	LRI, CD, L, L&PPT, CBL	VV-Viva, PRN, T-CS, CBA, SBA	F&S	2	-	LH
CO1, CO4, CO5	Identify Anemia in pregnancy & Describe its classification, etiopathology, diagnosis, management & Complications	CAP	MK	K	PSM, L, L&PPT, FC, D-BED	T-CS, VV-Viva, C-INT, QZ	F&S	2	-	LH
CO1, CO5	Describe the classification, screening & complications of Diabetes Mellitus & Gestational DM	CC	MK	K	D-BED, CD, L&PPT, L, PSM	T-CS, QZ, VV-Viva, C-INT, S-LAQ	F&S	2	-	LH
CO1, CO5	Discuss the diagnosis & complications of Hyper & Hypothyroidism in pregnancy	CC	MK	K	D-BED, PSM, LRI, FC, CD	QZ, T-CS, C-INT, S-LAQ	F&S	2	-	LH

CO1, CO5	Describe the etiopathology, diagnosis & complications of Gastrointestinal Disorders with Hepatic, Biliary & Pancreatic Disorders in pregnancy	CC	DK	K	PBL, L&PPT, CBL, L&GD, L	T-CS, PRN, S-LAQ, INT, VV-Viva	F&S	2	-	LH
CO1, CO5	Explain pathophysiology, diagnosis, complications & prevention of Rh Isoimmunization	CC	DK	K	CBL, L&GD, L, LRI, CD	INT, PRN, T-CS, VV-Viva, S-LAQ	F&S	2	-	LH
CO1, CO5	Explain the types, effects & diagnosis of Cardiovascular Disorders in pregnancy	CC	NK	K	FC, L&GD, CBL, L&PPT, L	T-CS, VV-Viva, S-LAQ, INT, PRN	F&S	2	-	LH
CO1, CO5	Elaborate causes, diagnosis & complications of Renal & Urinary Tract Disorders in pregnancy	CK	NK	K	L, L&GD, CBL, LRI, FC	T-CS, S-LAQ, PRN, INT, VV-Viva	F&S	2	-	LH
CO1, CO5	Discuss Viral, Bacterial, Parasitic & Protozoal Infestations & Infections in pregnancy and its classification, diagnosis & complications	CK	NK	K	LRI, CBL, L&GD, FC, L	T-CS, INT, PRN, VV-Viva, S-LAQ	F&S	2	H-MOA	LH
CO1, CO5	Describe etiology, diagnosis, management & complications of Gynecological disorders in pregnancy	CK	DK	K	L, PBL, DA, LRI, CD	S-LAQ, VV-Viva, PRN, QZ, T-CS	F&S	2	-	LH

Non Lecture Hour Theory										
S.No	Name	Description of Theory Activity								
Non Lecture Hour Practical										
S.No	Name	Description of Practical Activity								
Topic 25 نزف التوليد Nazf-al-tauliid (Obstetrical Hemorrhage) : (LH : 3, NLHT: 3, NLHP: 9 hours)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO2, CO4	Define <i>Isqat</i> (Abortion) & describe its causes, diagnosis, management, and complications and enlist the methods of Induction of abortion and causes of Recurrent Abortion	CAP	MK	KH	CBL, CD, RP, SIM, LRI	INT, S-LAQ, T-CS, VV-Viva, PRN	F&S	2	-	NLHP25.1
CO6, CO7	Explain the MTP Act	CC	MK	K	PER, KL, RP, REC	COM, VV-Viva, T-CS, PA, PRN	F&S	2	-	NLHT25.1
CO6, CO7	Observe and describe MTP procedure	CC	MK	KH	L_VC, REC, D-M, CBL, SIM	DOPS, P-VIVA, DOPS, CWS, OSPE	F&S	2	-	NLHP25.2
CO6, CO7	Review the sample Abortion consent.	CAP	MK	KH	KL, DIS, LRI, CBL, TPW	P-CASE, P-VIVA, RK, T-CS, Log book	F&S	2	-	NLHP25.3

CO2	Describe <i>Hamal Kharij Ur Reham</i> (Ectopic Pregnancy) and its classification, etiology, diagnosis & complications	CAP	MK	KH	L&GD, L&PPT, CD, FC, LRI	S-LAQ, VV- Viva, T-CS, PRN	F&S	2	-	LH
CO2	Identify Gestational Trophoblastic Diseases & briefly explain its pathophysiology, diagnosis & complications	CAP	MK	KH	L, CD, LRI, FC, L&PPT	T-CS, PRN, VV-Viva, S- LAQ	F&S	2	-	LH
CO2, CO5	Define <i>Jiryan-Ud-Dam Qabl Wiladat</i> (Ante Partum Hemorrhage) and discuss the etiology, diagnosis & complications of Placenta Previa and Abruption placentae	CAP	MK	KH	BS, FC, CD, REC, LRI	VV-Viva, S- LAQ, PRN, T-CS	F&S	2	-	LH
CO2, CO5	Elaborate the types, causes, and complications of <i>Jiryan-Ud-Dam Bad Azwiladat</i> (Post Partum Hemorrhage)	CAP	MK	KH	SY, CBL, DIS, D- M, REC	OSCE, P- CASE, T-CS, VV-Viva	F&S	2	-	NLHT25.2
CO2, CO4, CO5	Demonstrate Prevention & treatment of Post-Partum Hemorrhage	PSY- GUD	MK	KH	D-M, DIS, CD, CBL, IBL	OSPE, DOPS, P- VIVA, OSCE, P-CASE	F&S	2	-	NLHP25.4
Non Lecture Hour Theory										
S.No	Name	Description of Theory Activity								
NLHT25.1	MTP Act	(Total duration- 1 Hour)								

		<p>1. Role-Play: (Duration- 60 min)</p> <p>Split the class into groups. One group could represent the legal authorities defending the act, while another could represent the opposing viewpoint. Students can prepare arguments about the rights of women, the medical procedures, and the moral considerations surrounding abortion. After the act, discuss the complexities and responsibilities involved in making decisions related to pregnancy termination, keeping in mind the provisions of the act.</p> <p>OR</p> <p>Presentation or assignment or poster on MTP Act Amendments: (Duration- 60 min)</p> <p>Assign students to research the changes in the MTP Act over time (e.g., the 2021 amendment). They can present their findings through a detailed report or PowerPoint or poster presentation, highlighting the key changes and how they have affected women's rights and access to healthcare. Conclude the activity with a class discussion on whether the amendments made the law more inclusive and effective in protecting women's rights. Explain</p>
NLHT25.2	Types, causes, and complications of Post Partum Hemorrhage	<p>(Total duration- 2 Hours)</p> <p>1. Symposium: (Duration 60 min)</p> <p>Divide the class into pairs or small groups. Assign each group a different cause of PPH (e.g., uterine atony, trauma, retained placenta,</p>

		<p>etc.). Each group will create a short presentation or teaching session to explain the cause, risk factors, signs and symptoms, and management to their peers. After the presentation, ask the class to provide feedback on what they learned and any questions that remain unclear.</p> <p>2. Demonstration on model of the uterus and placenta: (Duration 60 min)</p> <p>To demonstrate the anatomy and physiology involved in PPH. Use a 3D model of the uterus and placenta to show the anatomy, as well as the sites where PPH may originate, such as uterine atony (lack of contraction), retained placenta, or trauma to the cervix or vaginal walls. Discuss how specific causes of PPH affect the anatomical structures and how different interventions (e.g., uterine massage, medications) can address them.</p>
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity
NLHP25.1	Abortion	<p>(Total duration- 2 Hours)</p> <p>1. Simulated Clinical Practice: (Duration- 60 min)</p> <p>Use a simulated clinic setup where students take on different roles (doctor, patient, nurse) to walk through the steps of abortion management (counseling, diagnosis, clinical procedures, and post-procedure care). Ask students to identify signs of incomplete abortion, recognize hemorrhagic shock, infection, or other complications, and</p>

		<p>perform or observe clinical procedures (e.g., dilation and curettage or medical management of abortion). Discuss the psychological, social, and ethical aspects of abortion care, including patient-centered counseling.</p> <p>2. Case Study Analysis: (Duration- 60 min)</p> <p>Present students with case studies that involve complicated decision-making scenarios (e.g., a medical complication during pregnancy, or a situation involving young individuals or minors).</p>
NLHP25.2	MTP procedure	<p>(Total Duration: 2 Hours)</p> <p>1. Case-based learning: (Duration-60 min)</p> <p>Students divided into small groups, assign a case or ask students to practically apply their skills and their understanding of learned facts to a real-world situation.</p> <p>OR</p> <p>MTP Procedure Video Overview : (Duration-60 min)</p> <p>The teacher will show a detailed educational video that explains the MTP process, including medication and surgical methods, in a clinical or simulated lab environment.</p> <p>OR</p>

		<p>Simulation of MTP Procedure on a Model: (Duration-60 min)</p> <p>Set up a scenario where students can learn the step-by-step process of MTP procedures. For medical abortion, demonstrate the process of how medications are prescribed and their effects. For surgical procedures, use anatomical models or simulation manikins to show the insertion of instruments, suction, etc. Always emphasize proper sterilization techniques and the importance of ensuring patient safety and comfort.</p> <p>2. Instrument Identification: (Duration-60 min)</p> <p>Provide a set of sterile or replica MTP instruments such as Speculum, Cervical Dilators, Suction Curette (Vacuum Aspiration Equipment), Sharp Curette, and Uterine Cannula. Ask students to identify each instrument and discuss its function in the procedure. Demonstrate how each instrument is used in a mock scenario. Discuss proper handling, sterilization, and disposal methods.</p>
NLHP25.3	Documentation of Abortion	<p>(Total Duration: 2 Hours)</p> <p>1. Assignments: (Duration-60 min)</p> <p>Divide students into small groups and assign each group a specific case to analyze. This method encourages the group to work together to review the case & then students discuss it with the teacher.</p> <p>2. Legal and Ethical Documentation Guidelines Discussion: (Duration-60 min)</p>

		<p>Provide students with a scenario where they must decide how to document an abortion procedure in compliance with legal requirements. Discuss the importance of maintaining patient confidentiality, obtaining proper consent, and following institutional guidelines. Have students create a checklist or guideline document for ethical documentation practices.</p> <p>OR</p> <p>Creating an Abortion Consent Form: (Duration-60 min)</p> <p>Ask students to review a sample abortion consent form and then work together to draft an updated form. This form should include sections such as:</p> <ul style="list-style-type: none"> • Patient understanding of the procedure • Risks and benefits explained • Acknowledgment of informed consent • Legal requirements specific to their location or country
NLHP25.4	Prevention & treatment of Post-Partum Hemorrhage	<p>(Total duration- 3 Hours)</p> <p>1. Case Study and Management Flowchart: (Duration- 60 min)</p> <p>Divide students in small groups and provide each group with a different clinical case study about a woman experiencing PPH. Ask groups to discuss and present a step-by-step management plan. They should refer to the PPH Management flowchart and incorporate interventions</p>

		<p>such as uterine massage, medication (oxytocin), blood transfusion, and surgical options if necessary. After each presentation, facilitate a discussion on the effectiveness of each intervention and the importance of timely action.</p> <p>2. Role Play: (Duration- 60 min)</p> <p>Divide students into groups and assign roles, such as the health care provider, patient, and family members. Simulate a scenario where PPH occurs, and the group must demonstrate their approach, such as uterine massage, administration of medications, and timely use of surgical interventions.</p> <p>3. Hand-on Workshops: (Duration- 60 min)</p> <p>Organize a practical workshop where students can practice the management of Post-Partum Hemorrhage on manikins, provide step-by-step guidance & allow students to practice in pairs.</p> <p>OR</p> <p>Guest lecturers from Experts: (Duration- 60 min)</p> <p>Invite an Obstetrician to give a lecture on understanding the prevention and treatment of postpartum Hemorrhage</p>								
<p>Topic 26 عوارضات ولادة Awaredat-i-Wilādat (Obstetrical Complications) (LH : 4, NLHT: 4, NLHP: 0 hours)</p>										
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3

CO2, CO5	Discuss the etiopathogenesis, classification diagnosis & complications of Hypertensive Disorders in Pregnancy	CC	MK	KH	CBL, L&PPT , CD, PBL, L&GD	PRN, S-LAQ, VV-Viva, T- CS	F&S	2	-	LH
CO1, CO3	Describe the etiopathogenesis, types, diagnosis & complications of <i>Qilatt-i-Mae Amniosi</i> (Oligohydramnios) & <i>Kasrat-i-Mae Amniosi</i> (Polyhydramnios)	CC	MK	KH	CBL, CD, LRI	P-CASE, T- CS, S-LAQ, P-VIVA, P- EXAM	F&S	2	-	NLHT26.1
CO3	Discuss the etiopathogenesis, types, diagnosis & complications of Multifetal & Twins Pregnancy	CC	MK	KH	D, PBL, L&GD, L&PPT , CBL	VV-Viva, T- CS, PRN, S- LAQ	F&S	2	-	LH
CO3, CO5	Discuss the etiopathogenesis, types, diagnosis & complications of Intra Uterine Growth Retardation (IUGR)	CC	MK	KH	L&GD, D, CD, CBL, L	VV-Viva, T- CS, PRN, S- LAQ	F&S	2	-	LH
CO3, CO5	Discuss the etiology, diagnosis & complications of Preterm Labor	CC	MK	KH	CBL, CD, L&GD	S-LAQ, PRN, VV-Viva	F&S	2	-	NLHT26.2
CO3, CO5	Discuss the causes, diagnosis & complications of Pre-term Rupture of Membrane	CC	MK	KH	CBL, CD, DIS	OSPE, OSCE, P- CASE, PRN, T-CS	F&S	2	-	NLHT26.3

CO3, CO5	Describe the etiology, diagnosis & complications of Post Maturity	CAP	MK	KH	CBL, CD	S-LAQ, P-VIVA, PRN, OSCE, T-CS	F&S	2	-	NLHT26.4
CO3	Discuss the etiopathogenesis, diagnosis & complications of <i>Faut e Janeeni</i> (Intra Uterine Fetal Death)	CAP	MK	K	PrBL, FC, CBL, L&GD, L	VV-Viva, T-CS, CBA, S-LAQ, PRN	F&S	2	-	LH
Non Lecture Hour Theory										
S.No	Name	Description of Theory Activity								
NLHT26.1	<i>Qilatt-i-Mae Amniosi</i> (Oligohydramnios) & <i>Kasrat- i-Mae Amniosi</i> (Polyhydramnios)	<p>(Total duration: 1 Hour)</p> <p>1. Case-Based Learning : (Duration- 60 min)</p> <p>Divide students into small groups and assign each group a case study sheet with patient scenarios (realistic clinical cases) that describe symptoms, ultrasound findings, and medical history. Have the groups discuss the clinical features of the cases, focusing on Etiopathogenesis (e.g., maternal conditions, fetal anomalies, placental problems), Diagnosis (e.g., ultrasound findings, biophysical profile, amniotic fluid index), Types (e.g., oligohydramnios due to placental insufficiency vs. oligohydramnios due to rupture of membranes), Potential complications (e.g., preterm labor, fetal growth restriction, cord prolapse). Groups present their case studies and explain the diagnosis, causes, and complications.</p>								

NLHT26.2	Etiology, diagnosis & complications of Preterm Labor	<p>(Total duration: 1 Hour)</p> <p>1. Case Study Presentations and Discussions : (Duration- 60 min)</p> <p>Divide students into small groups and assign each group a different case study of preterm labor. Have students identify the potential causes (etiology), diagnostic methods used, and possible complications.</p> <p>Groups present their findings to the class, followed by a discussion of each case.</p>
NLHT26.3	Causes, diagnosis & complications of Pre-term Rupture of membrane	<p>(Total duration: 1 Hour)</p> <p>1. Case Study Analysis & Discussion: (Duration- 60 min)</p> <p>Present students with a series of case studies involving patients with preterm rupture of membranes. Students will identify the possible causes of PROM in each case (e.g., infection, trauma, previous PROM, multiple gestations). Discuss the clinical symptoms that lead to the diagnosis, such as leaking amniotic fluid and the methods used to confirm the diagnosis (e.g., Nitrazine test, Fern test, ultrasound).</p> <p>Discuss complications that could arise, such as preterm birth, infection (chorioamnionitis), and fetal distress.</p>
NLHT26.4	Etiology, diagnosis & complications of Post maturity	<p>(Total duration: 1 Hour)</p> <p>1. Case Study Analysis and Diagnosis: (Duration- 60 min)</p> <p>Provide students with a detailed case study of a pregnant woman (including her LMP, ultrasound findings, and clinical presentation). Ask</p>

		students to assess whether the pregnancy is post-dated and how they would confirm the diagnosis. Review the patient's history and examination. Use the last menstrual period (LMP) to estimate the due date. Compare the LMP-based due date with ultrasound findings (e.g., crown-rump length in the first trimester). Discuss the differences in diagnostic methods and the implications of a post-dated pregnancy.
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity
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Topic 27 زمانہ نفاس طبعی اور غیر طبعی Zamāna-i-Nafās Ṭaba'ī wa Ghaiyr Ṭaba'ī (Normal & Abnormal Puerperium) : (LH : 6, NLHT: 2, NLHP: 3 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1	Explain General physiological changes during puerperium (Normal & Abnormal) and describe Lochia	CAN	MK	KH	L&GD, CD, DIS, RP, PER	OSCE, S-LAQ, T-CS, CL-PR, P-VIVA	F&S	3	-	NLHT27.1
CO1	Elaborate physiology of Lactation	CC	MK	KH	L&PPT, PER, DIS, L	VV-Viva, INT, M-CHT, PRN	F&S	3	H-AAN	LH
CO2, CO4, CO5, CO6	Demonstrate the procedure of Post-Natal Care (PNC)	CAP	MK	KH	CBL, CD, W, D-BED	S-LAQ, OSCE, Log book, P-VIVA	F&S	3	-	NLHP27.1
CO2, CO4, CO5, CO6	Present & describe the management of normal puerperium & its minor ailments	PSY-SET	MK	KH	IBL, DIS, D-	P-VIVA, S-LAQ, OSCE, T-CS, CL-PR	F&S	3	-	NLHP27.2

					BED, CBL, SY					
CO4	Distinguish Puerperal Pyrexia & Puerperal Sepsis	CC	MK	KH	L, DIS, D, L&PPT, D-BED	OSCE, T-CS, S-LAQ, VV- Viva, DEB	F&S	3	-	LH
CO4	Define Sub Involution & explain its causes, diagnosis & management	CAN	MK	KH	KL, DIS, L&PPT, FC, L	CR-W, VV- Viva, S-LAQ	F&S	3	-	LH
CO4	Explain the causes, diagnosis & management of UTI, Retention of urine & Incontinence of urine in puerperium	CAP	MK	KH	L, L&PPT, DIS, FC	T-CS, INT, VV-Viva, S- LAQ	F&S	3	-	LH
CO1, CO2, CO4	Elaborate causes, diagnosis & management of Breast Engorgement, Cracked and Retracted Nipple, Acute Mastitis & Lactation failure in puerperium	CAN	MK	KH	DIS, LRI, CBL, CD, IBL	CL-PR, OSCE, S- LAQ, T-CS, VV-Viva	F&S	3	-	NLHT27.2
CO4	Summarize the Puerperal Venous Thrombosis & Pulmonary Embolism in puerperium	CC	DK	K	L&PPT, L, L&GD	VV-Viva, CL- PR	F&S	3	-	LH
CO4, CO6	Describe in brief Puerperal Blues, Postpartum Depression & Postpartum Psychosis during puerperium	CK	NK	K	FC, L, BL, DIS, L&PPT	PA, VV-Viva, DEB, T-OBT	F&S	3	-	LH
Non Lecture Hour Theory										
S.No	Name								Description of Theory Activity	

NLHT27.1	Physiological changes during puerperium	<p>(Total duration: 1 Hour)</p> <p>1. Group Presentation with Case Scenarios: (Duration- 60 min)</p> <p>Prepare case scenarios for each group, representing both normal and abnormal puerperium.</p> <p>OR</p> <p>Role-Play: (Duration- 60 min)</p> <p>Students take turns role-playing as the healthcare provider and patient, practicing communication skills, explaining the chosen method, and addressing patient questions about normal and abnormal puerperium.</p>
NLHT27.2	Breast ailments during puerperium	<p>(Total duration: 1 Hour)</p> <p>1. Role-Play: (Duration- 60 min)</p> <p>Have students play roles addressing the importance of breast hygiene, breastfeeding techniques to prevent recurrence, recognition of early signs of mastitis, instructions on wound care, and follow-up visits.</p> <p>OR</p> <p>Case Studies & Clinical Scenarios: (Duration- 60 min)</p> <p>Begin with a case scenario describing a patient. Have students discuss how they would perform a clinical assessment, including history-taking.</p>

		<p>Guide students to create a step-by-step management plan for abnormal puerperium.</p> <p>OR</p> <p>Q&A and Discussion: (Duration- 60 min)</p> <p>Students can share insights, challenges, and takeaways, focusing on the importance of informed management of breast ailments during puerperium.</p>
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity
NLHP27.1	Procedure of Post-Natal Care (PNC)	<p>(Total duration: 1 Hour)</p> <p>1. Hands-on Activity: (Duration- 60 min)</p> <p>Use manikins or simulators to practice key skills, such as uterine massage for postpartum hemorrhage, vital sign monitoring, infection prevention and management for puerperal sepsis, and counseling techniques for postpartum depression.</p> <p>OR</p> <p>Case Studies & Clinical Scenarios: (Duration- 60 min)</p>

		<p>Prepare case scenarios for each group, representing postnatal care.</p> <p>Students can share insights, challenges, and takeaways, focusing on the importance of postnatal care.</p>									
NLHP27.2	Management of normal puerperium & its minor ailments	<p>(Total duration: 2 Hours)</p> <p>1. Bedside Demonstration: (Duration- 60 min)</p> <p>Demonstrating the correct techniques for assessing vital signs shows how to examine the uterus, lochia, perineum, and breast after delivery.</p> <p>2. Group Presentations: (Duration- 60 min)</p> <p>Each group presents their case, explaining their choice of management methods, reasoning, and expected outcomes. This is followed by a group discussion, where the facilitator provides feedback and further insights.</p> <p>OR</p> <p>Q&A and Discussion: (Duration- 60 min)</p> <p>Students can share insights, challenges, and takeaways, focusing on the importance of informed management of normal puerperium & its minor ailments.</p>									
<p>Topic 28 توليدي عمليات و جراحيات Taulidi 'Amaliyat wa Jarāḥiyat (Obstetrical Procedures & Operations) (LH : 0, NLHT: 3, NLHP: 12 hours)</p>											
A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3	

CO4, CO7	Explain Episiotomy & Discuss the Indications, advantages, types, procedure & complications of <i>Qata-Ul- Ejaan</i> (Episiotomy)	PSY-GUD	MK	KH	SIM, IBL, D-M, L, L&PPT	DOAP, OSCE, DOPS, CHK, P-PRF	F&S	3	-	NLHP28.1
CO2, CO3	Describe the process of the <i>Gardish</i> (Version)	CAP	DK	K	SIM, L_VC, CD, D-M	CL-PR, M-CHT, VV-Viva, P-PRF	F&S	3	-	NLHP28.2
CO4	Elaborate the Forceps & Ventouse Delivery	CC	DK	K	L&GD, W, DIS, CD, D-M	P-PRF, P-RP, QZ, P-VIVA, PRN	F&S	3	-	NLHT28.1
CO1, CO4	Summarise the <i>Takhreesi Dastkariya</i> (Destructive Operations)	CC	DK	KH	L_VC, CBL, CD, D-M	VV-Viva, PRN, CL-PR, P-REC	F&S	3	-	NLHT28.2
CO3, CO4	Identify the types of perineal tears and Explain post-repair care & techniques for suturing & repairing.	PSY-SET	MK	KH	D-M, L_VC, D, L&PPT, L	CHK, P-PRF, VV-Viva, P-MOD, PRN	F&S	3	-	NLHP28.3
CO4, CO5	Identify the <i>Shigaaf-e-Qaisree</i> (Caesarean Section) & Enlist risk factors.	CAP	DK	KH	L_VC, CBL, CD, DIS	VV-Viva, CL-PR, C-VC	F&S	3	-	NLHP28.4
CO1, CO6	Explain pre-operative care & Identify surgical instruments used in C-sections	CAN	MK	K	CBL, D-M	CHK, P-ID, Portfolios, VV-Viva	F&S	3	-	NLHP28.5

CO4	Summarise the <i>Takhreesi Dastkariya</i> (Destructive Operations)	CAP	NK	K	CD, DIS, CBL, L_VC	PRN, VV- Viva, T-OBT	F&S	3	-	NLHT28.3
CO5	Demonstrate the steps of stitch removal	PSY- MEC	MK	SH	SIM, W, D-M, PL	P-VIVA, OSPE, P- PRF	F&S	3	-	NLHP28.6

Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
NLHT28.1	Forceps & Ventouse Delivery	<p>(Total duration: 1 Hour)</p> <p>1. Group Presentation & Discussion: (Duration- 60 min)</p> <p>Divide learners into small groups. Assign each group a case scenario where the forceps & ventouse delivery might be indicated. After the presentation session, gather the students to discuss what went well and what challenges they encountered. And also Discuss how to manage complications and the importance of teamwork and communication during assisted deliveries.</p> <p>OR</p> <p>Demonstration on models: (Duration- 60 min)</p> <p>Use a fetal head model and a ventouse system to simulate the vacuum-assisted delivery. Explain the application of the forceps and ventouse</p>

		<p>cup to the fetal head. Demonstrate how to apply forceps and create suction (using a vacuum pump) and check for secure attachment. Show how to apply gentle traction during uterine contractions. Discuss when and how to abort the procedure if there is difficulty.</p> <p>OR</p> <p>Hands-On Practice for Students: (Duration- 60 min)</p> <p>Allow students to practice on models or simulators under supervision. For forceps, students should practice proper alignment, placement of the blades, and applying gentle traction. For ventouse, students should practice correctly positioning the ventouse cup, setting the suction pressure, and pulling gently in coordination with contractions. Supervise closely to ensure safety and correct technique.</p>
NLHT28.2	<i>Takhreesi Dastkariya</i> (Destructive Operations)	<p>(Total duration: 1 Hour)</p> <p>1. Video Demonstration of Procedures: (Duration- 60 min)</p> <p>Present video demonstrations of forceps delivery, vacuum extraction, and cesarean section using anatomical models or simulation technology. As you demonstrate each procedure, pause and ask students to identify key steps and instruments used, either through interactive pauses or embedded questions.</p> <p>OR</p>

		<p>Demonstration of Maternal and Fetal Care: (Duration- 60 min)</p> <p>To teach students how to ensure maternal and fetal safety during destructive operations. Use obstetrics simulation software (if available) or a virtual platform where students can practice performing destructive operation on a virtual patient. During the simulation, guide students to assess maternal and fetal conditions, select appropriate instruments, and monitor vital signs.</p>
NLHT28.3	Destructive Operations	<p>(Total duration: 1 Hour)</p> <p>1. Video Presentation & Discussion: (Duration- 60 min)</p> <p>Choose a video that demonstrates destructive operations like craniotomy, forceps extraction, or symphysiotomy and ask students to reflect on the case and the procedure demonstrated in the video.</p> <p>OR</p> <p>Case scenario: (Duration- 60 min)</p> <p>Divide learners into small groups. Assign each group a case scenario where the destructive operation might be indicated.</p>
Non Lecture Hour Practical		
S.No	Name	Description of Practical Activity
NLHP28.1	Procedure of <i>Qata-ul- Ejaan</i> (Episiotomy)	1. Episiotomy Technique Demonstration: (Duration- 120 min)

		<p>Perform a step-by-step demonstration of the procedure on a synthetic pelvic model or a simulated perineal model. Explain the position of the patient and the importance of sterile technique. Show how to mark the perineum and make the incision. Discuss the angles, depth of incision, and how to avoid complications.</p> <p>OR</p> <p>Hands-on Practice with Supervision: (Duration- 120 min)</p> <p>To allow students to practice performing an episiotomy under supervision. Divide students into small groups, each with a manikin or model. Supervise each student as they perform an episiotomy on the model, providing feedback on technique, angle, and proper anatomical landmarks for incision, techniques for safe incision and suturing.</p> <p>2. Peer Review: (Duration- 60 min)</p> <p>Learners perform the procedure in pairs or small groups. Each peer provides constructive feedback on techniques and areas of improvement.</p>
NLHP28.2	Process of the <i>Gardish</i> (Version)	<p>(Total duration: 1 Hour)</p> <p>1. Video Lecture: (Duration- 60 min)</p>

		<p>Show a pre-recorded video or video lecture of process of version to students. Demonstrate positioning, manual manipulation, and fetal monitoring.</p> <p>OR</p> <p>Demonstration on Simulation: (Duration- 60 min)</p> <p>Simulate the procedure in a controlled, virtual format (e.g., a virtual model of the uterus with a fetus). Students can perform ECV in the simulation, making decisions based on fetal positioning and maternal conditions.</p>
NLHP28.3	Post-repair care techniques for suturing & repairing	<p>1. Demonstration on models: (Duration- 60 min)</p> <p>The teacher demonstrates the techniques and steps, A Manikin-based simulator offers a realistic representation of the perineal area, allowing for the practice of incision, repair & suturing techniques.</p> <p>OR</p> <p>Hands-on Training on Suturing & Repair Techniques: (Duration- 60 min)</p> <p>To train students on basic suturing techniques, including different types of sutures, and ensure proficiency in repairing tissues with practical, hands-on activities. Introduce students to basic suturing instruments and their proper use.</p>

		<p>2. Post-Operative Care Documentation or checklist: (Duration- 60 min)</p> <p>Create realistic post-operative case scenarios and have students practice documenting patient status, nursing interventions, and patient responses in medical records. Writing clear, concise, and accurate patient progress notes, understanding legal and ethical aspects of documentation.</p>
NLHP28.4	Caesarean Section & its risk factors	<p>(Total duration: 2 Hours)</p> <p>1. Video Presentation & Discussion: (Duration- 60 min)</p> <p>A high-quality video showing a C-section (or a 3D simulation video), projector, or large screen. Show a video that demonstrates a real or simulated C-section procedure. Pause at critical stages of the procedure to discuss the technique, tools used, and risks involved.</p> <p>2. Interactive Case Studies on Risk Factors: (Duration- 60 min)</p> <p>Present different patient scenarios with varied risk factors for C-sections (e.g., previous C-sections, multiple pregnancies, fetal distress, maternal diabetes). Students work in small groups to identify the key risk factors in each case and determine if a C-section is the best course of action. Discuss the possible complications for both the mother and baby in each case (e.g., bleeding, infection, uterine rupture, breathing problems for the baby).</p>
NLHP28.5	Identification of instruments used in C-section & Pre-operative care	<p>(Total duration: 2 Hours)</p>

		<p>1. Pre-operative Checklist Completion: (Duration- 60 min)</p> <p>Provide students with a standard pre-operative checklist (e.g., ensuring the patient has fasted, verifying lab results, confirming surgical site and procedure). Students can work through this checklist for different hypothetical C-section cases.</p> <p>2. Instrument Demonstration: (Duration- 60 min)</p> <p>Arrange for a demonstration by a qualified surgeon or surgical technician. Have the professional explain the C-section procedure step by step, showing the tools used during each phase. Students can ask questions and take notes as the instruments are passed around for inspection. At the end of the demonstration, hold a Q&A session to test the students' knowledge.</p> <p>OR</p> <p>Instrument Matching Worksheet: (Duration- 60 min)</p> <p>Provide students with a worksheet that includes images of instruments commonly used during C-sections, with space for them to write the name and function of each. Students will look at each image, identify the instrument, and then briefly explain its role in the C-section. Review the students' answers for accuracy, and provide corrections as needed</p>
NLHP28.6	Steps of stitch removal	(Total duration: 2 Hours)

		<p>1. Demonstration & Guided Hands-On Practice: (Duration- 60 min)</p> <p>Use a practice model with simulated stitches to show the correct technique. Each student will be given a simulation pad with stitch removal materials. Instruct students to wash their hands and wear gloves, guide students step by step, encouraging them to clean the area with sterile wipes, cut the stitches near the knot with surgical scissors, gently remove the stitch with tweezers, and clean and bandage the area once the stitches are removed.</p> <p>2. Peer Review: (Duration- 60 min)</p> <p>Learners perform the procedure in small groups. Each group provides constructive feedback on techniques and areas of improvement in the stitch removal procedure.</p>
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Topic 29 جنین کی نگہداشت / قبل از ولادت جنین کی صحت مندی کا جائزہ Jneen ki nighdast / Qbl az weladt jneen ki sehtmndi ka jayeza (Fetal Surveillance /Antenatal Assessment of Fetal Wellbeing) : (LH : 4, NLHT: 4, NLHP: 5 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO3, CO6	Evaluate the Clinical Assessment of fetal growth	CE	MK	KH	CD, CBL, D, GBL, L&GD	CL-PR, OSCE, VV- Viva	F&S	3	-	NLHP29.1
CO3	Discuss the Biochemical tests for pulmonary maturity	CAP	DK	K	L&GD, DIS, PER, BS, LRI	VV-Viva, CL- PR, P-REC	F&S	3	-	NLHT29.1

CO3, CO6	Evaluate the Biophysical Tests (Fetal Movement Count, Ultrasonography, Cardiotocography, Non-stress test (NST), Fetal Biophysical Profile (BPP), Doppler Ultrasound, Vibroacoustic Stimulation Test, Contraction Stress Test, Amniotic Fluid Volume) for fetal well-being	CAN	MK	KH	TPW, LRI, CBL, TBL	VV-Viva, QZ, CL-PR	F&S	3	-	NLHP29.2
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Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
NLHT29.1	Biochemical tests for pulmonary maturity	<p>(Total duration: 4 Hours)</p> <p>1. Case Presentation and Discussion: (Duration- 120 min)</p> <p>The teacher will present the data from hypothetical or real patient cases. Have students interpret the test results and discuss the implications of different biochemical markers for fetal lung maturity. Ask students to make clinical decisions based on the results.</p> <p>2. Interactive Quiz or Flashcards: (Duration- 60 min)</p> <p>Use an interactive quiz or flashcards on the characteristics and interpretation of biochemical tests like L/S ratio, Phosphatidylglycerol, and lamellar body count. Include multiple-choice questions, true/false statements, and fill-in-the-blank questions based on scenarios, providing instant feedback for learning.</p> <p>3. Critical Thinking Exercise (Brainstorming): (Duration- 60 min)</p>

		Present a scenario involving a premature infant showing signs of respiratory distress, and ask students to determine which biochemical test would be most appropriate and why. Students should explain how the test results will influence the management of the infant.
Non Lecture Hour Practical		
S.No	Name	Description of Practical Activity
NLHP29.1	Clinical Assessment of fetal growth	<p>(Total duration: 2 Hours)</p> <p>1. Group Presentation & Discussion: (Duration- 60 min)</p> <p>Divide students into groups and give each group a scenario involving a pregnancy with suspected fetal growth issues (e.g., IUGR, large for gestational age). Have them discuss appropriate next steps in assessment (e.g., additional ultrasound, Doppler studies). Ask them to devise a management plan based on their assessment. Groups present their plans, and the instructor facilitates a class discussion on best practices.</p> <p>OR</p> <p>Case Study Discussion: (Duration- 60 min)</p> <p>The students will present case studies of pregnant women with different growth patterns (e.g., IUGR, macrosomia). Ask students to identify: What signs or symptoms suggest fetal growth issues?, What clinical assessment methods should be used? & What interventions might be</p>

		<p>needed based on the findings? Discuss how the case could be managed and the significance of early detection.</p> <p>2. Fetal Growth Assessment and Complications Quiz: (Duration- 60 min)</p> <p>Assess students' understanding of fetal growth assessment techniques and associated complications. Create a multiple-choice or short-answer quiz that tests students on conditions like Normal vs. abnormal fetal growth patterns, Key signs of intrauterine growth restriction (IUGR) or macrosomia, Risk factors for growth abnormalities and their implications for management. Review the quiz answers as a class, discussing any areas where students have difficulty.</p>
NLHP29.2	Biophysical Tests for fetal well-being	<p>(Total duration: 3 Hours)</p> <p>1. Case scenario: (Duration- 60 min)</p> <p>Divide learners into small groups. Assign each group a case scenario where the biophysical assessment might be indicated.</p> <p>2. Interpretation of Abnormal Test Results: (Duration- 120 min)</p> <p>To teach students how to interpret abnormal test results and understand the clinical management required. Provide students with abnormal results (e.g., a non-reactive NST, low BPP score, or positive CST with late decelerations). Ask students to interpret the results and discuss the potential clinical actions that should follow. Students should work in small groups to discuss the next steps, such as additional testing,</p>

		<p>monitoring, or potential interventions (e.g., early delivery, further monitoring).</p> <p>OR</p> <p>Awareness Campaign: (Duration- 120 min)</p> <p>A campaign organized to educate expecting parents about the importance of fetal surveillance & dispel common misconceptions & fears associated with fetal surveillance procedures, this could include media content or community outreach.</p>
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Topic 30 علم القبالة میں مستعمل ادویہ Ilm al-Qabālat me musta'mal advia (Pharmacotherapeutics in Obstetrics : (LH : 5, NLHT: 0, NLHP: 0 hours)

A3	B3	C3	D3	E3	F3	G3	H3	I3	J3	K3
CO1, CO6, CO7	Enlist & classify the Indicated & Contraindicated drugs (Unani and allopathic both) in pregnancy and lactation	CAN	MK	KH	REC, L&GD, DA, L, PL	CL-PR, VV-Viva, S-LAQ, QZ , T-OBT	F&S	3	-	LH

Non Lecture Hour Theory

S.No	Name	Description of Theory Activity
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Non Lecture Hour Practical

S.No	Name	Description of Practical Activity
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Table 4 : NLHT Activity

(*Refer table 3 of similar activity number)

Sr No	CO No	Topic name
1.1	CO1	Anatomy of Breast
2.1	CO7	Importance of Moral Values & Ethics
2.2	CO7	Documentation of Informed consent.
2.3	CO2	History taking
7.1	CO1,CO2,CO4	<i>Hikkat-ul-Farj</i> (Pruritus Vulvae)
7.2	CO1,CO2,CO4	<i>Illitihab-e-Farj</i> (Vulvitis)
7.3	CO1,CO2,CO4	Atrophy of the vagina
8.1	CO2,CO4	Excessive & Abnormal Vaginal Discharge
8.2	CO2,CO4	<i>Illitihab-e-Mahbil</i> (Vaginitis & Bacterial Vaginosis)
8.3	CO2,CO4	<i>Khurooj-e-Mahbil & Isterkhai</i> (Prolapse of Vagina)
9.1	CO2,CO4	<i>Taakkul-Unaq-Ur-Rahim</i> (Cervical Erosion/ Ectopy)
9.2	CO1,CO2	<i>Mailan wa Aujaj-Ur-Rahim</i> (Displacement of Uterus) & <i>Inzalaq-e-Rahim/ Khurooj-e-Rahim</i> (Prolapse of Uterus)
9.3	CO3,CO4	<i>Bawaseer ur Rahim</i> (Polyp of Uterus)
11.1	CO1	Defence mechanism of the genital Tract & Role of <i>Asbab sitta zarooria & ghair zarooriya</i> in maintaining genital health
11.2	CO1,CO3,CO4,CO6	Pelvic Inflammatory Disease
13.1	CO2,CO4	<i>Khuraj-Saddi</i> (Breast Abscess)
13.2	CO3	<i>Daweera-wa-Sulaat-e-Saddi</i> (Cysts & Tumours of Breast)
14.1	CO1,CO6	Contraceptive measures

15.1	CO4,CO5	Urinary Incontinence
16.1	CO3,CO5	Aseptic precautions & Diagnostic procedures.
16.2	CO3	Hormone Assay
16.3	CO3,CO5	Imaging Techniques in Gynaecology & Obstetrics
16.4	CO3	<i>Imtihaan-e-Naseej-e-Marzi</i> (Histopathological Examinations: Cervical & Endometrial Biopsy)
16.5	CO3	<i>Ambubi-Rahim Nigari</i> (Hysterosalpingography & Sonosalpingography)
16.6	CO3,CO5	<i>Tanzeerul Mahbil wa Rahim, Tanzeer ul Batan & Batan Beenii Hamrah Rangbeeni</i> (Colposcopy & Hysteroscopy, Laparoscopy & Laparoscopy with Dye Instillations)
16.7	CO3	<i>Hawai Amboob Nigari</i> (Tubal Insufflation Test)
16.8	CO3,CO5	<i>Shigaf-e-Batan</i> (Laparotomy), <i>Shigaaf-e-Rahim</i> (Hysterotomy), <i>Salaa Azli Leefi Barari</i> (Myomectomy)& <i>Rahim Barari</i> (Hysterectomy)
19.1	CO1,CO7	Preconceptional counseling
19.2	CO1,CO2	Anatomical & Physiological changes during pregnancy
19.3	CO2	Calculation of Gestational Age, Expected Date of Delivery (EDD) & Obstetric Formula
19.4	CO1,CO3,CO6	Antenatal care, screening & management of minor ailments in pregnancy
20.1	CO2,CO3	Cephalopelvic disproportion (CPD)
21.1	CO2,CO3	Lie, Presentation, Presenting Part, Attitude, Denominator & Position of the fetus in uterus
22.1	CO1,CO4,CO6	Immediate care of newborn
22.2	CO1,CO4	Methods of Induction of labor (IOL)
25.1	CO6,CO7	MTP Act
25.2	CO2,CO5	Types, causes, and complications of Post Partum Hemorrhage
26.1	CO3,CO5	Etiology, diagnosis & complications of Preterm Labor
26.2	CO1,CO3	<i>Qilatt-i-Mae Amniosi</i> (Oligohydramnios) & <i>Kasrat-i-Mae Amniosi</i> (Polyhydramnios)

26.3	CO3,CO5	Causes, diagnosis & complications of Pre-term Rupture of membrane
26.4	CO3,CO5	Etiology, diagnosis & complications of Post maturity
27.1	CO1	Physiological changes during puerperium
27.2	CO1,CO2,CO4	Breast ailments during puerperium
28.1	CO4	Forceps & Ventouse Delivery
28.2	CO1,CO4	<i>Takhreesi Dastkariya</i> (Destructive Operations)
28.3	CO4	Destructive Operations
29.1	CO3	Biochemical tests for pulmonary maturity

Table 5 : List of Practicals

(*Refer table 3 of similar activity number)

Sr No	CO No	Practical Activity details
2.1	CO2	General & Systemic Examination
2.2	CO2	Examination of Breast
2.3	CO2	Pelvic Examination
2.4	CO7	Writing a gynecological case report
2.5	CO7	Case report writing for obstetric cases
2.6	CO7	Patient's discharge summary
9.1	CO4	Gradation of Uterine Prolapse
9.2	CO4	Pelvic floor exercises
9.3	CO4	Pessary Insertion techniques
9.4	CO3	Polypectomy
14.1	CO6	Technique to insert & remove IUCDs, use of cervical cap and diaphragm
16.1	CO1,CO4,CO5	Various Ilaj bit Tadbeer methods used in Gynecology & Obstetrics
16.2	CO3,CO5	VIA, Schiller's, High Vaginal Swab & their Screening Procedures.
16.3	CO3,CO5	<i>Imtihaan-e-Khalvi</i> (Pap's Smear Test) & procedure of screening for cervical cancer
16.4	CO3	Dilatation & Curettage (D&C) and Dilatation & Evacuation (D&E)
16.5	CO4	Proper wound care (Cleaning, Dressing & Packing), and steps of I&D.
16.6	CO3	Cryosurgery
19.1	CO2,CO3	Sings and Symptoms & Diagnosis of Pregnancy
19.2	CO1,CO5	Various National Health Programs in Obstetrics
20.1	CO2	Fetal skull & Maternal pelvis

21.1	CO2,CO3	Methods of Obstetrical examinations
22.1	CO3	Technique of Catheterization
22.2	CO3	Charting Partograph
22.3	CO3,CO4	Amniotomy procedure
22.4	CO3	Principles of IM/IV injections/NS/RL Techniques
22.5	CO3,CO4	Mechanism of Normal Labor
22.6	CO3	Notes of normal delivery
25.1	CO2,CO4	Abortion
25.2	CO6,CO7	MTP procedure
25.3	CO6,CO7	Documentation of Abortion
25.4	CO2,CO4,CO5	Prevention & treatment of Post-Partum Hemorrhage
27.1	CO2,CO4,CO5,CO6	Procedure of Post-Natal Care (PNC)
27.2	CO2,CO4,CO5,CO6	Management of normal puerperium & its minor ailments
28.1	CO4,CO7	Procedure of <i>Qata-ul- Ejaan</i> (Episiotomy)
28.2	CO2,CO3	Process of the <i>Gardish</i> (Version)
28.3	CO3,CO4	Post-repair care techniques for suturing & repairing
28.4	CO4,CO5	Caesarean Section & its risk factors
28.5	CO1,CO6	Identification of instruments used in C-section & Pre-operative care
28.6	CO5	Steps of stitch removal
29.1	CO3,CO6	Clinical Assessment of fetal growth
29.2	CO3,CO6	Biophysical Tests for fetal well-being

Table 6 : Assessment Summary: Assessment is subdivided in A to H points

6 A : Number of Papers and Marks Distribution

Subject Code	Papers	Theory	Practical/Clinical Assessment (150)					Grand Total
			Practical	Viva	Elective	IA	Sub Total	
UNIUG-QAN	2	200	100	30	-	20	150	350

6 B : Scheme of Assessment (formative and Summative)

PROFESSIONAL COURSE	FORMATIVE ASSESSMENT			SUMMATIVE ASSESSMENT
	First Term (1-6 Months)	Second Term (7-12 Months)	Third Term (13-18 Months)	
Third	3 PA & First TT	3 PA & Second TT	3 PA	UE**

PA: Periodical Assessment; **TT:** Term Test; **UE:** University Examinations; **NA:** Not Applicable.
****University Examination shall be on entire syllabus**

6 C : Calculation Method for Internal assessment Marks

Term	Periodical Assessment*				Term Test**	Term Assessment	
	A	B	C	D	E	F	G
1 (20)	2 (20)	3 (20)	Average (A+B+C/3) (20)	Term Test (MCQ+SAQ+LAQ and Practical) (Converted to 20)	Sub Total	Term Assessment	
First						D+E	D+E /2
Second						D+E	D+E /2
Third					NIL		D
Final IA	Average of Three Term Assessment Marks as Shown in 'G' Column						
	* Select an Evaluation Methods which is appropriate for the objectives of Topics from the Table 6 D. Convert it to 20 marks. ** Conduct Theory (100 Marks) (MCQ (20*1 Marks), SAQ (8*5), LAQ (4*10)) and Practical (100 Marks) Then convert to 20 Marks.						

6 D : Evaluation Methods for Periodical Assessment

S. No.	Evaluation Methods
1.	Practical / Clinical Performance
2.	Viva Voce, MCQs, MEQ (Modified Essay Questions/Structured Questions)
3.	Open Book Test (Problem Based)
4.	Summary Writing (Research Papers/ Samhitas)
5.	Class Presentations; Work Book Maintenance
6.	Problem Based Assignment
7.	Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OPSE), Mini Clinical Evaluation Exercise (Mini-CEX), Direct Observation of Procedures (DOP), Case Based Discussion (CBD)
8.	Extra-curricular Activities, (Social Work, Public Awareness, Surveillance Activities, Sports or Other Activities which may be decided by the department).
9.	Small Project
10.	Activities Indicated in Table 3 - Column G3 as per Indicated I, II or III term in column I3.

Topics for Periodic Assessments

Exam type	Paper 1	Paper 2
TT 1		
PA1	Topic No 1	Topic No 17 & 18
PA 2	Topic No 2	Topic No 19 & 20
PA 3	Topic No 3 & 4	Topic No 21
TT 2	Topic No 1 to 5	Topic No 17 to 21
PA 4	Topic No 6, 7	Topic No 22 & 23
PA 5	Topic No 8, 9	Topic No 24
PA 6	Topic No 10, 11	Topic No 25 & 26
TT 3	Topic No 6 to 11	Topic No 22 to 26
PA 7	Topic No 12	Topic No 27
PA 8	Topic No 13,14	Topic No 29
PA 9	Topic No 15, 16	Topic No 29 & 30

6 E : Question Paper Pattern

III PROFESSIONAL BUMS EXAMINATIONS

PAPER-I

Time: 3 Hours Maximum Marks: 100

INSTRUCTIONS: All questions compulsory

		Number of Questions	Marks per question	Total Marks
Q 1	MULTIPLE CHOICE QUESTIONS (MCQ)	20	1	20
Q 2	SHORT ANSWER QUESTIONS (SAQ)	8	5	40
Q 3	LONG ANSWER QUESTIONS (LAQ)	4	10	40
				100

Similar for Paper II.

6 F : Distribution of theory examination

Paper 1 (امراض نسوان Amrāḍ-i Niswān [Gynaecology])					
List of Topics	Term	Marks	MCQ	SAQ	LAQ
1 Zanana A'ḍa' Tanāsuliyya ki Tashrīḥ wa Manāfi' aur Ghayr Ṭabī'ī shaklen: (Anatomy and Physiology of Female Genital Tract and its Variations) :	1	30	Yes	Yes	Yes
2 Rudād-i-maraḍ aur nesāyee imtehān (History Taking & Gynecological Examination)	1		Yes	No	No
3 Ildrār-i-Ṭamth aur mutalliqa Ghayr Ṭabī'ī Taghayyurat (Menstruation & Related Disorders)	1		Yes	Yes	Yes
4 Bulūghat, Murahiqā aur Muta'allaqa Amrāḍ (Puberty, Adolescence & its Disorders)	1		Yes	Yes	Yes
5 Inqitā' al-Tamth aur Muta'allaqa Masāel (Menopause & Its Related Problems)	1		Yes	Yes	Yes

6	امراض نسوان میں ہارمون اور نباتی ہارمون کا استعمال کا استعمال (Hormone & Phytohormone Therapy in Gynecological Disorders)	2	20	Yes	Yes	No	
7	امراض فرج Amrād-i farj (Diseases of Vulva)	2		Yes	Yes	Yes	
8	امراض مہبل Amrād al-mahbil (Diseases of Vagina)	2		Yes	Yes	Yes	
9	امراض رحم Amrād al-Raḥim (Diseases of Uterus)	2	20	Yes	Yes	Yes	
10	امراض قاذو قین و خُصیہ الرحم Amrād-i Qādhifen wa Khuṣya al-Raḥim (Diseases of the Fallopian Tubes & Ovaries)	2		Yes	Yes	Yes	
11	تعدیہ عانہ Ta'diya-e- aana (Pelvic Infections) :	2		Yes	Yes	Yes	
12	عُقر Uqr (Infertility)	3	30	Yes	Yes	Yes	
13	امراض ثدی Amrād-i-Thadyayn (Diseases of Breast)	3		Yes	Yes	Yes	
14	خانہ دانی منصوبہ بندی اور مانعاتِ حمل تدابیر و ادویہ Khandani Mansuba Bandi aur Māni'-aat-i-Ḥaml Tadābīr wa Adwiya (Family Planning & Contraceptive Measures)	3		Yes	Yes	Yes	
15	مسالک بولیہ نسائیہ Masālik-i Bawliya nisaiyah (Urogynecology)	3		Yes	Yes	Yes	
16	تشخیصی و معالجاتی عملیات Tashkhīṣi wa Mu'ālajāti Amalīyat (Diagnostic & Therapeutic Procedures)	3		Yes	Yes	No	
Total Marks			100				
Paper 2 (علم القبالت) Ilm al-Qabālat [Obstetrics]							
List of Topics			Term	Marks	MCQ	SAQ	LAQ
17	تولید کے بنیادی اصول Tauleed ke bunyadi Uṣūl (Fundamentals of Reproduction) :	1	30	Yes	Yes	Yes	
18	مشیمہ، اغشیہ جنین، رطوبت امنیوسی اور خبل السرہ Mashīma, Aghshiya-i-Janīn, Ruṭūbat-i-Amīnūsiyya wa Hablussurrah (The Placenta, Fetal Membranes, Amniotic Fluid & Umbilical Cord)	1		Yes	Yes	Yes	
19	حمل Ḥaml (Pregnancy)	1		Yes	Yes	Yes	
20	عانہ زنانه اور جمجمہ جنین Ana-i-zanāna aur jumjuma-i-Janīn (Female Pelvis & Fetal Skull) :	1		Yes	Yes	Yes	
21	رحم و عانہ سے جنین کا رشتہ اور رحم میں جنین کا ارتقاء Raḥim-wa-'Ana se janīn ka rishta aur Raḥim me janīn ka irteqā' : (Fetopelvic Relationship & Fetus in Utero)	1		Yes	Yes	No	
22	طبعی وضع حمل Ṭaba-ī waḍa'-e-Ḥaml (Normal Labor)	2	40	Yes	Yes	Yes	

23 غایر طبیعی وضع حمل اور غیر طبیعی تقدیمات Ghaiyr Ṭabī'ī Waḍa'-e-Ḥaml wa Ghaiyr Ṭabī'ī taqdeemat (Abnormal Labour & Abnormal Presentations) :	2		Yes	Yes	No
24 دوران حمل لاحق ہونے والے معالجاتی اور نسوانی امراض Dauran-e-Ḥaml laḥq hone wale Mu'ālajāti aur Niswāni Amrād : (Medical & Gynecological Disorders in Pregnancy):	2		Yes	Yes	Yes
25 نذف التولید Nazf-al-tauliid (Obstetrical Hemorrhage) :	2		Yes	Yes	Yes
26 عوارضات ولادۃ Awareḍat-i-Wilādat (Obstetrical Complications)	2		Yes	Yes	Yes
27 طبیعی اور غیر طبیعی زمانہ نفاس Zamāna-i-Nafās Ṭaba'ī wa Ghaiyr Ṭaba'ī (Normal & Abnormal Puerperium) :	3	30	Yes	Yes	Yes
28 تولیدی عملیات و جراحیات Taulidi 'Amalīyāt wa Jarāḥeyat (Obstetrical Procedures & Operations)	3		Yes	Yes	No
29 جنین کی نگہداشت / قبل از ولادت جنین کی صحت مندی کا جائزہ Jneen ki nighdast / Qbl az weladt jneen ki sehtmndi ka jayeza (Fetal Surveillance /Antenatal Assessment of Fetal Wellbeing) :	3		Yes	Yes	Yes
30 علم القبالة میں مستعمل ادویہ Ilm al-Qabālat me musta'mal advia (Pharmacotherapeutics in Obstetrics) :	3		Yes	Yes	Yes
Total Marks		100			
Grand Total		200			

6 G : Instructions for UG Paper Setting & Blue print

1. All questions shall be compulsory.
2. The maximum marks for one question paper shall be 100.
3. Questions shall be drawn based on Table 6F, which provides the topic name, types of questions (MCQ(Multiple Choice Question), SAQ(Short Answer Question), LAQ(Long Answer Question)).
4. The marks assigned in Table 6F for each topic/group of topics shall be considered as the maximum allowable marks for that topic/group of topics.
5. Ensure that the total marks allocated per topic/group of topics do not exceed the limits specified in Table 6F.
6. Refer to Table 6F before setting the questions. Questions shall be framed only from topics where the type is marked as "YES", and avoided if marked as "NO".
7. Each 100-mark question paper shall contain:
 - 20 MCQs
 - 8 SAQs
 - 4 LAQs
8. MCQs:
 - Majority shall be drawn from the Must to Know part of the syllabus.
 - Questions from the Desirable to Know part of syllabus shall not exceed 3.
 - Questions from the Nice to Know part of syllabus shall not exceed 2.
9. SAQs:
 - Majority shall be drawn from the Must to Know part of the syllabus.
 - Questions from the Desirable to Know part of syllabus shall not exceed 1.
 - No questions shall be drawn from the Nice to Know part of syllabus.
 - SAQs shall assess understanding, application, and analysis, rather than simple recall.
10. LAQs:
 - All LAQs shall be drawn exclusively from the Must to Know part of the syllabus.
 - No questions shall be taken from the Desirable to Know or Nice to Know part of the syllabus.
 - Number of LAQs should not exceed one per topic unless maximum marks exceed 20 for the topic.
11. Long Answer Questions shall be structured to assess higher cognitive abilities, such as application, analysis, and synthesis.
12. Follow the guidelines in User Manual III for framing MCQs, SAQs, and LAQs.

Demo Blueprint for Illustration. Blue printing should be done based on Instructions for Question paper setting and using 6 F table.

Paper No: 1 (امراض نسوان Amrāḍ-i Niswān [Gynaecology])		
Question No	Type of Question	Question Paper Format
Q1	<p>Multiple choice Questions</p> <p>20 Questions</p> <p>1 mark each</p> <p>All compulsory</p>	<ol style="list-style-type: none"> 1. 1drār-i-Ṭamth aur mutalliqa Ghayr Ṭabī'ī Taghayyurat (Menstruation & Related Disorders) / Rudād-i-maraḍ aur nesāyee imtehān (History Taking & Gynecological Examination) / زنانه اعضاء تناسليه كى تشریح و منافع اور غير طبيكى Zānana A'ḍa' Tanāsuliyya ki Tashrīḥ wa Manāfi' aur Ghayr Ṭabī'ī shaklen: (Anatomy and Physiology of Female Genital Tract and its Variations) : 2. Bulūghat, Murahiqā aur Muta'allaqa Amrāḍ (Puberty, Adolescence & its Disorders) / 1drār-i-Ṭamth aur mutalliqa Ghayr Ṭabī'ī Taghayyurat (Menstruation & Related Disorders) / Rudād-i-maraḍ aur nesāyee imtehān (History Taking & Gynecological Examination) 3. Inqitā' al-Tamth aur Muta'allaqa Masāel (Menopause & Its Related Problems) / Bulūghat, Murahiqā aur Muta'allaqa Amrāḍ (Puberty, Adolescence & its Disorders) / 1drār-i-Ṭamth aur mutalliqa Ghayr Ṭabī'ī Taghayyurat (Menstruation & Related Disorders) 4. Bulūghat, Murahiqā aur Muta'allaqa Amrāḍ (Puberty, Adolescence & its Disorders) / 1drār-i-Ṭamth aur mutalliqa Ghayr Ṭabī'ī Taghayyurat (Menstruation & Related Disorders) / Rudād-i-maraḍ aur nesāyee imtehān (History Taking & Gynecological Examination) 5. Inqitā' al-Tamth aur Muta'allaqa Masāel (Menopause & Its Related Problems) / Bulūghat, Murahiqā aur Muta'allaqa Amrāḍ (Puberty, Adolescence & its Disorders) / زنانه اعضاء تناسليه كى تشریح و منافع اور غير طبيكى Zānana A'ḍa' Tanāsuliyya ki Tashrīḥ wa Manāfi' aur Ghayr Ṭabī'ī shaklen: (Anatomy and Physiology of Female Genital Tract and its Variations) : 6. Amrāḍ al-mahbil (Diseases of Vagina) / Amrāḍ-i farj (Diseases of Vulva) / Amrāḍ-i Niswān mein hormone aur Nabātī hormone ka istemal (Hormone & Phytohormone Therapy in Gynecological Disorders)

7. 7. امراض مهبل Amrāḍ al-mahbil (Diseases of Vagina) / امراض رحم Amrāḍ al-Raḥim (Diseases of Uterus) / امراض فرج Amrāḍ-i farj (Diseases of Vulva)
8. 8. امراض قاذبین وخصیة الرحم Amrāḍ-i Qādhifen wa Khuṣya al-Raḥim (Diseases of the Fallopian Tubes & Ovaries) / امراض رحم Amrāḍ al-Raḥim (Diseases of Uterus)
9. 9. تعدیه عانہ Ta'diya-e- aana (Pelvic Infections) : / امراض قاذبین وخصیة الرحم Amrāḍ-i Qādhifen wa Khuṣya al-Raḥim (Diseases of the Fallopian Tubes & Ovaries) / امراض رحم Amrāḍ al-Raḥim (Diseases of Uterus)
10. 10. تعدیه عانہ Ta'diya-e- aana (Pelvic Infections) : / امراض قاذبین وخصیة الرحم Amrāḍ-i Qādhifen wa Khuṣya al-Raḥim (Diseases of the Fallopian Tubes & Ovaries) / امراض رحم Amrāḍ al-Raḥim (Diseases of Uterus)
11. 11. تعدیه عانہ Ta'diya-e- aana (Pelvic Infections) : / امراض رحم Amrāḍ al-Raḥim (Diseases of Uterus) / امراض فرج Amrāḍ-i farj (Diseases of Vulva)
12. 12. خاندانی منصوبہ بندی اور مانعاتِ حمل تدابیر وادویہ Khandani Mansuba Bandi aur Māni'-aat-i-Ḥaml Tadābīr wa Adwiya (Family Planning & Contraceptive Measures) / امراض شہینہ Amrāḍ-i-Thadyayn (Diseases of Breast) / عُقْر Uqr (Infertility)
13. 13. خاندانی منصوبہ بندی اور مانعاتِ حمل تدابیر وادویہ Khandani Mansuba Bandi aur Māni'-aat-i-Ḥaml Tadābīr wa Adwiya (Family Planning & Contraceptive Measures) / امراض شہینہ Amrāḍ-i-Thadyayn (Diseases of Breast) / مسالک بولیہ نسائیہ Masālik-i Bawliya nisaiyyah (Urogynecology)
14. 14. تشخیصی و معالجاتی عملیات Tashkhīṣi wa Mu'ālajāti Amalīyat (Diagnostic & Therapeutic Procedures) / خاندانی منصوبہ بندی Khandani Mansuba Bandi aur Māni'-aat-i-Ḥaml Tadābīr wa Adwiya (Family Planning & Contraceptive Measures) / مسالک بولیہ نسائیہ Masālik-i Bawliya nisaiyyah (Urogynecology)
15. 15. تشخیصی و معالجاتی عملیات Tashkhīṣi wa Mu'ālajāti Amalīyat (Diagnostic & Therapeutic Procedures) / مسالک بولیہ نسائیہ Masālik-i Bawliya nisaiyyah (Urogynecology) / عُقْر Uqr (Infertility)
16. 16. خاندانی منصوبہ بندی اور مانعاتِ حمل تدابیر وادویہ Khandani Mansuba Bandi aur Māni'-aat-i-Ḥaml Tadābīr wa Adwiya (Family Planning & Contraceptive Measures) / امراض شہینہ Amrāḍ-i-Thadyayn (Diseases of Breast) / دراز طث اور متعلقہ غیر طبعی تغیرات Idrār-i-Ṭamth aur mutalliqa Ghayr Ṭabī'i Taghayyurat (Menstruation & Related Disorders)
17. 17. امراض نسواں میں ہارمون اور نباتی ہارمون کا استعمال Amrāḍ-i Niswān mein hormone aur Nabātī hormone ka istemal (Hormone & Phytohormone)

		<p>Therapy in Gynecological Disorders) / Inqitā' al-Tamth aur Muta'allaqa Masāel (Menopause & Its Related Problems)</p> <p>18. امراض مجہیل Amrāḍ al-mahbil (Diseases of Vagina) / امراض رحم Amrāḍ al-Raḥim (Diseases of Uterus) / امراض فرج Amrāḍ-i farj (Diseases of Vulva)</p> <p>19. تعدیہ عانہ Ta'diya-e- aana (Pelvic Infections) : / امراض قاذفین وخصیہ الرحم Amrāḍ-i Qādhifen wa Khuṣya al-Raḥim (Diseases of the Fallopian Tubes & Ovaries) / عققر Uqr (Infertility)</p> <p>20. امراض مجہیل Amrāḍ al-mahbil (Diseases of Vagina) / تعدیہ عانہ Ta'diya-e- aana (Pelvic Infections) : / امراض قاذفین وخصیہ الرحم Amrāḍ-i Qādhifen wa Khuṣya al-Raḥim (Diseases of the Fallopian Tubes & Ovaries) / امراض رحم Amrāḍ al-Raḥim (Diseases of Uterus)</p>
<p>Q2</p>	<p>Short answer Questions Eight Questions 5 Marks Each All compulsory</p>	<p>1. Inqitā' al-Tamth aur Muta'allaqa Masāel (Menopause & Its Related Problems) / بلوغت مُراهقہ اور متعلقہ امراض Bulūghat, Murahiqā aur Muta'allaqa Amrāḍ (Puberty, Adolescence & its Disorders) / ادوار طمث اور متعلقہ غیر طبعی تغیرات Idrār-i-Ṭamth aur mutalliqa Ghayr Ṭabī'ī Taghayyurat (Menstruation & Related Disorders) / زنانہ اعضاء تناسلیہ کی تشریح و منافع اور غیر طبعی Zānāna A'dā' Tanāsuliyya ki Tashrīḥ wa Manāfi' aur Ghayr Ṭabī'ī shaklen: (Anatomy and Physiology of Female Genital Tract and its Variations) :</p> <p>2. بلوغت مُراهقہ اور متعلقہ امراض Bulūghat, Murahiqā aur Muta'allaqa Amrāḍ (Puberty, Adolescence & its Disorders) / ادوار طمث اور متعلقہ غیر طبعی تغیرات Idrār-i-Ṭamth aur mutalliqa Ghayr Ṭabī'ī Taghayyurat (Menstruation & Related Disorders)</p> <p>3. Inqitā' al-Tamth aur Muta'allaqa Masāel (Menopause & Its Related Problems) / بلوغت مُراهقہ اور متعلقہ امراض Bulūghat, Murahiqā aur Muta'allaqa Amrāḍ (Puberty, Adolescence & its Disorders)</p> <p>4. امراض مجہیل Amrāḍ al-mahbil (Diseases of Vagina) / امراض فرج Amrāḍ-i farj (Diseases of Vulva) / امراض نسوان میں ہارمون اور نباتی ہارمون کا استعمال Amrāḍ-i Niswān mein hormone aur Nabātī hormone ka istemal (Hormone & Phytohormone Therapy in Gynecological Disorders)</p> <p>5. تعدیہ عانہ Ta'diya-e- aana (Pelvic Infections) : / امراض قاذفین وخصیہ الرحم Amrāḍ-i Qādhifen wa Khuṣya al-Raḥim (Diseases of the Fallopian Tubes & Ovaries) / امراض رحم Amrāḍ al-Raḥim (Diseases of Uterus)</p> <p>6. امراض خمدین Amrāḍ-i-Thadyayn (Diseases of Breast) / عققر Uqr (Infertility)</p> <p>7. خاندانی منصوبہ بندی اور مانعتیہ عمل تدابیر و ادویہ Khandani Mansuba Bandi aur Māni'-aat-i-Ḥaml Tadābīr wa Adwiya (Family Planning & Contraceptive Measures) / امراض خمدین Amrāḍ-i-Thadyayn (Diseases of Breast)</p>

		8. تشخیصی و معالجاتی عملیات Tashkhīṣi wa Mu'ālajāti Amalīyat (Diagnostic & Therapeutic Procedures) / خانہ دانی منصوبہ بندی Masālik-i Bawliya nisayiyah (Urogynecology) / Khandani Mansuba Bandi aur Māni'-aat-i-Ḥaml Tadābīr wa Adwiya اور مانعاتِ حمل تدابیر و ادویہ (Family Planning & Contraceptive Measures)
Q3	Long answer Questions Four Questions 10 marks each All compulsory	1. انقطاعِ طمث اور متعلقہ مسائل Inqitā' al-Tamth aur Muta'allaqa Masāel (Menopause & Its Related Problems) / بلوغت مُراہقہ اور متعلقہ امراض Bulūghat, Murahiqa aur Muta'allaqa Amrād (Puberty, Adolescence & its Disorders) / درارِ طمث اور متعلقہ غیر طبعی تغیرات Idrār-i-Tamth aur mutalliqa Ghayr Ṭabī'i Taghayyurat (Menstruation & Related Disorders) / زنانہ اعضاءِ تناسلیہ کی تشریح و منافع اور غیر طبعی Zanana A'ḍa' Tanāsuliyya ki Tashrīḥ wa Manāfi' aur Ghayr Ṭabī'i shaklen: (Anatomy and Physiology of Female Genital Tract and its Variations) : 2. امراضِ قاذِ فِین و خُصیہ الرحم Amrād-i Qādhifen wa Khuṣya al-Raḥim (Diseases of the Fallopian Tubes & Ovaries) / امراضِ مہبل Amrād al-mahbil (Diseases of Vagina) / امراضِ فرج Amrād-i farj (Diseases of Vulva) 3. امراضِ قاذِ فِین و خُصیہ الرحم Amrād-i Qādhifen wa Khuṣya al-Raḥim (Diseases of the Fallopian Tubes & Ovaries) / امراضِ رحم Amrād al-Raḥim (Diseases of Uterus) 4. خانہ دانی منصوبہ بندی اور مانعاتِ حمل تدابیر و ادویہ Masālik-i Bawliya nisayiyah (Urogynecology) / Khandani Mansuba Bandi aur Māni'-aat-i-Ḥaml Tadābīr wa Adwiya (Family Planning & Contraceptive Measures) / غُقر Amrād-i-Thadyayn (Diseases of Breast) / عُقر 'Uqr (Infertility)

Paper No: 2 (علم القبالت) Ilm al-Qabālat [Obstetrics]

Question No	Type of Question	Question Paper Format
Q1	Multiple choice Questions 20 Questions 1 mark each All compulsory	1. مشیمہ، اغشیہ جنین، رطوبتِ امنیوسی اور خبلُ السَّرہ Mashīma, Aghshiya-i-Janīn, Ruṭūbat-i-Amīnūsiyya wa Hablussurrah (The Placenta, Fetal Membranes, Amniotic Fluid & Umbilical Cord) / تولید کے بنیادی اصول Tauleed ke bunyadi Uṣūl (Fundamentals of Reproduction) : 2. مشیمہ، اغشیہ جنین، رطوبتِ امنیوسی اور خبلُ السَّرہ Haml (Pregnancy) / Mashīma, Aghshiya-i-Janīn, Ruṭūbat-i-Amīnūsiyya wa Hablussurrah (The Placenta, Fetal Membranes, Amniotic Fluid & Umbilical Cord)

		<p>3. ختمل / : Ana-i-zanāna aur jumjuma-i-Janīn (Female Pelvis & Fetal Skull) Hāml (Pregnancy)</p> <p>4. رحم وعانہ سے جنین کا رشتہ اور رحم میں جنین کا ارتقاء / : Ana-i-zanāna aur jumjuma-i-Janīn (Female Pelvis & Fetal Skull) : irteqā' (Fetopelvic Relationship & Fetus in Utero)</p> <p>5. رحم وعانہ سے جنین کا رشتہ اور رحم میں جنین کا ارتقاء / : Ana-i-zanāna aur jumjuma-i-Janīn (Female Pelvis & Fetal Skull) : irteqā' (Fetopelvic Relationship & Fetus in Utero) / مَشِيمَة، اَغشِيَّة، جنين، رطوبت امنيوسية اور حبل الشَّرة / Mashīma, Aghshiya-i-Janīn, Ruṭūbat-i-Amīnūsiyya wa Hablussurrah (The Placenta, Fetal Membranes, Amniotic Fluid & Umbilical Cord)</p> <p>6. غيـر طـبـعـي و طـبـعـي و ضـع حـمـل اور غيـر طـبـعـي تـقـديـمـات / : Ghaiyr Ṭabī'ī Waḍa'-e-Ḥaml wa Ghaiyr Ṭabī'ī taqdeemat (Abnormal Labour & Abnormal Presentations) : / طـبـعـي و طـبـعـي و ضـع حـمـل / Ṭaba-ī waḍa'-e-Ḥaml (Normal Labor)</p> <p>7. دوران حمل لاحق ہونے والے معالجاتی اور نسوانی امراض / : Dauran-e-Ḥaml laḥq hone wale Mu'āljāti aur Niswāni Amrād : (Medical & Gynecological Disorders in Pregnancy) / غيـر طـبـعـي و طـبـعـي و ضـع حـمـل اور غيـر / Ghaiyr Ṭabī'ī Waḍa'-e-Ḥaml wa Ghaiyr Ṭabī'ī taqdeemat (Abnormal Labour & Abnormal Presentations) :</p> <p>8. دوران حمل لاحق ہونے والے معالجاتی اور نسوانی امراض / : Dauran-e-Ḥaml laḥq hone wale Mu'āljāti aur Niswāni Amrād : (Medical & Gynecological Disorders in Pregnancy) : Nazf-al-tauliid (Obstetrical Hemorrhage) / نـزف التـولـيد</p> <p>9. عوارضات و لاداة / : Awareḍat-i-Wilādat (Obstetrical Complications) / نـزف التـولـيد Nazf-al-tauliid (Obstetrical Hemorrhage) :</p> <p>10. عوارضات و لاداة / : Awareḍat-i-Wilādat (Obstetrical Complications) / نـزف التـولـيد Nazf-al-tauliid (Obstetrical Hemorrhage) : دوران حمل لاحق ہونے والے معالجاتی اور نسوانی امراض / : Dauran-e-Ḥaml laḥq hone wale Mu'āljāti aur Niswāni Amrād : (Medical & Gynecological Disorders in Pregnancy):</p> <p>11. توليدي عمليات و جراحیات / : Taulidi 'Amalīyāt wa Jarāḥeyat (Obstetrical Procedures & Operations) / زمانہ نفاس طبعی اور غیر طبعی / Zamāna-i-Nafās Ṭaba'ī wa Ghaiyr Ṭaba'ī (Normal & Abnormal Puerperium) :</p> <p>12. جنین کی نگہداشت / قبل از ولادت جنین کی صحت مندی کا جائزہ / : Jneen ki nighdast / Qbl az weladt jneen ki sehtmndi ka jayeza (Fetal Surveillance /Antenatal Assessment of Fetal Wellbeing) : توليدي عمليات و / : Taulidi 'Amalīyāt wa Jarāḥeyat (Obstetrical Procedures & Operations)</p>
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		<p>13. علم القبالة میں مستعمل ادویہ Ilm al-Qabālat me musta'mal advia (Pharmacotherapeutics in Obstetrics : / قبل از ولادت جنین کی صحت مندی کا جائزہ / Jneen ki nighdast / Qbl az weladt jneen ki sehtmndi ka jayeza (Fetal Surveillance /Antenatal Assessment of Fetal Wellbeing) :</p> <p>14. علم القبالة میں مستعمل ادویہ Ilm al-Qabālat me musta'mal advia (Pharmacotherapeutics in Obstetrics : / قبل از ولادت جنین کی صحت مندی کا جائزہ / Jneen ki nighdast / Qbl az weladt jneen ki sehtmndi ka jayeza (Fetal Surveillance /Antenatal Assessment of Fetal Wellbeing) : / زمانہ نفاس طبعی اور غیر طبعی / Zamāna-i-Nafās Ṭaba'ī wa Ghaiyr Ṭaba'ī (Normal & Abnormal Puerperium) :</p> <p>15. غیر طبعی وضع حمل اور غیر طبعی تقدیمات Ghaiyr Ṭabī'ī Waḍa'-e-Ḥaml wa Ghaiyr Ṭabī'ī taqdeemat (Abnormal Labour & Abnormal Presentations) : / طبعی وضع حمل / Ṭaba-ī waḍa'-e-Ḥaml (Normal Labor)</p> <p>16. دوران حمل لاحق ہونے والے معالجاتی اور نسوانی امراض / Nazf-al-tauliid (Obstetrical Hemorrhage) : / Dauran-e-Ḥaml laḥq hone wale Mu'ālajāti aur Niswāni Amrād : (Medical & Gynecological Disorders in Pregnancy):</p> <p>17. زمانہ نفاس طبعی اور غیر طبعی / Zamāna-i-Nafās Ṭaba'ī wa Ghaiyr Ṭaba'ī (Normal & Abnormal Puerperium) : / عوارضات ولادت / Awarḍat-i-Wilādat (Obstetrical Complications)</p> <p>18. دوران حمل لاحق ہونے والے معالجاتی اور نسوانی امراض / Dauran-e-Ḥaml laḥq hone wale Mu'ālajāti aur Niswāni Amrād : (Medical & Gynecological Disorders in Pregnancy): / غیر طبعی وضع حمل اور غیر / Ghaiyr Ṭabī'ī Waḍa'-e-Ḥaml wa Ghaiyr Ṭabī'ī taqdeemat (Abnormal Labour & Abnormal Presentations) : / طبعی وضع حمل / Ṭaba-ī waḍa'-e-Ḥaml (Normal Labor)</p> <p>19. زمانہ نفاس طبعی اور غیر طبعی / Zamāna-i-Nafās Ṭaba'ī wa Ghaiyr Ṭaba'ī (Normal & Abnormal Puerperium) : / عوارضات ولادت / Awarḍat-i-Wilādat (Obstetrical Complications) / نزف التولید / Nazf-al-tauliid (Obstetrical Hemorrhage) :</p> <p>20. علم القبالة میں مستعمل ادویہ Ilm al-Qabālat me musta'mal advia (Pharmacotherapeutics in Obstetrics : / نزف التولید / Nazf-al-tauliid (Obstetrical Hemorrhage) :</p>
Q2	<p>Short answer Questions Eight Questions 5 Marks Each All compulsory</p>	<p>1. حمل / Ḥaml (Pregnancy) / تولید کے بنیادی اصول / Tauleed ke bunyadi Uṣūl (Fundamentals of Reproduction) :</p> <p>2. مشیمہ، اغشیہ جنین، رطوبت امینوسی اور خنبل السره / Mashīma, Aghshiya-i-Janīn, Ruṭūbat-i-Amīnūsiyya wa Hablussurrah (The Placenta, Fetal Membranes, Amniotic Fluid & Umbilical Cord)</p>

		<p>3. رحم وعانہ سے جنین کا رشتہ اور رحم میں جنین کا ارتقاء Raḥim-wa-'Ana se janīn ka rishta aur Raḥim me janīn ka irteqā' : (Fetopelvic Relationship & Fetus in Utero) / عانہ زنانه اور جمجمہ جنین Ana-i-zanāna aur jumjuma-i-Janīn (Female Pelvis & Fetal Skull) :</p> <p>4. دورانِ حمل لاحق ہونے والے معالجاتی اور نسوانی امراض Dauran-e-Ḥaml laḥq hone wale Mu'ālajāti aur Niswāni Amrāḍ : (Medical & Gynecological Disorders in Pregnancy): / غیر طبعی وضع حمل اور غیر غیر طبعی تقدیمات Ghaiyr Ṭabī'ī Waḍa'-e-Ḥaml wa Ghaiyr Ṭabī'ī taqdeemat (Abnormal Labour & Abnormal Presentations) : / طبعی وضع حمل Ṭaba-ī waḍa'-e-Ḥaml (Normal Labor)</p> <p>5. عوارضاتِ ولادت Awareḍat-i-Wilādat (Obstetrical Complications) / نازف التولید Nazf-al-tauliid (Obstetrical Hemorrhage) :</p> <p>6. تولیدی عملیات و جراحیات Taulidi 'Amalīyāt wa Jarāḥeyat (Obstetrical Procedures & Operations) / زمانہ نفاس طبعی اور غیر طبعی Zamāna-i-Nafās Ṭaba'ī wa Ghaiyr Ṭaba'ī (Normal & Abnormal Puerperium) :</p> <p>7. جنین کی نگہداشت / قبل از ولادت جنین کی صحت مندی کا جائزہ Jneen ki nighdast / Qbl az weladt jneen ki sehtmndi ka jayeza (Fetal Surveillance /Antenatal Assessment of Fetal Wellbeing) : / تولیدی عملیات و جراحیات Taulidi 'Amalīyāt wa Jarāḥeyat (Obstetrical Procedures & Operations)</p> <p>8. علم القبالہ میں مستعمل ادویہ Ilm al-Qabālat me musta'mal advia (Pharmacotherapeutics in Obstetrics) : / دورانِ حمل لاحق ہونے والے معالجاتی اور نسوانی امراض Dauran-e-Ḥaml laḥq hone wale Mu'ālajāti aur Niswāni Amrāḍ : (Medical & Gynecological Disorders in Pregnancy):</p>
<p>Q3</p>	<p>Long answer Questions Four Questions 10 marks each All compulsory</p>	<p>1. حمل / عانہ زنانه اور جمجمہ جنین Ana-i-zanāna aur jumjuma-i-Janīn (Female Pelvis & Fetal Skull) : / حمل Ḥaml (Pregnancy) / مشیمہ، اغشیرہ جنین، رطوبت امینوسی اور خبل الشہہ Mashīma, Aghshiya-i-Janīn, Ruṭūbat-i-Amīnūsiyya wa Hablussurrah (The Placenta, Fetal Membranes, Amniotic Fluid & Umbilical Cord) / تولید کے بنیادی اصول Tauleed ke bunyadi Uṣūl (Fundamentals of Reproduction) :</p> <p>2. دورانِ حمل لاحق ہونے والے معالجاتی اور نسوانی امراض Dauran-e-Ḥaml laḥq hone wale Mu'ālajāti aur Niswāni Amrāḍ : (Medical & Gynecological Disorders in Pregnancy): / طبعی وضع حمل Ṭaba-ī waḍa'-e-Ḥaml (Normal Labor)</p> <p>3. عوارضاتِ ولادت Awareḍat-i-Wilādat (Obstetrical Complications) / نازف التولید Nazf-al-tauliid (Obstetrical Hemorrhage) :</p> <p>4. علم القبالہ میں مستعمل ادویہ Ilm al-Qabālat me musta'mal advia (Pharmacotherapeutics in Obstetrics) : / جنین کی نگہداشت / قبل از ولادت جنین کی صحت مندی کا جائزہ Jneen ki nighdast / Qbl az weladt jneen ki sehtmndi ka jayeza (Fetal Surveillance /Antenatal Assessment of Fetal Wellbeing) :</p>

		Zamāna-i-Nafās Ṭaba'ī wa Ghaiyr Ṭaba'ī (Normal & Abnormal Puerperium) : زمانہ نفاس طبعی اور غیر طبعی /
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6 H : Distribution of Practical Exam

S.No	Head	Marks
1	Case Taking (Long Case-1): Demographic Data, Bedside History taking, Clinical Examination, Provisional Diagnosis & Management of Gynecology Patient.	40
2	Case Taking (Short Case-1): Bedside History taking, Clinical Examination (brief), Provisional Diagnosis & Management of Gynecological/ Obstetrics Patient.	20
3	Spotting: Identification of Common surgical Instruments & Equipment (10 spots)	20
4	Practical Demonstration (Any one Demonstration of Gynecological / Obstetrical Procedures)	10
5	Case Sheet Records: Cases of Gynecology & Obstetrics 10 Each (Assigned during Academic Session)	10
6	Viva Voce	30
7	Internal Assessment	20
Total		150

References Books/ Resources

S.No	Resources
1	Masihi A. Me'ate Maseehi. Vol. I. New Delhi: Central Council for Research in Unani Medicine; 2008.
2	Arzani MA. Mizanuttib. New Delhi: Qaumi Council bray-e-Froghe Urdu Zaban; 2002.
3	Jurjani AH. Zkhira-e Kwarizam Shahi (Urdu translation). Delhi: Idara Kitabush Shifa; 2010.
4	Kabeeruddin Byaz-e-Kabeer. New Delhi: Central Council for Research in Unani Medicine; 2008.
5	Razi ABMZ. Kitabul-Mansoori (Urdu translation). New Delhi: Central Council for Research in Unani Medicine; 1991.
6	Razi ABMZ. Kitabul-Hawi Fit-Tib. Vol. VII. New Delhi: Central Council for Research in Unani Medicine; 2000.
7	Razi ABMZ. Kitabul-Hawi Fit-Tib. Vol. IX. New Delhi: Central Council for Research in Unani Medicine; 2001.
8	Razi ABMZ. Kitabul-Hawi Fit-Tib. Vol. X. New Delhi: Central Council for Research in Unani Medicine; 2002.
9	Khan MA. Beyaz-e-Ajmal. New Delhi: Ejaz Publishing House; 1995.
10	Khan MA. Haziq. Delhi: Idara Kitabush Shifa; 2002.
11	Khan MA. Akseer-e-Azam (Urdu translation). Delhi: Idara Kitabush Shifa; 2011.
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Abbreviations

Domain		T L Method		Level		Assessment		Integration	
CK	Cognitive/Knowledge	L	Lecture	K	Know	T-CS	Theory case study	V-UAMF	V-UAMF
CC	Cognitive/Comprehension	L&PPT	Lecture with PowerPoint presentation	KH	Knows how	T-OBT	Theory open book test	V-KUT	V-KUT
CAP	Cognitive/Application	L&GD	Lecture & Group Discussion	SH	Shows how	P-VIVA	Practical Viva	V-TB	V-TB
CAN	Cognitive/Analysis	L_VC	Lecture with Video clips	D	Does	P-REC	Practical Recitation	V-MZ	V-MZ
CS	Cognitive/Synthesis	REC	Recitation			P-EXAM	Practical exam	V-TT	V-TT
CE	Cognitive/Evaluation	SY	Symposium			PRN	Presentation	V-IA	V-IA
PSY-SET	Psychomotor/Set	TUT	Tutorial			P-PRF	Practical Performance	V-ISM	V-ISM
PSY-GUD	Psychomotor/Guided response	DIS	Discussions			P-SUR	Practical Survey	V-TST	V-TST
PSY-MEC	Psychomotor/Mechanism	BS	Brainstorming			P-EN	Practical enact	V-MA	V-MA
PSY-ADT	Psychomotor Adaptation	IBL	Inquiry-Based Learning			P-RP	Practical Role play	V-TQS	V-TQS
PSY-ORG	Psychomotor/Origination	PBL	Problem-Based Learning			P-MOD	Practical Model	V-SUI	V-SUI
AFT-REC	Affective/ Receiving	CBL	Case-Based Learning			P-POS	Practical Poster	H-MOA	H-MOA

AFT-RES	Affective/Responding	PrBL	Project-Based Learning			P-CASE	Practical Case taking	H-QAN	H-QAN
AFT-VAL	Affective/Valuing	TBL	Team-Based Learning			P-ID	Practical identification	H-IJ	H-IJ
AFT-SET	Affective/Organization	TPW	Team Project Work			P-PS	Practical Problem solving	H-AUH	H-AUH
AFT-CHR	Affective/ characterization	FC	Flipped Classroom			QZ	Quiz	H-AJT	H-AJT
PSY-PER	Psychomotor/perception	BL	Blended Learning			PUZ	Puzzles	H-IBT	H-IBT
PSY-COR	Psychomotor/ Complex Overt Response	EDU	Edutainment			CL-PR	Class Presentation	H-AAN	H-AAN
		ML	Mobile Learning			DEB	Debate	H-RMS	H-RMS
		ECE	Early Clinical Exposure			WP	Word puzzle		
		SIM	Simulation			O-QZ	Online quiz		
		RP	Role Plays			O-GAME	Online game-based assessment		
		SDL	Self-directed learning			M-MOD	Making of Model		
		PSM	Problem-Solving Method			M-CHT	Making of Charts		
		KL	Kinaesthetic Learning			M-POS	Making of Posters		

		W	Workshops			C-INT	Conducting interview		
		GBL	Game-Based Learning			INT	Interactions		
		LS	Library Session			CR-RED	Critical reading papers		
		PL	Peer Learning			CR-W	Creativity Writing		
		RLE	Real-Life Experience			C-VC	Clinical video cases		
		PER	Presentations			SP	Simulated patients		
		D-M	Demonstration on Model			PM	Patient management problems		
		PT	Practical			CHK	Checklists		
		X-Ray	X-ray Identification			Mini-CEX	Mini-CEX		
		CD	Case Diagnosis			DOPS	DOPS		
		LRI	Lab Report Interpretation			CWS	CWS		
		DA	Drug Analysis			RS	Rating scales		
		D	Demonstration			RK	Record keeping		
		D-BED	Demonstration Bedside			COM	Compilations		

		DL	Demonstration Lab			Portfolios	Portfolios		
		DG	Demonstration Garden			Log book	Log book		
		FV	Field Visit			TR	Trainers report		
						SA	Self- assessment		
						PA	Peer assessment		
						360D	360-degree evaluation		
						PP- Practical	Practical		
						VV-Viva	Viva		
						DOAP	Demonstration Observation Assistance Performance		
						SBA	Scenario Based Assessment		
						CBA	Case based Assessment		
						S-LAQ	Structured LAQ		
						OSCE	Objective Structured		

							Clinical Examination		
						OSPE	Objective Structured Practical Examination		
						DOPS	Direct observation of procedural skills		