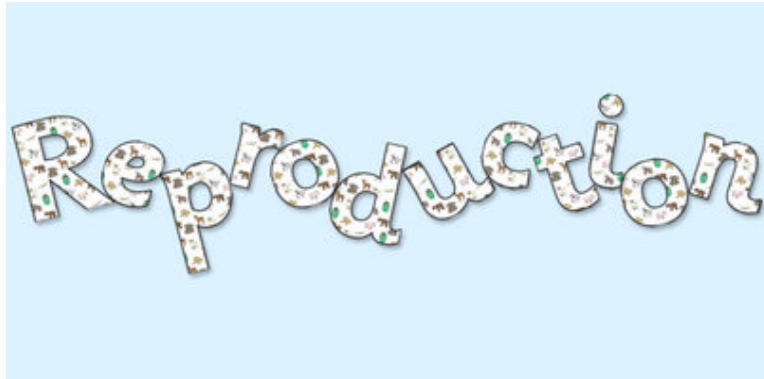


AJK Medical College, Muzaffarabad

STUDY GUIDE Reproduction Module (0311) 4th Year MBBS



Pre-requisite modules:

Foundation, CHP, CVS-II, Hematology, RES-II & GIT-II, & SPS-II Modules

Duration= 3 weeks

DEPARTMENT OF MEDICAL EDUCATION

CONTENTS

1. Module team
2. Introduction to module
3. Module theme
4. Table of specifications
5. Cases, learning objectives and critical questions
6. Recommended text books
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MODULE TEAM

- | | |
|---------------------------|---------------|
| 1. Dr. Sarosh Majid | (Planner) |
| 2. Dr. Murtaza Gillani | (coordinator) |
| 3. Dr. Anwar ul Haq | (Member) |
| 4. Dr. Javed Rathore | (Member) |
| 5. Dr. Ziyad Afzal Kiyani | (DME) |
| 6. Dr. Mohsin Shakil | (Member) |
| 7. Dr. Hamid Rashid | (Member) |
| 8. Dr. Naheed | (Member) |
| 9. Dr. Bashir Trumbo | (Member) |
| 10. Dr. Naheem Ahmed | (Member) |
| 11. Dr. Shafaq Hanif | (Member) |

RATIONALE

Reproductive health is not only important for one's own life but also for raising the race. This module introduces the students to the integrative pathogenesis of diseases related to the reproductive system and applications of community medicines in pregnancy, labor, fertility control and STDs. This module is basically concerned about male and female genital tract pathologies, placental associated conditions and congenital malformations of genital tract. The students will learn how to classify and grades tumors of genital tract system and how to diagnose them through laboratory tests and what are the common screening tests for these tumors. They will learn the available tests for male and female infertility. They will also be taught about infections of genital tract diagnosis.

In this module they will also learn about significance of antenatal care, labor care, safe motherhood plans and approaches and available methods for fertility control. They will be taught about sexually transmitted diseases prevention.

AIMS OF MODULE

The module aims to provide:

- Clinical relevance, pathogenesis and laboratory diagnosis of male and female tracts disorders including tumors and infections
- Knowledge and understanding of male congenital disorders of genital tract like epispadias, hypospadias's, phimosis, cryptorchidism and torsion of testis.
- Knowledge and application of fertility control drugs in the community.
- A foundation for understanding the clinical basis of antenatal care, safe motherhood factors and STDs.

- Knowledge and clinical relevance of PAP smear.
- A foundation for understanding the clinical basis of infertility and laboratory diagnosis of male and female factors.

1.1 Learning outcomes

Our intended learning outcomes, in terms of knowledge are:

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

- Describe the normal and abnormal structures of male reproductive tract.
- Recognize and identify the changes in structure and/or functioning of the reproductive system especially in case of tumors of ovary, uterus, vulva, vagina, testes and infections.
- Describe contraceptives, antenatal care and factors of safe motherhood.

In terms of psychomotor skills, our intended outcomes are:

- Identify normal and abnormal findings related to reproductive system on gross, microscopic and radiologic examination
- Recommend contraceptives
- Identify low risk and high risk pregnancy on the basis of antenatal care
- Elicit clinical history in a patient suspected of reproductive tract diseases
- Recognize normal and abnormal characteristics on physical examination
- Perform a focused physical examination

Our intended outcomes in terms of attitude are to sensitize the learners about:

- Importance of lifestyle modification in the prevention and control of reproductive tract diseases.
- Effective communication and counseling skill.

1.2 Teaching Strategy

The content of this module will be delivered by a combination of different teaching strategies. These include small group discussions (SGD), large group interactive sessions (LGIS), demonstrations in lab practical and clinical skill sessions at skill lab. Group projects will be assessed at the end of the block.

1.3 Organization of Module

The module consists of four themes, each based on a real life situation. The module will employ different modes of instruction, briefly described below. Major emphasis will be on discussion, analysis and deductions; all by the students and guided by the faculty.

1.4 Content Delivery

Entire curriculum will be delivered by clinical case scenarios each covering a theme. Read the cases and the objectives of the theme which you are supposed to encounter next day, understand and explain the case to yourself and read the relevant information. Following learning/teaching strategies will be employed to discuss the cases:

Small Group Discussion

Main bulk of the course content will be delivered in small group sessions. Each theme has an associated case. The case will be the centre around which learning will take place. Depending on the case you might be required to deduce objectives and learning issues or only learning issues. Every group will have a facilitator assigned to it. The facilitator will be there to keep you on track, giving you maximum liberty to discuss and achieve the objectives as a

group. Small groups in some cases may be followed by a wrap up session. Rest of the information will be there in the schedule.

Large group

Large group instruction will be employed at times sparingly. Attend large group sessions with the following focus

- a. Identify important points
- b. Ask questions of points not well understood in the text
- c. Measure your learning comprehension

Videos

Video demonstrations on history taking and clinical examination, on diseases will be shown to give you an idea into the disease process, testing and practical aspect of communication with the patients.

Hands-on Activities/ Practical

Practical activities, linked with the case, will take place.

Lab:

Attend your scheduled lab and take advantage of free time for study .Use your labs to correlate text structures to actual specimens in lab practice.

Self Directed Learning

A few SDLs have been added in between to create an environment for you to search literature as well as to deduce and synthesize information from different sources to meet the learning objectives. It will also help in breaking the monotonous / strenuous schedule and make you life- long learner.

1.5 Assessment

In this 4-weeks duration module, you will have surprise quizzes and intermittent short tests. A full-fledged formative assessment will be taken at the end of module. This will give you an idea about the format of the examination that you will go through at the end of the Block. Of course, this will be followed by feedback on your performance in the exam.

Marks obtained in the module examination will contribute 30% (internal assessment) towards end of year Professional University Examination.

Recommended list of Icons



This Icon will refer to Introduction to case



This Icon will refer to Objectives



This Icon will refer to critical questions



This Icon will refer to resource material



This Icon will refer to key words

Table of Specifications (TOS)

MCQs and SAQs

Sr.#	Themes	Percentage
1	A Lady in the Family Way	25%
2	Abdominal Masses	20%
3	Infertility	20%
4	Vaginal Discharge	20%
5	Ambiguous Genitalia/ Tumors	15%
Total		100%

Theme: 1 - A Lady in the Family Way

Learning objectives:

At the end of this module the student will be able to;

1. Describe chorionicity of placenta and examination of placenta in the laboratory
2. Define molar pregnancy and associated tumors in terms of appearance, microscopic features and laboratory diagnosis
3. Describe ectopic pregnancy in terms of etiology, its locations and complications
4. Enlist the benign and malignant tumors of breast and give their gross and microscopic features along with their clinical presentation
5. Role of hormones receptors essays in diagnosis of breast carcinoma and sentinel node biopsy
6. Discuss the natural methods of Family planning.
7. Define RH, discuss various components of RH
8. Enlist various RH problems and their prevention
9. across women's life time
10. Definition of maternal mortality rates, various causes and risk factors.
11. Enlist the common indicators related to maternal health
12. Describe the measure taken to reduce maternal mortality. Antenatal, natal, and post natal care.
13. Define Safe Motherhood, guide line of WHO about safe motherhood and its various pillars.
14. Explain mother bay package by WHO.
15. Breast feeding, artificial feeding and weaning.
16. Describe Aims & objectives of Family planning.
17. Explain of choice family planning.
18. List the classification Family planning and discuss any one method
19. Explain different types of IUCDs .

Theme: 1 - Case history

A 32 years G₄P₁A₂ presented in AIMS emergency department at 37 weeks of pregnancy with headache, pain abdomen and high blood pressure

History of Present Illness:

She conceived after ovulation induction. Her first trimester remained uneventful. Her second trimester also remained uneventful and remained on regular antenatal visit. In third trimester she presented with above mentioned complaints.

Obstetrical history:

Her first pregnancy remained uneventful and she delivered a male baby through normal vaginal delivery at hospital with no intrapartum and postpartum complications. Her baby is alive and healthy.

Her second pregnancy was end up in laparotomy due to ectopic pregnancy conducted in hospital under general anesthesia with no intraoperative and postoperative complications.

Her third pregnancy end up in suction evacuation due to molar pregnancy of 3 months

Gynecological history:

she had age of menarche at 13 years of age with regular menstrual cycle and no related complaints of menstruation and coitus. Couple practiced hormonal contraceptives for one year after first birth of baby.

Past Medical History:

No history of any major illness in the past

Family Medical History:

No history of any major illness in the family

No family history of IUD, multiple pregnancy and congenital abnormalities

Personal Health:

She is lady health visitor working in Basic health unit Danna. Her sleeping and bowel habits are normal. She is nonsmoker, non addict and has no drug allergy.

Social History and Lifestyle:

She is earning 17000 rupees per month and her husband is accountant by profession earning 25000 rupees per month living in their own house of four rooms and number of dependents are 4.

Review of Systems

Cardiovascular: Normal

Respiratory: The patient denies any history of pain, wheezing, chronic cough, hemoptysis, fever, or night sweats.

Gastrointestinal: Normal

Genital/Reproductive: Normal

Urinary: Normal

Musculoskeletal: Normal

CNS: Normal

Psych: Patient feels a little bit anxious

General physical examination

Temperature: 98.6F

Pulse: 72 bpm with normal peripheral pulses

Respiration: 18 pm

Blood Pressure: 150/100 mmHg

Weight: 75 kg

Height: 5 ft 4 in)

General Appearance: anxious looking young lady, oriented in person, place and time.

Neck: Thyroid not palpable, trachea central,

CVS: No jugular venous distention, no carotid bruit, no murmurs on auscultation; normal S1 and S2; but tachycardia with regular rhythm.

Respiration: Normal vesicular breathing with no added sounds

CNS: No neurological deficit found

Obs. ex: abdomen is symmetrically protuberant with central umbilicus and one supra pubic transvers scar mark.

Abdomen is soft nontender, Fundal height is of 38 weeks with multiple fetal parts palpable and audible fetal heart rate

Investigations:

Labs:

Blood complete picture: Normal

Urine R/E: ++ albuminuria

Special Investigations:

Obs. USG: twin diamniotic pregnancy of 37 weeks with adequate liquor

RFTs: normal

LFTs: normal

Coagulation profile: normal

Theme: 2 - Abdominal Masses

Learning objectives

At the end of this theme the students will be able to;

1. Classify ovarian tumors, and give their gross and microscopic appearance along with their clinical features and complications
2. Define and describe endometrial hyperplasia and its relationship with development of carcinoma
3. Describe endometrial carcinoma in terms of microscopic appearance and complications
4. Define leiomyoma and describe leiomyomas in terms of etiology, presentation and gross and microscopic with leiomyosarcoma
5. Discuss role of imaging and tumor markers in uterine and ovarian carcinomas

Theme: 2 - Case history

A 65 years old nullipara woman presents to OPD AIMS with complain of gradual abdominal distention, irregular vaginal bleeding.

History of Present Illness:

Patient developed gradual abdominal distention for the last 2 years, initially it was more on lower abdomen then progressively enlarged to whole abdomen. It was also associated with off and on vaginal bleeding without any pattern for the last 8 months. She lost weight from 70 to 58kg within 2 years and has anorexia associated with generalized weakness.

Obstetrical History:

She is nullipara

Gynaecological history:

She had spontaneous onset of menarche at the age of 10 years. She had regular menstrual cycle of 4/28 days with no dysmenorrhea and intermenstrual and postcoital bleeding. Now she had surgical menopause after total abdominal hysterectomy at age of 45 years due to fibroid uterus. Couple never practiced contraception. She had multiple ovulation induction for the treatment of infertility.

Past medical History:

She is hypertensive controlled on antihypertensives.

Surgical History:

She had total abdominal hysterectomy due to fibroid uterus under general anesthesia with no intra and post operative complications.

Family history:

There is family history of ovarian carcinoma in her sister.

Personal history:

She is retired teacher and had degree of Master in Urdu. She is nonsmoker and non addict. she has disturbed sleep pattern for the last 2 months.

Socioeconomic history:

Her husband is business man by profession earning 40,000 rupees /month, living in their own house.

Review of Systems

Cardiovascular: Palpitations, tachycardia

Respiratory: feels difficulty in breathing on lying supine

Gastrointestinal: reduced appetite

Genital/Reproductive: menopausal age

Urinary: Normal

CNS: Normal

Psych: Patient is anxious

General physical examination

Temperature: 98.6F

Pulse: 72 bpm with normal peripheral pulses

Respiration: 18 pm

Blood Pressure: 140/90 mmHg

Weight: 58 kg

General Appearance: 65 years old woman, oriented to person, place and time, bit anxious.

Neck: normal thyroid

CVS: No jugular venous distention, no carotid bruit, no murmurs on auscultation; normal S1 and S2; regular rhythm.

Respiratory: Normal shape chest, equal movements bilaterally, with vesicular breathing, no added sound
Abdomen: grossly protuberant with central flat umbilicus and shiny skin. Slight tender mass extending from xiphisternum till supra pubic region and lowe limit is un reachable with regular margins and smooth surface.
CNS: No neurological deficit found

Investigations:

Labs:

Blood complete picture: Hb =8g/dl MCV 58 fl WBC 7×10^3 Platelet 180×10^3

Urine R/E: Normal

Radiology:

Chest X-ray: Normal

Special Investigations:

USG: 20X20 cm mass originating from left adnexa with solid component of 6cm. moderate ascites. No metastasic lesions seen

CA 125: 250iu/l

Theme: 3 - Vaginal discharge

Learning objectives

At the end of this theme, the students will be able to

1. Enlist the common infections of the upper and lower female genital tract and their manifestations and complications
2. Define STD's, their classification, various mode of transmission and prevention strategies
3. Enumerate the non neoplastic conditions of vulva and vagina and describe Bartholin cyst, Lichen Sclerosus and condyloma acuminatum
4. Enumerate benign neoplasia of vulva, vagina and cervix
5. Define and describe dysplasia, carcinoma in situ and invasive carcinoma of vulva, vagina and cervix
6. Describe the importance of PAP smear in terms of early diagnosis of pre-malignant and malignant lesions

Theme: 3 – Case history

A 35 years old woman presented in OPD AIMS with presenting complaints of growth coming through vagina with foul smelly vaginal discharge and lower abdominal pain.

History of Present Illness:

She developed complaint of growth coming through vagina for the last 6 months progressive in nature with foul smelly yellow in color vaginal discharge, copious in amount, associated with lower abdominal continuous pain aggravating prior to menstruation and reduced after menstruation. She also has complaint of intermenstrual bleeding.

Obstetrical history:

She is P₄A₀. All conceptions were spontaneous resulting in normal vaginal uneventful deliveries. All babies are alive and healthy, breast fed and vaccinated.

Gynaecological history:

She has regular menstrual cycle since age of menarche with mild dysmenorrhea now developing progressive dysmenorrhea with intermenstrual bleeding. Couple never practiced contraceptives. She had past history of recurrent vaginal discharge.

Past Medical History:

No history of any major illness in the past.

Past surgical history:

She had blood transfusion for road side accident 10 years ago.

Family history:

No significant family history.

Personal history:

She is married to rikshaw driver who is IV drug addict. she is house wife with no primary education. She is nonsmoker and having normal bowel and urinary habits. Her Sleep pattern is good.

Socioeconomic history:

Her husband is rikshaw driver by profession, earning 20,000 rupees per month, living in their own house of two rooms.

Review of Systems

Cardiovascular: Normal

Respiratory: The patient denies any history of pain, wheezing, chronic cough, hemoptysis, fever, or night sweats. **Gastrointestinal:** Normal

Urinary: Normal

CNS: Normal

Psych: Patient feels a little bit depressed

General physical examination

Temperature: 98.6F

Pulse: 72 bpm with normal peripheral pulses

Respiration: 18 pm

Blood Pressure: 110/70 mmHg

Weight: 55 kg

General Appearance: young women, oriented to person, place and time, bit anxious.

Neck: Thyroid not palpable, trachea central,

CVS: No jugular venous distention, no carotid bruit, no murmurs on auscultation; normal S1 and S2; with regular rhythm.

Respiration: Normal shape chest, equal movements bilaterally, with vesicular breathing, no added sound

GIT : flat; non-tender to palpation; no masses; no hepatosplenomegaly, bowel sound present CNS: No neurological deficit found

Local examination: a firm cauliflower like growth of 8x3cm coming from cervix, bleed to touch, with bulky uterus in mid position

Investigations:

Labs:

Blood complete picture: Normal Urine

R/E: Normal Radiology:

Chest X-ray: Normal Special

Investigations:

Histopathology of Growth biopsy: squamous cell carcinoma of cervix.

Theme: 4 – Infertility**Learning objectives**

At the end of this theme, the students will be able to

- Describe polycystic ovaries in terms of etiology, microscopic and gross appearance
- Define adenomyosis and endometriosis, enumerate the common sites of its appearance
- Describe endometriosis in terms of symptomatology and diagnosis
- Define infertility and describe its causes and plans for investigating male and female infertility
- Define Demography, growth rate and factors influencing growth rate
- Draw and explain population pyramid and its uses
- Define census and its types
- Define Demographic transition, Demographic cycle, its stages including demographic trap and demographic features of Pakistan

Theme: 4 – Case history

A 32-year-old lady presented to gynecology department of SKBZH with 7 years H/O primary infertility, hirsutism and irregular menstruation.

History presenting illness:

Couple is married for 7 years and living together. They have satisfied coitus having frequency of 3 to 4 per week. She has menstrual cycle of 4/45-50 days with heavy flow for the last 5 years. She also had c/o weight gain and hirsutism for the last 4 years. There was no history of galactorrhea, heat and cold intolerance, vaginal discharge, pelvic surgery and tuberculosis.

Her husband is 40 years old, accountant by profession, wearing loose cloths, nonsmoker and non addict. He has no history of mumps, repeated urinary infections, hypertension, diabetes mellitus, spinal cord injury or hernia repair.

Past Medical History:

No history of any major illness in the past

Allergies:

The patient denies any significant drug or environmental allergies.

Personal Health:

she is house wife with primary education, does not follow any particular diet.

Sleep patterns: sleeps approximately eight hours nightly.

Family Medical History:

No history of any major illness in the family

Social History and Lifestyle:*Review of Systems*

Cardiovascular: Normal

Respiratory: The patient denies any history of pain, wheezing, chronic cough, hemoptysis, fever, or night sweats.

Gastrointestinal: Normal

Genital/Reproductive: Normal

Urinary: Normal

Musculoskeletal: Normal

CNS: Normal

Psych: Patient feels a little bit depressed

General physical examination

Temperature: 98.6F

Pulse: 72 bpm with normal peripheral pulses

Respiration: 18 pm

Blood Pressure: 110/70 mmHg

General Appearance: 32 year, oriented to person, place and time, bit anxious.

Neck: Thyroid not palpable, trachea central,

CVS: No jugular venous distention, no carotid bruit, no murmurs on auscultation; normal S1 and S2; but tachycardia with regular rhythm.

Respiratory system: Normal shape chest, equal movements bilaterally, with vesicular breathing, no added sound

Abdomen: flat; non-tender to palpation; no masses; no hepatosplenomegaly, bowel sound present

CNS No neurological deficit found

Genitourinary system: Normal

Investigations:

Labs:

Blood complete picture: Normal

Urine R/E: Normal

Radiology:

Chest X-ray: Normal

Special Investigations:

Ultrasound: Bilateral polycystic ovaries

Semen analysis: sperm count =20 thousands

Theme: 5 - Ambiguous genitalia/ Tumors**Learning objectives**

At the end of this theme, the students will be able to

- Define hypospadias, epispadias and phimosis and give their important complications
- Enlist the benign and malignant tumors of penis and describe condyloma acuminatum and squamous cell carcinoma in terms of etiology, gross and microscopic appearances and complications
- Define cryptorchidism and give its complications
- Identify the causes of epididymitis and orchitis and their complications
- Give the causes and complications of torsion
- Enlist and classify testicular tumors, and give their gross and microscopic appearance along with their clinical features and complication
- Describe GENDER IDENTITY DISORDERS

Theme: 5 – Case history

A 14-years-old girl presented to gynecology department of AIMS with H/O primary amenorrhea, hirsutism and masculinization of genitalia.

History of presenting illness:

Patient was born with ambiguous genitalia, but she was not evaluated by doctors at that time. She was raised as female but for the last four months she developed increased hair growth over face and chest. This complaint was also associated with enlargement of genitalia. She did not have onset of menarche yet.

Past Medical History:

No history of any major illness in the past

Allergies:

The patient denies any significant drug or environmental allergies.

Birth history:

Normal home delivery with no complication.

Personal Health: She does not follow any particular diet.

Sleep patterns: sleeps approximately eight hours nightly.

Family Medical History:

History of ambiguous genitalia in family taken as taboo (shemale) and not seeking any treatment.

Social History and Lifestyle:

Review of Systems

Cardiovascular: Normal

Respiratory: The patient denies any history of pain, wheezing, chronic cough, hemoptysis, fever, or night sweats.

Gastrointestinal: Normal

Genital/Reproductive: Gradually increasing ambiguity of external genitalia.

Urinary: Normal

Musculoskeletal: Normal

CNS: Normal

Psych: Patient feels a little bit depressed

General physical examination

Temperature: 98.6F

Pulse: 72 bpm with normal peripheral pulses

Respiration: 18 pm

Blood Pressure: 110/70 mmHg

General Appearance: 14 year, oriented to person, place and time, bit anxious.

Neck: Thyroid not palpable, trachea central,

Breast Examination: breasts were not developed.

Hair distribution: male pattern of hair distribution.

CVS: No jugular venous distention, no carotid bruit, no murmurs on auscultation; normal S1 and S2; but tachycardia with regular rhythm.

Respiratory system: Normal shape chest, equal movements bilaterally, with vesicular breathing, no added sound

Abdomen: flat; non-tender to palpation; about 3X 4 cm rounded, non tender, mobile palpable masses in both inguinal regions; no hepatosplenomegaly, bowel sound present

CNS No neurological deficit found

Genitourinary system: Bilateral undescended testis, bifid scrotum, ventral bending with chordae, perennial hypospadias with wide caliber meatus.

Investigations:

Labs:

Blood complete picture: Normal

Urine R/E: Normal

Radiology:

Chest X-ray: Normal

Special Investigations:

Ultrasound: No uterus or ovaries were found on USG scan of the pelvis.

Genetic Karyotyping: XY 46 male

PBL1

PBL 2

Resource for learning & reference books

- Robin’s textbook of pathology
- Kaplan text book
- Medscape.com
- Cleavelen clinic.com
- Ilyas Ansari community medicine
- J E Park community medicine
- Oxford psychiatry text book

AJK Medical College, Muzaffarabad
Reproduction Module 4th Year MBBS

Week-1

DATE→	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00am-09:00am	Introduction to Reproduction Module Dr. Sarosh Majid & Module Team	LGIS Family Planning Prof. Brig® Ahmed Khan /Dr. Uzma/Dr.	SGD Endometrial Lesions Team-3 Wrap-up Dr. Anwar Ul	LGIS Breast Feeding and Weaning Dr. Tahir Aziz	LGIS Gender identity disorder Dr. Hamid Rashid

					& Dr. Mohsin Shakil
9:00am-10:00am	LGIS Breast Lesions Dr. Sarosh Majid/ Dr. Raja Ejaz	Batool	Haque/ Dr. Shafaq Hanif	LGIS Census and Demography Brig® Dr. Ahmed Khan/Dr. Bilal	LGIS Pap Smear Dr. Anwar/ Dr. Maryam Zubair
10:15am-1:15pm	CLINICAL ROTATION	CLINICAL ROTATION	CLINICAL ROTATION	CLINICAL ROTATION	LGIS Clinical Features And Management Of Cervical Lesions Dr. Seemab
BREAK (1:30-2:00PM)					
2:00pm-3:00pm	LGIS Reproductive Health Prof. Brig® Ahmed Khan /Dr. Uzma	LGIS Detection & Prevention of STDs Brig. ® Dr. Ahmed Khan/ Dr. Murtaza Gillani	LGIS Demographic Measurement (MMR, IMR, etc) Dr. Murtaza Gillani/ Dr. Uzma Hafeez	Practical	SDL
3:00pm-4:00pm	LGIS Pathology of Pre eclampsia, eclampsia Dr. Wafa Omer	SDL	DSL	Breast Lesion Dr. Sarosh & Team-3	

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Reproduction Module 4th Year MBBS

Week-2

DATE→	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
TIME↓	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
8:00am-09:00am	LGIS Growth and Monitoring (Growth Chart) Dr. Murtaza Gillani	SGD Polycystic Ovarian Syndrome Team-3 Dr. Anwar/ Maj. Dr. Abida	LGIS Leiomyoma Dr. Sarosh Majid	LGIS Clinical Features and Management of Vulvo-vaginal Lesions Maj. Dr. Abida	LGIS Health Care System Prof. Brig® Ahmed Khan	
9:00am-10:00am	LGIS Male & Female Infertility Dr. Mohsin & Dr. Seemab		LGIS Safe Motherhood Dr. Uzma Hafeez	LGIS Congenital adrenal hyperplasia pathogenesis Dr. Wafa Omer	LGIS Integrated management of childhood illness Dr. Uzma/Dr. Murtaza Gillani	
10:15am-1:15pm	CLINICAL ROTATION	CLINICAL ROTATION	CLINICAL ROTATION	CLINICAL ROTATION	Field Visit Family Planning Center	
B R E A K (1 : 3 0 - 2 : 0 0 P M)						
2:00pm-3:00pm	SGD Pathology & Diagnosis of Ovarian Tumors Team-4 Wrap-up Dr. Sarosh Majid & Dr. Seemab	LGIS Fertility or Natality Prof. Brig® Ahmed Khan/ Dr. Bilal	PBL-1B (Pathology) Team-3	LGIS Upper & lower genital tract infection Dr. Muhammad Munir		
3:00pm-4:00pm		SDL		SDL	SDL	

AJK Medical College, Muzaffarabad

Reproduction Module 4th Year MBBS

Week-3

DATE→					
TIME↓	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00am-09:00am	LGIS Cryptorchidism & miscellaneous lesions Dr. Mohsin Shakil	LGIS Testicular tumors Prof. Anwar ul Haq	LGIS Congenital anomalies of female & male genital tract Dr. Manzoor	Introduction to CVS Module Prof. Sarosh & Module team	LGIS Cardiac Cycle Dr. Waqar Haider
9:00am-10:00am	LGIS Management of Eclampsia/Pre-eclampsia Dr. Nosheena	LGIS Management of Testicular tumors Prof. Nizam Ud Din	LGIS Placental Lesions Prof. Anwar ul Haque	LGIS Hemodynamics of Congenital Heart Disease Prof. Nagi/ Dr. Naheem	LGIS Congenital Heart Disease Cyanotic & Acyanotic Prof. Nagi/ Dr. Naheem
10:15am-1:15pm	Clinical Rotation	Clinical Rotation	Clinical Rotation	Clinical Rotation	PBL-1A Team-3
B R E A K (1 : 3 0 - 2 : 0 0 P M)					
2:00pm-3:00pm	LGIS Pathological aspects of male infertility Dr. Malik Mahmood	LGIS School Health Services Brig. ® Ahmed Khan/ Dr. Samia	Practical Male & female genital tract (Pathology) Prof. Sarosh & Team-3	LGIS approach to patient with multiple symptoms worthing nocutria Dr. Rizwan Abid	SDL
3:00pm-4:00pm	LGIS Adenomyosis endometriosis Maj. Dr. Abida	LIGS Child Care/ Immunization Dr. Murtza / Brig(r) Ahmed khan		LGIS Atherosclerosis, Atheromatous Prof. Sarosh	



Inquires & trouble shooting

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