

STUDY GUIDE
(DEPARTMENT OF
BEHAVIORAL SCIENCES)

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Behavioral Sciences Mission Statement

To create an environment that promotes qualities of leadership professionalism, critical thinking, and cultural sensitivity.

To enable students to combine highest ethical standards with a pragmatic approach to research and practice relevant to the Pakistani society. Students gain competence in accessing, evaluating, and integrating sources of knowledge within their field. Graduates of our program will understand the scientific foundations of their discipline and the core knowledge/concepts in the field.

Programs in the division provide opportunities for professional development, service to the community, and practicum experiences in preparation for graduate study and/or work in a variety of fields. Graduates will be able to apply such knowledge and skills in a manner consistent with an understanding of professional standards of ethical behavior. They will be prepared to interact effectively with others, and resolve issues that face us as a society, a nation and a world.

Program Objectives

- Demonstrate an understanding an ability to integrate knowledge of their field and develop critical thinking/scientific method research skills.
- Demonstrate an ability to apply knowledge, skills and values to meet the needs of others and self in personal and career development.
- Demonstrate respect and sensitivity to physiological, psychological, and social aspects of individuals within changing political, cultural, economic, and socio-historical contexts.

Department of Behavioral Sciences

Introduction

About Us

The Department of Behavioral Sciences was established under the instructions of University of Health Sciences (UHS), since the inception of this college in 2006. Since then this department is headed by Prof. Maqbool Ahmad Khan.

This department is taking lectures/demonstrations of MBBS, BDS, and Nursing cadets under the umbrella of National University of Medical Sciences (NUMS). Our students achieved maximum distinctions in the subject of Behavioral Sciences from the University of Health Sciences (UHS).

In addition to that this department is imparting FCPS training in Psychiatry. Faculty, Administration, Medical, Dental & Nursing Cadets are provided free of cost psychiatric & counseling services. Department of Behavioral Sciences is regularly publishing different articles of interest in the indexed Medical Journals. At the moment department has started four research projects in different domains.

1. Academic activities

- a. Delivering lectures to MBBS, BDS and Nursing Cadets.
- b. Training for FCPS Part II.
- c. Conduct of examinations for MBBS, BDS and Nursing Cadets.
- d. Conducting special short courses for nursing.

2. Conduct of Seminars/ workshops along with date/ no of participants and subject covered.

- a. Faculty regularly attend all workshops conducted by Medical Education.
- b. Conducted seminar on different aspects like drug addiction.

3. Achievements either by faculty members or students.

- a. Result was 100% for MBBS and Nursing classes
- b. Many research projects are under process.

4. Comparative results of University exams/ distinctions etc.

- a. 100% result in Nursing 2nd year
- b. 100% result in Nursing 3rd year

5. Extracurricular activities arranged by department.

- a. Department fully participate in all the extracurricular activities conducted by the college

6. Any other activities not covered under above heads.

- a. Counselling cell is regulated by our department. We counsel the students, faculty and staff for their psychological needs.
- b. Department provide treatment and therapy for students, faculty and staff if needed.

- c. Any queries regarding Behavioural Sciences from NUMS university is replied promptly.
- d. Paper setting and paper markings were done at UHS and NUMS by Department.
- e. Paper setting and paper marking were done at CPSP by HOD.
- f. Department is looking after affairs of college library.
- g. Department is working in its full capacity with good results and up to the satisfaction of students and Chief Executive.
- h. HOD takes part in CPSP workshops.
- i. Department of Behavioural Sciences conducted seminars and workshops as per requirement.

7. Self-analysis and recommendations.

- a. Department has keen interest in training of under graduates and now looking after Post graduate training for FCPS part II.
- b. Department intends to start M Phil and PhD program under the umbrella of NUMS.

Faculty of Department of Behavioral Sciences



Professor Maqbool Ahmad Khan



He is serving as the Head of the Department (HOD) of Behavioral Sciences. He is qualified versatile Professor and Consultant Psychiatrist, who has got more than 12 years teaching experience. He is also working as supervisor of Psychiatry at College of Physicians and Surgeons Pakistan (CPSP), since 1st Jan 2016. He is also member of faculty of Psychiatry at CPSP, Pakistan. He had served for more than 24 years in the field of Medicine and Psychiatry in Pakistan Army, Pakistan Air Force and relevant services. He was awarded *Tamgha-e-Imtiaz Military* for his meritorious services. In addition he is also performing the duties of officer in charge of Library CMH Lahore Medical College & Institute of dentistry since its inception. He has got nine

publications to his credit. He has experience in team work as team leader, in tutoring and looking after the outdoor and admitted cases in Psychiatry.

Dr. Iram Mansoor

She is PhD in Clinical Psychology, teaching as Associate Professor to MBBS, BDS and Nursing Cadets in CMH Lahore Medical College and Institute of Dentistry from 2014. Her areas of interest are Adult Psychopathology and Child Psychology. She has ten national and international publications on her credit and one book publication on international level. She is also offering counseling services to students, faculty members and administrative staff.

Dr. KhadijahTul Kubra

She is working as demonstrator. She is teaching MBBS and BDS students. She is BDS and MPhil Scholar in the subject of Behavioral Sciences.

Miss Zarnish Hussain



She is working as Lecturer. She is MPhil in Sociology. He is taking Nursing, MBBS, and Allied health Sciences classes.

Mr. Muneeb

He is working as lecturer. His specialization is anthropology. He is taking MBBS, DPT, and Nursing classes.

Dr. Massiha Gulzar

She is fresh graduate from CMH LMC and is working as demonstrator. She hold a special passion for Psychiatry and Behavioral Sciences. Currently she is teaching MBBS, BDS, Allied Health Sciences students and Nursing cadets.

Syeda Zainab Sajjad

She is MS in Clinical Psychology and assisting Dr Iram Mansoor as clinical psychologist in wellbeing center. She is appointed as lecturer and currently she is teaching MBBS, BDS, Allied Health Sciences students and Nursing cadets.



NUMS
NATIONAL UNIVERSITY
OF MEDICAL SCIENCES

NUMS
Behavioural Sciences
Curriculum for MBBS & BDS

Curriculum of Behavioural Sciences for MBBS/BDS

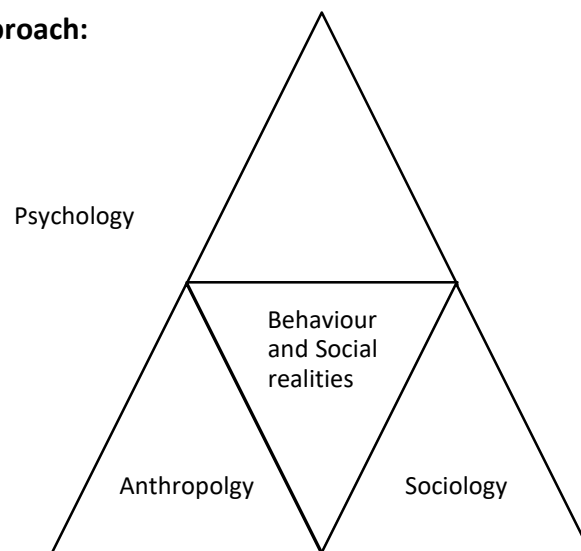
1. Preamble:

The importance and relevance of learning about human beings and their culture and society in order to make sense of the pattern of health and disease was realized already long time ago by French-born American microbiologist Rene Dobos who wrote that: “The prevalence and severity of microbial diseases are conditioned more by the ways of life of the persons afflicted than by the virulence and other properties of the etiological agents.” (1965) The importance of socio-cultural and behavioural factors for health started to be realized in the West during the Industrial Revolution in the 19th century led by figures like Villerme in France and Virchow from Germany. (Landy 1977: 14) Despite early recognition, modern medicine remained and continues to be preoccupied with specific micro organic agents which were the direct and immediate causes of disease.

In the more recent years, however, at least in developed societies, from sports sociologists to public health experts, from those interpreting medical statistics to those evaluating policies for care in old age, social scientists are working hard to make sure that health, leisure and social care services work to the best effect. Under the broad umbrella of arts, humanities, social sciences and health, several disciplines have emerged. The list continues to grow both in sophistication within the respective disciplinary debates about health and new disciplinary horizons are also emerging i.e. medical anthropology, health economics, health geographies, social psychology, community medicine, social work, etc. exclusively dealing with health. This takes us to the rationale behind inclusive and integrated curriculum of the Behavioural Sciences, at hand.

The study of man, his society and culture is what makes behavioural sciences which was defined by Webster’s New World College Dictionary, as “any of several studies, as sociology, psychology, anthropology, etc., that examines human activities in an attempt to discover recurrent patterns and to formulate rules about social behaviour”. Similarly, according to Department of Social Behavioural Sciences, Ashford University, USA, “Behavioural science applies to a unique range of disciplines – anthropology, sociology and psychology, among them—that involve careful analysis of human behaviour”.

2. Behavioural Sciences Prism Approach:



3. Rationale:

The purpose is to build an integrated model in medical education curriculum by incorporating relevant aspects of individual, culture and society with the help of behavioural and social sciences in general and anthropology, sociology and psychology in particular. This curriculum will help to produce lifelong learners by shifting the focus from “rote learning to a more learner-centred model” as explained by Jason M. Satterfield (American Psychological Association (APA) committee member).

4. Aim:

The training in social and behavioural sciences will equip medical trainees with behavioural and social science-derived knowledge, skills and attitude required to practice medicine effectively (Association of American Medical Colleges (AAMC), 2011).

5. Behavioural Sciences as holistic approach:

Elissa S. Espel, a health psychologist from (UCSF), problematizes the new strategy of including social and behavioural sciences in isolation from other biological and clinical sciences subjects. She argues that “when students learn about behavioural science in a separate class, they may seal it off into a separate compartment in their memory and think, well, this is psychiatry, and I am not going into psychiatry. They may not realize that normal psychological processes, not just psychopathology, are important in medical care”.

The aim of this integrated approach is to enable medical students to think holistically to take into account social and behavioural factors that might contribute to patient medical condition. According to Association of American Medical Colleges (2011), “A complete medical education must include, alongside the physical and biological science, the perspectives and findings that flow from the behavioural and social sciences”.

During the first two years’ students will learn behavioural concepts along with the biological concepts for example while studying module related to organ system during the first year of medical college, students will learn about biological principles of cardiac, pulmonary and renal health, as well as about behavioural and other social factors- such as diet, exercise,

depression, social support and relaxation that can affect these organ systems. Similarly, while teaching about cancer one should include cell biology, tumour growth and other physiological aspects of cancer along with discussion of smoking and obesity, cancer prevention social therapies and other behavioural factors involved in cause of cancer.

In summary, this curriculum does not expect students to become behavioural scientists, but it is expected that during their clinical practice they are able to assess behaviour and to implement short-term behavioural interventions when required. The purpose is to foster a focus on disease prevention, not just curing disease but to produce a new generation of physicians who have understanding of biopsychosocial issues, regardless of their area of training.

6. Determinants of Health:

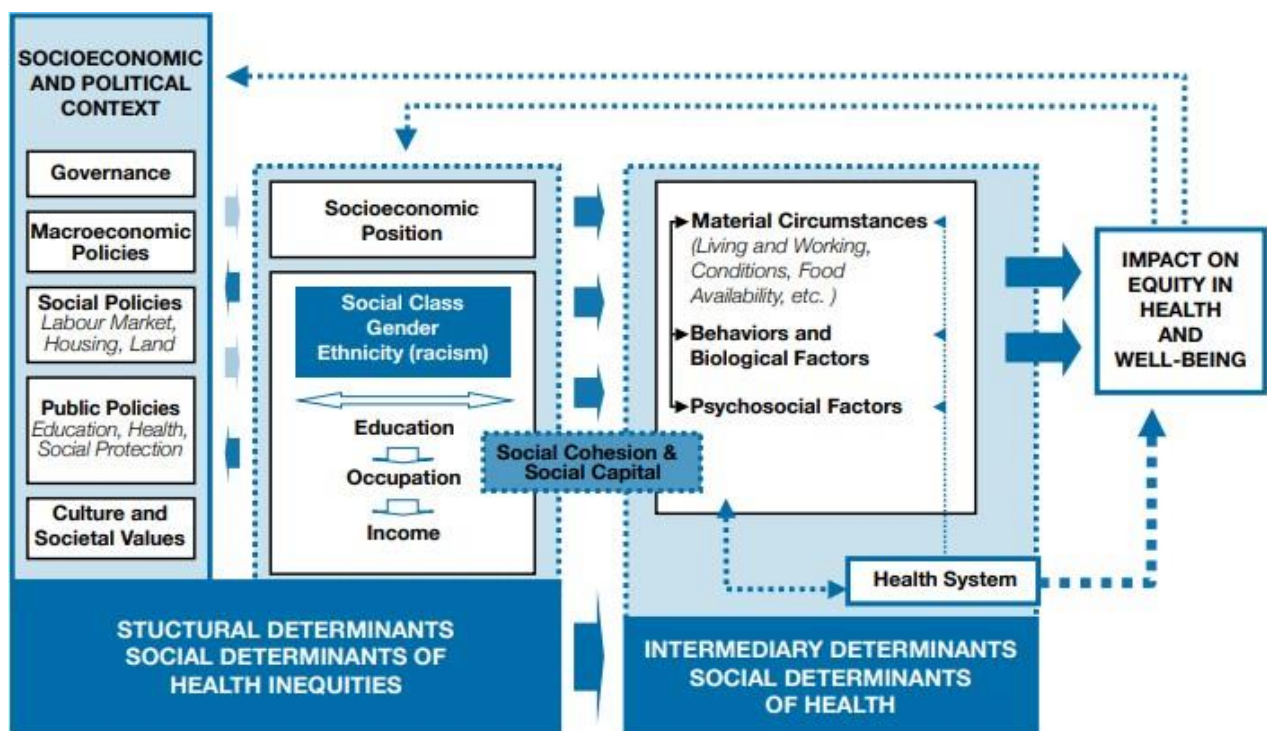


Figure1: Framework for Social Determinants of Health (WHO, 2010)

7. Behavioural Sciences includes:

1. Psychology and Neuroscience
2. Anthropology
3. Sociology

8. Teaching Plan

Total Hours: 125 (MBBS)/ 125 (BDS)		Year I	Year II	Year III	Year IV	4th Prof Exam	Year V
		MBBS/ BDS					(MBBS Only)
Total Hours		30	30	40	25	Theory paper:80 Marks OSCE: 80 Marks	Practical application of knowledge in clinical rotation
Psychology	Teaching & Learning	10	10	20	05		
Anthropology	Teaching & Learning	10	10	10	05		
Sociology	Teaching & Learning	10	10	10	05		
					Revisions : 10 hrs		

9. Exit Competencies:

- a. Effective communication, including reading, writing, listening and speaking
- b. Insight into own strengths and weaknesses
- c. Empathy and the ability to care for others
- d. Motivation to study medicine and genuine interest in the medical profession
- e. Ability to take responsibility for your own actions
- f. Self-care
- g. Honesty
- h. The ability to reflect
- i. Personal organisation
- j. Academic ability
- k. Problem solving
- l. Dealing with uncertainty
- m. Manage risk and deal effectively with problems
- n. Conscientiousness
- o. Teamwork and leadership skills
- p. Ability to treat people with respect
- q. Resilience and the ability to deal with difficult situations

10. Logistic and Strategic Steps in achieving the above Competencies

- Theoretical input of core knowledge of behavioural sciences in the first three years followed by clinical focus.
- Integration of relevant behavioural sciences knowledge and principles in teaching of basic sciences, preclinical, and clinical subjects.

11. Outcomes

At the end of five-year MBBS Program the students will be able to:

- Develop an understanding of influence and potential implications of culture and community on health behaviours, perceptions and beliefs. A physician will be able to integrate this knowledge into patient care.
- Take detailed, accurate and relevant patient history by taking into account self-awareness and reflective writing using social and behavioural sciences approach.
- Provide patient centred behavioural guidance and interventions.
- Comprehend how social determinants of health influence health outcomes and how physicians can use this knowledge in patient care.

12. Proposed Teaching/Learning Strategies

- Lectures/Presentations
- Small group discussions (SGD)/seminars
- Student interviews with simulated patients
- Student observation of faculty with real patients
- Student interviews with real patients
- Role-playing with peers
- Rounds
- Required attendance at community activities
- Journals (i.e., written reflections)
- Patient advocacy
- Storytelling by students
- Storytelling by patients (i.e., patient's narrative)
- White Coat Ceremony (WCC)
- Large group Interactive session (LGIS)
- Problem Based Learning (PBL)
- Case-Based Learning (CBL),
- Case studies
- Self-Directed Learning
- Reflective Writing
- Interactive Video Vignettes
- Declamation Contests, Dramas, Documentaries, Short Films and Videos (e.g. on common ethical dilemmas)
- Individual Assignments / Group Projects
- Online and Blended Learning

***Note: Any other evidence-based strategy may be used besides the proposed ones**

13. Proposed Implementation plan

Curriculum has been developed by NUMS social and behavioural sciences faculty. The topics will be delivered by Behavioural Sciences faculty. All institutes are required to advertise and hire faculty for the same.

Behavioural Science will be taught longitudinally across the four years. Students are expected to apply their core knowledge of BS in their clinical practice.

14. Proposed Assessment strategies

Both formative and summative

Due to nature of these subjects, assessment strategies of diverse approaches may be used.

Proposed internal/formative assessment strategies are:

- a. Theory paper
- b. Presentations
- c. Assignments
- d. Reports
- e. Narrative writing
- f. Self-assessment
- g. Peer-assessment
- h. Case studies
- i. Brochure making
- j. Student portfolios (Evidences of students' learning)
- k. Reflective writing
- l. Directly observed behaviours
- m. Professional mini-assessment tool (P-MEX) is a structured observation tool

***Note: Any other evidence-based strategy may be used besides the proposed ones**

Summative Assessment:

Behavioural Science will be assessed in fourth professional examination, both in theory (80 marks) and OSCE (80 marks). Weighting of internal assessment will be **20%**.

Course Outline

Year 1	30 hours
Learning Outcomes: The students of medical/ dental program will be able to comprehend the significance of behavioural science in medical education.	

Learning Outcomes	Learning Objective/ Content	Instructional Strategies	Assessment Tool	Teaching Faculty
PSYCHOLOGY (10 hours)				
Correlate Eco-Bio-Psycho-Social Model with health practices in Pakistan	Comprehend Eco-Bio-Psycho-Social Model in clinical practice [9]	Seminar with Anthropologist, Psychologist and Sociologist	SAQs/ SEQs	First Priority: Psychologist Second Priority: Behavioural Scientist
Demonstrate understanding of human attitudes in clinical practice.	Differentiate favourable and unfavourable attitudes in clinical practice. [5]	Mentoring/LGIS	Presentation	First Priority: Psychologist Second Priority: Behavioural Scientist
Demonstrate skills to assimilate and handle patient information in different clinical scenarios	<ol style="list-style-type: none"> 1. Discuss ethical and scientific skills of taking information from patient and assimilate it to others at clinical setups 2. Demonstrate skills like breaking bad news, handling death and terminally ill patients, carry out effective crisis intervention and resolve conflicts [8] 	Role play/Case study/SGD	Case study/ Reflective writing/ Peer assessment/ directly observed behaviour	First Priority: Psychologist Second Priority: Behavioural Scientist
Integrate the principles of medical	Using Patients for Education and Training	LGIS/SGD	Presentations/ Case study/	First Priority: Psychologist

ethics in professional life	<ul style="list-style-type: none"> • Consent for examination (non-intimate/ intimate) Consent for performing procedures (drawing blood, administering injections/ IV lines, lumbar puncture etc.) • Examining or performing procedures on the anesthetized patient • Patient's privacy and confidentiality [50] 		Reports/Portfolio	Second Priority Behavioural Scientist
Discuss the basic structure and function of central and peripheral nervous system	<ul style="list-style-type: none"> • Examine the structure and function of nervous system • Analyse the function of neuron and neurotransmitters [53] 	3D videos of nervous systems/demonstration of brain models/Guest lectures by Neuroscientists	Assignments/Presentations/Group projects/Quizzes	First Priority: Psychologist Second Priority: Behavioural Scientist
ANTHROPOLOGY (10 hrs)				
Determine social interplay of health, illness, and treatment	<ul style="list-style-type: none"> • Explain Health belief model and explanatory models of health and illness • Interpret illness narratives told by patients [18,22] 	Large and small Interactive sessions, role-play, Lectures, tutorials, Presentations	Assignment/Presentation	First Priority: Anthropologist Second Priority: Behavioural Scientist
<ul style="list-style-type: none"> • Assess the impact of culture on global, national and local health care systems, • Recognize the value of 	Medical Anthropology <ul style="list-style-type: none"> • Discuss role of healing and healers in society • Analyse impact of religion, psychology, culture and 	Lectures, tutorials, Presentations, class discussions, written assignments/proposal	Quiz/Presentation/Assignment/ OSCE/Case study	First Priority: Anthropologist Second Priority: Behavioural Scientist

anthropology in understanding medicine and healing	<p>society on medical approaches</p> <ul style="list-style-type: none"> Analyse disease, sickness, illness and human life cycle from cultural aspects. <p>[27,28,29,30,31,32,33]</p>			
SOCIOLOGY (10 hours)				
Demonstrate understanding of core concepts used in medical sociology	<p>Medical sociology</p> <ul style="list-style-type: none"> Describe the concepts of wellness, disease and illness in society, disparities in class, gender, race seeing through lens of medical sociology Demonstrate the concept of medicalization of society (critical approach towards illnesses in view of social scientist) <p>[47,48,49,51]</p>	Film clips, class discussions, narrative, presentations, lecture and in-class activity	Quiz/Presentation/Assignment/ OSCE/Case study	<p>First Priority: Sociologist</p> <p>Second Priority: Behavioural Scientist</p>
Identify how geographical inquiry can add to a better understanding of the deviations in health consequences	<p>Discuss geography, environment and health and global Environmental issues</p> <p>[34,35,36,37]</p>	Interactive lectures/team-based learning, flipped classroom, critical discussions, group projects/presentations, role-	Quiz/Presentation/Assignment/ OSCE/Case study	<p>First Priority: Sociologist</p> <p>Second Priority: Behavioural Scientist</p>

		plays, seminars, design thinking (case-method), Journal club, tutorials, ethnographic films, tutorials, written assignments		
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YEAR 2	30Hrs
Learning Outcomes: At the end of second year, students will be able to integrate the fundamental concepts of social and behavioural sciences with knowledge of other medical subjects	

Learning Outcomes	Learning Objectives/Content	Instructional Strategies	Assessment Tool	Who will teach
PSYCHOLOGY (10 hours)				
Enhance doctor's own learning and clinical skills	Define sensation and sense organs, perception and factors influencing perception, attention and concentration, memory and its types, thinking, cognition and cognitive levels and learning and its type for doctors own learning and clinical skills. [1]	LGIS/ Role Modelling/CBL	Quiz/MCQs	First Priority: Psychologist Second Priority Behavioural Scientist
Identify factors affecting Personality development	Discuss human development of personality (5), significance of IQ and EQ in clinical practice of doctor. [1,2,3,4]	SGD/ Modelling? Mentoring	Quiz/Poster Presentation	First Priority: Psychologist Second Priority Behavioural Scientist
Integrate the principles of medical ethics in professional life	Reproductive Ethics <ul style="list-style-type: none"> Define the terms "in-vitro fertilization" and "surrogacy" Outline the potential ethical issues related to surrogacy Discuss the implications of surrogacy from social, moral, legal and religious perspectives [50] 	LGIS/SGD	Presentations/ Case study/ Reports/Portfolio	First Priority: Psychologist Second Priority Behavioural Scientist

ANTHROPOLOGY (10 hrs)

<p>Equip medical students with required social skills along with clinical competencies to deal with vulnerable population</p>	<p>Vulnerable Population Demonstrate understanding of gender and social construction of masculinity and femininity, societal attitudes towards children and elderly while dealing with patients [25,26,27]</p>	<p>Interactive lectures/team-based learning, flipped classroom, critical discussions, group projects/presentations, role-plays, seminars, design thinking (case-method), Journal club, tutorials, ethnographic films, written assignments</p>	<p>Quiz/Presentation/Assignment/OSCE/Case study</p>	<p>First Priority: Anthropologist Second Priority: Behavioural Scientist</p>
<p>Critique perplexing ethical problems and their mitigation.</p>	<p>HIV and sexually transmitted diseases</p> <ul style="list-style-type: none"> • Discuss the term “stigma” and “social discrimination” • Recognize the role of a healthcare provider in protecting their patients from stigma and social discrimination • Discuss the potential issues and implications of screening from social and moral perspectives. [50] 	<p>LGIS/SGD</p>	<p>Assignment/Presentation/MCQs</p>	<p>First Priority: Anthropologist Second Priority: Behavioural Scientist</p>
<p>Identify social organization of health care systems as a product of socio-political, economic, and cultural processes(not as a separate entity)</p>	<p>Medical Pluralism</p> <ul style="list-style-type: none"> • Discuss popular, professional and folk sector of health in various cultures and societies. • Identify routes patient take before reaching a 	<p>Interactive lectures/team based learning, flipped classroom, critical discussions, group projects/presentations, role-plays, seminars, design thinking (case-method), Journal club, tutorials, ethnographic films,</p>	<p>Quiz/Presentation/Assignment/OSCE/Case study</p>	<p>First Priority: Anthropologist Second Priority: Behavioural Scientist</p>

	<p>doctor in our society. (Ethno medicine) [27,28,29,30,31,32,33]</p>	tutorials, written assignments.		
SOCIOLOGY (10 hours)				
<ul style="list-style-type: none"> Interpret the key concepts of economics within the context of the health system Debate the relative merits of equity considerations in setting priorities for a health system 	<ul style="list-style-type: none"> Discuss macro level policies and economic planning of health Discuss demographic and economic factors influencing health [38,39,40,41] 	Interactive lectures/ team based learning, flipped classroom, critical discussions, group projects/ presentations, tutorials, written assignments	Quiz/Presentation/ Assignment/ OSCE/Case study	<p>First Priority: Sociologist</p> <p>Second Priority: Behavioural Scientist</p>
Outline knowledge of diverse approaches in research on relevant health issues	Classify research methodology (qualitative and quantitative methods and their subtypes) [42,43,44,45]	Interactive lectures/ team based learning, flipped classroom, critical discussions, group projects/presentations, role-plays, seminars, design thinking (case-method), Journal club, tutorials, ethnographic films, tutorials, written assignments	Quiz/Presentation/ Assignment/ OSCE/Case study	<p>First Priority: Sociologist</p> <p>Second Priority: Behavioural Scientist</p>

Year 3				40 Hrs
Learning Outcomes: At the end of third year, students will be able to relate the fundamental concepts of social and behavioural sciences with clinical subjects				
Learning Outcomes	Learning Objectives/Content	Instructional Strategies	Assessment Tool	Who will teach
PSYCHOLOGY (20hours)				
Analyse critical situations/ challenges in clinical practice to solve clinical problems	Demonstrate problem solving and decision making skills [1,5]	Individual assignment/case-study/ reflective writing	Reflective writing/ self-assessment/ directly observed behaviour	First Priority: Psychologist Second Priority: Behavioural Scientist
Identify significance of geriatric care in clinical setups	<ul style="list-style-type: none"> • Discuss psychosocial care of elderly • Deal with elderly showing empathy and effective communication skills. (e.g. counselling) [1,5,6,7] 	Role play/Case study/SGD	Case study/ Reflective writing/ Peer assessment	First Priority: Psychologist Second Priority: Behavioural Scientist
Identify sources of stress and its management towards patients, self and other staff members	<ul style="list-style-type: none"> • Define stress, • Differentiate various kinds of stressors • Discuss stress management/ coping strategies [1,5] • Analyze common psychological defence • mechanisms employed by human beings to cope with loss, grief, bad news, death, physical and psychological trauma, 	LGIS/ Mentoring/ Short film	Assignment/ SAQ/Report	First Priority: Psychologist Second Priority: Behavioural Scientist

	behaviours of difficult patients) [5,8]			
<ul style="list-style-type: none"> • Demonstrate basic skills of communication for effective patient care and counselling • Deal patients in critical situation keeping in mind ethical and bio psychosocial aspects of clinical practice. 	<ul style="list-style-type: none"> • Differentiate between Inter, Impersonal and personal communication skills (verbal and non-verbal) • Discuss role of counselling in clinical practice • (purposes, goals, types) • Discuss different types of counselling in clinical setting [5] • Analyse Ethics in clinical practice (Dos and Don'ts in clinical practice) 	Role play/Case study/SGD	Case study/ Reflective writing/ SAQs	First Priority: Psychologist Second Priority Behavioural Scientist
Critique the ethical boundaries of conduct as a doctor	Clinical Ethics <ul style="list-style-type: none"> • Appreciate the importance of truth-telling in clinical practice • Recognize issues that can arise from breaching the principle of truth-telling • Appreciate the need for discussing end-of-life decisions in clinical practice • Identify potential dilemmas and conflicts in end-of- 	LGIS/SGD	Assignment/ Presentation/ MCQs	First Priority: Psychologist Second Priority Behavioural Scientist

	<p>life clinical situations</p> <ul style="list-style-type: none"> • Attempt to analyze dilemmas in end-of-life clinical situations, when patients, families and physicians have different opinions 			
Critique the ethical boundaries of conduct as a doctor.	<p>Clinical Ethics</p> <ul style="list-style-type: none"> • Define the term Euthanasia and types of Euthanasia • Discuss the role of Euthanasia in clinical practice • Debate the implications of Euthanasia from social, moral, legal and religious perspectives 	LGIS/SGD	Assignment/Presentation/MCQs	<p>First Priority: Psychologist</p> <p>Second Priority: Behavioural Scientist</p>
<p>• Application of knowledge in clinical rotations</p>				
<p>ANTHROPOLOGY (10 hrs)</p>				
<ul style="list-style-type: none"> • Demonstrate a sense of responsibility to act in the best interest of a person or the organization. • Integrate the principles of medical ethics in daily work life. 	<p>An Anthropological approach to Bioethics</p> <ul style="list-style-type: none"> • Acknowledge cultural embeddedness of moral systems • Analyse cultural pluralism in light of bioethical evolution [50] 	LGIS/SGD	Assignment/Presentation	<p>First Priority: Anthropologist</p> <p>Second Priority: Behavioural Scientist</p>
Appreciate the cultural diversity of Pakistan	Describe varied cultures prevailing in our society [31,32,33]	Interactive lectures/team based learning, flipped classroom, critical discussions, group	Quiz/Presentation/Assignment/OSCE/Case study	<p>First Priority: Anthropologist</p> <p>Second Priority:</p>

		projects/presentations, role-plays, seminars, design thinking (case-method), Journal club, tutorials, ethnographic films, tutorials, written assignments		Behavioural Scientist
<ul style="list-style-type: none"> • Application of knowledge in clinical rotations 				
SOCIOLOGY (10 hours)				
<ul style="list-style-type: none"> • Discuss the role and significance of leadership and team building in professional life • Appraise a sense of collective identity 	<ul style="list-style-type: none"> • Analyse the following: Leadership and team building its roles and kinds: transformational, transactional, autocratic, laissez-faire, task-oriented, and relationship-oriented leadership, team effectiveness variables, team performance, group cohesion, collective efficacy; and job satisfaction. (McEwan et al. 2017) [52] 	Case study, group projects /SGD	Quiz/Presentation/ Assignment/ OSCE/Case study	First Priority: Sociologist Second Priority: Behavioural Scientist
Acknowledge the basics of healthcare system and management of hospitals	Hospital Management Describe working of Health Care System and management [28,29,30]	Interactive lectures/ team based learning, flipped classroom, critical discussions, group projects/ presentations, role-plays, seminars, design thinking (case-method), Journal club, tutorials,	Quiz/ Presentation/ Assignment/ OSCE/Case study	First Priority: Sociologist Second Priority: Behavioural Scientist

		ethnographic films, tutorials, written assignments,		
	•			
<ul style="list-style-type: none"> • Application of knowledge in clinical rotations 				

YEAR 4	25Hrs
Learning Outcomes: At the end of fourth year, students will be able to internalize the fundamental concepts of social and behavioural sciences with knowledge of other medical subjects	

Learning Outcomes	Learning Objectives/Content	Instructional Strategies	Assessment Tool	Who will teach
PSYCHOLOGY (5 hours)				
Understand the complex interplay of Brain and Behaviour	<ul style="list-style-type: none"> Discuss the role of neurotransmitters in mental disorders To understand the bio-psychology of motivation, emotion, language, learning and associated disorder [53] 	Video reflections/Case examples/Article reading/LGIS	Quizzes/Assignments/Presentations/Articles reflections	First Priority: Psychologist Second Priority: Behavioural Scientist
<ul style="list-style-type: none"> Understand the neurological and physiological patterns and processes associated with psychological disorders 	<ul style="list-style-type: none"> Identify the psychopharmacological interventions for mental disorders Understand the psychotherapy and neuropsychology [53] 	Case examples/Video presentations/Book reading	Assignments/Quizzes/Class activities/MCQ	First Priority: Psychologist Second Priority: Behavioural Scientist
Application of knowledge in clinical rotations				
Anthropology (5 hours)				
Discuss the ethical boundaries of conduct	Introduction to Bioethics <ul style="list-style-type: none"> Name available codes of ethics for healthcare professionals and their characteristics [50] Outline PMDC Code of Ethics for Medical 	LGIS/SGD	Quiz / MCQs	First Priority: Anthropologist Second Priority: Behavioural Scientist

	and Dental Practitioners			
	<ul style="list-style-type: none"> • Understand evolution of contemporary bioethics, its characteristics and relevance to research and practice [50] 			

Application of knowledge in clinical rotations

Sociology (5 hours)

Critique the role of pharmaceutical companies in healthcare.	Ethics of Physician Pharmaceutical Interactions <ul style="list-style-type: none"> • Discuss ethical issues related to physician-pharmaceutical interaction • Identify possibilities of conflict of interest (COI) in clinical scenarios • Suggest ways of handling COI • Appreciate global recognition of COI issues [50] 	LGIS/SGD	Assignment/ Presentation/ MCQs/ Case study/ Portfolio	First Priority: Sociologist Second Priority: Behavioural Scientist
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Application of knowledge in clinical rotations

Crash Program/Revision (10 hours)

SKILLS		
Learning Outcomes: At the end of year IV students will be able to:	Teaching strategies	Assessment tool
Demonstrate skills to assimilate and handle patient information in different clinical scenarios	SGD/CBL	OSCE
Integrate the principles of medical ethics in professional life	SGD/CBL	OSCE
Equip medical students with required social skills along with clinical competencies to deal with vulnerable population	SGD/CBL	OSCE

Analyze critical situations/ challenges in clinical practice to solve clinical problems	SGD/CBL	OSCE
Demonstrate basic skills of communication for effective patient care and counselling	SGD/CBL	OSCE
Deal patients in critical situation keeping in mind ethical and bio psychosocial aspects of clinical practice.	SGD/CBL	OSCE

Fourth Professional MBBS/BDS Examination (2024) - Theory

Time Allowed	=03 hrs (Including MCQs)
Marks of theory paper	=80
Internal assessment	=20
Total marks	=100
Pass Marks	=50

Topics	NUMBER OF MCQs (40)		SAQ/SEQ/Essay questions (08)	
	Total Number (Application)	Total Marks	Total Number	Total Marks
Psychology	16	16	04	20
Anthropology	12	12	02	10
Sociology	12	12	02	10
	40	40 Marks	08	40 Marks

Theory: Internal Assessment (IA) Calculation (20 Marks)

Exams	Weightings	Exams	Percentage
Written Exam	80%	Year – I	20
		Year – II	20
		Year – III	20
		Pre-Annual Exam (Year- IV)	20
Portfolio/ Presentation/ Assignments/ Projects	20%	Year – I & II	10
		Year – III	10
Total	100%		100%

OSCE (4th MBBS/BDS Professional Examination)

1-2 Stations with clinical subjects

OSCE (Final MBBS Professional Examination)

1-2 Stations with clinical subjects

BEHAVIORAL SCIENCE ASSESSMENT

FOURTH PROFESSIONAL EXAMINATION

Marks Distribution

Area	Marks	Time
5 OSCE Stations	08 for each station	05 Minutes for each station
Psychosocial Assessment	40	30 Minutes
Internal Assessment	20	
Total	100	

OSCE

Marks of OSCE =40

Internal assessment =10

Total marks =50

Pass Marks =50

Learning Outcomes	Total Stations	Total Marks
Demonstrate skills to assimilate and handle patient information in different clinical scenarios	01	08
Integrate the principles of medical ethics in professional life	01	08
Equip medical students with required social skills along with clinical competencies to deal with vulnerable population	01	08
Analyze critical situations/ challenges in clinical practice to solve clinical problems		
Demonstrate basic skills of communication for effective patient care and counselling	01	08
Deal patients in critical situation keeping in mind ethical and bio psychosocial aspects of clinical practice.	01	08
Total	05	40 Marks

Psychosocial Assessment

One interactive station for Psychosocial Assessment

Time: 30 minutes

Total Marks: 40

Pass Marks: 20 (Passing of Psychosocial Assessment is Mandatory)

Key for Psychosocial assessment is attached as **Annexure**

Practical: Internal Assessment Calculation (20 Marks)

Exams	Weightings	Exams	Percentage
Written Exam	80%	Students' Reflections	60
		Pre-Annual Exam (Year- IV)	20
1) SGD/ CBL/ PBL 2) Projects 3) Presentations	20%	Year – I & II	20
		Year – III	20
Total	100%		100%

KEY FOR PSYCHOSOCIAL ASSESSMENT

			Marks Distribution	Total marks
Demographic Details (2)	I.	Name, Age, Gender	0.5	02
	II.	Residence, Marital Status, Family Demographics	0.5	
	III.	Qualification, Occupation	0.5	
	IV.	Religion, Reason for Referral	0.5	
Childhood (Birth, Milestones, Relationships) (5)	1.	Birth History		01
	I.	Pregnancy	0.5	
	II.	Prolonged Illness in Childhood	0.5	
	2.	Developmental Milestones		01
	I.	Any Delay in Walking, Speaking, Eye Contact	0.5	
	II.	History of Prolonged Bed Wetting, Thumb Sucking, Nail Biting, Temper Tantrums	0.5	
	3.	Relationship with Parents, Siblings and Other Family members		03
	I.	Death Trauma related to any family member	0.5	
	II.	Disturbance of Family by Separation, Divorce, or Distancing; Removal from The Home	0.5	
	III.	Inadequate Discipline/Strict Parenting	0.5	
	IV.	Feeling of Neglect and ignored Parental Over Protection During Childhood; Neglect as A Child	0.5	
	V.	Conflict with Siblings; Reason And Level	0.5	
VI.	Health Problems in Family	0.5		
Educational Status (5)	I.	Start of Schooling	0.5	05
	II.	Any Problems Regarding Schooling (Truancy/School/Phobia/School Refusal/Absentees/Complaints from School Regarding Disciplinary Matters)	1	
	III.	Any Specific Difficulty or Learning Disability	0.5	
	IV.	Relationships with Peers	0.5	
	V.	Relationships with Teacher	0.5	
	VI.	Academic Record	0.5	
	VII.	Extra-Curricular Activities	0.5	
	VIII.	Maximum Level Attained	0.5	
	IX.	Reason of Leaving the Studies	0.5	
Employment Status (4)	I.	Employment of Status	0.5	04
	II.	Duration of Jobs/Reason of Shifting from Last Job	0.5	
	III.	Monthly/Annual Income	0.5	
	IV.	Threat of Job Loss; Job Dissatisfaction	0.5	
	V.	Relationship and Issues with Colleagues	1	

	VI.	Stress Related to Job, Work Load And Timing (Stressful Work Schedule; Difficult Work Conditions)	1	
Social History (08)	Housing			03
	I.	Family Structure (Joint/Separate/Single)	0.5	
	II.	Size of House and Number of Rooms	0.5	
	III.	Size of House (Provision of Basic Necessities/Ownership)	0.5	
	IV.	Relation with Landlord/Neighbors	0.5	
	V.	Social conditions of neighborhood in terms of living conditions	0.5	
	Social Environment			3.5
	I.	Death/Separation/Loss of Friends/Primary Support Group	0.5	
	II.	Deficient Social Support framework/Living Alone	0.5	
	III.	Relationship with Friends	01	
	IV.	History of Social Discrimination	0.5	
	V.	Difficulty in Acculturation	0.5	
	VI.	Adjustment to Life Cycle Transition (E.G / Retirement)	0.5	
	Economic Problem			1.5
I.	Family support system; Current & Past Financial State and Associated Difficulties	0.5		
II.	Family financial status and other conditions; Any extreme Financial Crises and Reason	0.5		
III.	Zakkat/Insurance/Welfare Support or Other Financial and Related Privileges	0.5		
Marital Relationship (04)	I.	Marital Status (Duration of Marriage, Arranged/Love, Educational Status/Professional Status of Spouse, Reason for Separation/Divorce, Re-Marriage)	2	04
	II.	Number of Children/Health of Children/Educational Problems of Children	1	
	III.	Relationship with Spouse Including Sexual Relation (Spousal Abuse, Neglect, Over-Involvement)	0.5	
	IV.	Relationship With In Laws and Spouse Relation with His/her In-Laws	0.5	

PAST/CURRENT SMOKING, ALCOHOL/DRUG, MEDICAL HISTORY (4)	1.	ALCOHOL/DRUGS/SMOKING		3
	a.	Type of Drug, And Reason to Start	1	
	b.	Cost and Effects on Daily Life	1	
	c.	Complications Due to Use and Problems in Quitting	0.5	
	d.	Desire to Quite and Result of Previous Attempt to Quite	0.5	
	2.	MEDICAL/SURGICAL HISTORY		1

		Any Chronic or Acute Illness Previous or Current Hospitalization and Reason Financial Difficulties and Approach to Health Care Facilities Effects of Disease on Daily Life and Working		
LEGAL ISSUES (2)	a.	Any Convictions/Punishment/Legal Cases/Victim of A Crime	1	02
	b.	Minor Offenses (Over-Spending/Quarrels/Administrative Problems)	1	
HEALTH BELIEF MODEL (3)	c.	How does patient define the problem; patient's name of the disease	0.5	03
	d.	Patient's belief and perception about the cause of the problem	0.5	
	e.	Patient analysis about the start of the problem	0.5	
	f.	Time duration Patient Think the Disease Will Take	0.5	
	g.	Patient first treatment plan and treatment preference	0.5	
	h.	Psychosocial effects of patient disease on others around him	0.5	
ACCESS TO HEALTH SERVICES/OTHER PSYCHOSOCIAL STRESSORS (3)	a.	Inadequate Health Care Services In His Area (Laboratory Facilities/Trained Physicians/Treatment Cost/Transportation Problems)	1	03
	b.	Exposure to Disasters, War, Other Hostilities	1	
	c.	Conflict with Non-Family Caregivers Such as Counselor, Social Worker, Or Physician	1	
	TOTAL		40	

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Wellbeing Centre

**(Working under the umbrella of
Department of Behavioral Sciences)**

Basic Domains of Counseling Cell **CMH LMC & IOD**

Counselor support students directly in their academic life to foster, promote, and increase interpersonal competencies and academic achievement. The Counseling cell believes that sound education involves the development of the whole student. This includes the social, emotional, intellectual, and physical aspects of students' lives. Counseling services are accessible to all students and their families.

Counseling cell also facilitate the faculty or other employees of CMH Medical college as per their requirement.

Domains

The college counselor is working in these domains: academic, career and social/emotional development. These domains promote mindsets and behaviors that enhance the learning process and create a culture of college and career readiness for all students. The definitions of each domain are as follows:

Academic Development – Implement strategies and activities to support and maximize each student's ability to learn. We help students to

- enhance their memory by different techniques
- how to handle academic stress
- Test anxiety during modules etc

Career Development – help students in the area of choice of specialty or other issues relevant to their career.

Social/Emotional Development – help students manage emotions and learn and apply interpersonal skills.

Other Areas Relevant to these Basic Domains

- Interpersonal relationship issues relevant to parents
- Interpersonal relationship issues relevant to peers/colleagues
- Help them to enhance self-esteem
- Counsel them in anger management
- Help them to overcome anxiety and depression (referred to Psychiatrist if they need medication)
- Provide them psychological assessment (by reliable and valid measurement tools)
- Provide help in addiction issues
- Help them in dealing with panic attacks (during exams or in clinical rotations)
- Parental counseling is also provided as required, depending on the problem of the student.

(From the last two years nearly 200 sessions had been conducted, timing for each session comprises of 45-60 minutes)

