



DEPARTMENT OF MEDICAL EDUCATION  
COLLEGE OF MEDICINE & DENTISTRY AT THE HILLS  
ABBOTTABAD

# PRIME YEAR GUIDEBOOK

5<sup>Th</sup> Year  
2025-26

Year

2025-26



Department of Medical Education				
PRIME Year: Guidebook: (Professionals Ready for Innovative Medical Excellence)				
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## PREFACE

### Proposed Framework for the PRIME Year MBBS Program

To the Prospective PRIME Year Student,

This document outlines the proposed and tentative plan for the final year of the MBBS program, known as the PRIME Year (Professionals Ready for Innovative Medical Excellence). It is important to note that this guide presents a visionary framework that is currently under development and subject to change.

The plan described herein represents an ambitious, capstone experience designed to transform students into practice-ready, leadership-oriented physician-scholars. It moves beyond the traditional model of passive observership towards an active, participatory model built on Progressive Responsibility, Immersion, Mentorship, and Excellence.

However, please be advised that this entire project—including its structural framework, pedagogical strategies, assessment modalities, and detailed schedules—is a proposal. Its implementation is contingent upon formal review and approval by the College's Academic Council and other relevant statutory committees. Changes may be made to any aspect of this plan to align with evolving regulatory guidelines, institutional resources, and feedback from stakeholders.

This guide is intended to provide a comprehensive overview of the *intended* "what," "how," and "why" of your potential final year. It should be viewed as a dynamic roadmap of a proposed educational journey, one that may be refined as it moves through the necessary approval processes. We encourage your engagement with this proposed vision as we collectively work towards its potential realization.

**Disclaimer:** *This document is for informational and planning purposes only. The final, authoritative curriculum and schedule for the PRIME Year MBBS program will be issued upon official approval by the Academic Council of the College of Medicine and Dentistry at The Hills. The institution reserves the right to modify any part of this proposed plan.*

## A MESSAGE FROM THE DIRECTOR, DEPARTMENT OF MEDICAL EDUCATION

My Dear Future Colleagues,

It is with immense pride and great expectation that I welcome you to the **PRIME (Professionals Ready for Innovative Medical Excellence)** Year. You represent the culmination of our college's vision, and this year is the embodiment of our commitment to that vision. We have invested our utmost effort into designing a curriculum that does not simply teach you, but transforms you.

The PRIME Year is founded on a simple but powerful belief: that the final year of medical school must be a true apprenticeship for the responsibilities you will immediately shoulder. Therefore, we have replaced passive observation with a **Tiered Clerkship Model** that grants you progressive autonomy. We have replaced fragmented patient encounters with a **Longitudinal Patient Panel (LPP)** to teach you the profound responsibility of continuous care. We have moved beyond requiring a research project to mandating a **peer-reviewed publication**, instilling in you the discipline of contributing to the science you will use. And we have embedded this all within a **robust mentorship framework** to ensure you are supported every step of the way.

My charge to you is this: Engage with audacity. Ask difficult questions of your patients, your mentors, and yourselves. Embrace the discomfort that accompanies growth. See the system not just as it is, but as it could be, and use your Capstone Project to make a tangible improvement.

We are not just preparing you for a job; we are preparing you for a vocation of leadership and innovation. The trust that patients will place in you is sacred. This year is designed to ensure you are worthy of that trust.

I wish you a year of profound learning and discovery.

**With warm regards,**

**Director, DME**

## 1. INTRODUCTION: THE PHILOSOPHY OF THE PRIME YEAR

The **PRIME (Professionals Ready for Innovative Medical Excellence)** Year is the apex of the five-year, spirally integrated MBBS curriculum at the College of Medicine and Dentistry at The Hills. It represents a fundamental pedagogical shift from knowledge acquisition to knowledge synthesis and application, serving as a critical bridge between the dependent learning of undergraduate studies and the independent practice of internship and residency.

This year is characterized by two synergistic streams:

1. **Advanced Clinical Clerkships:** An intensive, immersive experience across core and specialized disciplines, where students function as "interns-under-supervision," managing patients with progressively decreasing guidance and increasing ownership.
2. **The Horizontal PRIME Module:** A longitudinal, integrative thread that runs concurrently with clinical rotations, focusing on the meta-competencies of modern medicine: **P**rofessionalism, **R**esearch, **I**dentify, **M**anagement, and **E**thics.

The PRIME Year is the practical manifestation of our mission to "innovate in clinical care and health system design." It is where theory meets practice, and where students become **Professionals Ready for Innovative Medical Excellence**.

## 2. RATIONALE: THE IMPERATIVE FOR INNOVATION

The design of the PRIME Year is a direct response to identified gaps in traditional medical education and the evolving demands of the healthcare landscape:

- **Bridging the Preparedness Gap:** New graduates often report feeling unprepared for the complexities and responsibilities of internship. The PRIME Year's Tiered Clerkship model systematically builds confidence and competence by providing a scaffolded transition to independent practice within the safety of the academic environment.
- **Fostering Systems-Based Practice:** Modern healthcare delivery requires an understanding of systems, quality improvement, and resource management. The PRIME Year's Capstone Project and dedicated electives (e.g., Clinical Informatics, Systems-Based Practice) move students beyond being mere actors within the system to becoming agents of its improvement.

- **Instilling a Culture of Scholarship:** The mandatory peer-reviewed publication requirement elevates research from an ancillary activity to a core professional competency. It ensures our graduates are not just consumers of medical literature but critical appraisers and contributors, prepared for academic careers and evidence-based practice.
- **Combating Professional Burnout:** Through the Longitudinal Patient Panel, reflective portfolios, and dedicated mentorship, the PRIME Year emphasizes the humanistic dimensions of medicine, fostering resilience, empathy, and a sustainable professional identity from the outset.
- **Exceeding Regulatory Standards:** While fully compliant with PMDC and KMU guidelines, the PRIME Year is designed to exceed them, producing graduates who are not just qualified, but exceptional.

### 3. OBJECTIVES OF THE PRIME YEAR:

#### A BLUEPRINT FOR COMPETENCE

Upon successful completion of the PRIME Year, the student will be able to:

##### 3.1. Patient Care & Clinical Competence

- Synthesize data from history, physical examination, and investigations to formulate comprehensive differential diagnoses and evidence-based management plans for complex, multi-system illnesses.
- Perform and document a complete and accurate patient encounter, including a problem list and treatment plan, with minimal supervision.
- Demonstrate proficiency in a defined set of essential medical procedures, as validated by the "Procedural Passport."

##### 3.2. Medical Knowledge & Scholarship

- Integrate knowledge from basic and clinical sciences to explain the pathophysiological basis of disease and the mechanisms of action of therapeutic interventions.
- Design, execute, and disseminate a scholarly project that addresses a relevant clinical or health systems question, culminating in a manuscript submission to a peer-reviewed journal.

### 3.3. Practice-Based Learning & Improvement

- Utilize feedback from Mini-CEX, DOPS, and clinical supervisors to identify personal learning gaps and implement a plan for continuous improvement.
- Demonstrate the ability to locate, appraise, and assimilate evidence from scientific studies to improve patient care.

### 3.4. Interpersonal & Communication Skills

- Communicate effectively and empathetically with patients and families across a broad range of socioeconomic and cultural backgrounds, including in scenarios of breaking bad news and shared decision-making.
- Function effectively as both a leader and a member of a multidisciplinary healthcare team, ensuring clear and respectful handovers and consultations.

### 3.5. Professionalism

- Demonstrate unwavering integrity, accountability, and respect for patient privacy and autonomy in all clinical and scholarly activities.
- Model a commitment to ethical principles and a patient-centered approach, even in the face of clinical uncertainty or system constraints.

### 3.6. Systems-Based Practice

- Analyze the broader system factors (resources, policies, processes) that impact patient care and propose viable, evidence-based improvements through the Capstone PRIME Project.
- Apply principles of cost-awareness and risk-benefit analysis in clinical decision-making.

## 4. OUTCOMES OF THE PRIME YEAR:

### THE GRADUATE PROFILE

The PRIME Year graduate will be distinguished as a:

- **Competent and Confident Clinician:** Possessing the diagnostic acumen, procedural skill, and clinical judgment to manage patients safely and effectively in a variety of settings, ready to assume the full responsibilities of a house officer.



- **Reflective and Resilient Practitioner:** Equipped with the habits of lifelong learning, self-assessment, and personal well-being necessary to navigate the demands of a medical career.
- **Physician-Scholar:** With a proven record of research and publication, demonstrating the ability to contribute to medical knowledge and critically evaluate new evidence, making them highly competitive for premier residency programs.
- **Emerging Leader and Innovator:** Possessing foundational skills in quality improvement, team leadership, and health systems analysis, prepared to identify problems and engineer solutions.
- **Ethical and Humanistic Professional:** Grounded in a strong, patient-centered professional identity, committed to the highest standards of ethical conduct and compassionate care.

## 5. TEACHING METHODOLOGIES: A SYNERGY OF STRATEGIES

The PRIME Year employs a diverse, synergistic array of teaching methodologies tailored to adult learning principles and the development of clinical expertise.

Methodology	Detailed Description & Implementation
Tiered Clinical Clerkships	A structured model of progressive autonomy within core rotations (Medicine, Surgery, Pediatrics, OB/GYN, Emergency Med). Students begin as <b>Active Observers</b> , progress to <b>Assistant Managers</b> (performing H&P, writing notes, suggesting plans), and culminate as <b>Student Leads</b> (presenting all team patients, writing initial progress notes, and developing comprehensive plans under direct faculty supervision).
Longitudinal Patient Panel (LPP)	Each student is assigned 3-4 patients with chronic conditions (e.g., CHF, COPD, Diabetes) to follow throughout the year across outpatient, inpatient, and post-discharge settings. This fosters deep, continuous doctor-patient relationships, teaches chronic disease management, and highlights challenges in care coordination. Supported by a dedicated faculty mentor.
Case-Based Learning (CBL)	Facilitated small-group (6-8 students) discussions of complex, real-world patient cases. The facilitator guides students through the process of clinical reasoning, differential diagnosis, and evidence-based management planning, challenging assumptions and promoting critical thinking.
Bedside Teaching Rounds	The quintessential method of clinical education. Faculty conduct teaching rounds at the patient's bedside, focusing on history-taking skills, physical examination findings, clinical reasoning, and communication with the patient, providing immediate, contextual feedback.
High-Fidelity Simulation	Immersive simulation scenarios using advanced manikins in our Clinical Skills Center to manage medical emergencies (e.g., cardiac arrest, septic shock, trauma) in a risk-free environment, allowing for the practice of both technical and non-technical skills (teamwork, communication).
Interactive Workshops	Focused, hands-on sessions on critical skills, including: <ul style="list-style-type: none"> <li>• <b>Scientific Writing &amp; Biostatistics</b> (for manuscript preparation)</li> <li>• <b>EMR Efficiency &amp; Clinical Informatics</b></li> <li>• <b>Quality Improvement Methodology</b> (Plan-Do-Study-Act cycles)</li> <li>• <b>Advanced Communication Skills</b> (conflict resolution, breaking bad news)</li> </ul>
Structured Journal Clubs	Student-led sessions focused on the critical appraisal of recent, high-impact medical literature. Students learn to evaluate study methodology, statistical analysis, and clinical applicability, fostering a culture of evidence-based practice.
"Physician-Scholar" Advisor Program	A one-on-one mentoring relationship with a dedicated faculty advisor. Advisors meet with students monthly to review clinical progress, discuss the LPP, guide the Capstone Project and research manuscript, and provide personalized career counseling and support.

## 6. TENTATIVE TIMETABLE: THE DIDACTIC CORE (10:00 AM - 1:00 PM)

This 3-hour daily block is dedicated to consolidated, advanced learning. It is complemented by clinical duties (ward rounds, OPD, procedures) scheduled in the early morning and afternoon/evening.

*BLOCK N: FOUNDATION-III, BLOOD & IMMUNOLOGY-III, MSK-III*

*Focus: Mastering the principles underlying complex medical oncology, hematology, and rheumatology.*

Day	Theme	Detailed Session Breakdown (10:00 AM - 1:00 PM)
Mon	<b>Advanced Oncology &amp; Palliative Care</b>	<p><b>10:00-11:00: Base:</b> Molecular Basis of Carcinogenesis: Oncogenes, Tumor Suppressors, Hallmarks of Cancer.</p> <p><b>11:00-12:00: Application:</b> Multi-modality Management of Solid Tumors: Review of staging, surgical, radiation, and systemic therapy principles for breast, lung, and colorectal cancers.</p> <p><b>12:00-1:00: Expertise: Complex Case Discussion:</b> A patient with metastatic cancer presenting with spinal cord compression and hypercalcemia. Focus on emergency management, goals of care conversation, and integrating palliative care early.</p>
Tue	<b>Complex Hematology &amp; Transfusion Medicine</b>	<p><b>10:00-11:00: Base:</b> In-depth review of coagulation cascades (including novel oral anticoagulants) and pathophysiology of primary immunodeficiencies.</p> <p><b>11:00-12:00: Application:</b> Interpretation of complex coagulopathy workups (mixing studies, factor assays) and advanced immunological testing (flow cytometry, immunoglobulin levels).</p> <p><b>12:00-1:00: Expertise: Case-Based Dilemma:</b> A patient with an acquired bleeding disorder and a history of recurrent infections – working through the diagnostic algorithm and management challenges.</p>
Wed	<b>Musculoskeletal Medicine &amp; Rheumatology</b>	<p><b>10:00-11:00: Base:</b> Pathophysiology and differential diagnosis of inflammatory vs. degenerative arthritis. Deep dive into the immunology of Rheumatoid Arthritis and Spondyloarthropathies.</p> <p><b>11:00-12:00: Application:</b> Systematic approach to interpreting MSK MRI; Guidelines for the use of</p>

		<p>biologic and targeted synthetic DMARDs; Monitoring for side effects.</p> <p><b>12:00-1:00: <i>Expertise: Radiology-Clinical Correlation Workshop:</i></b> Students present and interpret MRI/CT scans of complex cases (e.g., avascular necrosis, osteomyelitis, soft tissue sarcomas) and link findings to clinical management.</p>
Thu	<b>Pharmacology &amp; Therapeutics</b>	<p><b>10:00-11:00: <i>Base:</i></b> Pharmacology of chemotherapeutic agents (alkylators, antimetabolites, immunotherapies) and principles of advanced analgesia (opioid rotation, adjuvants).</p> <p><b>11:00-12:00: <i>Application:</i></b> Managing common and life-threatening side effects of chemotherapy (myelosuppression, tumor lysis syndrome, extravasation). Pain management in sickle cell crisis and terminal illness.</p> <p><b>12:00-1:00: <i>Expertise: Simulation/Tutorial:</i></b> Practical session on calculating body-surface-area-based chemo doses, managing anaphylaxis, and role-playing a family meeting for palliative sedation.</p>
Fri	<b>PRIME: Research &amp; Scholarship</b>	<p><b>Dedicated Time for Scholarly Activity.</b> Sessions include:</p> <ul style="list-style-type: none"> <li>• <b>Manuscript Writing Workshop:</b> Structuring introduction, methods, results, and discussion sections.</li> <li>• <b>Data Analysis Clinic:</b> One-on-one support with a biostatistician.</li> <li>• <b>Capstone Project Team Meetings:</b> Supervised team meetings to finalize project proposals, analyze data, and prepare final reports.</li> </ul>

*(Similar detailed expansions would be provided for Blocks O, P, and Q, following the same Base->Application->Expertise structure, covering Cardiorespiratory, Renal/Endo/Repro, and Neuro/GIT/Multisystem disciplines, with Fridays dedicated to PRIME horizontals like Leadership, Professionalism, and the Capstone Project.)*

## 7. PRIME Year: Integrated Weekly Timetable Framework

This framework assumes a clinical workday from **8:00 AM to 4:00 PM**, with the didactic session from 10 AM-1 PM as previously described. The specific timing of clerkships will vary by hospital and specialty.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>7:30 - 8:30 AM</b>	<b>Pre-Round Preparation</b>	<b>Pre-Round Preparation</b>	<b>Pre-Round Preparation</b>	<b>Pre-Round Preparation</b>	<b>Pre-Round Preparation</b>	(Off or On-Call)
	<i>Review patient charts, new results, plan for the day.</i>	<i>Review patient charts, new results, plan for the day.</i>	<i>Review patient charts, new results, plan for the day.</i>	<i>Review patient charts, new results, plan for the day.</i>	<i>Review patient charts, new results, plan for the day.</i>	
<b>8:30 - 10:00 AM</b>	<b>Tiered Clerkship: Ward Rounds</b>	<b>Tiered Clerkship: Ward Rounds</b>	<b>Tiered Clerkship: Ward Rounds</b>	<b>Tiered Clerkship: Ward Rounds</b>	<b>Tiered Clerkship: Ward Rounds</b>	(On-Call Duties)
	<i>Function as "Student Lead"/"Assistant Manager": Present patients, write progress notes.</i>	<i>Function as "Student Lead"/"Assistant Manager": Present patients, write progress notes.</i>	<i>Function as "Student Lead"/"Assistant Manager": Present patients, write progress notes.</i>	<i>Function as "Student Lead"/"Assistant Manager": Present patients, write progress notes.</i>	<i>Function as "Student Lead"/"Assistant Manager": Present patients, write progress notes.</i>	<i>Extended clinical immersion, manage new admissions.</i>
<b>10:00 AM - 1:00 PM</b>	<b>Protected Didactic Time</b>	<b>Protected Didactic Time</b>	<b>Protected Didactic Time</b>	<b>Protected Didactic Time</b>	<b>Protected Didactic Time</b>	

	<i>(See previous detailed block schedule)</i>	<i>(See previous detailed block schedule)</i>	<i>(See previous detailed block schedule)</i>	<i>(See previous detailed block schedule)</i>	<i>(See previous detailed block schedule)</i>	
<b>1:00 - 2:00 PM</b>	<b>Lunch &amp; Independent Work</b>	<b>Lunch &amp; Independent Work</b>	<b>Lunch &amp; Independent Work</b>	<b>Lunch &amp; Independent Work</b>	<b>Lunch &amp; Independent Work</b>	
<b>2:00 - 4:00 PM</b>	<b>Tiered Clerkship: Clinical Duties</b>	<b>Case-Based Learning (CBL) Session</b>	<b>Tiered Clerkship: Clinical Duties</b>	<b>Longitudinal Patient Panel (LPP) &amp; Clinic Time</b>	<b>Scholarly Activity / Capstone Project</b>	
	<i>OPD, Procedures, Follow-ups, Discharge Summaries.</i>	<i>Structured small-group discussion of complex cases.</i>	<i>OPD, Procedures, Follow-ups, Discharge Summaries.</i>	<i>See LPP patients in clinic, make follow-up calls, coordinate care.</i>	<i>Dedicated time for research, manuscript writing, project work.</i>	
<b>After 4:00 PM</b>	<b>Self-Directed Learning</b>	<b>"Physician-Scholar" Advisor Meeting</b> (e.g., 1x/month)	<b>Self-Directed Learning</b>	<b>Self-Directed Learning</b>	<b>Self-Directed Learning</b>	<b>Rest &amp; Recuperation</b>
	<i>Study, logbook completion, reflection.</i>	<i>Review progress, discuss LPP, mentor on projects/career.</i>	<i>Study, logbook completion, reflection.</i>	<i>Study, logbook completion, reflection.</i>	<i>Study, logbook completion, reflection.</i>	

## 8. Longitudinal Calendar: Integration of Teaching Modalities Across the PRIME Year

This calendar shows how these modalities unfold over the entire academic year.

Timeline (Approx.)	Tiered Clinical Clerkships	Longitudinal Patient Panel (LPP)	Case-Based Learning (CBL)	"Physician-Scholar" Advisor Program
<b>Orientation (July)</b>	<ul style="list-style-type: none"> <li>• Orientation to Tiered Model.</li> <li>• Assignment of initial rotation (e.g., Internal Medicine).</li> <li>• Begin as <b>Active Observer</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• Receive LPP assignment (3-4 patients).</li> <li>• Initial meetings with patients/families.</li> <li>• Set up tracking system.</li> </ul>	<ul style="list-style-type: none"> <li>• Introductory CBL session on general clinical reasoning.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>First formal meeting</b> with assigned advisor.</li> <li>• Set goals for the year.</li> <li>• Discuss LPP and research interests.</li> </ul>
<b>Block N (Aug-Sept)</b>	<ul style="list-style-type: none"> <li>• Rotate through first major clerkship.</li> <li>• Progress to <b>Assistant Manager</b> role.</li> <li>• Focus on applying Foundation/Blood/MSK knowledge.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Active Management:</b> Follow LPP patients, attend their appointments, document in portfolio.</li> <li>• First reflective entry on LPP experience.</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly CBL sessions on Oncology, Hematology, and Rheumatology cases.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monthly meeting:</b> Discuss transition to clinical work, review first Mini-CEX feedback.</li> </ul>
<b>Block O (Oct-Nov)</b>	<ul style="list-style-type: none"> <li>• Rotate through Cardio-Respiratory clerkship.</li> <li>• Aim for <b>Student Lead</b> role in some capacities.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Chronic Disease Focus:</b> Deepen understanding of LPP patients' cardio-respiratory health.</li> <li>• Manage a decompensation</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly CBL sessions on Heart Failure, ACS, Respiratory Failure, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monthly meeting:</b> Review Procedural Passport progress, discuss Capstone Project proposal.</li> </ul>

	<ul style="list-style-type: none"> <li>• Perform procedures (e.g., ABG) under supervision.</li> </ul>	event if it occurs.		
<b>Block P (Dec-Jan)</b>	<ul style="list-style-type: none"> <li>• Rotate through Renal/Endo/Repro clerkship.</li> <li>• Solidify <b>Student Lead</b> role.</li> <li>• Manage diabetic emergencies, AKI on the wards.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Holistic Care:</b> Focus on the impact of renal/endocrine issues on LPP patients' overall health.</li> <li>• Counseling and education.</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly CBL sessions on AKI, Electrolytes, DKA, Thyroid Storm, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monthly meeting:</b> Mid-year review. Assess overall performance, adjust goals, provide support.</li> </ul>
<b>Block Q (Feb-March)</b>	<ul style="list-style-type: none"> <li>• Rotate through Neuro/GIT/Multisystem clerkship.</li> <li>• Perform as a confident <b>Student Lead</b>.</li> <li>• Prepare for final exams and internship.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Care Transition Planning:</b> Begin planning for the transition of LPP care post-graduation.</li> <li>• Final comprehensive reflections.</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly CBL sessions on Stroke, Liver Failure, Sepsis, Geriatrics.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monthly meeting:</b> Focus on residency planning, finalize manuscript, prepare for summative exams.</li> </ul>
<b>Exam &amp; Transition (April-June)</b>	<ul style="list-style-type: none"> <li>• Clerkships conclude.</li> <li>• Final clinical assessments and sign-offs.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>LPP Closure:</b> Final patient visits, complete portfolio, formal handover to primary team.</li> </ul>	<ul style="list-style-type: none"> <li>• CBL sessions shift to exam preparation and complex clinical synthesis.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Final meetings:</b> Advisor writes final evaluation, provides career guidance, and serves as a future reference.</li> <li>• Celebration of completion.</li> </ul>



### Key Takeaways:

- **Tiered Clerkships** are the **backbone** of the day (ward rounds, OPD, procedures) and evolve in responsibility throughout the year.
- **LPP** is a **longitudinal thread** running the entire year, requiring weekly attention during clinical time and personal reflection.
- **CBL** is a **fixed, weekly session** (e.g., Tuesday afternoons) dedicated to honing clinical reasoning in a group setting.
- The **Advisor Program** is a **monthly touchpoint** scheduled flexibly, providing continuity and mentorship across all rotations and activities.

This integrated schedule ensures that the PRIME Year is a cohesive, immersive experience where theoretical knowledge, practical skills, professional identity, and scholarly activity are developed simultaneously and synergistically.

## 9. ASSESSMENT METHODS:

### A BALANCED AND COMPREHENSIVE SYSTEM

The assessment framework for the PRIME Year is designed to be robust, multi-modal, and aligned with its core objectives, ensuring a holistic evaluation of the graduating student.

#### A. Internal (Formative) Assessment (20% of Final Year Score):

- **Purpose:** To provide continuous, developmental feedback throughout the year, guiding learning and ensuring steady progress. It is low-stakes but mandatory.
- **Conducted by:** CMDH Faculty, Module Coordinators, and Clinical Supervisors.
- **Components:** A blend of written tests, clinical evaluations, portfolio reviews, and project milestones, as detailed in the Assessment Tools table below.

#### B. External (Summative) Assessment (80% of Final Year Score):

- **Purpose:** To make a high-stakes, final judgment on a student's overall competency and readiness for graduation and practice.
- **Conducted by:** Khyber Medical University. CMDH facilitates but does not control this process.
- **Components:** As per KMU regulations, typically including:
  - **Theory Examinations:** Multiple Choice Questions (MCQs) and Short Essay Questions (SEQs).
  - **Practical/Clinical Examinations:** Objective Structured Clinical Examinations (OSCEs) and Objective Structured Practical Examinations (OSPEs).
  - **Viva Voce:** Oral examinations on clinical topics and cases.
  - **Long Case:** Comprehensive assessment of a single patient encounter from history to management plan.

## 10. ASSESSMENT TOOLS: MAPPING TOOLS TO COMPETENCIES

The following table details the specific tools used for the **Internal Assessment (20%)**, explaining their function, frequency, and contribution to the final grade.

Assessment Tool	Elaborated Description & Competencies Measured	Frequency	Weight in Internal Assessment (20%)
Clinical Logbook & E-Portfolio	A comprehensive digital portfolio documenting the entire clinical journey. It includes:	Continuous (Audited Mid-year and Final)	<b>3%</b>

	<ul style="list-style-type: none"> <li>• Verified patient encounters (by diagnosis &amp; specialty)</li> <li>• Procedure logs with "Procedural Passport" sign-offs</li> <li>• Longitudinal Patient Panel (LPP) entries and reflections</li> <li>• Mini-CEX &amp; DOPS forms</li> <li>• Reflective journals on ethical dilemmas or challenging cases.</li> </ul> <p><b>Measures:</b> Patient Care, Practice-Based Learning, Professionalism.</p>		
Mini-CEX (Mini-Clinical Evaluation Exercise)	A structured, direct observation of a focused clinical encounter (e.g., focused history, physical exam, counseling) by a faculty member, followed by immediate formative feedback using a standardized form rating domains like medical interviewing, physical exam, clinical judgment, and professionalism. <b>Measures:</b> Patient Care, Communication Skills, Professionalism.	Minimum of 2 per core clinical rotation	<b>3%</b>
Tiered Clinical Clerkships/	A structured model where student performance is evaluated based on their progressive autonomy and competence across three tiers (Active Observer, Assistant Manager, Student Lead) within core clinical rotations. Faculty assess the student's ability to take ownership of patient care, demonstrate clinical reasoning, lead presentations, contribute to management plans, and function as an integrated team member. <b>Measures:</b> Patient Care, Medical Knowledge, Systems-Based Practice, Professionalism, and Interpersonal & Communication Skills.	Continuous evaluation with a formal summative assessment at the end of each core clinical rotation.	<b>1%</b>
Longitudinal	Assessment is based on a dedicated	Continuous	<b>2%</b>

Patient Panel (LPP)	portfolio documenting the student's continuous care of 3-4 assigned patients with chronic illnesses. It is evaluated on the depth of patient follow-up, quality of reflective entries, understanding of the disease's biopsychosocial impact, care coordination efforts, and the ability to maintain a professional, empathetic doctor-patient relationship over time. <b>Measures:</b> Patient Care, Practice-Based Learning & Improvement, Professionalism, and Interpersonal & Communication Skills.	documentation with a formal portfolio review and evaluation by the faculty mentor at the mid-year and final-year points	
PRIME electives	Performance in these specialized "Transition to Internship" electives (e.g., Clinical Informatics, Systems-Based Practice) is assessed through practical assignments, projects, and demonstrations of competency in advanced areas like EMR utilization, quality improvement methodology, leadership in clinical scenarios, and understanding of healthcare systems. <b>Measures:</b> Systems-Based Practice, Practice-Based Learning & Improvement, Professionalism, and Interpersonal & Communication Skills.	A formal assessment and project evaluation at the conclusion of each elective rotation	<b>1%</b>
		<b>TOTAL</b>	<b>10%</b>

## 11. NOTE ON INTERNAL ASSESSMENT WEIGHTING:

### EMPHASIZING COMPETENCE

**As per the policy approved by the Academic Council, a significant portion—50% of the internal assessment marks, equivalent to 10% of the final year score—is explicitly allocated to Workplace-Based Assessments (WBAs) and the scholarly portfolio.**

This strategic decision underscores the PRIME Year's commitment to evaluating *actual performance* in authentic clinical and scholarly contexts. This 10% is derived from:

- Clinical Logbook & Portfolio (3%)
- Mini-CEX (3%)
- Tiered Clinical Clerkships/ Longitudinal Patient Panel (LPP)/PRIME electives- (4%)- subject to academic council approval-pending

The remaining 50% of the internal assessment (the other 10% of the final year score) comes from the internal assessment as per KMU Blueprints.

This weighting (subject to the then Academic Council and curricular committee) sends a clear message: **demonstrated clinical competence and scholarly initiative are the paramount objectives of the PRIME Year.**

## 12. CONCLUSION: A YEAR OF TRANSFORMATION

The **PRIME (Professionals Ready for Innovative Medical Excellence)** Year is the final, and most crucial, investment in your development as a physician. It is demanding by design, for the trust you will hold and the lives you will impact demand nothing less.

This year will challenge you intellectually, emotionally, and physically. You will experience the satisfaction of making a correct diagnosis against the odds, the humility of learning from a mistake, the privilege of guiding a patient through a chronic illness, and the rigor of contributing to medical science. You will not be alone in this journey; your mentors, advisors, and peers are here to support you.

Engage with this year wholeheartedly. Let this guide be your framework, but let your curiosity and compassion be your driver. Graduate not just as a doctor, but as a Professional Ready for Innovative Medical Excellence from the College of Medicine and Dentistry at The Hills—a physician prepared to heal, to lead, and to transform.

### **College of Medicine & Dentistry at The Hills**

*Cultivating Professionals Ready for Innovative Medical Excellence*