



Rawalpindi Medical University

Final Year MBBS 2023

Clinical Clerkship



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

**DEDICATED
TO
OUR BELOVED HOLY PROPHET (PBUH)**

Mission Statement of RMU

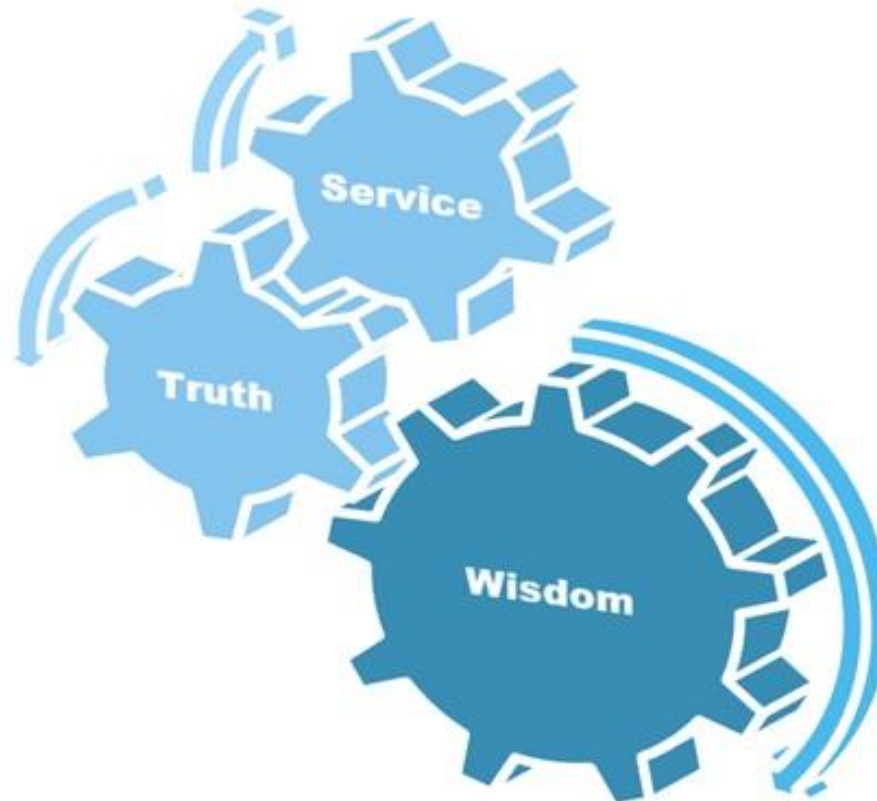
To impart evidence based research oriented medical education

To provide best possible patient care

To inculcate the values of mutual respect and ethical practice of medicine

Vision and Values:

Highly recognized and accredited center of excellence in Medical Education, using evidence-based training techniques for development of highly competent health professionals.



Curriculum Committee

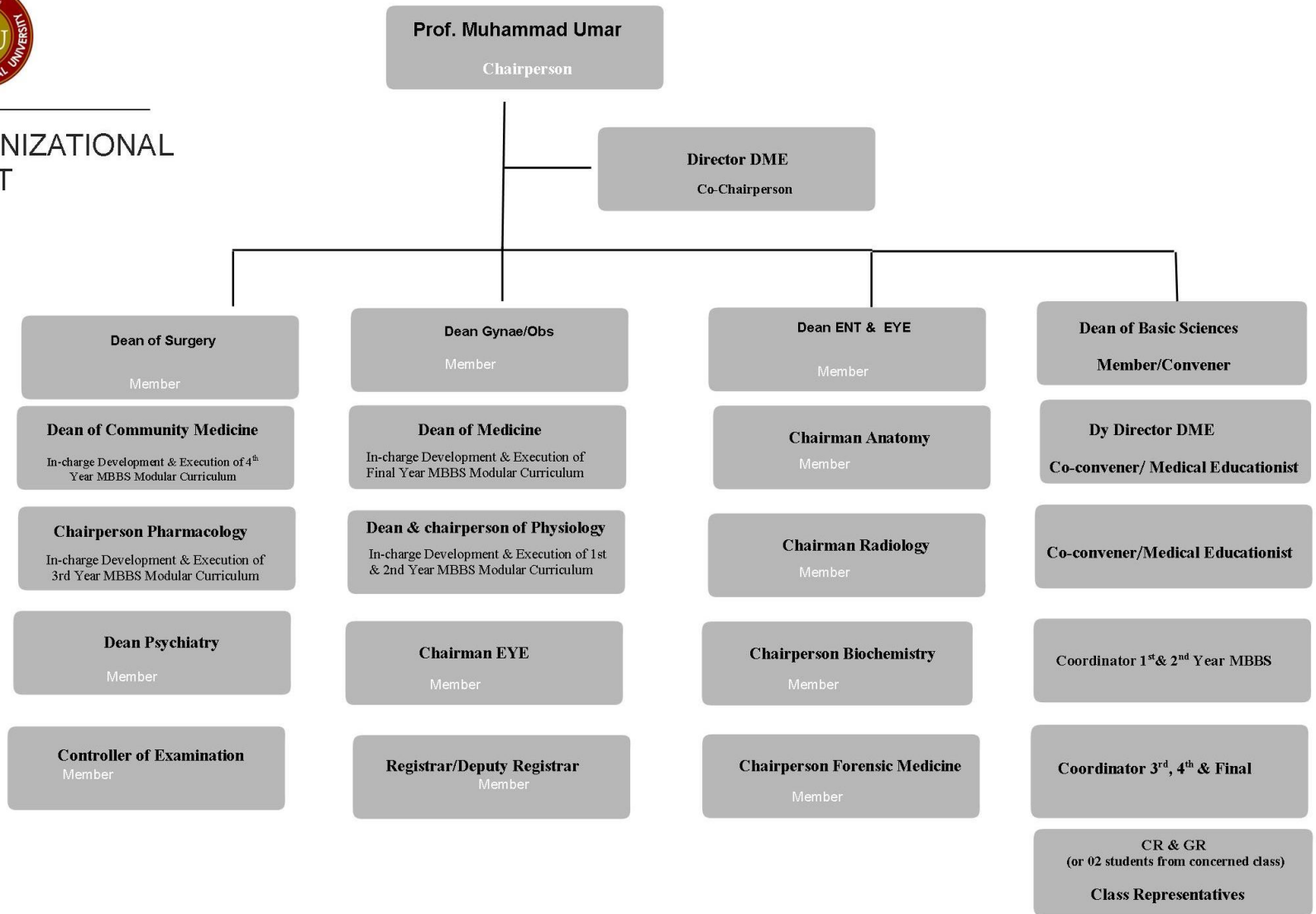
Members of Curriculum Committee

- | | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1. Prof. Muhammad Umar
Vice Chancellor | Chairperson |
| 2. Prof. Muhammad Rai Asghar
Chairman Pediatrics
Director Department of Medical Education | Co-Chairperson |
| 3. Prof. Idrees Anwar
Dean of Surgery & Allied | Member |
| 4. Prof. Lubna Ejaz
Professor of Gynae-Obstetrics | Member |
| 5. Prof. Nousheen
Professor of ENT | Member |
| 6. Prof. Naeem Akhtar
Dean of Basic Sciences & Diagnostics | Member/Convener |
| 7. Prof. Syed Arshad Sabir
Dean of Community Medicine & Public Health | Member/
In-charge Development & Execution of
4 th Year MBBS Modular Curriculum |
| 8. Prof. Muhammad Khurram
Dean of Medicine & Allied | Member/
In-charge Development & Execution of
Final Year MBBS Modular Curriculum |
| 9. Prof. Samia Sarwar
Head of Physiology Department | Member |
| Dr Asma Khan
Chairperson of Pharmacology | Member/
In-charge Development & Execution of
3 rd Year MBBS Modular Curriculum |

10. Prof. Asad Tameezudin Dean Institute of Psychiatry	Member
11. Prof. Fuad Niazi Professor of Ophthalmology Dean of Eye & ENT	Member
12. Dr. Nasir Khan Associate Professor Chairman Radiology Department	Member
Prof. Tehzeeb-ul-Hassan Chairman Anatomy Department	Member/ Dean Basic Sciences
Dr. Tehmina Qamar Associate Professor	Member/ In-charge Development & Execution of 1 st & 2 nd Year MBBS Modular Curriculum
13. Controller of Examination	Member
14. Registrar/Deputy Registrar	Member
15. Dr. Shazia Zeb Deputy Director DME	Co-convener
16. Dr. Arsalan Manzoor Assistant Professor of Anatomy	Co-convener
17. Dr. Sidra Hameed Assistant Prof. Physiology/Assistant Director DME	Coordinator 1st & 2nd year MBBS
18. Dr. Omaina Asif Demonstrator Pharmacology/ Assistant Director DME	Coordinator 3rd, 4th & Final Year MBBS
19. CR & GR (or 02 students from concerned class)	Class Representatives



ORGANIZATIONAL CHART



Terms Of Reference For Curriculum Committee
Integrated Modular Curriculum

1. The curriculum committee should comprise of the following members
 - a. Dean of faculty (chairperson)
 - b. All heads of department
 - c. Module coordinator/s (of the module to be discussed)
 - d. Representative from Medical Education Department
 - e. Representative from Examination Department
 - f. CR and GR as student representatives
2. Responsibilities of the curriculum committee
 - a. Planning, implementation and evaluation of the curriculum
 - b. Evaluation of innovations in the curriculum
 - c. Development and modification of the curriculum document
 - d. Development and modification of the study guides
 - e. Development of yearly planner
 - f. Review faculty feedback and student feedback of modules
 - g. Review faculty feedback and student feedback of examinations
 - h. Propose recommendations and ensure
3. Meeting should be held after every 6 months (after block examination)
4. The module coordinators should present the objectives and timetables of the module
5. DME should present student and faculty feedback of the block
6. Examination department should present faculty and student feedback of the block/prof exam
7. Minutes should be compiled, presented in deans committee and recorded by DME department

Contributors

Development And Implementation Of Modular Curriculum For Final Year Mbbs

Pioneer of the system /Chairman Curriculum Committee	Prof. Muhammad Umer (Vice Chancellor)
Co-Chairman Curriculum Committee	Prof. Naeem Akhtar (Dean Basic Sciences) Prof.Dr. Rai Muhammad Asghar (Dean Medical Education)
Module Planner & Author	Dr Oaima Asif Chief Modular Coordinator/ Assistant Director DME
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Focal person Surgery Department	Dr. Waqas Raza (Professor of Surgery)
Focal person Gynae Department	Dr Humaira Bilquis (Assisstant Professor)
Focal Person Paeds Department	Dr Asad Shabbir (Assistant Professor)
Curriculum Committee members	Dr.Prof.Muhammad Umer, Prof. Dr.Naeem Akhter, Prof.Dr.Rai.Muhammad Asghar, Prof Dr Idrees Anwar, Prof Dr Muhammad Khurram, Prof Dr Lubna Ejaz, Dr Oaima Asif



Clinical Clerkship

Introduction:

The field of basic science in medical education that follows the conventional model of classroom teaching paired with laboratory experiences. Clinical sciences are taught in practice-based settings such as hospitals, physician offices, ambulatory care centers, surgical centers, and health departments with supervised hands-on experiences. Formal educational experiences are necessary as the foundation of clinical medicine, but the goal is to consolidate clinical skills and complement classroom learning in a structured physician-patient environment. The value of a clinical clerkship is in the application of direct care with patient reaction based on learned information. This hands-on experience gives students a unique opportunity to bridge the academic and practice-based worlds to gain the skills necessary for health care providers.

Difference Between Basic & Clinical Sciences

Basic science refers to the basic principles of how anatomy and physiology function under normal conditions. They are taught before clinical sciences to give students the necessary foundation for basic thinking and understanding of the human body functions and systems.

The Clinical Clerkship

Clerkships are full immersion learning experiences in practice base facilities, where students will have one-on-one patient interactions and application of clinical sciences. This real-world educational experience is what separates clinical sciences from basic sciences. Under supervision, students have their first experience of patient care during their rotations. They are responsible for obtaining information and determining the final treatment plan. The interaction and realities of patient care have the greatest impact on the transformation of the student.

History Of Clinical Clerkships

It was not until the mid-1800s that patients were introduced as educational components of physician training. At that time a clerkship was only offered as an elective or at an additional fee. This was done as to not disillusion potential students. Until the 1900's medical students "heard much, saw little, and did nothing."

Clinical clerkships began to separate from the traditional classroom environment in the early 1900's. The first true clerkship occurred in 1927 when Northwestern Medical School in Chicago designated a single individual responsible for multiple learners in a hospital.⁵ Following in Northwestern's path, the University of Oklahoma in 1927 developed a clinical clerkship for their 3rd year students, that included one and a half hours of daily supervised instruction.

Discussions during this time centered on what was taught to students, what the student role was, and when students elicited reflexes whether they were performing and practicing medicine or physiology. When students took part in surgery, they were no longer practicing anatomy; they were practicing surgery. Clinical medicine was believed to be training in "methods."

In the 1940's the idea of the clerkship evolved into a way of utilizing care for the patient and education for the student. Since clinical work is inexact and vague, it was considered less academic, but necessary to the education of future physicians. 3rd year medical training began in the hospital wards, and 4th year medical training moved into the less structured environment of the clinics.

Preparation For Clinical Clerkships

Entrance into clinical clerk rotations in medical university is a natural progression from the successful mastery of the basic sciences. There is little formal preparation for this part of medical students' training. An evaluation process was completed before giving students access to actual patients.

Medical Activities & Progressive Responsibilities Within Clerkships

As medical education moves towards an outcome-based model of education, where clinical knowledge, skills, and attitudes are identified, the need to evaluate students on each discrete observable area is becoming increasingly important. As students complete each activity to a predetermined skill level, the student is entrusted to complete that skill without supervision. These medical activities are tracked as student progress through the clerkship rotations.

Clerkships Today

Today clerkships still have significant variability. There is considerable discussion on the sequence of clerkships and the effects on students. 3rd and 4th year clerkship rotations are considered very different experiences. Schools often look at 3rd year clerkships as primary building blocks of clinical experience. Structure and oversight it is considerably greater than in many 4th year clerkships. The program directors examine the situations students are exposed to during the clerkship and develop a complete curriculum, supplementing knowledge gaps as needed.

Clerkship Learning Outcomes/Objectives :

Medical Knowledge/Skills

- Identify and describe the conditions commonly encountered in medical practice.
- Apply knowledge of molecular, cellular, biochemical, nutritional, and systems-level mechanisms that maintain homeostasis and of the dysregulation of these mechanisms to the prevention, diagnosis, and management of disease.
- Apply major principles of the basic sciences to explain the pathobiology of significant diseases and the mechanism of action of important biomarkers used in the prevention, diagnosis, and treatment of diseases.
- Use the principles of genetic transmission, molecular biology of the human genome, and population genetics to
 - 1) obtain and interpret family history and ancestry data,
 - 2) infer and calculate the risk of diseases,
 - 3) order genetic tests to guide decision making and to assess patient risk, and
 - 4) institute an action plan to mitigate this risk.
- Apply the principles of the cellular and molecular basis of immune and non-immune host defense mechanisms in health and disease to:
 - 1) determine the etiology of diseases,
 - 2) identify preventative measures, and
 - 3) predict response to interventions.
- Apply the mechanisms of those processes which are responsible for the maintenance of health and the causation of disease to the prevention, diagnosis, management, and prognosis of important disorders.
- Apply principles of the biology of microorganisms in normal physiological and diseased states to explain the etio-pathogenesis of diseases and identify management and preventative measures.
- Apply the principles of pharmacology to evaluate options for safe, rational, and optimally beneficial interventions.

- Apply quantitative and qualitative knowledge and reasoning and informatics tools to diagnostic and therapeutic decision making.

Patient Care

- Provide patient care that is compassionate, appropriate, and effective for the promotion of health and the treatment of health-related problems.
- Identify and describe common treatment modalities and perform routine procedures used in medical practice
- Apply specific protocols used in clinical practice.
- Interpret common radiologic and laboratory tests.

Professionalism

- Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- Demonstrate compassion, integrity, and respect for others. (EPA 1-8, 10-12) • Demonstrate respect for patient privacy and autonomy.
- Demonstrate responsiveness to patient needs that supersedes self-interests.
- Demonstrate accountability to patients, society, and the profession.
- Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in age, sex, culture, race, religion, disabilities, and sexual orientation.

Interpersonal Communication

- Demonstrate interpersonal and communication skills that result in collaboration and the effective exchange of information with patients, their families, and health professionals.
- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Communicate effectively with physicians, other health professionals, and health related agencies.
- Work effectively as a member of surgical or medical care teams.

- Maintain comprehensive, timely, and legible medical records.

Personal Improvement (Practice-Based Learning)

- Identify strengths, deficiencies, and limits in one's knowledge and expertise (selfassessment and reflection).
- Set learning and improvement goals.
- Identify and perform appropriate learning activities.

Systematically analyze own practice using quality improvement (QI) methods and implement changes with the goal of continuous improvement • Incorporate “formative” evaluation feedback into daily practice

- Locate, appraise, and assimilate evidence from scientific studies related to the patients' health problems (evidence-based medicine).
- Use information technology to optimize learning outcomes.

Clerkship at RMU

Rationale:

After having completed four years of learning in integrated modular fashion the student has attained the baseline theoretical knowledge that is required to practice medicine. The final year is designed to integrate this knowledge with first hand practical experience to be gained by assigning to the students a role similar to that of a shadow house officer. The students shall be posted to clinical teaching units throughout the day's teaching time where they will have practical exposure of management of patients under supervision of the faculty. The main emphasis of this practical teaching will be on the common problems of our society that a doctor is most likely to face and be expected to manage as medical practitioner.

Terminal Objective:

After completing the clerkship program a student will have acquired all the competences that are required for being a seven star doctor which is in alignment with PMC.

Implementation Strategies:

Final year class will be divided into main groups i.e A, B & C. each will be rotating in Medicine & Allied, Surgery & Allied and Gynae & Paeds respectively. The clerkship rotation will be 12weeks each for Medicine & Allied and Surgery & Allied and 10 weeks for Gynae & Paeds. After every 10 weeks students will take their Block exam and rotate in next wards.

Hospital Affiliation:

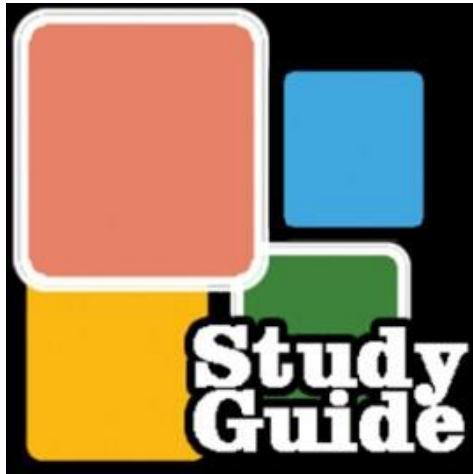
Teaching Hospitals Affiliated for this clinical Clerkship are

1. Holy Family Hospital
2. BBh
3. DHQ

Students will be divided into sub batches and sent to different units of Medicine, Surgery, Gyane & Paeds in these hospitals.

Objectives of Clerkship:

1. Describe the “culture” of different medical specialties including training requirements as well as common health care venues and diagnoses
2. Write specialty-specific progress notes
3. Perform an oral presentation of a patient in a specialty specific manner
4. Interpret common diagnostic studies (CXR and EKG) in the evaluation of a patient
5. Use clinical reasoning to write a problem-based plan
6. Use online decision making, pharmaceutical reference, and resource tools in the care of patients
7. Describe the evaluation process during clerkships, both by students of faculty and by faculty of students
8. Function as an inter professional team in the screening and management of opioid use disorders
9. Describe the indications for specific procedures
10. Practice performing specific procedures
11. Properly document specific procedures
12. Assist in airway management
13. Recognize dysrhythmias



Study Guide Medicine & Allied, Final Year MBBS 2023

Rawalpindi Medical University, Rawalpindi

Revised and updated 19-6-2023

As student approach final year Medicine MBBS program, it is not only a culmination of academic journey but also a stepping stone towards becoming a compassionate and competent physician. This study guide and assessment document aim to support in this transformative period, helping to consolidate medical knowledge, refine clinical skills, and excel in final examinations. Final year of Medicine (MBBS) program is crucial as it prepares to transition from being a student to a competent medical professional. To help navigate through this critical period and ensure success, this comprehensive study guide and assessment document has been developed. Sections of the study guide have been meticulously curated to align with curriculum, ensuring that all the necessary content are covered. Assessment is an integral part of educational process. It is essential to evaluate understanding and gauge readiness for the final examinations.

The study guide gives an overview of course topics, learning objectives, and methodologies in relation to the course content. The assessment methodology tailored to intuitional strategy is provided in details. This study guide has been designed keeping in view of related PMC guidelines. It is to be noted that this document is undergoing periodic review and modifications.

Professor Muhammad Khurram

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Medicine And Allied Clerkship – Overview, Duration, and timings

Clinical Medicine Rotation of Final year MBBS at Rawalpindi Medical University Rawalpindi (Clerkship) comprises following;

- Three months (12 weeks) duration.
- It includes; 1) Large Group interactive Session (**LGIS**) of one hour from Monday to Saturday, and 2) clinical rotation 9 am to 2pm Monday to Thursday and Saturday, 9am to 12pm on Friday at respective Units.
- Each Student during the Clerkship rotates to;
 - Two Medical Units At each Medical Unit he/she stays for four week.
 - In Cardiology, Dermatology, Psychiatry, and Radiology Units for one week respectively.
- From 2 to 5pm on minimum 2 days/week student attend Emergency/Ward of respective unit and shadows House Officers and Post Graduate Trainees

Medicine Clerkship- Hours

	Schedule Duration Monthly	Schedule Duration Total 3 months module
Interactive LGIS	8-9am, 5 days a week= 20 hour	60 hour
CPC	8-9am, once a week= 4 hours	12 hours
Clinical Clerkship in Wards	9am-2pm, 5 days a week= 100 hours	300 hours
	9am-12pm Friday= 12hours	36 hours
Shadowing Resident in Emergency/Ward- Evening hours	3 hours, 2 times a week= 24 hours	72 hours
	160	480 hours

PMC minimum requirement for Final Year MBBS 360 hours

Structured Training Program

Medicine
& Allied
Clerkship
• 480hours

LGIS
• 60hours

Clinical
rotation
• 420hours

Section- I

Large Group Interactive Sessions Details (LGIS)

Details of Days, Teacher, Specialty, Topic , Specific Learning Objectives (SLO), Mode of Teaching, and Level of Cognition

1 st WEEK											
Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
1	MONDAY	PROF DR MUHAMMAD KHURRAM	PULMONOLOGY	OBSTRUCTIVE LUNG DISEASES (ASTHMA , COPD)	At the end of one hour lecture, students will be able to: a) Describe etiopathogenesis b) Discuss clinical feature and classify c) Name the complications d) Outline Management plan	LGIS/PPT			✓	A3	See assessment section
2	TUESDAY	PROF DR MUHAMMAD KHURRAM	PULMONOLOGY	PNEUMONIA (CAP, HAP)	At the end of one hour lecture, student will be able to: a) Describe etiopathogenesis b) Discuss clinical feature, severity scores and classify c) Name the complications d) Outline Management plan	LGIS/PPT			✓	A3	See assessment section
	WEDNESDAY	CPC									
3	THURSDAY	PROF DR MUHAMMAD KHURRAM	PULMONOLOGY	TUBERCULOSIS (Pulmonary, Extrapulmonary, Drug resistant TB)	At the end of one hour lecture, students will be able to: a) Discuss epidemiology and etiopathogenesis b) Describe clinical feature, classification & investigations c) Outline Management plan including side effects of ATT d) Explain methods for control and Prevention	LGIS/PPT			✓	A3	See assessment section
4	FRIDAY	PROF DR MUHAMMAD KHURRAM	PULMONOLOGY	BRONCHOGENIC MALIGNANCY	At the end of one hour lecture, students will be able to: a) Describe etiopathogenesis b) Discuss clinical feature and stage the disease c) Name the complications d) Explain Prognosis	LGIS/PPT			✓	A3	See assessment section

5	SATURDAY	PROF DR MUHAMMAD KHURRAM	PULMONOLOGY	DPLD (IIP, Sarcoidosis)	At the end of one hour lecture, students will be able to: a) Describe etiopathogenesis b) Discuss clinical feature, classification & investigations c) Explain complications of disease	LGIS/PPT			✓		A3	See assessment section
Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA	
							C1	C2	C3			
2nd WEEK												
6	MONDAY	PROF DR MUHAMMAD KHURRAM	PULMONOLOGY	RESPIRATORY FAILURE,	At the end of one hour lecture, students will be able to: a) Describe causes of Respiratory failure b) Discuss types of Respiratory failure c) Explain ABGs results d) Outline Management plan	LGIS/PPT			✓		A3	See assessment section
7	TUESDAY	PROF DR MUHAMMAD ALI KHALID	HEMATOLOGY	ANEMIAS (Macrocytic, Microcytic and Normocytic)	At the end of one hour lecture, student will be able to: a) Describe etiopathogenesis b) Discuss clinical feature c) Classify Anemia based on etiology and Morphology d) Outline Management Plan	LGIS/PPT			✓		A3	See assessment section
	WEDNESDAY	CPC										
8	THURSDAY	DR LUBNA MERAJ	HEMATOLOGY	HEMATOLOGICAL MALIGNANCIES (Myeloproliferative, Lymphoproliferative disorders)	At the end of one hour lecture, students will be able to: a) Describe epidemiology and etiopathogenesis b) Discuss classification and clinical features c) Outline Management Plan d) Explain Prognosis of each type	LGIS/PPT			✓		A3	See assessment section

9	FRIDAY	DR LUBNA MERAJ	HEMATOLOGY	BLEEDING DISORDERS (ITP, Hemophilia A & B)	At the end of one hour lecture, students will be able to: a) Explain genetics of disease b) Describe clinical features and investigations c) Outline management plan and discuss prognosis /complications	LGIS/PPT			✓	A3	See assessment section
10	SATURDAY	DR LUBNA MERAJ	HEMATOLOGY	THROMBOTIC DISRODERS(DVT, Pulmonary Embolism)	At the end of one hour lecture, students will be able to: a) Discuss predisposing factors b) Explain causes (Inherited and Acquired) c) Describe clinical features, scoring system and Investigation d) outline management points and prophylaxis of disease	LGIS/PPT			✓	A3	See assessment section
Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
3rd WEEK											
11	MONDAY	DR LUBNA MERAJ	HEMATOLOGY	BLOOD TRANFUSION/ HSCT	At the end of one hour lecture, students will be able to: a) Describe types of Blood component and their use b) Explain steps to ensure safe transfusion of blood products c) Name complications of transfusion d) Understand HSCT	LGIS/PPT/ Video		✓		A3	See assessment section
12	TUESDAY	PROF DR SHAHZAD MANZOOR	POISONING	GENERAL APPROACH / ORGANOPHOSPHATE POISONING / WHEAT PILL POISONING	At the end of one hour lecture, students will be able to: a) Understand how to evaluate poisoned patient b) Explain Mechanism of Wheat pill and OP poisoning c) Describe clinical features of individual type of poisoning d) Outline management plan and explain complications	LGIS/PPT			✓	A3	See assessment section
	WEDNESDAY	CPC									

13	THURSDAY	PROF DR SHAHZAD MANZOOR	POISONING	CORROSIVE INTAKE / CO POISONING	At the end of one hour lecture, students will be able to: a) Explain Mechanism of toxicity b) Describe clinical features of individual type of poisoning c) Outline Management plan d) Discuss complications of each type of poisoning	LGIS/PPT			✓	A3	See assessment section
14	FRIDAY	PROF DR SHAHZAD MANZOOR	POISONING	OVERDOSE OF PHARMACEUTICAL AGENTS (CVS, Antipsychotic, Antidepressants, Antidiabetic drugs)	At the end of one hour lecture, students will be able to: a) Explain Mechanism of toxicity b) Describe features of individual type of drug overdose c) Outline Management plan d) Discuss complications	LGIS/PPT			✓	A3	See assessment section
15	SATURDAY	DR SHAHZAD MANZOOR	ENVENOMATION	SNAKE BITE	At the end of one hour lecture, students will be able to: a) Understand various types of snakebites b) Differentiate Neurotoxic and vasculotoxic snakebites c) Discuss clinical features d) Outline management points	LGIS/PPT/ Video PT			✓	A3	See assessment section
16	MONDAY	DR SAIMA AMBREEN	ENDOCRINOLOGY	DIABETES MELLITUS	At the end of one hour lecture, students will be able to describe: <ul style="list-style-type: none"> · Diagnostic criteria for diabetes mellitus(WHO) · Different types of diabetes mellitus · Pathogenesis of diabetes mellitus (type 1 and2) · Symptoms and signs of diabetes mellitus · Management of diabetes mellitus (type1 and2) · Diet and life style modification in diabetes · Anti-diabetic drugs including oral hypoglycemic along with modes of action, and insulin · Side effects of oral hypoglycemic and insulin · Chronic complications of diabetes mellitus 	LGIS/ PPT			✓	A3	See assessment section

					Gestational Diabetes Mellitus						
17	TUESDAY	DR SAIMA AMBREEN	ENDOCRINOLOGY	DIABETIC EMERGENCIES (DKA, HHS, Hypoglycemia)	At the end of one hour lecture, students will be able to: a) Explain Etiopathogenesis of diabetic emergencies b) Describe clinical features and investigations to confirm diagnosis and enlist complications c) Outline management plan of each emergency condition	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
	WEDNESDAY	CPC									
18	THURSDAY	DR SAIMA AMBREEN	ENDOCRINOLOGY	THYROID &PARATHROI D DISORDERS (Grave's Disease, Hashimoto thyroiditis, Myxedema coma, Thyrotoxic crises)	At the end of one hour lecture, students will be able to: a) Describe Pathophysiology of thyroid and Parathyroid diseases b) Discuss Classification and clinical feature of each disease c) Outline basic management points of individual diseases d) Explain management of thyroid disorders in pregnancy	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
19	FRIDAY	DR SAIMA AMBREEN	ENDOCRINOLOGY	ADRENAL DISORDERS (Cushing Syndrome, Addison's Disease, Conn's Syndrome, Pheochromocytoma)	At the end of one hour lecture, students will be able to: a) Explain Etiopathogenesis of each condition b) Discuss clinical features and investigations to confirm diagnosis c) Outline principles of management of adrenal disorders d) Discuss emergency management of Addisonian crises	LGIS/PPT/ Case Vignette			✓	A3	See assessment section

20	SATURDAY	DR SAIMA AMBREEN	ENDOCRINOLOGY	PITUITARY DISORDERS (Acromegaly, Diabetes insipidus, SIADH)	At the end of one hour lecture, students will be able to: a) Explain Etiopathogenesis of each condition b) Explain clinical features and investigations to confirm diagnosis c) Outline management plan of each disorder and discuss Complications	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
5th WEEK											
21	MONDAY	DR M MUJEEB KHAN	DID	RESPIRATORY VIRAL INFECTIONS (Influenza, COVID-19)	At the end of one hour lecture, students will be able to: a) Explain Etiopathogenesis of each disease b) Discuss clinical features and investigations to confirm diagnosis c) Outline Management plan and steps for prevention of disease including immunization	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
22	TUESDAY	DR MMUJEEB KHAN	DID	VIRAL INFECTIONS (Dengue, Viral Hemorrhagic Fever)	At the end of one hour lecture, students will be able to: a) Explain Etiopathogenesis of each condition b) Explain clinical features and investigations to confirm diagnosis c) Outline management plan of each disorder and discuss Complications	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
	WEDNESDAY	CPC									

23	THURSDAY	DR M MUJEEB KHAN	DID	BACTERIAL & PROTOZOAL INFECTIONS (Enteric fever, Brucellosis, Malaria, Amoebiasis)	At the end of one hour lecture, students will be able to: a) Describe Etiopathogenesis and clinical features of each disease b) Discuss appropriate investigations to confirm diagnosis c) Outline Management plan of each disease individually d) Explain effective preventive measures against each disease	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
24	FRIDAY	DR M MUJEEB KHAN	DID	PUO	At the end of one hour lecture, students will be able to: a) Define and classify PUO b) Enumerate causes of PUO c) Describe investigations to reach underlying cause	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
25	SATURDAY	DR M MUNIR SLATCH	PSYCHIATRY	DEPRESSION	At the end of one hour lecture, students will be able to: a) Define depression keeping in view ICD 11 criteria for depressive illness b) Discuss differential diagnosis and Prognosis of depressive patients c) Outline a management plan of a depressed patient keeping in view etiological, psychopathological and epidemiological factors. d) identify the risk of self-harm / suicide in a depressed patients	LGIS/ PPT/ Case Vignette			✓	A3	See assessment section
Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
6thWeek											

26	MONDAY	DR M MUNIR SLATCH	PSYCHIATRY	BIPOLAR AFFECTIVE DISORDER	<p>At the end of one hour lecture, students will be able to:</p> <p>a) Define bipolar keeping in view ICD 10 criteria for Bipolar Affective Disorder(BAD)</p> <p>b) Discuss differential diagnosis and Prognosis of BAD patients</p> <p>c) Outline a management plan of a BAD patient keeping in view etiological, psychopathological and epidemiological factors.</p> <p>d) Identify the risk factors in violent patients. Devise a management plan for these patients.</p>	LGIS/ PPT/ Case Vignette			✓	A3	See assessment section
27	TUESDAY	DR M MUNIR SLATCH	PSYCHIATRY	SUBSTANCE ABUSE	<p>At the end of one hour lecture, students will be able to:</p> <p>a) Understand different classes of substances of abuse</p> <p>b) define abuse, harmful use, dependence, tolerance, intoxication and withdrawal of different substances of abuse</p> <p>c) Describe symptoms and signs of a patient of substance use.</p> <p>d) Explain Motivational interview</p> <p>e) Outline a comprehensive management plan based on recent advances</p>	LGIS / PPT			✓	A3	See assessment section
	WEDNESDAY	CPC									
28	THURSDAY	DR M MUNIR SLATCH	PSYCHIATRY	DEMENTIA	<p>At the end of one hour lecture, students will be able to:</p> <p>a) Define Dementia keeping in view ICD 11 criteria for Dementia.</p> <p>b) Classify dementia based on ICD-11 diagnostic criteria</p> <p>c) Describe etiology and pathophysiology of dementia</p> <p>d) Discuss differential diagnosis and Prognosis of dementia patients.</p> <p>e) outline a comprehensive management plan</p>	LGIS/ PPT/ Case Vignette			✓	A3	See assessment section

29	SATURDAY	DR WAQAS AP NEUROLOGY	NEUROLOGY	STROKE (Ischemic Stroke, ICB, SAH)	At the end of one hour lecture, students will be able to: a) Describe Etiology and pathophysiology of disease b) Explain risk factors and Clinical features of stroke c) Discuss appropriate investigations to reach diagnosis d) Outline management plan & recent advances	LGIS/ PPT			✓	A3	See assessment section
Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
7thWEEK											
30	MONDAY	DR WAQAS AP NEUROLOGY	NEUROLOGY	HEADACHE SYNDROMES (Migraine, Tension Headache, Cluster Headache)	At the end of one hour lecture, students will be able to: a) Classify headache and clinical features of each type b) Discuss differentiating points of each type of headache c) Describe indications of Ct scan in Headache d) Outline Principles of Management and complications	LGIS/ PPT/ Case Vignette			✓	A3	See assessment section
31	TUESDAY	DR WAQAS AP NEUROLOGY	NEUROLOGY	EPILEPSY	At the end of one hour lecture, students will be able to: • Explain types of epilepsies • Describe Etiology, pathophysiology, clinical features, and investigations • Outline treatment of Status epilepticus • understand indications, contraindications and side effects of different antiepileptic drugs • Know how to Withdraw antiepileptic therapy • understand the management of Epilepsy in pregnancy	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
	WEDNESDAY	CPC									

32	THURSDAY	DR WAQAS AP NEUROLOGY	NEUROLOGY	CNS INFECTIONS (Meningitis, Encephalitis) / Multiple Sclerosis	At the end of one hour lecture, students will be able to explain: a) Etiology and Pathophysiology of each disease b) Clinical feature and investigations to confirm diagnosis c) Macdonald's criteria for Multiple sclerosis d) Management plan & enlist complications	LGIS/PPT			✓	A3	See assessment section
33	FRIDAY	DR WAQAS AP NEUROLOGY	NEUROLOGY	NEUROPATHY / PARAPLEGIA (GBS)	At the end of one hour lecture, students will be able to explain: a) Etiology and Pathophysiology of each disease b) Clinical features and investigations c) Outline Management plan of each disease d) Complications and Prognosis of disease	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
34	SATURDAY	DR WAQAS AP NEUROLOGY	NEUROLOGY	DISORDERS OF NMJ (Myasthenia Gravis, LES) / MYOPATHIES	At the end of one hour lecture, students will be able to explain: a) Etiology and Pathophysiology b) Clinical features and diagnostic investigations of each c) Outline Management plan including recent advances d) Genetic component of disease and prognosis	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
8th week											
35	MONDAY	DR TANVEER HUSSAIN (AP)	GASTROENTER OLOGY / HEPATOLOGY	DISEASES OF GIT (GERD, APD, Achalasia,)	At the end of one hour lecture, students will be able to explain: a) Etiopathogenesis and clinical features of each disease b) Specific Investigations of each disease c) Treatment plan of each disease d) Complications of each disease	LGIS/PPT/ Case Vignette			✓	A3	See assessment section

36	TUESDAY	DR TANVEER HUSSAIN (AP)	GASTROENTEROLOGY / HEPATOLOGY	HEPATITIS (Viral Hepatitis, Autoimmune Hepatitis)	<p>At the end of one hour lecture, students will be able to learn:</p> <p>a) Etiology and pathogenesis of each type of hepatitis</p> <p>b) Risk factors, transmission & Clinical features of hepatitis</p> <p>c) Investigations and interpretation of serology panel in Hepatitis</p> <p>d) Principles of management of both viral and autoimmune types</p> <p>e) Steps to prevent spread of hepatitis including immunization</p>	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
	WEDNESDAY	CPC									
37	THURSDAY	DR TANVEER HUSSAIN (AP)	GASTROENTEROLOGY / HEPATOLOGY	CIRRHOSIS AND Its COMPLICATIONS (Ascites, HRS, HE, SBP, HCC, UGI Bleeding etc)	<p>At the end of one hour lecture, students will be able to:</p> <p>a) Explain causes and pathogenesis of cirrhosis</p> <p>b) Describe Clinical features, scoring and investigations in cirrhosis</p> <p>c) discuss various complications of cirrhosis</p> <p>d) outline Management of cirrhosis and its complications</p> <p>e) describe Child Pugh scoring system</p>	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
38	FRIDAY	DR TANVEER HUSSAIN (AP)	GASTROENTEROLOGY / HEPATOLOGY	FULMINANT HEPATIC FAILURE / PANCREATITIS	<p>At the end of one hour lecture, students will be able to explain:</p> <p>a) Etiopathogenesis and clinical features of each disease</p> <p>b) Clinical features and appropriate investigations</p> <p>c) Severity scoring system for pancreatitis</p> <p>d) Principles of management of both diseases</p> <p>e) Complications and long term prognosis of disease</p>	LGIS/PPT/ Case Vignette			✓	A3	See assessment section
39	SATURDAY	DR TANVEER HUSSAIN (AP)	GASTROENTEROLOGY / HEPATOLOGY	LIVER DISEASE AND PREGNANCY	<p>At the end of one hour lecture, students will be able to know:</p> <p>a) Causes of Jaundice in Pregnancy</p> <p>b) Clinical features and investigations of different liver disorder in pregnancy</p> <p>c) Outline management points and outcome of each disorder</p>	LGIS/PPT/ Case Vignette			✓	A3	See assessment section

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
9thWEEK											
40	MONDAY	DR NOREEN CHAUDHRY (AP)	NEPHROLOGY	GLOMERULONEPHRITIS	At the end of one hour lecture, students will be able to : a) explain Etiopathogenesis of disease b) Classify and describe clinical features of GN c) understand Investigations to confirm type of Glomerulonephritis d) outline management and discuss complications	LGIS/PPT Case Vignette			✓	A3	See assessment section
41	TUESDAY	DR NOREEN CHAUDHRY	NEPHROLOGY	ELECTROLYTES & ACID-BASE IMBALANCE (Hyponatremia, Hypernatremia, Hypokalemia, Hyperkalemia, Acidosis, Alkalosis)	At the end of one hour lecture, students will be able to describe a) Etiopathogenesis of disease b) relevant Clinical features and investigations c) outline Management steps of each abnormality individually and complications	LGIS/PPT Case Vignette			✓	A3	See assessment section
	WEDNESDAY	CPC									
42	THURSDAY	DR NOREEN CHAUDHRY	NEPHROLOGY	KIDNEY DISORDER IN SYSTEMIC DISEASES (Lupus Nephritis, DM, Systemic Vasculitis) / AKI	At the end of one hour lecture, students will be able to describe : a) Etiopathogenesis of each disease separately b) Clinical features and investigations to confirm diagnosis c) Basic management points of each disease d) Complications of Acute kidney injury and their management, indications of dialysis in ARF	LGIS/PPT Case Vignette			✓	A3	See assessment section
43	FRIDAY	DR NOREEN CHAUDHRY	NEPHROLOGY	CHRONIC KIDNEY DISEASE	At the end of one hour lecture, students will be able to a) discuss Etiology and pathophysiology of disease b) describe Clinical features of CKD c) explain Investigations to confirm CKD and underlying cause d) outline management of CKD e) describe Complications of CKD and their management, Indications of Dialysis in CKD	LGIS/PPT Case Vignette			✓	A3	See assessment section

44	SATURDAY	DR NOREEN CHAUDHRY	NEPHROLOGY	RENAL REPLACEMENT THERAPY (Hemodialysis, Hemofiltration, Peritoneal dialysis, Renal transplantation)	At the end of one hour lecture, students will be able to explain: a) Indications of Renal replacement therapy b) Pros and Cons of each type of therapy c) Complications and their management	LGIS/PPT Case Vignette			✓	A3	See assessment section
Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
10thWEEK											
45	MONDAY	DR MUHAMMAD ASAD (AP)	CARDIOLOGY	CAD /HEART FAILURE	At the end of one hour lecture, students will be able to: a) Explain Clinical Anatomy and etiopathogenesis b) describe clinical features and classify HF c) outline Management points and complications d) Discuss Prognosis of both conditions	LGIS/PPT			✓	A3	See assessment section
46	TUESDAY	DR MUHAMMAD ASAD (AP)	CARDIOLOGY	HYPERTENSION	At the end of one hour lecture, students will be able to: a) Define criteria, types and classification b) Explain clinical features and complications c) Outline Principles of management d) understand key differences in management of Hypertension in pregnancy	LGIS/PPT			✓	A3	See assessment section
	WEDNESDAY	CPC									
47	THURSDAY	DR MUHAMMAD ASAD (AP)	CARDIOLOGY	VALVULAR HEART DISEASE (Including RF & IE)	To enable students understand pathogenesis, clinical features, Investigations, treatment and complications of; a) Revisit etiology & pathophysiology of common VHDs b) Describe clinical feature & investigations of VHD c) Explain features, criteria and management of Rheumatic fever c) Explain features, criteria and management of Infective Endocarditis	LGIS/PPT			✓	A3	See assessment section

48	FRIDAY	DR MUHAMMAD ASAD (AP)	CARDIOLOGY	CARDIAC ARRHYTHMIAS (TACHYARRHYTHMIAS, BRADYARRHYTHMIAS)	At the end of one hour lecture, students will be able to: a) Outline etiopathogenesis of Arrhythmias b) Discuss clinical and ECG features of each type of arrhythmia c) Outline principles of management (of both shockable and non shockable rhythm) and complications of arrhythmias d) understand side effects of common antiarrhythmic drugs	LGIS/PPT/ Video PT			✓	A3	See assessment section
49	SATURDAY	DR MUHAMMAD ASAD (AP)	CARDIOLOGY	BASIC LIFE SUPPORT (BLS)	At the end of one hour lecture, students will be able to: a) describe Components of BLS b) understand algorithm of BLS	LGIS/PPT/ Video PT			✓	A3	See assessment section
Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
11th WEEK											
50	MONDAY	DR NASIR KHAN (HOD)	RADIOLOGY	CLINICAL RADIOLOGY, GENERAL PRINCIPLES	At the end of one hour lecture, student will be able to: <ul style="list-style-type: none"> understand imaging modalities and categorize different densities including bone, fat, soft tissue, metal and air understand Imaging algorithm for common diagnostic scenarios with emphasis on indications and interpretation Match Scenarios in which radiology is particularly important for diagnosis, management and delivery of patient care Explain Benefits and limitations of different radiologic modalities including plain film, CT, MR, Ultrasound, Nuclear Medicine understand risks associated with radiation exposure specifically in pregnancy Integrate imaging with clinical information 	LGIS/PPT/ Video PT			✓	A3	See assessment section

51	TUESDAY	DR NASIR KHAN (HOD)	RADIOLOGY	GASTROINTESTINAL/RHEUMATOLOGY/HEMATOLOGY ILLNESS RELATED RADIOLOGY	<p>At the end of one hour lecture, students will be able to explain identification points for</p> <ul style="list-style-type: none"> • free intraabdominal air on plain film and effect of patient positioning on sensitivity of detection • Hepatosplenomegaly on ultrasound abdomen in various infective/inflammatory diseases • Free fluid in peritoneal cavity on ultrasound • Explain bone density on x-rays and findings in osteoporosis /osteomalacia • Describe Skeletal manifestations of Thalassemia, sickle cell anemia, Hemolytic Anemias • Differentiate between osteoarthritis and Rheumatoid Arthritis on joint x-rays • Explain skeletal manifestations of connective tissue Disorders 	LGIS/PPT/ Video PT			✓	A3	See assessment section
	WEDNESDAY	CPC									
Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
52	THURSDAY	DR NASIR KHAN (HOD)	RADIOLOGY	RESPIRATORY AND CARDIOVASCULAR RADIOLOGY	<p>At the end of one hour lecture, students will be able to explain:</p> <ul style="list-style-type: none"> • Systematic search pattern for interpreting chest x-rays —ABCDE Basics • Consolidations and brief introduction of differential diagnosis for appearance of opacity on CXR and narrow down pathologies resulting in opacification. • Normal positioning of chest leads, Endotracheal tube ,chest tube, tracheostomy, central venous pressure line on x rays • Pleural effusion in CXR on supine, upright and decubitus films • COVID 19 presentation on chest x ray with progressive stages • Pulmonary tuberculosis findings on chest x-ray • Criteria for cardiomegaly on CXR. 	LGIS/PPT			✓	A3	

53				NEURORADIOLOGY	<ul style="list-style-type: none"> • Pericardial Effusion signs on chest x ray and how to differentiate between cardiac enlargement vs effusion. • How to Differentiate between pulmonary vascular congestion, interstitial pulmonary edema and alveolar edema on chest x-ray • Pulmonary Arterial Hypertension on CXR • Cardiac valvular diseases—Basic manifestations on chest x-ray • T VSD/ASD on chest x ray • Normal anatomic structures of the head and neck and Brain on CT scan. • Normal age-related changes in the brain imaging • Strengths, weaknesses and limitations of CT vs. MRI in evaluation of patient's with central neurologic symptoms and diseases • Indications for contrast enhanced MRI and CT • Imaging signs of increased intracranial pressure • How To Discriminate between a subdural and epidural hematoma at CT • Imaging signs of a subarachnoid hemorrhage on CT 				✓	A3	See assessment section
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Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
54	FRIDAY	DR SHUMAILA MUMTAZ	RHEUMATOLOGY	OA / RA/ SEPTIC ARTHRITIS/ GOUT	At the end of one hour lecture, students will be able to: a) Explain etiopathogenesis β) Describe clinical features and Diagnostic criteria c) Name Investigations to confirm disease d) Outline management plan including new modalities of treatment	LGIS/PPT			✓	A3	See assessment section
55	SATURDAY	DR SHUMAILA MUMTAZ	RHEUMATOLOGY	SERONEGATIVE SPONDYLOARTHROPATHY (Ankylosing Spondylitis, Psoriatic Arthritis, Enteric Arthritis)	At the end of one hour lecture, students will be able to: a) Explain pathophysiology of disease b) Describe clinical features and Diagnostic criteria c) describe diagnostic Investigations d) Outline management plan including new modalities of treatment and complications	LGIS/PPT			✓	A3	See assessment section
Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
12thWEEK											
56	MONDAY	DR SHUMAILA MUMTAZ	RHEUMATOLOGY	VASCULITIS/AUTOIMMUNE CTDs (SLE, Sjogren Syndrome, Scleroderma, Polymyositis, Dermatomyositis)	At the end of one hour lecture, students will be able to: a) Explain pathophysiology of disease b) Describe clinical features and Diagnostic criteria c) Name Investigations to confirm disease d) Outline Principles of management including new modalities of treatment	LGIS/PPT			✓	A3	See assessment section
57	TUESDAY	DR SHUMAILA MUMTAZ	RHEUMATOLOGY	BONE DISORDERS (Osteoporosis , Rickets Osteomalacia)	At the end of one hour lecture, students will be able to: a) Define individual diseases and clinical features b) Explain Etiopathogenesis c) Describe risk factors & Screening protocols d) Outline Principles of management including new modalities of treatment	LGIS/PPT			✓	A3	See assessment section

	WEDNESDAY	CPC									
58	THURSDAY	DR SHAWANA SHARIF (HOD)	DERMATOLOGY	FUNGAL SKIN INFECTIONS/ SCABIES/ ACNE	At the end of one hour lecture, students will be able to describe a) Sites, clinical features, classification and management of cutaneous fungal infections b) Mode of spread, clinical features, diagnosis and management of scabies c) Etiopathogenesis, clinical features and management of Acne	LGIS/PPT Case Vignette			✓	A3	See assessment section
59	FRIDAY	DR SHAWANA SHARIF (HOD)	DERMATOLOGY	ECZEMAS/ PSORIASIS	At the end of one hour lecture, students will be able to explain: a) Pathogenesis and risk factors and morphological types of psoriasis b) Sites, Clinical features and treatment options of Psoriasis c) Clinical features, classification, clinical morphology and management of Eczemas	LGIS/PPT Case Vignette			✓	A3	See assessment section
60	SATURDAY	DR SHAWANA SHARIF (HOD)	DERMATOLOGY	URTICARIA/ BULLOUS DISORDERS	At the end of one hour lecture, students will be able to explain: a) Classification, clinical features and management of urticaria b) Clinical features and classification of bullous disorders	LGIS/PPT Case Vignette		✓		A3	See assessment section

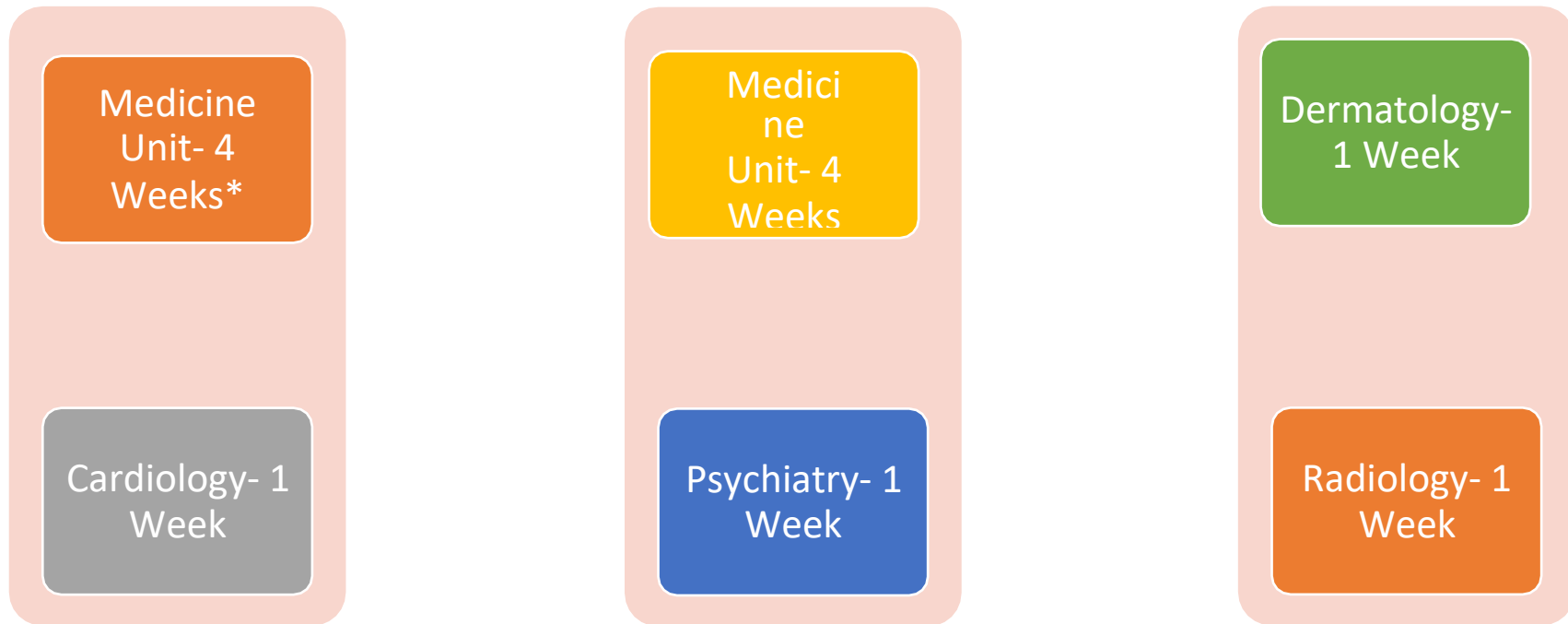
Section-II

Clinical Rotation

Ward rotation outline, timings, briefs of various approaches to clinical problems, details of various clinical problem approaches along with Learning Objectives, Mode of Teaching, and Level of Cognition

Ward Clinical Rotation

(Outline- week wise)



* Nephrology, Infectious Diseases, Gastroenterology & Hematology, Critical Care sub-rotations included

Month 1; First Medical Unit

Approach to various clinical issues

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Approach to acute Dyspnea and Cough (Bronchial asthma, Pulmonary edema, Pulmonary embolism, Pneumothorax	Approach to Chronic Dyspnea (COPD)	Approach to Chronic Dyspnea (Idiopathic Interstitial Pneumonias)	Approach to Chronic Dyspnea (Sarcoidosis, Occupational Lung Disease)	Approach to patient managed in Medical Emergency	Approach to Pneumonia patient
2	Approach to Patient with Tuberculosis	Approach to a patient with Upper Gastrointestinal Bleed	Approach to a patient with Lower Gastrointestinal Bleed	Approach to a patient with Dyspepsia / Dysphagia	Approach to patient managed in Medical Emergency	Approach to a patient with Acute Diarrhea
3	Approach to a patient with Chronic Diarrhea	Approach to a patient with Acute Liver Disease	Approach to a patient with Chronic Liver Disease	Approach to patient with Acute Renal Failure	Approach to patient with Chronic Renal Failure	Approach to patient with Glomerulonephritis
4	Approach to patient with Renal involvement due to Systemic Diseases	Approach to patient with Acid Base and Electrolyte Disorders	General approach to patient with poisoning, and Approach to patient with Wheat pill, Phosphine poisoning	Approach to patient with Snake bite and corrosive Intake	Repetition/Reinforcement	Ward Test

Month 2; Second Medical Unit

Approach to various clinical issues

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Approach to patient with Diabetes Mellitus	Approach to Patient with Diabetic complications	Approach to Patient with Thyroid and Adrenal Disorders	Approach to Patient with Stroke	Approach to Comatose patient	Approach to patient with Epilepsy
2	Approach to Patient with CNS infections	Approach to a patient with Neuropathy	Approach to a patient with Paraparesis	Approach to a patient with Arthritis	Approach to a patient with Connective Tissue Disorders	Approach to a patient with Anemia
3	Approach to a patient with Hepatosplenomegaly	Approach to a patient with Lymphadenopathy	Approach to a patient with Bleeding & Thrombotic Disorders	Approach to patient with FUO	Approach to patient with Dengue & Malaria	Approach to patient with COVID-19 and Enteric Fever
4	Approach to patient with HIV infection/AIDS	Approach to patient with Sepsis & MOD	Approach to patient with Respiratory Failure	Approach to patient with Shock	Repetition/ Reinforcement	Ward Test

Month 3; Specialties- Cardiology, Dermatology, Psychiatry, Radiology

Approach to various clinical issues

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Approach to patient with Ischemic Heart Disease	Approach to Patient with heart failure	Approach to Patient with valvular heart disease, infective Endocarditis	Approach to Patient with Hypertension	Approach to patient with Dysrhythmias	Ward Test
2	Approach to a patient with infectious dermatological Lesions	Approach to patient with papulosquamous eruptions (Psoriasis, Eczema and Lichen Planus	Approach to patient with Drug rash and Bullous disorders	Approach to patient with Scabies, Pediculosis, and acne vulgaris	Approach to a patient with Leprosy and cutaneous Leshmaniasis	Ward Test
3	Approach to a patient with Bipolar Affective decoders	Approach to a patient with Schizophrenia	Approach to a patient with Depressive Illness	Approach to patient with Substance use Disorder	Approach to patient with Anxiety and OCD	Ward Test
4	Approach to normal & abnormal CXR	Approach to CT brain	Approach to CT Abdomen	Approach to CT Chest	Approach to Ultrasound	Ward Test

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1st WEEK															
1	MONDAY	PULMONOLOGY	APPROACH TO ACUTE DYSPNEA AND COUGH (Bronchial asthma, Pulmonary edema, Pulmonary embolism, Pneumothorax)	Student will be able to: a) Recall Etiology b) Describe clinical features, c) Suggest differential diagnosis d) Review basic management points in patient with acute dyspnea	Student will be able to: a) Take history and perform Chest examination with focus on etiology b) Interpret CXR in asthma, pneumothorax and pulmonary embolism, ABGs concerning the focused disease. c) Use Peak Flow Meter d) Practice writing treatment prescription e) Observe/assist Needle Chest aspiration/Chest tube intubation	Student will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
2	TUESDAY	PULMONOLOGY	APPROACH TO CHRONIC DYSPNEA AND COUGH (COPD)	Student will be able to: a) Recall Etiopathogenesis b) Describe clinical features c) classification of disease, c) Suggest differential diagnosis	Student will be able to: a) Take history and perform Chest examination with focus on etiology b) Interpret CXR in COPD, Peak Flow Meter, ABGs concerning the focused disease. d) Practice writing Treatment prescription e) Observe/assist Oxygen Therapy	Student will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
3	WEDNESDAY	PULMONOLOGY	APPROACH TO CHRONIC DYSPNEA AND COUGH (diffuse Interstitial lung diseases)	Students will be able to: a) Recall Etiopathogenesis b) Describe clinical features c) Classify the disease, d) Suggest differential diagnosis and investigations e) Short and Long term treatment plan including complications	Students will be able to: a) Take history and perform Chest examination with focus on etiology b) Interpret of CXR in DIP, Spirometry, ABGs concerning the focused disease. c) practice Treatment prescription d) Observe/assist Oxygen Therapy and Bronchoscopy	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING/ SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
4	THURSDAY	PULMONOLOGY	APPROACH TO CHRONIC DYSPNEA AND COUGH (Sarcoidosis and Occupational Lung Disease)	Students will be able to recall a) Etiopathogenesis b) Describe clinical features c) Suggest differential diagnosis and investigations d) Short and Long term treatment plan including complications	Students will be able to: a) Take history and perform Chest examination with focus on etiology b) Perform Interpretation of CXR in DIP, Spirometry, ABGs concerning the focused disease. c) practice Treatment prescription d) Observe/assist Oxygen Therapy and Bronchoscopy	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
5	FRIDAY	EMERGENCY MEDICINE	approach to a critical patient presenting in ER	Students will be able to: a) State Presenting complaints b) Classify Severity of Asthma c) Outline basic management of Acute Severe Asthma, Stroke, Poisoning	Students will be able to: a) Take quick history and perform relevant brief clinical examination under guidance of treating team. b) Perform Basic Interpretation of ECG, CXR, CT brain, ABGs c) Observe and assist Oxygen therapy, IV cannulation, NG, Foleys, airway insertion, ascitic/pleural paracentesis and CVP d) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
6	SATURDAY	PULMONOLOGY	APPROACH TO PATIENT WITH PNEUMONIA	Students will be able to: a) Recall Etiopathogenesis b) Discuss clinical feature, severity scores and classification c) Name the complications d) Outline Management plan	Students will be able to: a) Take history and perform chest examination keeping in mind the cause. b) Perform interpretation of CXR in pneumonias, CBC, ESR, CRP, ABGs interpretation c) Observe/assist oxygen Therapy, sputum /blood culture collection d) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
2nd WEEK															
7	MONDAY	PULMONOLOGY	APPROACH TO PATIENT WITH TUBERCULOSIS	Students will be able to: a) Discuss epidemiology and etiopathogenesis b) Describe clinical feature, classification & investigations c) Outline Management plan including side effects of ATT d) recall MDR & XDRTB d) Explain methods for control and Prevention	Students will be able to: a) Take history and perform chest and relevant clinical examination keeping in mind the cause. b) Perform interpretation of CXR in Pulmonary TB patients. c) Develop Treatment prescription d) Observe/assist sputum Collection, pleural tap/biopsy e) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
8	TUESDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH UPPER GI BLEED	<p>Students will be able to:</p> <p>a) know Etiology and clinical features of UGI bleed</p> <p>b) Suggest Differential diagnosis, investigations and severity assessment</p> <p>c) Construct Short- and long-term treatment plan according to etiology</p>	<p>Students will be able to:</p> <p>a) Take history and perform abdominal examination keeping in mind the cause.</p> <p>b) Perform interpretation of abdominal imaging (ultrasound ,plain x ray abdomen)</p> <p>c) practice writing emergency management plan</p> <p>d) Master NG tube Insertion & feeding techniques</p> <p>e) Observe Upper GI endoscopy</p> <p>f) Assist HCW in management of patient</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
9	WEDNESDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH LOWER GI BLEEDING	<p>Students will be able to:</p> <p>a) know Etiology and clinical features of Lower GI bleed</p> <p>b) Suggest Differential diagnosis, investigations and severity assessment</p> <p>c) Construct Short- and long-term treatment plan according to etiology</p>	<p>Students will be able to:</p> <p>a) Take history and perform abdominal & relevant clinical examination according to cause</p> <p>b) Perform interpretation of abdominal imaging (ultrasound, plain x ray abdomen)</p> <p>c) practice writing emergency management plan</p> <p>d) Observe Lower GI endoscopy</p> <p>e) Assist HCW in management of patient</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
10	THURSDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH DYSPEPSIA / DYSPHAGIA	Students will be able to: a) know Etiology and clinical features of Dysphagia b) Suggest Differential diagnosis & investigations c) Construct Short- and long-term treatment plan according to etiology	Students will be able to: a) Take history and perform abdominal & relevant clinical examination according to cause b) Perform interpretation of abdominal imaging (ultrasound, plain x ray abdomen) c) practice prescription writing H pylori eradication treatment d) Observe GI endoscopy e) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. c) Break bad news according to SPIKE model			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
11	FRIDAY	EMERGENCY MEDICINE	APPROACH TO MANAGEMENT OF PATIENT IN MEDICAL EMERGENCY	Students will be able to: a) State Presenting complaints b) Explain risk factors and diagnostic criteria c) Describe Basic management of DKA, hypoglycemia, and renal failure	Students will be able to: a) Take quick history and perform relevant brief clinical examination under guidance of treating team. b) Perform Interpretation of ECG, CXR, ABGs c) Observe and assist Oxygen therapy, IV cannulation, NG, Foleys, airway insertion, ascitic/pleural paracentesis and CVP d) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
12	SATURDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH ACUTE DIARRHEA	Students will be able to: a) know Etiology and clinical features of acute diarrhea b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology	Students will be able to: a) Take history and perform abdominal clinical examination according to etiology B) Interpretation of investigations (serum electrolytes) c) practice prescription writing d) Observe and assist IV hydration of a patient e) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
3rd WEEK															
13	MONDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH CHRONIC DIARRHEA	Students will be able to: a) know Etiology and clinical features of chronic diarrhea b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology	Students will be able to: a) Take history and perform abdominal & relevant clinical examination according to cause b) Perform interpretation of abdominal imaging (ultrasound, plain x ray abdomen) c) enlist D/D & practice prescription writing d) Observe upper GI endoscopy e) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
14	TUESDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH ACUTE LIVER DISEASE	Students will be able to: a) know Etiology and clinical features of acute liver disease b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology	Students will be able to: a) Take history and perform abdominal & relevant clinical examination according to cause b) Perform interpretation of investigations (LFTs, PT, INR, APTT) c) practice writing emergency management plan d) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
15	WEDNESDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH CHRONIC LIVER DISEASE	Students will be able to: a) know Etiology and clinical features of CLD b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology d) Discuss complications. (Ascites, HRS, HPS, Hepatic Encephalopathy) e) overview of HCC	Students will be able to: a) Take history and perform abdominal & relevant clinical examination according to cause b) Perform interpretation of investigations (LFTs, PT, INR, APTT, USG abdomen) c) practice Treatment prescription d) Observe / Assist Ascitic tap e) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
				Students will be able to:	Students will be able to:	Students will be able									

16	THURSDAY	NEPHROLOGY	APPROACH TO PATIENT WITH ACUTE RENAL DISEASE	<ul style="list-style-type: none"> a) know Etiology and clinical features of Acute Renal Failure b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology d) Discuss complications and indications of dialysis in ARF 	<ul style="list-style-type: none"> a) Take history and perform abdominal & relevant clinical examination act to cause b) Perform interpretation of investigations (RFTs, Urine RE,ABGs) c) practice prescription writing d) Observe / Assist Double lumen catheter &dialysis e) Assist HCW in management of patient 	<ul style="list-style-type: none"> to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 				✓			✓			✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
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Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
17	FRIDAY	NEPHROLOGY	APPROACH TO PATIENT WITH CHRONIC RENAL DISEASE	Students will be able to: a) Recall Etiology and clinical features of CKD b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology d) Discuss Uremic complications and indications of dialysis in CRF	Students will be able to: a) Take history and perform relevant clinical examination b) Perform interpretation of investigations (RFTs, Urine RE) c) practice prescription writing d) Observe / Assist Double lumen catheter & dialysis e) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
18	SATURDAY	NEPHROLOGY	APPROACH TO PATIENT WITH GLOMERULOPATHY	Students will be able to: a) Recall Etiology and pathophysiology b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology d) Discuss complications of glomerulonephritis	Students will be able to: a) Take history and perform relevant clinical examination b) Perform interpretation of investigations (RFTs, Urine RE) c) practice prescription writing d) Observe Renal biopsy e) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
4th WEEK															
19	MONDAY	NEPHROLOGY	APPROACH TO PATIENT RENAL INVOLVEMENT IN SYSTEMIC DISEASES (Diabetes, Hypertension, CTD, and Vasculitis etc),	Students will be able to: a) Recall Etiology and pathophysiology b) Suggest Differential diagnosis, investigations to confirm diagnosis c) Construct treatment plan according to etiology and discuss complications	Students will be able to: a) Take History and examination keeping in mind etiology clinical features and complications b) Interpretation of related basic and specific investigations c) practice prescription writing d) Assist HCW in management of patient with renal disease complicating systemic illness	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
20	TUESDAY	NEPHROLOGY	APPROACH TO PATIENT WITH ACID BASE AND EELCTROLYTES DISORDER (Metabolic/respiratory acidosis/alkalosis, Hypo/hyperkalemia, Hypo/hypercalcemia, hypo/hyper-natremia)	Students will be able to: a) Recall Etiology and pathophysiology b) discuss clinical features of each c) Construct treatment plan according to etiology and discuss complications	Students will be able to: a) History and examination keeping in mind etiology and complications b) Perform Interpretation of related basic and specific investigations including ABGs c) write management algorithms d) Observe and Learn how to draw ABGS sample e) Assisting HCW in management of patient with Fluid electrolyte and acid base imbalance	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
21	WEDNESDAY	POISONING	GENERAL APPROACH TO POISONED PATIENT, WHEAT PILL POISONING, ORGANOPHOSPHATE POISONING	Students will be able to: a) Recall Pathophysiology, Clinical features & investigations b) Explain general and specific (antidotes) treatment of each poisoning, c) Indications for ICU Shifting in poisoned patient	Students will be able to: a) Take history and perform clinical examination keeping in mind the cause. b) Perform Interpretation of Investigations c) write emergency management plan d) Observing/Assisting/per forming NG Tube, IV access, ETT/Laryngeal airway placement/maintenance/care, Foleys catheter etc) e) Observe/Assist HCW in poisoning patient management	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
22	THURSDAY	POISONING	SNAKE BITE / CORROSIVE INTAKE	Students will be able to: a) Discuss Various types of snake bite and envenomization risk b) Explain clinical features, complications and treatment plan for snake bite patient c) Review Various types of corrosives, clinical features, diagnostic investigations, complications and treatment plan	Students will be able to: a) Take history and perform clinical examination keeping in mind the cause. b) Perform Interpretation of investigations (Bed side clotting test, PT, INR, DIC profile) c) Develop Treatment prescription d) Observing/Assisting/per forming Foleys catheter e) Observe/ Assist HCW in poisoning patient management	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
23	FRIDAY	Revision	Revision	Revision	Revision	Revision									See assessment section
24	SATURDAY	WARD TEST													
5th WEEK															
25	MONDAY	ENDOCRINOLOGY	APPROACH TO PATIENT WITH DIABETES MELLITUS	Students will be able to: a) Recall epidemiology, pathophysiology of disease b) Discuss clinical features , types of DM and Investigations to confirm diagnosis c) Describe management plan, including life style modifications and medications	Students will be able to: a) Take history and perform relevant clinical examination B) Perform Interpretation of investigations c) practice Treatment prescription d) Observe and perform Glucose monitoring of patients and insulin injection techniques e) Assist HCW in patient management	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
26	TUESDAY	ENDOCRINOLOGY	APPROACH TO PATIENT WITH DIABETES MELLITUS-COMPLICATIONS	<p>Students will be able to:</p> <p>a) Recall epidemiology, pathophysiology of disease and its complications</p> <p>b) Discuss clinical features , & Investigations to confirm these complications</p> <p>c) Describe management plan, including life style modifications and medications, impact of complications on functional status of patient</p>	<p>Students will be able to:</p> <p>a) Take history and perform clinical examination keeping in mind the complications of disease</p> <p>B) Perform Interpretation of investigations (Serum ketones, urine ACR, RFTs, ABGs)</p> <p>c) practice writing prescription</p> <p>d) Observe and perform Glucose monitoring of patients and Observe fundoscopy</p> <p>e) Assist HCW in patient management</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			✓		✓		✓	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
27	WEDNESDAY	ENDOCRINOLOGY	APPROACH TO PATIENT WITH THYROID AND ADRENAL DISORDERS	<p>Students will be able to:</p> <p>a) Recall epidemiology, pathophysiology of disease</p> <p>b) Discuss clinical features & Investigations to confirm these diseases</p> <p>c) Describe management plan including complications, impact of disease on functional status of patient</p> <p>d) Explain Pregnancy and Surgical related issues in Thyroid and adrenal disorders</p>	<p>Students will be able to:</p> <p>a) Take history and perform clinical examination keeping in mind the nature of disease</p> <p>B) Perform Interpretation of investigations (Serum TSH, Serum cortisol, Dexamethasone suppression test)</p> <p>c) practice prescription writing</p> <p>d) Assist HCW in patient management</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			✓		✓		✓	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
28	THURSDAY	NEUROLOGY	APPROACH TO PATIENT WITH STROKE	Students will be able to: a) Recall pathophysiology of disease b) Discuss clinical features & Investigations to confirm the diseases c) Describe management plan including complications, impact of disease on functional status of patient and preventive measures	Students will be able to: a) Take history and perform CNS examination keeping in mind the nature of disease B) Perform Interpretation of investigations (CT brain plain) c) practice prescription writing d) Assist HCW in patient management	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
29	FRIDAY	NEUROLOGY	APPROACH TO COMATOSED PATIENT	Students will be able to: a) Recall causes of Delirium/ Coma b) Review differential diagnosis of coma c) Explain grades of coma and GCS d) Suggest basic management points	Students will be able to: a) Take history and perform examination regarding comatose patient b) Perform Interpretation of investigations (CSF RE, CT brain) c) practice prescription writing d) Observe and perform Lumbar puncture under direct supervision e) Assist HCW in management of stroke patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
30	SATURDAY	NEUROLOGY	APPROACH TO PATIENT WITH EPILEPSY	Students will be able to: a) Recall defining criteria types and various clinical presentations b) Suggest investigations and differential diagnosis of Epilepsy c) Discuss treatment (immediate, long term), complications, and obstetric related issues	Students will be able to: a) Take history and perform CNS examination b) Perform Interpretation of related investigations like CT brain c) practice prescription writing d) Observe EEG e) Assist HCW in management of Epilepsy patients	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
31	MONDAY	NEUROLOGY	APPROACH TO PATIENT WITH CNS INFECTIONS (Viral, Pyogenic and Tuberculosis meningitis, Encephalitis, Cerebral Malaria)	Students will be able to: a) Recall etiology & pathophysiology of disease b) Discuss clinical features & Investigations to confirm the diseases c) Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: a) Take history and perform examination regarding comatose patient b) Perform Interpretation of investigations (CSF RE, CT brain) c) practice writing management plan of patient d) Observe Lumbar puncture e) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
32	TUESDAY	NEUROLOGY	APPROACH TO PATIENT WITH NEUROPATHY (GBS, Diabetes, Vitamin Deficiency)	Students will be able to: a) Recall etiology & pathophysiology of disease b) Discuss clinical features & Investigations to confirm the diseases c) Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: a) Take history and perform examination regarding comatose patient b) Perform Interpretation of investigations c) practice prescription writing d) Observe Lumbar puncture observe NCS/EMG e) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
33	WEDNESDAY	NEUROLOGY	APPROACH TO PATIENT WITH PARAPARESIS (Multiple sclerosis, compressive causes)	Students will be able to: a) Recall etiology & pathophysiology of disease b) Discuss clinical features & Investigations to confirm the diseases c) Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: a) Take history and perform examination regarding comatose patient b) Perform Interpretation of investigations c) practice prescription writing d) Observe and perform Lumbar puncture under direct supervision, observe fundoscopy	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

				e) Assist HCW in management of patient															
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Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
34	THURSDAY	RHEUMATOLOGY	APPROACH TO PATIENT WITH ARTHRITIS (RA, OA, Septic Arthritis, Spondyloarthropies, and Gout)	Students will be able to: a) Recall etiology & pathophysiology of disease b) Discuss clinical features & Investigations to confirm the diseases c) Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: a) Take history and perform Rheumatologic examination b) Perform Interpretation of related investigations c) practice prescription writing d) Observe and perform Joint aspiration and Intraarticular injection e) Assist HCW in management of arthritis patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
35	FRIDAY	RHEUMATOLOGY	APPROACH TO PATIENT WITH CONNECTIVE TISSUE DISORDER (SLE, Poly/Dermatomyositis, Systemic Sclerosis, Vasculitis)	Students will be able to: a) Recall etiology & pathophysiology of disease b) Discuss clinical features & Investigations to confirm the diseases c) Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: a) Take history and perform Rheumatological examination keeping in mind the nature of disease b) Perform Interpretation of related investigations c) practice prescription writing d) Observe and perform Joint aspiration and Intrarticular injection e) Assist HCW in management of arthritis patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA	
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2			
36	SATURDAY	HEMATOLOGY	APPROACH TO PATIENT WITH ANEMIA	Students will be able to: a) Recall etiology & pathophysiology of disease b) Discuss Classification based on morphology and etiology c) Explain clinical features & Investigations to confirm the diseases d) Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: a) Take History and examination keeping in mind etiology and complications of various anemia types b) Perform Interpretation of related basic and specific investigations c) practice prescription writing d) Observe and perform injection administration, blood sample collection e) Observe Bone marrow biopsy f) Assist HCW in management of patient with anemia	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓		SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
7th WEEK																
37	MONDAY	HEMATOLOGY	APPROACH TO PATIENT WITH HEPATOSPLENOMEGALY	Students will be able to: a) Recall etiology & pathophysiology of this condition b) Explain clinical features & Investigations to confirm the diseases c) Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: a) Take History and do examination keeping in mind etiology and complications of Hepatomegaly and splenomegaly b) Perform Interpretation of related basic and specific investigations c) practice writing prescription d) Observe and perform injection administration, blood sample collection e) Observe Bone marrow biopsy f) Assist HCW in management of patient with anemia	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓		SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
38	TUESDAY	HEMATOLOGY	APPROACH TO PATIENT WITH LYMPHADENOPATHY (Lymphoma, Leukemia)	Students will be able to: a) Recall etiology & pathophysiology of this condition b) Explain clinical features & Investigations to confirm the diseases c) Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of this condition b) Perform Interpretation of related basic and specific investigations c) enlist differential diagnosis d) Observe FNA/ LN biopsy e) Assist HCW in management of patient with anemia	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
39	WEDNESDAY	HEMATOLOGY	APPROACH TO PATIENT WITH BLEEDING AND THROMBOTIC DISORDER (ITP, DIC, Hemophilia, Hypercoagulable states, DVT)	Students will be able to: a) Recall etiology & pathophysiology of hematological disorders b) Explain clinical features & Investigations to confirm the diseases c) Describe management plan including complications and long term prognosis of various associated diseases	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of this condition b) Perform Interpretation of related basic and specific investigations c) outline treatment strategy d) Observe / Assist blood products transfusion e) Assist HCW in management of patient with anemia	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
40	THURSDAY	INFECTIOUS DISEASES	APPROACH TO PATIENT WITH FUO	<p>Students will be able to:</p> <p>a) Recall etiology & classification of FUO</p> <p>b) Explain clinical features & Investigations to confirm the diseases</p> <p>c) Describe management plan including complications</p>	<p>Students will be able to:</p> <p>a) Take History and examination keeping in mind etiology clinical features and complications based on etiology</p> <p>b) Perform Interpretation of related basic and specific investigations</p> <p>c) practice Treatment prescription</p> <p>d) Observe and draw blood cultures, and sputum samples</p> <p>e) Perform Urine sample collection for culture sensitivity</p> <p>f) Assist HCW in management of patient with FUO</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
41	FRIDAY	INFECTIOUS DISEASES	APPROACH TO PATIENT WITH DENGUE AND MALARIA	<p>Students will be able to:</p> <p>a) Recall etiology & pathophysiology of both diseases</p> <p>b) Explain clinical features & Investigations to confirm the diseases</p> <p>c) Classify dengue in to DF, DHF and DSS</p> <p>d) Describe management plan including complications</p>	<p>Students will be able to:</p> <p>a) Take History and perform examination keeping in mind etiology and complications of these conditions</p> <p>b) Perform Interpretation of related basic and specific investigations</p> <p>c) Develop Treatment prescription</p> <p>d) Observe / Assist blood products transfusion and perform fluid quota calculation</p> <p>e) Assist HCW in management of patient of Dengue with focus on filling fluid quota monitoring sheet</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
42	SATURDAY	INFECTIOUS DISEASES	APPROACH TO PATIENT WITH COVID-19 AND ENTERIC FEVER	Students will be able to: a) Recall etiology & pathophysiology of both diseases b) Explain clinical features & Investigations to confirm the diseases c) Classify COVID-19 on basis of severity d) Describe management plan including complications and preventive measures	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of these conditions b) Perform Interpretation of related basic and specific investigations (blood C/s, Urine C/S, CXR,HRCT) c) Develop Treatment prescription d) Observe and practice doffing and donning e) Assist HCW in management of patient with Enteric Fever	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
8th WEEK															
43	MONDAY	INFECTIOUS DISEASES	APPROACH TO PATIENT WITH AIDS/HIV	Students will be able to: a) Recall etiology & pathophysiology of both diseases b) Explain clinical features & Investigations to confirm the diseases c) Describe management plan including complications and preventive measures	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of HIV b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Observe & performing Infection Control Practices	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
44	TUESDAY	CRITICAL CARE MEDICINE	APPROACH TO PATIENT WITH SEPSIS / MOD	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain clinical features & Investigations to confirm the disease c) Describe management plan including complications and outcomes	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of disease b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Observe & performing Infection Control Practices in ICU settings e) Observing and Perform ICU procedures like arterial tap for ABGs, CVP, and ETT etc.	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
45	WEDNESDAY	CRITICAL CARE MEDICINE	APPROACH TO PATIENT WITH RESPIRATORY FAILURE	Students will be able to: a) Recall definition etiology & pathophysiology of disease b) Explain types, clinical features & Investigations to confirm respiratory failure c) Describe management plan including complications and outcomes	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of disease b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Observe & performing Infection Control Practices in ICU settings e) Observing and Perform ICU procedures like arterial tap for ABGs, CVP, and ETT etc.	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
46	THURSDAY	CRITICAL CARE MEDICINE	APPROACH TO PATIENT WITH SHOCK	Students will be able to: a) Recall definition etiology & pathophysiology of disease b) Explain types, clinical features & Investigations c) Describe management plan including complications and outcomes	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of disease b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Observe & performing Infection Control Practices in ICU settings e) Observing and Perform ICU procedures like arterial tap for ABGs, CVP, and ETT etc.	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
47	FRIDAY	REPETITION/REINFORCEMENT	Revision of Difficult Disease Approaches and Compensation for Missed Disease Approaches												
48	SATURDAY	WARD TEST													
9th WEEK															
49	MONDAY	CARDIOLOGY	APPROACH TO PATIENT WITH IHD (Angina, myocardial infarction-NSTEMI & STEMI)	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain types, clinical features & Investigations c) Describe management plan including complications and outcomes d) Review life style modifications and preventive measure and impact of disease on functional status of patient	Students will be able to: a) Take History and perform CVS examination keeping in mind clinical features and complications b) Perform Interpretation of related basic and specific investigations c) practice writing emergency management of ACS d) Perform interpretation of related ECG findings e) Observe and perform BLS	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
50	TUESDAY	CARDIOLOGY	APPROACH TO PATIENT WITH HEART FAILURE	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain types, clinical features & Investigations c) Describe management plan including new modalities of treatment d) Review life style modifications and preventive measure and impact of disease on functional status of patient	Students will be able to: a) Take History and perform CVS examination keeping in mind clinical features and complications b) Perform Interpretation of related basic and specific investigations c) practice writing management of acute LVF d) interpretation of related ECG findings, e) Observe Echocardiography	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
51	WEDNESDAY	CARDIOLOGY	APPROACH TO PATIENT WITH VALVULAR HEART DISEASES AND INFECTIVE ENDOCARDITIS	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain clinical features & Investigations c) Describe management plan including new modalities of treatment d) Review life style modifications and preventive measures	Students will be able to: a) Take History and perform CVS examination keeping in mind clinical features and complications b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Perform interpretation of related ECG findings, e) Observe Echocardiography	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

52	THURSDAY	CARDIOLOGY	APPROACH TO PATIENT WITH HYPERTENSION	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall etiology & pathophysiology of disease b) Explain clinical features, Grades & Investigations c) Describe management plan including new modalities of treatment d) Review life style modifications and preventive measures 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take History and perform CVS examination keeping in mind clinical features and complications b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Perform interpretation of related ECG findings, Observe Echocardiography 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
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Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
53	FRIDAY	CARDIOLOGY	APPROACH TO PATIENT WITH DYSARRHYTHMIAS (tachy and brady arrhythmias with focus on premature ventricular contractions, atrial fibrillation, heart block, ventricular fibrillation, use of antiarrhythmic agents)	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain clinical features, Grades & Investigations c) Describe management plan including new modalities of treatment d) Review life style modifications and preventive measures	Students will be able to: a) Take History and perform CVS examination keeping in mind clinical features, types, and investigations b) Describe management plan according to presentation c) Recall classification and indications of antiarrhythmic medications	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
54	SATURDAY	Cardiology	WARD TEST												
10th WEEK															
55	MONDAY	DERMATOLOGY	Approach to a patient with infectious dermatological lesions (bacterial, viral, and fungal)	Students will be able to: Remembering, understanding, and analyzing; etiology, pathology, clinical features, diagnostic approach, treatment, complications, newer modalities, and prevention.	Students will be able to: Taking history and performing clinical examination required to identify lesions (learn to classify into primary and secondary skin lesions) Observe and learn use of Woods Lamp Observe and learn to collect skin scraping and use of magnifying glass Treatment prescription	Students will be able to: Challenges faced in this patient's management • Consent for History, Clinical Examination and Procedures • Counseling and educating patient about disease, its diagnosis, treatment and outcome. Showing empathy and respect keeping in mind			✓		✓		✓	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
56	TUESDAY	DERMATOLOGY	Approach to a patient with papulosquamous eruptions (Psoriasis, eczema and lichen planus)	Students will be able to: Remembering, understanding, and analyzing; etiology, pathology, clinical features, diagnostic approach, treatment, complications, and newer modalities.	Students will be able to: Taking history and performing clinical examination required to identify lesions Observe the procedure of skin biopsy Treatment prescription	Students will be able to: Challenges faced in this patient's management • Consent for History, Clinical Examination and Procedures • Counseling and educating patient about disease, its diagnosis, treatment and outcome. Showing empathy and			✓		✓		✓	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / Lab Work	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
57	WEDNESDAY	DERMATOLOGY	Approach to patient with Drug rash and Bullous disorders	Students will be able to: Remembering, understanding, and analyzing; etiology, pathology, clinical features, diagnostic approach, treatment, complications, and newer modalities.	Students will be able to: a) Take history and perform clinical examination required to identify lesions b) Observe how to collect skin scraping and use of magnifying glass, Observe Skin Biopsy c) Develop Treatment prescription	Students will be able to: Challenges faced in this patient's management • Consent for History, Clinical Examination and Procedures • Counseling and educating patient about disease, its diagnosis, treatment and outcome. Showing empathy and respect keeping in mind			✓		✓		✓	AMBULATORY TEACHING/ SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
58	THURSDAY	DERMATOLOGY	Approach to patient with Scabies, Pediculosis, and acne vulgaris	Students will be able to: Remembering, understanding, and analyzing; etiology, pathology, clinical features, diagnostic approach, treatment, complications, and newer modalities.	Students will be able to: Taking history and performing clinical examination required to identify lesions Prescription writing	Students will be able to: Challenges faced in this patient's management • Consent for History, Clinical Examination and Procedures • Counseling and educating patient about disease, its diagnosis, treatment and outcome. Showing empathy and			✓		✓		✓	AMBULATORY TEACHING/ SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
59	FRIDAY	DERMATOLOGY	Approach to patient with Leprosy and cutaneous Leishmaniasis (neglected tropical diseases)	Students will be able to: Remembering, understanding, and analyzing; etiology, pathology, clinical features, diagnostic approach, treatment, complications, and newer modalities.	Students will be able to: Taking history and performing clinical examination required to identify lesions To learn the procedure of skin smear Treatment prescription	Students will be able to: Challenges faced in this patient's management • Consent for History, Clinical Examination and Procedures • Counseling and educating patient about disease, its			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
60	SATURDAY	DERMATOLOGY	WARD TEST												

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
11th WEEK															
61	MONDAY	PSYCHIATRY	HOW TO APPROACH A PSYCHIATRIC PATIENT / HOW TO MANAGE STRESS WHILE DEALING WITH PSYCHIATRIC PATIENT	Students will be able to: a) Summarize characteristics symptoms & signs in accordance with ICD-11 diagnostic criteria b) Discuss etiology in terms of bio-psycho-social behavior c) Know differential diagnosis of common psychiatric disorders d) Outline management plan for the patient										AMBULATORY TEACHING/SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	See assessment section
62	TUESDAY	PSYCHIATRY	APPROACH TO PATIENT WITH DEPRESSIVE ILLNESS	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain clinical features, Grades & Investigations c) Describe management plan including new modalities of treatment	Students will be able to: a) Obtain an appropriate history & perform mental state examination tailored to the nature and problem of the patient b) Assess the risk to self through suicide, deliberate self-harm or self-neglect. c) Perform relevant physical examination d) Provide psycho education to the patient and family e) Observe ECT	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.								AMBULATORY TEACHING/SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
63	WEDNESDAY	PSYCHIATRY	APPROACH TO PATIENT WITH BIPOLAR AFFECTIVE DISORDER	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain clinical features, Grades & Investigations c) Describe management plan including new modalities of treatment	Students will be able to: a) Taking Psychiatry related history b) Perform mental state examination c) Assess the risk to self through suicide, deliberate self-harm or self-neglect. d) Develop a comprehensive management plan e) Psychoeducate the patient and family regarding course and prognosis of Bipolar affective disorder	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING/ SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
64	THURSDAY	PSYCHIATRY	APPROACH TO PATIENT WITH SCHIZOPHRENIA/ SCHIZOAFFECTIVE	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain clinical features, Grades & Investigations c) Describe management plan including new modalities of treatment	Students will be able to: a) Obtain an appropriate history perform mental state examination tailored to the nature and problem of the patient b) Assess the risk to self through suicide, deliberate self-harm or self-neglect. & risk to others c) Perform relevant physical examination d) Observing EEG	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING/ SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
65	FRIDAY	PSYCHIATRY	APPROACH TO PATIENT WITH SUBSTANCE USE DISORDERS	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain clinical features, Grades & Investigations c) Describe management plan including new modalities of treatment	Students will be able to: a) Obtain an appropriate history & perform mental state examination tailored to the nature and problem of the patient b) Demonstrate motivational interview c) Perform relevant physical examination d) Psycho educate the patient and the career regarding the course and prognosis of the problem and ways to deal with them	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING/ SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
66	SATURDAY	PSYCHIATRY	WARD TEST												

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
12th WEEK															
67	MONDAY	RADIOLOGY	APPROACH TO NORMAL AND ABNORMAL CHEST XRAY	Students will be able to: a) Review spectrum of pathologies on chest x-ray b) Review Manifestations of meningitis on plain and CECT brain c) Explain features of common pathologies on Chest x-ray, like pneumonia, TB, ILD, COPD, Pneumothorax	Students will be able to: a) Observe and master normal anatomy on chest x-ray, adequate and inadequate inspiratory films, AP, PA and lateral views b) Perform interpretation of common pathologies on chest x-ray	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING /SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
68	TUESDAY	RADIOLOGY	APPROACH TO CT BRAIN	Students will be able to: a) Recall different types of Stroke and their appearance on CT brain plain b) Review Manifestations of meningitis on plain and CECT brain	Students will be able to: a) Observe the normal anatomy of brain on CT b) Perform interpretations of ischemic insult are as on CT c) Observe different types of bleed on CT brain	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING /SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
69	WEDNESDAY	RADIOLOGY	APPROACH TO CT ABDOMEN	Students will be able to: a) Explain different CT protocols to detect various abdominal pathologies with particular emphasis on liver and pancreas b) Know normal bowel loop patterns and pattern in case of obstruction	Students will be able to: a) Observe the normal anatomy of abdomen on CT b) Perform interpretations of viscera, vessels, soft tissue and normal bowel pattern on CT	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING /SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
70	THURSDAY	RADIOLOGY	APPROACH TO CT CHEST	Students will be able to: a) Recall normal anatomy of chest b) Interpret basic chest pathologies on CT scan including Pneumothorax, TB, Pneumonia, Pulmonary edema	Students will be able to: a) Observe the normal anatomy of lungs, mediastinum and vessels on chest CT b) Practice and Perform interpretation of abnormal patterns of diseases on CT chest	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING /SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
71	FRIDAY	RADIOLOGY	APPROACH TO ULTRASOUND (abdomen/pelvis/chest), doppler studies, and Radionuclide SCANS	Students will be able to: a) Recall normal anatomy of abdomen and pelvis on ultrasound b) Explain importance of doppler studies in evaluation of ischemia and thrombosis for early detection and prevention of chronic morbidity	Students will be able to: a) Observe the normal viscera on ultrasound b) Observe the normal and abnormal color and power signal on color doppler c) Construct and interpret normal abdominopelvic scan report	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	AMBULATORY TEACHING /SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
72	SATURDAY	RADIOLOGY	WARD TEST												

Section- III

Clerkship Description

Clerkship constituents and their details and case presentation guidelines

Clerkship Constituents

Clerkship activities include hands-on training based on actual interaction with patients covering five key areas:

Diagnostic
Clinical
Reasoning

Data Analysis
(including
Medical
Imaging)

Focused Clinical
Encounters

Patient
Management
Skills

Procedural Skills

Diagnostic Reasoning- Learning Objectives

Is a process by which clinicians collect, process, and interpret patient information to develop an action plan. This encompasses;

;

- Analyzing symptoms
- Detecting and interpreting clinical signs
- Suggesting differentials
- Planning relevant investigations
- Interpreting and analyzing data
- Creating case summaries
- Presenting findings

Focused Clinical Encounters- Learning Objectives

This entails interaction between student and patients to make plan about diagnosis and treatment. Following is included in this context;

- Approaching the patient in peculiar situations
- Taking a focused history
- Performing focused clinical examination
- Choosing appropriate diagnostic/ therapeutic options
- Recognizing and resuscitating acutely unwell patients

Data Analysis (Medical Imaging Inclusive) - Learning Objectives

Is meant to provide insight into clinical data and thus facilitate informed decision-making about the diagnosis and treatment of patients, prevention of diseases or others. This include following;

1. Interpreting and analyzing medical lab data
2. Identifying common lab errors
3. Recognizing normal and common abnormal ECG patterns (i.e. Ischemia, Acute MI, Axis deviation, Chamber enlargement, Heart blocks, APC, VPC, SVT, VT etc)
4. Recognizing normal and common abnormal patterns on various Medical Imaging modalities including X-rays, CT scans, MRIs, ultrasounds, Echocardiography, and Radioisotope scans
5. Knowing basics of EEG
6. Should acquire clinical acumen for ordering and basic interpreting results of common investigations like:
 - a. CBC, urinalysis, culture and sensitivity, serum creatinine, blood urea, creatinine clearance, ultrasound etc.
 - b. Echocardiography, Stress testing, Angiography, and the conclusions of ThalliumScan

- c. Pulmonary function tests.
- d. Arterial blood gas estimations
- e. Thyroid function tests
- f. Understand the conclusion of HRCT of the lungs.

7. Interpret and/or identify: common radiological findings of bone and joint diseases (Rheumatoid arthritis, Osteoarthritis, Vertebral collapse, and Caries spine, etc).

Patient Management Skills- Learning Outcomes

Following are need to be focused;

1. Explaining patho-physiological concepts
2. Analyzing symptoms
3. Recognizing clinical signs
4. Making diagnostic plans
5. Discussing lifestyle modifications
6. Comparing therapeutic options
7. Writing prescriptions
8. Recording medical notes
9. Seeking interdisciplinary consults
10. Counseling patients and their relatives on relevant issues

Procedural Skills- Learning Outcomes

Following need to be focused,

1. Explaining the need for a procedure
2. Explaining the details of a procedure to the patient or his/her attendant
3. Planning necessary pre-procedure work-up
4. Preparing the patient for procedure
5. Assisting the procedure
6. Performing the procedure independently
7. Managing the complications or post-procedure problems
8. Medical graduates should be able to perform and/or provide:
 - Basic Life-support.
 - Inject I/V, I/M, S/C, intradermal injections
 - Insert and maintain I/V lines.
 - Administer Blood transfusion (know the indications, contra- indications and complications of blood transfusions).
 - Treatment for acute pulmonary edema and anti-platelet therapy
 - Oxygen therapy: should know the indications, complications, different modes of Oxygen delivery
 - Peak expiratory flowmetry (PEFR).

- Nebulization
- Educate the patient regarding correct inhaler technique
- Should be able to take an Electrocardiogram: should be able differentiate normal electrocardiograms from common abnormalities of ischemia, left ventricular hypertrophy and arrhythmias (acute myocardial infarction/ischemia, complete heart block, atrial premature contractions, ventricular premature contractions, supraventricular tachycardia, ventricular tachycardia, left bundle branch block and hyperkalemia)
- Urinary catheterization and collect urine samples
- Large bowel enema.

9. **Procedures to be observed/assisted:** preferably on patients but videos can be an alternative (including the indications, contra indications, steps of the procedure and complications)

- Passing the N/G Tube, and feeding, suction and stomach wash.
- Preparing a patient for endoscopy, upper and lower GIT and to observe the procedures.
- Placing airway and its maintenance.
- Endotracheal tube placement
- Endotracheal suction/maintenance of airway/nursing on side etc.
- Preparing a patient for Bronchoscopy and to observe the procedure.
- Should observe, learn and even may assist electroversion therapy, (AED) with indications, complications etc.
- Aspiration of fluids (Pleural, Peritoneal, Pericardial and Knee)
- Under water seal aspiration

- Lumbar puncture

- Fine needle aspiration
 - Bone marrow aspiration/Trephine.
 - Dialysis
9. Should know the indications, contra-indications, procedure and complications of
- Holter monitoring
 - Nitrate Infusion
 - Thrombolysis
 - Digitalization

Case Presentation Guidelines

Presenting patients to seniors or peers

A student has to make the most of all learning opportunities. He/she should always take opportunities to present formally to seniors. The chance to talk through a history and examination, picking out important things, being asked to explain points, and then being challenged about future management of the patient is invaluable.

There are two types of case presentation. The **'teaching presentation'** is an all-inclusive presentation of the history, examination, and investigation findings, culminating with a well-constructed conclusion. Student will be expected to utilize this type of presentation during teaching sessions. One need to present a comprehensive, chronological case report, trying to demonstrate to the audience your diagnostic reasoning; this kind of presentation is also used at academic meetings such as hospital grand rounds and conferences.

The second type is the **'business presentation'**, utilized on busy ward rounds. The aim is to convey all the key points of the clerking in a few well-chosen sentences. If done well, the other members of the ward round are presented with a matter of fact, with which they should concur. This interaction is rapid and is learnt over many years on rounds. Students initially find it difficult to master, but improve with experience and knowledge. On business rounds students should listen to the way experienced doctors discuss cases. The good ones are

focused, succinct, and quickly include and exclude relevant diagnoses with sharp and incisive comments. Student should try to get involved by clerking patients and asking to present them in this style. Presenting like this forces student to prioritize information and sharpen diagnostic reasoning.

Both presenting styles share key principles:

- Always structure presentation in terms of history, examination, and investigations, and conclude by outlining the current management plan. Finish one before starting the next and introduce the next section as you begin. 'This 43-year-old female presented with history of On examination she has Blood tests revealed ... and chest x-ray showedShe has been managed with...'
- Try to pack information into each sentence: 'a 24-year-old shop keeper presenting generally unwell with a 2-day history of fever, dysuria, and now worsening flank pain'.
- Give people summaries of what is about to come next: 'examination was unremarkable, with a clear chest, normal heart sounds and soft non-tender abdomen'.

Example format for 'business' presentations;

- Demographics: Age, sex, ethnicity, occupation.
- Presenting complaint: Just a few words needed.
- Relevant background: Any important factors from elsewhere in the history that directly impact on the presentation.
- History of presenting complaint: a few sentences. Only mention relevant negatives.
- Past medical history: Only dwell on conditions likely to affect diagnosis or management.
- Drug history: Often no need to read them all out. Mention key ones relevant to the presentation, e.g. warfarin or NSAIDs in a patient presenting with hemorrhage.
- Family history: Only if relevant.
- Social history: Give a one-sentence description of where the patient lives and how independent they are. Mention briefly tobacco and alcohol use.
- Examination: Mention how they look generally, and any specific positive findings. Sum up all the negatives where possible, e.g. 'little to find on examination except...'
- Impression: Always try to form an impression.
- Plan: Mention what has been done already, and what your senior needs to decide upon.

The key to these presentations is relevance, something which is difficult to judge even with experience. Furthermore, different seniors will have different preferences about how much information they wish to be told. Below is an example presentation of a very straightforward patient on a busy ward round. Making such a presentation is an excellent chance to be a part of clinical decision-making, though student may not have the chance to ask all the questions he would like to. Discussing the case thoroughly later on will mean that teaching value of this case will not be missed. Below is given presentation of a patient as reference example;

Mrs. ABC, 65-year-old, house old house wife was admitted last night with acute shortness of breath. She has been diagnosed to have hypertension and ischemic heart disease for 5 years. She complains of orthopnea and paroxysmal nocturnal dyspnea for last 10 days. She takes medication prescribed by Cardiologist irregularly. At admission she was distressed, tachypnic, and febrile (100F). Her pulse was 100/minute and blood pressure 150/100. Chest examination showed bilateral basal crackles and signs suggestive of consolidation in right axilla. Her ECG showed ST elevations in chest leads. Chest X-ray showed cardiomegaly. Her TLC and CRP were raised. Her cardiac troponins were not raised. My impression is that she is having pulmonary edema and pneumonia in back ground of Hypertension, and Ischemic Heart Disease. She has been treated with diuretics, antibiotics, oxygen, prophylactic heparin and ACE inhibitors. She is currently better. Her echocardiogram is planned after 2 days.

Section- IV
**Family Medicine, Artificial Intelligence,
Research, Biomedical Ethics**

Family Medicine

Family Medicine pertains to treatment of patients of all ages, from birth to death, and internal medicine doctors treat adults, 18 years or older. A family physician has knowledge and skills to manage common outpatient and emergency problems at the level of primary and secondary care. He/she is able to provide health care in the context of the family and local community, and is able to integrate principles of family medicine in their day to day interaction with patients. On one hand medical wards/units rotation pertains to adult medicine while the subspecialties rotation pertains to patients of all ages. Similarly Pediatric rotation covers the younger age group. Medicine and Allied rotation/clerkship thus focuses family medicine components related to it.

Artificial Intelligence

Artificial intelligence (AI) is affecting various fields of medicine substantially and has the potential to improve many aspects of healthcare. However, AI has been creating much hype, too. AI is being used in Dermatology, and Radiology etc. Medical students will be provided overview of AI during clinical rotation and encouraged to work on the same with coordination of AI Department.

Research, Biomedical Ethics

Final year students will be encouraged and facilitated to follow RMU framework/guidelines/syllabus available separately keeping in mind

Medicine & Allied rotation

Section- V

Assessment

Final Professional MBBS Examination

Rawalpindi Medical University Scheme

Theory 28% of total marks 40% of Theory + Clinical & Practical				Clinical & Practical 42% of total marks Uniform, standardized 60 % of Theory + Clinical & Practical			Internal Assessment (30%)	Total
140				210			150	500
Paper I		Paper II		Observed Structured Clinical Evaluation				
70		70						
MCQs	SAQs	MCQs	SAQs	Long Case	Short Cases	Practical		
45 (1 number each)	5 (5 number each)	45 (1 number each)	5 (5 number each)	3 stations (24 numbers each)	4 stations (22 numbers each)	5 stations (10 numbers each)		
Numbers				Number				
45	25	45	25	60	80	70		

- *Pass marks 50%. Theory and Clinical Components need to be passed separately. In Clinical Component obtaining 50% marks in Long and Short Case stations is mandatory to pass.*
- *The continuous internal assessment marks will be equally distributed to the Theory and Clinical Practical Examinations. Theory marks will thus be 140+75=215 (43%), and Clinical Practical marks will be 210+75=285 (57%),*

Final Professional MBBS Examination- RMU And UHS Comparison

Rawalpindi Medical University (RMU)								
Theory 28% of total marks 40% of Theory + Clinical & Practical				Clinical & Practical 42% of total marks Uniform, standardized 60 % of Theory + Clinical & Practical			Internal Assessment (30%)	Total
140				210			150	500
Paper I		Paper II		Structured Clinical Evaluation				
70		70						
MCQs	SAQs	MCQs	SAQs	Long Case	Short Cases	Practical		
45 (1 number each)	5 (5 number each)	45 (1 number each)	5 (5 number each)	3 stations (24 numbers each)	4 stations (22 numbers each)	5 stations (10 numbers each)		
Numbers				Number				
45	25	45	25	72 (34.28%)	88 (41.9%)	50 (23.8%)		
University of Health Sciences (UHS)								
Theory 35% of total marks 38.8% of Theory + Clinical & Practical				Clinical & Practical 55% of total marks 61.2% of Theory + Clinical & Practical			Internal Assessment (10%)	Total
175				275			50	500
Paper I		Paper II		Long Case	Short Case	OSCE		
90 marks		85 marks						
MCQs	SEQs	MCQs	SEQs	90	120	65		
45 (1 number each)	9 (5 numbers each)	40 (1 number each)	9 (5 numbers each)	32.7%	43.6%	23.6%		

- Internal assessment marks are equally distributed to theory and Practical components.
- For UHS Theory marks are 174+25=200 (40%), and Clinical Practical marks will be 275+25=300 (60%)
- For RMU Theory marks are 140+75=215 (43%), and Clinical Practical marks will be 210+75=285 (57%)

Final Professional MBBS Examination

Written Component- Table of Specification

Paper I

	Topic Distribution	MCQs- 45	SAQs- 5
1	Respiratory Medicine	7	1
2	Cardiovascular Diseases	7	1
3	Gastroenterology and Hepatobiliary Diseases	7	1
4	Neurology	6	1
5	Rheumatology	6	1
6	Hematology	6	
7	Poisoning	6	

Paper II

	Topic Distribution	MCQs- 45	SAQs- 5
1	Infectious Diseases	7	1
2	Endocrinology including Diabetes Mellitus	7	1
3	Nephrology	7	1
4	Psychiatry and Behavioral Sciences	6	1
5	Acid Base, Water and Electrolytes Disorders	6	1
6	Dermatology	6	
7	Critical Care	6	

Both Papers

MCQS 90= 90 numbers	SAQs 10= 50 numbers	140 numbers
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*Five percent (5%) questions may come from any topic

Clinical & Practical Component Breakup

1	Long Case History	24
2	Long Case Examination	24
3	Long Case Discussion/Management	24
4	Short Case Respiratory	22
5	Short Case CVS	22
6	Short Case CNS	22
7	Short Case GIT	22
8	Work Book, Log Book	10
9	ECG, Instrument, Medication	10
10	X-Ray and CT Scan	10
11	Counseling	10
12	BLS	10

- *All candidates will take history, examine a clinical system or component, do counseling, perform BLS related activity, and get review of Work and Log Book etc with reference to uniform written command in specified time,*
- *Information to Examiner/Key based assessment of each student will be done e.g., evaluation of clinical examination general demeanor, examination technique, examination findings, likely differential diagnosis based on the finding, probable causes and severity of the condition etc will be focused keeping in mind clinical scenario.*

Clinical and Practical Component Cycle

1 Long Case History Taking	2 Long Case Examination	3 Long Case Discussion/Viva Voce
12 BLS related	OSCE Final Year MBBS	4 Short Case- Respiratory
11 Counseling	5 minutes/station 60 minutes' minimum cycle, can be increased with Rest Stations Total Marks 210 Station 1-7= 20 numbers each Station 8-12= 14 numbers each	5 Short Case- CVS
10 X-Ray & CT scan Station		6 Short Case- CNS
9 ECG, Instrument/Medication	8 Log Book, Work Book	7 Short Case- GIT

Station Details- Clinical and Practical Component Cycle

Station 1	Long Case History	<p><i>Student will be asked to take history from a patient or surrogate pertaining to a clinical problem.</i></p> <p><i>Examiner will observe and mark according to key.</i></p>
Station 2	Long Case Examination	<p><i>Student will be asked to do relevant clinical examination keeping in mind the clinical scenario given in long case history station</i></p> <p><i>Examiner will observe and mark according to key.</i></p>
Station 3	Long Case Discussion	<p><i>Examiner will ask questions pertaining to history, examination findings, interpretation, and management etc according to key</i></p>
Station 4	Short Case- Respiratory System	<p><i>Student will be asked to perform focused clinical examination of chest pertaining to a clinical scenario.</i></p> <p><i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key</i></p>
Station 5	Short Case- CVS	<p><i>Student will be asked to perform focused clinical examination of CVS keeping in mind given clinical scenario.</i></p> <p><i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key</i></p>
Station 6	Short Case- CNS	<p><i>Student will be asked to perform focused clinical examination of CNS keeping in mind a</i></p>

		<i>clinical scenario for assessment of knowledge, skill and attitude.</i>
Station 7	Short Case- GIT	<i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key Student will be asked to perform focused clinical examination of GIT keeping in mind a given clinical scenario for assessment of knowledge, skill and attitude.</i>
Station 8	Log Book, Work Book evaluation, CPC participation, and Research Evaluation (if relevant)	<i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key Students will be asked questions focusing patients documented and about the CPCs attended.</i>
Station 9	ECG, Instrument/Medication	If any research is done its pertinent components be discussed <i>ECG, Instrument or medication will be shown to the student.</i>
Station 10	X Ray, CT Scan Station	<i>Questions focusing relevant findings, diagnosis, identification, utilization-indications, contraindications, complications, administration, and interactions will be asked according to key X-Rays or CT scan will be shown.</i>
Station 11	Counseling Station	<i>Questions will focus relevant findings, diagnosis, and etiology etc according to key. In a given scenario Focusing autonomy, confidentiality, beneficence, justice, no harm, empathy, breaking bad diseases, and safety net etc students ability to solve relevant issue will be evaluated.</i>
Station 12	BLS related Station	<i>Scenario focusing BLS component will be given.</i>

Student will be observed by Examiner for managing the issue. Relevant questions will be asked according to key including identification, usage of equipment (Defibrillator, Oxymetre etc) .

Internal Assessment- RMU

Details and marks distribution

Clerkship- Unit/Ward Wise	1 st Medical Unit	2 nd Medical Unit	Cardiology	Psychiatry	Dermatology	Radiology	
Assessment <i>A- Work Place Based (WPBA)- 50%</i> + <i>B- Ward Test (WT)- 50%</i>	20	20	5	5	5	5	60
EBE It will comprise clinical (40 marks-50% of total EBE marks) and MCQ/SAQ (40 marks- 50% of total EBE marks) similar to framework of Final Professional Examination in Medicine							80
CPC Attended ≥75% 10marks Attended >75% Zero mark							10
Total							150
*Unit/Ward assessment will be rounded.							

- A student having publication (Medicine & Allied related) in non-predator Journal during Final Year MBBS period will get extra 7.5 marks. Addition of these numbers will not be over and above total 150 numbers. Credit of these marks cannot be taken in other subjects.
- There is no compensation for attendance for missed period(s) of clerkship. Remedial learning can only be used to make up for compensation of clerkship objectives not attendance.

Internal Assessment 150 Marks % Wise Breakup

Component	% of Internal Assessment
EBE- 80/150	53.3%
Clerkship- Unit/Ward assessment- Work Place Based (WPBA) and Ward Test (WT) Assessment 60/150	40%
CPC 10/150	6.7%
<i>*Publication- 7.5/150</i>	5%

- *Details have been provided in previous page*

Clinical Rotation/Clerkship- Unit/Ward; Work Based Assessment (WBA) and Ward Test (WT)

Marking details- At One Medical Unit (20 marks)

WBA- 10 marks (50%)			WT - 10 marks (50%)
2 Case Presentation/morning report	Clinical Work Book assessment (5 Case Write Ups on Work Book)	6 Evening duties in in Ward/ER	
4	3 5 Complete Case Write ups Yes -3 No, <5- Zero	3 Attended all Yes - 3 No, <6 – Zero	10
20%	15%	15%	50%

Subspecialties will reduce components to 5 keeping in mind 1 week duration compared to 4 weeks of one Medical Unit

End Block Examination (EBE)

- End Block Examination (EBE) has been devised for assessment of three months Rotation/Clerkship. It has undergone a number of modifications over last few years. A lot of effort has been done to make it uniform and standardized keeping in mind attachment of Medical Students to more than one hospital and Ten Departments.
- It will be held at the end of each Block (after 12 weeks) on last working days.
- It will include theory (MCQs and SAQs- 40 numbers) and clinical (OSCE- 40 numbers).
- MCQ and SAQs component will be according to Final RMU Examination pattern.
- OSCE will be the same as RMU Final professional Examination Clinical and Practical Component as given in next component.
- Pass marks are 50%. Both theory and clinical components have to be passed separately. 50% marks are mandatory in Long and Short Case components to pass Clinical Component.

End Block Examination (EBE) - 80 numbers

Written Component- 40 Numbers

It will include 40 MCQS, each of 0.5 number

It will be held after CPC on Wednesday in last working week.

Table of Specification

	Topic Distribution	MCQs-40 each of 0.5 numbers	SAQs-10 Each of 2 numbers
1	Respiratory Medicine	4	1
2	Cardiovascular Diseases	4	1
3	Gastroenterology and Hepatobiliary Diseases	4	1
4	Neurology	4	1
5	Psychiatry and Behavioral Sciences	3	1
6	Nephrology	2	1
7	Endocrinology including Diabetes Mellitus	3	1
8	Infectious Diseases	3	1
9	Dermatology	3	2
10	Critical Care	2	
11	Acid Base, Water and Electrolytes Disorders	2	
12	Poisoning	2	
13	Rheumatology	2	
14	Hematology	2	

MCQS 40= 20 numbers	SAQs 10= 20 numbers	Total Theory= 40 numbers
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Clinical Component Stations

It will include 12 Stations. It will be of 40 marks

COMPONENT		Numbers
1	Long Case History	4
2	Long Case Examination	4
3	Long Case Discussion/Management	4
4	Short Case Respiratory	3
5	Short Case CVS	3
6	Short Case CNS	3
7	Short Case GIT	3
8	Work Book, Log Book	3
9	ECG, Instrument, Medication etc	3
10	X-Ray and CT Scan	3
11	Counseling	3
12	BLS	4
Total		40

- 50% marks are mandatory in Long and Short Case components to pass Clinical Component.

Clinical and Practical Component Cycle

<p>1 Long Case History Taking</p>	<p>2 Long Case Examination</p>	<p>3 Long Case Discussion/Viva Voce</p>
<p>12 BLS related</p>	<p>EBE Final Year MBBS</p>	<p>4 Short Case- Respiratory</p>
<p>11 Counseling</p>	<p>5 minutes/station 60 minutes' minimum cycle, can be increased with Rest Stations Total Marks = 40 Station 1-3 & 12 = 4 marks each Station 4- 11 = 3 marks</p>	<p>5 Short Case- CVS</p>
<p>10 X-Ray & CT scan Station</p>		<p>6 Short Case- CNS</p>
<p>9 ECG, Instrument/Medication</p>	<p>8 Log Book, Work Book</p>	<p>7 Short Case- GIT</p>

**Final Year MBBS Clerkship- Unit/Ward Work Based Assessment (WBA)
10 Marks- (MU-II HFH Template)**

Name		Roll No	
Batch		Dates of Session	

A- Clinical Work Book Assessment- 3 Marks

3 marks for 5 Complete Clinical Write ups according to Work Book components, Zero for any incomplete and <5

S No	Case Diagnosis	Assessed by	Assessment	Signature
1		Dr Nida Anjum	Complete Incomplete	
2		Dr. Raja Asif	Complete Incomplete	
3		Dr. Madeeha Nazar	Complete Incomplete	
4		Dr. Unaiza Sharif/Dr Noman	Complete Incomplete	

5		Dr Mudasar	Complete Incomplete	
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B- 2 Case Presentations- 4 Marks

4 marks for 2 satisfactory Case Presentation/Morning Reports,

Zero for any unsatisfactory or <2 Case Presentations

S No	Case Presentation/Morning Report	Assessed by (Consultant Name)	Assessment	Signature
1			Satisfactory Unsatisfactory	
2			Satisfactory Unsatisfactory	

C- 6 Evening Duties in Ward/ER- 3 Marks

3 marks for all attended and documented,

Zero for <6 attended and documented

Date	Patient Documentation	Assessed by	Assessment	Signature

Composite Marks

Case Presentations	Work Book Assessment	6 Evening Duties	Total
----/4	----/3	----/3	----/10
Consultant Incharge Final Year MU-II HFH Dir. Mudasar		Signature, Date, Stamp	

Ward Test- 10 Numbers

HFH MU-I or MU-II HFH

Station	Topic	Topic description	LOS	Marks %
1	Long case History taking	Respiratory system <ul style="list-style-type: none"> • COPD, Pneumonia, Tuberculosis, Asthma, Thromboembolic disease, Pleural disease, ILD & Sarcoidosis, Lung Cancer GIT <ul style="list-style-type: none"> • Gastro-esophageal reflux (GERD), Peptic ulcer disease (PUD), Acute and chronic diarrhea, Celiac disease, Inflammatory bowel disease, Irritable bowel syndrome, Colorectal carcinoma • Acute Hepatitis, Chronic Liver Disease (CLD), Liver Cirrhosis, ascites & PH, Gastric & Esophageal Carcinoma, Hepatocellular Carcinoma 	Able to introduce himself and polite with the patient Able to extract relevant information Takes informed consent Takes detailed history	10 (10%)

		<p>Nephrology</p> <ul style="list-style-type: none"> Renal Failure (ARF), Chronic Kidney Disease (CKD), Urinary Tract Infection (UTI) Water & Electrolyte disorders, Acid- Base disorders 		
2	Long case Examination	Respiratory system, GIT and Nephrology (same as above)	<p>Takes informed consent</p> <p>Uses correct clinical methods systemically including appropriate exposure and redrape</p> <p>Able to pick clinical sign present in the Patient</p>	10 (10%)
3	Long case Discussion/viva-voce	Respiratory system, GIT and Nephrology (same as above)	<p>Presents skillfully</p> <p>Gives correct findings</p> <p>Gives logical interpretation of</p>	10 (10%)

			<p>findings and differential diagnosis</p> <p>Enumerate and justify relevant investigation</p> <p>Outline the treatment plan</p>	
4	Short case Respiratory system	Pleural effusion, Consolidation, lung collapse, COPD, Bronchogenic CA, Bronchiectasis, Lung fibrosis, Pneumothorax	<p>Perform proper and concerned relevant clinical examination according to instructions given in professional manner</p> <p>Systematic and appropriate application of clinical methods</p> <p>Able to pick correct signs</p> <p>Logically interprets the clinical findings</p>	10 (10%)

			<p>Justifies diagnosis</p> <p>Make an appropriate management plan</p>	
5	Short case GIT	Hepatomegaly, Splenomegaly, hepatosplenomegaly, Ascites, Jaundice, Cirrhosis	<p>Perform proper and concerned relevant clinical examination according to instructions given in professional manner</p> <p>Systematic and appropriate application of clinical methods</p> <p>Able to pick correct signs</p> <p>Logically interprets the clinical findings</p> <p>Justifies diagnosis</p> <p>Make an appropriate management plan</p>	10 (10%)

6	Logbook/workbook	<p>Complete logbook with all columns filled including daily topic discussed, long case presented, morning report, procedures, investigations</p> <p>Complete workbook with five histories and morning reports checked and signed</p>		10 (10%)
7	Instruments	ETT, Ambu bag, LP needle, BMB needle, oropharyngeal airway, NG tube, Foleys catheter, IV cannulas, Central venous line, Laryngoscope, chest tube	Able to identify the instrument, describes indications, contraindications and complications	10 (10%)
8	X-ray	CXR of consolidation, pleural effusion, fibrosis, cavitation, cardiac failure, mediastinal and hilar lymphadenopathy	Able to identify findings, give diagnosis and differential diagnosis, enumerate complications and briefly describes Treatment	10 (10%)
9	Counseling	Breaking bad news, Needle prick injuries, Initiation of ATT, Initiation of ATT and other drugs in pregnancy, Counseling regarding pregnancy related medical issues	Able to counsel the patient focusing on autonomy, confidentiality, beneficence,	10 (10%)

			justice, no harm and safety net etc	
10	BLS	Performance of BLS steps on simulator and related viva	Able to perform BLS according to recent AHA Guidelines	10 (10%)
Total marks 100				
WT marks will be rounded to 10 for inclusion in Internal Assessment				
Similar Framework will be utilized by Other Medical and Specialty Units				

- 50% marks are mandatory in Station 1-5 to pass Ward Test.

Recommended Resources

(Bold ones are essential)

1. **Kumar and Clark's Clinical Medicine, 10th Edition, 2020**
2. **Davidson's Principles and Practice of MEDICINE, 23rd edition 2018**
3. **Videos on clinical skills available on NEJM website, free online.**
4. **MacLeod's Clinical Examination. Churchill Livingstone. 14th Edition 2018**
5. **Clinical Examination by Nicholas Talley & Simon O'Connor. Elsevier. 9th Edition 2020**
6. MacLeod's Clinical Diagnosis by Alan G Japp & Colin Robertson Elsevier, 2nd Edition 2017
7. Medical Statistics Made Easy, Harris & Taylor. Churchill Livingstone, 2nd Edition, 2008
8. ABC of Practical Procedures by Tim Nutbeam and Ron Daniels: Blackwell Publishing, BMJ Books, UK, 2010
9. RAPID ACLS by Barbara Aehlert: Elsevier Revised 2nd Edition 2012
10. Kaplan USMLE Step-2 CK Lecture Notes

11. Current Medical Diagnosis & Treatment, 61st Edition,2022
12. Cecil's Essentials of MEDICINE: By Andreoli and Carpenter, 10th edition2021
13. Clinical Medicine, A Clerking Companion: By Randall & Feather, OUP2011
14. 14.Oxford American Handbook of Clinical Medicine, OUP, 10th
edition2017
15. Davidson's 100 clinical cases. Churchill Livingstone. 2nd Edition,2012
16. Oxford Handbook of Clinical diagnosis. Oxford University Press. 10th Edition2017
17. Problem Based Medical Diagnosis (POMD) By John Friedman 7th Edition2003
18. The Patient History: An Evidence-Based Approach to Differential Diagnosis by Henderson, Tierney and Smetana.
McGraw Hill Medical. 2nd Edition2012
19. Mechanisms of Clinical Signs by Dennis, Bowen and Cho. Churchill Livingstone. 2020, 3rdedition
20. The Rational Clinical Examination. JAMA Evidence.2009
21. Tutorials in Differential Diagnosis (Beck tutorials) by Beck and Souhami. 4th Edition2004
22. How to read a paper, Trisha Greenhalgh. BMJ books, 6th Edition,2019

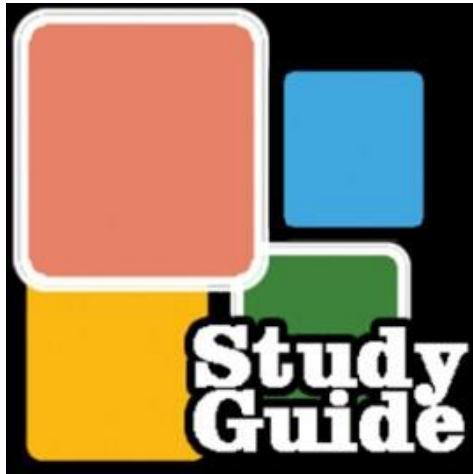
Acknowledgement

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Revision/Modifications Details

- 31/12/22- Details of each OSCE station added.
- Addition of UHS assessment and comparison with RMU assessment
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ASSESSMENT DOCUMENT

Medicine & Allied

Final Year MBBS- 2023

Rawalpindi Medical University, Rawalpindi

Revised and updated 19-6-2023

Rawalpindi Medical University Scheme

Theory 28% of total marks 40% of Theory + Clinical & Practical				Clinical & Practical 42% of total marks Uniform, standardized 60 % of Theory + Clinical & Practical			Internal Assessment (30%)	Total
140				210			150	500
Paper I		Paper II		Observed Structured Clinical Evaluation				
70		70						
MCQs	SAQs	MCQs	SAQs	Long Case	Short Cases	Practical		
45 (1 number each)	5 (5 number each)	45 (1 number each)	5 (5 number each)	3 stations (24 numbers each)	4 stations (22 numbers each)	5 stations (10 numbers each)		
Numbers				Number				
45	25	45	25	60	80	70		

- *Pass marks 50%. Theory and Clinical Components need to be passed separately. In Clinical Component obtaining 50% marks in Long and Short Case stations is mandatory to pass.*
- *The continuous internal assessment marks will be equally distributed to the Theory and Clinical Practical Examinations. Theory marks will thus be 140+75=215 (43%), and Clinical Practical marks will be 210+75=285 (57%),*

Final Professional MBBS Examination- RMU And UHS Comparison

Rawalpindi Medical University (RMU)								
Theory 28% of total marks 40% of Theory + Clinical & Practical				Clinical & Practical 42% of total marks Uniform, standardized 60 % of Theory + Clinical & Practical			Internal Assessment (30%)	Total
140				210			150	500
Paper I		Paper II		Structured Clinical Evaluation				
70		70						
MCQs	SAQs	MCQs	SAQs	Long Case	Short Cases	Practical		
45 (1 number each)	5 (5 number each)	45 (1 number each)	5 (5 number each)	3 stations (24 numbers each)	4 stations (22 numbers each)	5 stations (10 numbers each)		
Numbers				Number				
45	25	45	25	72 (34.28%)	88 (41.9%)	50 (23.8%)		
University of Health Sciences (UHS)								
Theory 35% of total marks 38.8% of Theory + Clinical & Practical				Clinical & Practical 55% of total marks 61.2% of Theory + Clinical & Practical			Internal Assessment (10%)	Total
175				275			50	500
Paper I		Paper II		Long Case	Short Case	OSCE		
90 marks		85 marks						
MCQs	SEQs	MCQs	SEQs	90	120	65		
45 (1 number each)	9 (5 numbers each)	40 (1 number each)	9 (5 numbers each)	32.7%	43.6%	23.6%		

- Internal assessment marks are equally distributed to theory and Practical components.
- For UHS Theory marks are 174+25=200 (40%), and Clinical Practical marks will be 275+25=300 (60%)
- For RMU Theory marks are 140+75=215 (43%), and Clinical Practical marks will be 210+75=285 (57%)

Final Professional MBBS Examination

Written Component- Table of Specification

Paper I

	Topic Distribution	MCQs- 45	SAQs- 5
1	Respiratory Medicine	7	1
2	Cardiovascular Diseases	7	1
3	Gastroenterology and Hepatobiliary Diseases	7	1
4	Neurology	6	1
5	Rheumatology	6	1
6	Hematology	6	
7	Poisoning	6	

Paper II

	Topic Distribution	MCQs- 45	SAQs- 5
1	Infectious Diseases	7	1
2	Endocrinology including Diabetes Mellitus	7	1
3	Nephrology	7	1
4	Psychiatry and Behavioral Sciences	6	1
5	Acid Base, Water and Electrolytes Disorders	6	1
6	Dermatology	6	
7	Critical Care	6	

Both Papers

MCQS 90= 90 numbers	SAQs 10= 50 numbers	140 numbers
---------------------	---------------------	-------------

*Five percent (5%) questions may come from any topic in all assessments

Clinical & Practical Component Breakup

1	Long Case History	24
2	Long Case Examination	24
3	Long Case Discussion/Management	24
4	Short Case Respiratory	22
5	Short Case CVS	22
6	Short Case CNS	22
7	Short Case GIT	22
8	Work Book, Log Book	10
9	ECG, Instrument, Medication	10
10	X-Ray and CT Scan	10
11	Counseling	10
12	BLS	10

- *All candidates will take history, examine a clinical system or component, do counseling, perform BLS related activity, and get review of Work and Log Book etc with reference to uniform written command in specified time,*
- *Information to Examiner/Key based assessment of each student will be done e.g., evaluation of clinical examination general demeanor, examination technique, examination findings, likely differential diagnosis based on the finding, probable causes and severity of the condition etc will be focused keeping in mind clinical scenario.*

Clinical and Practical Component Cycle

1 Long Case History Taking	2 Long Case Examination	3 Long Case Discussion/Viva Voce
12 BLS related	OSCE Final Year MBBS	4 Short Case- Respiratory
11 Counseling	5 minutes/station 60 minutes' minimum cycle, can be increased with Rest Stations Total Marks 210 Station 1-7= 20 numbers each Station 8-12= 14 numbers each	5 Short Case- CVS
10 X-Ray & CT scan Station		6 Short Case- CNS
9 ECG, Instrument/Medication	8 Log Book, Work Book	7 Short Case- GIT

Station Details- Clinical and Practical Component Cycle

Station 1	Long Case History	<p><i>Student will be asked to take history from a patient or surrogate pertaining to a clinical problem.</i></p> <p><i>Examiner will observe and mark according to key.</i></p>
Station 2	Long Case Examination	<p><i>Student will be asked to do relevant clinical examination keeping in mind the clinical scenario given in long case history station</i></p> <p><i>Examiner will observe and mark according to key.</i></p>
Station 3	Long Case Discussion	<p><i>Examiner will ask questions pertaining to history, examination findings, interpretation, and management etc according to key</i></p>
Station 4	Short Case- Respiratory System	<p><i>Student will be asked to perform focused clinical examination of chest pertaining to a clinical scenario.</i></p> <p><i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key</i></p>
Station 5	Short Case- CVS	<p><i>Student will be asked to perform focused clinical examination of CVS keeping in mind given clinical scenario.</i></p> <p><i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key</i></p>
Station 6	Short Case- CNS	<p><i>Student will be asked to perform focused clinical examination of CNS keeping in mind a</i></p>

		<i>clinical scenario for assessment of knowledge, skill and attitude.</i>
Station 7	Short Case- GIT	<i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key Student will be asked to perform focused clinical examination of GIT keeping in mind a given clinical scenario for assessment of knowledge, skill and attitude.</i>
Station 8	Log Book, Work Book evaluation, CPC participation, and Research Evaluation (if relevant)	<i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key Students will be asked questions focusing patients documented and about the CPCs attended.</i>
Station 9	ECG, Instrument/Medication	<i>If any research is done its pertinent components be discussed ECG, Instrument or medication will be shown to the student.</i>
Station 10	X Ray, CT Scan Station	<i>Questions focusing relevant findings, diagnosis, identification, utilization-indications, contraindications, complications, administration, and interactions will be asked according to key X-Rays or CT scan will be shown.</i>
Station 11	Counseling Station	<i>Questions will focus relevant findings, diagnosis, and etiology etc according to key. In a given scenario Focusing autonomy, confidentiality, beneficence, justice, no harm, empathy, breaking bad diseases, and safety net etc students ability to solve relevant issue will be evaluated.</i>
Station 12	BLS related Station	<i>Scenario focusing BLS component will be given.</i>

Student will be observed by Examiner for managing the issue. Relevant questions will be asked according to key including identification, usage of equipment (Defibrillator, Oxymetre etc) .

Internal Assessment- RMU

Details and marks distribution

Clerkship- Unit/Ward Wise	1 st Medical Unit	2 nd Medical Unit	Cardiology	Psychiatry	Dermatology	Radiology	
Assessment <i>A- Work Place Based (WPBA)- 50%</i> + <i>B- Ward Test (WT)- 50%</i>	20	20	5	5	5	5	60
EBE It will comprise clinical (40 marks-50% of total EBE marks) and MCQ/SAQ (40 marks- 50% of total EBE marks) similar to framework of Final Professional Examination in Medicine							80
CPC Attended ≥75% 10marks Attended >75% Zero mark							10
Total							150
*Unit/Ward assessment will be rounded.							

- A student having publication (Medicine & Allied related) in non-predator Journal during Final Year MBBS period will get extra 7.5 marks. Addition of these numbers will not be over and above total 150 numbers. Credit of these marks cannot be taken in other subjects.
- There is no compensation for attendance for missed period(s) of clerkship. Remedial learning can only be used to make up for compensation of clerkship objectives not attendance.

Internal Assessment 150 Marks % Wise Breakup

Component	% of Internal Assessment
EBE- 80/150	53.3%
Clerkship- Unit/Ward assessment- Work Place Based (WPBA) and Ward Test (WT) Assessment 60/150	40%
CPC 10/150	6.7%
<i>*Publication- 7.5/150</i>	5%

- *Details have been provided in previous page*

Clinical Rotation/Clerkship- Unit/Ward; Work Based Assessment (WBA) and Ward Test (WT)

Marking details- At One Medical Unit (20 marks)

WBA- 10 marks (50%)			WT - 10 marks (50%)
2 Case Presentation/morning report	Clinical Work Book assessment (5 Case Write Ups on Work Book)	6 Evening duties in in Ward/ER	
4	3 5 Complete Case Write ups Yes -3 No, <5- Zero	3 Attended all Yes - 3 No, <6 – Zero	10
20%	15%	15%	50%

Subspecialties will reduce components to 5 keeping in mind 1 week duration compared to 4 weeks of one Medical Unit

End Block Examination (EBE)

- End Block Examination (EBE) has been devised for assessment of three months Rotation/Clerkship. It has undergone a number of modifications over last few years. A lot of effort has been done to make it uniform and standardized keeping in mind attachment of Medical Students to more than one hospital and Ten Departments.
- It will be held at the end of each Block (after 12 weeks) on last working days.
- It will include theory (MCQs and SAQs- 40 numbers) and clinical (OSCE- 40 numbers).
- MCQ and SAQs component will be according to Final RMU Examination pattern.
- OSCE will be the same as RMU Final professional Examination Clinical and Practical Component as given in next component.
- Pass marks are 50%. Both theory and clinical components have to be passed separately. 50% marks are mandatory in Long and Short Case components to pass Clinical Component.

End Block Examination (EBE) - 80 numbers

Written Component- 40 Numbers

It will include 40 MCQS, each of 0.5 number

It will be held after CPC on Wednesday in last working week.

Table of Specification

	Topic Distribution	MCQs-40 each of 0.5 numbers	SAQs-10 Each of 2 numbers
1	Respiratory Medicine	4	1
2	Cardiovascular Diseases	4	1
3	Gastroenterology and Hepatobiliary Diseases	4	1
4	Neurology	4	1
5	Psychiatry and Behavioral Sciences	3	1
6	Nephrology	2	1
7	Endocrinology including Diabetes Mellitus	3	1
8	Infectious Diseases	3	1
9	Dermatology	3	2
10	Critical Care	2	
11	Acid Base, Water and Electrolytes Disorders	2	
12	Poisoning	2	
13	Rheumatology	2	
14	Hematology	2	

MCQS 40= 20 numbers	SAQs 10= 20 numbers	Total Theory= 40 numbers
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*Five percent (5%) questions may come from any topic in all assessment

Clinical Component Stations

It will include 12 Stations. It will be of 40 marks

COMPONENT		Numbers
1	Long Case History	4
2	Long Case Examination	4
3	Long Case Discussion/Management	4
4	Short Case Respiratory	3
5	Short Case CVS	3
6	Short Case CNS	3
7	Short Case GIT	3
8	Work Book, Log Book	3
9	ECG, Instrument, Medication etc	3
10	X-Ray and CT Scan	3
11	Counseling	3
12	BLS	4
Total		40

- 50% marks are mandatory in Long and Short Case components to pass Clinical Component.

Clinical and Practical Component Cycle

1 Long Case History Taking	2 Long Case Examination	3 Long Case Discussion/Viva Voce
12 BLS related	EBE Final Year MBBS	4 Short Case- Respiratory
11 Counseling	5 minutes/station 60 minutes' minimum cycle, can be increased with Rest Stations Total Marks = 40 Station1-3 & 12 = 4 marks each Station 4- 11 =3 marks	5 Short Case- CVS
10 X-Ray & CT scan Station		6 Short Case- CNS
9 ECG, Instrument/Medication	8 Log Book, Work Book	7 Short Case- GIT

**Final Year MBBS Clerkship- Unit/Ward Work Based Assessment (WBA)
10 Marks- (MU-II HFH Template)**

Name		Roll No	
Batch		Dates of Session	

A- Clinical Work Book Assessment- 3 Marks

3 marks for 5 Complete Clinical Write ups according to Work Book components, Zero for any incomplete and <5

S No	Case Diagnosis	Assessed by	Assessment	Signature
1		Dr Nida Anjum	Complete Incomplete	
2		Dr. Raja Asif	Complete Incomplete	
3		Dr. Madeeha Nazar	Complete Incomplete	
4		Dr. Unaiza Sharif/Dr Noman	Complete Incomplete	

5		Dr Mudasar	Complete Incomplete	
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B- 2 Case Presentations- 4 Marks

4 marks for 2 satisfactory Case Presentation/Morning Reports,

Zero for any unsatisfactory or <2 Case Presentations

S No	Case Presentation/Morning Report	Assessed by (Consultant Name)	Assessment	Signature
1			Satisfactory Unsatisfactory	
2			Satisfactory Unsatisfactory	

C- 6 Evening Duties in Ward/ER- 3 Marks

3 marks for all attended and documented,

Zero for <6 attended and documented

Date	Patient Documentation	Assessed by	Assessment	Signature

Composite Marks

Case Presentations	Work Book Assessment	6 Evening Duties	Total
----/4	----/3	----/3	----/10
Consultant Incharge Final Year MU-II HFH Dir. Mudasar		Signature, Date, Stamp	

Ward Test- 10 Numbers

HFH MU-I or MU-II HFH

Station	Topic	Topic description	LOS	Marks %
1	Long case History taking	Respiratory system <ul style="list-style-type: none"> • COPD, Pneumonia, Tuberculosis, Asthma, Thromboembolic disease, Pleural disease, ILD & Sarcoidosis, Lung Cancer GIT <ul style="list-style-type: none"> • Gastro-esophageal reflux (GERD), Peptic ulcer disease (PUD), Acute and chronic diarrhea, Celiac disease, Inflammatory bowel disease, Irritable bowel syndrome, Colorectal carcinoma • Acute Hepatitis, Chronic Liver Disease (CLD), Liver Cirrhosis, ascites & PH, Gastric & Esophageal Carcinoma, Hepatocellular Carcinoma 	Able to introduce himself and polite with the patient Able to extract relevant information Takes informed consent Takes detailed history	10 (10%)

		<p>Nephrology</p> <ul style="list-style-type: none"> Renal Failure (ARF), Chronic Kidney Disease (CKD), Urinary Tract Infection (UTI) Water & Electrolyte disorders, Acid- Base disorders 		
2	Long case Examination	Respiratory system, GIT and Nephrology (same as above)	<p>Takes informed consent</p> <p>Uses correct clinical methods systemically including appropriate exposure and redrape</p> <p>Able to pick clinical sign present in the Patient</p>	10 (10%)
3	Long case Discussion/viva-voce	Respiratory system, GIT and Nephrology (same as above)	<p>Presents skillfully</p> <p>Gives correct findings</p> <p>Gives logical interpretation of</p>	10 (10%)

			<p>findings and differential diagnosis</p> <p>Enumerate and justify relevant investigation</p> <p>Outline the treatment plan</p>	
4	Short case Respiratory system	Pleural effusion, Consolidation, lung collapse, COPD, Bronchogenic CA, Bronchiectasis, Lung fibrosis, Pneumothorax	<p>Perform proper and concerned relevant clinical examination according to instructions given in professional manner</p> <p>Systematic and appropriate application of clinical methods</p> <p>Able to pick correct signs</p> <p>Logically interprets the clinical findings</p>	10 (10%)

			<p>Justifies diagnosis</p> <p>Make an appropriate management plan</p>	
5	Short case GIT	Hepatomegaly, Splenomegaly, hepatosplenomegaly, Ascites, Jaundice, Cirrhosis	<p>Perform proper and concerned relevant clinical examination according to instructions given in professional manner</p> <p>Systematic and appropriate application of clinical methods</p> <p>Able to pick correct signs</p> <p>Logically interprets the clinical findings</p> <p>Justifies diagnosis</p> <p>Make an appropriate management plan</p>	10 (10%)

6	Logbook/workbook	<p>Complete logbook with all columns filled including daily topic discussed, long case presented, morning report, procedures, investigations</p> <p>Complete workbook with five histories and morning reports checked and signed</p>		10 (10%)
7	Instruments	ETT, Ambu bag, LP needle, BMB needle, oropharyngeal airway, NG tube, Foleys catheter, IV cannulas, Central venous line, Laryngoscope, chest tube	Able to identify the instrument, describes indications, contraindications and complications	10 (10%)
8	X-ray	CXR of consolidation, pleural effusion, fibrosis, cavitation, cardiac failure, mediastinal and hilar lymphadenopathy	Able to identify findings, give diagnosis and differential diagnosis, enumerate complications and briefly describes Treatment	10 (10%)
9	Counseling	Breaking bad news, Needle prick injuries, Initiation of ATT, Initiation of ATT and other drugs in pregnancy, Counseling regarding pregnancy related medical issues	Able to counsel the patient focusing on autonomy, confidentiality, beneficence,	10 (10%)

			justice, no harm and safety net etc	
10	BLS	Performance of BLS steps on simulator and related viva	Able to perform BLS according to recent AHA Guidelines	10 (10%)
Total marks 100				
WT marks will be rounded to 10 for inclusion in Internal Assessment				
Similar Framework will be utilized by Other Medical and Specialty Units				

- 50% marks are mandatory in Station 1-5 to pass Ward Test.

Recommended Resources

(Bold ones are essential)

1. **Kumar and Clark's Clinical Medicine, 10th Edition, 2020**
2. **Davidson's Principles and Practice of MEDICINE, 23rd edition 2018**
3. **Videos on clinical skills available on NEJM website, free online.**
4. **MacLeod's Clinical Examination. Churchill Livingstone. 14th Edition 2018**
5. **Clinical Examination by Nicholas Talley & Simon O'Connor. Elsevier. 9th Edition 2020**
6. MacLeod's Clinical Diagnosis by Alan G Japp & Colin Robertson Elsevier, 2nd Edition 2017
7. Medical Statistics Made Easy, Harris & Taylor. Churchill Livingstone, 2nd Edition, 2008
8. ABC of Practical Procedures by Tim Nutbeam and Ron Daniels: Blackwell Publishing, BMJ Books, UK, 2010
9. RAPID ACLS by Barbara Aehlert: Elsevier Revised 2nd Edition 2012
10. Kaplan USMLE Step-2 CK Lecture Notes

11. Current Medical Diagnosis & Treatment, 61st Edition,2022
12. Cecil's Essentials of MEDICINE: By Andreoli and Carpenter, 10th edition2021
13. Clinical Medicine, A Clerking Companion: By Randall & Feather, OUP2011
14. 14.Oxford American Handbook of Clinical Medicine, OUP, 10th
edition2017
15. Davidson's 100 clinical cases. Churchill Livingstone. 2nd Edition,2012
16. Oxford Handbook of Clinical diagnosis. Oxford University Press. 10th Edition2017
17. Problem Based Medical Diagnosis (POMD) By John Friedman 7th Edition2003
18. The Patient History: An Evidence-Based Approach to Differential Diagnosis by Henderson, Tierney and Smetana.
McGraw Hill Medical. 2nd Edition2012
19. Mechanisms of Clinical Signs by Dennis, Bowen and Cho. Churchill Livingstone. 2020, 3rdedition
20. The Rational Clinical Examination. JAMA Evidence.2009
21. Tutorials in Differential Diagnosis (Beck tutorials) by Beck and Souhami. 4th Edition2004
22. How to read a paper, Trisha Greenhalgh. BMJ books, 6th Edition,2019

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It is acknowledged that many of the components of this document have been extracted/modified from,

- Clerkship Manual in Medicine 2016. Shifa College of Medicine, Islamabad.
- Dow University of Health Sciences, Karachi available at <https://www.duhs.edu.pk/download/Final%20Module%20Book-20160514.pdf>

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STUDY GUIDE



Study Guide Surgery & Allied, Final Year MBBS 2023

Rawalpindi Surgical University, Rawalpindi

Revised and updated 15-4-2023

Dear Students,

It's a dream of many young students to get admission in MBBS program in any medical College. The lucky students enter this program with great enthusiasm with the objective to serve the humanity.

As per the guide lines the students are taught basic medical sciences for the first two year. Clinical subjects are taught in Third, Fourth and Final years. The basics of Surgery are taught in Third year with emphasis on developing psychomotor skills like taking history and clinical examination for different conditions. The teaching of Surgery in Final year is more detailed and involves impartment of cognition levels of 1 to 3 and development of psychomotor skills along with attitude.

This study guide book is developed for Final Year MBBS students of Rawalpindi Medical University, Rawalpindi who are going through Surgery and Allied Block. It has been compiled with consolidated efforts with intention to help the Medical students of RMU to manage their learning.

The study guide gives an overview of course topics, learning objectives, and methodologies in relation to the course content. The assessment methodology tailored to intuitional strategy is provided in details. This study guide has been designed keeping in view of related PMDC guidelines. It is to be noted that this document is undergoing periodic review and modifications.

Professor Naeem Zia, Dean of Surgery Rawalpindi Medical University

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Surgery and Allied Clerkship – Overview, Duration, and timings

Clinical Surgery Rotation of Final year MBBS at Rawalpindi Surgical University Rawalpindi (Clerkship) comprises following;

- Three months (12 weeks) duration.
- It includes;
 - 1) Large Group interactive Session (**LGIS**) of one hour from Monday to Saturday, and
 - 2) Clinical rotation 9 am to 2pm Monday to Thursday and Saturday, 9am to 12pm on Friday at respective Units.
- Each Student during the Clerkship rotates to;
 - Two Surgical Units. At each Surgical Unit he/she stays for four week.
 - In Urology, Orthopaedic Surgery, Plastic Surgery , Pediatric Surgery, Neurosurgery and Vascular Surgery Units for one week respectively.
- From 2pm to 5pm on minimum 4 days/week student attend Emergency/Ward of respective unit and shadows House Officers and PostGraduate Trainees

Surgery Clerkship- Hours

	Schedule Duration Monthly	Schedule DurationTotal 3 months module
Interactive LGIS	8-9am, 5 days a week= 20 hour	60 hour
CPC	8-9am, once a week=4 hours	12 hours
Clinical Clerkship in Wards	9am-2pm, 5 days a week= 100 hours	300 hours
	9am-12pm Friday= 12hours	36 hours
Shadowing Resident in Emergency/Ward-Evening hours	3 hours, 4 times a week= 48 hours	144 hours
	184	552 hours

PMC minimum requirement for Final Year MBBS 360 hours

STRUCTURED TRAINING PROGRAM



SECTION- I

LARGE GROUP INTERACTIVESESSIONS

DETAILS (LGIS)

Details of Days, Teacher, Specialty, Topic, Specific Learning Objectives (SLO), Mode of Teaching, and Level of Cognition

1ST WEEK

Theme

(HEAD AND NECK)

S r #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA	
							C1	C2	C3			
1	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Patient with a swelling in front of right ear displacing ear Lobule	a) To make D/D of this swelling including parotid swelling b) Know the steps to examine the parotid swelling c) Know to examine the facial nerve d) Know to examine the parotid duct orifice	LGIS/PPT			█	A3	Seeassessmentsection	
2	TUESDAY	PROF. NAEEM IA	SURGERY	THEME Hard swelling of parotid gland.	a) To reach the DD of hard swelling in parotid area including Ca parotid b) Know the steps to examine the hard parotid swelling especially examination of facial nerve , Stenson duct and related lymph nodes c) Ask for FNAC and CT scan of head & neck area d) Name some surgical options of its management e) Name some complications of surgical options	LGIS/PPT			█	A3	Seeassessmentsection	
	WEDNESDAY	CPC										
3	THURSDAY	PROF. NAVEED AKHTAR	SURGERY	THEME A neck mass at the submandibular triangle.	e) To understand the surgical anatomy of the submandibular glands f) Know the steps to examine the submandibular gland swelling especially to do bimanual examination and to examine the oral cavity g) To make D/D of this swelling including submandibular gland a) Advise specific investigation to diagnose submandibular gland swelling especially Ultra sound of neck and Ct scan of head & neck area b) Know the surgical options of neck swelling management c) Can counsel the patient for surgical treatment of such swelling	LGIS/PPT	C1		█		A1	Seeassessmentsection
4	FRIDAY	SURGICAL SPECIALTIES	PLASTIC SURGERY	THEME Reconstruction following head and neck surgeries.	a) Define split thickness,full thickness skin grafts, pedicle flaps and free flaps b) Identify different steps of reconstructive ladder c) Describe the defect and different options of reconstruction according to the defect d) Explain the complication of the skin graft e) Counsel the patient about complication of head and neck reconstruction	LGIS/PPT			█	8	A3	Seeassessmentsection

5	SATURDAY	PROF. WAQAS RAZA	SURGERY	<p style="text-align: center;">THEME</p> <p>Patient with neck mass.</p>	<ul style="list-style-type: none"> a) Know to take relevant history and do methodical examination of neck swelling b) To make DD of neck swelling c) To advise investigations like ultra sound neck and FNAC where needed d) Know the staging investigations if mass turns to be a malignant 	LGIS/PPT					A3	Seeassessm entsection
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Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
2ND WEEK Theme (TRAUMA)											
6	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Trauma of Abdomen	a) Types of abdominal trauma b) To know the ABC of trauma management c) Examine and draw findings in abdominal trauma d) Role of FAST in trauma e) Resuscitation and IV fluids f) Prerequisites of abdominal surgery Know the anesthesia required Basic concepts of laparotomy for abdominal trauma	LGIS/PPT				A3	Seeassessment section
7	TUESDAY	PROF. NAEEM ZIA	SURGERY	THEME Thoracic trauma.	a) Etiology of thoracic trauma b) ABC of trauma management c) IV fluids resuscitation d) Know the indications of chest intubation e) Know the steps of chest intubation f) To know the indication of thoracotomy	LGIS/PPT				A3	Seeassessment section
	WEDNESDAY	CPC									
8	THURSDAY	PROF. NAVEED AKHTAR	SURGERY	THEME Extremity trauma and compartment syndrome.	To gain understanding of ; a) How to identify whether an injury to extremity exists b) The important injuries not to miss c) The principles and classification of fractures d) The range of available treatments e) How to diagnose compartment syndrome and how to manage f) Can discuss various treatment options with the attendants for extremity trauma	LGIS/PPT	C2 C2 C3 C3 C3			A3 A1	Seeassessment section
9	FRIDAY	SURGICAL SPECIALTIES	PAEDIATRIC SURGERY	THEME Management guidelines of pediatric trauma	a.understands anatomy of human body b.mechanism of injury and high energy transfer c.Principles of primary survey d.principles of secondary survey e.Specific management of pediatric trauma	LGIS/PPT		10		A3	Seeassessment section
10	SATURDAY	PROF. NADIR MAHMOOD	SURGERY	THEME Damage control surgery.	a) Understands the definition b) Basic principles of damage control c) Understands triad of death and pathophysiology of trauma d) Specific management	LGIS/PPT				A3	Seeassessment section

S r #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
3RD WEEK Theme (UPPER GI TRACT)											
11	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Patient with dysphagia	a) Understand anatomy and physiology of oesophagus b) Pathophysiology of dysphagia c) Grades of dysphagia d) Etiology of dysphagia e) Principles of nutritional assessment and TPN f) Management	LGIS/PPT/ Video				A3	See assessment section
12	TUESDAY	PROF. NAEEM ZIA	SURGERY	THEME Hematemesis	g) Understand anatomy and physiology of oesophagus h) Pathophysiology of haemetemesis i) Etiology of haemetemesis j) Clinical features k) Investigations a) Management	LGIS/PPT				A3	See assessment section
	WEDNESDAY	CPC									
13	THURSDAY	PROF. NAEEM ZIA	SURGERY	THEME Surgical treatment options of acid peptic diseases	a) To understand the gross and microscopic anatomy and pathophysiology of stomach and duodenum in relation to peptic acid diseases b) To understand the critical importance of gastritis and Helicobacter pylori in acid peptic disease c) To be able to investigate the peptic ulcer disease d) To have knowledge of medical treatment option especially the role of H2 antagonists and Proton pump inhibitors e) To know the surgical treatment options of uncomplicated APD like Billroth surgery f) How to diagnose a patient with complicated peptic ulcer diseases like perforated duodenal ulcer and how to treat these complications C g) Can discuss different treatment options with the patient	LGIS/PPT	C1			A1	See assessment section
14	FRIDAY	SURGICAL SPECIALTIES	THORACIC SURGERY	THEME Patient with tracheo esophageal fistula	l) Understand anatomy and physiology of oesophagus and trachea m) Embryology of oesophagus n) Types of TE fistula o) Pathophysiology p) Principles of nutritional assessment and TPN a) Management	LGIS/PPT				A3	See assessment section

15	SATURDAY	PROF. WAQAS RAZA	SURGERY	<p style="text-align: center;">THEME</p> <p>Patient with upper GI Malignancies</p>	<p>q) Understand anatomy and physiology of oesophagus and stomach</p> <p>r) Pathophysiology of dysphagia and gastric outlet syndrome</p> <p>s) Paradoxical acidurea</p> <p>t) Etiology of upper GI malignancies</p> <p>u) Principles of nutritional assessment and TPN</p> <p>v) Investigations for upper GI malignancies</p> <p>a) Management</p>	LGIS/PPT/ Video PT				A3	Seeassessm entsection
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Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
4th WEEK Theme (LOWER GI TRACT)											
16	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Patient with right and left iliac fossa mass	w) Understand anatomy and physiology of right iliac fossa x) Pathophysiology of mass in RIF y) Causes of mass in RIF z) Clinical features aa) Differential diagnosis bb) Investigations for mass RIF cc) Principles of Management Recent advances	LGIS/PPT				A3	See assessment section
17	TUESDAY	PROF. NAEEM IA	SURGERY	THEME Patients with peri anal pathologies.	a) Understand anatomy and physiology of rectum and anal canal b) Congenital anomalies c) Pathology of perianal lesions d) Etiology e) Classification of fistulas f) Clinical features g) Investigation h) Management Conservative Operative Recent advances	LGIS/PPT/ Case Vignette				A3	See assessment section
	WEDNESDAY	CPC									
18	THURSDAY	PROF. NAVEED AKHTAR	SURGERY	THEME Patients presenting with mass coming out of rectum	a) To understand the anatomy of the rectum and its relation to the rectal prolapse b) To know the clinical presentation of rectal prolapse c) DD of rectal prolapse especially rectal polyp d) To differentiate partial and complete prolapse e) To have knowledge of non surgical management of rectal prolapsed f) have knowledge of preanal and abdominal approaches for complete rectal prolapsed	LGIS/PPT/ Case Vignette	C1 C2 C2 C3 C3			A3	See assessment section
19	FRIDAY	SURGICAL SPECIALTIES	PAEDIATRIC SURGERY	THEME Neonates with anorectal malformation	a) To understand the anatomy of the rectum and its relation to the rectal pathology b) Understands embryology c) To know the clinical presentation of anorectal malformation d) DD of rectal anomalies e) To differentiate partial and complete prolapse f) To have knowledge of non surgical management of rectal malformation f) have knowledge of preanal and abdominal approaches for complete rectal malformation		C1 C2			C3	

20	SATURDAY	PROF. NADIR MAHMOOD	SURGERY	<p style="text-align: center;">THEME</p> <p>Patients with hematochezia and melena</p>	<ul style="list-style-type: none"> a) Anatomy of git b) Causes of haematochesia c) Differential diagnosis d) pathophysiology e) Clinical features f) Investigations g) Management h) Recent advances 	LGIS/PPT/ Case Vignette					A3	Seeassessm entsection
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Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
5TH WEEK Theme ACUTE ABDOMEN											
21	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Patient on Xray chest With free gas under diaphragm.	<ul style="list-style-type: none"> a) To understand the anatomy of the stomach and dudodenum b) Pathophysiology of peptic ulcers c) To know the clinical presentation of perforated peptic ulcer d) DD of gas under diaphragm e) Clinical features f) Investigations g) To have knowledge of non surgical management of perforated ulcer f) have knowledge of recent advances 	LGIS/PPT/ Case Vignette				A3	Seeassessm entsection
22	TUESDAY	PROF. NAEEM ZIA	SURGERY	THEME Patient having acute intestinal obstruction.	<ul style="list-style-type: none"> a) To understand the anatomy of the GIT b) To know the clinical presentation of intestinal obstruction c) Types of intestinal obstruction d) DD of abdominal distension e) To differentiate partial and complete obstruction f) To have knowledge of non surgical management of rectal prolapsed f)investigations management recent advances 	LGIS/PPT/ Case Vignette				A3	See assessment section
	WEDNESDAY	CPC									
23	THURSDAY	PROFNAVEED AKHTAR	SURGERY	THEME Patient with gross abdominal distension.	<ul style="list-style-type: none"> a) To understand <ul style="list-style-type: none"> 1. The pathophysiology of dynamic and adynamic intestinal obstruction 2. The cardinal features on history and examination 3. The causes of small and large bowel obstruction 4. Can relate the clinical features of intestinal obstruction on X-rays 5. The indications of surgery and other treatment options in bowel obstruction 6. Can perform basic treatment like IV line maintenance, NG intubation, Foley,s catheterization 	LGIS/PPT/ CaseVignette	C2 C2 C2 C3 C3	15		A2	See assessment section
24	FRIDAY	SURGICAL SPECIALTIES	ANAESTHESIA	THEME Airway management.	<ul style="list-style-type: none"> a. Enlist the equipment used for securing the airwa b. Describe the features of the airway that make securing the airway difficult. c. Apply the DAS guidelines to develop a plan for a difficult airway patient. d. Using the Mallampati classification categories the patients 	LGIS/PPT/ CaseVignette	C1 C2 C3			A3	See assessment section

					(pictures) in terms of airway difficulty.		C4-				
25	SATURDAY	PROF. WAQAS RAZA	SURGERY	THEME Non surgical acute abdomen.	a) Definition of new terms b) Anatomy c) Region related abdominal pathology d) Etiology e) Investigations f) Management g)	LGIS/PPT/ CaseVignette				A3	Seeassessment entsection

S r #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
6 WEEK Theme HEPATOBIILIARY SYSTEM											
26	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Pain right hypochondrium.	a) At the end of the lecture the student should be able to b) Describe anatomy of right hypochondrium c) Construct differential diagnosis of masses in RHC d) Describe the clinical features of different masses e) Outline different investigations f) Make a management plan g)	LGIS/PPT/ Case Vignette				A3	Seeassessm entsection
27	TUESDAY	PROF. NAEEM ZIA	SURGERY	THEME Patient with surgical jaundice	<ul style="list-style-type: none"> At the end of the lecture the student should be able to <ul style="list-style-type: none"> Describe anatomy of right hypochondrium Construct differential diagnosis of obstructive jaundice Describe the clinical features of different masses Outline different investigations Make a management plan 	LGIS/ PPT				A3	Seeassessm entsection
	WEDNESDAY	CPC									
28	THURSDAY	PROF NAVEED AKHTAR	SURGERY	THEME Epigastric pain radiating to back.	a) To make DD of epigastric pain radiating to the back on clinical assessment b) Relevant investigations in such patients (Amylase,ECG,USG abdomen) c) To make diagnosis of acute pancreatitis d) Prognostic criteria for Acute pancreatitis e) Management of acute pancreatitis on surgical floor	LGIS/PPT/ Case Vignette	C2 C3 C3 C3			A3	Seeassessm entsection
29	FRIDAY	ASSOC.PROF MUDASSAR GONDAL	PAEDIATRIC SURGERY	THEME Obstructive Jaundice in neonates.	a) At the end of the lecture the student should be able to b) Describe anatomy of right hypochondrium c) Construct differential diagnosis of jaundice d) Describe the clinical features of different conditions e) Outline different investigations f) Make a management plan g)	LGIS/PPT		17		A3	Seeassessm entsection

30	SATURDAY	PROFNADIR MAHMOOD	SURGERY	<p style="text-align: center;">THEME</p> <p>Patient with epigastric pain and jaundice</p>	<p>a) At the end of the lecture the student should be able to</p> <p>b) Describe anatomy of upper abdomen</p> <p>c) Construct differential diagnosis of epigastric pain and jaundice</p> <p>d) Describe the clinical features of different conditions</p> <p>e) Outline different investigations</p> <p>f) Make a management plan</p> <p>g)</p>						
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S r #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
7TH WEEK Theme (VASCULAR SYSTEM)											
31	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Patient with intermittent claudication	a) Understands anatomy of peripheral vascular system b) Physiology of circulatory system c) Pathophysiology of intermittent claudication d) Risk factors e) Clinical features f) Investigation g) Management h)	LGIS/PPT/ Case Vignette				A3	See assessment section
32	TUESDAY	PROF. NAEEM ZIA	SURGERY	THEME Acute limb ischemia.	i) Understands anatomy of peripheral vascular system j) Physiology of circulatory system k) Pathophysiology of acute limb ischemia l) Risk factors m) Clinical features n) Investigation o) Management •	LGIS/PPT/ Case Vignette				A3	See assessment section
	WEDNESDAY	CPC									
33	THURSDAY	PROF. NAVEED AKHTAR	SURGERY	THEME Patient with prominent tortuous veins.	a) To understand 1. Venous anatomy and physiology of venous return 2. The pathophysiology of venous diseases 3. The clinical significance and management of varicose veins p) Venous insufficiency and venous ulceration q) How to rule out DVT clinically and radiologically r) Enumerate investigations for varicose veins with justification s) Outline conservative management t) Understands principles of operative management u) Recent advances	LGIS/PPT	C1 C2 C3 C3 C3			A3	See assessment section
34	FRIDAY	SURGICAL SPECIALTIES	VASCULAR SURGERY	THEME Endovascular procedures.	v) Understands anatomy of peripheral vascular system w) Physiology of circulatory system x) Pathophysiology of intermittent claudication y) Risk factors z) Clinical features aa) Investigation bb) Management	LGIS/PPT/ Case Vignette				A3	See assessment section

					a)						
35	SATURDAY	PROF. WAQAS RAZA	SURGERY	THEME Patient with lymphedema.	cc) Understands anatomy of peripheral vascular system dd) Physiology of circulatory system ee) Pathophysiology of lymphoedema ff) Classification of lymphoedema gg) Risk factors hh) Clinical features ii) Investigation jj) Management a)	LGIS/PPT/ CaseVignette				A3	Seeassessment entsection

S r #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
8 WEEK Theme (BREAST AND THYROID)											
36	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Lump breast in teens	a) To understand the development and anatomy of the breast b) To know the physiology and investigations of breast c) To be able to select appropriate investigations for breast swellings d) To know when to operate on a breast lumps e) To describe the lumpectomy a) To know the risks and complications of breast surgery	LGIS/PPT/ CaseVignette				A3	Seeassessm entsection
37	TUESDAY	PROF. NAEEM ZIA	SURGERY	THEME Patient with hard right breast mass.	f) To understand the development and anatomy of the breast g) To know the physiology and investigations of breast h) To be able to select appropriate investigations for breast swellings i) To know when to operate on a breast lumps j) To describe the lumpectomy a) To know the risks and complications of breast surgery	LGIS/PPT/ CaseVignette				A3	Seeassessm entsection
	WEDNESDAY	CPC									
38	THURSDAY	PROF. NAVEED AKHTAR	SURGERY	THEME Neck swelling moving with deglutition.	k) To understand the development and anatomy of the thyroid gland l) To know the physiology and investigations of thyroid function m) To be able to select appropriate investigations for thyroid swellings n) To know when to operate on a thyroid swelling o) To describe the thyroidectomy p) To know the risks and complications of thyroid surgery	LGIS/PPT/ CaseVignette	C1			A3	Seeassessm entsection
39	FRIDAY	SURGICAL SPECIALTIES	PLASTIC SURGERY	THEME Reconstructive breast surgery.	a) Recognize the advantages and disadvantages cognitive of breast reconstruction. b) Describe early vs late breast reconstruction. c) Discuss the effects of radiation on flaps. d) Counsel the patient for breast	LGIS/PPT/ Case Vignette		21		A3	Seeassessm entsection

40	SATURDAY	PROF. NADIR MAHMOOD	SURGERY	<p style="text-align: center;">THEME</p> <p>Patient with malignant neck swelling moving with deglutition</p>	<ul style="list-style-type: none"> a) Anatomy of neck and thyroid b) Physiology of thyroid c) Classification of tumours of thyroid gland d) Pathology of thyroid tumours e) Tnm and other classifications f) Differential g) Investigations h) Management i) 	LGIS/PPT/ Case Vignette					A3	Seeassessm entsection
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Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
9TH WEEK Theme (ENDOCRINE SYSTEM PARATHYROID AND ADRENALS)											
41	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Puffiness of face and buffalo hump.	a) Anatomy of pituitary gland b) Physiology of pituitary gland c) Pathology and classification of pituitary tumours d) Negative feedback system e) Clinical features of pituitary tumor and Cushing's disease f)	LGIS/PPT Case Vignette				A3	See assessment section
42	TUESDAY	PROF. NAEEM ZIA	SURGERY	THEME Abdominal mass along with Hypertension	a) Anatomy of adrenal glands b) Physiology of adrenal glands c) Pathology of adrenal glands and tumours d) Clinical features of pheochromocytoma e) Preoperative control of hypertension f) Investigations g) Management h) Recent advances i)	LGIS/PPT Case Vignette				A3	See assessment section
	WEDNESDAY	CPC									
43	THURSDAY	PROF. NAVEED AKHTAR	SURGERY	THEME Patient with neck swelling and Spontaneous fracture of bones.	a) To understand the surgical anatomy and pathophysiology of the parathyroid glands b) To know the clinical presentation of the parathyroid diseases c) To know that why the spontaneous bone fractures occur in primary hyperparathyroidism d) To know the D/D of hypercalcemia e) To know the radiographic investigation for parathyroid adenoma f) Outline management plan for a patient with parathyroid disorders	LGIS/PPT Case Vignette	C1 C2 C2 C2 C2			A3	See assessment section
44	FRIDAY	SURGICAL SPECIALTIES	UROLOGY	THEME Renal Transplant	a. Indications of renal transplant b. Pre-requisites for successful renal transplant c. Post transplant care of the patient d. Complications after transplant surgery and their management e. Immunosuppression drug regimes used in renal transplant f. Types of transplant rejection	LGIS/PPT Case Vignette		23		A3	See assessment section

45	SATURDAY	PROF. WAQAS RAZA	SURGERY	<p style="text-align: center;">THEME</p> <p>patient with incidentalomas.</p>	<p>a) To define incidentaloma</p> <p>b) Anatomy and physiology of incidentalomas</p> <p>c) Appreciate the importance of incidentaloma</p> <p>d) Enumerate the investigations for incidentaloma</p> <p>e) Management of incidentaloma in different regions</p> <p>f)</p>	LGIS/PPT CaseVignette					A3	Seeassessm entsection
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S r #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
10TH WEEK Theme (ABDOMINAL WALL)											
46	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME soft tissue swelling in abdominal wall.	A) To understand the surgical anatomy of the abdominal wall B) Precipitating factors for hernia formation C) Cardinal Clinical presentation of abdominal hernias D) To have a knowledge of complications of hernia E) Concepts of anatomical repair of hernias F) Knows use of different prosthetic material for hernia repair Brief concepts of laparoscopic repair of hernias	LGIS/PPT				A3	See assessment section
47	TUESDAY	PROF. NAEEM ZIA	SURGERY	THEME Ventral abdominal Defects	G) To understand the surgical anatomy of the abdominal wall H) Precipitating factors for hernia formation I) Cardinal Clinical presentation of abdominal hernias J) To have a knowledge of complications of hernia K) Concepts of anatomical repair of hernias L) Knows use of different prosthetic material for hernia repair a) Brief concepts of laparoscopic repair of hernias	LGIS/PPT				A3	See assessment section
	WEDNESDAY	CPC									
48	THURSDAY	PROF. NAVEED AKHTAR	SURGERY	THEME Patient with Inguinoscrotal swellings.	M) To understand the surgical anatomy of the inguinal canal N) Precipitating factors for hernia formation O) Cardinal Clinical presentation of inguinal hernias P) To have a knowledge of complications of inguinal hernia Q) Concepts of anatomical repair of hernias R) Knows use of different prosthetic material for hernia repair S) Brief concepts of laparoscopic repair of hernias	LGIS/PPT	C1 C2 C2			A3	See assessment section
49	FRIDAY	SURGICAL SPECIALTIES	PAEDIATRIC SURGERY	THEME Undescended Testis	a) Anatomy and physiology of testis b) Embryology of testis c) Clinical features d) Investigations e) Management	LGIS/PPT/ VideoPT				A3	See assessment section
50	SATURDAY	PROF. NADIR MAHMOOD	SURGERY	THEME Approach to patients with anterior abdominal wall defects.	T) To understand the surgical anatomy of the abdominal wall U) Precipitating factors for hernia formation V) Cardinal Clinical presentation of abdominal hernias W) To have a knowledge of complications of hernia X) Concepts of anatomical repair of hernias Y) Knows use of different prosthetic material for hernia repair a) Brief concepts of laparoscopic repair of hernias	LGIS/PPT/ VideoPT		25		A3	See assessment section

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
11TH WEEK Theme (SKIN AND SOFT TISSUE)											
51	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Skin and soft tissue infections.	a) To understand the surgical anatomy of the skin b) To know different skin diseases that can present with ulcerated lesions c) To take a biopsy of any ulcerated lesion d) Investigation for skin infections e) Management To understand the surgical anatomy of the skin f) To know different skin diseases that can present with ulcerated lesions g) To take a biopsy of any ulcerated lesion h) To have a concept of primary surgical clearance and role of flaps needed for defect coverage i)	LGIS/PPT/ VideoPT			☐	A3	See assessment section
52	TUESDAY	PROF. NAEEM ZIA	SURGERY	THEME Right ankle pigmented lesion and right inguinal lymphadenopathy.	a) To understand the surgical anatomy of the skin b) To know different skin diseases that can present with pigmented lesions c) Classifications of malignant melanoma d) Clarks and breslow e) To take a biopsy of any ulcerated lesion f) Concept of block dissection g) To have a concept of primary surgical clearance and role of flaps needed for defect coverage h) Recent advances	LGIS/PPT/ VideoPT			☐	A3	See assessment section
	WEDNESDAY	CPC									
53	THURSDAY	PROF. NAVEED AKHTAR	SURGERY	THEME Ulcerated lesion of face.	Ulcerated lesions of the face i) To understand the surgical anatomy of the skin j) To know different skin diseases that can present with				C1	C2	C3
									C2		

					ulcerated lesions k) To take a biopsy of any ulcerated lesion l) To have a concept of primary surgical clearance and role of flaps needed for defect coverage		A2 C3			
54	FRIDAY	SURGICAL SPECIALTIES	PLASTIC SURGERY	THEME Patient with burns and skin grafting.	a. Manage the patient in emergency b. Recognize the depth of burn and percentage of burn c. Counsel the patient about the condition of patient of acute burn	LGIS/PPT		<input type="checkbox"/>	A3	See assessment section
55	SATURDAY	PROF. WAQAS RAZA	SURGERY	THEME Patient with soft tissue swelling of extremity.	a) To understand the surgical anatomy of the limbs b) To know different soft tissue tumours of extremities c) To take a biopsy a limb swelling d) To have a concept of primary surgical clearance and role of flaps needed for defect coverage e) Role of adjuvant and neoadjuvant chemoradio therapy			<input type="checkbox"/>	A3	See assessment section

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
<p>12TH WEEK</p> <p>Theme</p> <p>(THORAX)</p>											
56	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Hemoptysis.	a) To understand the basic anatomy and physiology of the pleural cavity and lungs b) To know the benign and malignant causes of haemoptysis c) How to diagnose the different lung lesions d) Enumerate investigations a) Management of haemoptysis with key concepts of VATS. b) Recent advances c) Chemotherapy and radiotherapy	LGIS/PPT			<input type="checkbox"/>	A3	See assessment section
57	TUESDAY	PROF. NAEEM ZIA	SURGERY	THEME Patient with opacity on chest X Ray.	e) To understand the basic anatomy and physiology of the pleural cavity and lungs f) To know the benign and malignant causes of opacity g) How to diagnose the malignant conditions h) Investigations for opacity a) Management of different lung pathologies b) Recent advances	LGIS/PPT			<input type="checkbox"/>	A3	See assessment section
	WEDNESDAY	CPC									
58	THURSDAY	PROF. NAVEED AKHTAR	SURGERY	THEME Malignant pleural effusion.	i) To understand the basic anatomy and physiology of the pleural cavity j) To know the benign and malignant causes of effusion k) How to diagnose the malignant pleural effusion l) Management of pleural effusion with key concepts of VATS, decortication and pleurodesis	LGIS/PPT Case Vignette	C1 C2 C3		<input type="checkbox"/>	A3	See assessment section
59	FRIDAY	SURGICAL SPECIALTIES	ANAESTHESIA	THEME Epidural and Spinal Anaesthesia.	a. Describe the anatomy vertebral column relevant to anesthesia. b. Summarize the indications and contraindications of neuraxial anesthesia. c. Summarize the possible complications of Neuraxial Anaesthesia. d. Employ the guidelines to develop Neuraxial anaesthesia plan for a patient on anticoagulation.	LGIS/PPT Case Vignette	C1 C2 C2 C3		<input type="checkbox"/>	A3	See assessment section

60	SATURDAY	PROF. NADIR MAHMOOD	SURGERY	<p style="text-align: center;">THEME</p> <p>Patient with mediastinal mass.</p>	<ul style="list-style-type: none"> a) Describe anatomy of mediastinum b) Salient features of mediastinum c) Enumerate different pathological conditions of mediastinum d) Clinical features of different conditions affecting mediastinum e) Investigations f) Management g) 	<p>LGIS/PPT</p> <p>CaseVignette</p>		□		A3	Seeassessment section
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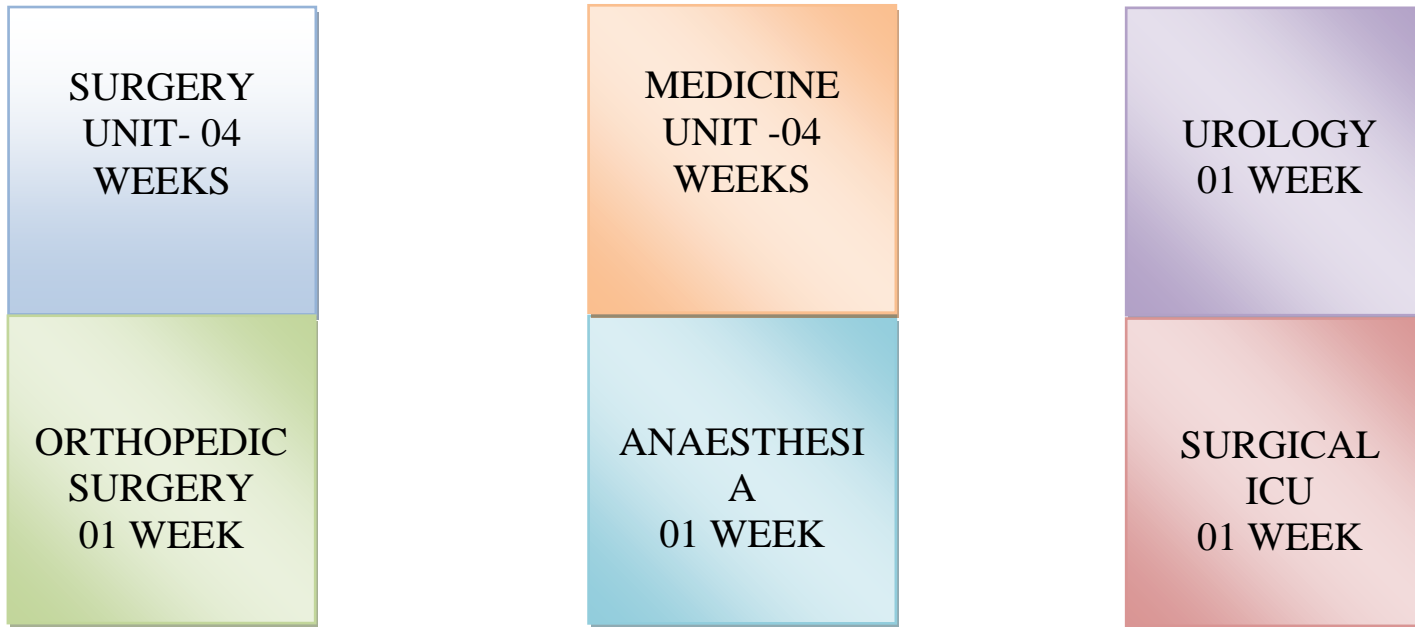
SECTION-II

CLINICAL ROTATION

Ward rotation outline, timings, briefs of various approaches to clinical problems, details of various clinical problem approaches along with Learning Objectives, Mode of Teaching, and Level of Cognition

WARD CLINICAL ROTATION

(OUTLINE- WEEK WISE)



* Urology ,Orthopaedics, Anaesthesia and Surgical ICU sub-rotations included

MONTH 1: FIRST SURGICAL UNIT

Approach to various clinical issues

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	BREAST LUMP	APPROACH TO A PATIENT WITH NECK SWELLING	APPROACH TO A PATIENT WITH A MASS IN THE NECK NOT MOVING WITH SWALLOWING	NECK MASS WITH HOARSENESS OF VOICE	APPROACH TO A PATIENT WITH EPISODIC HYPERTENSION FLUSHING AND PALPITATION	APPROACH TO A PATIENT WITH PATHOLOGICAL FRACTURES RENAL STONES AND ABDOMINAL PAIN
2	Approach to Patient with Intermittent Claudication	Approach to a patient with ABNORMALLY DILATED VEINS	Approach to a patient with AN ULCER ON GATERS AREA	Approach to a patient with Dyspepsia / Dysphagia	APPROACH TO A PATIENT WITH ASWELLING IN FRONT OF EAR LOBULE	APPROACH TO A PATIENT WITH AREDCIBLE SWELLING IN THE UMBLICAL HERNIA
3	Approach to a patient with REDUCIBLE GROIN SWELLING	Approach to a patient ABDOMINAL MASSES	Approach to a patient UPPER ABDOMINAL MASS AND VOMITING	Approach to Patient with UPPER ABDOMINAL MASS AND HAEETEMESIS	Approach to patient with globular mass in right Hypochondrium and jaundice	Approach to patient with UPPER ABDOMINAL PAIN RADIATING TO THE BACK
4	Approach to patient with UPPER ABDOMIANL PAIN RADIATING TO RIGHT SHOULDER	Approach to patient with PAIN, VOMITNG ,DISTENSION AND CONSTIPATION	General approach to patient with CONSTIATION DISTENSION ,VOMITING AND PAIN	Approach to patient with PAIN RIGHT ILIAC FOSSA	Repetition/ Re-inforcement	Ward Test

MONTH 2: SECOND SURGICAL UNIT

Approach to various clinical issues

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Approach to patient bleeding per rectum	Approach to Patient with bleeding per rectum and altered bowel habits	Approach to Patient with painful perianal purulent discharge	Approach to Patient with non healing ulcer in lower leg	Approach to a patient with non healing ulcer on face	Approach to a patient with trauma right hypochondrium
2	Approach to Patient with trauma to left hypochondrium	Approach to a patient with neck trauma	Approach to a patient with chest trauma	Approach to a patient with peripheral vascular trauma	Approach to a patient with diabetic foot	Approach to a patient with a gangrenous foot
3	Approach to a patient with shortness of breath and fever	Approach to a patient with scrotal swelling	Approach to a patient with	Approach to patient with a mass in abdomen and contact with pets	Approach to patient with lymphoedema Lower limb	Approach to a patient with GERD and failure of medical treatment
4	Approach to patient with discharge from nipple	Approach to patient with enterocutaneous fistula	Approach to patient with airway obstruction	Approach to abdominal trauma and haematuria	Repetition/ Reinforcement	Ward Test

MONTH 3: SPECIALTIES- UROLOGY, SICU, ANAESTHESIA AND ORTHOPEDICS

Approach to various clinical issues

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Urology	Approach to patient with urinary retention	Approach to Patient with hematuria	Approach to Patient with flank mass / RCC	Approach to Patient with flank pain / stone disease	Approach to patient with UTI / burning micturition	Ward Test
2 SICU	Approach to a patient with critically ill patient	Approach to patient with sepsis	Approach to patient with ards	Approach to patient with ventilator support	Approach to a patient with CRF	Ward Test
3 Anesthesia	Approach to a patient with Ischemic heart disease	Approach to a patient with heart failure /laparoscopic cholecystectomy	Approach to a patient with spinal anaesthesia	Approach to patient with difficult airway	Approach to patient with dysrhythmia diabetes and hypertension	Ward Test
4 Orthopedic	Approach to patient with -Fractures	Approach to - Club Foot - Developmental Dysplasia of Hip	Approach to patient with - Osteoarthritis - septic Arthritis - Avascular Necrosis of Hip Joint	Approach to patient with - Carpal Tunnel Syndrome - Dequervain's tenosynovitis - Tennis Elbow - Frozen Shoulder	Approach to patient with Shoulder Dislocation Hip Dislocation	Ward Test

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA	
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2			
1st WEEK																
1	MONDAY	Surgery	BREAST LUMP	<p>Student will be able to:</p> <p>a) Recall surgical anatomy of breast</p> <p>b) Recall pathophysiology of breast lumps</p> <p>c) Describe clinical features,</p> <p>d) Suggest differential diagnosis</p> <p>e) Enumerate recent advances like sentinel lymph node biopsy</p> <p>f) Review basic management points in patient with breast lumps</p>	<p>Student will be able to:</p> <p>a) Take history and perform breast examination with focus on etiology</p> <p>b) Interpret ultrasound and mamogram CXR concerning the focused disease.</p> <p>c) Use triple assessment</p> <p>d) Practice writing treatment prescription</p> <p>e) Observe/assist FNAC, Trucut biopsy, Lumpectomy, Breast conserving surgery and MRM</p>	<p>Student will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>									SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK/Operation theaters	See assessment section
2	TUESDAY	Surgery	APPROACH TO APATIENT WITH NECK SWELLING	<p>Student will be able to:</p> <p>a) Recall Surgical anatomy of neck</p> <p>b) Pathophysiology of the disease</p> <p>c) Describe clinical features</p> <p>d) classification of disease,</p> <p>c) Suggest differential diagnosis</p>	<p>Student will be able to:</p> <p>a) Take history and perform Neck examination with focus on etiology</p> <p>b) Interpret CXR, x ray neck CT scan, MRI and ultrasound neck, Doplar duplex scan in masses</p> <p>d) Practice writing Treatment prescription</p> <p>e) Observe/assist diferrent biopsy techniques and surgical procedures like excision and repair.</p>	<p>Student will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>									SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
3	WEDNESDAY	Surgery	APPROACH TO APATIENT WITH A MASS IN THE NECK NOT MOVING WITH SWALLOWING	<p>Students will be able to:</p> <p>e) Recall Surgical anatomy of neck</p> <p>f) Pathophysiology of the disease</p> <p>g) Describe clinical features</p> <p>h) classification of disease,</p> <p>a) c) Suggest differential diagnosis</p>	<p>Students will be able to:</p> <p>a) Take history and perform Neck examination with focus on etiology</p> <p>b) Interpret of CXR, ultrasound, dopplar duplex scan, CT scan and MRI of neck</p> <p>c) practice Treatment prescription</p> <p>d) Observe/assist diferrent biopsy techniques and surgical procedures like excision and repair.</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>									AMBULATORY TEACHING/SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
4	THURSDAY	Surgery	NECK MASS WITH HOARSENESS OF VOICE	Students will be able to recall a) Etio pathogenesis b) Describe clinical features c) Suggest differential diagnosis and investigations d) Short and Long term treatment plan including complications	Students will be able to: a) Take history and perform Chest examination with focus on etiology b) Perform Interpretation of CXR in DIP, Spirometry, ABGs concerning the focused disease. c) practice Treatment prescription d) Observe/assist Oxygen Therapy and Bronchoscopy	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
5	FRIDAY	Surgery	Approach To a patient With Periodic hypertension	Students will be able to: a) Anatomy of adrenal gland b) Physiology of adrenal gland c) Pathogenesis of adrenal tumours and classification d) Clinical features of pheochromocytoma e) Screening criteria for hypertension f) Investigations for adrenal tumours g) Preoperative control of hypertension h) Management of adrenal tumours	Students will be able to: a) Take quick history and perform relevant brief clinical examination under guidance of treating team. b) Perform Basic Interpretation of Lab investigations c) Interpret ct scan of the patient d) To write down treatment for control of hypertension d) Assist surgical operations	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
6	SATURDAY	Surgery	APPROACH TO A PATIENT WITH PATHOLOGICAL FRACTURES RENAL STONES AND ABDOMINAL PAIN	<p>Students will be able to:</p> <p>a) Recall surgical anatomy of parathyroid glands.</p> <p>b) Enumerate causes of hypercalcaemia</p> <p>c) Discuss clinical feature, severity scores and classification</p> <p>d) Enumerate investigations for hypercalcaemia</p> <p>e) Name the complications</p> <p>f) Outline Management plan</p>	<p>Students will be able to:</p> <p>a) Take history and perform neck examination keeping in mind the cause.</p> <p>b) Perform interpretation of CXR , CBC, ESR, CRP, Interpret subtraction scans</p> <p>c) Observe/interpret different scans</p> <p>d) Assist HCW in management of patient with hypercalcemia</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section	
2nd WEEK															
7	MONDAY	Surgery	Approach to Patient with INTERMITTENT CLAUDICATION	<p>Students will be able to:</p> <p>a) Discuss epidemiology and etiopathogenesis</p> <p>b) Surgical anatomy of blood vessels</p> <p>c) Physics of blood flow</p> <p>d) Describe clinical feature, classification & investigations</p> <p>e) Indications for performing by pass surgery</p> <p>f) Different types of grafts</p> <p>g) Outline Management plan</p> <p>h) Outline recent advances</p> <p>d) Explain methods for conservative and surgical management</p>	<p>Students will be able to:</p> <p>a) Take history and perform chest and relevant clinical examination keeping in mind the cause.</p> <p>b) Examine all the peripheral pulses</p> <p>c) Observe symptoms and signs of peripheral limb ischemia</p> <p>d) interpretation of dopplar and angiograms</p> <p>C) Develop Treatment prescription of conservative management of intermittent claudication</p> <p>d) Observe/assist hand held dopplar and dopplar duplex scan</p> <p>e) Assist HCW in management of patient</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section	

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA	
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2			
8	TUESDAY	Surgery	Approach to a patient with ABNORMALLY DILATED VEINS	<p>Students will be able to:</p> <p>a) Anatomy of varicose veins</p> <p>b) know Etiology and clinical features of varicose veins</p> <p>c) classification of varicose veins.</p> <p>d) Investigations for varicose veins.</p> <p>e) Suggest Differential diagnosis, investigations and severity assessment.</p> <p>f) Describe conservative management .</p> <p>g) Describe minimal intervention like sclerotherapy</p> <p>h) Describesurgical procedures for varicose veins</p> <p>i) Describe the recent advances for management of varicose</p>	<p>Students will be able to:</p> <p>a) Take history and perform abdominal examination keeping in mind the cause.</p> <p>b) Perform relevant examination for varicose veins to find the level of incompetence and and find perforators.</p> <p>c) Perform interpretation of abdominal imaging (ultrasound ,plain x ray abdomen).Dopplar duplex scan</p> <p>d) practice writing emergency management plan</p> <p>e) Master performing clinical tests like tourniquet, shwartz,perthes</p> <p>e) Observe sclerotherapy and surgery for varicose veins</p> <p>f) Assist HCW in management of patient</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures .</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
9	WEDNESDAY	Surgery	Approach to a patient with AN ULCER ON GATERS AREA	<p>Students will be able to:</p> <p>a) know Etiology and clinical features of leg ulcers</p> <p>b) Suggest Differential diagnosis, investigations and severity assessment</p> <p>c) Construct conservative and operative treatment plan accordingto etiology</p>	<p>Students will be able to:</p> <p>a) Take history and perform abdominal & relevant clinical examination according to cause</p> <p>b) Perform interpretation of abdominal imaging (ultrasound, plain x ray abdomen)</p> <p>c) practice writing emergency management plan</p> <p>d) Observe dressings and bandaging techniques for varicose veins</p> <p>e) Assist HCW in management of patient</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures .</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
10	THURSDAY	Surgery	Approach to a patient with Dyspepsia / Dysphagia	<p>Students will be able to:</p> <p>a) know Etiology and clinical features of Dysphagia b) Suggest Differential diagnosis & investigations c) Grade of dysphagia d) Enumerate different techniques of nutritional evaluation e) Outline enteral and parenteral nutrition for a patients with dysphagia f) Construct Short- and long-term treatment plan according to etiology</p>	<p>Students will be able to:</p> <p>a) Take history and perform abdominal & relevant clinical examination according to cause b) Perform interpretation of abdominal imaging (ultrasound, plain x ray abdomen, CT scan, Endoscopy) c) practice prescription writing H pylori eradication treatment d) Observe GI endoscopy e) Assist HCW in management of patient</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. c) Break bad news according to SPIKE model</p>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
11	FRIDAY	Surgery	APPROACH TO A PATIENT WITH ASWELLING IN FRONT OF EAR LOBULE	<p>Students will be able to:</p> <p>a) State Presenting complaint b) Anatomy of neck and parotid gland . c) Pathophysiology of parotid tumours. d) Classification of salivary tumours e) Explain risk factors and diagnostic criteria f) Outline investigation g) Describe Basic management of</p>	<p>Students will be able to:</p> <p>a) Take quick history and perform relevant brief clinical examination under guidance of treating team. b) Examination of salivary glands and lymphnodes c) Evaluation of fascial nerve d) Perform Interpretation of imaging and lab tests e) Observe and assist surgical operations d) Assist HCW in management of patient</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
12	SATURDAY	Surgery	APPROACH TO A PATIENT WITH A REDUCIBLE SWELLING IN THE UMBILICAL HERNIA	Students will be able to: a) know Etiology and clinical features of swellings In umbilical region. b) Anatomy of anterior abdominal wall. c) Pathophysiology of hernia d) Enumerate the etiology / risk factors for hernia e) Suggest Differential diagnosis, investigations and severity assessment f) Construct treatment plan according to etiology	Students will be able to: a) Take history and perform abdominal clinical examination to differentiate different types of hernias according to etiology b) Evaluate the risk factors for hernia B) Interpretation of investigations c) practice prescription writing d) Observe and assist IV hydration of a patient e) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
3rd WEEK															
13	MONDAY	Surgery	Approach to a patient with REDUCIBLE GROIN SWELLING	Students will be able to: g) know Etiology and clinical features of swellings In umbilical region. h) Anatomy of anterior abdominal wall. i) Pathophysiology of hernia j) Enumerate the etiology / risk factors for hernia k) Suggest Differential diagnosis, investigations and severity assessment a) Construct treatment plan according to etiology	Students will be able to: c) Take history and perform abdominal clinical examination to differentiate different types of hernias according to etiology d) Evaluate the risk factors for hernia B) Interpretation of investigations e) practice prescription writing f) Observe and assist IV hydration of a patient e) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
14	TUESDAY	Surgery	Approach to a patient ABDOMINAL MASSES	<p>Students will be able to:</p> <p>a) Know anatomy and physiology of abdominal cavity.</p> <p>b) Pathophysiology of different abdominal masses.</p> <p>c) Classification of abdominal regions and cavities.</p> <p>d) Classification of abdominal masses.</p> <p>e) Appreciate clinical features of different abdominal masses and their presentation.</p> <p>f) Suggest Differential diagnosis, investigations and severity assessment</p> <p>g) Construct treatment plan according to etiology</p>	<p>Students will be able to:</p> <p>a) Take history and perform abdominal & relevant clinical examination according to cause.</p> <p>b) Palpate and evaluate liver, spleen, and kidneys.</p> <p>c) Perform Carnati's test</p> <p>d) Perform succession splash</p> <p>e) Palpate and appreciate para-aortic lymph nodes.</p> <p>f) Differentiate GI tumours from other tumours</p> <p>g) Palpate gall bladder</p> <p>h) Identify impacted stools.</p> <p>i) Identify intra-abdominal cysts</p> <p>j) Perform rectal examination</p> <p>k) Assist proctoscopy and sigmoidoscopy.</p> <p>l) Appreciate retroperitoneal tumours</p> <p>m) Perform interpretation of investigations like imaging and lab tests</p> <p>n)</p> <p>o) practice writing emergency management plan</p> <p>d) Assist HCW in management of patient</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
15	WEDNESDAY	Surgery	Approach to a patient UPPER ABDOMINAL MASS AND VOMITING	<p>Students will be able to:</p> <p>A. Understands anatomy of upper abdomen.</p> <p>b. Physiology of stomach and hepatobiliary tree.</p> <p>c. Etiology and pathophysiology of masses in upper abdomen</p> <p>d. Outline investigations for upper abdominal mass.</p> <p>e. Correlate relationship between mass and vomiting.</p> <p>f. Outline management plan</p>	<p>Students will be able to:</p> <p>a) Take history and perform abdominal & relevant clinical examination according to cause</p> <p>b) Perform interpretation of investigations (S. Electrolytes, Upper GI endoscopy, ABGs, Doppler duplex scan, LFTs, PT, INR, APTT, USG abdomen and CT scan)</p> <p>c) practice Treatment prescription</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

					d) Observe / Assist endoscopy e) Assist HCW in management of patient														
16	THURSDAY	Surgery	Approach to patient with UPPER ABDOMINAL MASS AND HAEMETEMESIS	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall anatomy of upper abdominal mass. b) Enumerate causes of mass in upper abdomen c) Outline etiology of haemetemesis in a patient with abdominal mass d) Construct differential diagnosis e) Enumerate investigation f) Outline management plan 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take history and perform abdominal & relevant clinical examination act to cause b) Perform interpretation of investigations (Ultrasound, CT scan, MRI, Upper GI endoscopy and endoscopic ultrasound, Contrast studies and imaging, RFTs, Urine RE, ABGs) c) Observe procedures like biopsy d) practice prescription writing e) Observe / Assist Double lumen catheter & dialysis f) Assist HCW in management of patient 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 													
																		SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
17	FRIDAY	Surgery	Approach to patient with Globular mass in right hypochondrium and jaundice	Students will be able to: a) Recall Etiology and clinical features of obstructive jaundice b) Suggest Differential diagnosis, investigations and severity assessment c) Recall anatomy of hepatobiliary tree. d) Knows the significance of obstructive jaundice and principles of emergency management e) Knows indications MRCP and ERCP f) Construct treatment plan according to etiology g) Discuss complications and indications of preoperative biliary stenting	Students will be able to: a) Take history and perform relevant clinical examination b) Perform interpretation of investigations (MRCP AND ERCP) c) practice prescription writing d) Observe / Assist ERCP e) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
18	SATURDAY	Surgery	Approach to patient with UPPER ABDOMINAL PAIN RADIATING TO THE BACK	Students will be able to: a) Recall Etiology and pathophysiology b) Suggest severity assessment c) Construct treatment plan according to etiology To make DD of epigastric pain radiating to the back on clinical assessment b) Relevant investigations in such patients (Amylase, ECG, USG abdomen) c) To make diagnosis of acute pancreatitis d) Prognostic criteria for Acute pancreatitis e) Management of acute pancreatitis on surgical floor f)	Students will be able to: a) Take history and perform relevant clinical examination b) Perform interpretation of investigations (Amylase , lipase levels) c) Calculate CT severity index d) practice prescription writing e) Observe /assist ERCP f) Assist HCW in management of patient	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
4th WEEK															

19	MONDAY	Surgery	Approach to patient with UPPER ABDOMIANL PAIN RADIATING TO RIGHT SHOULDER	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall Etiology and pathophysiology of hepato biliary tree b) Recall anatomy of the region c) Understands physiology of digestion and functions of gall bladder d) Understands pathology of biliary tree e) Suggest Differential diagnosis, investigations to confirm diagnosis f) Construct treatment plan according to etiology and discuss complications 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take History and examination keeping in mind etiology clinical features and complications b) Interpretation of related basic and specific investigations c) Interprets LFTs and Ultrasound for gall stones. d) practice prescription writing e) Assist HCW in management of patient with gall stone disease complicating systemic illness 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 										SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
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Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
20	TUESDAY	Surgery	Approach to patient with PAIN, VOMITING, DISTENSION AND CONSTIPATION	<p>Students will be able to:</p> <ul style="list-style-type: none"> The pathophysiology of dynamic and adynamic intestinal obstruction The cardinal features on history and examination The causes of small and large bowel obstruction Can relate the clinical features of intestinal obstruction on X-rays The indications of surgery and other treatment options in bowel obstruction 	<p>Students will be able to:</p> <p>a) History and examination keeping in mind etiology and complications</p> <p>b) Perform Interpretation of related basic and specific investigations including ABGs</p> <p>c) write management algorithms</p> <p>d) Observe and Learn how to draw ABGS sample</p> <ul style="list-style-type: none"> Can perform basic treatment like IV line maintenance, NG intubation, Foley, catheterization <p>e)</p> <p>f) Assisting HCW in management of patient with Fluid electrolyte and acid base imbalance.</p> <p>g) Observ/assist surgery for intestinal obstruction</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
21	WEDNESDAY	Surgery	General approach to patient with CONSTIPATION, DISTENSION, VOMITING AND PAIN	<p>Students will be able to:</p> <p>a) Recall anatomy and physiology of large gut</p> <p>b) Enumerate causes of constipation</p> <p>c) Knows the causes of large gut obstruction including rectum and anal canal.</p> <p>d) Can classify tumours of large gut</p> <p>e) Recall Pathophysiology, Clinical features & investigations</p> <p>f) Explain general and specific treatment chronic intestinal obstruction</p> <p>g) Indications for surgery</p> <p>h) Staging of colonic tumours.TNM</p>	<p>Students will be able to:</p> <p>a) Take history and perform clinical examination keeping in mind the cause.</p> <p>b) Perform Interpretation of Investigations</p> <p>c) write emergency management plan</p> <p>d) Observing/Assisting/per forming NG Tube, IV access, ETT/Laryngeal airway placement/maintenance/care, Foleys catheter etc)</p> <p>e) Observe/Assist HCW in poisoning patient management</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

				i) Role of neoadjuvent and adjuvant chemotherapy and radiotherapy															
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Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
22	THURSDAY	Surgery	Approach to patient with PAIN RIGHT ILIAC FOSSA	Students will be able to: a) Recall anatomy and physiology of appendix b) Etiology and pathophysiology of appendicitis. c) Causes of pain in RIF. d) Explain clinical features, complications and treatment plan for patient e) Review Various types of scoring system for appendicitis f) Knows the operative steps of appendectomy g) Enumerate complications of appendectomy	Students will be able to: a) Take history and perform clinical examination keeping in mind the cause. b) Can perform abdominal examination c) Elicit tenderness, Rebound tenderness, Rovsing's sign, Psoas test, Obturator test. d) Perform Interpretation of investigations e) Develop Treatment prescription f) Observing/Assisting appendectomy g) Observe/ Assist HCW in patient management	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
23	FRIDAY	Surgery	Repetition/Reinforcement	Revision	Revision	Revision									See assessment section
24	SATURDAY	WARD TEST													
5th WEEK															
25	MONDAY	Surgery	Approach to patient bleeding per rectum with altered bowel habit	Students will be able to: a) Recall anatomy of rectum and anal canal. b) Knows pathophysiology of rectum and anal canal c) Classify tumours of rectum d) Stage tumours of rectum and anal canal. e) Discuss clinical features, types of rectal tumours f) Investigations to confirm diagnosis g) Describe management plan, including life style modifications and medications	Students will be able to: a) Take history and perform relevant clinical examination b) Perform DRE and Proctoscopy c) Perform clinical staging B) Interpret investigations for confirmation of diagnosis and staging Observe/assist sigmoidoscopy / colonoscopy Prescribe gut preparation for colonoscopy c) practice Treatment prescription d) Observe and assist surgeries for rectal tumours	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

				h) Knows the role of neoadjuvent therapy and benefit of downstaging	e) Assist HCW in patient management														
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Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA	
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2			
26	TUESDAY	Surgery	Approach to Patient with bleeding per rectum	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall epidemiology, pathophysiology of anal canal b) Recall anatomy of anal canal c) Discuss clinical features , & Investigations to confirm the diagnosis d) Describe management plan, including life style modifications and medications, impact of complications on functional status of patient e) Knows conservative management. f) Describe operative steps of haemorrhoidectomy g) Knows recent advances in the management of haemorrhoids 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take history and perform clinical examination keeping in mind the complications of disease b) DRE c) Proctoscopy B) Perform Interpretation of investigations like sigmoidoscopy c) practice writing prescription d) Observe sigmoidoscopy and colonoscopy e) Assist HCW in patient management 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
27	WEDNESDAY	Surgery	Approach to Patient with painful perianal purulent discharge	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall epidemiology, pathophysiology of disease b) Recall anatomy of anal canal and perianal area c) Pathophysiology of perianal discharge d) Classification of perianal abscess and fistula in ano e) Parks classification f) Knows goodsall s rule g) h) Discuss clinical features & Investigations to confirm these diseases i) Describe management plan including complications, impact of disease on functional status of patient j) Explain Pregnancy and Surgical related issues in disease k) Knows the steps of fistulectomy 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take history and perform clinical examination keeping in mind the nature of disease b) DRE c) Proctoscopy B) Perform Interpretation of investigations like fistulogram and MRI c) practice prescription writing d) Assist HCW in patient management/operation 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

				I) Knows the recent advances in management of fistula in ano															
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Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
28	THURSDAY	Surgery	Approach to Patient with non healing ulcer in lower leg	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall anatomy of short and long saphenous veins and name different perforators b) pathophysiology of disease c) Knows the etiology of varicose veins d) CEAP classification e) Differential diagnosis of ulcers f) Describe clinical features g) Appreciates the importance of incompetent valves h) Discuss clinical features i) Investigations to confirm the diseases j) Understands the physics/principles of doppler duplex scan k) Describe management plan including complications, impact of disease on functional status of patient and preventive measures 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take history and perform clinical examination b) Trendelenburg test c) Tourniquet test d) Shatz test e) Perthes test f) Fegans test B) Perform Interpretation of investigations doppler duplex scan c) practice prescription writing d) Assist HCW in patient management assist surgery for varicose veins 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
29	FRIDAY	Surgery	Approach to a patient with non healing ulcer on face	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall etiology of ulcers on face. b) Staging of ulcers c) Knows the different types of ulcers d) Review differential diagnosis e) Explain pathophysiology f) Suggest basic management points g) Understands different methods to cover the skin defect 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take history and perform examination b) Examination of face and neck emphasis on lymph node examination c) Perform Interpretation of investigation d) practice prescription writing e) Observ/assist biopsy Assist HCW in management of patient Observe surgery 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
				<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall anatomy of viscera present in right hypochondrium 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take history and perform primary survey ABCDE 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, 									

30	SATURDAY		Approach to a patient trauma right hypochondrium	<ul style="list-style-type: none"> b) Suggest investigations c) Knows the principles of FAST,CT,DPL d) Discuss treatment (immediate, long term), complications, and obstetric related issues 	<ul style="list-style-type: none"> examination b) Perform Interpretation of related investigations like CT brain,neck chest and abdomen c) practice prescription writing d) Observe ultrasound FAST e) Assist HCW in operative management 	<ul style="list-style-type: none"> Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 												SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
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Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
31	MONDAY	Surgery	Approach to Patient with trauma to left hypochondrium)	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Anatomy of left upper abdomen including b) Spleen c) Diaphragm d) Pancreas e) Stomach f) Ribs and pleura g) Knows the mechanism of injury and its impact h) Blunt and penetrating injuries i) Primary survey j) Resuscitation k) discuss clinical features & Investigations to confirm the diseases l) Describe management plan specifically ruptured spleen, rupture diaphragm, stomach, pancreas and complications, impact of disease on functional status of patient m) Recent advances 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take history and perform examination regarding trauma patient b) Perform Primary survey c) practice observe management plan d) Observe exploratory laparotomy and specific management of individual viscera injury like e) Splenectomy, distal pancreatectomy f) Assist HCW in management of patient 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
32	TUESDAY	Surgery	Approach to a patient with neck trauma	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall anatomy of neck with special reference to aer digestive and neurovascular structures b) Classification of neck trauma c) Appreciates different zones of neck d) Primary survey and care of cervical spine e) Resuscitation f) Principles of damage control surgery g) Indication and steps of tracheostomy h) Different investigation to evaluate a patient with neck trauma i) Discuss clinical features & Investigations to confirm the 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take history and perform examination regarding comatose patient b) Perform Interpretation of investigations c) Observe/assist management of trauma patient in ER d) Observe tracheostomy operation e) Observe assist neck trauma neck exploration operation e) Assist HCW in management of patient 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

				diseases j) Describe management plan including complications, impact of disease on functional status of patient																
33	WEDNESDAY	Surgery	Approach to a patient with chest trauma	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall anatomy of chestwall lungs and heart alongwith great vessels b) Classification of chest trauma c) Primary survey d) Indication of chest itubation e) Classification of pneumotharaxx and their management f) Steps of chest intbation g) Importance of aseptic technique h) Indication of thorocotomy i) Definition of flain chest j) Importance of fracture ribs and their impact on respiratory physiology k) Pain management l) Importance of cardiac tamponade m) n) Discuss clinical features & Investigations to confirm the diseases o) Describe management plan including complications, impact of disease on functional status of patient p) Recent advances 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take history and perform examination of chest trauma b) Primary survey c) Examination of chest to rule out pneumothorax and haemothorax d) Perform Interpretation of investigations e) practice prescription writing f) Observe and asisit chest intubation 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 														
																			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

					e) Assist HCW in management of patient														
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Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
34	THURSDAY	Surgery	Approach to a patient with peripheral vascular trauma	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall anatomy and histology of peripheral blood vessels b) Pathophysiology of peripheral ischemia c) Warm ischemia time d) Hard and soft sign of peripheral vascular trauma e) Surgical techniques for vascular repair natural and artificial graft for vessels f) Damage control surgery in vascular trauma g) etiopathophysiology of disease h) Discuss clinical features & Investigations to confirm the diseases i) Describe management plan including complications, impact of disease on functional status of patient 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take history and perform peripheral vascular examination b) Perform Interpretation of related investigations like dopplar and angiogram c) practice prescription writing d) Observe and perform angiography e) Assist HCW in management of patient 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
35	FRIDAY	Surgery	Approach to a patient with diabetic foot	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall anatomy of foot b) Pathophysiology of disorder leading to diabetic foot c) Risk factors d) Care of feet by diabetic patient e) Pathology of atherosclerosis f) Investigation g) Control of diabetes and hypertension h) Wagener classification of diabetic foot i) Conservative management j) Minor amputations k) Major amputations l) pathophysiology of disease 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take history and perform Rheumatological examination keeping in mind the nature of disease b) Perform Interpretation of related investigations c) practice prescription writing d) clinical examination for distal pulses and neurological examination for neuropathy e) Observe and perform dopplar studies e) Assist HCW in management of arthritis patient 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

			m) Discuss clinical features & Investigations to confirm the diseases n) Describe management plan including complications, impact of disease on functional status of patient o) Rehabilitation and prosthetic limbs										
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Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA	
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2			
36	SATURDAY	Surgery	Approach to a patient with a gangrenous foot	<p>Students will be able to:</p> <p>a) Recall histology and histopathology of small and medium sized blood vessels.</p> <p>b) Recall etiology & pathophysiology of gangrene of the foot</p> <p>c) Discuss Classification based on morphology and etiology</p> <p>d) Explain clinical features & investigations to confirm the diseases</p> <p>e) Describe management plan including complications, impact of disease on functional status of patient</p> <p>f) Know the radiological basis of angiography</p> <p>g) Enumerate the different levels of amputations</p>	<p>Students will be able to:</p> <p>a) Take History and examination keeping in mind etiology and complications of gangrene of the foot</p> <p>b) To elicit the hard and soft signs of vascular disease like Burger sign and capillary refill</p> <p>c) know how to palpate the peripheral pulses like DPS, PTA</p> <p>d) Interpret various investigations like X ray foot and Doppler, ultrasoundography</p> <p>e) Participate in wound dressing and debridement</p> <p>f) Observe the procedure of amputation if needed</p>									SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section	
7th WEEK																
37	MONDAY	Surgery		a)	a)	Students will be able to:									SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section



Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
38	TUESDAY	Surgery	Approach to a patient with scrotal swelling	Students will be able to: a) Recall anatomy of inguinal canal and scrotum b) Appreciate the embryological development of inguinal canal and scrotum and descent of testis in the scrotum. c) Enumerate the factors which may lead to hernia formation. d) Pathophysiology e) Explain clinical features & Investigations to confirm the diseases f) Describe management plan g) complications, impact of disease on functional status of patient	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of this condition. b) Differentiates between direct and indirect hernia c) Describe different types of hernias d) Perform Interpretation of related basic and specific investigations e) enlist differential diagnosis f) Observe FNA/ LN biopsy g) Assist HCW in management of patient with anemia	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
39	WEDNESDAY	Surgery	Approach to a patient with	Students will be able to: a) Recall etiology & pathophysiology of hematological disorders b) Explain clinical features & Investigations to confirm the diseases c) Describe management plan including complications and long term prognosis of various associated diseases	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of this condition b) Perform Interpretation of related basic and specific investigations c) outline treatment strategy d) Observe / Assist blood products transfusion e) Assist HCW in management of patient with anemia	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
40	THURSDAY	Surgery	Approach to patient with a mass in abdomen and contact with pets	<p>Students will be able to:</p> <p>a) Recall etiology & classification of different abdominal landmarks and divisions</p> <p>b) Classification of intra abdominal masses</p> <p>c) Appreciates the association of pets with abdominal mass</p> <p>d) Pathophysiology of different parasitic cysts</p> <p>e) Describe Life cycle of ecchanococcus granulosus</p> <p>f) Explain clinical features & Investigations to confirm the diseases</p> <p>g) Describe management plan including complications</p>	<p>Students will be able to:</p> <p>a) Take History and examination keeping in mind etiology clinical features and complications based on etiology</p> <p>b) Perform Interpretation of related basic and</p> <p>c) specific investigations for echannococcus granulosus</p> <p>Perform relevant examination</p> <p>d) Observe and draw blood samples</p> <p>e) Can interpret ultrasound and CT scan for Hydatid disease</p> <p>f) Assist HCW in management of patient with FUO</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section	
41	FRIDAY	Surgery	Approach to patient with lymphoedema Lower limb	<p>Students will be able to:</p> <p>a) Recall anatomy and pathophysiology of lymphatic system of lower limbs diseases</p> <p>b) Pathophysiology of lymphoedema</p> <p>c) Describe classification of lymphoedema</p> <p>d) Explain clinical features</p> <p>e) Investigations to confirm the diseases like dopllar duplex scan, lymphangiography, plethismography</p> <p>f) Describe conservaaative and operative management plan including complications</p>	<p>Students will be able to:</p> <p>a) Take History and perform examination keeping in mind etiology and complications of these conditions</p> <p>b) Perform measurements of limbs</p> <p>c) Palpate periphera; pulses</p> <p>d) Perform Interpretation of related basic and specific investigations</p> <p>e) Develop Treatment prescription</p> <p>f) Observe / Assist blood products transfusion and perform fluid quota calculation</p> <p>g) Assist HCW in management of patient of Dengue with focus on filling fluid quota monitoring sheet</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures</p> <p>b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section	

				g) Enumerate name of operations for lympoedema															
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Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
42	SATURDAY	Surgery	Approach to a patient with gerd and failure of medical treatment	Students will be able to: a) Recall anatomy of oesophagus and diaphragm b) Enlist precipitating factors for gerd c) Explain clinical features & d) Discuss Investigations to confirm the diseases e) Classify GERD f) Describe conservative and operative management plan including complications and preventive measures g) Enlist name of different operations for GERD with merits and demerits h) Discuss recent advances	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of these conditions b) Perform Interpretation of related basic and specific investigations (, CXR,HRCT)upper gi endoscopy, Ba swallow, manometry , ph monitoring c) Develop Treatment prescription d) Observe and practice e) Assist HCW in management of patient with GERD	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
8th WEEK															
43	MONDAY	Surgery	Approach to patient with discharge from nipple	Students will be able to: a) Recall anatomy of breast. b) etiology & pathophysiology of both diseases c) enumerate etiological factors d) classify breast discharges e) Explain clinical features & Investigations to confirm the diseases f) Describe management plan including complications and preventive measures	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of nipple discharge b) Examine the axillary lymph nodes c) Clinical staging of the disease d) Perform Interpretation of related basic and specific investigations e) Develop Treatment prescription f) Observe & performing Infection Control Practices	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
44	TUESDAY	Surgery	Approach to patient with enterocutaneous fistula	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall anatomy of small and large gut b) Embryology c) etiology & pathophysiology of disease d) Discuss the impact of enterocutaneous fistula on mortality e) Explain clinical features & Investigations to confirm the disease f) assess the nutritional status of the patient g) discuss the role of TPN in management. h) Discuss the principles of management of enterocutaneous fistula i) Describe management plan including complications and outcomes 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take History and perform examination keeping in mind etiology and complications of disease b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Observe & performing Infection Control Practices in ICU settings e) Observing and Perform ICU procedures like arterial tap for ABGs, CVP, and ETT etc.and administration of TPN 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
45	WEDNESDAY	Surgery	Approach to patient with air way obstruction	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall definition etiology & pathophysiology of disease b) Explain types, clinical features & Investigations to confirm respiratory failure c) Describe management plan including complications and outcomes 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take History and perform examination keeping in mind etiology and complications of disease b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Observe & performing Infection Control Practices in ICU settings e) Observing and Perform ICU procedures like arterial tap for ABGs, CVP, and ETT etc. 	<p>Students will be able to:</p> <ul style="list-style-type: none"> a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
46	THURSDAY	Surgery	Approach to abdominal trauma and haematuria	Students will be able to: a) Recall anatomy of abdomen b) definition etiology & pathophysiology of disease c) Knows the classification of renal trauma and its grades d) Explain types, clinical features & investigations e) Describe conservative and operative management plan including complications and outcomes	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of disease b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Observe & assist damage control Control Practices in OT settings e) Observing and Perform ICU procedures like arterial tap for ABGs, CVP, and ETT etc.	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
47	FRIDAY	Surgery	Repetition/ Reinforcement												
48	SATURDAY	WARD TEST													
9th WEEK Urology															
49	MONDAY	Urology	Approach to a patient with urinary retention	a) Definition of urinary retention b) Causes of urinary retention c) Explain the types, clinical features and relevant investigations d) Describe the conservative and operative management plan, its complications and outcomes	Students will be able to A) take history and perform examination of abdomen, palpate kidney and urinary bladder B) examine the urethra and external urethral meatus and perform DRE C) interpretation of examination findings and advise investigations D) advise treatment and management plan E) observe emergency procedures like urethral catheterization and suprapubic catheterization	Students will be able to: a) take consent, history, examination b) counsel the patient regarding risk factors, management and future prevention			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SGD/ BED SIDE SESSIONS	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
50	TUESDAY	Urology	Approach to a patient with haematuria	a) define haematuria b) specific definitions of micro and visible hematuria c) define various causes of hematuria d) evaluation of hematuria including specific investigations, treatment and prognosis related to certain conditions	a) take history, examine abdomen and genitalia b) palpate kidneys c) interpret findings of examination and advise accordingly the investigations d) observe emergency procedures like passing 3 way foley catheter and starting irrigation of bladder, evacuation of clots etc	a) take consent, history b) examination of abdomen and genitalia c) general physical examination signs of anemia , pallor etc d) counsel the patients regarding management and outcomes			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	SGD / BED SIDE SESSIONS	See assessment section	
51	WEDNESDAY	Urology	Approach to patient with flank pain / stone disease	a) enumerate various causes of flank pain b) risk factors for stone disease c) evaluation of flank pain including investigations ,safe use of analgesics according to WHO ladder of analgesia/ pain management d) management of flank pain, stone disease, investigations and treatment	a) take history, examine abdomen b) interpret findings of examination c) advise pertinent investigations d) observe emergency management of pain and insertion of double J ureteric stents, percutaneous nephrostomy etc	a) take consent, history b) examine abdomen c) counsel the patient regarding management			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	SGD / BED SIDE SESSIONS	See assessment sections	
52	THURSDAY	Urology	Approach to patient with flank mass	a) causes of flank mass b) etiology of RCC, hereditary/risk factors c) investigations of flank mass d) management of mass mainly rcc, including chemotherapy, surgery : nephrectomy/ partial nephrectomy	a) take history, examine abdomen: palpable ballotable mass b) interpret examination findings and advise relevant investigations c) manage hematuria , symptomatic alleviation d) observe radical nephrectomy procedure in ot	a) take consent, history, risk factors for rcc b) examine abdomen c) counsel regarding surgical/conservative management for different sizes of renal masses d) counsel for follow up			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	SGD / BED SIDE SESSIONS / OBERVE IN OT	See assessment section	

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
53	FRIDAY	Urology	Approach to patient with UTI / burning micturition	a) causes of uti b) risk factors for uti c) investigate the patient urine re , cs and relevant investigations d) management including empirical antibiotic rationale	a) take history, examine genitalia, palpate bladder , urethra and perform DRE b) interpret examination findings to rule out Sexually transmitted infections / simple urinary tract infection / recurrent UTI c) how to obtain urine sample for RE and CS and obtain urethral swab for CS d) management of uti	a) take consent for history, history taking, examination of genitalia (consent, patient comfort, privacy) b) counsel patient regarding risk factors, screening and treatment c) counsel for follow up			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SGD / BED SIDE SESSIONS / LAB	See assessment section	
54	SATURDAY	Urology	WARD TEST												
10th WEEK ICU															
55	MONDAY	Anesthesia / SICU	Approach to patient with Ischemic Heart Disease	Students will be able to: e) Recall etiology & pathophysiology of disease f) Explain types, clinical features & Investigations g) Describe management plan including complications and outcomes h) Review life style modifications and preventive measure and impact of disease on functional status of patient	Students will be able to: a) Take History and perform CVS examination keeping in mind clinical features and complications b) Perform Interpretation of related basic and specific investigations c) practice writing emergency management of ACS d) Perform interpretation of related ECG findings e) Observe and perform BLS	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK		
56	TUESDAY	Anesthesia / SICU	Approach to Patient with valvular heart disease, infective Endocarditis	Students will be able to: e) Recall etiology & pathophysiology of disease f) Explain clinical features & Investigations g) Describe management plan including new modalities of treatment h) Review life style modifications and preventive measures	Students will be able to: e) Take History and perform CVS examination keeping in mind clinical features and complications f) Perform Interpretation of related basic and specific investigations g) Develop Treatment prescription h) Perform interpretation of related ECG findings, i) Observe Echocardiography	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section	

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA	
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2			
57	WEDNESDAY	Anesthesia / SICU	Approach to Patient with valvular heart disease, infective Endocarditis	Students will be able to: i) Recall etiology & pathophysiology of disease j) Explain clinical features & Investigations k) Describe management plan including new modalities of treatment l) Review life style modifications and preventive measures	Students will be able to: j) Take History and perform CVS examination keeping in mind clinical features and complications k) Perform Interpretation of related basic and specific investigations l) Develop Treatment prescription m) Perform interpretation of related ECG findings, n) Observe Echocardiography	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.									SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
58	THURSDAY	Anesthesia / SICU	Approach to Patient with Hypertension	Students will be able to: e) Recall etiology & pathophysiology of disease f) Explain clinical features, Grades & Investigations g) Describe management plan including new modalities of treatment h) Review life style modifications and preventive measures	Students will be able to: e) Take History and perform CVS examination keeping in mind clinical features and complications f) Perform Interpretation of related basic and specific investigations g) Develop Treatment prescription h) Perform interpretation of related ECG findings, Observe Echocardiography	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.									SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
59	FRIDAY	Anesthesia / SICU	Approach to patient with Dysrhythmias	Students will be able to: e) Recall etiology & pathophysiology of disease f) Explain clinical features, Grades & Investigations g) Describe management plan including new modalities of treatment h) Review life style modifications and preventive measures	Students will be able to: e) Take History and perform CVS examination keeping in mind clinical features, types, and investigations f) Describe management plan according to presentation g) Recall classification and indications of antiarrhythmic medications	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.									SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
60	SATURDAY	ICU	WARD TEST													

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
11th WEEK Anaesthesia															
61	MONDAY	Anaesthesia	Approach to patient requiring spinal anaesthesia for inguinal herniorrhaphy	a) Discuss the indications and contraindications of spinal anaesthesia b) Discuss the implications of anticoagulant therapy on spinal anaesthesia	Demonstrate aseptic technique Maintain iv line	Demonstrate the counselling of patient for proper position									
62	TUESDAY	Anaesthesia	Approach to a patient with difficult airway	a) Discuss the anatomical features causing difficult airway b) Discuss the difficult airway guidelines	a) Airway examination	Demonstrate the counselling of patient regarding postponement of a case if airway is not secured									

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
63	WEDNESDAY	Anaesthesia	Approach to patient with hypertension	a) Discuss the prescription of anti hypertensives on the day of surgery b) Discuss the the plan in case of high blood pressure on the day off surgery	a) Devise the plan for intubation mainataining haemodynamic stability b) Devise a plan for etubation of the patient maintaining haemodynamic stability	Alliey aniey of the patient by talking			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
64	THURSDAY	Anaesthesia	Approach to a patient with diabetes mellitus	a) Disuss the prescription of antidiatic drugs on day of surgery b) Discuss the plan in case of high /low blood glucose on day of surgery	a) Devise a plan for glycemic control intra operativelywa			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
65	FRIDAY	Anaesthesia	Approach to patient with congenital heart disease	a) Appreciate anaomolies b) Knows pathophysiology c) Assessment d) management	a) able to examine cvs										
66	SATURDAY	Anaesthesia	test												

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	
70	THURSDAY	Ortho	<p>Approach To Patient With</p> <ol style="list-style-type: none"> 1. Carpal Tunnel Syndrome 2. DeQuervain's Tenosynovitis 3. Tennis elbow 4. Frozen shoulder 	<ol style="list-style-type: none"> 1. <ul style="list-style-type: none"> - Define DeQuervain's Tenosynovitis and distinguish it from other forms of inflammation involving the forearm and hand. - Describe the frequently observed clinical findings, which include pain, etc - Develop an awareness of the non-surgical treatments available for relief of DeQuervain's Tenosynovitis, including splinting, use of topical agents (e.g. diclofenac), and physical therapy. - Understand when surgical intervention is clinically indicated and the techniques used for surgical treatment of DeQuervain's Tenosynovitis. 2. <ul style="list-style-type: none"> - Define tennis elbow and the principles of the underlying causative mechanisms. - Recognize the commonly associated 	a)						<input type="checkbox"/>	<input type="checkbox"/>

				<p>clinical findings, which include pain, swelling, and restriction of flexion-extension range of motion.</p> <ul style="list-style-type: none"> - Understand the diagnostic tools utilized to diagnose tennis elbow and its severe cases <p>Develop an understanding of the conservative treatments available for victims of tennis elbow, including physical therapy and corticosteroids, including surgery</p> <p>3.</p> <ul style="list-style-type: none"> - Define Frozen Shoulder and associate pathogenesis with the reduction in active glenohumeral external rotation. - Understand the commonly associated clinical findings, which include pain and limited motion of the shoulder joint. - Learn the administration, necessity, and response to corticosteroid injection patients with adhesive capsulitis. - Develop a better understanding of the surgical indication for severe cases of frozen shoulder and the surgical techniques used to treat it. <p>4.</p>											
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71	FRIDAY	Ortho	<p>Approach To Patient With</p> <ol style="list-style-type: none"> 1. Shoulder Dislocation 2. Hip Dislocation 	<p>A.</p> <ol style="list-style-type: none"> 1. Understand the anatomical structures involved in shoulder dislocation 2. Develop knowledge of the different types of shoulder dislocation and the associated clinical symptoms 3. Learn the different methods for diagnosis of shoulder dislocation 4. Develop an understanding of initial management and first aid in case of shoulder dislocation 5. Understand of techniques used in reduction of shoulder dislocation 6. Develop an understanding of post-dislocation rehabilitation and prevention strategies in shoulder dislocation <p>B.</p> <ol style="list-style-type: none"> 1. Acquire understanding of the anatomy of the hip and surrounding structures 2. Develop knowledge of the different types of hip dislocation and the associated clinical symptoms 3. Learn the different methods for diagnosis of hip dislocation 								
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				<p>management stream in case of an acute hip dislocation -emergency medical care and resuscitation</p> <p>2. Develop an understanding of techniques used in reduction of hip dislocation</p> <p>3. Develop management approach post-dislocation – including prevention and rehabilitation strategies</p>										
72	SATURDAY	RADIOLOGY	WARD TEST											

SECTION- III

CLERKSHIP DESCRIPTION

Clerkship constituents and their details and case presentation guidelines

Clerkship Constituents

Clerkship activities include hands-on training based on actual interaction with patients covering five key areas:

Diagnostic
Clinical
Reasoning

Data Analysis
(including Surgical
Imaging)

Focused Clinical
Encounters

Patient
Management
Skills

Procedural Skills

Diagnostic Reasoning- Learning Objectives

Is a process by which clinicians collect, process, and interpret patient information to develop an action plan. This encompasses;

;

- Analyzing symptoms
- Detecting and interpreting clinical signs
- Suggesting differentials
- Planning relevant investigations
- Interpreting and analyzing data
- Creating case summaries
- Presenting findings

Focused Clinical Encounters- Learning Objectives

This entails interaction between student and patients to make plan about diagnosis and treatment. Following is included in this context;

- Approaching the patient in peculiar situations
- Taking a focused history
- Performing focused clinical examination
- Choosing appropriate diagnostic/ therapeutic options
- Recognizing and resuscitating acutely unwell patients

Data Analysis (Surgical Imaging Inclusive) - Learning Objectives

Is meant to provide insight into clinical data and thus facilitate informed decision-making about the diagnosis and treatment of patients, prevention of diseases or others. This include following;

1. Interpreting and analyzing Surgical lab data
2. Identifying common lab errors
3. Recognizing normal and common abnormal Xray patterns (Gas under diaphragm, Multiple air fluid levels , learning FAST)
4. Recognizing normal and common abnormal patterns on various Surgical Imaging modalities including X-rays, CT scans, MRIs, ultrasounds, Echocardiography, and Radioisotope scans
5. Knowing basics of ultrasound and dopplar scan
6. Should acquire clinical acumen for ordering and basic interpreting results of common investigations like:
 - a. CBC, urinalysis, culture and sensitivity, serum creatinine, blood urea, creatinine clearance, ultrasound etc.
 - b. Echocardiography, Stress testing, Angiography, and the conclusions of ThalliumScan
 - c. CT,MRI,PET

- d. Pulmonary function tests.
- e. Arterial blood gas estimations
- f. Thyroid function tests
- g. Understand the conclusion of HRCT of the lungs.

7. Interpret and/or identify: common radiological findings of bone and joint diseases (Cholecystitis, Pancreatitis, Acute intestinal obstruction, Hydatid disease, Empyema thorax, peripheral vascular disease, volvulus, peritonitis, pneumothorax., etc).

Patient Management Skills- Learning Outcomes

Following are need to be focused;

1. Explaining patho-physiological concepts
2. Analyzing symptoms
3. Recognizing clinical signs
4. Making diagnostic plans
5. Discussing lifestyle modifications
6. Comparing therapeutic options
7. Writing prescriptions
8. Recording Surgical notes
9. Seeking interdisciplinary consults
10. Counseling patients and their relatives on relevant issues

Procedural Skills- Learning Outcomes

Following need to be focused,

1. Explaining the need for a procedure
2. Explaining the details of a procedure to the patient or his/her attendant
3. Planning necessary pre-procedure work-up
4. Preparing the patient for procedure
5. Assisting the procedure
6. Performing the procedure independently
7. Managing the complications or post-procedure problems
8. Surgical graduates should be able to perform and/or provide:
 - Basic Life-support.
 - Primary trauma care
 - Inject I/V, I/M, S/C, intradermal injections
 - Insert and maintain I/V lines.
 - Administer Blood transfusion (know the indications, contra- indications and complications of blood transfusions).
 - Treatment for pneumothorax
 - Maintain airway , breathing and circulation i.e. ABCDE
 - Care of cervical spine

- Treatment for acute pulmonary edema and anti-platelet therapy
- Oxygen therapy: should know the indications, complications, different modes of Oxygen delivery

- Nebulization
- Educate the patient regarding correct care of diabetic foot
- Should be able to perform DRE and proctoscopy: should be able to appreciate rectal growth and BPH
- Urinary catheterization and collect urine samples
- Large bowel enema.

9. **Procedures to be observed/assisted:** preferably on patients but videos can be an alternative (including the indications, contra indications, steps of the procedure and complications)

- Passing the N/G Tube, and feeding, suction and stomach wash.
- Preparing a patient for endoscopy, upper and lower GIT and to observe the procedures.
- Placing airway and its maintenance.
- Endotracheal tube placement
- Endotracheal suction/maintenance of airway/nursing on side etc.
- Preparing a patient for Bronchoscopy and to observe the procedure.
- Chest intubation and tracheostomy
- CVP
- Venous cut down
- Aspiration of fluids (Pleural, Peritoneal, Pericardial and Knee)
- Under water seal aspiration
- Lumbar puncture

- Fine needle aspiration
 - Bone marrow aspiration/Trephine.
 - Dialysis
9. Should know the indications, procedure of
- Post operative evaluation of patient in recovery
 - Thrombolysis

Case Presentation Guidelines

Presenting patients to seniors or peers

A student has to make the most of all learning opportunities. He/she should always take opportunities to present formally to seniors. The chance to talk through a history and examination, picking out important things, being asked to explain points, and then being challenged about future management of the patient is invaluable.

There are two types of case presentation. The **'teaching presentation'** is an all-inclusive presentation of the history, examination, and investigation findings, culminating with a well-constructed conclusion. Student will be expected to utilize this type of presentation during teaching sessions. One need to present a comprehensive, chronological case report, trying to demonstrate to the audience your diagnostic reasoning; this kind of presentation is also used at academic meetings such as hospital grand rounds and conferences.

The second type is the **'business presentation'**, utilized on busy ward rounds. The aim is to convey all the key points of the clerking in a few well-chosen sentences. If done well, the other members of the ward round are presented with a matter of fact, with which they should concur. This interaction is rapid and is learnt over many years on rounds. Students initially find it difficult to master, but improve with experience and knowledge. On business rounds students should listen to the way experienced doctors discuss cases. The good ones are

focused, succinct, and quickly include and exclude relevant diagnoses with sharp and incisive comments. Student should try to get involved by clerking patients and asking to present them in this style. Presenting like this forces student to prioritize information and sharpen diagnostic reasoning.

Both presenting styles share key principles:

- Always structure presentation in terms of history, examination, and investigations, and conclude by outlining the current management plan. Finish one before starting the next and introduce the next section as you begin. 'This 43-year-old female presented with history of On examination she has Blood tests revealed ... and chest x-ray showedShe has been managed with...'
- Try to pack information into each sentence: 'a 24-year-old shop keeper presenting generally unwell with a 2-day history of fever, dysuria, and now worsening flank pain'.
- Give people summaries of what is about to come next: 'examination was unremarkable, with a clear chest, normal heart sounds and soft non-tender abdomen'.

Example format for 'business' presentations;

- Demographics: Age, sex, ethnicity, occupation.
- Presenting complaint: Just a few words needed.
- Relevant background: Any important factors from elsewhere in the history that directly impact on the presentation.
- History of presenting complaint: a few sentences. Only mention relevant negatives.
- Past Surgical history: Only dwell on conditions likely to affect diagnosis or management.
- Drug history: Often no need to read them all out. Mention key ones relevant to the presentation, e.g. warfarin or NSAIDs in a patient presenting with hemorrhage.
- Family history: Only if relevant.
- Social history: Give a one-sentence description of where the patient lives and how independent they are. Mention briefly tobacco and alcohol use.
- Examination: Mention how they look generally, and any specific positive findings. Sum up all the negatives where possible, e.g. 'little to find on examination except...'
- Impression: Always try to form an impression.
- Plan: Mention what has been done already, and what your senior needs to decide upon.

The key to these presentations is relevance, something which is difficult to judge even with experience. Furthermore, different seniors will have different preferences about how much information they wish to be told. Below is an example presentation of a very straightforward patient on a busy ward round. Making such a presentation is an excellent chance to be a part of clinical decision-making, though student may not have the chance to ask all the questions he would like to. Discussing the case thoroughly later on will mean that teaching value of this case will not be missed. Below is given presentation of a patient as reference example;

Mrs. ABC, 65-year-old, house old house wife was admitted last night with acute upper abdominal pain. She has been diagnosed to have gall bladder stone disease for 5 years. She complains of nausea vomiting abdominal distention and paroxysmal nocturnal dyspnea for last 01 days. She takes medication prescribed by Physician irregularly. At admission she was distressed, tachypnic, and febrile (100F). Her pulse was 100/minute and blood pressure 150/100. Abdominal examination showed upper abdominal tenderness, guarding and full ness in upper abdomen bilatera. . Her TLC and CRP were raised. Her amylase and lipase levels are raised. My impression is that she is having Acute pancreatitis in back ground of cholelithiasis. She has been treated with d antibiotics, analgesics and PPI oxygen, prophylactic heparin and ACE inhibitors. She is currently better. Her CT scan is planned after 2 days.

SECTION- IV
COMMUNITY BASED PRACTICE,
ARTIFICIAL INTELLIGENCE,RESEARCH,
BIO-SURGICAL ETHICS

Community based practice

Family Surgery pertains to treatment of patients of all ages, from birth to death, and internal Surgery doctors treat adults, 18 years or older. A family physician has knowledge and skills to manage common outpatient and emergency problems at the level of primary and secondary care. He/she is able to provide health care in the context of the family and local community, and is able to integrate principles of family Surgery in their day to day interaction with patients. On one hand Surgical wards/units rotation pertains to adult Surgery while the subspecialties rotation pertains to patients of all ages. Similarly Pediatric rotation covers the younger age group. Surgery and Allied rotation/clerkship thus focuses family Surgery components related to it.

Artificial Intelligence

Artificial intelligence (AI) is affecting various fields of Surgery substantially and has the potential to improve many aspects of healthcare. However, AI has been creating much hype, too. AI is being used in Dermatology, and Radiology etc. Surgical students will be provided overview of AI during clinical rotation and encouraged to work on the same with coordination of AI Department.

Research, Bio-Surgical Ethics

Final year students will be encouraged and facilitated to follow RMU framework/guidelines/syllabus available separately keeping in mind
Surgery & Allied rotation

SECTION- V

ASSESSMENT

Final Professional MBBS Examination

Rawalpindi Medical University Scheme

Theory 28% of total marks 40% of Theory + Clinical & Practical				Clinical & Practical 42% of total marks Uniform, standardized 60 % of Theory + Clinical & Practical			Internal Assessment (30%)	Total
140				210			150	500
Paper I		Paper II		Structured Clinical Evaluation				
70		70						
MCQs	SAQs	MCQs	SAQs	Long Case	Short Cases	Practical		
45 (1 number each)	5 (5 number each)	45 (1 number each)	5 (5 number each)	3 stations (20 numbers each)	4 stations (20 numbers each)	5 stations (14 numbers each)		
Numbers				Number				
45	25	45	25	60	80	70		

- *Pass marks 50%. Theory and Clinical Components need to be passed separately*
- *The continuous internal assessment marks will be equally distributed to the Theory and Clinical Practical Examinations. Theory marks will thus be $140+75=215$, and Clinical Practical marks will be $210+75=285$*

Final Professional MBBS Examination- RMU And UHS Comparison

Rawalpindi Surgical University (RMU)								
Theory 28% of total marks 40% of Theory + Clinical & Practical				Clinical & Practical 42% of total marks Uniform, standardized 60 % of Theory + Clinical & Practical			Internal Assessment (30%)	Total
140				210			150	500
Paper I		Paper II		Structured Clinical Evaluation				
70		70						
MCQs	SAQs	MCQs	SAQs	Long Case	Short Cases	Practical		
45 (1 number each)	5 (5 number each)	45 (1 number each)	5 (5 number each)	3 stations (20 numbers each)	4 stations (20 numbers each)	5 stations (14 numbers each)		
Numbers				Number				
45	25	45	25	60	80	70		
University of Health Sciences (UHS)								
Theory 35% of total marks 38.8% of Theory + Clinical & Practical				Clinical & Practical 55% of total marks 61.2% of Theory + Clinical & Practical			Internal Assessment (10%)	Total
175				275			50	500
Paper I		Paper II		Long Case	Short Case	OSCE		
90 marks		85 marks						
MCQs	SEQs	MCQs	SEQs	90	120	65		
45 (1 number each)	9 (5 numbers each)	40 (1 number each)	9 (5 numbers each)	32.7%	43.6%	23.6%		

- Internal assessment marks are equally distributed to theory and Practical components.
- For UHS Theory marks are 174+25=200 (40%), and Clinical Practical marks will be 275+25=300 (60%)
- For RMU Theory marks are 140+75=215 (43%), and Clinical Practical marks will be 210+75=285 (57%)

Final Professional MBBS Examination

Written Component- Table of Specification

Paper I

Topic Distribution		MCQs- 45	SAQs- 5
1	Basic principles of Surgical Oncology,Radiology and Pediatric Surgery	5	1
2	Accident and Emergency Surgery	6	1
3	Fluid and Electrolytes,Transfusion and Nutrition	9	1
4	Soft tissue Surgical infections,Special infections and Burns	12	1
5	Vascular and Plastic Surgery	3	1
6	Peri and Post Operative care	4	
7	Anaesthesia and Pain management	3	
8	Orthopaedica	3	

Paper II

Topic Distribution		MCQs- 45	SAQs- 5
1	Upper GIT	9	2
2	Lower GIT	9	
3	Urogenital	4	1
4	Head and Neck ,Thyroid, parathyroid	4	2
5	Breast	4	
6	Nuerosurgery	4	
7	Abdominal wall	4	
8	Thorax	3	
9	Musculoskeletal	2	
10	Heart and great vessels	2	

Both Papers

MCQS 90= 90 numbers

SAQs 10= 50 numbers

140 numbers

*Five percent (5%) questions may come from any topic

Clinical & Practical Component Breakup

1	Long Case History	20
2	Long Case Examination	20
3	Long Case Discussion/Management	20
4	Short Case Inguino scrotal swelling	20
5	Short Case Neck Masses	20
6	Short Case Salivary glands	20
7	Short Case Skin and soft issues	20
8	Work Book, Log Book	14
9	ECG, Instrument, Medication	14
10	X-Ray and CT Scan	14
11	Counseling	14
12	BLS	14

- *All candidates will take history, examine a clinical system or component, do counseling, perform BLS related activity, and get review of Work and Log Book etc with reference to uniform written command in specified time,*
- *Information to Examiner/Key based assessment of each student will be done e.g., evaluation of clinical examination general demeanor, examination technique, examination findings, likely differential diagnosis based on the finding, probable causes and severity of the condition etc will be focused keeping in mind clinical scenario.*

Clinical and Practical Component Cycle

1 Long Case History Taking	2 Long Case Examination	3 Long Case Discussion/Viva Voce
12 BLS related	OSCE Final Year MBBS	4 Short Case- inguinoscrotal swelling
11 Counseling	5 minutes/station 60 minutes' minimum cycle, can be increased with Rest	5 Short Case- neck masses
	Stations	
	Total Marks 210	
	Station 1-7= 20 numbers each	
	Station 8-12= 14 numbers each	
10 X-Ray & CT scan Station		6 Short Case- salivary glands
9 Instrument	8 Log Book, Work Book	7 Short Case- skin tumours/peripheral tumours like lipoma , sebaceous cyast

STATION DETAILS- CLINICAL AND PRACTICAL COMPONENT CYCLE

Station 1	Long Case History	<p><i>Student will be asked to take history from a patient or surrogate pertaining to a clinical problem.</i></p> <p><i>Examiner will observe and mark according to key.</i></p>
Station 2	Long Case Examination	<p><i>Student will be asked to do relevant clinical examination keeping in mind the clinical scenario given in long case history station</i></p> <p><i>Examiner will observe and mark according to key.</i></p>
Station 3	Long Case Discussion	<p><i>Examiner will ask questions pertaining to history, examination findings, interpretation, and management etc according to key</i></p>
Station 4	Short Case- inguino scrotal swelling	<p><i>Student will be asked to perform focused clinical examination of chest pertaining to a clinical scenario.</i></p> <p><i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key</i></p>
Station 5	Short Case- neck mass	<p><i>Student will be asked to perform focused clinical examination of neck keeping in mind given clinical scenario.</i></p> <p><i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key</i></p>
Station 6	Short Case- salivary glands	<p><i>Student will be asked to perform focused clinical examination of salivary gland keeping in mind a</i></p>

		<p><i>clinical scenario for assessment of knowledge, skill and attitude.</i></p> <p><i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key</i></p>
Station 7	Short Case- peripheral skin tumours	<p><i>Student will be asked to perform focused clinical examination of skin tumours keeping in mind a given clinical scenario for assessment of knowledge, skill and attitude.</i></p> <p><i>Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key</i></p>
Station 8	Log Book, Work Book evaluation, CPC participation, and Research Evaluation (if relevant)	<p><i>Students will be asked questions focusing patients documented and about the CPCs attended.</i></p>
Station 9	Instruments	<p><i>If any research is done its pertinent components bediscussed ECG, Instrument or medication will be shown to the student.</i></p> <p><i>Questions focusing relevant findings, diagnosis, identification, utilization-indications, contraindications, complications, administration, and interactions will be asked according to key</i></p>
Station 10	X Ray, CT Scan Station	<p><i>X-Rays or CT scan will be shown.</i></p> <p><i>Questions will focus relevant findings, diagnosis, and etiology etc according to key.</i></p>
Station 11	Counseling Station	<p><i>In a given scenario Focusing autonomy, confidentiality, beneficence, justice, no harm, empathy, breaking bad diseases, and safety net etcstudents ability to solve relevant issue will be evaluated.</i></p>
Station 12	BLS related Station	<i>Scenario focusing BLS component will be given.</i>

Student will be observed by Examiner for managing the issue. Relevant questions will be asked according to key including identification, usage of equipment (Defibrillator, Oxymetre etc) .

Internal Assessment- RMU

Details and marks distribution

Clerkship- Unit/Ward	1 st Surgical Unit	2 nd Surgical Unit	Orthopaedics	Urology	Anaesthesia	Surgical ICU	
WiseAssessment A- Work Place Based (WPBA)-50% + B- Ward Test (WT)- 50%	20	20	5	5	5	5	60
EBE It will comprise clinical (40 marks-50% of total EBE marks) and MCQ/SAQ (40 marks- 50% of total EBE marks) similar to framework of Final Professional Examination in Surgery							80
CPC							
Attended ≥75%	10marks						10
Attended >75%	Zero mark						0
Total							150
*Unit/Ward assessment will be rounded.							

- A student having publication (Surgery & Allied related) in non-predator Journal during Final Year MBBS period will get extra 7.5 marks. Addition of these numbers will not be over and above total 150 numbers. Credit of these marks cannot be taken in other subjects.
- There is no compensation for attendance for missed period(s) of clerkship. Remedial learning can only be used to make up for compensation of clerkship objectives not attendance.

Internal Assessment 150 Marks % Wise Breakup

Component	% of Internal Assessment
EBE- 80/150	53.3%
Clerkship- Unit/Ward assessment- Work Place Based (WPBA) and Ward Test (WT)Assessment 60/150	40%
CPC 10/150	6.7%
<i>*Publication- 7.5/150</i>	5%

- *Details have been provided in previous page*

Clinical Rotation/Clerkship- Unit/Ward; Work Based Assessment (WBA) and Ward Test (WT)

Marking details- At One Surgical Unit (20 marks)

WBA- 10 marks (50%)			WT - 10 marks (50%)
2 Case Presentation/morning report	Clinical Work Book assessment (5 Case Write Ups on Work Book)	6 Evening duties in in Ward/ER	
4	3 5 Complete Case Write upsYes -3 No, <5- Zero	3 Attended all Yes - 3 No, <6 - Zero	10
20%	15%	15%	50%

Subspecialties will reduce components to 5 keeping in mind 1 week duration compared to 4 weeks of one Surgical Unit

End Block Examination (EBE)

- End Block Examination (EBE) has been devised for assessment of three months Rotation/Clerkship. It has undergone a number of modifications over last few years. A lot of effort has been done to make it uniform and standardized keeping in mind attachment of Surgical Students to more than one hospital and Ten Departments.
- It will be held at the end of each Block (after 12 weeks) on last working days.
- It will include theory (MCQs and SAQs- 40 numbers) and clinical (OSCE- 40numbers).
- MCQ and SAQs component will be according to Final RMU Examination pattern.
- OSCE will be the same as RMU Final professional Examination Clinical and Practical Component as given in next component.
- Pass marks are 50%. Both theory and clinical components have to be passed separately

End Block Examination (EBE) - 80 numbers

Written Component- 40 Numbers

It will include 40 MCQS, each of 1 number

It will be held after CPC on Wednesday in last working week.

Paper I

Topic Distribution		MCQs- 45	SAQs- 5
1	Basic principles of Surgical Oncology,Radiology and Pediatric Surgery	5	1
2	Accident and Emergency Surgery	6	1
3	Fluid and Electrolytes,Transfusion and Nutrition	9	1
4	Soft tissue Surgical infections,Special infections and Burns	12	1
5	Vascular and Plastic Surgery	3	1
6	Peri and Post Operative care	4	
7	Anaesthesia and Pain management	3	
8	Orthopaedica	3	

Paper II

Topic Distribution		MCQs- 45	SAQs- 5
1	Upper GIT	9	2
2	Lower GIT	9	
3	Urogenital	4	1
4	Head and Neck ,Thyroid, parathyroid	4	2
5	Breast	4	
6	Nuerosurgery	4	
7	Abdominal wall	4	
8	Thorax	3	

9	Musculoskeletal	2
10	Heart and great vessels	2

Table of Specification

	Topic Distribution	MCQs-40 each of 0.5 numbers	SAQs- 5 Each of 4 numbers
1	Thoracic Surgery	4	1
2	Cardiovascular Diseases	4	1
3	Gastroenterology and Hepatobiliary Diseases	4	1
4	Neurosurgery	4	1
6	Psychiatry and Behavioral Sciences	3	
8	Urology	3	
5	Endocrinology including breast	3	
7	Orthopaedic	3	1
9	Critical Care	2	
10	Acid Base, Water and Electrolytes Disorders	2	
11	Poisoning	2	
12	Anaesthesia	2	
13	SICU	2	
14	Perianal pathology	2	

MCQS 40= 20 numbers	SAQs 5= 20 numbers	Total Theory- 40 numbers
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Clinical Component Stations

It will include 12 Stations. It will be of 40 marks

COMPONENT		Numbers
1	Long Case History	3
2	Long Case Examination	3
3	Long Case Discussion/Management	3
4	Short Case inguino scrotal swelling	3
5	Short Case neck masses	3
6	Short Case salivary/abdominal masses	3
7	Short Case peripheral skin tumours	3
8	Work Book, Log Book	3
9	ECG, Instrument, Medication etc	4
10	X-Ray and CT Scan	4
11	Counseling	4
12	BLS	4
Total		40

Clinical and Practical Component Cycle

1 Long Case History Taking	2 Long Case Examination	3 Long Case Discussion/Viva Voce
12 BLS related	EBE Final Year MBBS	4 Short Case- Inguin scrotal
11 Counseling		5 Short Case- Neck mass
10 X-Ray & CT scan Station	5 minutes/station 60 minutes' minimum cycle, can be increased with Rest Stations Total Marks = 40 Station1-8 = 3 marks each Station 9- 12 =4 marks	6 Short Case- Salivaary gland
9 ECG, Instrument/Medication		8 Log Book, Work Book

Final Year MBBS Clerkship- Unit/Ward Work Based Assessment (WBA)
10 Marks-

Name		Roll No	
Batch		Dates of Session	

A- Clinical Work Book Assessment- 3 Marks

3 marks for 5 Complete Clinical Write ups according to Work Book components, Zero for any incomplete and <5

S No	Case Diagnosis	Assessed by	Assessment	Signature
1		Dr	Complete Incomplete	
2		Dr.	Complete Incomplete	
3		Dr.	Complete Incomplete	
4		Dr.	Complete Incomplete	
5		Dr	Complete Incomplete	

B- 2 Case Presentations- 4 Marks

4 marks for 2 satisfactory Case Presentation/Morning Reports,

Zero for any unsatisfactory or <2 Case Presentations

S No	Case Presentation/Morning Report	Assessed by (Consultant Name)	Assessment	Signature
1			Satisfactory Unsatisfactory	
2			Satisfactory Unsatisfactory	

C- 6 Evening Duties in Ward/ER- 3 Marks

3 marks for all attended and documented,

Zero for <6 attended and documented

Date	Patient Documentation	Assessed by	Assessment	Signature

Composite Marks

Case Presentations	Work Book Assessment	6 Evening Duties	Total
----/4	---/3	---/3	----/10
Consultant Incharge Final Year Dr		Signature, Date, Stamp	

Ward Test- 10 Number

Station	Topic	Topic description	LOS	Marks %
1	Long case History taking	<p>Thorax</p> <ul style="list-style-type: none"> • empyema torax, Tuberculosis, Pneumothorax, trauma Pleural disease, Lung Cancer <p>GIT</p> <ul style="list-style-type: none"> • Gastro-esophageal reflux (GERD), Peptic ulcer disease (PUD), Acute and chronic diarrhea, Inflammatory bowel disease, Irritable bowel syndrome, Colorectal carcinoma • Hepato biliary disease , Gall stones, Pancreatitis , Portal hypertension ,, Gastric & Esophageal Carcinoma, Hepatocellular Carcinoma <p>Intestinal obstruction Appendicitis Abdominal wall Spleen</p>	<p>Able to introduce himself and polite with the patient</p> <p>Able to extract relevant information</p> <p>Takes informed consent</p> <p>Takes detailed history</p>	<p>10 (10%)</p>

		<p>Urology</p> <ul style="list-style-type: none"> Urinary retention , <p>BPH Urinary Tract Infection (UTI) Water &Electrolyte disorders, Acid- Base disorders</p>		
2	Long case Examination		<p>Takes informed consent</p> <p>Uses correct clinical methods systemically including appropriate exposure and redrape</p> <p>Able to pick clinical sign present in the patient</p>	10 (10%)
3	Long case Discussion/viva-voce)	<p>Presents skillfully</p> <p>Gives correct findings</p> <p>Gives logical interpretation of</p>	10 (10%)

			<p>findings and differential diagnosis</p> <p>Enumerate and justify relevant investigation</p> <p>Outline the treatment plan</p>	
4	Short case Neck swelling	<p>Toxic goiter</p> <p>Retrosternal goiter</p> <p>Thyroid cancer</p> <p>Inflammatory goiter</p>	<p>Perform proper and concerned relevant clinical examination according to instructions given in professional manner</p> <p>Systematic and appropriate application of clinical methods</p> <p>Able to pick correct signs</p> <p>Logically interprets the clinical findings</p>	10 (10%)

			<p>Justifies diagnosis</p> <p>Make an appropriate management plan</p>	
5	Short case	Inguinoscrotal swelling	<p>Perform proper and concerned relevant clinical examination according to instructions given in professional manner</p> <p>Systematic and appropriate application of clinical methods</p> <p>Able to pick correct signs</p> <p>Logically interprets the clinical findings</p> <p>Justifies diagnosis</p> <p>Make an appropriate management plan</p>	10 (10%)

6	Logbook/workbook	<p>Complete logbook with all columns filled including daily topic discussed, long case presented, morning report, procedures, investigations</p> <p>Complete workbook with five histories and morning reports checked and signed</p>		10 (10%)
7	Instruments	<p>ETT, Ambu bag, LP needle, , oropharyngeal airway, NG tube, Foleys catheter, IV cannulas, Central venous line, Laryngoscope, chest tube</p> <p>Plain forceps</p> <p>Tooth forceps</p> <p>Artery forcops</p> <p>Sponge holding forceps</p> <p>DEVERs retractors</p> <p>BP handle</p> <p>Bull dog clamps</p> <p>Vascular clamps</p> <p>allice forceps</p> <p>Needle holder</p> <p>Babcock</p>	Able to identify the instrument, describes indications, contraindications and complications	10 (10%)

8	X-ray	CXR of intestinal obstruction Gas under diaphragm ,Fracture ribs, pleural effusion, fibrosis, cavitation, mediastinal and hilar lymphadenopathy	Able to identify findings, give diagnosis and differential diagnosis, enumerate complications and briefly describes Treatment	10 (10%)
9	Counseling	Breaking bad news, Needle prick injuries, Initiation of ATT, Initiation of ATT and other drugs in pregnancy, Counseling regarding pregnancy related Surgical issues	Able to counsel the patient focusing on autonomy, confidentiality, beneficence,	10 (10%)

			justice, no harm and safety net etc	
10	BLS	Performance of BLS steps on simulator and related viva	Able to perform BLS according to recent AHA Guidelines	10 (10%)
Total marks 100				
WT marks will be rounded to 10 for inclusion in Internal Assessment				
Similar Framework will be utilized by Other Surgical and Specialty Units				

Recommended Resources

(Bold ones are essential)

1. Norma Browse
2. Bailey and Love , Short Practice of surgeries
3. 1. Kumar and Clark's Clinical Surgery, 10th Edition, 2020
- 4.
5. 2. Davidson's Principles and Practice of SURGERY, 23rd edition2018
- 6.
7. 3. Videos on clinical skills available on NEJM website, free online.
- 8.
9. 4. MacLeod's Clinical Examination. Churchill Livingstone. 14th Edition2018
- 10.
11. 5. Clinical Examination by Nicholas Talley & Simon O'Connor. Elsevier. 9th Edition 2020
- 12.
13. 6. MacLeod's Clinical Diagnosis by Alan G Japp & Colin Robertson Elsevier, 2nd Edition2017
- 14.
15. 7. Surgical Statistics Made Easy, Harris & Taylor. Churchill Livingstone, 2nd Edition,2008
- 16.
17. 8. ABC of Practical Procedures by Tim Nutbeam and Ron Daniels: Blackwell Publishing, BMJ Books, UK,2010
- 18.
19. 9. RAPID ACLS by Barbara Aehlert: Elsevier Revised 2nd Edition2012
- 20.
21. 10. Kaplan USMLE Step-2 CK Lecture Notes
- 22.
- 23.
24. 11. Current Surgical Diagnosis & Treatment, 61st Edition,2022
- 25.
26. 12. Cecil's Essentials of SURGERY: By Andreoli and Carpenter, 10th edition2021

- 27.
28. 13. **Clinical Surgery, A Clerking Companion: By Randall & Feather, OUP2011**
- 29.
30. 14. **14.Oxford American Handbook of Clinical Surgery, OUP, 10th edition2017**
31. 15. **Davidson's 100 clinical cases. Churchill Livingstone. 2nd Edition,2012**
- 32.
33. 16. **Oxford Handbook of Clinical diagnosis. Oxford University Press. 10th Edition2017**
- 34.
35. 17. **Problem Based Surgical Diagnosis (POMD) By John Friedman 7th Edition2003**
- 36.
37. 18. **The Patient History: An Evidence-Based Approach to Differential Diagnosis by Henderson, Tierney and Smetana.**
- 38.
39. **McGraw Hill Surgical. 2nd Edition2012**
- 40.
41. 19. **Mechanisms of Clinical Signs by Dennis, Bowen and Cho. Churchill Livingstone. 2020, 3rdedition**
- 42.
43. 20. **The Rational Clinical Examination. JAMA Evidence.2009**
- 44.
45. 21. **Tutorials in Differential Diagnosis (Beck tutorials) by Beck and Souhami. 4th Edition2004**
- 46.
47. 22. **How to read a paper, Trisha Greenhalgh. BMJ books, 6th Edition,2019**
- 48.
- 49.
50. **Revision/Modifications Detail**

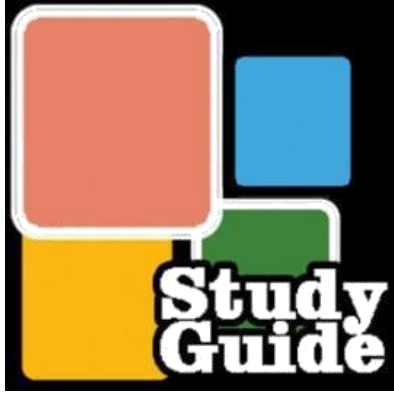
Acknowledgement

It is acknowledged that many of the components of this document have been extracted/modified from,

- Clinical clerkship. UNM Course Type Glossary.

- Barsukiewicz, Camille K.; Raffel, Marshall W.; Raffel, Norma K. (2010). The U.S. Health System: Origins and Functions, Sixth edition. Clifton Park, NY: Cengage Learning. p. 80. ISBN978-1-4180-5298-0.
- Cymet T. "What is a Clinical Clerkship?" American College of Osteopathic Family Physicians. Retrieved 20 February 2022.
- Clinical clerkship. https://en.wikipedia.org/wiki/Clinical_clerkship
- Clerkship Manual in Surgery 2016. Shifa College of Surgery, Islamabad.
- Dow University of Health Sciences, Karachi available at <https://www.duhs.edu.pk/download/Final%20Module%20Book-20160514.pdf>
- Park SH, Do KH, Kim S, Park JH, Lim YS. What should Surgical students know about artificial intelligence in Surgery? J Educ Eval Health Prof 2019; 16: 18. doi: 10.3352/jeehp.2019.16.18
- Sankarapandian V, Christopher PR. Family Surgery in undergraduate Surgical education in India. J Family Med

Prim Care 2014; 3(4):300-4. doi: 10.4103/2249-4863.148087.



STUDY GUIDE

OBS / GYNAE AND ALLIED

FINAL YEAR MBBS

RAWALPINDI MEDICAL UNIVERSITY

RAWALPINDI

2023

FINAL YEAR CLINICAL MODULE

Clinical module of OB/GYN & Paediatrics, 2023, Final year MBBS has been designed to create a great learning experience both for students and faculty. A variety of teaching strategies will be used to make it more student centered, interactive and intellectually challenging module. It will provide opportunity to teach and train in Gynaecology and also revisit some important aspects of Obstetrics.

Our module consists of 12 weeks. During this time students will have 8 weeks clinical clerkship in OB/GYN units and 4 weeks in Paediatrics units. Each Student during the Clerkship rotates to two Gynae Units. At each Gynae Unit he/she stays for four week.

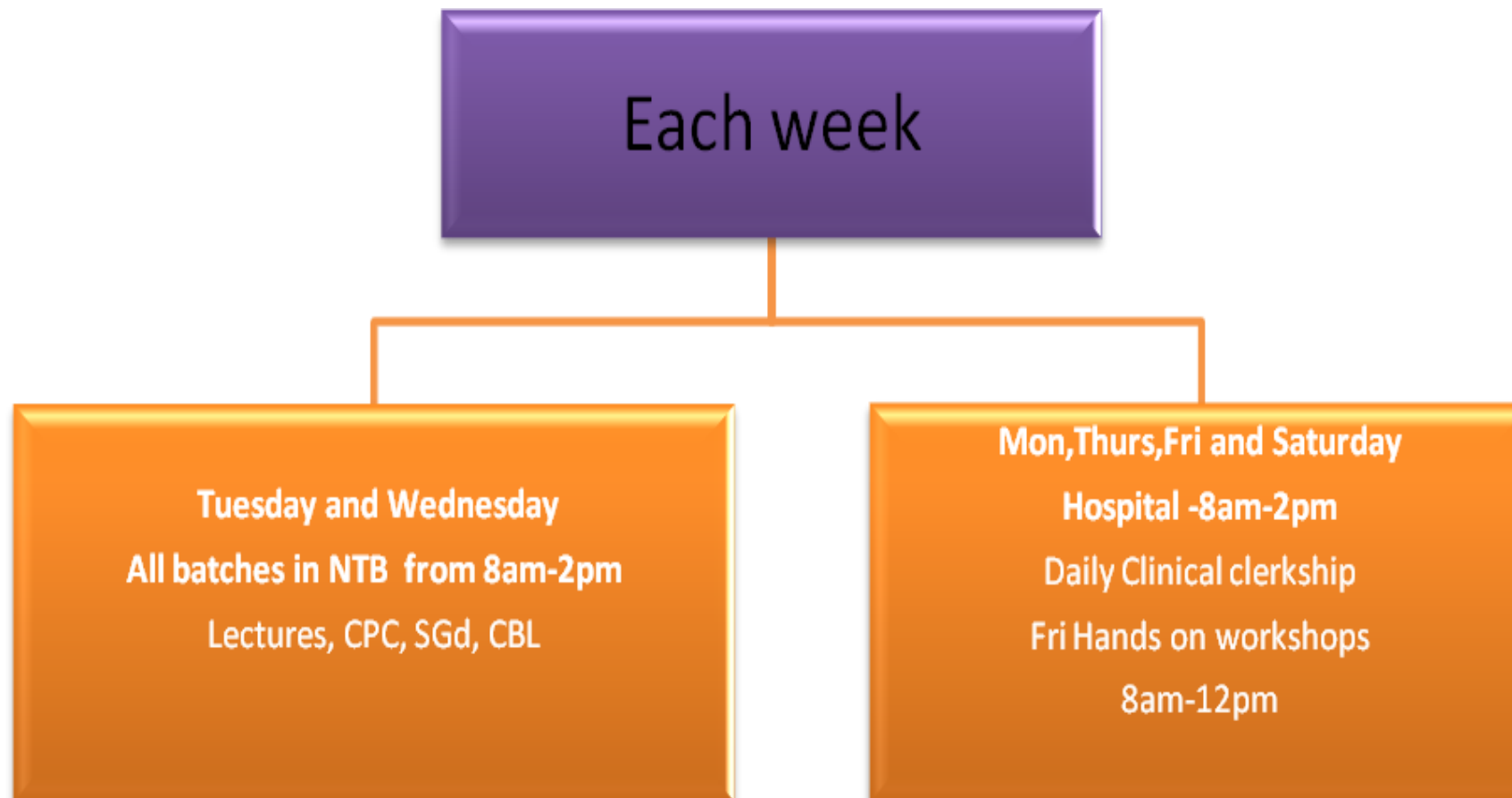
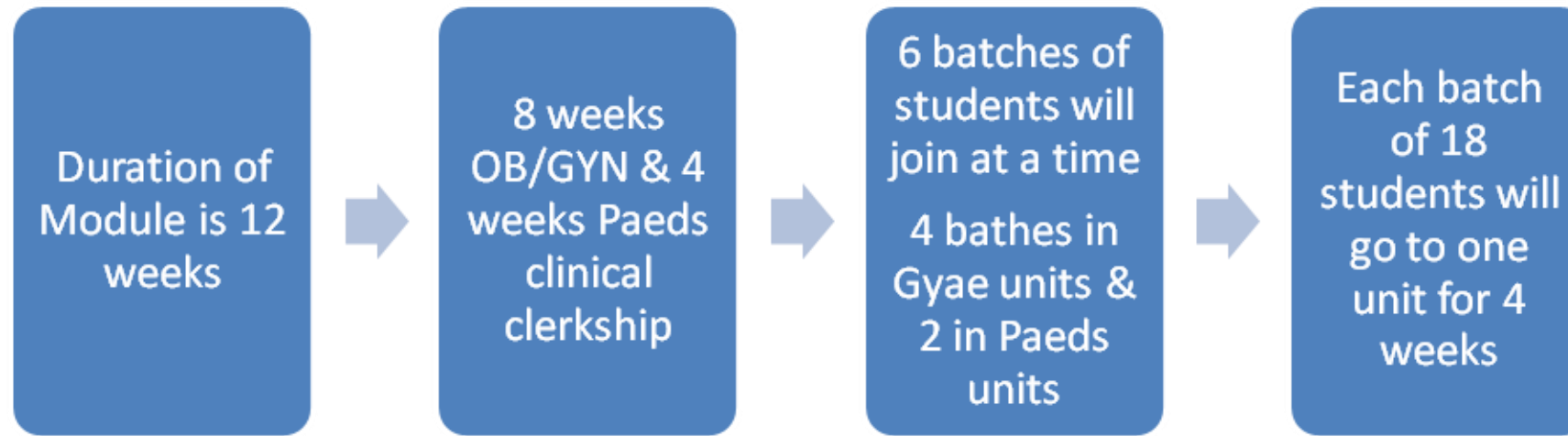
During each week, on **Tuesday & Wednesday**, the students will go to NTB from 8am to 2pm for lectures, CPC, SGDs and CBL. There will be no hospital visit.

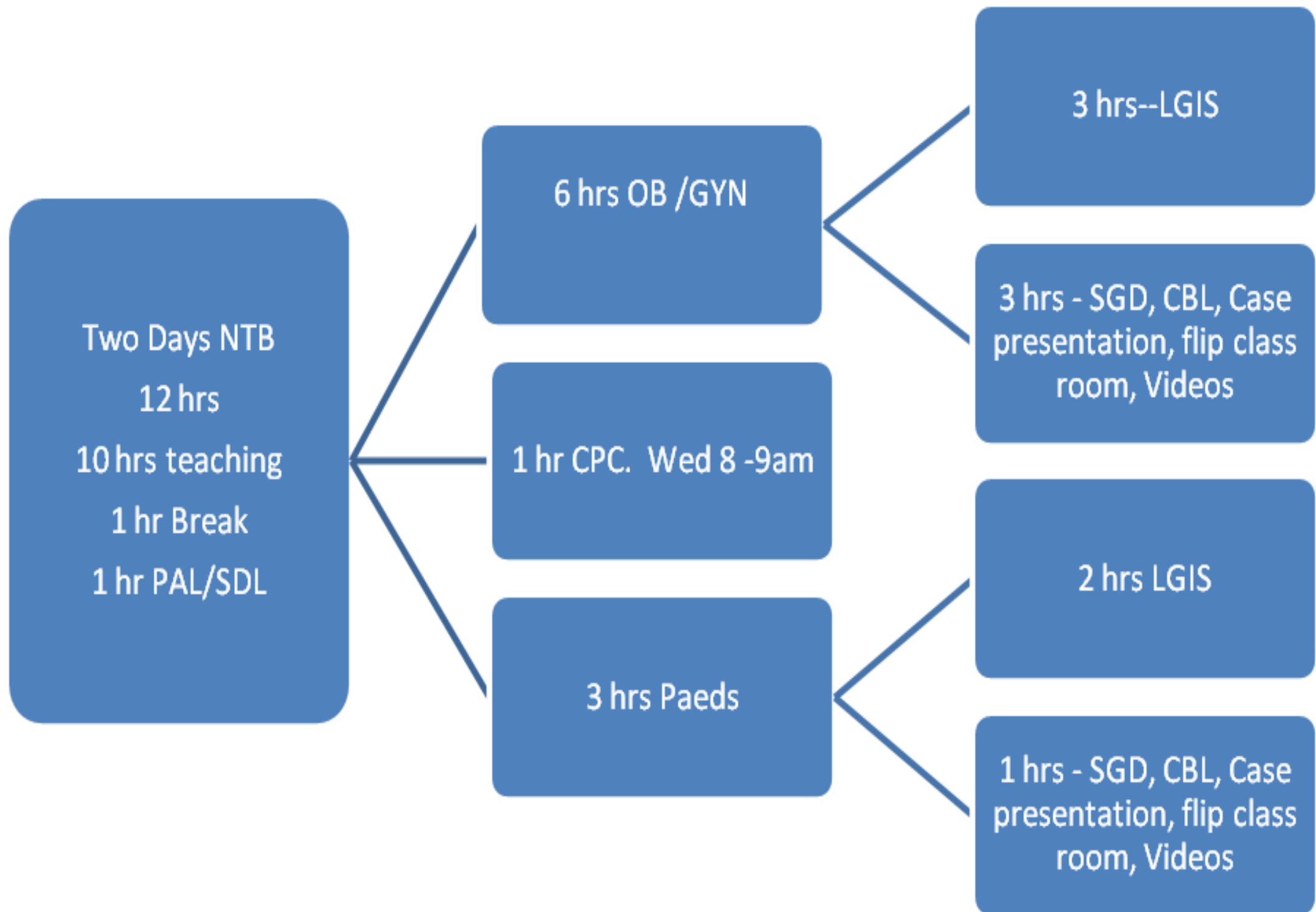
On every **Monday, Thursday, Friday and Saturday** they will go to hospital for whole day clinical clerkship in the respective unit from 8am onwards.

The module will be repeated **three times** during an academic year.

From 2 to 4pm on minimum 4 days/ month student attend Emergency/labour room of respective unit and shadows House Officers and Post Graduate Trainees.

- Following is the further detail of module.



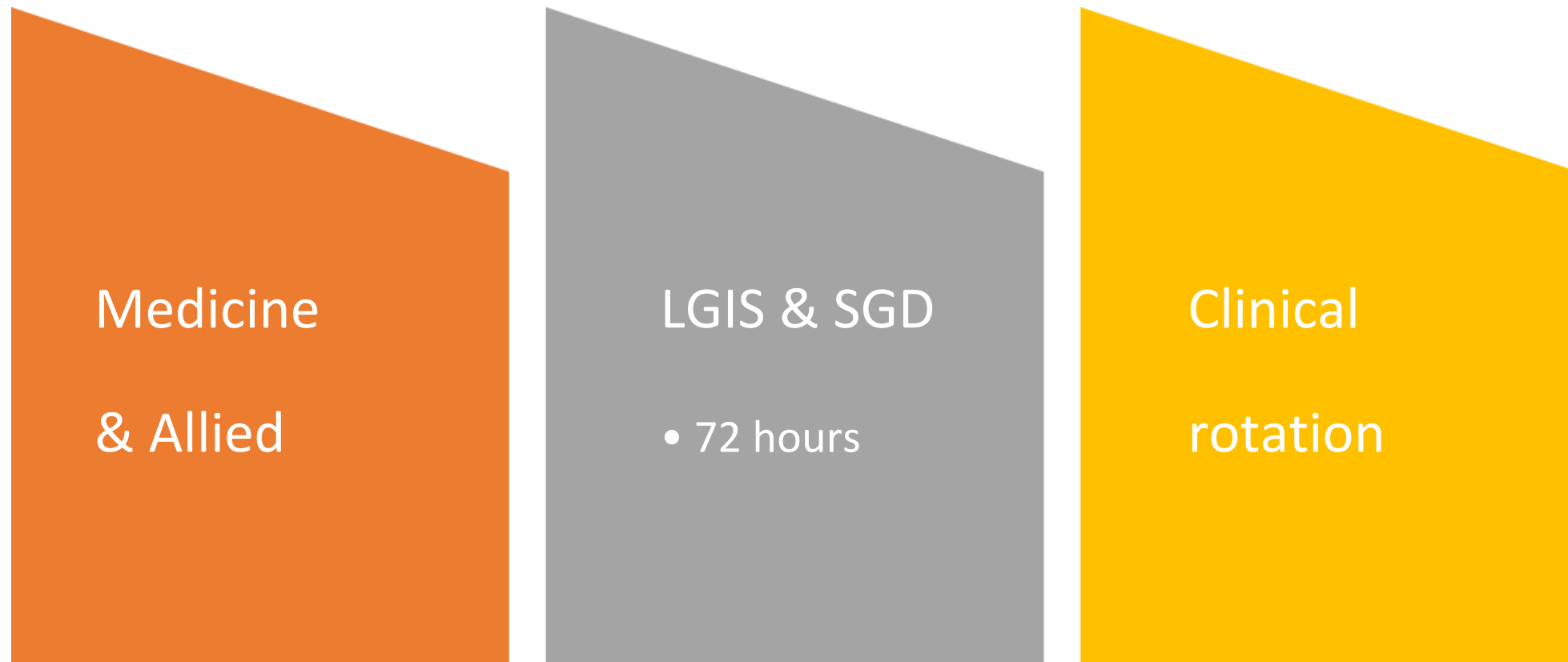


GYNAE/OBS MODULE - HOURS

	Schedule Duration Monthly	Schedule Duration
Interactive LGIS	Gynae(2 months) 3 lectures (1 hour)/week 12 hours/month OBS (1 month) 4 lectures (1 hour)/week 16 hours /month	40 hour/3 months
SGD	Gynae(2 months) 3 SGD (1 hour)/week 12 hours/month OBS (1 month) 2 SGD (1 hour)/week 8 hours /month	32 hour/3 months
CPC	8-9am, once a week=4 hours	12 hours/3 months
Clinical Clerkship in Wards	8am-2pm, 3days a	144 hours

	Week = 72 hours 8am-12pm Friday= 16 hours	32 hours
Evening duties	8 hours /month	16 hours/2months
	124 hours	276 hours

STRUCTURED TRAINING PROGRAM



LARGE GROUP INTERACTIVE

&

SMALL GROUP DISCUSSION

GYNAECOLOGY SESSIONS DETAILS

I st Week											
S. No.	Days	Teacher	specialty	Topic	Specific learning object (SLO)	MDT/ MIT	Level of cognition			Affective	MOA
							C1	C2	C3		
1	Tuesday 8:00-9:00 am	Unit :1, HFH	Gynaecology	Anatomy and embryology of pelvic organs	<p>At the end of this lecture/session, final year students will be able to:</p> <ul style="list-style-type: none"> • Recognise and demonstrate the structures of female genital tract • Name pelvic floor musculature • Identify and describe the blood supply of perineum • Enumerate nerve supply of perineum • Know about the lymphatic drainage of perineum • Compare and draw Mullerian duct anomalies • Describe the pathologies related to the anomalies with their diagnosis and management • Understand the embryonic development of female genital tract. 	LGIS			√	A3	see assessment section
2	Tuesday 9.00-10.00 am	Unit :1, HFH	Gynaecology	Anatomy and embryology of pelvic organs	<ul style="list-style-type: none"> • Understand the sexual differentiation in embryonic life • Recognize and demonstrate the structures of female genital tract • Identify and describe the blood supply of uterus, tubes and ovary • Enumerate nerve supply of uterus, tubes and ovary • Know about the lymphatic drainage of pelvis • Compare and draw Mullerian duct anomalies 	SGD			√	A3	see assessment section

					<ul style="list-style-type: none"> Describe the pathologies related to the anomalies with their diagnosis and management in case scenarios 						
3	Tuesday 10.30-11.30 am	Unit :1, HFH	Gynaecology	Physiology of menstrual cycle	<ul style="list-style-type: none"> Understand that menstruation is a function of Hypothalamic-Pituitary-Ovarian axis (HPO) at puberty Explain the Hypothalamic-Pituitary-Ovarian axis (HPO) Describe the features of the normal menstrual cycle and the accompanying ovarian and endometrial changes Enlist the histological layers of endometrium Discuss the complications associated with abnormality in HPO function 	LGIS		√		A3	see assessment section
4	Wednesday 11.00 am-12.00 pm	Unit :1, HFH	Gynaecology	History taking (Gynaecology)	<ul style="list-style-type: none"> Enlist salient feature of gynaecological history : Describes the importance of pap smear Describes menarche, menopause and pre-menopausal phase Take focused and brief history of gyne patient Write down protocol of cervical screening 	SGD			√	A3	see assessment section
5	Wednesday 12 -1 pm	Unit :1, HFH	Gynaecology	Medical ethics	<ul style="list-style-type: none"> Understand several reasons to consider ethics in professional life Know the ethical frame works i.e. duty based, right based, goal based Understand the four principals used in ethics Know common ethical dilemmas in obstetrics & gynaecology Understand how to analyze the ethical dilemmas 	LGIS			√	A3	see assessment section
6	Wednesday 1 pm-2 pm	Unit :1, HFH	Gynaecology	Medical ethics	<ul style="list-style-type: none"> Understand several reasons to consider ethics in professional life Know the ethical frame works i.e. duty based, right based, goal based Understand the four principals used in ethics Know common ethical dilemmas in obstetrics & gynaecology Understand how to analyze the ethical dilemmas Practice the ethics relevant to different case scenarios 	SGD			√	A3	see assessment section

2nd Week, HFH UNIT: II

7	Tuesday 8:00-9:00 am	Unit:2, HFH	Gynaecology	Miscarriages	<ul style="list-style-type: none"> Understand the clinical features of different types of miscarriages Diagnose and discuss general and specific management of missed miscarriage Discuss expectant and medical management of miscarriages (General and specific management of ruptured miscarriages 	LGIS		√		A3	see assessment section
8	Tuesday 9.00-10.00 am	Unit:2, HFH	Gynaecology	Miscarriages	<ul style="list-style-type: none"> differentiate between types of miscarriages based on different scenarios Counseling of patient with miscarriage 	SGD			√	A3	see assessment section
9	Tuesday 10.30-11.30 am	Unit:2, HFH	Gynaecology	Ectopic pregnancy	<ul style="list-style-type: none"> Understanding of definition, epidemiology, etiology, and clinical features of ectopic pregnancy Know the causes of bleeding and pain in early pregnancy Enlist different Investigations Understanding of different management options 	LGIS			√	A3	see assessment section
10	Wednesday 11.00 am-12.00 pm	Unit:2, HFH	Gynaecology	GTD/Ectopic pregnancy	<ul style="list-style-type: none"> Define gestational trophoblastic disease Describe the different types of GTD Enumerate the clinical features of GTD and ectopic pregnancy. Enlist important investigation to be done in GTD and ectopic 	SGD			√	A3	see assessment section

					<p>pregnancy</p> <ul style="list-style-type: none"> • Discuss the management of GTD, its follow up and contraceptive advise and ectopic pregnancy. • Elicits relevant history in case scenario • Corelate examination findings • Advice investigations and their justification • Counsel the patient regarding her condition • Take informed consent highlighting the pros and cons of the procedure 						
11	Wednesday 12 -1 pm	Unit:2, HFH	Gynaecology	Primary Amenorrhea	<ul style="list-style-type: none"> • Define primary amenorrhea • Enlist causes of primary amenorrhea. • Discuss symptoms, signs and important ultrasound finding in patients with primary amenorrhea. • Discuss the possible management option • Understanding important relative points in counseling of such patients .- 	LGIS			√	A3	see assessment section
12	Wednesday 1 pm-2 pm	Unit:2, HFH	Gynaecology	Primary Amenorrhea	<ul style="list-style-type: none"> • Identify cause of primary amenorrhea in given scenarios • Discuss symptoms, signs and important ultrasound findings in these case scenarios with primary amenorrhea • Discuss the possible management option. • Understanding important relative points in counselling of such patients 	SGD			√	A3	see assessment section
3rd Week											
13	Tuesday 8:00-9:00 am	BBH	Gynaecology	Secondary Amenorrhea	<ul style="list-style-type: none"> • Define secondary amenorrhea. • Enlist its important causes • Discuss symptoms, signs and important ultrasound findings • Discuss the management options. 	LGIS			√	A3	see assessment section
14	Tuesday 9.00-10.00 am	BBH	Gynaecology	Secondary Amenorrhea	<ul style="list-style-type: none"> • Identify cause of secondary amenorrhea given case scenario • Discuss symptoms, signs and important ultrasound findings in these case scenarios • Discuss the management options. 	SGD			√	A3	see assessment section
15	Tuesday 10.30-11.30 am	BBH	Gynaecology	PCOD	<ul style="list-style-type: none"> • Understand pathophysiology of PCOD and hirsutism • Know about diagnostic criteria and clinical presentation • Able to interpret relevant investigations • Enlist other causes of hirsutism 	LGIS			√	A3	see assessment section
16	Wednesday 11.00 am-12.00 pm	BBH	Gynaecology	PCOD	<ul style="list-style-type: none"> • Outline management plan • Take detailed history from a patient with PCOD • Identify relevant examination findings 	SGD			√	A3	see assessment section

					<ul style="list-style-type: none"> • Write investigations for a patient with PCOD • Outline diet plan for her • Outline management plan • Counsel and educate about disease, diagnosis, treatment and outcome 						
17	Wednesday 12 -1 pm	BBH	Gynaecology	Abnormal uterine bleeding	<ul style="list-style-type: none"> • Define Abnormal uterine bleeding • Enlist different causes of AUB • Know how to investigate for cause of AUB • Construct management plan for AUB 	LGIS			√	A3	see assessment section
18	Wednesday 1 pm-2 pm	BBH	Gynaecology	Abnormal uterine bleeding	<ul style="list-style-type: none"> • Take relevant history in a patient with AUB(case scenario,role model) • Identify important points on examination • Advise relevant investigations • Outline management plan • Counseling of patient about diagnosis,treatment,diet 	SGD			√	A3	see assessment section

4th Week,

19	Tuesday	DHQ	Gynaecology	Endometriosis	<ul style="list-style-type: none"> • Recall Etiology pathogenesis • Describe clinical features • Classification of disease, • Suggest differential diagnosis • Plan management 	LGIS			√	A3	see assessment section
20	Tuesday	DHQ	Gynaecology	Endometriosis	<ul style="list-style-type: none"> • Take relevant history in a case scenario • Recognize positive finding on examination • Advise investigations and their justification • Outline management plan 	SGD			√	A3	see assessment section
21	Tuesday	DHQ	Gynaecology	Lower genital tract infections	<ul style="list-style-type: none"> • Differentiate among the types of discharge due to various organisms • Enumerate the specific and diagnostic tests for each causative organisms • Enlist the complications due to the lower genital tract infections • Outline the treatment options for each types of infection 	LGIS			√	A3	see assessment section
22	Wednesday	DHQ	Gynaecology	Lower genital tract infections	<ul style="list-style-type: none"> • Elicit relevant history in given case scenarios • Recognize positive finding • Identify investigations and their justification • Counsel and educate patient about disease, its diagnosis, 	SGD			√	A3	see assessment section

					<ul style="list-style-type: none"> treatment and outcome. counsel patient about partner treatment 						
23	Wednesday	DHQ	Gynaecology	Upper genital tract infections	<ul style="list-style-type: none"> Enlist the causative organisms of upper genital infection Know the clinical presentation of patient with upper genital tract infection Enumerate the specific and diagnostic tests for each causative organism Enlist the complications due to the upper genital tract infections Outline the management plan 	LGIS			√	A3	see assessment section
24	Wednesday	DHQ	Gynaecology	Upper genital tract infections	<ul style="list-style-type: none"> Elicit relevant history in given case scenarios Recognize positive finding Identify investigations and their justification Counsel and educate patient about disease, its diagnosis, treatment and outcome. Counsel patient about partner treatment 	SGD			√	A3	see assessment section

5th Week,

25	Tuesday 8:00-9:00 am	Unit :1, HFH	Gynaecology	Contraception	<ul style="list-style-type: none"> Discuss each of the long term, hormonal , barrier methods of contraception in terms of their mechanism of action Effectiveness & failure rate Describe the benefits of contraceptives other than birth control Identify the absolute and relative contraindications and risks of different contraceptive methods Discuss the male and female surgical sterilization methods in terms of types, reversibility and long term follow up results 	LGIS			√	A3	see assessment section
26	Tuesday 9.00-10.00 am	Unit :1, HFH	Gynaecology	Contraception	<ul style="list-style-type: none"> Suggest contraceptive method specific to the given scenarios Outline management plan in case of missing a method(missed pills) Counseling of pts for contraception with different scenarios 	SGD			√	A3	see assessment section
27	Tuesday 10.30-11.30 am	Unit :1, HFH	Gynaecology	Subfertility	<ul style="list-style-type: none"> Define subfertility and its types (C1) Describe relevant history and examination (C2) Interpret signs and symptoms of subfertile patient (C2) Correlate causes of female subfertility with pathological processes (C2) Justify the investigations for the diagnosis of female subfertility (C3) Formulate management 	LGIS			√	A3	see assessment section

28	Wednesday 11.00 am-12.00 pm	Unit :1, HFH	Gynaecology	Subfertility	<ul style="list-style-type: none"> Identify the causes of subfertility in different case scenarios Formulate management plan Identify the problems in given investigations and make probable diagnosis Identify the pelvic finding of laparoscopic pictures Counsel the couple with subfertility Counsel the couple regarding different management options based on history and investigations 	SGD			√	A3	see assessment section
29	Wednesday 12 -1 pm	Unit :1, HFH	Gynaecology	Benign and malignant diseases of ovary	<ul style="list-style-type: none"> To have basic knowledge regarding anatomy and embryology of ovaries Know the classification of benign and malignant ovarian tumors Know the clinical features and complications Enumerate the basic diagnostic tests for ovarian disease Outline the management plan Advise of follow up 	LGIS			√	A3	see assessment section
30	Wednesday 1 pm-2 pm	Unit :1, HFH	Gynaecology	Benign and malignant diseases of ovary	<ul style="list-style-type: none"> Understand different signs and symptoms and presentation according to type of benign/ malignant cyst according to case scenario History, clinical examination and definitive investigations to reach the diagnosis Treatment options according to patient age, presenting complaints, fertility and social circumstances Understanding advances in management of benign/ malignant cyst Management of ovarian cyst accident outline follow up plan Counsel about nature of disease and its treatment 	SGD			√	A3	see assessment section

6th Week

31	Tuesday 8:00-9:00 am	Unit:2, HFH	Gynaecology	Benign diseases of uterus	<ul style="list-style-type: none"> Know incidence of fibroid uterus Understand different signs and symptoms and presentation according to type of fibroids History, clinical examination and definitive investigations to reach the diagnosis Treatment options according to patient age, presenting complaints, fertility and social circumstances Understanding advances in management of fibroid uterus worldwide 	LGIS			√	A3	see assessment section
32	Tuesday 9.00-10.00 am	Unit:2, HFH	Gynaecology	Benign diseases of uterus	<ul style="list-style-type: none"> Understand sign and symptoms of fibroid uterus according to their size and location Enumerate investigations for the case of fibroid uterus Suggest management of different presentations of fibroid uterus 	SGD			√	A3	see assessment section
33	Tuesday 10.30-11.30 am	Unit:2, HFH	Gynaecology	Benign and premalignant diseases of cervix	<ul style="list-style-type: none"> Describe common benign conditions of cervix Understand their presentation, investigations and management Define premalignant disease of cervix Enlist investigation for cervical screening of mass population Discuss role of HPV testing in cervical screening Describe national cervical screening program 	LGIS			√	A3	see assessment section

					<ul style="list-style-type: none"> Enumerate types of CIN and management options 						
34	Wednesday 11.00 am-12.00 pm	Unit:2, HFH	Gynaecology	Benign and premalignant diseases of cervix	<ul style="list-style-type: none"> know different reports of pap smear Outline the management plan according to type of CIN/Pap smear report Counseling of a patient with CIN 	SGD			√	A3	see assessment section
35	Wednesday 12 -1 pm	Unit:2, HFH	Gynaecology	Benign and malignant diseases of vulva and vagina	<ul style="list-style-type: none"> Describe the presentation of common benign conditions of vulva and vagina. Describe and differentiate between different premalignant conditions of vulva (VIN, lichen sclerosis, extra mammary Paget's disease of vulva) Enlist causes of superficial and deep dyspareunia Understand epidemiology and etiology of vulval cancers Stage the disease according to FIGO staging Understand the importance of sentinel lymph node biopsy and groin lymphadenectomy Discuss the management options. 	LGIS			√	A3	see assessment section
36	Wednesday 1 pm-2 pm	Unit:2, HFH	Gynaecology	Benign and malignant diseases of vulva and vagina	<ul style="list-style-type: none"> Elicit relevant history in given case scenarios Recognize positive finding Identify investigations and their justification Outline management plan Counsel and educate patient about disease, its diagnosis, treatment and outcome. 	SGD			√	A3	see assessment section

7th Week

37	Tuesday 8:00-9:00 am	BBH	Gynaecology	Malignant diseases of ovary	<ul style="list-style-type: none"> Know the classification ,incidence, aetiology and risk factors of malignant tumours of ovary Understand their clinical presentation Understand their workup plan and FIGO staging Outline management plan Outline follow up plan 	LGIS			√	A3	see assessment section
38	Tuesday 9.00-10.00 am	BBH	Gynaecology	Malignant diseases of ovary	<ul style="list-style-type: none"> Elicit relevant history in given case scenarios Recognize positive finding Identify investigations and their justification Outline management plan, stage the disease Counsel and educate patient about disease, its diagnosis, treatment and outcome. 	SGD			√	A3	see assessment section
39	Tuesday 10.30-11.30 am	BBH	Gynaecology	Malignant diseases of uterus	<ul style="list-style-type: none"> Understand etiology and risk factors of endometrial cancers Describe classification of uterine malignancy Describe the pattern of spread of disease Elicit relevant points on history and examination Enlist and justify investigations needed for diagnosis of endometrial cancer 	LGIS			√	A3	see assessment section

					<ul style="list-style-type: none"> Understand FIGO Staging of Endometrial Cancer Suggest a management plan according to stage of disease 						
40	Wednesday 11.00 am-12.00 pm	BBH	Gynaecology	Malignant diseases of uterus	<ul style="list-style-type: none"> Elicit relevant history in given case scenarios Recognize positive finding Identify investigations and their justification Outline management plan, stage disease Counsel and educate patient about disease, its diagnosis, treatment and outcome. 	SGD			√	A3	see assessment section
41	Wednesday 12 -1 pm	BBH	Gynaecology	Malignant diseases of cervix	<ul style="list-style-type: none"> Understand etiology and risk factors of cervical cancer Describe the pattern of spread of disease Elicit relevant points on history and examination Enlist and justify investigations needed for diagnosis of endometrial cancer Understand FIGO Staging of cervical Cancer Suggest a management plan according to stage of disease 	LGIS			√	A3	see assessment section
42	Wednesday 1 pm-2 pm	BBH	Gynaecology	Malignant diseases of cervix	<ul style="list-style-type: none"> Elicit relevant history in given case scenarios Recognize positive finding Identify investigations and their justification Outline management plan, stage the disease Counsel and educate patient about disease, its diagnosis, treatment and outcome. 	SGD			√	A3	see assessment section

8th Week

43	Tuesday 8:00-9:00 am	DHQ	Gynaecology	Postmenopausal bleeding	<ul style="list-style-type: none"> Define postmenopausal bleeding Enlist different causes of postmenopausal bleeding Construct management plan for postmenopausal bleeding 	LGIS			√	A3	see assessment section
44	Tuesday 9.00-10.00 am	DHQ	Gynaecology	Postmenopausal bleeding	<ul style="list-style-type: none"> Identify the cause of postmenopausal bleeding in given case scenario Correlate relevant points in history and examination in given case scenarios Outline work up plan Out line management plan and followup plan 	SGD			√	A3	see assessment section
45	Tuesday 10.30-11.30 am	DHQ	Gynaecology	Menopause and HRT	<ul style="list-style-type: none"> Define and differentiate between premature menopause, perimenopause and menopause Understanding of physiological changes in reproductive cycle of female from birth to menopause Evaluation and making definitive diagnosis of menopause Counselling about lifestyle, behavior modification and psychological aspects in menopausal women Understand different options for HRT in view of 	LGIS			√	A3	see assessment section

					contraindications and risk factors varying from patient to patient						
46	Wednesday 11.00 am-12.00 pm	DHQ	Gynaecology	UV Prolapse	<ul style="list-style-type: none"> ● Elicit relevant history from role model/case scenario ● Identify the risk factors from history and examination ● Outline work up and management plan ● Identify different types of prolapse on given pictures ● counseling patient with different degree of prolapse 	SGD			√	A3	see assessment section
47	Wednesday 12 -1 pm	DHQ	Gynaecology	UV Prolapse	<ul style="list-style-type: none"> ● Understand the anatomy of supporting ligaments and fascia of the female pelvic organs ● Appreciate the relationship of anatomical prolapse with urinary, bowel and sexual dysfunction ● Identify the risk factors leading to pelvic organ prolapse ● Describe how to assess such patient by history, examination and relevant investigations ● Understand the principles of treatment of prolapse ● Compare the effectiveness of each treatment and potential side effects/complications 	LGIS			√	A3	see assessment section
48	Wednesday 1 pm-2 pm	DHQ	Gynaecology	Urinary incontinence and fistula	<ul style="list-style-type: none"> ● Describe anatomy of supporting ligaments of pelvis ● Explain the mechanism of continence ● Understand role of urodynamic studies in diagnosis of cause of urinary incontinence ● Asses patient with incontinence by history and examination ● Enlist the relevant investigations required ● Differentiate between different 	SGD			√	A3	see assessment section

LARGE GROUP INTERACTIVE

&

SMALL GROUP DISCUSSION

OBSTETRICS SESSIONS DETAILS

I st Week, HFH UNIT: I											
S. No	Days	Teacher	specialty	Topic	Specific learning object (SLO)	MDT/ MIT	Level of cognition			Affective	MOA
							C1	C2	C3		
1	Tuesday 8:00-9:00 am	Dr. Humaira Bilqis Assistant Professor	Obstetrics	Antenatal care	<p>At the end of one hour lecture, students will be able to:</p> <ul style="list-style-type: none"> • Enlist the aims of antenatal care. • Define the booking visit. • Elicit the booking history and examination. • Discuss the importance of booking investigations • Elaborate the recommended schedule of antenatal visits. • Categorize the obstetric patient into high risk and low risk group. • Define EDD and its calculation. • Define term, preterm, post term, post-dates, LBW, VLBW, lie, presentation, position, attitude and engagement of fetus. 	LGIS		√		A3	see assessment section
2	Tuesday 9.00-10.00 am	Dr. Humaira Bilqis Assistant Professor	Obstetrics	Obs history and examination	<ul style="list-style-type: none"> • To describe the principle of taking and obstetric history • To define neagles rule to calculate EDD • To explain the importance of past obstetrics, gynaecology medical and surgical history. • To understand components of obstetrical examination 	LGIS		√		A3	see assessment section

3	Tuesday 10.30-11.30 am	Dr.Zainab Senior Registrar Dr. Ayesha Noor (PGT)	Obstetrics	Antenatal care Obs history and examination	At the end of one hour SGD, students will be able to: <ul style="list-style-type: none"> • Fill antenatal card based on a case scenario • List antenatal investigations with their justification according to case scenario • Make a comprehensive plan of antenatal care • Counsel an antenatal patient(role model) about complications and antenatal care(e.g scenario of diabetes) 	SGD			√	A3	see assessment section
4	Wednesday 11.00 am-12.00 pm	Dr. Humaira Noreen Associate Professor	Obstetrics	Assessment of fetal well being (Antenatal and intrapatum)	<ul style="list-style-type: none"> • Describe the importance of fetal monitoring during Antenatal period and labour. • Enlist different methods of fetal assessment. • Identify the 04 basic FHR parameters to be interpreted on CTG trace. • Differentiate between normal and pathological CTG patterns. • Discuss conditions in which continuous electronic FHR monitoring is required • Explain the importance of booking scan, anomaly scan and growth scan and BPP • Describe the role of umbilical artery Doppler 	LGIS			√	A3	see assessment section
5	Wednesday 12 -1 pm	Dr. Amara Arooj Assistant Professor	Obstetrics	Prenatal diagnosis	<ul style="list-style-type: none"> • Define prenatal diagnoses. • Enlists the prenatal diagnostic tests, their risk and benefits. • Discuss the non-invasive methods of prenatal diagnosis 	LGIS					see assessment section
6	Wednesday 1 pm-2 pm	Dr. Sara Ejaz Senior Registrar Dr. Shumaila PGT	Obstetrics	Assessment of fetal well being Prenatal diagnosis	<ul style="list-style-type: none"> • Interpret different CTG trace findings and management with case scenarios • Identify anomalies shown in scan pictures with case scenario and their management • Calculate BPP with case scenarios 	SGD				A3	see assessment section

2nd Week, HFH UNIT: II

7	Tuesday 8:00-9:00 am		Obstetrics	Hypertensive disorders(except eclampsia) and IUGR	<ul style="list-style-type: none"> • To understand the classification of hypertension in pregnancy • To understand the pathophysiology of pre-eclampsia • To explain the principles of management of pre-eclampsia • To understand the logn-term risks to both mother and baby from pre-eclampsia • Discuss the aetiology and pathophysiology of IUGR • Outline the management plan • Elaborate the prognosis of fetus in IUGR • Discuss the antenatal surveillance of the FGR fetus 	LGIS			√	A3	see assessment section
8	Tuesday 9.00-10.00 am		Obstetrics	Anemia in pregnancy	<ul style="list-style-type: none"> • Define anemia in pregnancy • Discuss the importance of anemia screening in antental period • Discuss iron deficiency anemia, its causes, complications and management • Elaborate the management of thalasemia, anemia of chronic illness, coagulation disorder management in pregnancy 	LGIS			√	A3	see assessment section
9	Tuesday 10.30-11.30 am		Obstetrics	Hypertensive disorders(except eclampsia) and IUGR Anemia in pregnancy	<ul style="list-style-type: none"> • Make diagnosis,advise investigations and formulate management plan in scenarios of • IUGR • Anemia 	SGD			√	A3	see assessment section

					<ul style="list-style-type: none"> ● Chronic hypertension ● preeclampsia 						
10	Wednesday 11.00 am-12.00 pm		Obstetrics	Diabetes in pregnancy	<ul style="list-style-type: none"> ● Define gestational diabetes mellitus ● Explain the effects of sugar level on fetal development ● Describe maternal and fetal complication (antepartum, intrapartum and postpartum) ● Explain the management protocol of gestational diabetes mellitus ● Describe the long term effect of gestational diabetes mellitus on maternal health 	LGIS			√	A3	see assessment section
11	Wednesday 12 -1 pm		Obstetrics	Liver disorders in pregnancy	<ul style="list-style-type: none"> ● Describes the most common liver disorder presented in pregnancy ● Know the risks associated with these disorders ● Outline management plan 	LGIS			√	A3	see assessment section
12	Wednesday 1 pm-2 pm		Obstetrics	Liver disorders in pregnancy Diabetes in pregnancy	<ul style="list-style-type: none"> ● Make diagnosis, advise investigations and formulate management plan in case scenarios ● Counsel a patient about diet(Diet chart),signs of hypoglycaemia ● How to use glucometer, and inject insulin (Things required: Glucometer, insulin syringe, regular and NPH insulin, Diet chart) 	SGD				A3	see assessment section

3rd Week, BBH

13	Tuesday 8:00-9:00 am		Obstetrics	APH	<ul style="list-style-type: none"> ● Define Antepartum haemorrhage ● Enlist causes of APH ● Differentiate clinically between placenta previa and placental abruption ● Elaborate the emergency approach towards massive haemorrhage ● Discuss management plan for placenta previa and placental abruption 	LGIS			√	A3	see assessment section
14	Tuesday 9.00-10.00 am		Obstetrics	PPH	<ul style="list-style-type: none"> ● Define post partum hemorrhage ● Discuss primary and secondary PPH ● Enlist risk factors of PPH. ● Discuss the management of PPH 	LGIS			√	A3	see assessment section
15	Tuesday 10.30-11.30 am		Obstetrics	APH and PPH	<ul style="list-style-type: none"> ● Explain the different scenario of antepartum haemorrhage ● Draw management protocol of placental abruption at term ● Differentiate the type of previa on ultrasound pictures ● Identify cause of PPH in a scenario and make management plan ● Counseling of a patient who had secondary post partum haemorrhage regarding post op care. expected complications and future prognosis 	SGD			√	A3	see assessment section

16	Wednesday 11.00 am-12.00 pm		Obstetrics	PTL/PPROM	<ul style="list-style-type: none"> • Understand term PTL and PPROM • Understand causes of PTL and PPRO • Identify risk factors of PTL and PRO • Formulate a comprehensive management plan of PT • Formulate a comprehensive management plan of PRO • know about the preventive measures of preterm delivery 	LGIS			√	A3	see assessment section
17	Wednesday 12 -1 pm		Obstetrics	Multiple pregnancy	<ul style="list-style-type: none"> • Define multiple pregnancy and its Incidence • Interpret the ultrasound findings for multiple pregnancy • Discuss the antenatal care and risks associated with multiple pregnancy • Identify various patterns of fetus in a twin pregnancy • Describe the mechanism of delivery of twins. 	LGIS			√	A3	see assessment section
18	Wednesday 1 pm-2 pm		Obstetrics	Management of a patient with previous scan Malpresentations (after self study)	<ul style="list-style-type: none"> • Take detailed history of a patient with previous C-section • Know important points in examination and investigations • Know the risk associated with birth after previous C-section and with repeated C-sections • Outline management plan • Counsel a patient with previous C-section • Understand different malpresentation, risk factors and complications • Diagnose different malpresentation on examination findings and outline their management plan(case scenarios) 	SGD			√	A3	see assessment section

4th Week, DHQ

19	Tuesday 8:00-9:00 am		Obstetrics	Normal labour and its management	<ul style="list-style-type: none"> • Understand the physiological principles of labour and delivery • Know the steps of mechanism of normal labour • Know how to diagnose labour • Differentiate between different stages of labour • Outline management plan of all three stages of labour 	LGIS			√	A3	see assessment section
20	Tuesday 9.00-10.00 am		Obstetrics	Abnormal labour and its management	<ul style="list-style-type: none"> • Differentiate between normal and abnormal Labour • Know different patterns of abnormal labour • Understand principles of management of abnormal labour 	LGIS			√	A3	see assessment section
21	Tuesday 10.30-11.30 am		Obstetrics	Normal and abnormal labour	<ul style="list-style-type: none"> • Identify /differentiate between normal and abnormal labour in case scenarios and make management plan • Interpret partogram findings according to case scenarios • Plot the given findings on partogram 	SGD			√	A3	see assessment section
22	Wednesday 11.00 am-12.00 pm		Obstetrics	Obstetric emergencies (Maternal collapse,eclampsia,amniotic fluid embolism,umbilical cord prolapsed,uterine rupture,uterine inversion,thromboembolism)	<ul style="list-style-type: none"> • Understand the incidence,risk factors and early warning signs in common obstetric emergencies • Diagnose the obstetric emergencies • Make the management plan for these emergencies. 	LGIS			√	A3	see assessment section

23	Wednesday 12 -1 pm		Obstetrics	Postnatal complications and breast feeding	<ul style="list-style-type: none"> • Understand common disorders of puerperium and how to manage them • Understand process of breast feeding and its disorders • Recognize and manage common postpartum psychiatric disorders 	LGIS			√	A3	see assessment section
24	Wednesday 1 pm-2 pm		Obstetrics	Obstetric emergencies Postnatal complications and breast feeding	<ul style="list-style-type: none"> • Diagnose and make management plan of obstetric emergencies in given case scenarios • Discuss its risk factors and causes • Diagnose and make management plan of postnatal /breastfeeding complications in given case scenarios • Counseling of patient with these disorders 	SGD			√	A3	see assessment section
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CLINICAL ROTATION OUTLINE

On Monday, Thursday, Friday and Saturday they will go to hospital for whole day clinical clerkship in the respective unit from 8am onwards.

During clinical work students will be divided into 4 sub batches and join house officer's and post graduate trainees at their morning stations and will closely follow their morning station routine.

Each Friday there will be hands on **clinical workshop**. There are total 8 workshops. First four will be covered in first rotation and next four in second rotation

From 8 am to 9.30 am, all students will attend morning meeting. In the morning meeting the senior person heading the morning meeting will introduce the students to postgraduate trainees and senior registrar of respective stations. Each student will be paired up with a trainee and they will exchange contact number. Monday pairing will be refreshed as the morning station of students changes.

TOS for final Exam OB/GYN, RMUR
Internal Assessment of 1st Block of Final Year MBBS
2022 & 2023

Prof Dr. Lubna Ejaz Kahloon
Dean, Obs/Gynae
Rawalpindi Medical University, Rawalpindi

Final Year MBBS Students complete three months Gynae and Paeds Clerkship. This includes two months rotation in two Gynae Units (One month each), and one month rotation in Paeds. Assessments are conclusive component of clerkship. Students undergo three types of assessments during Final Year MBBS i.e., continuous, formative, and summative. This document is meant to provide frame work of Final year MBBS Gynae Internal assessment.

ASSESSMENT

TYPES OF ASSESSMENT		
CONTINUOUS	FORMATIVE	SUMMATIVE
<ul style="list-style-type: none"> ● Continuous assessment is regular assessment of the learning performance. It is separate from examinations, and is accompanied by regular feedback 	<ul style="list-style-type: none"> ● This is designed to inform students about the amount he still has to learn. ● It measures the progress made by the learner and enables learning activities to be adjusted according to the progress made. ● It must never be used for certifying purposes since its main aim is diagnosis of the amount of learning done and needed further. 	<ul style="list-style-type: none"> ● This is designed to protect society from incompetent professionals. ● It is traditionally used for placing students in order of merit and justifying decisions as to whether they should move up to the next level or be awarded a diploma or not. ● It is carried out less frequently than formative assessment and is usually at the end of a unit or period of instruction.

ASSESSMENTS

CONTINUOUS	<ul style="list-style-type: none">● Provide early indications of the performance of students.● Provides students with a constant stream of opportunities to prove their mastery of material and sends the message that everyone can succeed if given enough time and practice. This reduces the anxiety around testing and heightens the emphasis on the learning itself.● Advanced students can progress through material at their own pace and remain engaged by pursuing more challenging work as they master the basics
FORMATIVE	<ul style="list-style-type: none">● Helps students to learn and practice● Log Book, Ward rotation assessment, Clinical case presentation, Workshops performance assessment
SUMMATIVE	<p>Assess students' performance</p> <ul style="list-style-type: none">● End block examination (MCQ, SAQ, OSCE)● Final Professional Examination

Final Professional MBBS Examination Obstetrics and Gynecology

University of Health Sciences (UHS) Scheme

Theory (135) 45% of total marks 50% of Theory + Clinical & Practical				Clinical & Practical (135) 45% of total marks 50% of Theory + Clinical & Practical		Internal Assessment (30) 10% of total marks		Total	
135				135		30		300	
Paper I		Paper II		Long Case	OSCE				
70 marks		65 marks							
MCQs	SEQs	MCQs	SEQs	60 (2)	75				
35	7	35	10	44.4%	55%				
Numbers									
35	35	35	30						

Final Professional MBBS Examination, RMUR: 2023

Total Marks = 300(Obstetrics150 marks +Gynae 150 marks)

Theory 80 + Clinical 130 + Internal assessment 90 = 300

Obstetrics Examination (150 marks)

Theory (40 marks)		Clinical & Practical (65 marks)		Internal Assessment (45marks)	TOTAL
26.5 % of total marks 38 % of Theory + Clinical & Practical		43.5 % of total marks 62 % of Theory + Clinical & Practical		30 % of total marks	
40		65		45	150
Paper I (Obstetrics)		Structured Clinical Evaluation			
40					
MCQs	SAQs	Long Case	OSCE		
20 items (1 mark each)	4 items (5 marks each)	1 long case 10 marks - history, 05 marks - examination 15marks - management	7 stations (5 marks each)		
Marks		Marks			
20	20	30	35		

Final Professional MBBS Examination 2022 onwards
Gynecology Examination (150 marks)

Theory (40 marks)		Clinical & Practical (65 marks)		Internal Assessment (45marks)	TOTAL
26.5 % of total marks 38 % of Theory + Clinical & Practical		43.5 % of total marks 62 % of Theory + Clinical & Practical		30 % of total marks	
40		65		45	150
Paper II (Gynecology)		Structured Clinical Evaluation			
40					
MCQs	SAQs	Long Case		OSCE	
20 items (1 mark each)	4 items (5 marks each)	6 short case stations(5 marks each) 05 marks–Focused history 05 marks –Focused examination 05 marks- Relevant investigations 05 marks- medical management/complications 05 marks- Surgical Management/follow up 05marks - management		7 stations (5 marks each)	
Marks		Marks			
20	20	30	35		

**Final Professional MBBS Examination
Rawalpindi Medical University Scheme (RMU 2022)
Obstetrics Examination (150 marks)**

Total 150 – IA 45 = 105 Final Exam

● **Part of exam already done in Fourth Year (Total Marks= 75)**

- Written exam: MCQs (12 marks) +SAQs (10 marks) = 22 marks

- Clinical exam: Viva(10 marks)+ OSCE (20 marks) = 30 marks


Final Exam: 22+30= 52

Final Exam 52 + IA 23, (22.28 is 30 %) = 75 marks

ENT. EYE. COM MED. PATHO. PHARMA. OBS. 52 THEORY + CLINICAL+ IA

● **Remaining marks for exam in final year: 150 - 75 = 75 marks**

Internal Assessment: 45,23 in 4th year and 22 in final ear

 **UNIVERSITY OF HEALTH SCIENCES LAHORE**
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Book No.: 2213 **DETAILED MARKS CERTIFICATE** (For Pass Candidate) Serial No.: 321

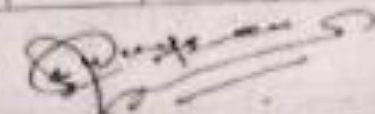
Fourth Professional MBBS Annual Examination 2021,
held in January – February 2022.

Roll No.: 075689
Registration No: 2017-RMC-0191-UHS
Name of Candidate: Hashim Khan
Father's Name: Sana Ullah Khan Shad
Name of College / Institute: Rawalpindi Medical College, Rawalpindi.

Candidate mentioned above is hereby informed that he / she has **passed** the aforesaid examination. The detail of marks obtained by him / her in the various subjects is given below: -

Block #	Subjects	Marks Obtained			Max. Marks	Result
		Theory	Practical	Total		
1	Block-I (Endocrinology, Population Health & Reproduction)	101	114	215	300	Pass
2	Block-II (Renal, CNS, Psychiatry & Musculoskeleton)	102	110	212	300	Pass
3	Block-III (Special Senses ENT)	112	109	221	300	Pass
4	Block-IV (Special Senses EYE)	110	120	230	300	Pass
G. Total				878	1200	Pass

Date: April 07, 2022


Deputy Controller of Examinations
(Rawalpindi)

● **Remaining marks for exam in final year: $150 - 75 = 75$ marks**

Left over: Written + CLINICAL (53 marks) + IA 22 = 75

● **Part of examination to be taken in Final Year (Total marks =75)**

- Clinical exam (OSCE): 53marks

- Internal assessment 22 marks

Internal Assessment: 30 % (45 marks: 15 marks in fourth year + 30 marks in final year)

Theory component- Table of Specification

Paper I

Obstetrics: (Batch 2022 already given theory paper in fourth year, so applicable from 2023 onwards)

S. No.	SECTIONS	Topic Distribution	MCQs - 20	SAQs - 4
1	NORMAL OBSTETRICS	Prenatal	1	1
		Antenatal	2	
		Intrapartum	2	
		Postnatal Care	1	
		Neonatology	1	
		Breast feeding		
2	OBSTETRICS COMPLICATION	Antenatal	2	1
		Intrapartum	2	
		Postnatal	1	
3	MEDICAL COMPLICATIONS	Early pregnancy disorders	1	2
		Hematological disorders	1	
		Hypertensive disorder	2	
		Cardiac disease in pregnancy		
		Endocrinological disorders in pregnancy	2	
		Liver disease and gastroenterology disorders	1	
		Others		
4	OBSTETRICS EMERGENCY	Maternal collapse and resuscitation and others emergencies	2	
Total			20	4

Paper II

Gynaecology:

S.No.	Topic Distribution	MCQs - 20	SAQs 4
1	Anatomy and embryology of genital tract	1	1
2	Disorders of puberty and ovulation	1	
3	Disorders of menstruation	3	
4	Miscarriages	1	1
5	Ectopic gestation	1	
6	Subfertility	2	
7	Endometriosis and adenomyosis	1	
8	Infections of genital tract	1	1
9	Uterovaginal prolapse	1	
10	Urogynecology and fistulae	1	
11	Benign tumor of genital tract	2	
12	Malignant diseases of genital tract	2	
13	Contraception	1	1
14	Menopause and HRT	1	
15	Common gynecological procedures	1	
16	Pre-intra and post-operative care		
	Total	20	4

Both Papers MCQ = 40 marks, SAQ = 40 marks Total marks = 80 marks

Clinical & Practical Component Breakup

Gynecology long case = 30 marks(10 marks - history, 05 marks - examination, 15marks - management)

Obstetric long case = 30 marks(10 marks - history, 10 marks - examination, 10 marks - management)**Gynecology OSCE = 35 marks**

Obstetrics OSCE = 35 marks

OSCE Station

S. No.	Gynecology Topic Distribution	Obstetrics Topic Distribution	Marks
1	Differential diagnosis (Mass abdomen, HMB, dysmenorrhea, something coming out vagina)	Scenario based: prenatal and antenatal complication management	05
2	Instrument, Medication and sutures	Obstetrics procedures on simulator/ dummy (BLS/ALS)	05
3	Contraceptive methods / HRT	Scenario based: Medical Complication Management	05
4	Counseling	Counseling for obstetrics complications	05
5	Ultrasound and radiological investigations (USG, HSG, CT scan, MRI, Doppler)	Obstetric ultrasound, MRI and Prenatal invasive diagnosis	05
6	Lab investigations (e.g. Anemia, pre-op investigations etc.)	CTG, portogram, labor care guide, + lab investigations	05
7	Procedures on simulators	Scenario based: Intrapartum and postpartum complication management	05

Clinical and Practical Component Cycle Obs

1	2	3
Long Case History Taking	Long Case Examination	Long Case Discussion/Viva Voce
10 Scenario based: Intrapartum and postpartum complication management	Long case 30 marks 45 minutes OSCE 5 minutes/station 35 minutes' Total Marks 35	4 Scenario based: prenatal and antenatal complication management
9 CTG, partgram , labour care guide, + lab investigations		5 Obstetrics procedures on simulator/ dummy (BLS/ALS)
8 Obstetric ultrasound, MRI and Prenatal invasive diagnosis	7 Counseling for obstetrics complications	6 Scenario based: Medical Complication Management

Clinical and Practical Component Cycle Gynae

1 Long Case History Taking	2 Long Case Examination	3 Long Case Discussion/Viva Voce
10 Procedures on simulators	Long case 30 marks 45 minutes OSCE 5 minutes/station 35 minutes' Total Marks 35	4 Differential diagnosis (Mass abdomen, HMB, dysmenorrhoea, something coming out vagina)
9 Lab investigations (e.g. Anemia, pre- op investigations etc.)		5 Instrument, Medication and sutures
8 Ultrasound and radiological investigations (USG, HSG, CT scan, MRI, Doppler)	7 Counseling	6 Contraceptive methods / HRT

Internal Assessment- RMU

Details and Marks Distribution

Clerkship- Unit/Ward Wise Assessment	1 st Rotation in Gynae Unit	2 nd Rotation in Gynae Unit	Marks	%
<i>Work Place Based (WPBA)</i>	4 workshops (04 marks) 4 wards rotation and log book (04 marks) 2 evening duties / case presentation (02 marks)	4 workshops (04 marks) 4 wards and log book (04 marks) 2 evening duties / case presentation (02 marks)	20	44.5 %
EBE 10 marks It will comprise of theory 50 MCQ (33.5% of EBE) and clinical 14 OSCE stations of Obs/Gynae 70 marks (46.5 % of EBE) and 2 long cases 30 marks, 15 marks / case (20 %)			20	44.5 %
CPC Attendance \geq 75% 05 marks Attendance <75% zero mark			05	11 %
Total			45	
*Unit/Ward assessment will be rounded				

- A student having publication (Gynae/ Obs related) in non-predator Journal during Final Year MBBS period will get extra 7.5 marks. Addition of these numbers will not be over and above total 150 numbers. Credit of these marks cannot be taken in other subjects.
- There is no compensation for attendance for missed period(s) of clerkship. Remedial learning can only be used to make up for compensation of clerkship objectives not attendance.
- CPC attendance will be counted in one specialty.(Gynae/Obs)

Internal Assessment 45 Marks Breakup (%)

Component	% of Internal Assessment
EBE- 20/45	44.5%
Clerkship- Unit/Ward assessment- Work Place Based (WPBA) Assessment20/45	44.5%
CPC 5/45	11%
Publication 7.5/45	5%

Details have been provided in previous page

WPBA	Total
-------------	--------------

8 workshops	4 wards rotation with rotation targets achievements and log book	2 evening duties in labour room rotation / 2 case presentation / duty	
8 marks	8 marks	4 marks	20
40%	40%	20%	100

**CLERKSHIP- UNIT/WARD WORK BASED ASSESSMENT (WPBA) MARKING
DETAILS**

END BLOCK EXAMINATION (EBE)

- End Block Examination (EBE) has been devised for assessment of three months Rotation/Clerkship. It has undergone a number of modifications over last few years. A lot of effort has been done to make it uniform and standardized keeping in mind attachment of Medical Students to more than one hospital.
- It will be held at the end of each Block (after 12 weeks) on last working days.
- It will include theory (MCQs- 50) and clinical (OSCE- 14 stations 70 marks, 2 long case 30 marks - 15 marks / case).

Theory component- Table of Specification EBE

Section I:

Obstetrics:

S. No.	SECTIONS	Topic Distribution	MCQs - 25
1	NORMAL OBSTETRICS	Prenatal	1
		Antenatal	2
		Intrapartum	2
		Postnatal Care	1
		Neonatology	1
		Breast feeding	1
2	OBSTETRICS COMPLICATION	Antenatal	2
		Intrapartum	2
		Postnatal	2
3	MEDICAL COMPLICATIONS	Early pregnancy disorders	2
		Hematological disorders	1
		Hypertensive disorder	2
		Cardiac disease in pregnancy	
		Endocrinological disorders in pregnancy	2
		Liver disease and gastroenterology disorders	
Others	2		
4	OBSTETRICS EMERGENCY	Maternal collapse and resuscitation and others emergencies	2
Total			25

Paper II

Gynaecology :

S. No.	Topic Distribution	MCQs - 25
1	Anatomy and embryology of genital tract	1
2	Disorders of puberty and ovulation	2
3	Disorders of menstruation	3
4	Miscarriages and molar	2
5	Ectopic gestation	1
6	Subfertility	2
7	Endometriosis and adenomyosis	1
8	Infections of genital tract	1
9	Uterovaginal prolapse	1
10	Urogynecology and fistulae	1
11	Benign tumor of genital tract	3
12	Malignant diseases of genital tract	3
13	Contraception	2
14	Menopause and HRT	1
15	Common gynecological procedures	1
16	Pre-intra and post-operative care	
	Total	25

Clinical Component Stations

It will include 14 Stations. It will be of 70 marks

7 from Obstetrics, 7 from Gynecology

8 interactive, 6 static

OSCE_ Table of specification

Clinical & Practical Component Breakup

Gynaecology long case = 15 marks

Obstetric long case = 15 marks

Gynaecology OSCE = 35 marks

Obstetrics OSCE = 35 marks

MCQs

S. No.	Gynaecology Topic Distribution	Obstetrics Topic Distribution	Marks
1	Differential diagnosis (Mass abdomen, HMB, dysmenorrhoea, something coming out vagina)	Scenario based: prenatal and antenatal complication management	05
2	Instrument, Medication and sutures	Obstetrics procedures on simulator/ dummy (BLS/ALS)	05
3	Contraceptive methods / HRT	Scenario based: Medical Complication Management	05
4	Counseling	Counseling for obstetrics complications	05
5	Ultrasound and radiological investigations (USG, HSG, CT scan, MRI, Doppler)	Obstetric ultrasound, MRI and Prenatal invasive diagnosis	05
6	Lab investigations (e.g. Anemia, pre-op investigations etc.)	CTG, partgram , labour care guide, + lab investigations	05
7	Procedures on simulators	Scenario based: Intrapartum and postpartum complication management	05

MCQ papers will include Single Best Answer (SBA) question with following distribution;

- Establishing a diagnosis (25–40%)
- Understanding the mechanism of disease (20–35%) Applying principles of management (15–25%)
- Promoting preventive medicine and health maintenance (15–25%)

Substantial amount of extraneous information may be given, or a clinical scenario may be followed by a question that could be answered without actually requiring that you read the case. It is student's job to determine which information is superfluous and which is pertinent to the case at hand.

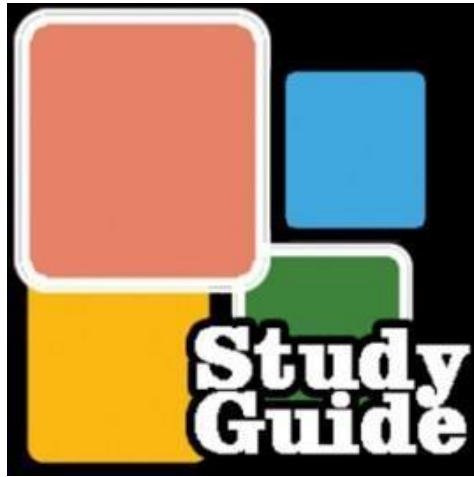
There are a few stems that are consistently addressed throughout the examination:

- What is the most likely diagnosis? (40%)
- Which of the following is the most appropriate initial step in management? (20%)
- Which of the following is the most appropriate next step in management? (20%)
- Which of the following is the most likely cause of . . . ? (5%)
- Which of the following is the most likely pathogen . . . ? (3%)
- Which of the following would most likely prevent . . . ? (2%)
- Other (10%)

SAQs

Questions in this component will mostly contain a description of a patient history and examination with or without some investigation reports e.g. CBC, Chemistry, X-Rays/ ECG etc, followed by two or three questions.

- These require short, structured answers
- Consider bulleted points or headings and lists
- Do not attempt to put down everything you know about the subject – stick to answering the question being asked and give common answers first before unusual or unlikely answers
- Keep a close eye on the time- it is easy to get carried away and spend far too much time on a single part of a question



STUDY GUIDE PAEDIATRICS

FINAL YEAR MBBS

Rawalpindi Medical University, Rawalpindi 2023

This study guide book is developed for Final Year MBBS students of Rawalpindi Medical University, Rawalpindi who are going through Paediatric Block. It has been compiled with consolidated efforts with intention to help the medical students of RMU to manage their learning.

The study guide gives an overview of course topics, learning objectives, and methodologies in relation to the course content. The assessment methodology tailored to institutional strategy is provided in details.

This study guide has been designed keeping in view of related PMC guidelines. It is to be noted that this document will be periodically reviewed and improved.

PAEDIATRICS CLERKSHIP

Clinical Pediatric Rotation of Final year MBBS at Rawalpindi Medical University Rawalpindi (Clerkship) comprises

- Total 3 months duration (12 weeks)
- 4 weeks Pediatric clerkship and 8 weeks Gynae /OBS clerkship.
- Lectures / LGIS for 12 weeks including Lectures and Case based learning session (CBL) .
 - Large Group interactive Session (**LGIS**) / **Lectures** of one hour on Tuesday and Wednesday.
 - Case based learning session (CBL) session every Tuesday 12.30 pm to 1.30pm.
- Clinical Clerkship 8 am to 2 pm on Monday, Thursday and Saturday & 8am to 12pm on Friday at respective Departments Paeds HFH and Paeds BBH.

- Each Student during the Clerkship stays for four week in Paeds HFH or Paeds BBH.
- From 2 pm to 5pm on minimum 1day/week student attend PICU,NICU,Emergency of respective Department Paeds HFH or Paeds BBH and shadows House Officers , and Post Graduate Trainees and Senior Registrars.

PAEDIATRICS CLERKSHIP- HOURS

LGIS	Schedule Duration Monthly	Schedule Duration Total 3 months module
Interactive LGIS	11:30am to 12:30pm on Tuesday and 10:00am to 11:00am on Wednesday 2 days a week= 8 hour/month	24 hour
Tutorial Case based Learning (CBL)	12:30pm to 1:30pm every Tuesday 4 hours per month	12 hours
CPC	8-9am, once a week=4 hours	12 hours
Total		48 hours

Clinical Clerkship	Schedule Duration Monthly	Schedule Duration Total 3 months module
Clinical Clerkship in Wards	8am-2pm, 3 days aweek= 72hours/month 8am-12pm Friday= 16hours/month	88 hours/month
Shadowing Resident in PICU- Evening hours	3 hours, 1 time a week= 12 hours	12 hours
Total		100 hours

STRUCTURED TRAINING PROGRAM

Paediatrics
Clerkship

- 148 hours

LGIS

- 48 hours

Clinical
rotation

- 100 hours

**LARGE GROUP INTERACTIVE
SESSIONS DETAILS**

Final Year MBBS Annual Calendar / Lecture Schedule 2023
Pediatric Department

Day	Date	Time	Topic	Teacher	Case Based Learning	Time
Tuesday	07-03-2023	11:30am to 12:30pm	Cyanotic Congenital H.D,TGA, TOF	Dr. Israr Liaquat Assistant Professor	Cyanosis Dr. Jawaria Zia SR Dr. Noshina Riaz SR	12:30pm to 1:30pm
Wednesday	08-03-2023	10:00am to 11:00am	Congenital Heart Disease, VSD, PDA	Dr. Muddassar Sharif Associate Professor		
Tuesday	14-03-2023	11:30am to 12:30pm	Nephrotic Syndrome	Prof. Asma Mushtaq Professor	Edema Dr. Verda Imtiaz SR Dr. Farah Ammar SR	12:30pm to 1:30pm
Wednesday	15-03-2023	10:00am to 11:00am	Cerebral Palsy	Dr. Asad Shabbir Assistant Professor		
Tuesday	21-03-2023	11:30am to 12:30pm	Inborn Error of new Metabolism	Dr. Hina Sattar Assistant Professor	Diarrhea Dr. Sadaf Ijaz SR Dr. Tanzeela Rani SR	12:30pm to 1:30pm
Wednesday	22-03-2023	10:00am to 11:00am	Perinatal Asphyxia	Dr. Aqeela Ayub Assistant Professor		
Tuesday	28-03-2023	11:30am to 12:30pm	Neonatal Jaundice	Dr. Muddassar Sharif Associate Professor	Jaundice Dr. Mamoon Qudrat SR Dr. Marria Shamsheer SR	12:30pm to 1:30pm
Wednesday	29-03-2023	10:00am to 11:00am	Cystic Fibrosis	Dr. Aqeela Ayub Assistant Professor		
Tuesday	04-04-2023	11:30am to 12:30pm	Neonatal Seizures	Prof. Asma Mushtaq Professor	Seizures Dr. Saima Akhtar SR Dr. Hafeez SR	12:30pm to 1:30pm
Wednesday	05-04-2023	10:00am to 11:00am	Neonatal Sepsis	Dr. Israr Liaquat Assistant Professor		
Tuesday	11-04-2023	11:30am to 12:30pm	ARF	Dr. Khalid Saheel Assistant Professor	Cough Dr. Faiza Fayyaz SR Dr. Jawaria Zain SR	12:30pm to 1:30pm
Wednesday	12-04-2023	10:00am to 11:00am	Asthma	Dr. Asad Shabbir Assistant Professor		
Tuesday	18-04-2023	11:30am to 12:30pm	LBW, Prematurity	Dr. Khalid Saheel Assistant Professor	Fever Dr. Isfand Yar SR Dr. Amal Hasham SR	12:30pm to 1:30pm
Wednesday	19-04-2023	10:00am to 11:00am	AGN	Dr. Muhammad Asim Assistant Professor		
Tuesday	25-04-2023	11:30am to 12:30pm	CRF	Dr. Muhammad Asim Assistant Professor	Failure to thrive Dr. Sadaf Ijaz SR Dr. Tanzeela Rani SR	12:30pm to 1:30pm
Wednesday	26-04-2023	10:00am to 11:00am	IDM	Dr. Aqeela Ayub Assistant Professor		
Tuesday	02-05-2023	11:30am to 12:30pm	Hypertension	Dr. Asad Shabbir Associate Professor	Headache Dr. Maryam Amjad SR Dr. Sonia Fazal SR	12:30pm to 1:30pm
Wednesday	03-05-2023	10:00am to 11:00am	Hypothyroidism	Dr. Hina Sattar Assistant Professor		
Tuesday	09-05-2023	11:30am to 12:30pm	Diabetes (DKA)	Dr. Asad Shabbir Assistant Professor	Vomiting Dr. Qurat ul ain SR Dr. Sumbal Shehzadi SR	12:30pm to 1:30pm
Wednesday	10-05-2023	10:00am to 11:00am	Epilepsy	Dr. Khalid Saheel Assistant Professor		
Tuesday	16-05-2023	11:30am to 12:30pm	Neonatal Resuscitation	Dr. Muhammad Asim Assistant Professor	Pallor Dr. Mamoon SR Dr. Maria Shamsheer SR	12:30pm to 1:30pm
Wednesday	17-05-2023	10:00am to 11:00am	Muscular Dystrophy	Dr. Aqeela Ayub Assistant Professor		
Tuesday	23-05-2023	11:30am to 12:30pm	Short Stature	Dr. Hina Sattar Assistant Professor	DMNCI Dr. Faiza Fayyaz SR Dr. Jawaria Zain SR	12:30pm to 1:30pm
Wednesday	24-05-2023	10:00am to 11:00am	Dengue Fever	Dr. Israr Liaquat Assistant Professor		
Tuesday	30-05-2023	11:30am to 12:30pm	Diphtheria	Dr. Muddassar Sharif Associate Professor	EPI Schedule Dr. Amal Hasham SR Dr. Isfand Yar SR	12:30pm to 1:30pm
Wednesday	31-05-2023	10:00am to 11:00am	Aplastic Anemia	Prof. Asma Mushtaq Professor		
Tuesday	06-06-2023	11:30am to 12:30pm	Bronchiolitis	Dr. Muhammad Asim Assistant Professor	Asthma Dr. Sadaf Ijaz SR Dr. Tanzeela Rani SR	12:30pm to 1:30pm
Wednesday	07-06-2023	10:00am to 11:00am	Bleeding disorders in newborn	Dr. Hina Sattar Assistant Professor		
Tuesday	13-06-2023	11:30am to 12:30pm	Vitamin D Deficiency	Dr. Muddassar Sharif Associate Professor	Malnutrition Dr. Ayesha Tariq SR Dr. Uzma Abid SR	12:30pm to 1:30pm
Wednesday	14-06-2023	10:00am to 11:00am	UTI	Dr. Israr Liaquat Assistant Professor		

Final Year MBBS Lectures Learning Objectives

Sr#	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition				MOA
							C1	C2	C3	Affective	
1	TUESDAY	DR ISRAR LIAQUAT Assistant Professor	CARDIOLOGY	Cyanotic Congenital Heart disease (TGA, TOF)	At the end of one hour lecture, students will be able to: a) Enlist and classify CHD b) Discuss clinical features and enlist investigations c) Name the complications d) Differentiate b/w different CHD e) Outline Management plan f) Prognosis of CHD	LGIS/PPT			✓	A3	MCQs SEQs
2	WEDNESDAY	DR MUDASIR SHARIF Associate Professor	CARDIOLOGY	Congenital Heart Disease (VSD, PDA)	At the end of one hour lecture, students will be able to: a) Enlist and classify CHD b) Discuss clinical features and enlist investigations c) Name the complications d) Differentiate b/w different CHD e) Outline Management plan f) Prognosis of CHD	LGIS/PPT			✓	A3	MCQs SEQs
3	TUESDAY	PROF DR ASMA MUSTAQ HOD PAEDS	NEPHROLOGY	NEPHROTIC SYNDROME	At the end of one hour lecture, students will be able to: a) Define nephrotic syndrome b) Discuss the clinical presentation c) Differentiate minimal change disease from atypical nephrotic syndrome d) Plan pertinent investigation, interpret, and take appropriate action e) Name the complications f) Manage disease and its complications	LGIS/PPT			✓	A3	MCQS SEQS

4	WEDNESDAY	DR ASAD SHABBIR Associate Professor	CNS	CEREBRAL PALSY	At the end of one hour lecture, students will be able to: a) Define cerebral palsy b) Know the etiology and classification c) Describe different clinical presentations d) Discuss the differential diagnosis e) Manage with a multi-disciplinary approach	LGIS/PPT		✓	A3	See assessment section
5	TUESDAY	DR HINA SATTAR Assistant Professor	METABOLIC DISORDER	INBORN ERROR OF METABOLISM	At the end of one hour lecture, students will be able to: a) Significance of metabolic disorders b) Common metabolic disorders (Glycogen storage disease, Galactosemia, PKU, Gaucher disease, MPS) and their clinical presentation c) Relevant investigation and their management	LGIS/PPT		✓	A3	See assessment section
6	WEDNESDAY	DR AQEELA AYUB Assistant Professor	NEONATOLOGY	PERINATAL BIRTH ASPHYXIA	At the end of one hour lecture, students will be able to: a) Define asphyxia risk factor b) Enlist perinatal asphyxia c) To be familiar with APGAR score d) Enlist common complications of perinatal asphyxia e) To be familiar with SARNOT STAGING of Perinatal asphyxia f) Treatment options of perinatal asphyxia g) Concept of total body hypothermia	LGIS/PPT		✓	A3	See assessment section
7	TUESDAY	DR MUDASSIR SHARIF Assistant Professor	NEONATOLOGY	NEONATAL JAUNDICE	At the end of one hour lecture, students will be able to: a) Enlist common causes of unconjugated and conjugated hyperbilirubinemia at different days of life b) Enlist investigations c) Know indications of phototherapy and exchange transfusion d) Enlist complications	LGIS/PPT		✓	A3	See assessment section

					e) Manage according to cause						
8	WEDNESDAY	PROF DR AQEELA AYUB Assistant Professor	RESPIRATORY SYSTEM	CYSTIC FIBROSIS	At the end of one hour lecture, students will be able to: a) Describe etiopathogenesis b) Enlist common complications of CF c) Enlist the clinical features of CF d) Enlist diagnostic parameters of CF e) Treatment modalities of CF	LGIS/PPT		✓	A3	See assessment section	
9	TUESDAY	PROF DR ASMA MUSTAQ HOD PAEDS	NEONATOLOGY	NEONATAL SEIZURES	At the end of one hour lecture, students will be able to: a) Define neonatal seizures b) Enlist common causes c) Describe clinical types d) Enlist investigations e) Management according to causes and follow-up plan	LGIS/PPT		✓	A3	See assessment section	
10	WEDNESDAY	DR ISRAR LIAQUAT Assistant Professor	NEONATOLOGY	NEONATAL SEPSIS	At the end of one hour lecture, students will be able to: a) Define neonatal sepsis b) Enlist common causative factors and risk factors c) Discuss clinical features d) Enlist investigation and their interpretation e) Describe treatment, identify complications and their management	LGIS/PPT		✓	A3	See assessment section	
11	TUESDAY	DR KHALID SAHEEL Assistant Professor	NEPHROLOGY	ARF	At the end of one hour lecture, students will be able to: a) Define ARF b) Enlist common causes at different ages c) Discuss the clinical presentation	LGIS/PPT		✓	A3	See assessment section	

					<p>d) Appropriate investigations and their interpretation</p> <p>e) Enlist complications</p> <p>f) Manage disease and its complications</p>						
12	WEDNESDAY	PROF DR ASAD SHABBIR Assistant Professor	RESPIRATORY SYSTEM	ASTHMA	<p>At the end of one hour lecture, students will be able to:</p> <p>a) Define asthma</p> <p>b) Enlist risk factors and discuss clinical presentation</p> <p>c) Classify as per GINA guidelines</p> <p>d) Make differentials</p> <p>e) Enlist investigations and their interpretation</p> <p>f) Manage acute attack</p>	LGIS/PPT		✓	A3	See assessment section	
13	TUESDAY	DR KHALID SAHEEL Assistant Professor	NEONATOLOGY	LBW/PREMATURITY	<p>At the end of one hour lecture, students will be able to:</p> <p>a) Define LBW babies</p> <p>b) Enlist common causes of LBW babies</p> <p>c) Enlist complications and problems of premature babies</p> <p>d) Manage prematurity and its complications</p>	LGIS/PPT		✓	A3	See assessment section	
14	WEDNESDAY	PROF DR M. ASIM Assistant Professor	NEPHROLOGY	AGN	<p>At the end of one hour lecture, students will be able to:</p> <p>a) Define AGN</p> <p>b) Discuss clinical presentation and make a differential diagnosis</p> <p>c) Enlist investigations and their interpretation</p> <p>d) Enlist complications and disease management</p>	LGIS/PPT		✓	A3	See assessment section	
15	TUESDAY	DR M. ASIM Assistant Professor	NEPHROLOGY	CRF	<p>At the end of one hour lecture, students will be able to:</p> <p>a) Define CRF</p> <p>b) Discuss clinical presentation and make a differential diagnosis</p> <p>c) Enlist investigations and their interpretation</p> <p>d) Enlist complications and disease</p>	LGIS/PPT		✓	A3	See assessment section	

					management						
16	WEDNESDAY	DR AQEELA AYUB Assistant Professor	NEONATOLOGY	IDM	At the end of one hour lecture, students will be able to: a) Know the clinical manifestations of IDM b) Immediate monitoring of IDM c) Identify important complications d) Manage IDM and its complications	LGIS/PPT		✓	A3	See assessment section	
17	TUESDAY	DR ASAD SHABBIR Assistant Professor	CVS	HYPERTENSION	At the end of one hour lecture, students will be able to: a) Define hypertension b) Enlist causes and discuss its clinical presentation c) Enlist investigations and their interpretation d) Manage the disease and its complications	LGIS/PPT		✓	A3	See assessment section	
18	WEDNESDAY	DR HINA SATTAR Assistant Professor	ENDOCRINOLOGY	HYPOTHYROIDISM	At the end of one hour lecture, students will be able to: a) Enlist causes b) Discuss clinical presentation at various ages c) Enlist investigations and their interpretation d) Treat and counsel the parents and plan follow-up	LGIS/PPT		✓	A3	See assessment section	
20	TUESDAY	DR ASAD SHABBIR Assistant Professor	ENDOCRINOLOGY	DIABETES MELLITUS/ DKA	At the end of one hour lecture, students will be able to: a) Know the pathophysiology and clinical presentation of DM b) Relevant investigations and their interpretation c) Recognize complications and manage the disease and its complications d) Counsel the parents and patient	LGIS/PPT		✓	A3	See assessment section	

21	WEDNESDAY	DR KHALID SAHEEL Assistant Professor	CNS	EPILEPSY	At the end of one hour lecture, students will be able to: a) Define and enumerate the causes of epilepsy b) Classify and discuss its clinical presentation c) Investigations and their interpretation d) Manage epilepsy and status epilepticus e) Counsel the parents/patient and plan follow-up	LGIS/PPT		✓	A3	See assessment section
22	TUESDAY	DR M. ASIM Assistant Professor	NEONATOLOGY	NEONATAL RESUSCITATION	At the end of one hour lecture, students will be able to: a) Identify the babies who will need resuscitation at birth b) Enlist steps of resuscitation as per algorithm c) Identify different sizes of face mask, ambu bags, laryngoscope blades and their use by picture. d) Perform ambu-bagging and chest compressions	LGIS/PPT		✓	A3	See assessment section
23	WEDNESDAY	DR AQEELA AYUB Assistant Professor	NEUROMUSCULAR SYSTEM	MUSCULAR DYSTROPHY(DMD)	At the end of one hour lecture, students will be able to: a) Describe muscular dystrophy and its pathophysiology b) Know various types of muscular dystrophies c) Clinical presentation of DMD and enlist investigations d) Make differential and monitor for complications e) Management and counseling of parents and patient	LGIS/PPT		✓	A3	See assessment section
24	TUESDAY	DR HINA SATTAR Assistant Professor	ENDOCRINOLOGY	SHORT STATURE	At the end of one hour lecture, students will be able to: a) Define short stature b) Enlist common causes and their presentation c) Demonstrate anthropometric measurements d) Enlist investigations and their interpretation e) Manage according to cause and	LGIS/PPT		✓	A3	See assessment section

					plan follow-up						
25	WEDNESDAY	PROF DR ISRAR LIAQUAT Assistant Professor	INFECTIOUS DISEASES	DENGUE FEVER	At the end of one hour lecture, students will be able to: a) Define dengue fever, dengue hemorrhagic fever, and dengue shock syndrome b) Discuss clinical features and identify warning signs c) Enlist investigations and their interpretation d) Appropriate monitoring and manage accordingly e) Advise preventive measures	LGIS/PPT		✓	A3	See assessment section	
26	TUESDAY	DR MUDASSIR SHARIF Assistant Professor	INFECTIOUS DISEASES	DIPHTHERIA	At the end of one hour lecture, students will be able to: a) Discuss the pathophysiology b) Discuss clinical features and identify warning signs c) Enlist investigations and their interpretation d) Appropriate monitoring and manage accordingly e) Advise preventive measures	LGIS/PPT		✓	A3	See assessment section	
27	WEDNESDAY	PROF DR ASMA MUSTAQ HOD PAEDS	HEMATOLOGY	APLASTIC ANEMIA	At the end of one hour lecture, students will be able to:	LGIS/PPT		✓	A3	See assessment section	

CLINICAL ROTATION OUTLINE

FINAL YEAR TEACHING ROSTER
BATCH R

Date	DAY	History Taking 8am -11:55am Friday 8am to 10am	Classes from 12 to 2pm Friday 10-12pm	Evening Classes 2 -5pm
06-03-2023	Monday	Bedside History Taking	Congenital Heart Disease (VSD, PDA), CCF Long Case (Acyanotic), Acquired HD (Rheumatic, myocarditis, infective endocarditis) Cyanotic HD (TOF, TGA), Short case precordium, pulses, B.P Dr. Asad Shabbir AP / Dr. Ayesha Tariq SR	Log Books Work Books, Observation in Wards
09-03-2023	Thursday	Bedside History Taking	Cough and Breathing Difficulty Long Case, O2 therapy, nebulizers, inhalers, peak flow meters, CXR, Short Case Respiratory System X-Ray (CVS) ECG, CPR Dr. Israr Liaquat AP / Dr. Verda Imtiaz	Log Books Work Books, Observation in Wards
10-03-2023	Friday	Bedside History Taking 8am to 10am	Bleeding Disorders Long Case Dr. Qaiser Shehzad AP / Dr. Hafeez SR	Log Books Work Books, Observation in Wards
11-03-2023	Saturday	Bedside History Taking	Approach to a baby with Neonatal Jaundice Neonatal Resuscitation, Neonatal Examination Prof. Asma Mushtaq / Dr. Sonia Fazal SR	Log Books Work Books, Observation in Wards
13-03-2023	Monday	Bedside History Taking	EPI Room, Vaccination Dr. Asad Shabbir AP / Dr. Sumbal Shahzadi SR	Log Books Work Books, Observation in Wards
16-03-2023	Thursday	Bedside History Taking	Approach to an unconscious child (fever, fits), (LP, CT Scan) and CNS examination Dr. Israr Liaquat AP / Dr. Saima Akhtar SR	Log Books Work Books, Observation in Wards
17-03-2023	Friday	Bedside History Taking 8am to 10am	Cerebral Palsy, Stroke AFP (GBS, polio, transverse myelitis) Dr. Qaiser Shehzad AP / Dr. Jawaria Zia SR	Log Books Work Books, Observation in Wards
18-03-2023	Saturday	Bedside History Taking	Chronic diarrhea, CLD (Long Case) Ascites Acute diarrhea, dehydration Prof. Asma Mushtaq / Dr. Maryam Amjad SR	Log Books Work Books, Observation in Wards
20-03-2023	Monday	Bedside History Taking	Nephrotic Syndrome, AGN, GPE Clinical Pictures Dr. Asad Shabbir AP / Dr. Noshina Riaz SR	Log Books Work Books, Observation in Wards
23-03-2023	Thursday	Bedside History Taking	Diabetes mellitus, Short Stature Dr. Israr Liaquat AP / Dr. Uzma Abid SR	Log Books Work Books, Observation in Wards
24-03-2023	Friday	Bedside History Taking 8am to 10am	Growth and Development, Caloric Assessment and feeding, Anthropometry and Plotting and BP Dr. Qaiser Shehzad AP / Dr. Farah Naz	Log Books Work Books, Observation in Wards
25-03-2023	Saturday	Bedside History Taking	Hemolytic anemia Lab Interpretation (Urine R/E, C.P, LFT, RFT) Prof. Asma Mushtaq // Dr. Farah Naz SR	Log Books Work Books, Observation in Wards
27-03-2023	Monday	Bedside History Taking	Child with Fever Long Case, Ascitic Tap, Pleural Tap Joint Pains (JIA SLE), Exchange transfusion Dr. Asad Shabbir AP / Dr. Qurat ulain SR	Log Books Work Books, Observation in Wards
30-03-2023	Thursday	Bedside History Taking	Instruments (NG Tube, Catheters, Infantometer, Stedio meter) Gastric Lavage, IV, IM, types of IV fluids, Malnutrition Long Case Short Case (Malnutrition) Dr. Israr Liaquat AP / Dr. Hafeez SR	Log Books Work Books, Observation in Wards
31-03-2023	Friday	Bedside History Taking 8am to 10am	BLS, Choking infant Dr. Qaiser Shehzad AP / Dr. Sonia Fazal SR	Log Books Work Books, Observation in Wards
01-04-2023	Saturday	WARD TEST OSPE: Dr. Farah Ammar SR Short Cases: Dr. Sumbal Ghazi SR, Dr. Saima Akhtar SR, Dr. Jawaria Zia SR, Dr. Maryam Amjad SR. Long Case: Dr. Noshina Riaz SR, Dr. Uzma Abid SR, Dr. Asad Shabbir AP		

FINAL YEAR MBBS PAEDIATRICS WARD ROTATION MONTHLY SCHEDULE

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Skill		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1st WEEK															
1	MONDAY	CARDIOLOGY	APPROACH TO A CHILD WITH CONGENITAL HEART DISEASE AND ACQUIRED HEART DISEASE	Student will be able to a) Recall etiology b) Describe clinical features c) Suggest differential diagnosis d) Review basic management points in acquired and congenital heart disease	Student will be able to a) Take history and perform precordial examination b) Interpret CXR, ECG concerning the focal disease c) Practice writing treatment prescription d) Can take B.P, JVP, CPR	Student will be able to a) Take consent for History and Clinical Examination b) Counsel and educate patient about disease, its diagnosis, treatment and management			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	Long case , Short case , OSPE
2	THURSDAY	PULMONOLOGY	APPROACH TO A CHILD WITH COUGH AND BREATHING DIFFICULTY (O2 therapy, nebulizer, inhaler, peak flow meter, CXR)	Student will be able to a) Recall etiopathogenesis b) Describe clinical features c) Suggest differential diagnosis d) Review basic management in Asthma, Pneumonia and tuberculosis	Students will be able to a) Perform history and chest examination b) To know how to deliver O2 therapy, deliver drugs. using nebulizer c) Interpret CXR d) Practice writing prescription	Students will be able to a) Take consent for History and Clinical Examination b) Counsel and educate patient about disease, its diagnosis, treatment and management			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

3	FRIDAY	HEMATOLOGY	APPROACH TO A CHILD WITH BLEEDING DISORDERS	Students will be able to a) Recall physiology of hemostasis b) Describe clinical feature suggestive of an underlying bleeding disorder c) Suggest differential diagnosis d) Review basic management	Students will be able to a) Take history and perform joint examination for bleeding disorder b) Interpret lab findings in a child with bleeding disorder (platelet count, PT/APTT) c) Practice treatment of bleeding disorder	Students will be able to a) Take consent for History and Clinical Examination b) Counsel and educate patient about disease, its diagnosis, treatment and management			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
4	SATURDAY	NEONATOLOGY	APPROACH TO A CHILD WITH NEONATAL JAUNDICE (NEONATAL EXAMINATION, NEONATAL RESUSCITATION)	Students will be able to a) Recall the physiology and causes of neonatal jaundice b) Suggest differential diagnosis c) Review basic management	Students will be able to a) Take history and perform neonatal examination b) Practice the basic steps of neonatal resuscitation c) To differentiate the physiological and pathological jaundice d) Identify ETT, LARYNGOSCOPE, Ambu bag, suction catheter	Students will be able to a) Take consent for for History and Clinical Examination b) Counsel and educate patient about disease, its diagnosis, treatment and management			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
2ND WEEK															
5	MONDAY	IMMUNOLOGY	TO KNOW VACCINE PREVENTABLE DISEASES (EPI SCHEDULE)	Students will be able to a) Recall different types of vaccines b) Know how to administer vaccine	Students will be able to a) Know vaccine preventable diseases in EPI b) To enumerate vaccines in EPI, doses and route of administration	Students will be able to a) Take consent to administer vaccine b) Educate patient about importance of vaccines in			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

						EPI schedule.											
6	THURSDAY	CENTRAL NERVOUS SYSTEM	APPROACH TO UNCONSCIOUS CHILD WITH FEVER AND FITS (meningoencephalitis, cerebral malaria)	Students will be able to recall a) Causes of unconscious child b) Clinical features of Meningitis, encephalitis and cerebral malaria. c) Make more differential diagnosis	Students will be able to know a) How to take history and do CNS examination b) Interpret CSF R/E, CT scan, related MRI findings c) Practice essential management steps	Students will be able to a) Take consent for History and Clinical Examination b) Counsel and educate patient about disease, its diagnosis, treatment, management and complications			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section		
7	FRIDAY	CNS	APPROACH TO A CHILD WITH PARALYSIS (AFP, STROKE, CEREBRAL PALSY)	Students will be able to a) Recall causes of paralysis b) To suggest differential diagnosis c) To suggest management steps	Students will be able to a) Take history and perform motor system and relevant examination b) Interpret CT scan, MRI c) Differentiate b/w GBS vs Polio and differentiate types of CP d) AFP reporting	Students will be able to a) Take consent for History and Clinical Examination b) Counsel and educate patient about disease, its diagnosis, treatment, management and its prognosis.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section		
8	SATURDAY	GASTRO-ENTEROLOGY	APPROACH TO A CHILD WITH CHRONIC	Students will be able to recall a) Causes of acute	Students will be able to a) Take history and	Students will be able to a) Take consent			✓		✓		✓	SGD / BED SIDE SESSIONS	See assess		

			DIARRHEA AND CHRONIC LIVER DISEASE (ACUTE DIARRHEA, DEHYDRATION, ASCITES)	and chronic diarrhea, causes of chronic liver disease b) Suggest differential diagnosis c) Review basic management steps (acute and chronic diarrhea, CLD)	perform abdominal and relevant examination b) To tell plan A,B,C of dehydration c) Interpret Ascitic tap and its interpretation	for for History and Clinical Examination b) Counsel and educate patient about disease, its diagnosis, treatment, management.									(Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	ment section
3RD WEEK																
9	MONDAY	NEPHROLOGY	APPROACH TO A CHILD WITH PERIORBITAL PUFFINESS (NEPHROTIC SYNDROME, AGN)	Students will be able to recall a) Causes of edema and hematuria b) To make differential diagnosis c) Suggest management steps	Students will be able to a) Take history and perform GPE and relevant examination b) Interpret urine R/E c) Practice treatment plan	Students will be able to a) Take consent for History and Clinical Examination b) Counsel and educate patient about disease, its diagnosis, duration of treatment and management.			✓		✓		✓		SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
10	THURSDAY	ENDOCRINOLOGY	APPROACH TO A CHILD WITH DIABETES MELLITUS AND SHORT STATURE	Students will be able to recall a) Causes of short stature b) Etiology and types of Diabetes Mellitus c) Suggest management steps	Students will be able to a) Take history of Diabetes b) Perform detailed examination of Short stature c) Learn how to plot Length/Height d) Practice treatment plan	Students will be able to a) Take consent for History and Clinical Examination b) Educate parents about importance of compliance and regular follow-ups.			✓		✓		✓		SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

11	FRIDAY	GROWTH AND DEVELOPMENT	HOW TO EVALUATE GROWTH AND DEVELOPMENT IN A CHILD	Students will be able to recall how to define growth and development	Student will be able to a) Take Anthropometry measurements and plot them on WHO growth chart b) Measure the caloric intake	Students will be able to a) Take consent for History and Clinical Examination b) Educate parents about importance of regular follow-ups and assessment.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
12	SATURDAY	HEMATOLOGY	LAN INTERPRETATIONS (CBC, LFTS, RFTS) APPROACH TO A CHILD WITH HEMOLYTIC ANEMIA	Students will be able to recall a) Causes of hemolytic anemia b) Suggest differential diagnosis c) Components of CBC, LFTS, RFTS	Students will be able to a) Withdraw samples of CBC, LFTS, RFTS b) Able to differentiate b/w CP and serum vials c) Take history and examination and differentiate different hemolytic anemias	Students will be able to a) Take consent for History and Clinical Examination and sampling			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
4TH WEEK															
13	MONDAY	RHEUMATOLOGY/ PROCEDURES	APPROACH TO A CHILD WITH JOINT PAINS (JIA, SLE) PROCEDURES (ASCITIC TAP, PLEURAL TAP, EXCHANGE TRANSFUSION, GASTRIC LAVAGE)	Students will be able to recall a) Causes of joint pain b) Suggest differential diagnosis c) Indication of procedures	Students will be able to a) Take history and do locomotor examination b) Basic method of procedure and demonstrate it	Students will be able to a) Take consent for History and Clinical Examination b) Consent for procedure and explain its complications.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

14	THURSDAY	NUTRITION/ INSTRUMENTS	APPROACH TO A CHILD WITH MALNUTRITION INSTRUMENTS (NG TUBE, IV CANNULA, INFANTOMETER , STADIOMETER, IV FLUIDS	Students will be able to recall a) Causes of malnutrition b) Suggest its types and classification c) Suggest the use of instruments in daily clinical practice	Students will be able to a) Take history, detailed GPE and relevant examination b) Identify instruments and its indication and contra-indications	Students will be able to a) Take consent for History and Clinical Examination b) Consent for procedure and explain its complications.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assess ment sectio n
15	FRIDAY	BLS	HOW TO APPROACH A CHILD WITH CARDIORESPIR- ATORY ARREST/ CHOKING INFANT	STUDENTS WILL BE ABLE TO ASSESS a) ABC b) GCS	Students will be able to a) Recognize unresponsive patient, verify scene and activate emergency response system b) To be able to perform high ? CPR and Heimlich maneuver	Students will be Able to explain The parent Regarding the Importance of CPR and Heimlich maneuver			✓		✓		✓	LAB WORK Workshop Miniquins Hand on training	See assess ment sectio n
16	SATURDAY	WARD TEST													

CLERKSHIP COMPONENTS

Clerkship activities include hands-on training based on actual interaction with patients covering five key areas:

Diagnostic
Clinical
Reasoning

Focused
Clinical
Encounters

Data Analysis
(including
Medical
Imaging)

Patient
Management
Skills

Hands-on
Procedural
Skills

Diagnostic Reasoning- Learning Objectives

1. Analyzing symptoms
2. Detecting and interpreting clinical signs
3. Suggesting differentials
4. Planning relevant investigations
5. Interpreting and analyzing data
6. Creating case summaries
7. Presenting findings

Focused Clinical Encounters- Learning Objectives

1. Approaching the patient in peculiar situations
2. Taking a focused history
3. Performing focused clinical examination
4. Choosing appropriate diagnostic/ therapeutic options
5. Recognizing and resuscitating acutely unwell patients

Data Analysis (Medical Imaging Inclusive)- Learning Objectives

1. Interpreting and analyzing medical lab data
2. Identifying common lab errors
3. Recognizing normal and common abnormal ECG patterns (i.e. SVT, heart block and Axis deviation)
4. Recognizing normal and common abnormal patterns on various Medical Imaging modalities including X-rays, CT scans, MRIs and ultrasounds.
5. Recognizing normal and common disease patterns of EEG.
6. Should acquire clinical acumen for ordering and interpreting results of common investigations like:
 - CBC,LFTS, RFTS, urinalysis, culture and sensitivity, serum creatinine, blood urea, creatinine clearance, ultrasound etc.
 - Arterial blood gas estimations.
7. Interpret and/or identify: common radiological findings Chest X-ray , Abdominal X-ray and bones and joint Xrays .

Patient Management Skills- Learning Outcomes

1. Explaining patho-physiological concepts
2. Analyzing symptoms
3. Recognizing clinical signs
4. Making diagnostic plans
5. Comparing therapeutic options
6. Writing prescriptions
7. Recording medical notes
8. Seeking interdisciplinary consults
9. Counseling patients and their relatives on relevant issues.

Procedural Skills- Learning Outcomes

1. Explaining the need for a procedure
2. Explaining the details of a procedure to the patient or his/her attendant
3. Planning necessary pre-procedure work-up
4. Preparing the patient for procedure
5. Assisting the procedure
6. Medical graduates should know how to perform:
 - Basic Life Support.
 - Neonatal resuscitation
 - Administration of vaccine
 - Anthropometry, B.P measurement
 - Inject I/V, I/M, S/C, intradermal injections
 - Insert and maintain I/V lines.
 - Lumber puncture
 - Administer Blood transfusion (know the indications, contra- indications and complications of blood transfusions).
 - Exchange transfusion
 - Oxygen therapy: should know the indications, complications, different modes of Oxygen delivery
 - Nebulization

- Educate the patient regarding correct inhaler technique

- Ascitic tap, pleural tap
- Gastric lavage
- Urinary catheterization and collect urine samples

7. **Procedures to be observed/assisted:** Preferably on patients but videos can be an alternative (including the indications, contra indications, steps of the procedure and complications)

- Passing the N/G Tube, and feeding, suction and stomach wash.
- Placing airway and its maintenance.
- Endotracheal tube placement
- Endotracheal suction/maintenance of airway/nursing on side etc.
- Aspiration of fluids (Pleural, Peritoneal)
- Lumbar puncture

Case Presentation Guidelines

Presenting patients to seniors or peers

A student has to make the most of all learning opportunities. He/she should always take opportunities to present formally to seniors. The chance to talk through a history and examination, picking out important things, being asked to explain points, and then being challenged about future management of the patient is invaluable.

There are two types of case presentation. The 'teaching presentation' is an all-inclusive presentation of the history, examination, and investigation findings, culminating with a well-constructed conclusion. Student will be expected to utilize this type of presentation during teaching sessions. You need to present a comprehensive, chronological case report, trying to demonstrate to the audience your diagnostic reasoning; this kind of presentation is also used at academic meetings such as hospital grand rounds and conferences.

The second type is the 'business presentation', utilized on busy ward rounds. The aim is to convey all the key points of the clerking in a few well-chosen sentences. If done well, the other members of the ward round are presented with a matter of fact, with which they should concur. This interaction is rapid and is learnt over many years on rounds. Students initially find it difficult to master, but improve with experience and knowledge. On business rounds students should listen to the way experienced doctors discuss cases. The good ones are focused, succinct, and quickly include and exclude relevant diagnoses with sharp and incisive comments. Student should try to get involved by

clerking patients and asking to present them in this style. Presenting like this forces student to prioritize information and sharpen diagnostic reasoning.

Both presenting styles share key principles:

- Always structure presentation in terms of history, examination, and investigations, and conclude by outlining the current management plan. Finish one before starting the next and introduce the next section as you begin. ‘This 4-year-old female presented with history of On examination she has Blood tests revealed ... and chest x-ray showedShe has been managed with ...’
- Try to pack information into each sentence: ‘a 8-year-old school going presenting generally unwell with a 5-day history of high grade fever, abdominal pain, vomiting and diarrhea.
- Give people summaries of what is about to come next: ‘examination was unremarkable, with a clear chest, normal heart sounds and soft non-tender abdomen’.

Example format for ‘business’ presentations;

- Demographics: Age, sex, ethnicity, immunization.
- Presenting complaint: Just a few words needed.
- Relevant background: Any important factors from elsewhere in the history that directly impact on the presentation.
- History of presenting complaint: a few sentences. Only mention relevant negatives.
- Past medical history: Only dwell on conditions likely to affect diagnosis or management.
- Birth history: prenatal, natal and post-natal
- Vaccination history
- Feeding history
- Developmental history
- Drug history: Often no need to read them all out. Mention key ones relevant to the presentation.
- Family history: Only if relevant.

- Social history: Give a one-sentence description of where the patient lives and how independent they are.
- Examination: Mention how they look generally, vitals, anthropometry and any specific positive findings. Sum up all the negatives where possible,

e.g. 'little to find on examination except...'

- Impression: Always try to form an impression.
- Plan: Mention what has been done already, and what your senior needs to decide upon.

The key to these presentations is relevance, something which is difficult to judge even with experience. Furthermore, different seniors will have different preferences about how much information they wish to be told. Below is an example presentation of a very straightforward patient on a busy ward round. Making such a presentation is an excellent chance to be a part of clinical decision-making, though student may not have the chance to ask all the questions he would like to. Discussing the case thoroughly later on will mean that teaching value of this case will not be missed.

ASSESSMENT

**FINAL YEAR MBBS
(PEDIATRICS)**

**FINAL YEAR MBBS PAEDIATRICS EXAMINATION
COMPONENTS BREAK UP PROPOSAL**

Final Professional MBBS Examination
Rawalpindi Medical University Scheme

Theory (30% of total marks) 43% of Theory + Clinical & Practical		Clinical & Practical (40 % of total) 57 % of Theory + Clinical & Practical			Internal Assessment (30% of total marks)	Total
Marks=60		Marks=80			60	200
Paper		Structured Clinical Evaluation				
MCQs	SAQs	Long Case	Short Cases	Practical		
30 (1 number each)	6 (5 number each)	24 marks	4 stations 2 short cases 2 viva (08 numbers each)	5 stations (5 numbers each)		
Total Marks		Total Marks				
30	30	24	32	24		

Final Professional MBBS Examination

THEORY PAPER (60 marks)

	Topic Distribution	MCQs-30	SAQs-6
1	Neonatology	3	1
2	Infectious Diseases	3	1
3	Gastroenterology	3	1
4	Cardiology	3	1
5	Nephrology	3	1
6	Neurology	3	1
7	Pediatric Emergency/ Critical Care	2	
8	Hematology/ Oncology	2	
9	Preventive Pediatrics/ Nutrition	1	
10	Immunology/ Rheumatology/ Bone Disease	1	
11	Endocrinology	2	
12	Pulmonology	2	
13	Developmental/ Genetics/ Metabolic	1	
14	Dermatology/ Psychiatry	1	

Paper

MCQs 30= 30 marks	SAQs 06= 30 marks	Total= 60 marks
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Final Professional MBBS Examination

Clinical & Practical Component Breakup (80 marks)

No.	Station	Marks
1	Long Case – History Taking	8
2	Long Case – Examination	8
3	Long Case – Viva Voce	8
4	Short Case–GIT	8
5	Short Case – Respiratory	8
6	Short Case– CVS, CNS	8
7	Short Case– GPE	8
8	Work Book, Log Book	4
9	ECG/Instrument/ Lab Data/ Procedure	5
10	X-Ray or CT Scan	5
11	Picture/ Clinical Scenario	5
12	BLS/Neonatal Resuscitation	5

Total Marks of Clinical & Practical	80
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- *All candidates will take history, examine a clinical system or component, do counseling, perform BLS related activity, and get review of Work and Log Book etc with reference to uniform written command in specified time,*
- *Information to Examiner/Key based assessment of each student will be done e.g., evaluation of clinical examination general demeanor, examination technique, examination findings, likely differential diagnosis based on the finding, probable causes and severity of the condition etc will be focused keeping in mind clinical scenario.*

Clinical and Practical Component Cycle

1 Long Case- History taking	2 Long Case- Examination	3 Long Case- Viva voce
12 BLS/Neonatal Resuscitation/ Pediatric Life Support	OSCE Final Year MBBS	4 Short Case- GIT
11 Picture/ Clinical Scenario	5 minutes/station 65 minutes' minimum cycle, can be increased with Rest Stations Total Marks 80	5 Short Case- Respiratory
10 X-Ray or CT Scan	Station 1-7= 8 numbers each Station 8 = 4 marks Station 9-12= 5 numbers each (8 x 7) +4 +(4x5)=80	6 Short Case- CVS/CNS
9 ECG/Instrument/ Lab Data/ Procedure	8 Log Book, Work Book	7 Short Case- GPE

Internal Assessment- RMU

Details and marks distribution

Distribution	Marks	Total
Clerkship-Paediatric Unit (BBH or HFH) Wise Assessment 74.17% (44.5 Marks) A. Work place based (WBA)-29.15% i. Case Presentation (16.66%) ii. Workbook (5.83%) iii. Evening Attendance (6.66%) B. Ward Test 45%	17.5 10 3.5 4 27	44.5
END Block Exam (20.83%)	12.5	12.5
CPC 5% Attended \geq 75% 3 marks Attended \leq 75% Zero Mark	3	3
Total		60
Unit/ward assessment will be rounded		

- There is no compensation for attendance for missed period(s) of clerkship. Remedial learning can only be used to make up for compensation of clerkship objectives not attendance.

Internal Assessment- 60 Marks

% Wise Breakup

Component	Marks	% of internal assessment
End Block Exam (EBE)	12.5/60	20.83%
Clerkship – unit/ward assessment-work place based (WBA) and ward test (WT) assessment	44.5/60	74.17%
CPC	3/60	5%
Total	60	100%

Details have been providing in previous page.

Clerkship – unit ward work based assessment (WBA) and Ward test (WT)

Marking Details in Paediatric Unit (12+ 24 =44.5 Marks)

Work Place Based Assessment 17.5 Marks (29.15%)			Ward Test 27 Marks (45%)
Case presentation	Clinical work book assessment (5 case write Ups on work book)	4 evening duties in ward/ER per month	Ward Test 27 marks (45%)
1 Long Cases 16.66% 10 marks	5.83% 3.5 marks) 5 complete case write Ups) Yes 3.5 marks No <5-zero	6.66% (4 marks) 4/4 Evening marks 4 3/4 Evening marks 3 2/4 Evening marks 2 1/4 Evening marks 1	OSCE (3 scenario, data interpretation, instruments, picture, Xray etc stations) 1 BLS / NRP station, 1 log book station, 4 Short Cases 1 Long Case (History taking, examination and viva) OSCE station marks 4x5 and 1x4 =24 Short cases marks 4x8=32 Long Case 3x8= 24 Total Ward Test Marks 80 Obtained marks / total marks (80) x 27

			<p>For Example Student A took 70/80</p> <p>His ward test assessment according to the given formula will be</p> <p>$70/80 \times 27 = 23.62$ out of 27</p>
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END BLOCK FINAL YEAR 2023

End Block Examination (EBE) was devised for assessment of the three months Rotation. Plan for 2023 Final year MBBS class is detailed in this document.

Eligibility Criteria:

Eligibility criteria are 75% attendance in LGIS.

Assessment:

They will be assessed through MCQs

Total MCQs

25 MCQs in total

Marks:

25 MCQ with 1 marks each and passing marks are 50%.

Time Allowed

Total Time 25 Minutes

Venue:

Lecture hall number 6 at new teaching block

No repetition is allowed

END BLOCK EXAMINATION (EBE) – 12.5 MARKS

It will include 25 MCQS, 25marks, each of 1number (1x25 = 25)

It will be held after 12 weeks in last working week.

Table of Specification

	Topic Distribution	MCQs-32
1	Neonatology	2
2	Infectious Diseases	2
3	Gastroenterology	2
4	Cardiology	2
5	Nephrology	2
6	Neurology	2
7	Pediatric Emergency/ Critical Care	2
8	Endocrinology	2
9	Preventive Pediatrics/ Nutrition	2
10	Immunology/ Rheumatology/ Bone Disease	2
11	Hematology/ Oncology	2
12	Pulmonology	1
13	Developmental/ Genetics/ Metabolic	1
14	Dermatology/ Psychiatry	1

Paper

MCQs 25	Total= 25 marks
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FINAL YEAR MBBS CLERKSHIP- UNIT/WARD WORK BASED ASSESSMENT (WBA)

12 Marks- (Paeds Template)

Name		Roll No	
Batch		Dates of Session	

A- Clinical Work Book Assessment- 3.5 Marks

3 .5marks for 5 Complete Clinical Write ups according to Work Book components, Zero for any incomplete and <5

S No	Case Diagnosis	Assessed by Consultant /SRs	Assessment	Signature
1			Complete Incomplete	
2			Complete Incomplete	
3			Complete Incomplete	
4			Complete Incomplete	
5			Complete Incomplete	

B- 2 Case Presentations- 10 Marks

10 marks for One Case Presentation,Zero for any
unsatisfactory or not presented Case

S No	Case Presentation/Morning Report	Assessed by (Consultant Name)	Marks (10)	Signature
1				

COMPOSITE MARKS

Case Presentations	Work Book Assessment	4 Evening Duties	Total
10	3.5	4	17.5
Consultant Incharge Final Year HFH Prof. ASMA MUSHTAQ Dr. ASAD SHABBIR		Signature, Date, Stamp	

WARD TEST
27 NUMBERS
PAEDIATRICS

WARD TEST
24 MARKS
PAEDIATRICS

Station	Topic	Topic description	LOS	Marks %
1	<p>Long case (Marks =24) 30%</p> <p>History taking</p>	<p>Respiratory system Pneumonia, Bronchiolitis, Bronchial asthma, chronic cough, Tuberculosis,</p> <p>GIT Acute and chronic diarrhea, Celiac disease. Chronic Liver Disease (CLD). Wilson disease.</p> <p>NEUROLOGY Meningitis, Encephalitis, Cerebral Palsy, Stroke, Hydrocephalus.</p> <p>CARDIOLOGY Cyanotic and Acyanotic congenital heart disease</p> <p>Nephrology Renal Failure Chronic Kidney Disease Nephrotic syndrome</p>	<p>Able to introduce himself and polite with the patient</p> <p>Able to take demographic details</p> <p>To make list of chief presenting complaints</p> <p>Able to extract relevant information</p> <p>Able to take vaccination, feeding, development, immunization, family and socio economic history</p> <p>Takes informed consent</p>	<p>8 (10%)</p>

			Takes detailed history	
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	Examination	Respiratory system, GIT and Nephrology,Neurology... (same as above)	<p>Introduce yourself</p> <p>Takes informed consent</p> <p>Uses correct clinical methods systemically including appropriate exposure .</p> <p>Able to pick clinical sign present in the patient</p>	8 (10%)
	Discussion/viva-voce	Respiratory system, GIT and Nephrology..... (same as above)	<p>Presents skillfully</p> <p>Gives correct findings</p> <p>Gives logical interpretation of</p>	8 (10%)

			<p>findings and differential diagnosis</p> <p>Enumerate and justify relevant investigation</p> <p>Outline the treatment plan</p>	
4	<p>Short case and viva</p> <p>4 short cases station (4 x8= 32)</p> <p>GENERAL PHYSICAL EXAMINATION</p> <p>RESPIRATORY SYSTEM</p> <p>NEUROLOGY</p> <p>GASTROENTEROLOGY</p> <p>CARDIOLOGY</p>		<p>Perform proper and concerned relevant clinical examination according to instructions given in professional manner</p> <p>Systematic and appropriate application of clinical methods</p> <p>Able to pick correct signs</p> <p>Logically interprets the clinical findings</p>	<p>32 Marks Total</p> <p>4x 8 =32</p> <p>(40%)</p>

			Justifies diagnosis	
			Make an appropriate management plan	

6	Logbook/workbook	<p>Complete logbook with all columns filled including daily topic discussed, long case presented, morning report, procedures, investigations</p> <p>Complete workbook with five histories and morning reports checked and signed</p>		4 marks 5 %)
7	Instruments 1 stations	ETT, Ambu bag, LP needle, BMB needle, oropharyngeal airway, NG tube, Foleys catheter, IV cannulas, Central venous line, Laryngoscope, chest tube	Able to identify the instrument, describes indications, contraindications and complications	5marks (6.25%)
8	Xray/ Radiology 2 station	CXR of consolidation, pleural effusion, fibrosis, cavitation, cardiac failure, mediastinal and hilar lymphadenopathy	Able to identify findings, give diagnosis and differential diagnosis, enumerate complications and briefly describes treatment	5marks (6.25%)
9	Picture / scenarios 2 stations	Measles , mumps ,rubella varicella,etc...	Able to identify picture , give diagnosis and differential diagnosis, enumerate complications and briefly describes treatment	5marks

10	Counseling	Breaking bad news, Needle prick injuries, Initiation of ATT, Initiation of ATT and other drugs in pregnancy, Counselling regarding pregnancy related medical issues	Able to counsel the patient focusing on autonomy, confidentiality, beneficence,	(6.25%)
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			justice, no harm and safety net etc	
11	BLS/ Neonatal resuscitation	Performance of BLS /Neonatal resuscitation steps on simulator and related viva	Able to perform BLS /Neonatal resuscitation according to recent guidelines	5marks (6.25%)

MCQs

MCQ papers will include Single Best Answer (SBA) question with following distribution;

- Establishing a diagnosis (25–40%)
- Understanding the mechanisms of disease (20–35%) Applying principles of management (15–25%)
- Promoting preventive medicine and health maintenance (15–25%)

Substantial amount of extraneous information may be given, or a clinical scenario may be followed by a question that could be answered without actually requiring that you read the case. It is student's job to determine which information is superfluous and which is pertinent to the case at hand.

There are a few stems that are consistently addressed throughout the examination:

- What is the most likely diagnosis? (40%)
- How will you investigate this case? (20%)
- What can be the differential diagnosis? (20%)
- How will you manage this case? (20%)

SAQs

Questions in this component will mostly contain a description of a patient history and examination with or without some investigation reports e.g. CBC, Chemistry, X-Rays/ ECG etc, followed by two or three questions.

- These require short, structured answers
- Consider bulleted points or headings and lists
- Do not attempt to put down everything you know about the subject – stick to answering the question being asked and give common answers first before unusual or unlikely answers
- Keep a close eye on the time- it is easy to get carried away and spend far too much time on a single part of a question

EXAMPLE 1

A 6 months old baby presented with cough, fever and breathing difficulty. On examination having grade 4 pan- systolic murmur at left lower sternal border and bilateral crepitations . You suspect that baby is having congenital heart disease

1.What is the most likely diagnosis

Answer: ventricular septal defect.

2.How will you investigate this case?

Chest X-ray, Echocardiography and ECG.

3.How will you manage this case?

Anti-failure, supportive care, oxygen therapy if needed.

Definitive: surgical treatment.

Example 2

A 7 year old boy presents in Emergency department with sore throat ,fever and swelling around the neck. Examination shows audible stridor ,Temp.102F,a grayish white membrane covering tonsils and uvula.

1. What is the diagnosis?
2. What are the complications?
3. What is the management?

1. Diphtheria
2. Airway obstruction, myocarditis, heart blocks, neuropathy, septicemia
3. Management:
 - ICU admission
 - Tracheostomy
 - Benzyl penicillin
 - Antitoxin
 - Antipyretics
 - Isolation

Recommended resources:

1. Basics of Pediatrics by Pervez Akbar Khan- Revised 10th edition.
2. Nelson essentials of Pediatrics- 9th edition.
3. Nelson textbook of pediatrics-21st edition.
4. Pediatric board study guide- 2nd edition.
5. Gomella NEONATOLOGY-6th edition.
6. Textbook of neonatal resuscitation American academy of pediatrics-8th edition.
7. Bedside techniques, methods of clinical examination-5th edition.
8. Macleod's clinical examination-14th edition.
9. Examination pediatrics by Wayne Harris.