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.

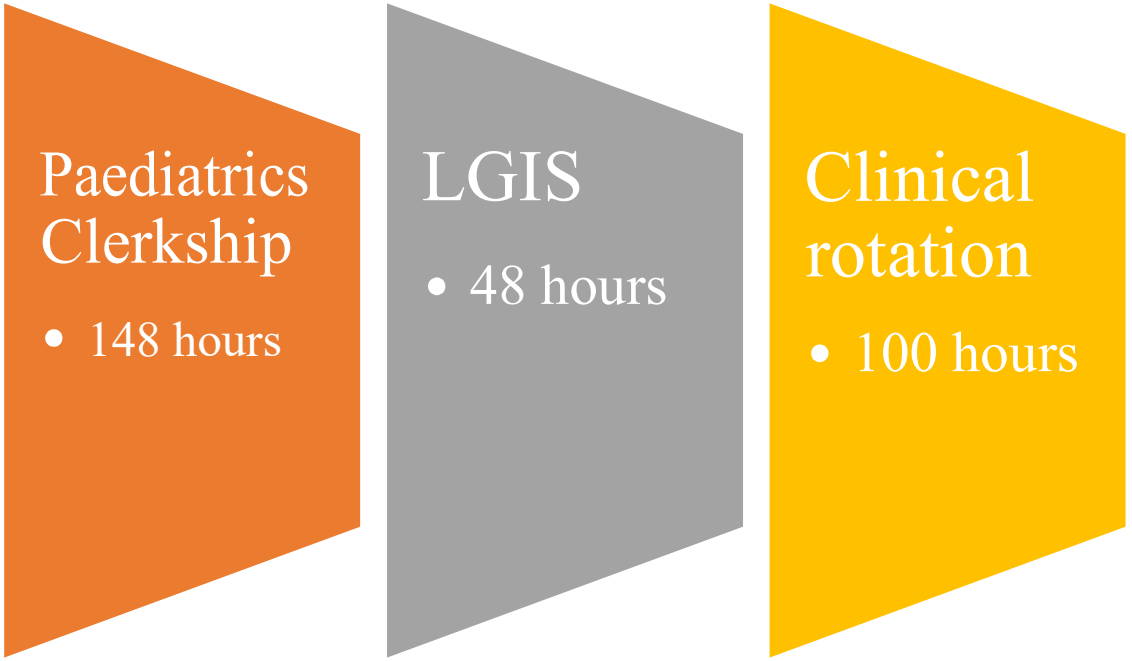
- Each Student during the Clerkship stays for four week in Paeds HFH or Paeds BBH.
- From 2 pm to 5pm on minimum 1day/week student attend PICU,NICU,Emergency of respective Department Paeds HFH or Paeds BBH and shadows House Officers , and Post Graduate Trainees and Senior Registrars.

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



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. Mamoona Qudrat SR. Dr Marria Shamsher 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. Mamoona SR. Dr. Maria Shamsher 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	IMNCI 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. Mudassar 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. Mudsassir 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

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

28	TUESDAY	DR M. ASIM Assistant Professor	RESPIRATORY SYSTEM	BRONCIOLITIS	At the end of one hour lecture, students will be able to:	LGIS/PPT			✓	**A3**	See assessment section
30	WEDNESDAY	DR HINA SATTAR Assistant Professor	NEONATOLOGY	BLEEDING DISORDER IN NEWBORN	At the end of one hour lecture, students will be able to:	LGIS/PPT			✓	**A3**	See assessment section
31	TUESDAY	DR MUDASSIR SHARIF Assistant Professor	NUTRITION	VITAMIN D DEFICIENCY	At the end of one hour lecture, students will be able to:	LGIS/PPT			✓	**A3**	See assessment section
32	WEDNESDAY	DR ISRAR LIAQUAT Assistant Professor	INFECTIOUS DISEASES	UTI	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 mellitus) 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	Disbetes 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 u lain SR	Log Books Work Books, Observation in Wards
30-03-2023	Thursday	Bedside History Taking	Instruments (NG Tube, Catheters, Infantometer, Stadio meter) Gastric Lavage, I/V, I/M, types of I/V fluids, Malmutrition Long Case Short Case (Malmutrition) 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 OJECTIVES (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 assess-ment 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 assess ment sectio n
2ND WEEK															
5	MONAY	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 assess ment sectio n

						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

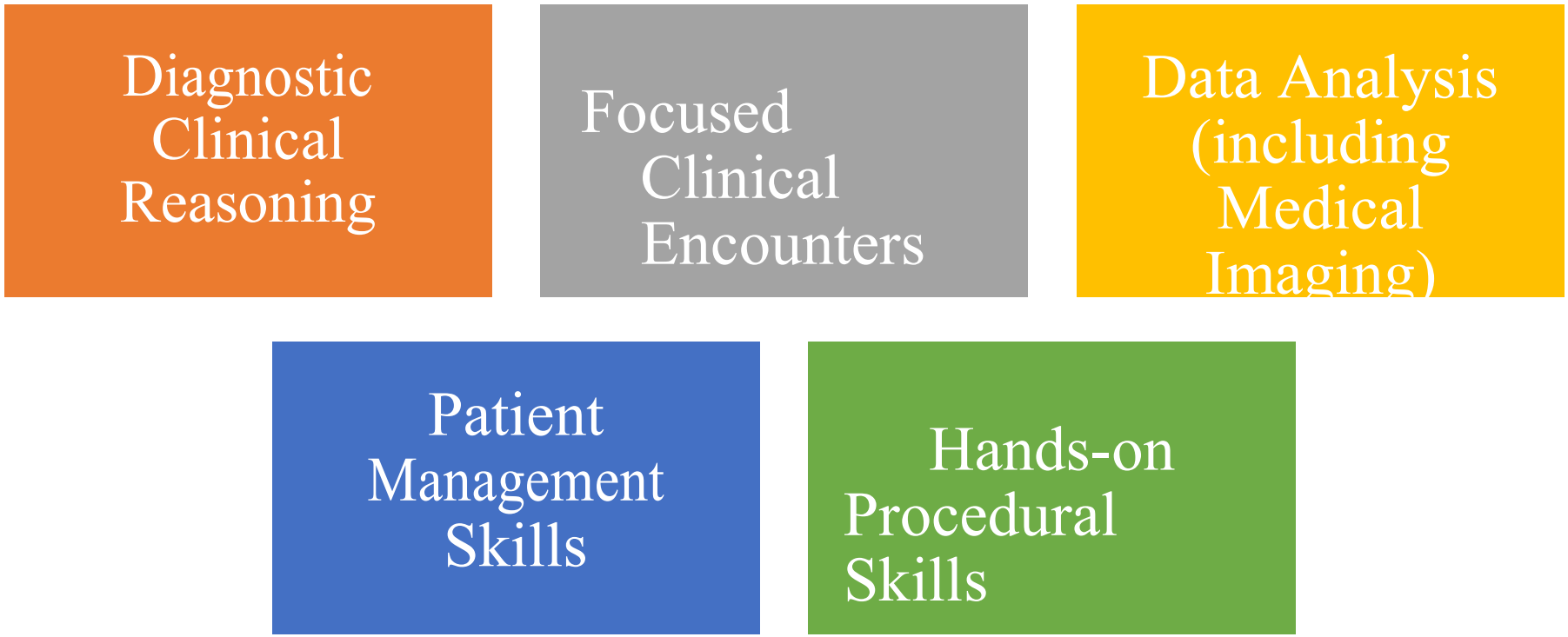
			DIARRHEA AND CHRONIC LIVER DISEASE (ACUTE DIARRHEA, DEHYDRATION, ASCITES)	and chronic diarrhea, causes of chronic liver disease b) Suggest differential diagnosis c)Review basic management steps (acute and chronic diarrhea, CLD)	perform abdominal and relevant examination b) To tell plan A,B,C of dehydration 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 assess ment 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 assess ment sectio n

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 assessment section
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 assessment section
16	SATURDAY	**WARD TEST**													

CLERKSHIP COMPONENTS

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



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 showed ….She 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 EXAMIATION COMPONENTS BREAK UP PROPOSAL

Final Professional MBBS Examination

Rawalpindi Medical University Scheme

<table>
<tr><td colspan="2">Theory
(30% of total marks)
43% of Theory + Clinical & Practical</td><td colspan="3">Clinical & Practical (40 % of total)
57 % of Theory + Clinical & Practical</td><td>Internal Assessment
(30% of total marks)</td><td>Total</td></tr>
<tr><td colspan="2">Marks=60</td><td colspan="3">Marks=80</td><td rowspan="6">60</td><td rowspan="6">200</td></tr>
<tr><td colspan="2">Paper</td><td colspan="3">Structured Clinical Evaluation</td></tr>
<tr><td>MCQs</td><td>SAQs</td><td>Long Case</td><td>Short Cases</td><td>Practical</td></tr>
<tr><td>30
(1 number each)</td><td>6
(5 number each)</td><td>24 marks</td><td>4 stations
2 short cases
2 viva
(08 numbers each)</td><td>5 stations
(5 numbers each)</td></tr>
<tr><td colspan="2">Total Marks</td><td colspan="3">Total Marks</td></tr>
<tr><td>30</td><td>30</td><td>24</td><td>32</td><td>24</td></tr>
</table>

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**

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**

- ***All candidates will take history, examine a clinical system or component, do counseling, perform BLS related activity, and get review of Work andLog 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 etcwill 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 Station 1-7= 8 numbers each Station 8 = 4 marks Station 9-12= 5 numbers each (8 x 7) +4 +(4x5)=80	**5** Short Case- Respiratory
10 X-Ray or CT Scan		**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 ≥ 75% 3 marks Attended ≤ 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**

			For Example Student A took 70/80 **His ward test assessment according to the given formula will be** **70/80x27= 23.62 out of 27**

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**

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				

C- Four Evening Duties in Ward/ER- 4 Marks

4 marks for all attended and documented,

3 marks for 3 evenings

2 marks for 2 evenings

1 mark for 1 evening

Date	Patient Documentation	Assessed by	Assessment	Signature

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

			Takes detailed history	

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

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

			Justifies diagnosis Make an appropriate management plan	

6	Logbook/workbook	Complete logbook with all columns filled including daily topic discussed, long case presented, morning report, procedures, investigations Complete workbook with five histories and morning reports checked and signed		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%)
			justice, no harm and safetynet etc	
11	BLS/ Neonatal resuscitation	Performance of BLS /Neonatal resusitation steps onsimulator and related viva	Able to performBLS /Neonatal resusitation 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.