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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

1 ST 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 selling 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				Seeassessmentsection
							C2				
							C2				
							C2				
							C3			A1	
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>	<p>a) Know to take relevant history and do methodical examination of neck swelling</p> <p>b) To make DD of neck swelling</p> <p>c) To advise investigations like ultra sound neck and FNAC where needed</p> <p>d) Know the staging investigations if mass turns to be a malignant</p>	LGIS/PPT					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		
2 ND 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		
3 RD 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 dysphatia d) Etiology of dysphagia e) Principles of nutritional assessment and TPN f) Management	LGIS/PPT/ Video				A3	Seeassessm entsection
12	TUESDAY	PROF. . NAEEM ZIA	SURGERY	THEME Hematemesis	g) Understand anatomy and physiology of oesophagus h) Pathophysiology of haemetemesis i) Etiology of haemetemeisis j) Clinical features k) Investigations a) Management	LGIS/PPT				A3	Seeassessm entsection
	WEDNESD AY	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 C2 C3 C3 C3 C3			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		11		A3	See assessment section

15	SATURDAY	PROF. WAQAS RAZA	SURGERY	<p>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	Seeassessment 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		
4 TH WEEK Theme (LOWER GI TRACT)											
16	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Patientwith 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	Seeassessm entsection
17	TUESDAY	PROF. NAEEM IA	SURGERY	THEME Patients with peri anal pathologies.	a) Understand anatomy and physiology of rectum and anal canal b) Congenital anamolies c) Pathogy 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	Seeassessm entsection
	WEDNESD AY	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 prenil and abdominal approaches for complete rectal prolapsed	LGIS/PPT/ CaseVignette	C1 C2 C2 C2 C3 C3			A3	Seeassessm entsection
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 anaomolies e) To differentiate partial and complete prolapse f) To have knowledge of non surgical management of rectal malformation f) have knowledge of prenil and abdominal approaches for complete rectal malformation		C1 1	C2 2	C3		

20	SATURDAY	PROF. NADIR MAHMOOD	SURGERY	<p>THEME</p> <p>Patients with hematochezia and malena</p>	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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S r #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C 1	C 2	C3		
5 TH WEEK Theme ACUTE ABDOMEN											
21	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME Patient on Xray chest With free gas under diaphragm.	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.	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
	WEDNESD AY	CPC									
23	THURSDAY	PROFNAVEED AKHTAR	SURGERY	THEME Patient with gross abdominal distension.	a) To understand 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	ANAESTHES A	THEME Airway management.	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	<div>THEME</div> 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
							C 1	C 2	C3		
6 WEEK Theme HEPATOBILIARY 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	Seeassessment section
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 hypochondriumConstruct differential diagnosis of obstructive jaundiceDescribe the clinical features of different massesOutline different investigationsMake a management plan	LGIS/ PPT				A3	Seeassessment section
	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 C3			A3	Seeassessment section
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	Seeassessment section

S r #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
7 TH 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		19	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
							C 1	C 2	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/ Case Vignette				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/ Case Vignette				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/ Case Vignette	C1 C2 C3 C3 C3 C3			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>THEME</p> <p>Patient with malignant neck swelling moving with deglutition</p>	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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S r #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C 1	C 2	C3		
9THWEEK 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 regimens 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>THEME</p> <p>patient with incidentalomas.</p>	<p>a) To define incidentiloma</p> <p>b) Anatomy and physiology of incidentilomas</p> <p>c) Appreciate the importance of incidentiloma</p> <p>d) Enumerate the investigations for incidentiloma</p> <p>e) Management of incidentiloma in different regions</p> <p>f)</p>	<p>LGIS/PPT CaseVignette</p>					<p>A3</p>	Seeassessm entsection
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S r #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C 1	C 2	C3		
10 TH WEEK Theme (ABDOMINAL WALL)											
46	MONDAY	PROF. JAHANGIR SARWAR KHAN	SURGERY	THEME soft tissue swelling in bdominal wall.	A) To understand the surgical anatomy of the abdominal wall B) Precipitating factors for hernia formation C) Cardinal Clinical presentation of abdominal hernias 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	Seeassessm entsection
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 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	Seeassessm entsection
	WEDNESD AY	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 C3 C3			A3	Seeassessm entsection
49	FRIDAY	SURGICAL SPECIALTIES	PAEDIATRIC SURGERY	THEME UndescendedTestis	a) Anatomy and physiology of testis b) Embryology of testis c) Clinical features d) Investigations e) Management	LGIS/PPT/ VideoPT				A3	Seeassessm entsection
50	SATURDAY	PROF. NADIR MAHMOOD	SURGERY	THEME Approach to patients with anterior andominal 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 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	Seeassessm entsection

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives(SLO)	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
11 TH 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	26			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	C2	C3		

					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		
12 TH WEEK Theme (THORAX)											
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. Summaries the indications and contraindications of neuraxial anesthesia. c. Summaries 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 28		<input type="checkbox"/>	A3	See assessment section

60	SATURDAY	PROF. NADIR MAHMOOD	SURGERY	THEME Patient with mediastinal mass.	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)	LGIS/PPT CaseVignette			<input type="checkbox"/>		A3	Seeassessment ntsection
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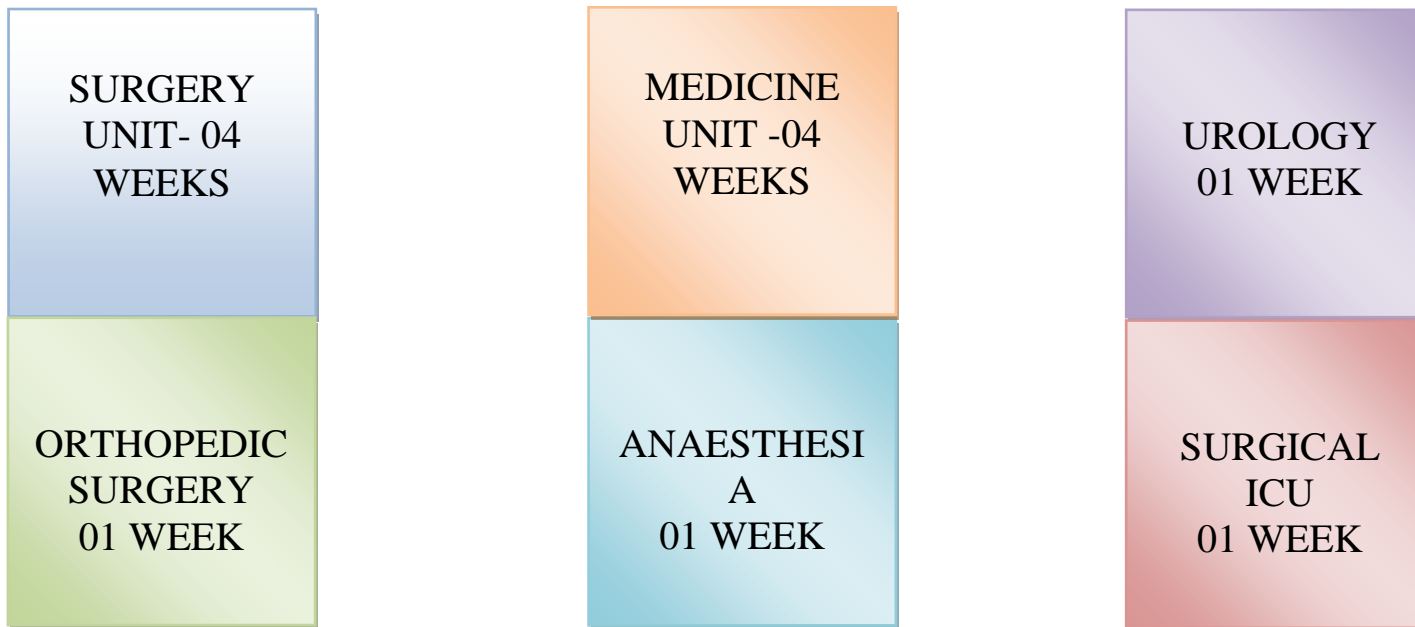
SECTION-II

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 A REDUCIBLE SWELLING IN THE UMBILICAL 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 HAEETEMSISI	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 ABDOMINAL PAIN RADIATING TO RIGHT SHOULDER	Approach to patient with PAIN, VOMITING, DISTENSION AND CONSTIPATION	General approach to patient with CONSTIPATION 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 anon 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 dysrrhythmia 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 OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1st WEEK															
1	MONDAY	Surgery	BREAST LUMP	Student will be able to: a) Recall surgical anatomy of breast b) Recall pathophysiology of breast lumps c) Describe clinical features, d) Suggest differential diagnosis e) Enumerate recent advances like sentinel lymph node biopsy f) Review basic management points in patient with breast lumps	Student will be able to: a) Take history and perform breast examination with focus on etiology b) Interpret ultrasound and mamogram CXR concerning the focused disease. c) Use triple assessment d) Practice writing treatment prescription e) Observe/assist FNAC, Trucut biopsy, Lumpectomy ,Breast conserving surgery and MRM	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.			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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	Student will be able to: a) Recall Surgical anatomy of neck b) Pathophysiology of the disease c) Describe clinical features d) classification of disease, c) Suggest differential diagnosis	Student will be able to: a) Take history and perform Neck examination with focus on etiology b) Interpret CXR,x ray neck CT scan ,MRI and ultrasound neck,Doplar duplex scan in masses d) Practice writing Treatment prescription e) Observe/assist diferrent biopsy techniques and surgical procedures like excision and repair.	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.			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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	Students will be able to: e) Recall Surgical anatomy of neck f) Pathophysiology of the disease g) Describe clinical features h) classification of disease, a) c) Suggest differential diagnosis	Students will be able to: a) Take history and perform Neck examination with focus on etiology b) Interpret of CXR ,ultrasound, dopplar duplex scan ,CT scan and MRI of neck c) practice Treatment prescription d) Observe/assist diferrent biopsy techniques and surgical procedures like excision and repair.	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

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	Students will be able to: a) Recall surgical anatomy of parathyroid glands. b) Enumerate causes of hypercalcaemia c) Discuss clinical feature, severity scores and classification d) Enumerate investigations for hypercalcaemia e) Name the complications f) Outline Management plan	Students will be able to: a) Take history and perform neck examination keeping in mind the cause. b) Perform interpretation of CXR , CBC, ESR, CRP, Interpret subtraction scans c) Observe/interpret different scans d) Assist HCW in management of patient with hypercalcemia	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
2nd WEEK															
7	MONDAY	Surgery	Approach to Patient with INTERMITTENT CLAUDICATION	Students will be able to: a) Discuss epidemiology and etiopathogenesis b) Surgical anatomy of blood vessels c) Physics of blood flow d) Describe clinical feature, classification & investigations e) Indications for performing bypass surgery f) Different types of grafts g) Outline Management plan h) Outline recent advances d) Explain methods for conservative and surgical management	Students will be able to: a) Take history and perform chest and relevant clinical examination keeping in mind the cause. b) Examine all the peripheral pulses c) Observe symptoms and signs of peripheral limb ischemia d) interpretation of dopplar and angiograms C) Develop Treatment prescription of conservative management of intermittent claudication d) Observe/assist hand held dopplar and dopplar duplex scan 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		
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	Students will be able to: 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	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, CT scan, Endoscopy) 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			<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	Students will be able to: 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	Students will be able to: 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	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		
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.								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.								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	Students will be able to: a) Know anatomy and physiology of abdominal cavity. b) Pathophysiology of different abdominal masses. c) Classification of abdominal regions and cavities. d) Classification of abdominal masses. e) Appreciate clinical features of different abdominal masses and their presentation. f) Suggest Differential diagnosis, investigations and severity assessment g) Construct treatment plan according to etiology	Students will be able to: a) Take history and perform abdominal & relevant clinical examination according to cause. b) Palpate and evaluate liver, spleen, and kidneys. c) Perform Carnatz test d) Perform succession splash e) Palpate and appreciate para-aortic lymph nodes. f) Differentiate GI tumours from other tumours g) Palpate gall bladder h) Identify impacted stools. i) Identify intra-abdominal cysts j) Perform rectal exam k) Assist proctoscopy and sigmoidoscopy. l) Appreciate retroperitoneal tumours m) Perform interpretation of investigations like imaging and lab tests n) o) 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.			<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	Students will be able to: A. Understands anatomy of upper abdomen. b. Physiology of stomach and hepatobiliary tree. c. Etiology and pathophysiology of masses in upper abdomen d. Outline investigations for upper abdominal mass. e. Correlate relationship between mass and vomiting. f. Outline management plan	Students will be able to: a) Take history and perform abdominal & relevant clinical examination according to cause . b) Perform interpretation of investigations (S. Electrolytes, Upper GI endoscopy, ABGs, Doppler duplex scan, LFTs, PT, INR, APTT, USG abdomen and CT scan) c) practice Treatment prescription	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

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's 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>									
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>									

			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 appendicectomy g) Enumerate complications of appendicectomy	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 appendicectomy 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.								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.								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	Students will be able to: 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	Students will be able to: 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	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
27	WEDNESDAY	Surgery	Approach to Patient with painful perianal purulent discharge	Students will be able to: 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	Students will be able to: 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	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

				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	Students will be able to: 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) Cea 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	Students will be able to: a) Take history and perform clinical examination b) Trendelenburg test c) Tourniquet test d) Shewartz 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	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	Surgery	Approach to a patient with a non healing ulcer on face	Students will be able to: a) Recall etiology of ulcers on face. b) Staging of ulcers c) Knows the different types of edges d) Review differential diagnosis e) Explain pathophysiology f) Suggest basic management points g) Understands different methods to cover the skin defect	Students will be able to: 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) Observe/assist biopsy Assist HCW in management of patient Observe surgery	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
				Students will be able to: a) Recall anatomy of viscera present in right hypochondrium	Students will be able to: a) Take history and perform primary survey ABCDE	Students will be able to: a) Take Consent for History,									

30	SATURDAY		Approach to a patient trauma right hypochondrium	b) Suggest investigations c) Knows the principles of FAST,CT,DPL d) Discuss treatment (immediate, long term), complications, and obstetric related issues	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	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
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6th WEEK

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)	Students will be able to: 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	Students will be able to: 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	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
32	TUESDAY	Surgery	Approach to a patient with neck trauma	Students will be able to: a) Recall anatomy of neck with special reference to aerodigestive 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	Students will be able to: 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	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

				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> <p>a) Recall anatomy of chestwall lungs and heart alongwith great vessels</p> <p>b) Classification of chest trauma</p> <p>c) Primary survey</p> <p>d) Indication of chest itubation</p> <p>e) Classification of pneumotharaxx and their management</p> <p>f) Steps of chest intbation</p> <p>g) Importance of aseptic technique</p> <p>h) Indication of thorocotomy</p> <p>i) Definition of flain chest</p> <p>j) Importance of fracture ribs and their impact on respiratory physiology</p> <p>k) Pain management</p> <p>l) Importance of cardiac tamponade</p> <p>m)</p> <p>n) Discuss clinical features & Investigations to confirm the diseases</p> <p>o) Describe management plan including complications, impact of disease on functional status of patient</p> <p>p) Recent advances</p>	<p>Students will be able to:</p> <p>a) Take history and perform examination of chest trauma</p> <p>b) Primary survey</p> <p>c) Examination of chest to rule out pneumothorax and haemothorax</p> <p>d) Perform Interpretation of investigations</p> <p>e) practice prescription writing</p> <p>f) Observe and asisit chest intubation</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

					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	Students will be able to: 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	Students will be able to: a) Take history and perform peripheral vascular examination b) Perform Interpretation of related investigations like doppler and angiogram c) practice prescription writing d) Observe and perform angiography 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"/>	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	Students will be able to: 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) Wagner classification of diabetic foot i) Conservative management j) Minor amputations k) Major amputations l) pathophysiology of disease	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) clinical examination for distal pulses and neurological examination for neuropathy e) Observe and perform doppler studies 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.			<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

			<div>m) Discuss clinical features & Investigations to confirm the diseases</div> <div>n) Describe management plan including complications, impact of disease on functional status of patient</div> <div>o) Rehabilitation and prosthetic limbs</div>												
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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	Students will be able to: a) Recall histology and histopathology of small and medium sized blood vessels. b) Recall etiology & pathophysiology of gangrene of the foot c) Discuss Classification based on morphology and etiology d) Explain clinical features & investigations to confirm the diseases e) Describe management plan including complications, impact of disease on functional status of patient f) Know the radiological basis of angiography g) Enumerate the different levels of amputations	Students will be able to: a) Take History and examination keeping in mind etiology and complications of gangrene of the foot b) To elicit the hard and soft signs of vascular disease like Burger sign and capillary refill c) know how to palpate the peripheral pulses like DPS, PTA d) Interpret various investigations like X ray foot and Doppler, ultrasoundography e) Participate in wound dressing and debridement f) Observe the procedure of amputation if needed									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: 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	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 echinococcus 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 echinococcus 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"/>			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 doplar duplex scan, lymphangiography, plethysmography</p> <p>f) Describe conservative 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"/>			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.								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.								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	Students will be able to: 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) f) Explain clinical features & Investigations to confirm the disease g) assess the nutritional status of the patient h) discuss the role of TPN in management. i) Discuss the principles of management of enterocutaneous fistula k) 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. and administration of TPN	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
45	WEDNESDAY	Surgery	Approach to patient with airway obstruction	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.			<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.								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								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								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.								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.								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 herniorraphy	a) Discusss the indications and contraindications of spinal anaesthesia b) Discuss the implications o anticoagulant therapy on spinal anaesthesia	Demonstrate aseptic technique Maintain iv line	Demonstrate the counselling of patient for proper position									
62	TUESDAY	Anaesthesia	Approach to apatient with difficult airway	a) Discuss the anatomical features causing difficult airway b) Disuss the difficult airway guidelines	a) Airway eamination	Demonstrate the counselling og 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 hypertensive 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 anomalies b) Knows pathophysiology c) Assessment d) management	a) able to examine cvs										
66	SATURDAY	Anaesthesia	test												

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
12 TH WEEK ORTHOPEDICS															
67	MONDAY	Ortho	Approach To Patient With Fractures	1. Identify the types of fractures, including complete, incomplete, compound, andsimple. 2. Learn to classify fractures according to their location, extent, and other characteristics. 3. Review the different mechanisms of injury that can cause a fracture, includingtrauma, stress, and pathological factors. 4. Understand the principles of fracture management, including immobilization,reduction, and fixation techniques. 5. Learn to diagnose and treat common complications associated with fractures, such as infection, delayed union, and malunion. 6. Interpret the radiographic images of fractures. 7. Develop the ability to assess the functional impact of a fracture on a patient’s quality of life. 8. Learn to establish a collaborative and interdisciplinary approach to patient care,incorporating input from orthopedic surgeons, physical therapists,	a)				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

[illegible]

				and clinical presentation of developmental dysplasia of hip 3. Understand the various diagnostic methods including physical examination, ultrasonography, and radiography 4. Describe the different treatment options, including conservative management and surgery 5. Appreciate the importance of early diagnosis and management in the prognosisof developmental dysplasia of hip.												
69	WEDNESDAY	Ortho	Approach To Patient With a) Osteoarthritis: b) Septic Arthritis c) Avascular Necrosis of Hip Joint	A. - Understand the epidemiology, etiology, and pathophysiology of osteoarthritis. - Identify the clinical and radiographic features of osteoarthritis. - Formulate an appropriate diagnostic approach for this condition. - Develop a deep understanding of the various pharmacologic and non-pharmacologic treatment modalities used for osteoarthritis. B. - Describe the common	a)				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			

[illegible]

[illegible]

Sr #	Day	Specialty	T o p i c	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor	
				Cognition	S k i l l	Att itud e	C1	C2	C 3	P1	P 2
70	THURSDAY	Ortho	Approach To Patient With 1. Carpal Tunnel Syndrome 2. DeQuervain's Tenosynovitis 3. Tennis elbow 4. Frozen shoulder	1. - 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 ofDeQuervain's Tenosynovitis, including splinting, use of topical agents (e.g. diclofenac), and physical therapy. - Understand when surgical intervention is clinically indicated and the techniquesused for surgical treatment of DeQuervain's Tenosynovitis. 2. 2. - Define tennis elbow and the principles of the underlying causative mechanisms. - Recognize the commonly associated	a)						

				<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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[illegible]

				<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 cyst

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	<p><i>Scenario focusing BLS component will be given.</i></p>

Student will be observed by Examiner for managingthe issue. Relevant questions will be asked accordingto 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	60
WiseAssessment	20	20	5	5	5	5	
A- Work Place Based (WPBA)-50%							
+							
B- Ward Test (WT)- 50%							
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 Attended >75% Zero mark							10
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 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	5 Short Case- Neck mass
10 X-Ray & CT scan Station		6 Short Case- Salivaary gland
9 ECG, Instrument/Medication	8 Log Book, Work Book	7 Short Case- soft tissue tumours

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>	10 (10%)

		<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%)

			findings and differential diagnosis Enumerate and justify relevant investigation Outline the treatment plan	
4	Short case Neck swelling	Toxic goiter Retrosternal goiter Thyroid cancer Inflammatory goiter	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	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 edition 2018
- 6.
7. 3. Videos on clinical skills available on NEJM website, free online.
- 8.
9. 4. MacLeod's Clinical Examination. Churchill Livingstone. 14th Edition 2018
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11. 5. Clinical Examination by Nicholas Talley & Simon O'Connor. Elsevier. 9th Edition 2020
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13. 6. MacLeod's Clinical Diagnosis by Alan G Japp & Colin Robertson Elsevier, 2nd Edition 2017
- 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 Edition 2012
- 20.
21. 10. Kaplan USMLE Step-2 CK Lecture Notes
- 22.
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24. 11. Current Surgical Diagnosis & Treatment, 61st Edition, 2022
- 25.
26. 12. Cecil's Essentials of SURGERY: By Andreoli and Carpenter, 10th edition 2021

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28. 13. Clinical Surgery, A Clerking Companion: By Randall & Feather, OUP2011
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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.
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50. Revision/Modifications Detail

Acknowledgement

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

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- 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.