SURGERY STUDY GUIDE

Final year MBBS



RAWALPINDI MEDICAL UNIVERSITY

RAWALPINDI

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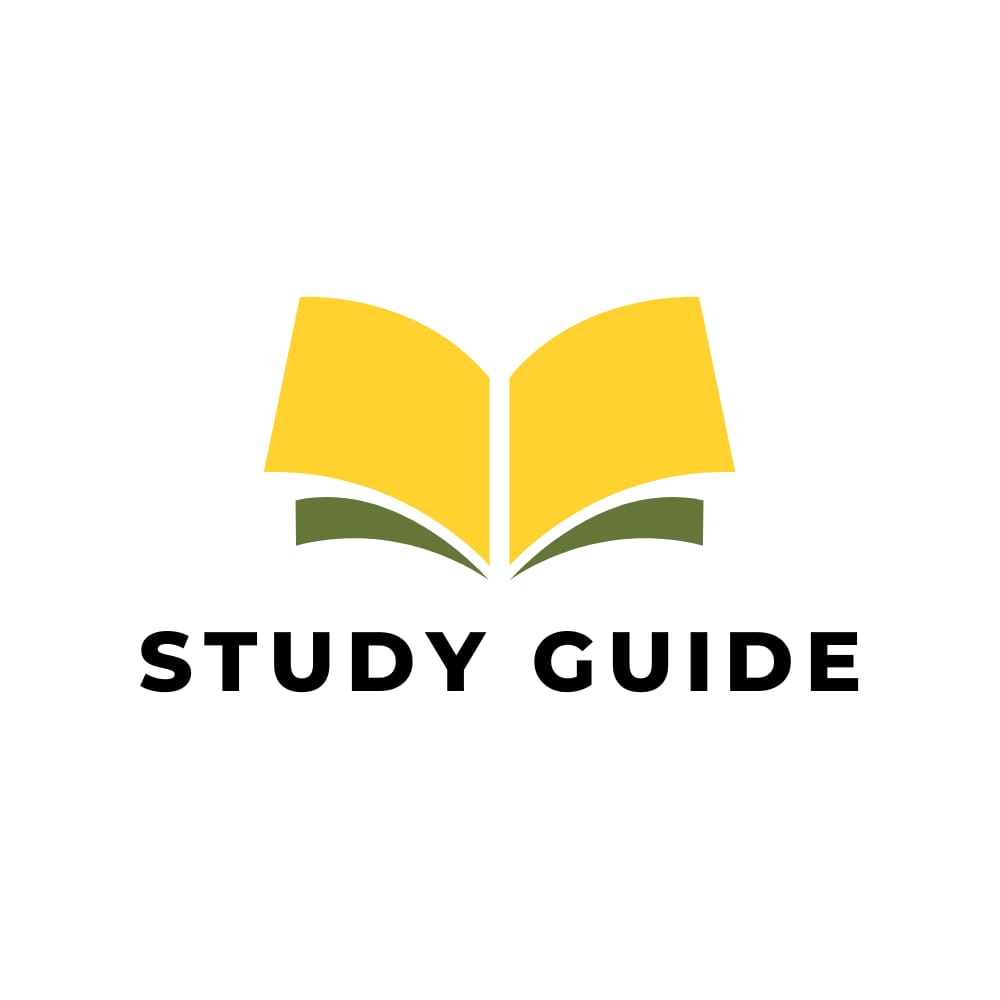
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Final Year MBBS 2024

**RawalpindiMedicalUniversityRawalpindi**



Surgery & Allied

**Revised and updated 08-02-2024**

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**Message of Vice Chancellor, Rawalpindi Medical University**

The final MBBS year is a crucial bridge between classroom learning and clinical practice. Our curriculum emphasizes a blend of interactive sessions (LGIS), diverse clinical placements, and ongoing assessments to nurture competent and compassionate future physicians.

Teaching hours, learning components, and assessment methods are detailed within this document. Faculty are dedicated mentors, while students are expected to be active, engaged learners. Continuous internal assessments and the Pre-Annual Assessment ensure readiness for the Final Professional Assessment.

Together, we have a shared responsibility to uphold the highest standards of medical education. Let us collaborate to ensure our graduates are well-prepared to excel as junior doctors and make a positive impact on the communities they serve.

**Professor Muhammad Umar**

**Hilal-a-e-Imtiaz**

Dear RMU Students,

It’s a dream of many young students to get admission in MBBS program in any medical College / University. 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 guidebook 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 assessmentmethodology tailored to intuitional strategy is provided in detail. This study guide has been designed keeping in view of related PMDC guidelines. It is to be noted that this documentis is under going periodic review and modifications.

**Preamble**

The final year of the Bachelor of Surgery, Bachelor of Surgery (MBBS) program is a pivotal phase in the journey of medical education. This phase is designed to consolidate the knowledge and skills acquired over the previous years and prepare medical students for their transition into the world of clinical practice. The final year MBBS Surgery and Allied Rotation Curriculum serves as a comprehensive guide to this transformative period, equipping students with the necessary competencies to become competent and compassionate healthcare professionals.

This document is meticulously crafted to provide a structured and well-rounded educational experience, ensuring that students are not only well-versed in the core medical disciplines but also exposed to the broader spectrum of healthcare. Through a series of integrated clinical rotations and large group interactive sessions (LGIS), students will have the opportunity to explore Surgery and allied specialties, gaining understanding of the intricacies of patient care and interdisciplinary collaboration.

In this document, we outline the goals, objectives, key components, LGIS, and clinical of final year MBBS Surgery and Allied Rotation Curriculum. We emphasize the importance of clinical skills development, evidence-based practice, ethical considerations, and patient-centred care. Moreover, this curriculum places a strong emphasis on fostering critical thinking, problem-solving abilities, and a commitment to lifelong learning—qualities that are essential for the ever-evolving field of Surgery.

Aim is to produce well-rounded and empathetic medical graduates who are not only proficient in medical science but also possess the qualities of professionalism, communication, and cultural competence. Through a carefully structured curriculum and a diverse array of clinical experiences, we aspire to prepare our students to excel in their chosen specialties and make meaningful contributions to the healthcare community.

It is believed that final year of the MBBS program is a transformative phase where students transition from being learners to becoming healthcare providers. This curriculum is designed to facilitate this transition by providing a robust foundation in clinical practice, instilling a commitment to patient welfare, and fostering a sense of responsibility towards society. We encourage our students to approach this year with enthusiasm, curiosity, and a dedication to excellence, knowing that their journey as healthcare professionals is about to begin in earnest. It is to be noted that this document is undergoing periodic review and modifications.

**Professor Anis Ahmed**

**Misson Statement**

To impart evidence-based research-oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability.

The final year of MBBS is about integrating knowledge, practicing skills, and developing the professional values that will guide your career. Rawalpindi Medical University's mission statement sets the foundation for this comprehensive and holistic training.

**Aims and Objectives**

Goals and objectives are detailed below:

* Clinical Competence: The primary goal of this curriculum is to ensure that final year MBBS students attain a high level of clinical competence in various medical specialties and allied healthcare fields. Students should be proficient in diagnosing, managing, and providing evidence-based care to patients.
* Interdisciplinary Understanding: Foster an understanding of the importance of interdisciplinary collaboration in healthcare. Encourage students to work effectively with healthcare professionals from diverse backgrounds, recognizing that patient care often requires a team-based approach.
* Ethical and Professional Development: Promote ethical principles and professionalism among students, emphasizing the importance of compassion, integrity, and respect for patients' rights and confidentiality. Instill a sense of responsibility towards society and the healthcare profession.
* Critical Thinking and Problem Solving: Develop critical thinking skills that enable students to analyze complex medical cases, make informed clinical decisions, and adapt to evolving healthcare challenges.
* Communication Skills: Enhance communication skills, both with patients and colleagues, to facilitate effective patient-doctor relationships, ensure informed consent, and improve inter-professional communication.
* Cultural Competence: Cultivate cultural sensitivity and awareness to provide culturally competent care that respects the diverse backgrounds and beliefs of patients.
* Evidence-Based Practice: Train students to critically evaluate scientific literature and apply evidence-based Surgery principles in clinical decision-making, ensuring that their practices are up-to-date and based on the best available evidence.
* Patient-Centered Care: Emphasize the importance of patient-centered care, focusing on the holistic well-being of patients, including their physical, psychological, and emotional needs.
* Lifelong Learning: Encourage a commitment to lifelong learning and professional development, as Surgery is a constantly evolving field. Equip students with the skills and motivation to stay updated throughout their careers.
* Preparation for Specialization: Prepare students for their future specialization or residency programs by providing exposure to a wide range of medical and allied healthcare specialties. Help them make informed decisions about their career paths.
* Clinical Research Skills: Introduce students to clinical research methodologies, enabling them to participate in research projects, contribute to medical knowledge, and apply research findings to clinical practice.
* Community Engagement: Encourage students to engage with the community, promoting health awareness and preventive care, and addressing the unique healthcare needs of diverse populations.
* Quality Improvement and Patient Safety: Instill the principles of quality improvement and patient safety, fostering a culture of continuous improvement in healthcare delivery.
* Leadership and Advocacy: Develop leadership skills and an understanding of healthcare policy and advocacy to empower students to advocate for patients and contribute to healthcare system improvements.
* Self-Reflection and Well-being: Promote self-reflection and self-care among students, recognizing the importance of physical and mental well-being in their ability to provide high-quality care to patients.

These goals collectively aim to equip final year MBBS students with the knowledge, skills, attitudes, and values necessary to excel as competent, compassionate, and ethical healthcare professionals in a dynamic and ever-evolving healthcare landscape.

**Learning Objectives**

At the end of final year, student will be able to:

* Diagnose common Medical problems, suggest and interpret appropriate investigation, rationalize treatment plan and if appropriate, refer patient for specialist opinion/management.
* Perform relevant procedures.
* Convey relevant information and explanations accurately to patients, families, colleagues and other professionals.
* Understand medical ethics and its application pertaining to Surgery and maintain the confidentiality of the patient.
* Adapt research findings appropriately to the individual patient situation or relevant patient population
* Is versed with prevention of common local health problems, and Family Surgery. Has basic knowledge pertaining to integration of artificial intelligence with care of medical patients.

**Undergraduate Required Competencies- RMU Model**



# Table of Contents

|  |  |
| --- | --- |
| S.No | Topic |
| 1 | Surgery And Allied Clerkship–Overview, Duration, and timings |
| 2 | Surgery Clerkship- Hours |
| 3 | Section-I  Large Group Interactive Sessions (LGIS) |
| 4 | Section- II Clinical Rotation |
| 5 | Section-III |
| 6 | Clerkship Description |
| 7 | Section-IV  Family Surgery, Artificial Intelligence, Research, Biomedical Ethics |
| 8 | Section- V Assessment |
| 9 | Recommended Resources |
| 10 | Acknowledgement |

**SECTION-I**

**Introduction to Current Teaching Strategies and Assessment in**

**Final year MBBS Surgical Module**

**Integrated Modular System**

For MBBS curriculum in Rawalpindi medical university, we follow the modular system based on principles of integration. Right from 1st year MBBS, students are introduced to clinical subjects like Surgery, surgery and gynae obs when they are being taught pre-clinical subjects like anatomy, physiology and biochemistry. Purpose of this exercise is to expose the 1st year students to clinical environment and doctor patient interaction. Visits are arranged in groups of students who visit the three teaching hospitals of RMU. Here they observe the clinical environment in Outpatient, inpatient and emergency departments. Theyobserve the routine of doctors working in the clinical departments and learn basics of professionalism, ethics, and patient care by following in footsteps of clinical mentors.

Students are formally rotated in wards for clerkship from 3rd year MBBS. During this time, there is a rotation of 2 and a half months in surgical department and a duration of 2 weeks in allied specialties. They are also exposed to Surgery and allied field during this year. In these clerkship rotations, students areintroduced to basic skills of history taking and examination. Similarly, in fourth MBBS the students are rotated in obs/gyne departments and other subspecialties like eye, orthopedics and ottorhinolaryngology departments.

Hence by the time the students start their final year MBBS modules, they know the basic components of history taking, the methodology and basic steps of physical examination. They also have a basic know how about ethics, patient interaction, communication skills and aspects of doctor-patient relationship.

**Final-Year MBBS Clinical Placement:**

The teaching in final year consists of three blocks of three months.Each block is of surgery and allied, Surgery and allied and lastly Gynae OBS and Pediatric Surgery. Each Block consists of modules in which there are clinical rotations in major specialty for 2 months and allied specialties for one month.

The Surgical Block consists of a rotation period of 3 months and duration of 552 hours of teaching sessions. The Block consists of 2 major components i.e. LGIS in lecture theaters in the morning time and Clinical clerkship in the wards. The final year class is divided into 6 equal batches and deputed into 4 surgicalunits and anaesthesia/SICU, Urology, and orthopedics. There are 4 major surgical units, 2 in HFH and 2 in BBH, each batch is supposed to rotate for 1 months each in 2 out of 4 of the major general surgical units and 1 month in minors. This 1-month minor rotation consists of 1 week rotation each in Surgical ICU, anaesthesia, Urology and orthopaedics.

**SURGICAL COMPETENCIES / OUTCOME**

The surgical competencies / outcomes are based on the basic principles of medical education for knowledge acquisition namely cognition, psychomotor and attitude.

For cognition domain large group interactive sessions are arranged. For psychomotor and attitude domains the students are rotated in clinical departments.

The LGIS component of surgical module is theme based and comprises of 12 major components divided into 12 weeks for a total duration of 60 hours five hours a week. Each major theme is subdivided into 5 sub themes of each LGIS sessions that are conducted one in a day over five days every week.

**Weekly Themes are as under:**

1. Head and Neck
2. Trauma
3. Upper GIT
4. Lower GIT
5. Acute Abdomen
6. Hepatobiliary System
7. Vascular System
8. Brest and Thyroid
9. Endocrine System, parathyroid and adrenals.
10. Abdominal Wall
11. Skin and soft tissue
12. Thorax

These LGIS sessions are conducted by HODs of each surgical unit. Theoretical knowledge based on model of integration is passed on to the students in an interactive manner. It is made sure that all lectures are delivered according to the theme and sub theme for the week and follow the uniform pattern of multilevel integration model provided by the university. The interaction with the students and student participation is ensured during each session. The cognitive domains of the relevant theme are covered and critical thinking and analysis are stressed upon.

The same theme is also followed in the clinical rotation and similar cases are discussed in the wards and outpatient.

Along with LGIS every week, a clinico-pathological conference session is also held on every Wednesday in which different clinical departments present cases of interest for a total period of 12 hours over three months of module.

The Clinical clerkship in surgery consists of ward rotation of 4 weeks, one month each in two general surgical wards and 1week rotation each in urology, orthopedics, anesthesia and ICU. This clerkship consists of bedside teaching and training, Long-case presentation by students, Short cases practice in OPD and examination classes by Registrars and senior registrars. During these sessions students are sensitized about ethical and behavioral aspects of surgical training. During bed side teaching, students are taught basic patient interaction, communication skills, basic examinations and findings are shown. In short cases, students are taught how to deal with OPD patients and how to diagnose and treat a patient using clinical techniques in a short time. Students learn role-modeling by working with associate professors and professors and have direct interaction with role models and mentors. During Long case presentation, students are taught how to take detailed history and examination of patient and how to analyze symptoms and signs to form a diagnosis. Their clinical acumen is built and they are taught critical analysis of symptoms and signs. This also builds their communication and presentation skills.

Apart from this morning routine, the students are also required to come in evenings at least 2 times per week for emergency cases exposure and evening classes in ward. This aspect of clinical clerkship aims to build emergency reflexes of the students, exposes them to the high intensity trauma room, teaches them basics of emergency resuscitation and basic surgical skills like stitching etc.

**ASSESMENT AND RECORD KEEPING:**

During their surgical rotation, students are continuously assessed and graded as part of formative assessment in the form of MINI-CEX and long case presentations. Their performance is recorded in the logbook in addition to cases discussed in wards etc, In addition to this, students undergo weekly online quiz comprising of MCQ based questions on LMS. At the end of each clinical rotation, students have to appear in a ward test that is TOACs based and the results of which are carried on to the overall internal assessment of the candidate.

**LOGBOOK AND WORKBOOK**:

Students are required to systemically fill in their logbooks that is daily signed by the teachers and mentors. This logbook is a comprehensive document comprising daily routine clinical work of the students, their attendance, workplace-based assessments, ward test result, operative procedure entries and academic activities. These logbooks are periodically checked by mentors and graded. Similarly, students are required to fill their workbooks which include documentation of history and examination and detail management plan of at least 5 patients. Logbooks and workbooks are graded during ward test at the end of each rotation and also graded in final professional exam.

**AIMS AND OBJECTIVES OF STUDY GUIDE:**

This guide aims to:

* Act as a road map for both students and teachers regarding final year surgical teaching and training.
* Guide the students about what they are expected to learn during their stay on the surgical floor and what modalities of teachings are going to be used.
* Guide the teachers on how to deliver different aspects of knowledge, skills and attitudes to the students and ensure uniformity of teaching system throughout theuniversity.
* This Guide amis to is also to ensure uniform system of assessment in all surgical units.
* Conduct research efficiently by formulating research questions and proposals as per protocol.

**UNDERGRADUATE RESEARCH:**

Current strategy is to inculcate a culture of research among the undergraduate students. One modality to ensure this is by conducting journal club presentation by ward batch students during their clinical rotation in surgical ward. Final year students aspiring to do research are given mentors who are among the teaching faculty and guided throughout their research project. Student journal of RMC has been helping students since 2020 for publishing their research and apart from that, students are also encouraged to publish internationally.

**ETHICS, PROFESSIONALISM:**

During surgical training, students are taught basics of ethics in the medical profession, starting from their 1st interaction with the patient to complex ethical questions concerning consent, patient autonomy, benevolence, justice and non-maleficence. During each LGIS session, one slide at least is on bioethics and professionalism and one slide for recent advances and innovations in the topic that is being taught

**INNOVATION / ARTIFICIAL INTELLIGENCE:**

Students have access to RMU digital library and recently Uptodate has been included in it. Students also have to undergo weekly online quizzes on RMU digital learning software i.e. LMS, thus incorporating IT and artificial intelligence in teaching and learning.

**How can we add EPA in surgical training for undergraduates?**

Entrustable professional activity is relatively new concept in training of undergraduates and adopts a more practical approach than traditional competency-based training. As such it is recommended to follow some basic steps to ensure smooth integration of EPAs in the surgical curriculum. Some preliminary EPAs are given below. They will be incorporated in themes into the curriculum. To ensure quality enhancement, continuous monitoring and modification is suggested.

As for making an Entrustable Professional Activity (EPA) related to this, an EPA is a task or responsibility within a profession that can be entrusted to a trainee once they have demonstrated the necessary competence. In a medical context, if a trainee has demonstrated proficiency in diagnosing and managing conditions related to swelling in front of the ear, they might be entrusted with tasks such as:

* Taking a focused medical history to identify symptoms and potential causes.
* Conducting a physical examination to assess the extent of the swelling and associated signs.
* Ordering appropriate diagnostic tests, such as blood tests or imaging studies, to aid in diagnosis.
* Formulating a differential diagnosis based on the history, physical examination, and test results.
* Developing and implementing a treatment plan, which may include medications, procedures, or referral to a specialist.
* Providing patient education on managing symptoms, preventing recurrence, and seeking further medical attention if necessary.
* Ultimately, the ability to perform these tasks competently and independently would demonstrate readiness for entrustment in managing patients with swelling in front of the ear.

**EPA for Chest Trauma Management**

**Objective:** To provide an effective and efficient protocol for the initial management of chest trauma cases in emergency medical settings, aimed at stabilizing the patient, preventing further injury, and ensuring timely transfer to appropriate care facilities.

**Preparation:**

1. Ensure the availability and functionality of necessary equipment, including airway management devices, chest tubes, suction apparatus, and monitoring devices.
2. Establish communication channels for coordination between medical personnel and transport services.
3. Brief all involved personnel on their roles and responsibilities during chest trauma management.

**Procedure:**

1. **Primary Assessment:**
   * Prioritize patient assessment using the ABCDE approach:
     + A: Airway: Assess for patency. Clear any obstructions.
     + B: Breathing: Evaluate respiratory rate, effort, and auscultate lung fields.
     + C: Circulation: Assess pulse, blood pressure, and signs of shock.
     + D: Disability: Evaluate neurological status.
     + E: Exposure: Assess for other injuries, including external bleeding.
2. **Stabilization:**
   * Administer supplemental oxygen to maintain oxygen saturation above 94%.
   * Establish IV access for fluid resuscitation and medication administration.
   * Apply cervical spine immobilization if indicated, especially in cases of associated trauma.
   * Provide analgesia as necessary, balancing pain relief with maintaining respiratory drive.
3. **Diagnostic Evaluation:**
   * Perform focused history taking and physical examination to identify the mechanism of injury and associated injuries.
   * Order appropriate diagnostic tests, including chest X-ray, focused assessment with sonography for trauma (FAST), and arterial blood gas analysis.
   * Consider additional imaging modalities such as CT scan for detailed evaluation.
4. **Interventions:**
   * Address tension pneumothorax promptly by needle decompression in the second intercostal space midclavicular line or via tube thoracostomy.
   * Manage open chest wounds with occlusive dressings to prevent tension pneumothorax.
   * Initiate chest tube insertion for suspected hemothorax or pneumothorax.
   * Consider advanced airway management techniques such as endotracheal intubation if indicated for respiratory compromise.
   * Administer blood products for patients with significant hemorrhage.
5. **Monitoring and Reassessment:**
   * Continuously monitor vital signs, oxygen saturation, and neurological status.
   * Reassess the patient's condition after interventions and adjust management accordingly.
   * Monitor for signs of deterioration, such as increasing respiratory distress or hemodynamic instability.
6. **Disposition:**
   * Based on the severity of injuries and response to initial management, determine the appropriate disposition:
     + Transfer to a higher level of care facility for definitive management if necessary.
     + Consider admission to an intensive care unit for ongoing monitoring and management.
     + Coordinate with surgical services for patients requiring operative intervention.

**Post-Procedure Care:**

1. Provide adequate pain control and emotional support to the patient and their family.
2. Document all interventions, assessments, and responses to treatment accurately.
3. Ensure appropriate handover of care during patient transfer or shift change.

**Follow-Up:**

1. Arrange follow-up appointments for ongoing management and assessment of recovery.
2. Provide patient education regarding signs of complications and the importance of compliance with treatment plans.

EPAs for Acute abomen

Students must be able to determine if a patient presenting in the inpatient, outpatient, or emergency department setting has an acute abdomen

Functions

* Recognize the level of urgency for surgical consultation.
* Perform a focused history and physical examination, assessing pertinent positive and negative signs and symptoms.
* Synthesize essential information from a patient’s referring providers, medical records, history, physical examination, and initial diagnostic evaluations to develop a differential diagnosis.
* Determine the need and timing for operative intervention.
* Guide preoperative resuscitation and management.
* Obtain informed consent with cultural humility.
* Describe the indications, risks, benefits, alternative therapies, and potential complications of the planned procedure.
* Ensure patient/caregiver comprehension using applicable language.

EPAs for Inguinal Hernia

* Students must be able to evaluate and manage patients in the outpatient or elective setting as well as those who present in the emergency department with urgent or emergent conditions.
* Synthesize essential information from a patient’s referring providers, medical records, history, physical examination, and diagnostic evaluations to develop a differential diagnosis.
* Recognize complications of inguinal hernia that require an emergency operation.
* Describes the anatomic structures and relationships of the inguinal canal (inguinal ring, vas deferens, ilioinguinal nerve, inguinal floor, femoral vein)
* Describes major steps of inguinal hernia
* Select a safe anesthetic and surgical approach that is consistent with the patient’s diagnosis and comorbidities.
* Synthesize an operative plan that demonstrates understanding of the operative anatomy, physiology, indications, contraindications, risks , benefits, alternatives, and potential complications.
* Obtain informed consent with cultural humility.
* Describe the indications, risks, benefits, alternative therapies, and potential complications of the planned procedure, and incorporate a discussion of the goals of care.
* Ensure patient/caregiver comprehension using applicable language services

EPAs for Benign and Malignant Breast Diseases

Students must be able to evaluate and manage patients who present in the outpatient or elective setting as well as those who present with urgent or emergency conditions.

Functions

* Obtain a focused history, including family history, cancer risk factors, breast masses, nipple discharge, and skin changes.
* Perform a focused physical examination of the bilateral breasts, draining lymph node basins, and skin.
* Synthesize essential information from a patient’s history and physical examination, medical records, and existing diagnostic evaluations to develop a differential diagnosis and care plan, including the following processes. Benign lesions, such as cysts, abscesses, and fibroepithelial lesions
* High-risk breast lesions, such as atypical ductal hyperplasia (ADH), atypical lobular hyperplasia (ALH), lobular carcinoma in situ(LCIS), papilloma, and flat epithelial atypia (FEA)
* Mastitis versus inflammatory breast cancer
* Order and evaluate breast imaging, including mammography and ultrasound in all patients and magnetic resonance imaging in selected patients.
* Perform whole-body staging such as computed tomography (CT)/bone scan or positron-emission tomography (PET)/CT when indicated in a patient with invasive breast cancer.
* Obtain or perform core needle biopsy or fine-needle aspiration for tissue diagnosis of breast and axillary lesions.
* Use shared decision-making to develop a treatment plan consistent with a patient’s goals and beliefs.
* Communicate to a patient/caregiver(s) how comorbid conditions will affect the risk/benefit ratio in a decision to pursue surgery and postoperative recovery.

EPAs for Right lower quadrant pain\Appendicitis

Right lower quadrant pain is one of the most common conditions managed by general surgeons. All general surgeons must be able to evaluate and manage appendicitis as well as a variety of other conditions with similar presentations regardless of clinical setting, patient age, or resource availability.

**Non operative/Preoperative:**

Synthesize essential information from records, history, physical examination, and initial diagnostic evaluations to develop a differential diagnosis.

Establish the differential diagnosis based on the patient’s age, sex, and medical history.

Determine whether surgery is indicated.

Select a safe anesthetic and surgical approach consistent with the patient’s diagnosis and comorbidities.

Triage the patient for resuscitation, evaluation, and management based on acuity.

For patients diagnosed with appendicitis, customize treatment options such as resuscitation, medical management, and operative intervention based on presentation, including:

Appendiceal phlegmon.

* Appendicitis in the pregnant patient
* Diagnostic uncertainty
* Perforated appendicitis
* Retrocecal appendicitis
* Uncomplicated appendicitis

**Obtain informed consent with cultural humility.**

* Describe the indications, risks, benefits, alternative therapies, and potential complications of the planned procedure, and incorporate a discussion of the goals of care.
* Ensure patient/caregiver comprehension using applicable language services and audio/visual aids.
* Ensure that the patient/caregiver(s) can ask questions, and address any expressed concerns, taking patient/caregiver preferences into account.
* Document the consent discussion.
* Communicate patient-specific needs to the health care team.

**Intraoperative**

Manage the perioperative environment, including room setup, equipment check, preprocedural time-out, specimen processing, counts, wound classification, and debriefing functions.

Manage the operative therapy of appendicitis.

Perform both a laparoscopic and an open appendectomy.

Position the patient, and ensure the availability of relevant equipment.

Ask for correct instruments and sutures.

See tissue planes, and identify relevant normal and abnormal anatomy.

**References: (Site, Book Name, Page, Web page)**

* Advanced Trauma Life Support (ATLS) guidelines.
* American College of Surgeons Committee on Trauma (ACS-COT) recommendations.
* Local institutional protocols and guidelines.

**Note:** This protocol serves as a general guideline and should be adapted based on the specific resources, expertise, and patient characteristics of each clinical setting. Additionally, ongoing training and quality improvement initiatives are essential to ensure optimal outcomes in the management of chest trauma cases.

Top of Form

### 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.
* Itincludes;

1) Large Group interactive Session **(LGIS)** from Monday to Saturday for one hour duration.

2) Clinical rotation, 9am to 2pm from Monday to Saturday and 9am to 2pm 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.
* Foroneweek in Urology, Orthopedic Surgery, Plastic Surgery, Pediatric Surgery, Neurosurgery and Vascular Surgery, respectively.
* From 2pm to 5pm on minimum 4 days / week student attend Emergency / Ward of respective unit and shadows House Officers and Post –Graduate Trainees

# Surgery Clerkship -Hours

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

***PMDCminimumrequirementforFinalYearMBBS360hours***

**STRUCTUREDTRAININGPROGRAM**

**SECTION-I**

**LARGE GROUP INTERACTIVE SESSIONS (LGIS)**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1STWEEK**  **THEME - HEAD AND NECK** | | | | | | | | | | | | | | |
| **Sr#** | **Days** | **Teacher** | **Specialty** | **Topic** | **Specific Learning Objectives(SLO)** | **MOT/MIT** | | **Cognition** | | | | | **Affective** | **MOA** |
| **C1** | | **C2** | **C3** | |  |
| 1 | MONDAY | HOD SU-1, HFH | SURGERY | THEME  Patient  with a  swelling in  front of right ear  displacing ear Lobule | \*To make D/D of this swelling including parotid swelling  \*Know the steps to examine the parotid selling  \*Know to examine the facial nerve  \*Know to examine the parotid duct orifice | LGIS/PPT | |  | | 🗸 | 🗸 | | A3 | Seeassessmentsection |
| 2 | TUESDAY | HOD SU-2, HFH | SURGERY | THEME  Hard  swelling of parotid  gland. | \*Anatomical relations of parotid gland  \* D/D of hard swelling in parotid area including CA parotid  \*Know the steps to examine the hard parotid swelling especially \*examination of facial nerve ,  \*diagnosis and management of parotid diseases  \*Name some surgical options of its management  \*Name some complications of surgical options | LGIS/PPT | |  | |  | 🗸 | | A3 | Seeassessmentsection |
|  | WEDNESDAY | CPC |  |  |  |  | | | | | | | | |
| 3 | THURSDAY | HOD SU-2, BBH | SURGERY | THEME  A neck  mass at the sub  mandibular  triangle. | \*To understand the surgical anatomy of the submandibular glands  \*Know the steps to examine the submandibular gland  swelling especially to do bimanual examination  and to examine the oral cavity  \*To make D/D of this swelling including submandibular gland  \*Advise specific investigation to diagnose submandibular gland swelling especially Ultra sound of neck and Ct scan of head & neck area  \*Know the surgical options of neck swelling management  Can counsel the patient for surgical treatment of such swelling | LGIS/PPT | C1  C2  C2  C2  C3 | |  | | 🗸 | A1 | | See  assessmentsection |
| 4 | FRI  DAY | SURGICAL SPECIALTIES | PLASTIC  SURGERY | THEME  Reconstruction  following  head and  neck  surgeries. | \*Define split thickness,full thickness skin grafts, pedicle flaps and free flaps  Identify different steps of reconstructive ladder  \*Describe the defect and different options of reconstruction according to the defect  \*Explain the complication of the skin graft  \*Counsel the patient about complication of head and neck reconstruction | LGIS/PPT |  | | 🗸 | |  | A3 | | Seeassessmentsection |
| 5 | SATURDAY | HOD SURGERY RAWALPINDI TEACHING HOSPITAL | **SURGERY** | THEME  Patient with  neck mass. | \*to Differentiate thyroidal from extra thyroidal swellings  \*To know how to take relevant history and do examination of neck swelling  \*To make D/D of neck swelling  \*To advise investigations like ultra sound neck and \*FNAC where needed  \*Know the staging investigations if mass turns to be a malignant | LGIS/PPT |  | | 🗸 | |  | A3 | | Seeassessmentsection |

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| **2ND WEEK**  **THEME - TRAUMA** | | | | | | | | | | | |
| **Sr#** | **Days** | **Teacher** | **Specialty** | **Topic** | **Specific Learning Objectives (SLO)** | **MOT/MIT** | **Level of**  **Cognition** | | | **Affective** | **MOA** |
| **C1** | **C2** | **C3** | |
| 6 | MON  DAY | HOD SU-1, HFH | SURGERY | THEME  Trauma of  Abdomen | \*Types of abdominal trauma  \*To know the ABC of trauma management  \*Examine and draw findings in abdominal trauma  \*Role of FAST in trauma  \*Resuscitation and IV fluids  \*Prerequisits of abdominal surgery  \*Know the anesthesia required  \*Basic concepts of laparotomy for abdominal trauma | LGIS/PPT |  | \* | 🗸 | A3 | See  assessmentsection |
| 7 | TUES  DAY | HOD SU-2, HFH | SURGERY | THEME  Thoracic  trauma. | \*Etiology of thoracic trauma  \*ABC of trauma management  IV fluids resuscitation  \*Know the indications of chest intubation  \*Know the steps of chest intubation  \*To know the indication of thoracotomy including resuscitative thoracotomy | LGIS/PPT |  |  | 🗸 | A3 | See  assessmentsection |
|  | WEDNESDAY | CPC |  |  |  |  | | | | | |
| 8 | THURS  DAY | HOD SU-2,  BBH | SURGERY | THEME  Extremity trauma and compartment syndrome. | To gain understanding of ;  \*ATLS protocols in trauma.  \*How to identify whether an injury to extremity exists  \*The important injuries not to miss  \*The principles and classification of fractures  \*The range of available treatments  \*How to diagnose compartment syndrome and how to manage it. | LGIS/PPT | C2  C2  C3  C3  C3 |  | 🗸 | A3  A1 | See  assessmentsection |
| 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.Princples of primary survey  d.principles of secondary survey  e.Specific management of pediatric trauma | LGIS/  PPT |  |  | 🗸 | A3 | See  assessmentsection |
| 10 | SATUR  DAY | HOD SU-1 BBH | SURGERY | THEME  Damage control  surgery. | Understands the definition.  Basic principles of damage control.  Trimodal pattern of death.  \*Understands triad of death and \*Pathophysiology of trauma  Specific management | LGIS/  PPT |  |  | 🗸 | A3 | See  assessmentsection |

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| **3RD WEEK**  THEME - UPPER GI TRACT | | | | | | | | | | | | | | | | | | |
| **Sr#** | **Days** | | **Teacher** | **Specialty** | **Topic** | | **Specific Learning Objectives (SLO)** | | | **MOT/MIT** | | **Level of**  **Cognition** | | | | **Affective** | | **MOA** |
| **C1** | **C2** | | **C3** | | |
| 11 | MON  DAY | | HOD SU-1, HFH | SURGERY | THEME  Patientwith dysphagia | | 1. Understand anatomy and physiology of oesophagus 2. Pathophysiology of dysphagia 3. D/D of dysphagia 4. Etiology and Grades of dysphagia 5. Surgical management of dysphagia 6. Principles of nutritional assessment and TPN | | |  | |  |  | |  |  | |  |
| 12 | TUES  DAY | | HOD SU-2, HFH | SURGERY | THEME  Hematemesis | | 1. Understand anatomy and physiology of oesophagus 2. Etiology and Pathophysiology of haemetemesis 3. Presentation of patient with haematemesis 4. Investigations   Management | | |  | |  |  | |  |  | |  |
|  | WEDNESDAY | | CPC |  |  | |  | | |  | | | | | | | | |
| 13 | THURS  DAY | | HOD SU-2, BBH | SURGERY | THEME  Surgical  treatment  options of  acid peptic  diseases | | 1. To understand the gross and microscopic anatomy and pathophysiology of stomach and duodenum in relation to peptic acid diseases 2. To understand the critical importance of gastritis and Helicobacter pylori in acid peptic disease 3. To be able to investigate the peptic ulcer disease 4. To know the surgical treatment options of uncomplicated APD like Billroth surgery 5. How to diagnose a patient with complicated peptic ulcer diseases like perforated duodenal ulcer and how to treat it 6. Can discuss different treatment options with the patient. | | |  | |  |  | |  |  | |  |
| 14 | FRIDAY | | SURGICAL SPECIALTIES | THORACIC  SURGERY | THEME  Patient with  tracheo  esophageal  fistula | | 1. Understand anatomy and physiology of oesophagus and trachea 2. Embryology of oesophagus 3. Types of TE fistula 4. Pathophysiology 5. Principles of nutritional assessment and TPN   Management | | |  | |  |  | |  |  | |  |
| 15 | SATUR  DAY | | HOD SURGERY RTH | SURGERY | THEME  Patient  with upper GI  Malignancies | | 1. Types of upper GI malignancies 2. Pathophysiology of gastric outlet syndrome and Metabolic complication associated with GOO. 3. Etiology of upper GI malignancies 4. Investigations for upper GI malignancies 5. Various Surgical options for upper GI malignancies. | | |  | |  |  | |  |  | |  |
| **4TH WEEK**  **THEME - LOWER GI TRACT(Contd.)** | | | | | | | | | | | | | | | | | | |
| **Sr#** | **Days** | | **Teacher** | **Specialty** | **Topic** | | **Specific Learning Objectives (SLO)** | **MOT/MIT** | | | **Level of**  **Cognition** | | | **Affective** | | | **MOA** | |
| **C1** | **C2** | **C3** | | | |
| 16 | MON  DAY | | HOD SU-1, HFH | SURGERY | THEME  Patient with right and left  iliac  fossa  mass | | \*Understand physiology of Right iliac fossa pain  \*D/D of mass in RIF  \*Clical presentations of mass in RIF  \*Differential diagnosis  \*Investigations for mass RIF.  \*Principles of  Management and  Recent advances | LGIS/PPT | | |  |  |  | A3 | | | See  assessmentsection | |
| 17 | TUES  DAY | | HOD SU-2, HFH | SURGERY | THEME  Patientswith peri anal  pathologies. | | \*Understand anatomy and physiology of rectum and anal canal  \*Congenital anamolies  Pathogy of perianal lesions  \*Etiology and  Classification of fistulas  \*Clinical features  Investigation  \*Management  Conservative  Operative  Recent advances | LGIS/PPT/  Case Vignette | | |  |  |  | A3 | | | See  assessmentsection | |
|  | WEDNESDAY | | CPC |  |  | |  |  | | |  |  |  |  | | |  | |
| 18 | THURS  DAY | | HOD SU-2, BBH | SURGERY | THEME  Patients presenting  with  mass coming  out of rectum and tenesmus. | | \*To understand the anatomy of the rectum and its relation to the rectal prolapse  \*To know the clinical presentation ofrectal prolapse  \*D/D of rectal prolapse especially rectal polyp  \*To differentiate partial and complete prolapse  \*To have knowledge of non-surgical management of rectal prolapsed  f) have knowledge of prenial and abdominal approaches for complete rectal prolapsed | LGIS/PPT/  CaseVignette | | | C1  C2  C2  C2  C3  C3 |  | 🗸 | A3 | | | See  Assessment  section | |
| 19 | FRI  DAY | | SURGICAL SPECIALTIES | PAEDIATRIC  SURGERY | THEME  Neonateswith anorectal malformation | | \*To understand the anatomy of the rectum and its relation to the rectal pathology  Understands embryology  To know the clinical presentation of anorectal malformation  DD of rectal anaomolies  To differentiate partial and complete prolapse  To have knowledge of non-surgical management of rectal malformation  f) have knowledge of prenial and abdominal approaches for complete rectal malformation |  | | | C1 | C2 | C3 |  | | |  | |
| 20 | SATURDAY | | HOD RTH | SURGERY | THEME  Patients with tenesmus  and malena | | \* Clinical features pathophysiology of colorectal Ca  \* D/D of malena  \*Investigations  Management  \*Recent advances | LGIS/PPT/  Case Vignette | | |  |  | 🗸 | A3 | | | See  assessmentsection | |
| **5TH WEEK**  **THEME - ACUTE ABDOMEN** | | | | | | | | | | | | | | | | | | |
| **Sr#** | **Days** | **Teacher** | | **Specialty** | | **Topic** | **Specific Learning Objectives (SLO)** | | **MOT/MIT** | | **Level of**  **Cognition** | | | **Affective** | | | **MOA** | |
| **C1** | **C2** | **C3** | | | |
| 21 | MON  DAY | HOD SU-1, HFH | | SURGERY | | THEME  Patient presenting with acute abdomen and gas  under  diaphragm. | \*To know the clinical presentation of perforated peptic ulcer  \*D/D of gas under diaphragm  \*Clinical features and revalent  Investigations  \*surgical management of acute abdomen.  \*Recent advances of managent of acute abdomen. | | LGIS/PPT. | |  |  | 🗸 | A3 | | | See  assessmentsection | |
| 22 | TUES  DAY | HOD SU-2, HFH | | SURGERY | | THEME  Patient having acute  intestinal obstruction in involving small GUT | \*To know the clinical presentation of intestinal obstruction  \*Types of intestinal obstruction  \*D/D of abdominal distension  \*To differentiate partial and complete obstruction  \*To have knowledge of surgical management of acute intestinal.  f) Investigations  management  recent advances | | LGIS/PPT/  Case Vignette | |  |  | 🗸 | A3 | | | See  assessmentsection | |
|  | WEDNESDAY | CPC | |  | |  |  | |  | |  |  |  |  | | |  | |
| 23 | THURSDAY | HOD SU2 BBH | | SURGERY | | THEME   Patient with large bowl obstruction. | \*To understand  The pathophysiology of dynamic and adynamic intestinal obstruction  \*The cardinal features on history and examination relavent to large bowl obstruction  \*The causes of LBO  \*Can relate the clinical features of intestinal obstruction on X-rays  \*The indications of surgery and other treatment options in bowel obstruction  \*Can perform basic treatment like IV line maintenance, NG intubation, Foley,s catheterization | | LGIS/PPT/  CaseVignette | | C2  C2  C2  C3  C3 |  | 🗸 | A2 | | | See  assessmentsection | |
| 24 | FRIDAY | SURGICAL SPECIALTIES | | ANAESTHESIA | | THEME  Airway management. | Enlist the equipment used for securing the airwa  Describe the features of the airway that make securing the airway difficult.  Apply the DAS guidelines to develop a plan for a difficult airway patient.  Using the Mallampati classification categories the patients (pictures) in terms of airway difficulty. | | LGIS/PPT/  CaseVignette | | C1  C2  C3  C4- |  | 🗸 | A3 | | | See  assessmentsection | |
| 25 | SATURDAY | HOD SURGERY **RTH** | | SURGERY | | THEME  Non surgical  acute abdomen. | Definition of new terms  Anatomy  Region related abdominal pathology  Etiology  Investigations  Management | | LGIS/PPT/  CaseVignette | |  |  | 🗸 | A3 | | | Seea  Ssessment  section | |

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| **6THWEEK**  **THEME - HEPATOBILIARYSYSTEM** | | | | | | | | | | | |
| **Sr#** | **Days** | **Teacher** | **Specialty** | **Topic** | **Specific Learning Objectives (SLO)** | **MOT/MIT** | **Level of**  **Cognition** | | | **Affective** | **MOA** |
| **C1** | **C2** | **C3** | |
| 26 | MON  DAY | HOD SU-1, HFH | SURGERY | THEME  Pain right  hypochondrium. | At the end of the lecture the student should be able to  Describe anatomy of right hypochondrium  Construct differential diagnosis of masses in RHC  Describe the clinical features of different masses  Outline different investigations  Make a management plan | LGIS/PPT/  Case Vignette |  |  | 🗸 | A3 | See  assessmentsection |
| 27 | TUES  DAY | HOD SU-2, HFH | SURGERY | THEME    Patientwith  surgical jaundice | At the end of the lecture the student should be able to  Describe anatomy of right hypochondrium  Construct differential diagnosis of obstructive jaundice  Describe the clinical features of different masses  Outline different investigations  Make a management plan | LGIS/ PPT |  |  | 🗸 | A3 | Seea  ssessmentsection |
|  | WEDNESDAY | CPC |  |  |  |  |  |  |  |  |  |
| 28 | THURS  DAY | HOD SU2 BBH | SURGERY | THEME  Epigastric pain  radiating to back. | To make DD of epigastric pain radiating to the back on clinical assessment  Relevant investigations in such patients (Amylase ECG, USG abdomen)  To make diagnosis of acute pancreatitis  Prognostic criteria for Acute pancreatitis  Management of acute pancreatitis on surgical floor | LGIS/PPT/  Case Vignette | C2  C3  C3  C3  C3 |  | 🗸 | A3 | See  assessmentsection |
| 29 | FRIDAY | Dr Mudassar Gondal | Paediatric  Surgery | THEME  Obstructive  Jaundice in neonates. | At the end of the lecture the student should be able to  Describe anatomy of right hypochondrium  Construct differential diagnosis of jaundice  Describe the clinical features of different conditions  Outline different investigations  Make a management plan | LGIS/PPT |  |  | 🗸 | A3 | See  assessmentsection |
| 30 | SATURDAY | HOD SU-1 BBH | SURGERY | THEME  Patient with  epigastric  pain and  jaundice | \*define the anatomy of extrahepatic biliary biliary system  \*At the end of the lecture the student should be able to define causes of obstructive jaundice  \*Construct differential diagnosis of epigastric pain and jaundice  \*Describe the clinical features of different conditions  Outline different investigations and management plan |  |  |  |  |  |  |

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| **7THWEEK**  **THEME - VASCULAR SYSTEM** | | | | | | | | | | | |
| **Sr#** | **Days** | **Teacher** | **Specialty** | **Topic** | **Specific Learning Objectives (SLO)** | **MOT/MIT** | **Level of**  **Cognition** | | | **Affective** | **MOA** |
| **C1** | **C2** | **C3** | |
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| 31 | MON  DAY | HOD SU-1, HFH | SURGERY | THEME   Patientwith  intermittent claudication | Understands anatomy of peripheral vascular system  Physiology of circulatory system  Pathophysiology of intermittent claudication  Risk factors  Clinical features  Investigation  Management | LGIS/PPT/  CaseVignette |  |  | 🗸 | A3 | See  assessmentsection |
| 32 | TUES  DAY | HOD SU-2, HFH | SURGERY | THEME  Acute limb ischemia. | Understands anatomy of peripheral vascular system  Physiology of circulatory system  Pathophysiology of acute limb ischemia  Risk factors  Clinical features  Investigation  Management | LGIS/PPT/  CaseVignette |  |  | 🗸 | A3 | See  assessmentsection |
|  | WEDNESDAY | CPC |  |  |  |  |  |  |  |  |  |
| 33 | THURS  DAY | HOD SU-2, BBH | SURGERY | THEME  Patientwith prominent tortuous veins in lower limbs. | \*To understand  Venous anatomy and physiology of venous return  \*The pathophysiology of venous diseases  The clinical significance and management of varicose veins  \*Venous insufficiency and venous ulceration  \*How to rule out DVT clinically and radiologically  \*Enumerate investigations for varicose veins with justification  \*Outline conservative management  \*Understands principles of operative management  Recent advances | LGIS/PT | C1  C2  C3  C3  C3 |  | 🗸 | A3 | See  assessmentsection |
| 34 | FRIDAY | SURGICAL SPECIALTIES | VASCULAR  SURGERY | THEME  Endovascular  procedures. | Understands anatomy of peripheral vascular system  Physiology of circulatory system  Pathophysiology of intermittent claudication  Risk factors  Cli  nical features  Investigation  Management | LGIS/PPT/  CaseVignette |  |  | 🗸 | A3 | See  assessmentsection |
| 35 | SATUR  DAY | HOD SURGERY RTH | SURGERY | THEME  Patient with  lymphedema. | Understands anatomy of peripheral vascular system  Physiology of circulatory system  Pathophysiology of lympoedema  Classification of lympoedema  Risk factors  Clinical features  Investigation  Management | LGIS/PPT/  CaseVignette |  |  | 🗸 | A3 | See  assessmentsection |

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| **8THWEEK**  **THEME - BREAST AND THYROID** | | | | | | | | | | | |
| **Sr#** | **Days** | **Teacher** | **Specialty** | **Topic** | **Specific Learning Objectives (SLO)** | **MOT/MIT** | **Level of**  **Cognition** | | | **Affective** | **MOA** |
| **C1** | **C2** | **C3** | |
| 36 | MON  DAY | HOD SU-1, HFH | SURGERY | THEME  Lump breast  in teens | \*To understand the development and anatomy of the breast  \*To be able to select appropriate investigations for breast swellings  \*To know triple assessment in pt with breast lump  \*when to operate on a breast lumps  \*To describe the steps of lumpectomy  \*To know the risks and complications of breast surgery. | LGIS/PPT/  CaseVignette |  |  | 🗸 | A3 | See  assessmentsection |
| 37 | TUESDAY | HOD SU-2, HFH | SURGERY | THEME  Patientwith  hard right  breast mass. | \*To be able to do triple assessment in patient with Ca breast.  \*To be able to define types and etiologies of Ca breast  \*identify the risk factors.  \*Select appropriate  investigations for malignant breast swellings.  \*Define stages of Ca breast with treatment.  \*Recent advances in the management of Ca breast. | LGIS/PPT/  CaseVignette |  |  | 🗸 | A3 | See  assessmentsection |
|  | WEDNESDAY | CPC |  |  |  |  |  |  |  |  |  |
| 38 | THURS  DAY | HOD SU2 BBH | SURGERY | THEME  Neck swelling  moving  with  deglutition. | \*To understand the development and anatomical relations of the thyroid gland  \*To be able to differentiate thyroidal from extrathyroidal swellings  \* \*To be able to select appropriate investigations for thyroid swellings  \*To know when to operate on a thyroid swelling  \*To be able describe the thyroidectomy  \*To know the risks and complications of thyroid surgery | LGIS/PPT/  CaseVignette | C1  C2  C3  C3  C3  C3 |  | 🗸 | A3 | See  assessmentsection |
| 39 | FRIDAY | SURGICAL SPECIALTIES | PLASTIC  SURGERY | THEME  Reconstructive  breast surgery. | Recognize the advantages and disadvantages cognitive of breast reconstruction.  Describe early vs late breast reconstruction.  Discuss the effects of radiation on flaps.  Counsel the patient for breast | LGIS/PPT/  Case Vignette |  |  | 🗸 | A3 | See  assessmentsection |
| 40 | SATUR  DAY | **HOD SU-1 BBH** | SURGERY | THEME  Patient with  malignant  neck swellingmoving  with  deglutition | \*Signs and symptoms of differernt thyroidal swellings Classification of tumours of thyroid gland  \*Investigation Pathology of thyroid tumours  \*TNM and other classifications  \*Differential  Investigations  \*Management | LGIS/PPT/  Case Vignette |  |  | 🗸 | A3 | See  assessmentsection |

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| **9THWEEK**  **THEME - ENDOCRINE SYSTEM PARATHYROID AND ADRENALS** | | | | | | | | | | | |
| **Sr#** | **Days** | **Teacher** | **Specialty** | **Topic** | **Specific Learning Objectives (SLO)** | **MOT/MIT** | **Level of**  **Cognition** | | | **Affective** | **MOA** |
| **C1** | **C2** | **C3** | |
| 41 | MON  DAY | HOD SU-1, HFH | SURGERY | THEME  Puffiness of face  and  buffalo hump. | \*Anatomy of pituatry gland  \*Physiology of pituatry gland  \*Pathology and classification of pituatry tumours  \*Negative feedback system  \*Clinical features of pituatrytuour and cushings disease | LGIS/PPT  CaseVignette |  |  | 🗸 | A3 | See  assessmentsection |
| 42 | TUES  DAY | HOD SU-2, HFH | SURGERY | THEME    Abdominal mass along with  Hypertension | \*Anatomy of adrenal glands  \*Physiology of adrenal glands  \*Pathology of adrenal glands and tumours  \*Clinical features of phaechromocytoma  \*Preoperative control of hypertension  \*Investigations  \*Management  \*Recent advances | LGIS/PPT  CaseVignette |  |  | 🗸 | A3 | See  assessmentsection |
|  | WEDNESDAY | CPC |  |  |  |  |  |  |  |  |  |
| 43 | THURS  DAY | HOD SU2 BBH | SURGERY | THEME  Patient with neck  Swelling and  Spontaneous  fracture  of bones. | \*To understand the surgical anatomy and pathophysiology of the parathyroid glands  \*To know the clinical presentation of the parathyroid diseases  \*To know that why the spontaneous bone fractures occur in primary hyperparathyroidism.  \*To know the D/D of hypercalcemia  \*To know the radiographic investigation for parathyroid adenoma  \*Outline management plan for a patient with parathyroid disorders | LGIS/PPT  CaseVignette | C1  C2  C2  C2  C2 |  | 🗸 | A3 | Se  eassessmentsection |
| 44 | FRIDAY | SURGICAL SPECIALTIES | UROLOGY | THEME  Renal  Transplant | Indications of renal transplant  Pre-requisites for successful renal transplant  Post transplant care of the patient  Complications after transplant surgery and their management  Immunosuppression drug regimes used in renal transplant  Types of transplant rejection | LGIS/PPT  CaseVignette |  |  | 🗸 | A3 | See  assessmentsection |
| 45 | SATUR  DAY | HOD SURGERY RTH | SURGERY | THEME  patient with  incidentalomas. | \*To define incidentiloma  \*Anatomy and physiology of incidentilomas  Appreciate the importance of incidentiloma  \*Enumerate the investigations for incidentiloma  \*Management of incidentiloma in different regions | LGIS/PPT  CaseVignette |  |  | 🗸 | A3 | See  assessmentsection |

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| **10THWEEK**  **THEME - ABDOMINAL WALL** | | | | | | | | | | | |
| **Sr#** | **Days** | **Teacher** | **Specialty** | **Topic** | **Specific Learning Objectives (SLO)** | **MOT/MIT** | **Level of**  **Cognition** | | | **Affective** | **MOA** |
| **C1** | **C2** | **C3** | |
| 46 | MON  DAY | HOD SU-1, HFH | SURGERY | THEME  soft tissues  swelling in abdominal wall. | \*To understand the surgical anatomy of the abdominal wall  \*Precipitating factors for hernia formation  \*Cardinal Clinical presentation of abdominal hernias  \*To have a knowledge of complications of hernia  \*Concepts of anatomical repair of hernias  \*Knows use of different prosthetic material for hernia repair  \*Brief concepts of laparoscopic repair of hernias | LGIS/PPT |  |  | 🗸 | A3 | See  assessmentsection |
| 47 | TUES  DAY | HOD SU-2, HFH | SURGERY | THEME  Incisional ventral Herniae | \*Taking proper history  \*Different etiological factors  \*Relevant Investigations  \*To be able to describe differernt surgical options  \*Abdominal compartment syndrome and various techniques of management  \*Recent Advances | LGIS/PPT |  |  | 🗸 | A3 | See  assessmentsection |
|  | WEDNESDAY | CPC |  |  |  |  |  |  |  |  |  |
| 48 | THURS  DAY | HOD SU-2, BBH | SURGERY | THEME  Patient with  Inguinoscrotal  swellings. | \*To understand the surgical anatomy of the inguinal canal  \*Precipitating factors for hernia formation  \*Cardinal Clinical presentation of inguinal hernias  \*To have a knowledge of complications of inguinal hernia  \*Concepts of anatomical repair of hernias  \*Knows use of different prosthetic material for hernia repair  \*Brief concepts of laparoscopic repair of hernias | LGIS/PPT | C1  C2  C2  C3  C3 |  | 🗸 | A3 | See  assessmentsection |
| 49 | FRIDAY | SURGICAL SPECIALTIES | PAEDIATRIC  SURGERY | THEME  Undescended  Testis | Anatomy and physiology of testis  Embryology of testis  Clinical features  Investigations  Management | LGIS/PPT/  VideoPT |  |  | 🗸 | A3 | See  assessmentsection |
| 50 | SATUR  DAY | HOD RTH | SURGERY | THEME  Approach to  patients  with anterior  andominal  wall defects. | To understand the surgical anatomy of the abdominal wall  Precipitating factors for hernia formation  Cardinal Clinical presentation of abdominal hernias hernias  To have a knowledge of complications of hernia  Concepts of anatomical repair of hernias  Knows use of different prosthetic material for hernia repair  Brief concepts of laparoscopic repair of hernias | LGIS/PPT/  VideoPT |  |  | 🗸 | A3 | See  assessmentsection |

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| **11thWEEK**  **THEME - SKIN AND SOFT TISSUE** | | | | | | | | | | | |
| **Sr#** | **Days** | **Teacher** | **Specialty** | **Topic** | **Specific Learning Objectives (SLO)** | **MOT/MIT** | **Level of**  **Cognition** | | | **Affective** | **MOA** |
| **C1** | **C2** | **C3** | |
| 51 | MON  DAY | HOD SU-1, HFH | SURGERY | THEME  Skin and  soft tissue infections. | To understand the surgical anatomy of the skin  To know different skin diseases that can present with ulcerated lesions.  To take a biopsy of any ulcerated lesion  Investigation for skin infectons  Management To understand the surgical anatomy of the skin.  To know different skin diseases that can present with ulcerated lesions.  To take a biopsy of any ulcerated lesion  To have a concept of primary surgical clearance and role of flaps needed for defect coverage. | LGIS/PPT/  VideoPT |  |  | 🗸 | A3 | See  assessmentsection |
| 52 | TUES  DAY | HOD SU-2, HFH | SURGERY | THEME   Right ankle  pigmented  lesion  and right  inguinal  lymphenopathy. | To understand the surgical anatomy of the skin  To know different skin diseases that can present with pigmented lesions.  Classifications of malignant melanoma  Clarks and breslow  To take a biopsy of any ulcerated lesion  Concept of block dissection  To have a concept of primary surgical clearance and role of flaps needed for defect coverage.  Recent advances | LGIS/PPT/  VideoPT |  |  | 🗸 | A3 | See  assessmentsection |
|  | WEDNESDAY | CPC |  |  |  |  |  |  |  |  |  |
| 53 | THURS  DAY | HOD SU-2, BBH | SURGERY | THEME  Ulcerated  lesion of face. | aaaaa Ulcerated lesions of the face  To understand the surgical anatomy of the skin  To know different skin diseases that can present with ulcerated lesions.  To take a biopsy of any ulcerated lesion  To have a concept of primary surgical clearance and role of flaps needed for defect coverage. |  | C1  C2  A2  C3 | C2 | C3 | AAAAw |  |
| 54 | FRIDAY | SURGICAL SPECIALTIES | PLASTIC  SURGERY | THEME  Patientwith   burns  and skin  grafting. | Manage the patient in emergency.  Recognize the depth of burn and percentage of burn.  Council the patient about the condition of patient of acute burn | LGIS/PPT |  |  | 🗸 | A3 | See  assessmentsection |
| 55 | SATUR  DAY | HOD SURGERY RTH | SURGERY | THEME   Patient with soft tissue  swelling of  extremity. | To understand the surgical anatomy of the limbs  To know different soft tissue tumours of extremities  To take a biopsy a limb swelling  To have a concept of primary surgical clearance and role of flaps needed for defect coverage.  Role of adjuvant and neoadjuventchemoradio therapy |  |  |  | 🗸 | A3 | See  assessmentsection |

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| **12THWEEK**  **THEME - THORAX** | | | | | | | | | | | |
| **Sr#** | **Days** | **Teacher** | **Specialty** | **Topic** | **Specific Learning Objectives (SLO)** | **MOT/MIT** | **Level of**  **Cognition** | | | **Affective** | **MOA** |
| **C1** | **C2** | **C3** | |
|  |
| 56 | MONDAY | HOD SU-1, HFH | SURGERY | THEME  Hemoptysis. | To understand the basic anatomy and physiology of the pleural cavityand lungs  To know the benign and malignant causes of haemoptysis  How to diagnose the different lung lesions  Enumerate ivestigations.  Management of haemoptysis with key concepts of VATS.  Recent advances  Chemotherapy and radiotherapy | LGIS/PPT |  |  | 🗸 | A3 | See  assessmentsection |
| 57 | TUESDAY | HOD SU-2, HFH | SURGERY | THEME  Patientwith haemoptysis, wt loss and opacity on chest X Ray. | To understand the basic anatomy and physiology of the pleural cavity and lungs  To know the benign and malignant causes of opacity  How to diagnose the malignant conditions  Investigations for opacity  Management of different lung pathologies  Recent advances | LGIS/PPT |  |  | 🗸 | A3 | See  assessmentsection |
|  | WEDNESDAY | CPC |  |  |  |  |  |  |  |  |  |
| 58 | THURSDAY | HOD SU-2 BBH | SURGERY | THEME   Malignant  pleural  effusion. | To understand the basic anatomy and physiology of the pleural cavity  To know the benign and malignant causes of effusion  How to diagnose the malignant pleural effusion  Management of pleural effusion with key concepts of VATS, decortication and pleurodesis | LGIS/PPT  CaseVignette | C1  C2  C3 |  | 🗸 | A3 | See  assessmentsection |
| 59 | FRIDAY | SURGICAL SPECIALTIES | ANAESTHESIA | THEME  Epidural and  Spinal  Anaesthesia. | Describe the anatomy vertebral column relevant to anesthesia.  Summaries the indications and contraindications of neuraxial anesthesia.  Summaries the possible complications of NeuraxialAnaesthesia.  Employ the guidelines to develop Neuraxialanaesthesia plan for a patient on anticoagulation. | LGIS/PPT  CaseVignette | C1  C2  C2  C3 |  | 🗸 | A3 | See  assessmentsection |
| 60 | SATURDAY | HOD RTH | SURGERY | THEME  Patient with  Mediastinal   mass. | Describe anatomy of mediastinum  Salient features of mediastinum  Enumerate different pathological conditions of mediastinum.  Clinical features of different conditions affecting mediastinum  Investigations  Management | LGIS/PPT  CaseVignette |  | 🗸 |  | A3 | See  assessmentsection |

**SECTION-II**

**CLINICALROTATION**

Ward Rotation Outline, Timetable, Approaches To Clinical Problems,

Clinical Problem Approaches along WithLearningObjectives,

Teaching Methodology and Levelof Cognition

# WARDCLINICALROTATION

# (Week-Wise Outline)

Module 1

SURGERY UNIT- 04 Weeks

Module 2

SURGERY

UNIT -04 Weeks

UROLOGY

01 WEEK

Module 3

01 Week each

* ORTHOPEDIC SURGERY
* UROLOGY
* ANAESTHESIOLOGY
* SURGICAL ICU

### 

### MONTH-I: FIRST SURGICAL UNIT (MODULE 1)

**Approach to clinicalvignette scenarios**

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| --- | --- | --- | --- | --- | --- | --- |
| 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 the gluteal cleft (perineal) area. | Approach to a patient with dyspepsia/dysphagia. | Approach to a patient with a swelling in front of the earlobe. | Approach to a patient with a reducible swelling in the umbilical hernia. |
| 3 | Approach to a patient with a reducible groin swelling. | Approach to a patient with abdominal masses. | Approach to a patient with an upper abdominal mass and vomiting. | Approach to a patient with upper abdominal mass and hematemesis. | Approach to a patient with a globular mass in the right hypochondrium and jaundice. | Approach to a patient with upper abdominal pain radiating to the back. |
| 4 | Approach to a patient with upper abdominal pain radiating to the right shoulder. | Approach to a patient with pain, vomiting, distension, and constipation. | General approach to a patient with constipation, distension, vomiting, and pain. | Approach to a patient with pain in the right iliac fossa. | Repetition/  Re-inforcement | WardTest |

# MONTH-II: SECOND SURGICALUNIT (MODULE 2)

**Approach to clinical vignette scenarios**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 1 | Approach to patient bleeding per rectum | Approach to Patient with bleeding per rectum and andaltered bowel habbits | Approach to Patient withpainfulperianal 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 patien 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 with shortness of breath and fever | Approach to a patient with scrotal swelling | Approach to a patient with | Approach to patientwith a mass in abdomenand 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 air way obstruction | Approach to abdominal trauma and haematuria | Repetition/ Reinforcement t | Ward Test |

# MONTH-III: SPECIALTIES (MODULE 3)

# UROLOGY, SICU, ANAESTHESIA AND ORTHOPEDICS

**Approach to clinicalvignette scenarios**

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| --- | --- | --- | --- | --- | --- | --- |
| Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 1  Urology | Approach topatient withurinary retention | Approach toPatient with hematuria | Approach toPatient with flank mass / RCC | Approach toPatient with flank pain / stone disease | Approachtopatientwith UTI / burning micturition | WardTest |
| 2  SICU | Approach to apatient withcritically ill patient | Approach topatient withsepsis | Approach topatient with ards | Approach topatient withventilator support | Approach to apatient withCRF | WardTest |
| 3  Anesthesia | Approach to apatient withIschemic heart disease | Approach to apatient withheart failure /laparoscopic cholecystectomy | Approach to apatient withspinal anaesthesia | Approach topatient withdifficult airway | Approach topatient withdysrrhymia diabetes and hypertension | WardTest |
| 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 | WardTest |

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| **Sr#** | **Day** | **Specialty** | **Topic** | **SPECIFICLEARNINGOJECTIVES(SLO)** | | | | | | | **Cognition** | | | | | **Psychomotor** | | | | **Attitude** | | | **MOT**  **/MIT** | | **MOA** |
| **Cognition** | **Skill** | | **Attitude** | | | | **C1** | | **C2** | | **C3** | **P1** | | **P2** | | **A1** | **A2** | |
| **1st WEEK** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | MONDAY | Surgery | BREAST LUMP | Students will be able to:  Recall the surgical anatomy of the breast  Understand the pathophysiology of breast lumps  Describe clinical features  Suggest a differential diagnosis  Enumerate recent advances, such as sentinel lymph node biopsy  Review basic management points in patients with breast lumps | Student will be able to:  Take history and perform breast examination with focus on etiology  Interpret ultrasound and mamogram CXR concerning the focused disease.  Usetriple assessment  Practicewritingtreatmentprescription  Observe/assist FNAC,Trucut biopsy,Lumpectomy ,Breast conserving surgery and MRM | | Studentwill beableto:  Take Consent forHistory, ClinicalExamination andProcedures  Counsel and educatepatient about disease, itsdiagnosis, treatment andoutcome. | | | |  | |  | | 🗸 |  | | 🗸 | |  | 🗸 | | SGD / BED  SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB  WORK / Operation theaters | | See  Assessment  section |
| 2 | TUESDAY | Surgery | APPROACH TO A PATIENT WITH NECK SWELLING | Studentwill beableto: | Studentwill beableto: | | Studentwill beable | | | |  | |  | | 🗸 |  | | 🗸 | |  | 🗸 | | SGD / BED SIDESESSIONS(Grand  Ward Rounds,Teaching WardRounds) / LABWORK | | See  Assessment  section |
| Recall the surgical anatomy of the neck  Understand the pathophysiology of the disease  Describe clinical features  Classify the disease  Suggest a differential diagnosis | Take history and perform Neck Examination with focus on etiology. Interpret CXR, X-ray neck, CT scan, MRI, and ultrasound neck. Doppler duplex scan in masses. Practice writing Treatment prescription. Observe/assist different biopsy techniques and surgical procedures like excision and repair. | | a) Take care, Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. | | | |
| 3 | WEDNESDAY | Surgery | Approach to a patient with a mass in the neck not moving with swallowing. | Studentswillbeableto: | Studentswillbeableto: | | Studentswillbeable to: | | | |  | |  | | 🗸 |  | | 🗸 | |  | 🗸 | | AMBULATORYTEACHING/SGD/BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | | See  Assessment  section |
| Recall Surgical anatomy of neck. Pathophysiology of the disease. Describe clinical features. Classification of disease. Suggest differential diagnosis. | ake history and perform Neck examination with focus on etiology. Interpret of CXR, ultrasound, doppler duplex scan, CT scan, and MRI of neck. Practice Treatment prescription. Observe/assist different biopsy techniques and surgical procedures like excision and repair.. | | Take Consent for History, Clinical Examination and Procedures  Counsel and educate patient about disease, its diagnosis, treatment and outcome. | | | |
| 4 | THURSDAY | Surgery | NECK MASS WITH HOARSENESS  OF VOICE | Students will be able to recall.  Etiopathogenesis  Describeclinicalfeatures  Suggest differential diagnosis and investigations  Short and Long termtreatment plan includingcomplications | Students will be able to: Take history and perform Chest examination with focus on etiology. Perform Interpretation of CXR in DIP, Spirometry, ABGs concerning the focused disease. Practice Treatment prescription. Observe/assist Oxygen Therapy and Bronchoscopy | Students will be able to: a) Take Consent for History, Clinical Examination and Procedures. b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. | |  |  | 🗸 | |  | | 🗸 | | |  | | 🗸 | | | SGD / BED SIDE SESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | | See  Assessment  section | |
| 5 | FRIDAY | Surgery | Approach to a patient with periodic hypertension. | Students will be able to: Anatomy of adrenal gland Physiology of adrenal gland Pathogenesis of adrenal tumours and classification Clinical features of pheochromocytoma Screening criteria for hypertension Investigations for adrenal tumours Preoperative control of hypertension Management of adrenal tumours | Students will be able to: Take quick history and perform relevant brief clinical examination under guidance of treating team. Perform Basic Interpretation of Lab investigations Interpret CT scan of the patient. 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. | |  |  | 🗸 | |  | | 🗸 | | |  | | 🗸 | | | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | | See  Assessment  section | |
| 6 | SATURDAY | Surgery | approach to a patient with pathological fractures renal stones and abdominal pain | Students will be able to: Recall surgical anatomy of parathyroid glands. Enumerate causes of hypercalcemia. Discuss clinical feature, severity scores, and classification. Enumerate investigations for hypercalcemia. Name the complications. Outline Management plan. | Students will be able to: Take history and perform neck examination keeping in mind the cause. Perform interpretation of CXR, CBC, ESR, CRP. Interpret subtraction scans. Observe/interpret different scans. | 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,TeachingWardRounds) / LABWORK | | See  Assessment  section | |

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| **Sr#** | **Day** | **Speci-**  **-alty** | **Topic** | **SPECIFIC LEARNING OJECTIVES (SLO)** | | | | **Cognition** | | | | **Psychomotor** | | **Attitude** | | **MOT**  **/MIT** | **MOA** |
| **Cognition** | **Skill** | **Attitude** | | **C1** | **C2** | **C3** | | **P1** | **P2** | **A1** | **A2** |
| **2ndWEEK** | | | | | | | | | | | | | | | | | |
| 7 | MON  DAY | Surgery | Approach to patient  With  intermittent Claudication | Students will be able to: Discuss epidemiology and etiopathogenesis. Surgical anatomy of blood vessels Physics of blood flow Describe clinical feature ,classification&investigations Indications for performing by pass surgery Different types of grapftsOutlineManagementplan Outline recent advances d)Explainmethodsfor conservative and surgical management | Students will be able to: Take history and perform chest and relevant clinical examination keeping in mind the cause. Examine all the peripheral pulses. Observe symptoms and signs of peripheral limb ischemia.  Interpretation of dopplar and angiograms  C) Develop Treatment prescription of conservative management of intermittent claudication  Observe/assist handheld dopplar and dopplar duplex scan  Assist HCW in management of patient | | Studentswillbeableto: a)  Take Consent for History,Clinical Examination andProcedures  .  b) Counsel and educate patient about disease, itsdiagnosis, treatment andoutcome. |  |  | | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS(Grand  Ward Rounds,  TeachingWard  Rounds) / LAB  WORK | See  Assessment  section |
| 8 | TUESDAY | Surgery | Approach to apatient with abnormally dilated veins | Students will be able to: Anatomy of varicose veins know Etiology and clinical features of varicose veins classification of varicose veins. Investigations for varicose veins. Suggest Differential diagnosis, investigations, and severity assessment. Describe conservative management. Describe minimal intervention like sclerotherapy.  Describe surgical procedures for varicose veins  Describe the recent advances for management of varicose | Students will be able to: Take history and perform abdominal examination keeping in mind the cause. Perform relevant examination for varicose veins to find the level of incompetence and and find perforators.  Perform interpretation of abdominal imaging (ultrasound , plain x-ray abdomen). Dopplar duplex scan  practice writing emergency management plan  Master performing clinical tests like tourniquet, shwartz, perthes | | 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 SIDESESSIONS (Grand  Ward Rounds,  TeachingWard  Rounds) / LAB  WORK | See  Assessment  section |
| 9 | WEDNESDAY | Surgery | Approach to apatientwithAN ULCER ON GATERS AREA | Students will be able to: know Etiology and clinical features of leg ulcers Suggest Differential diagnosis, investigations and severity assessment. Construct conservative and operative treatment plan according to etiology | Students will be able to  Take history and perform abdominal & relevant clinical examination according to cause Perform interpretation of abdominal imaging (ultrasound, plain x-ray abdomen)  Practice writing emergency management plan  Observe dressings and bandaging techniques for varicose veins  e) Assist HCW in management of patient | | Students will be able to:  a) Take Consent for History, Clinical Examination and Procedures . Counsel and educate patient about disease, its diagnosis, treatment and outcome |  |  | | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS (Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessment  section |
| 10 | THURSDAY | Surgery | Approach to apatient withDyspepsia /Dysphagia | Students will be able to: know Etiology and clinical features of Dysphagia Suggest Differential diagnosis &investigations. Grade of dysphagia Enumerate different techniques of nutritional evaluation. Outline enteral and parenteral nutrition for a patients with dysphagia Construct Short- and long-term treatment plan according to etiology | Students will be able to: Take history and perform abdominal & relevant clinical examination according to cause. Perform interpretation of abdominal imaging (ultrasound, plain x-ray abdomen, CT scan, Endoscopy) Practice prescription writing H. pylori eradication treatment | | Students will be able to: a) Take Consent for History, Clinical Examination and Procedures. Counsel and educate patient about disease, its diagnosis, treatment and outcome. Break bad news according to SPIKEmodel. |  |  | | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  WardRounds,TeachingWardRounds) / LABWORK | See  Assessment  section |
| 11 | FRIDAY | Surgery | APPROACH TO A PATIENT WITH ASWELLING IN FRONT OF EAR LOBULE | Students will be able to:  State Presenting complaint Anatomy of neck and parotid gland . Pathophysiology of parotid tumours. Classification of salivary tumours Explain risk factors and diagnostic criteria Outline investigation Describe Basic management of | Students will be able to: Take quick history and perform relevant brief clinical examination under guidance of treating team. Examination of salivary glands and lymph nodes Evaluation of facial nerve  Perform Interpretation of imaging and lab tests  Observe and 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. |  |  | | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS (Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessment section |
| 12 | SATURDAY | Surgery | APPROACH TOA PATIENT WITH AREDUCIBLE SWELLING IN THE UMBLICAL HERNIA | Students will be able to: know Etiology and clinical features of swellings In umbilical region. Anatomy of anterior abdominal wall. Patho0hysiology of hernia Enumerate the etiology / risk factors for hernia Suggest Differential diagnosis, investigations and severity assessment Construct treatment plan according to etiology | Students will be able to: Take history and perform abdominal clinical examination to differentiate different types of hernias according to etiology Evaluate the risk factors for hernia  B) Interpretation of investigations  practice prescription writing  Observe and assist IV hydration of a 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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessment  section |

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| **Sr#** | **Day** | **Specialty** | **Topic** | **SPECIFIC LEARNING OJECTIVES (SLO)** | | | **Cognition** | | | **Psychomotor** | | **Attitude** | | **MOT**  **/MIT** | **MOA** |
| **Cognition** | **Skill** | **Attitude** | **C1** | **C2** | **C3** | **P1** | **P2** | **A1** | **A2** |
| **3rd WEEK** | | | | | | | | | | | | | | | |
| 13 | MONDAY | Surgery | Approach to apatientwithREDUCIBLE GROIN SWELLING | Students will be able to: know Etiology and clinical features of swellings In umbilical region. Anatomy of anterior abdominal wall. Patho0hysiology of hernia Enumerate the etiology / risk factors for hernia Suggest Differential diagnosis, investigations and severity assessment Construct treatment plan according to etiology  Assist HCW in management of patient | Students will be able to: Take history and perform abdominal clinical examination to differentiate different types of hernias according to etiology Evaluate the risk factors for hernia  B) Interpretation of investigations  practice prescription writing  Observe and assist IV hydration of a 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 SIDESESSIONS(Grand  WardRounds,TeachingWardRounds) / LABWORK | See  Assessment  section |
| 14 | TUESDAY | Surgery | Approach to apatient ABDOMINAL MASSES | Students will be able to: Know anatomy and physiology of abdominal cavity. Pathophysiology of different abdominal masses. Classification of abdominal regions and cavities. Classification of abdominal masses. Appreciate clinical features of different abdominal masses and their presentation. Suggest Differential diagnosis, investigations, and severity assessment. Construct treatment plan according to etiology. | Students will be able to: Take history and perform abdominal & relevant clinical examination according to cause. Palpate and evaluate liver, spleen, and kidneys. Perform Carnats test. Perform succussion splash. Palpate and appreciate para-aortic lymph nodes. Differentiate GI tumours from other tumours. Palpate gall bladder. Identify impacted stools. Identify intraabdominal cysts. Perform DRE. Assist proctoscopy and sigmoidoscopy. Appreciate retroperitoneal tumours. Perform interpretation of investigations like imaging and lab tests. Practice writing emergency management plan. 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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessment  section |
| 15 | WEDNESDAY | Surgery | Approach to apatient UPPER ABDOMINAL MASS AND VOMITING | 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:  Take history and perform abdominal & relevant clinical examination according to cause. Perform interpretation of investigations ( S. Electrolytes , Upper GI endoscopy , ABGs, Dopplar duplex scan, LFTs, PT, INR, APTT, USG abdomen and CT scan)  Practice Treatment prescription  Observe/Assist endoscopy Assist HCW in management of patient | Students will be able  Take Consent for History, Clinical Examination and Procedures . b) Counsel and educate patient about disease, its diagnosis, treatment and outcome |  |  | 🗸 |  | 🗸 |  | 🗸 | AMBULATORYTEACHING/SGD/BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessment  section |
| 16 | THURSDAY | Surgery | Approachtopatientwith UPPER ABDOMINAL MASS AND HAEMETEMESIS | Recall anatomy of upper abdominal mass. Enumerate causes of mass in upper abdomen Outline etiology of haemetemesis in a patient with abdominal mass Construct differential diagnosis Enumerate investigation Outline management plan | Take history and perform abdominal & relevant clinical examination act to cause. Perform interpretation of investigations (Ultrasound, CT scan, MRI, Upper GI endoscopy and endoscopic ultrasound, Contrast studies and imaging, RFTs, Urine RE, ABGs) Observe procedures like biopsy  Practice prescription writing  Observe/Assist Double lumen catheter & dialysis Assist HCW in management of patient | Students will be able to  a)  TakeConsentforHistory,Clinical Examination andProcedures  .  b)Counselandeducatepatient about disease, itsdiagnosis, treatment andoutcome. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessment  section |
| 17 | FRIDAY | Surgery | Approach topatientwith  Globular mass in right hypochondrium and jaundice | Students will be able to:  Recall Etiology and clinical features of obstructive jaundice  Suggest Differential diagnosis, investigations and severity assessment  Recall anatomy of hepatobiliary tree.  Knows the significance of obstructive jaundice and principles of emergency management  Knows indications MRCP and ERCP  Construct treatment plan according to etiology  Discuss complications and indications of preoperative biliary stenting | Students will be able to:  Take history and perform relevant clinical examination  Perform interpretation of investigations (MRCP AND ERCP)  Practice prescription writing  Observe/Assist ERCP  Assist HCW in management of patient | Students will be able  a) Take Consent for History, Clinical Examination, and Procedures.  b) Counsel and educate patient about disease, its diagnosis, treatment, and outcome.  . |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessment  section |
| 18 | SATURDAY | Surgery | Approach to patientwithUPPER ABDOMINAL PAIN RADIATING TO THE BACK | Students will be able to: Recall Etiology and pathophysiology Suggest severity assessment Construct treatment plan according to etiology To make DD of epigastric pain radiating to the back on clinical assessment Relevant investigations in such patients (Amylase, ECG, USG abdomen) To make diagnosis of acute pancreatitis Prognostic criteria for Acute pancreatitis Management of acute pancreatitis on surgical floor | Students will be able to: Take history and perform relevant clinical examination Perform interpretation of investigations (Amylase, lipase levels) Calculate CT severity index  Practice prescription writing  Observe/assist ERCP Assist HWC 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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessment  section |

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| **Sr#** | **Day** | **Specialty** | **Topic** | **SPECIFIC LEARNING OJECTIVES (SLO)** | | | **Cognition** | | | **Psychomotor** | | **Attitude** | | **MOT**  **/MIT** | **MOA** |
| **Cognition** | **Skill** | **Attitude** | **C1** | **C2** | **C3** | **P1** | **P2** | **A1** | **A2** |
| **4thWEEK** | | | | | | | | | | | | | | | |
| 19 | MONDAY | Surgery | Approach to a patient with upper abdominal pain radiating to right shoulder. | Students will be able to:  Recall Etiology and pathophysiology of hepato biliary tree Recall anatomy of the region Understands physiology of digestion and functions of gall bladder Understands pathology of biliary tree Suggest Differential diagnosis, investigations to confirm diagnosis Construct treatment plan according to etiology and discuss complications | Students will be able to: Take History and examination keeping in mind etiology, clinical features, and complications  Interpretation of related basic and specific investigations  Interprets LFTs and Ultrasound for gallstones.  Practice prescription writing  Assist HWC in management of patient with gallstone disease complicating systemic illness | Studentswillbeableto:  a)  TakeConsentforHistory,Clinical Examination andProcedures  b)  Counselandeducatepatient about disease, itsdiagnosis, treatment andoutcome. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 20 | TUESDAY | Surgery | Approach topatient with PAIN, VOMITNG ,DISTENSION AND CONSTIPATION | Students will be able to:  The pathophysiology of dynamic and adynamic intestinal obstruction  The cardinal features on history and examination  Thecauses 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 | Students will be able to:  History and examination keeping in mind etiology and complications  Perform Interpretation of related basic and specific investigations including ABGs  Write management algorithms  Observe and learn how to draw ABG samples  Can perform basic treatment like IV line maintenance, NG intubation, Foley's catheterization  Assisting HWC in management of patient with Fluid electrolyte and acid-base imbalance.  Observe/assist surgery for intestinal obstruction | 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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessment  section |
| 21 | WEDNESDAY | Surgery | General approach topatientwithCONSTIATIONDISTENSION ,VOMITING AND PAIN | Students will be able to:  Recall anatomy and physiology of large gut  Enumerate causes of constipation  Knows the causes of large gut obstruction including rectum and anal canal  Can classify tumours of large gut  Recall Pathophysiology, Clinical features & investigations  Explain general and specific treatment chronic intestinal obstruction  Indications for surgery  Staging of colonic tumours. TNM  Role of neoadjuvant and adjuvant chemotherapy and radiotherapy | Students will be able to:  Take history and perform clinical examination keeping in mind the cause.  Perform Interpretation of Investigations  Write emergency management plan  Observing/Assisting/performing NG Tube, IV access, ETT/Laryngeal airway placement/maintenance/care, Foley's catheter, etc. | Studentswillbeableto:  a)  TakeConsentforHistory,Clinical Examination andProcedures  .  b)Counselandeducatepatient about disease, itsdiagnosis, treatment andoutcome. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessment  Section |
| 22 | THURSDAY | Surgery | Approach topatient with PAIN RIGHT ILIAC FOSSA | Students will be able to:  Recall anatomy and physiology of appendix  Etiology and pathophysiology of appendicitis.  Causes of pain in RIF.  Explain clinical features, complications, and treatment plan for patient  Review Various types of scoring system for appendicitis  Knows the operative steps of appendicectomy  Enumerate complications of appendicectomy | Students will be able to:  Take history and perform clinical examination keeping in mind the cause.  Can perform abdominal examination  Elicit tenderness, Rebound tenderness, Rovsing's sign, Psoas test, Obturator test.  Perform Interpretation of investigations  Develop Treatment prescription  Observing/Assisting appendicectomy  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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessment  section |
| 23 | FRIDAY | Surgery | Repetition/Reinforcement | Revision | Revision | Revision |  |  |  |  |  |  |  |  | See  assessment  section |
| 24 | SATURDAY | WARDTEST |  |  |  |  |  |  |  |  |  |  |  |  |  |

*“True teaching can not be learned from the text booksanymore than*

*a surgeon can acquire their skills by reading about the surgery”*

**Helen Keller**

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| **Sr#** | **Day** | **Specialty** | **Topic** | **SPECIFIC LEARNING OJECTIVES (SLO)** | | | **Cognition** | | | **Psychomotor** | | **Attitude** | | **MOT**  **/MIT** | **MOA** |
| **Cognition** | **Skill** | **Attitude** | **C1** | **C2** | **C3** | **P1** | **P2** | **A1** | **A2** |
| **5th WEEK** | | | | | | | | | | | | | | | |
| 25 | MONDAY | Surgery | Approach to patient bleeding per rectum with altered bowel habbit | Students will be able to:  Recall anatomy of rectum and anal canal.  Knows pathophysiology of rectum and anal canal  Classify tumours of rectum  Stage tumours of rectum and anal canal.  Discuss clinical features, types of rectal tumours  Investigations to confirm diagnosis  Describe management plan, including lifestyle modifications and medications  Knows the role of neoadjuvant therapy and benefit of downstaging | Students will be able to: Take history and perform relevant clinical examination Perform DRE and Proctoscopy Perform clinical staging  b) Interpret investigations for confirmation of diagnosis and staging Observe/assist sigmoidoscopy / colonoscopy Prescribe gut preparation for colonoscopy  Practice Treatment prescription  Observe and assist surgeries for rectal tumours  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.. |  |  | 🗸 |  | 🗸 |  | 🗸 | AMBULATORYTEACHING/SGD/BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 26 | TUESDAY | Surgery | Approach to Patient with bleeding per rectum | Studentswillbeableto:  Recall epidemiology,pathophysiologyofanal canal  Recall anatomy of anal canal  Discuss clinical features ,&Investigations to confirm the diagnosis  Describe management plan,including life stylemodificationsandmedications,impact of complications onfunctionalstatusofpatient  Knows conservative management.  Describe operative steps of haemorrhoidectomy  Knows recent advances in the management of haemorrhoids | Studentswillbeableto:  Take history and perform clinicalexamination keeping in mind thecomplicationsofdisease  DRE  Proctoscopy  B) Perform Interpretation ofinvestigationslike sigmoidoscopy  practicewritingprescription  Observe sigmoidoscopy and colonoscopy  e) Assist HCW in patient management | Studentswillbeableto: a)  TakeConsentforHistory,ClinicalExamination andProcedures  .  b)Counselandeducatepatient about disease, itsdiagnosis, treatment andoutcome. |  |  | 🗸 |  | 🗸 |  | 🗸 | AMBULATORYTEACHING/SGD/BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 27 | WEDNESDAY | Surgery | Approach to Patient with pain ful perianal purulent discharge | Students will be able to:  Recall epidemiology, pathophysiology of disease  Recall anatomy of anal canal and perianal area  Pathophysiology of perianal discharge  Classification of peri-anal abscess and fistula in ano  Parks classification  Knows Goodsall's rule  Discuss clinical features & Investigations to confirm these diseases  Describe management plan including complications, impact of disease on functional status of patient  Explain Pregnancy and Surgical related issues in disease  Knows the steps of fistulectomy  Knows the recent advances in management of fistula in ano | Students will be able to:  Take history and perform clinical examination keeping in mind the nature of disease  DRE  Proctoscopy  B) Perform Interpretation of investigations like fistulogram and MRI  Practice prescription writing  Assist HCW in patient management/operation | Studentswillbeableto: a)  TakeConsentforHistory,Clinical Examination andProcedures  .  b)Counselandeducatepatient about disease, itsdiagnosis, treatment andoutcome. |  |  | 🗸 |  | 🗸 |  | 🗸 | AMBULATORYTEACHING/SGD/BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 28 | THURSDAY | Surgery | Approach to Patient with non healing ulcer in lower leg | Studentswillbeableto:  Recallanatomy of short and long saphnousveins.and name different perforaters  pathophysiology ofdisease  Knows the etiology of varicose veins  Ceap classification  Differential diagnosis of ulcers  Describe clinical features  Appreciates the importance of incompetent valves  Discussclinicalfeatures  Investigations to confirm thediseases  Understands the physic/s principles of dopplar duplex scan  Describe management planincludingcomplications,impactof disease on functional statusof patient and preventivemeasures | Studentswillbeableto:  Take history and perform clinical examination  Trendenber test  Tourniquet test  Shawartz test  Perthes test  Fegans test  B) Perform Interpretation ofinvestigationsdopplar duplex scan  practiceprescriptionwriting  AssistHCWinpatientmanagementassist 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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessments  ection |
| 29 | FRIDAY | Surgery | Approach to a patient with anon healing ulcer on face | Students will be able to:  Recall etiology of ulcers on face.  Staging of ulcers  Knows the different types of edges  Review differential diagnosis  Explain pathophysiology  Suggest basic management points  Understands different methods to cover the skin defect | Students will be able to:  Take history and perform examination  Examination of face and neck emphasis on lymph node examination  Perform Interpretation of investigation  Practice prescription writing  Observe/assist biopsy  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. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 30 | SATURDAY |  | Approach to a patient trauma right hypochondrium | Students will be able to:  Recall anatomy of viscera present in right hypochondrium  Suggest investigations  Knows the principles of FAST, CT, DPL  Discuss treatment (immediate, long term), complications, and obstetric-related issues | Students will be able to: a) Take history and perform primary survey ABCDE examination  Perform interpretation of related investigations like CT brain, neck, chest, and abdomen  Practice prescription writing  Observe ultrasound FAST  e) Assist HCW in operative 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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |

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| **Sr#** | **Day** | **Specialty** | **Topic** | **SPECIFIC LEARNING OJECTIVES (SLO)** | | | **Cognition** | | | **Psychomotor** | | **Attitude** | | **MOT**  **/MIT** | **MOA** |
| **Cognition** | **Skill** | **Attitude** | **C1** | **C2** | **C3** | **P1** | **P2** | **A1** | **A2** |
| **6thWEEK** | | | | | | | | | | | | | | | |
| 31 | MONDAY | Surgery | Approach to Patient with trauma to left hypochondrium) | Students will be able to:  Anatomy of left upper abdomen including Spleen, Diaphragm, Pancreas, Stomach, Ribs, and pleura  Knows the mechanism of injury and its impact  Blunt and penetrating injuries  Primary survey  Resuscitation  Discuss clinical features & Investigations to confirm the diseases  Describe management plan specifically ruptured spleen, rupture diaphragm, stomach, pancreas and complications, impact of disease on functional status of patient  Recent advances | Students will be able to:  Take history and perform examination regarding trauma patient  Perform Primary survey  Practice observation management plan  Observe exploratory laparotomy and specific management of individual viscera injury like Splenectomy, distal pancreatectomy  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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | See  Assessment  section |
| 32 | TUESDAY | Surgery | Approach to a patient with neck trauma | Studentswillbeableto:  Recall anatomy of neck with special reference to aeor digestive and neurovascular structures  Classification of neck trauma  Appreciates different zones of neck  Primary survey and care of cervical spine  Resuscitation  Principles of damage control surgery  Indication and steps of tracheostomy  Different investigation to evaluate a patient with neck trauma  Discussclinicalfeatures&Investigations to confirm thediseases  Describe management planincludingcomplications,impactof disease on functional statusofpatient | Studentswillbeableto:  Take history and performexaminationregardingcomatosepatient  Perform Interpretation ofinvestigations  Observe/assist management of trauma patient in ER  Observetracheostomy operation  Observe assist neck trauma neck exploration 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.. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 33 | WEDNESDAY | Surgery | Approach to a patient with chest trauma | Students will be able to:  Recall anatomy of chest wall, lungs, and heart along with great vessels  Classification of chest trauma  Primary survey  Indication of chest intubation  Classification of pneumothorax and their management  Steps of chest intubation  Importance of aseptic technique  Indication of thoracotomy  Definition of flail chest  Importance of fractured ribs and their impact on respiratory physiology  Pain management  Importance of cardiac tamponade  Discuss clinical features & Investigations to confirm the diseases Describe management plan including complications, impact of disease on functional status of patient Recent advances | Students will be able to:  Take history and perform examination of chest trauma  Primary survey  Examination of chest to rule out pneumothorax and hemothorax  Perform Interpretation of investigations  Practice prescription writing  Observe and assist chest intubation | 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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 34 | THURSDAY | Surgery | Approach to a patient with peripheral vascular trauma | Students will be able to:  Recall anatomy and histology of peripheral blood vessels  Pathophysiology of peripheral ischemia  Warm ischemia time  Hard and soft signs of peripheral vascular trauma  Surgical techniques for vascular repair  Natural and artificial grafts for vessels  Damage control surgery in vascular trauma  Etiology and pathophysiology of disease  Discuss clinical features & Investigations to confirm the diseases  Describe management plan including complications, impact of disease on functional status of patient | Here's the refined version with spaces added:  Students will be able to:  Take history and perform peripheral vascular examination  Perform Interpretation of related investigations like doppler and angiogram  Practice prescription writing  Observe and perform angiography  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. |  |  | 🗸 |  | 🗸 |  | 🗸 | AMBULATORYTEACHING/SGD/BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 35 | FRIDAY | Surgery | Approach to a patient with diabetic foot | Students will be able to:  Recall anatomy of foot  Pathophysiology of disorder leading to diabetic foot  Risk factors  Care of feet by diabetic patient  Pathology of atherosclerosis  Investigation  Control of diabetes and hypertension  Wagner classification of diabetic foot  Conservative management  Minor amputations  Major amputations  Pathophysiology of disease  Discuss clinical features & Investigations to confirm the diseases  Describe management plan including complications, impact of disease on functional status of patient  Rehabilitation and prosthetic limbs | Students will be able to:  Take history and perform Rheumatological examination keeping in mind the nature of disease  Perform Interpretation of related investigations  Practice prescription writing  Clinical examination for distal pulses and neurological examination for neuropathy  Observe and perform doppler studies | 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.. |  |  | 🗸 |  | 🗸 |  | 🗸 | AMBULATORYTEACHING/SGD/BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 36 | SATURDAY | Surgery | Approach to a patient with a gangrenous foot | Studentswillbeableto:  Recall histology and histopathology of small and medium sized blood vessels. Recall etiology & pathophysiology of gangrene of the foot.  Discuss Classification based on morphology and etiology. Explain clinical features & Investigations to confirm the diseases. Describe management plan including complications, impact of disease on functional status of patient.  Know the radiological basis of angiography. Enumerate the different levels of amputations. | Studentswillbeableto:  Take History and examination keeping in mind etiology and complications of gangrene of the foot.  To elicit the hard and soft signs of vascular disease like Burger sign and capillary refill.  Know how to palpate the peripheral pulses like DPS, PTA**.**  Interpret various investigations like X-ray foot and Doppler, ultrasonography.  e ) Participate in wound dressing and debridement |  |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |

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| **Sr#** | **Day** | **Specialty** | **Topic** | **SPECIFIC LEARNING OJECTIVES (SLO)** | | | **Cognition** | | | **Psychomotor** | | **Attitude** | | **MOT**  **/MIT** | **MOA** |
| **Cognition** | **Skill** | **Attitude** | **C1** | **C2** | **C3** | **P1** | **P2** | **A1** | **A2** |
| **7thWEEK** | | | | | | | | | | | | | | | |
| 37 | MONDAY | 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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 38 | TUESDAY | Surgery | Approach to a patient with scrotal swelling | Students will be able to: Recall anatomy of inguinal canal and scrotum Appreciate the embryological development of inguinal canal and scrotum and descent of testis in the scrotum. Enumerate the factors which may lead to hernia formation. Pathophysiology Explain clinical features & Investigations to confirm the diseases Describe management plan Complications, impact of disease on functional status of patient | Students will be able to: Take History and perform examination keeping in mind etiology and complications of this condition. Differentiates between direct and indirect hernia Describe different types of hernias  Perform Interpretation of related basic and specific investigations  Enlist differential diagnosis  Observe FNA/LN biopsy . Assist HCW in management of patient with anemia | Students will be able to: a) Take Consent for History, Clinical Examination, and Procedures. b) Counsel and educate patient about disease, its diagnosis, treatment, and outcome. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 39 | WEDNESDAY | Surgery | Approach to a patient with | Students will be able to: Recall etiology & pathophysiology of hematological disorders Explain clinical features & Investigations to confirm the diseases Describe management plan including complications and long term prognosis of various associated diseases | Students will be able to: Take History and perform examination keeping in mind etiology and complications of this condition  Perform Interpretation of related basic and specific investigations  Outline treatment strategy  Observe/Assist blood products transfusion . Assist HCW in management of patient with anemia | Students will be able to: a) Take Consent for History, Clinical Examination, and Procedures. b) Counsel and educate patient about disease, its diagnosis, treatment, and outcome.. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 40 | THURSDAY | Surgery | Approach to patient with a mass in abdomen and contact with pets | Students will be able to: Recall etiology & classification of different abdominal landmarks and divisions Classification of intra abdominal masses Appreciates the association of pets with abdominal mass Pathophysiology of different parasitic cysts Describe Life cycle of echinococcus granulosus Explain clinical features & Investigations to confirm the diseases  Describe management plan including complications | Students will be able to: Take History and examination keeping in mind etiology clinical features and complications based on etiology  Perform Interpretation of related basic and specific investigations for echinococcus granulosus  Perform relevant examination  Observe and draw blood samples  Can interpret ultrasound and CT scan for Hydatid disease  Assist HCW in management of patient with FUO | 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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 41 | FRIDAY | Surgery | Approach to patient with lymphoedema  Lower limb | Students will be able to: Recall anatomy and pathophysiology of lymphatic system of lower limbs diseases Pathophysiology of lymphoedema Describe classification of lymphoedema Explain clinical features Investigations to confirm the diseases like dopllar duplex scan, lymphangiography, plethysmography  Describe conservative and operative management plan including complications  Enumerate name of operations for lymphoedema | Students will be able to: Take History and perform examination keeping in mind etiology and complications of these conditions Perform measurements of limbs Palpate peripheral pulses  Perform Interpretation of related basic and specific investigations  Develop Treatment prescription  Observe / Assist blood products transfusion and perform fluid quota calculation . Assist HCW in management of patient of Dengue with focus on filling fluid quota monitoring sheet | 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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 42 | SATURDAY | Surgery | Approach to a patient with gerd and failure of medical treatment | Students will be able to: Recall anatomy of oesophagus and diaphragm Enlist precipitating factors for gerd Explain clinical features & Discuss Investigations to confirm the diseases Classify GERD Describe conservative and operative management plan including complications and preventive measures Enlist name of different operations for GERD with merits and demerits Discuss recent advances | Students will be able to: Take History and perform examination keeping in mind etiology and complications of these conditions  Perform Interpretation of related basic and specific investigations (, CXR, HRCT), upper gi endoscopy, Ba swallow, manometry, ph monitoring  Develop Treatment prescription  Observe and practice  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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |

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| **Sr#** | **Day** | **Specialty** | **Topic** | **SPECIFIC LEARNING OJECTIVES (SLO)** | | | **Cognition** | | | **Psychomotor** | | **Attitude** | | **MOT**  **/MIT** | **MOA** |
| **Cognition** | **Skill** | **Attitude** | **C1** | **C2** | **C3** | **P1** | **P2** | **A1** | **A2** |
| **8thWEEK** | | | | | | | | | | | | | | | |
| 43 | MONDAY | Surgery | Approach to patient with discharge from nipple | Students will be able to: Recall anatomy of breast. Etiology & pathophysiology of both diseases Enumerate etiological factors Classify breast discharges Explain clinical features & Investigations to confirm the diseases Describe management plan including complications and preventive measures | Students will be able to: Take History and perform examination keeping in mind etiology and complications of nipple discharge Examine the axillary lymph nodes Clinical staging of the disease  Perform Interpretation of related basic and specific investigations  Develop Treatment prescription  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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 44 | TUESDAY | Surgery | Approach to patient with enterocutaneous fistula | Students will be able to: Recall anatomy of small and large gut Embryology etiology & pathophysiology of disease Discuss the impact of enterocutaneous fistula on mortality  Explain clinical features & Investigations to confirm the disease Assess the nutritional status of the patient Discuss the role of TPN in management. Discuss the principles of management of enterocutaneous fistula Describe management plan including complications and outcomes | Students will be able to: Take History and perform examination keeping in mind etiology and complications of disease  Perform Interpretation of related basic and specific investigations  Develop Treatment prescription  Observe & performing Infection Control Practices in ICU settings  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.. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 45 | WEDNESDAY | Surgery | Approach to patient with air way obstruction | Students will be able to: Recall definition etiology & pathophysiology of disease Explain types, clinical features & Investigations to confirm respiratory failure Describe management plan including complications and outcomes | Students will be able to: Take History and perform examination keeping in mind etiology and complications of disease  Perform Interpretation of related basic and specific investigations  Develop Treatment prescription  Observe & performing Infection Control Practices in ICU settings  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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 46 | THURSDAY | Surgery | Approach to abdominal trauma and haematuria | Students will be able to: Recall anatomy of abdomen definition etiology &pathophysiology of disease Knows the classification of renal trauma and its grades Explain types, clinical features & Investigations Describe conservative and operative management plan including complications and outcomes | Students will be able to: Take History and perform examination keeping in mind etiology and complications of disease  Perform Interpretation of related basic and specific investigations  Develop Treatment prescription  Observe & assist damage control Control Practices in OT settings  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 SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 47 | FRIDAY | Surgery | Repetition/ Reinforcement |  |  |  |  |  |  |  |  |  |  |  |  |
| 48 | SATURDAY | WARDTEST |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Sr#** | **Day** | **Specialty** | **Topic** | **SPECIFIC LEARNING OJECTIVES (SLO)** | | | **Cognition** | | | **Psychomotor** | | **Attitude** | | **MOT**  **/MIT** | **MOA** |
| **Cognition** | **Skill** | **Attitude** | **C1** | **C2** | **C3** | **P1** | **P2** | **A1** | **A2** |
| **9thWEEK**  **Urology** | | | | | | | | | | | | | | | |
| 49 | MONDAY | Urology | Approach to a patient with urinary retention | Definition of urinary retention Causes of urinary retention Explain the types, clinical features and relevant investigations Describe the conservative and operative management plan, its complications and outcomes | Student s will be able to  take history and perform examination of abdomen, palpate kidney and urinary bladder  examine the urethra and external urethral meatus and perform DRE  interpretation of examination findings and advise investigations  advise treatment and management plan  observe emergency procedures like urethral catheterization and suprapubic catheterization | Students will be able to:  take consent, history, examination  counsel the patient regarding risk factors, management and future prevention |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD/ BED SIDE SESSIONS | See assessment section |
| 50 | TUESDAY | Urology | Approach to a patient with haematuria | define haematuria  specific definitions of micro and visible hematuria  define various causes of hematuria  evaluation of hematuria including specific investigations, treatment and prognosis related to certain conditions | take history, examine abdomen and genitalia  palpate kidneys  interpret findings of examination and advise accordingly the investigations  observe emergency procedures like passing 3 way foley catheter and starting irrigation of bladder, evacuation of clots etc | take consent, history  examination of abdomen and genitalia  general physical examination signs of anemia , pallor etc  counsel the patients regarding management and outcomes |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS | See assessment section |
| 51 | WEDNESDAY | Urology | Approach to patient with flank pain / stone disease | enumerate various causes of flank pain  risk factors for stone disease  evaluation of flank pain including investigations ,safe use of analgesics according to WHO ladder of analgesia/ pain management  management of flank pain, stone disease, investigations and treatment | take history, examine abdomen  interpret findings of examination  advise pertinent investigations  observe emergency management of pain and insertion of double J ureteric stents, percutaneous nephrostomy etc | take consent, history  examine abdomen  counsel the patient regarding management |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS | See assessment sections |
| 52 | THURSDAY | Urology | Approach to patient with flank mass | causes of flank mass  etiology of RCC, hereditary/risk factors  investigations of flank mass  management of mass mainly rcc, including chemotherapy, surgery : nephrectomy/ partial nephrectomy | take history, examine abdomen: palpable ballotable mass  interpret examination findings and advise relevant investigations  manage hematuria , symptomatic alleviation  observe radical nephrectomy procedure in OT | take consent, history, risk factors for rcc  examine abdomen  counsel regarding surgical/conservative management for different sizes of renal masses  counsel for follow up |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS / OBERVE IN OT | See assessment section |
| 53 | FRIDAY | Urology | Approach to patient with UTI / burning micturition | causes of uti  risk factors for uti  investigate the patient urine re , cs and relevant investigations  management including empirical antibiotic rationale | take history, examine genitalia, palpate bladder , urethra and perform DRE  interpret examination findings to rule out Sexually transmitted infections / simple urinary tract infection / recurrent UTI  how to obtain urine sample for RE and CS and obtain urethral swab for CS  management of UTI | take consent for history, history taking, examination of genitalia (consent, patient comfort, privacy)  counsel patient regarding risk factors, screening and treatment  counsel for follow up |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS / LAB | See assessment section |
| 54 | SATURDAY | Urology | WARDTEST |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Sr#** | **Day** | **Specialty** | **Topic** | **SPECIFIC LEARNING OJECTIVES (SLO)** | | | **Cognition** | | | **Psychomotor** | | **Attitude** | | **MOT**  **/MIT** | **MOA** |
| **Cognition** | **Skill** | **Attitude** | **C1** | **C2** | **C3** | **P1** | **P2** | **A1** | **A2** |
| **10thWEEK ICU** | | | | | | | | | | | | | | | |
| 55 | MONDAY | Anesthesia / SICU | Approach topatientwithIschemicHeartDisease | Students will be able to: Recall etiology & pathophysiology of disease Explain types, clinical features & Investigations Describe management plan including complications and outcomes Review life style modifications and preventive measures and impact of disease on functional status of patient | Students will be able to: Take History and perform CVS examination keeping in mind clinical features and complications  Perform Interpretation of related basic and specific investigations  Practice writing emergency management of ACS  Perform interpretation of related ECG findings  Observe and perform BLS | Studentswillbeableto: a)  TakeConsentforHistory,Clinical Examination andProcedures  .  b)Counselandeducatepatient about disease, itsdiagnosis, treatment andoutcome. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK |  |
| 56 | TUESDAY | Anesthesia / SICU | Approach toPatientwithvalvularheartdisease,infective  Endocarditis | Students will be able to: Recall etiology & pathophysiology of disease Explain clinical features & Investigations Describe management plan including new modalities of treatment Review life style modifications and preventive measures | Students will be able to: Take History and perform CVS examination keeping in mind clinical features and complications  Perform Interpretation of related basic and specific investigations  Develop Treatment prescription  Perform interpretation of related ECG findings, Observe Echocardiography | Studentswillbeableto: a)  TakeConsentforHistory,Clinical Examination andProcedures  .  b)Counselandeducatepatient about disease, itsdiagnosis, treatment andoutcome. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 57 | WEDNESDAY | Anesthesia / SICU | Approach toPatientwithvalvularheartdisease,infective  Endocarditis | Students will be able to: Recall etiology & pathophysiology of disease Explain clinical features & Investigations Describe management plan including new modalities of treatment Review life style modifications and preventive measures | Students will be able to: Take History and perform CVS examination keeping in mind clinical features and complications  Perform Interpretation of related basic and specific investigations  Develop Treatment prescription  Perform interpretation of related ECG findings, Observe Echocardiography | Studentswillbeableto: a)  TakeConsentforHistory,Clinical Examination andProcedures  .  b)Counselandeducatepatient about disease, itsdiagnosis, treatment andoutcome. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 58 | THURSDAY | Anesthesia / SICU | Approach toPatientwithHypertension | Students will be able to: Recall etiology & pathophysiology of disease Explain clinical features, Grades & Investigations Describe management plan including new modalities of treatment Review life style modifications and preventive measures | Students will be able to: Take History and perform CVS examination keeping in mind clinical features and complications  Perform Interpretation of related basic and specific investigations  Develop Treatment prescription  Perform interpretation of related ECG findings, Observe Echocardiography | Studentswillbeableto: a)  TakeConsentforHistory,Clinical Examination andProcedures  .  b)Counselandeducatepatient about disease, itsdiagnosis, treatment andoutcome. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 59 | FRIDAY | Anesthesia / SICU | ApproachtopatientwithDysrhythmias | Students will be able to: Recall etiology & pathophysiology of disease Explain clinical features, Grades & Investigations Describe management plan including new modalities of treatment Review life style modifications and preventive measures | Students will be able to: Take History and perform CVS examination keeping in mind clinical features, types, and investigations  Describe management plan according to presentation  Recall classification and indications of antiarrhythmic medications | Studentswillbeableto: a)  TakeConsentforHistory,Clinical Examination andProcedures  .  b)Counselandeducatepatient about disease, itsdiagnosis, treatment andoutcome. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDESESSIONS(Grand  Ward Rounds,TeachingWardRounds) / LABWORK | Seeassessmentsection |
| 60 | SATURDAY | ICU | WARDTEST |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Sr#** | **Day** | **Specialty** | **Topic** | **SPECIFIC LEARNING OJECTIVES (SLO)** | | | **Cognition** | | | **Psychomotor** | | **Attitude** | | **MOT**  **/MIT** | **MOA** |
| **Cognition** | **Skill** | **Attitude** | **C1** | **C2** | **C3** | **P1** | **P2** | **A1** | **A2** |
| **11th WEEKAnaesthesia** | | | | | | | | | | | | | | | |
| 61 | MONDAY | Anaesthesia | Approach to patient requiring spinal anaesthesia for inguinal herniorraphy | Discusss the indications and contraindications of spinal anaesthesia  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 | Discuss the anatomical features causing difficult airway  Disuss the difficult airway guidelines | Airway eamination | Demonstrate the counselling og patient regarding postponement of a case if airway is not secured |  |  |  |  |  |  |  |  |  |
| 63 | WEDNESDAY | Anaesthesia | Approach to patient with hypertesion | Discuss the prescription of anti hypertensived on the day of surgery  Discuss the the plan in case of high blood pressure on the day off surgery | Devise the plan for intubation mainataininghaemodynamic stability  Devise a plan for etubation of the patient maintaining haemodynamic stability | Allieyaniety of the patient by talking |  |  | 🗸 |  | 🗸 |  | 🗸 |  |  |
| 64 | THURSDAY | Anaesthesia | Approach to a patient with diabetes mellitus | Disuss the prescription of antidiatic drugs on day of surgery  Discuss the plan in case of high /low blood glucose on day of surgery | Devise a plan for glycemic control intra operativelywa |  |  |  | 🗸 |  | 🗸 |  | 🗸 |  |  |
| 65 | FRIDAY | Anaesthesia | Approach to patient with congenital heart disease | Appreciate anaomolies  Knows pathophysiology  Assessment  Management | able to examine cvs |  |  |  | 🗸 |  | 🗸 |  | 🗸 |  |  |
| 66 | SATURDAY | Anaesthesia | test |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Sr#** | **Day** | **Specialty** | **Topic** | **SPECIFIC LEARNING OJECTIVES (SLO)** | | | **Cognition** | | | **Psychomotor** | | **Attitude** | | **MOT**  **/MIT** | **MOA** |
| **Cognition** | **Skill** | **Attitude** | **C1** | **C2** | **C3** | **P1** | **P2** | **A1** | **A2** |
| **12th WEEK Orthopedics** | | | | | | | | | | | | | | | |
| 67 | MONDAY | Ortho | Approach To Patient With Fractures | Identify the types of fractures, including complete, incomplete, compound, and simple. Learn to classify fractures according to their location, extent, and other characteristics. Review the different mechanisms of injury that can cause a fracture, including trauma, stress, and pathological factors. Understand the principles of fracture management, including immobilization, reduction, and fixation techniques. Learn to diagnose and treat common complications associated with fractures, such as infection, delayed union, and malunion. Interpret the radiographic images of fractures. Develop the ability to assess the functional impact of a fracture on a patient’s quality of life. Learn to establish a collaborative and interdisciplinary approach to patient care, incorporating input from orthopedic surgeons, physical therapists, and other healthcare professionals. Explore the latest advancements in the field of fracture management, including emerging technologies and innovative treatment modalities. | | |  |  | 🗸 |  | 🗸 |  | 🗸 |  |  |
| 68 | TUESDAY | Ortho | Approach To Patient With  Clubfoot  DevelopmentalDysplasia of Hip | A. Understand the pathophysiology of clubfoot Identify the different types of club foot Describe the clinical presentation of clubfoot Understand the various treatment options available for clubfoot, including casting, bracing, and surgery Appreciate the importance of early intervention and management in the prognosis of club foot  B. Understand the pathophysiology of developmental dysplasia of hip Identify the risk factors and clinical presentation of developmental dysplasia of hip Understand the various diagnostic methods including physical examination, ultrasonography, and radiography Describe the different treatment options, including conservative management and surgery Appreciate the importance of early diagnosis and management in the prognosis of developmental dysplasia of hip. | | |  |  | 🗸 |  | 🗸 |  | 🗸 |  |  |
| 69 | WEDNESDAY | Ortho | Approach To Patient With  Osteoarthritis:  SepticArthritis  AvascularNecrosisofHipJoint | 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 causative organisms of septic arthritis and the predisposing factors. Understand the clinical and imaging features of septic arthritis. Formulate an appropriate diagnostic algorithm for septic arthritis. Identify the various treatment options for septic arthritis, including both medical and surgical interventions. Understand the appropriate timing of each of the aforementioned interventions.  C. Understand the mechanisms that underlie the pathogenesis of avascular necrosis of hip joint. Understand the risk factors (such as certain medications and medical conditions) for avascular necrosis of hip joint. Distinguish between the different stages of avascular necrosis on imaging studies. Develop appropriate management plans (including medical, surgical, and rehabilitative strategies) for the various stages of avascular necrosis of hip joint. | | |  |  | 🗸 |  | 🗸 |  | 🗸 |  |  |
| 70 | THURSDAY | Ortho | Approach To Patient With  CarpalTunnelSyndrome  DeQuervain'sTenosynovitis  Tennis elbow  Frozenshoulder | 1. Define De Quervain's Tenosynovitis and distinguish it from other forms of inflammation involving the forearm and hand. Describe the frequently observed clinical findings, which include pain, etc. Develop an awareness of the non-surgical treatments available for relief of De Quervain's Tenosynovitis, including splinting, use of topical agents (e.g., diclofenac), and physical therapy. Understand when surgical intervention is clinically indicated and the techniques used for surgical treatment of De Quervain's Tenosynovitis.  2.Define tennis elbow and the principles of the underlying causative mechanisms. Recognize the commonly associated clinical findings, which include pain, swelling, and restriction of flexion-extension range of motion. Understand the diagnostic tools utilized to diagnose tennis elbow and its severe cases. Develop an understanding of the conservative treatments available for victims of tennis elbow, including physical therapy and corticosteroids, including surgery.  3.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 in 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. | | |  |  | 🗸 |  | 🗸 |  | 🗸 |  |  |
| 71 | FRIDAY | Ortho | Approach To Patient With  ShoulderDislocation  HipDislocation | A. Understand the anatomical structures involved in shoulder dislocation Develop knowledge of the different types of shoulder dislocation and the associated clinical symptoms Learn the different methods for diagnosis of shoulder dislocation Develop an understanding of initial management and first aid in case of shoulder dislocation Understand techniques used in reduction of shoulder dislocation Develop an understanding of post-dislocation rehabilitation and prevention strategies in shoulder dislocation  B. Acquire understanding of the anatomy of the hip and surrounding structures Develop knowledge of the different types of hip dislocation and the associated clinical symptoms Learn the different methods for diagnosis of hip dislocation Understand management stream in case of an acute hip dislocation - emergency medical care and resuscitation Develop an understanding of techniques used in reduction of hip dislocation Develop management approach post-dislocation – including prevention and rehabilitation strategies | | |  |  | 🗸 |  | 🗸 |  | 🗸 |  |  |
| 72 | SATURDAY | RADIOLOGY | WARDTEST |  | | |  |  |  |  |  |  |  |  |  |

**SECTION-III**

**CLERKSHIPPROGRAM**

Clerkship Details and

Clinical Case Presentation Guidelines

# ClerkshipComponents

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

Data Analysis (Incluidng Surgical Imaging)

Diagnostic Clinical Reasoning

Procedural Skills

Patient Management Skills

Focused Clinical Encounter

**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 a 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 includes the following:

* 1. Interpreting and analyzing Surgical lab data
  2. Identifying common lab errors
  3. Recognizing normal and common abnormal X-ray 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 doppler scan
  6. Should acquire clinical acumen for ordering and basic interpreting results of common investigations like:
     + CBC, urinalysis, culture and sensitivity, serum creatinine, blood urea, creatinine clearance, ultrasound etc.
     + Echocardiography, Stress testing, Angiography, and the conclusions of Thallium Scan
     + CT, MRI, PET
     + Pulmonary function tests
     + Arterial blood gas estimations
     + Thyroid function tests
     + 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 needed to be focused:

* 1. Explaining pathophysiological 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 the 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, contraindications, 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, contraindications, 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)
     + Underwater seal aspiration
     + Lumbar puncture
     + Fine needle aspiration
     + Bone marrow aspiration/Trephine.
     + Dialysis
  10. Should know the indications, procedure of
      + Post-operative evaluation of the 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 currentmanagement plan. Finish one before starting the next and introduce the next section as you begin. ‘This 43-year-old femalepresented with history of …. On examination she has …. Blood tests revealed … and chest x-ray showed ….She has been managedwith…’
* Try to pack information into each sentence: ‘a 24-year-old shop keeper presenting generally unwell with a 2-day history of fever,dysuria, andnowworsening flankpain’.
* Give people summaries of what is about to come next: ‘examination was unremarkable, with a clear chest, normal heart soundsandsoftnon-tenderabdomen’.

**Example format for 1- Business’ 2- 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, differentseniorswillhave different preferences about how much information they wish to be told. Below is an example presentation of a very straightforwardpatient on a busy ward round. Making such a presentation is an excellent chance to be a part of clinical decision-making, though student maynot 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 casewillnotbemissed.Belowis givenpresentationofapatientasreferenceexample;

*Mrs. ABC, 65-year-old, house old house wifewas admitted lastnightwith acute upper abdominal pain. Shehasbeendiagnosedtohave gall bladder stone disease for 5 years. She complains of nausea vomiting abdominal distentensionand paroxysmal nocturnal dyspnea for last 01 days. She takesmedication prescribed by Physician irregularly. At admission she was distressed, tachypnic, and febrile (100F). Her pulse was 100/minute andbloodpressure150/100.Abdominalexaminationshowedupper abdominal tenderness, guarding and full ness in upper abdomenbilatera. Her TLC and CRP were raised. Her amylase and lipase levels are raised.Myimpression is that she is having Acute pancreatitisin back ground of cholelithiasis. She has beentreated with dantibiotics,analgesics and PPI oxygen, prophylactic heparin and ACE inhibitors. She is currently better. Her CT scan is planned after2 days.*

**SECTION-IV**

* COMMUNITY BASED PRACTICE, ARTIFICIAL INTELLIGENCE (AI), RESEARCH& BIO-SURGICAL ETHICS.
* FAMILY SURGERY INNOVATION

# 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**

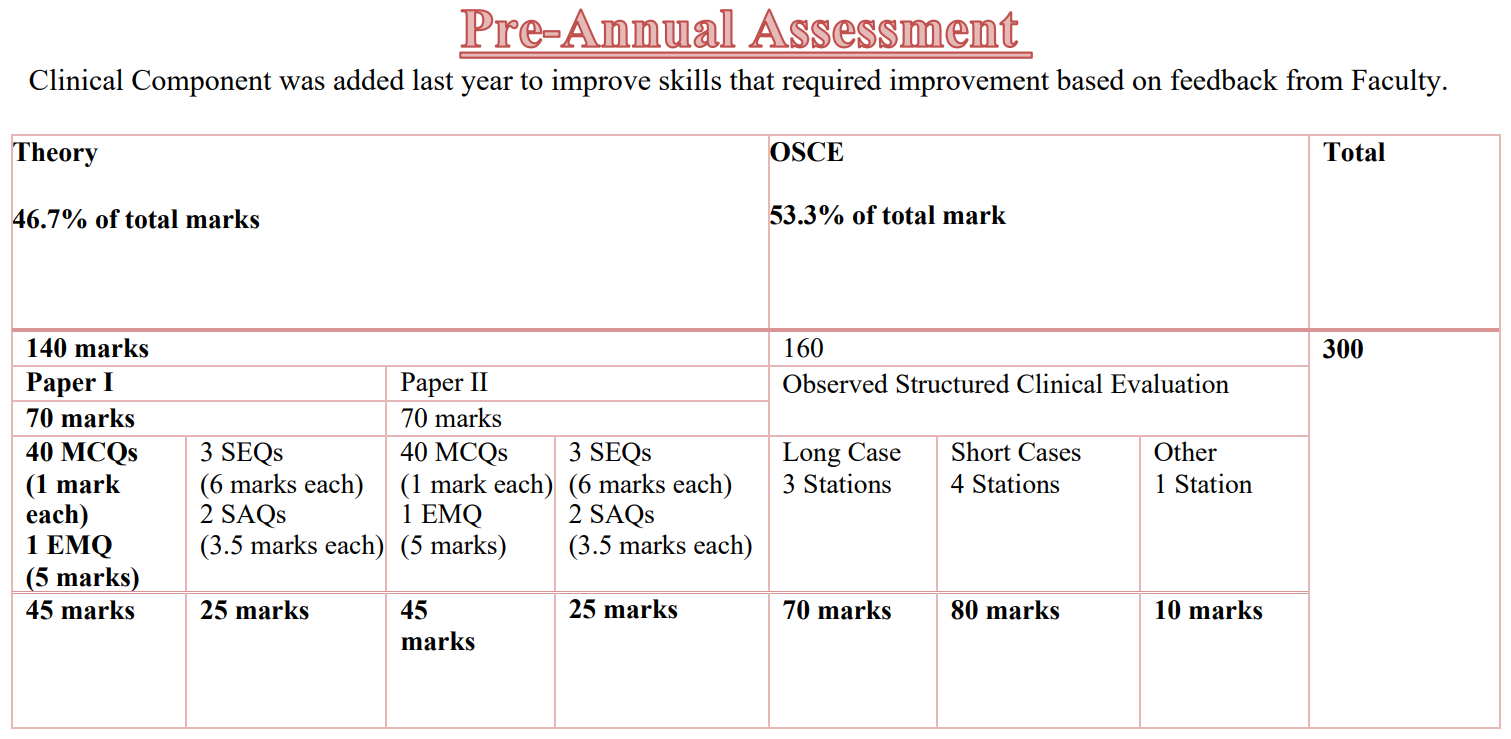
Final year students will be encouraged and facilitated to follow RMU framework/guidelines/syllabus available separately keeping in mind Surgery & Allied rotation.

**SECTION-V**

ASSESSMENT&EVALUATION

Pre-Annual Assessment / Send Up Examination

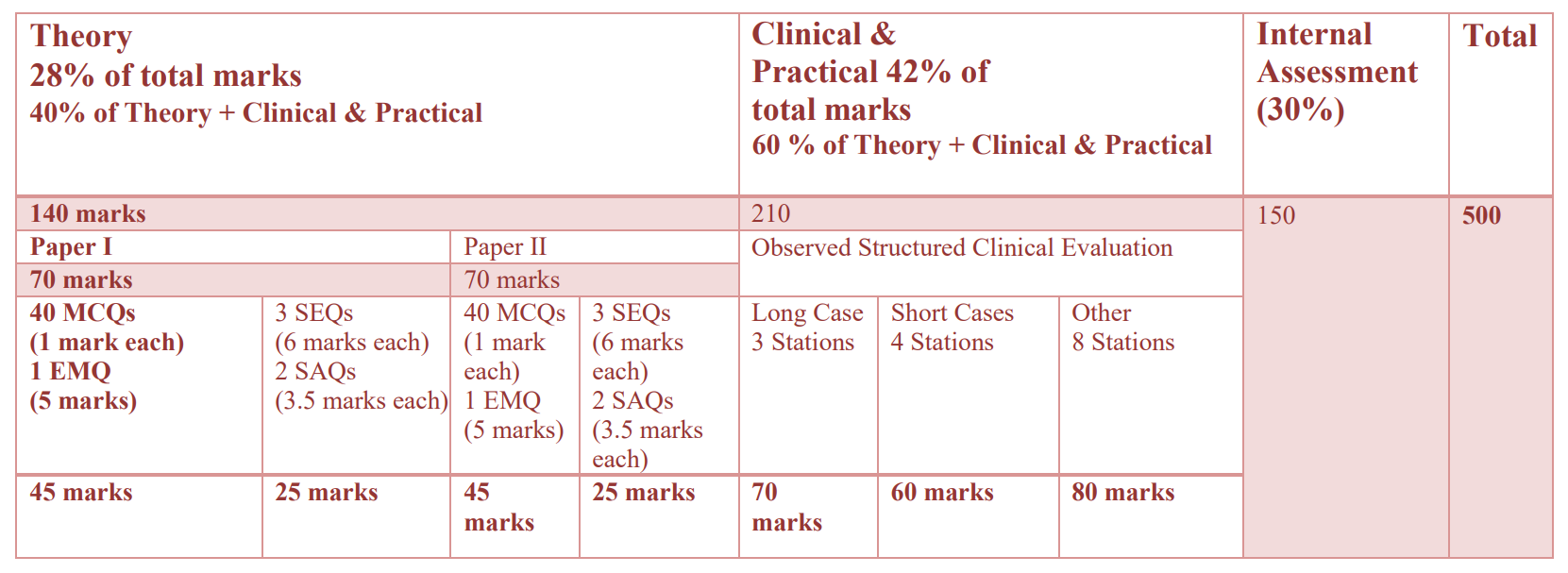
The final year MBBS pre-annual examination (formerly called Send-Up Examination) serves as a crucial milestone in your medical education journey. It assesses your progress and readiness for the final professional exams and subsequent entry into medical practice. Its purpose is to; 1) evaluates knowledge and skills: it comprehensively assesses theoretical understanding, clinical skills, and professional competencies acquired throughout final year, and 2) provides feedback: medical students performance highlights areas of strength and weakness, guiding onwards further improvement and ensuring preparedness for the final exams. Structurally, it has two components: 1) theory: Assesses theoretical knowledge and understanding through multiple-choice questions (MCQs) and short answer questions (SAQs) across various medical subjects, and 2) OSCE (Objective Structured Clinical Examination): evaluates clinical skills and professional competencies through simulated patient encounters and stations focusing on specific clinical areas. Significance of this assessment include; 1) preparation for final assessment: it serves as valuable preparation for the final professional assessment allowing to identify areas requiring further focus and refine exam-taking strategies, 2) confirms readiness for practice: strong performance signifies potential to successfully transition from medical student to a competent doctor, and 3) confidence building: performing well can boost confidence and motivation as medical student approach the final steps of medical education journey.



TOS for Pre-annual Assessment theory components are same as that of Final Professional Examination. OSCE components were compacted keeping in mind deficiencies noted during 2023 session. OSCE component details are thus given subsequently only.

Final Professional MBBS

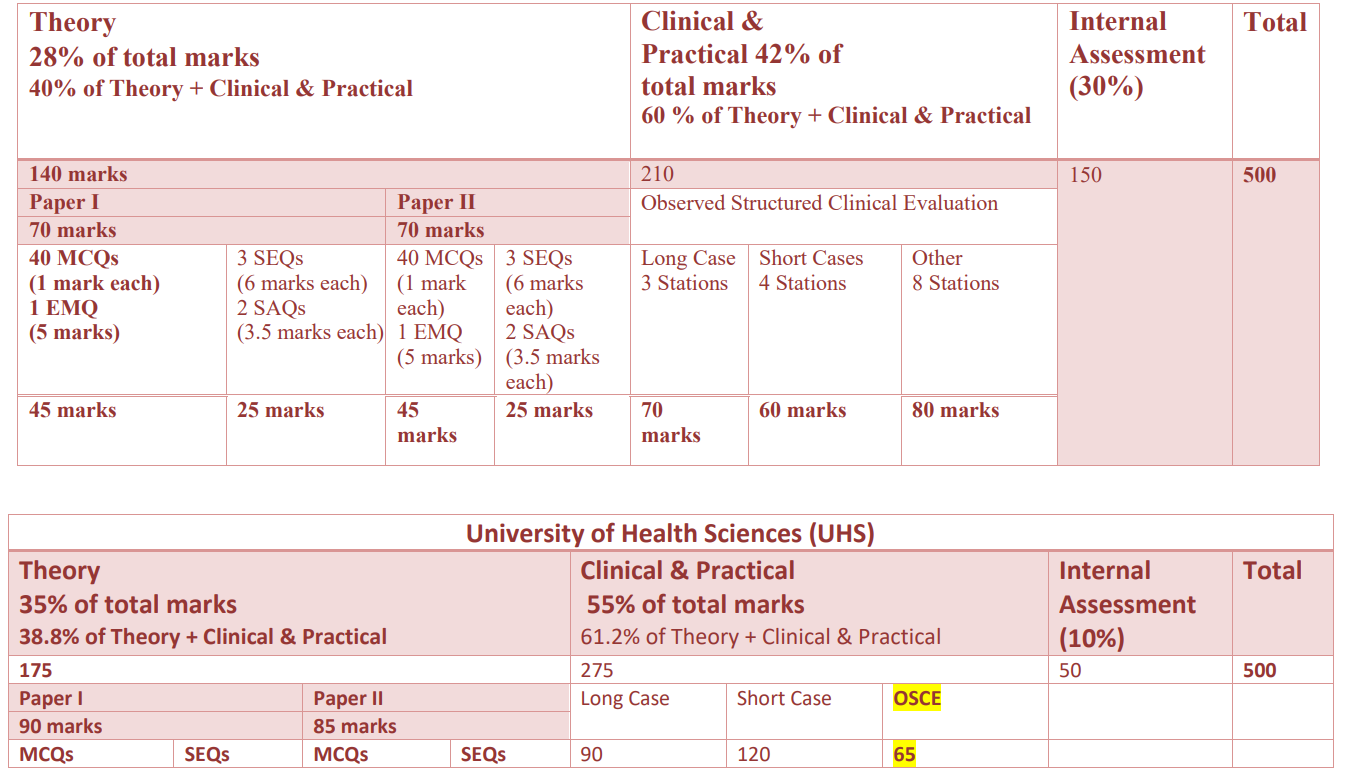
Examination Rawalpindi Medical University Scheme

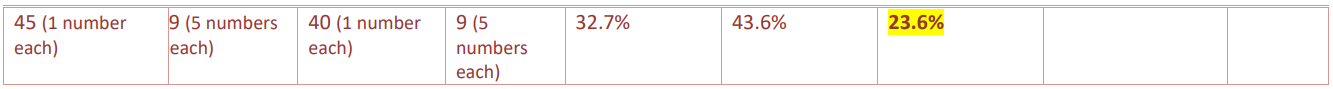


Pass marks 50%. Theory and Clinical Components need to be passed separately

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





• 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%)

**FinalProfessionalMBBSExamination**

**Written Component- Table of Specification**

**Paper I**

|  |  |  |  |
| --- | --- | --- | --- |
|  | TopicDistribution | 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 |  |

##### 

##### PaperII

|  |  |  |  |
| --- | --- | --- | --- |
|  | TopicDistribution | 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 |  |

**BothPapers**

|  |  |  |
| --- | --- | --- |
| MCQS90=90 numbers | SAQs10=50numbers | 140numbers |

\*Fivepercent(5%)questionsmaycomefromanytopic

#### Clinical&PracticalComponentBreakup

|  |  |  |
| --- | --- | --- |
| 1 | LongCaseHistory | 20 |
| 2 | LongCase Examination | 20 |
| 3 | LongCaseDiscussion/Management | 20 |
| 4 | ShortCaseInguino scrotal swelling | 20 |
| 5 | ShortCaseNeck Masses | 20 |
| 6 | ShortCaseSalivary glands | 20 |
| 7 | ShortCase Skin and soft issues | 20 |
| 8 | WorkBook,LogBook | 14 |
| 9 | ECG,Instrument,Medication | 14 |
| 10 | X-Rayand CTScan | 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 Booketc 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.

**ClinicalandPracticalComponentCycle**

|  |  |  |
| --- | --- | --- |
| 1  Long CaseHistoryTaking | 2  Long CaseExamination | 3  Long CaseDiscussion/VivaVoce |
| 12  BLSrelated | **OSCE**  **FinalYearMBBS** | 4  ShortCase-inguinoscrotal swelling |
| 11  Counseling | 5minutes/station  60 minutes’ minimum cycle,canbe increasedwith Rest | 5  ShortCase-neck masses |
|  | Stations |  |
|  | TotalMarks210 |  |
|  | Station1-7=20numberseach |  |
|  | Station8-12=14numbers |  |
|  | each |  |
| 10 |  | 6 |
| X-Ray& CTscanStation |  | ShortCase-salivary glands |
| 9  Instrument | 8  LogBook,Work Book | 7  ShortCase-skin tumours/peripheral tumours like lipoma , sebaceous cyast |

**Station Details-Clinical and Practical Component Cycle**

|  |  |  |
| --- | --- | --- |
| Station1 | LongCaseHistory | Student will be asked to take history from a patient or surrogate pertaining to a clinical problem.  Examiner will observe and mark according to key. |
| Station2 | LongCase Examination | Student will be asked to do relevant clinical examination keeping in mind the clinical scenario given in long case history station  Examiner will observe and mark according to key. |
| Station3 | LongCaseDiscussion | Examiner will ask questions pertaining to history, examination findings, interpretation, and management etc according to key Student will be asked to perform focused clinical examination of chest pertaining to a clinical scenario.  Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key |
| Station4 | ShortCase-inguino scrotal swelling | Student will be asked to perform focused clinical examination of neck keeping in mind given clinical scenario. |
| Station5 | ShortCase-neck mass | Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key |
| Station6 | ShortCase-salivary glands | Student will be asked to perform focused clinical examination of salivary gland keeping in mind a Clinical scenario for assessment of knowledge, skill, and attitude.  Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key |
| Station 7 | Short Case- peripheral skin tumours | 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.  Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key |
| Station 8 | Log Book,WorkBookevaluation,  CPC participation, and ResearchEvaluation (if relevant) | 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.  Examiners will observe and ask brief questions pertaining to findings, interpretation, and management etc where relevant according to key |
| Station 9 | Instruments | ECG, Instrument or medication will be shown to the student.  Questions focusing relevant findings, diagnosis, identification, utilization-indications, contraindications, complications, administration, and interactions will be asked according to key |
| Station 10 | XRay, CT Scan Station | X-Rays or CT scan will be shown.  Questions will focus relevant findings, diagnosis, and etiology etc according to key. |
| Station 11 | Counseling Station | In a given scenario Focusing autonomy, confidentiality, beneficence, justice, no harm, empathy, breaking bad diseases, and safety net etc student's ability to solve relevant issue will be evaluated. |
| Station 12 | BLS related Station | *Scenari of ocusing BLS component will be given.* |

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

# InternalAssessment-RMU

##### DetailsandMarksDistribution

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Clerkship- Unit/Ward WiseAssessment  *A- Work Place Based (WPBA)-50%+B-WardTest(WT)-50%* | 1st  Surgical  Unit | 2nd  Surgical Unit | Orthopaedics | Urology | Anaesthesia | Surgical ICU | 60 |
| 20 | 20 | 5 | 5 | 5 | 5 |
| EBE  It will comprise clinical (40 marks-50% of total EBE marks ) and MCQ/SAQ (40 marks- 50% of total EBE marks) similar toframeworkof FinalProfessional ExaminationinSurgery | | | | | | | 80 |
| CPC  Attended≥75% 10marks  Attended>75% Zeromark | | | | | | | 10 |
| Total | | | | | | | 150 |
| \*Unit/Wardassessmentwillberounded. | | | | | | |  |

* 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.

**InternalAssessment150Marks**

**%WiseBreakup**

|  |  |
| --- | --- |
| Component | %ofInternalAssessment |
| EBE-80/150 | 53.3% |
| Clerkship-Unit/Wardassessment-  Work Place Based (WPBA) and Ward Test (WT)Assessment60/150 | 40% |
| CPC10/150 | 6.7% |
| *\*Publication-7.5/150* | *5%* |

* Detailshavebeenprovided inpreviouspage

**Clinical Rotation/Clerkship - Unit/Ward; Work Based Assessment (WBA)**

**and Ward Test (WT)**

**Marking details - At One Surgical Unit (20 marks)**

|  |  |  |  |
| --- | --- | --- | --- |
| WBA-10marks(50%) | | | WT- 10 marks(50%) |
| 2 CasePresentation/  Morningreport | ClinicalWorkBookassessment(5CaseWriteUpsonWorkBook) | 6EveningdutiesinWard/ER |
| 4 | 3  5 Complete Case Write upsYes -3  No,<5- Zero | 3  Attended allYes-3No,<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 - 40 numbers).
* MCQ and SAQs component will be according to Final RMU Examination pattern.
* OSCE will be the same as RMU Final professional Examination Clinical and Practical Component as given in next component.
* Pass marks are 50%. Both theory and clinical components have to be passed separately

#### 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

|  |  |  |  |
| --- | --- | --- | --- |
|  | TopicDistribution | 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 |  |

##### PaperII

|  |  |  |  |
| --- | --- | --- | --- |
|  | TopicDistribution | 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 |  |

***TableofSpecification***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TopicDistribution** | **MCQs-40 eachof0.5numbers** | **SAQs- 5**  **Each of 4numbers** |
| 1 | Thoracic Surgery | 4 | 1 |
| 2 | CardiovascularDiseases | 4 | 1 |
| 3 | GastroenterologyandHepatobillaryDiseases | 4 | 1 |
| 4 | Neurosurgery | 4 | 1 |
| 6 | PsychiatryandBehavioralSciences | 3 |  |
| 8 | Urology | 3 |  |
| 5 | Endocrinologyincludingbreast | 3 |  |
| 7 | Orthopaedic | 3 | 1 |
| 9 | CriticalCare | 2 |  |
| 10 | AcidBase,Water andElectrolytesDisorders | 2 |  |
| 11 | Poisoning | 2 |  |
| 12 | Anaesthesia | 2 |  |
| 13 | SICU | 2 |  |
| 14 | Perianal pathology | 2 |  |

|  |  |  |
| --- | --- | --- |
| **MCQS40=20 numbers** | **SAQs5=20numbers** | **TotalTheory-40numbers** |

#### ClinicalComponentStations

Itwill include12Stations. It willbeof40marks

|  |  |  |
| --- | --- | --- |
| **COMPONENT** | | **Numbers** |
| 1 | LongCaseHistory | 3 |
| 2 | LongCase Examination | 3 |
| 3 | LongCaseDiscussion/Management | 3 |
| 4 | ShortCaseinguino scrotal swelling | 3 |
| 5 | ShortCaseneck masses | 3 |
| 6 | ShortCasesalivary/abdominal masses | 3 |
| 7 | ShortCase peripheral skin tumours | 3 |
| 8 | WorkBook,LogBook | 3 |
| 9 | ECG,Instrument,Medicationetc | 4 |
| 10 | X-RayandCTScan | 4 |
| 11 | Counseling | 4 |
| 12 | BLS | 4 |
| **Total** | | **40** |

**ClinicalandPracticalComponentCycle**

|  |  |  |
| --- | --- | --- |
| **1**  Long CaseHistoryTaking | **2**  Long CaseExamination | **3**  Long CaseDiscussion/VivaVoce |
| **12**  BLSrelated | **EBE**  **FinalYearMBBS** | **4**  ShortCase-Inguin scrotal |
| **11**  Counseling | 5minutes/station  60 minutes’ minimum cycle,canbe increasedwith Rest | **5**  ShortCase-Neck mass |
| Stations |
| TotalMarks=40 |
| Station1-8 =3markseach |
| Station9-12=4marks |
| **10** |  | **6** |
| X-Ray& CTscanStation |  | ShortCase-Salivaary gland |
| **9**  ECG,Instrument/Medication | **8**  LogBook,Work Book | **7**  ShortCase-soft tissue tumours |

Final Year MBBS

Clerkship - Unit/Ward

Work Based Assessment (WBA) - 10 Marks

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **RollNo** |  |
| **Batch** |  | **Datesof 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** | **CaseDiagnosis** | | **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 3 marks for 2 satisfactory Case Presentation/Morning Reports, Zero for any unsatisfactory or <2 Case Presentations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S No** | **CasePresentation/MorningReport** | **Assessed by**  **(ConsultantName)** | **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** | **PatientDocumentation** | **Assessed by** | **Assessment** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### CompositeMarks

|  |  |  |  |
| --- | --- | --- | --- |
| **CasePresentations** | **Work BookAssessment** | **6EveningDuties** | **Total** |
| -----/4 | ----/3 | ----/3 | ----/10 |
| **ConsultantInchargeFinalYear**  Dr | | **Signature,Date,Stamp** | |

**Ward Test- Marks 10**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Station** | **Topic** | **Topicdescription** | **LOS** | **Marks**  **%** |
| 1 | Long caseHistorytaking | Thorax   * empyaematorax,Tuberculosis,Pneumothorax,trauma Pleural disease, LungCancer   GIT   * Gastro-esophageal reflux(GERD), Peptic ulcerdisease (PUD), Acute andchronic diarrhea, Inflammatorybowel disease, Irritablebowel syndrome,Colorectalcarcinoma * Hepato biliary disease ,Gall stones,Pancreatitis ,Portal hypertension,Gastric&Esophageal   Carcinoma,HepatocellularCarcinoma  Intestinal obstruction  Appendicitis  Abdominal wall  Spleen Urology   * Urinary retention ,   BPH  Urinary TractInfection (UTI) Water &Electrolyte disorders,Acid- Basedisorders | Able to introducehimself and politewiththepatient  Able to extractrelevantinformation  Takes informedconsent  Takesdetailedhistory | 10  (10%) |
| 2 | Long case Examination |  | Takes informed consent  Uses correctclinicalmethodssystemicallyincludingappropriateexposureandredrape  Able to pickclinicalsign  present in thepatient | 10  (10%) |
| 3 | Long caseDiscussion/viva-voce |  | Presentsskillfully  Gives correctfindings  Gives logicalinterpretationof findings anddifferentialdiagnosis  Enumerate andjustifyrelevantinvestigation  Outlinethetreatmentplan | 10  (10%) |
| 4 | Short case Neck swelling | Toxic goiter  Retrosternal goiter  Thyroid cancer  Inflammatory goiter | Perform properandconcernedrelevantclinicalexaminationaccordingtoinstructionsgiveninprofessionalmanner  Systematic andappropriateapplicationofclinicalmethods  Able to pickcorrectsigns  Logicallyinterpretstheclinicalfindings  Justifiesdiagnosis  Make anappropriatemanagementplan | 10  (10%) |
| 5 | Short case | Inguinoscrotal swelling | Perform proper and concerned relevant clinical examination according to instructions given in a professional manner.  Systematic and appropriate application of clinical methods.  Able to pick correct signs.  Logically interprets the clinical findings.  Justifies diagnosis.  Make an appropriate management plan. | 10  (10%) |
| 6 | Logbook/workbook | Complete logbook with allcolumns filled including dailytopic discussed, long casepresented, morning report,procedures,investigations  Complete workbook with fivehistories and morning reportscheckedandsigned |  | 10  (10%) |
| 7 | Instruments | ETT, Ambu bag, LP needle, , oropharyngeal airway,NG tube, Foleys catheter, IVcannulas, Central venous line,Laryngoscope,chesttube  Plain forceps  Tooth forceps  Artery forcops  Sponge holding forceps  DEVERs retractors  BP handle  Bull dog clamps  Vascular clamps  allice forceps  Needle holder  Babcock | Able to identifytheinstrument,describesindications,contraindications  andcomplications | 10  (10%) |
| 8 | X-ray | CXR of intestinal obstruction  Gas under diaphragm ,Fractureribsl, pleuraleffusion, fibrosis, cavitation,mediastinalandhilar lymphadenopathy | Able to identifyfindings, givediagnosisanddifferentialdiagnosis,enumeratecomplicationsand  briefly describesTreatment | 10  (10%) |
| 9 | Counseling | Breaking bad news, Needle prickinjuries, Initiation of ATT,Initiation of ATT and other drugsin pregnancy, Counselingregardingpregnancyrelated  Surgicalissues | Able to counselthepatientfocusingonautonomy,confidentiality,  beneficence, justice, no harmandsafetynetetc | 10  (10%) |
| 10 | BLS | PerformanceofBLSstepsonsimulatorandrelated viva | Able to performBLS according torecentAHA  Guidelines | 10  (10%) |
|  |  | Total Marks 100 |  |  |
| **WT Marks will be rounded to 10 for inclusion in Internal Assessment.** | | | | |
| **The similar framework will be utilized by other surgical and specialty units.** | | | | |

**Recommended Resources**

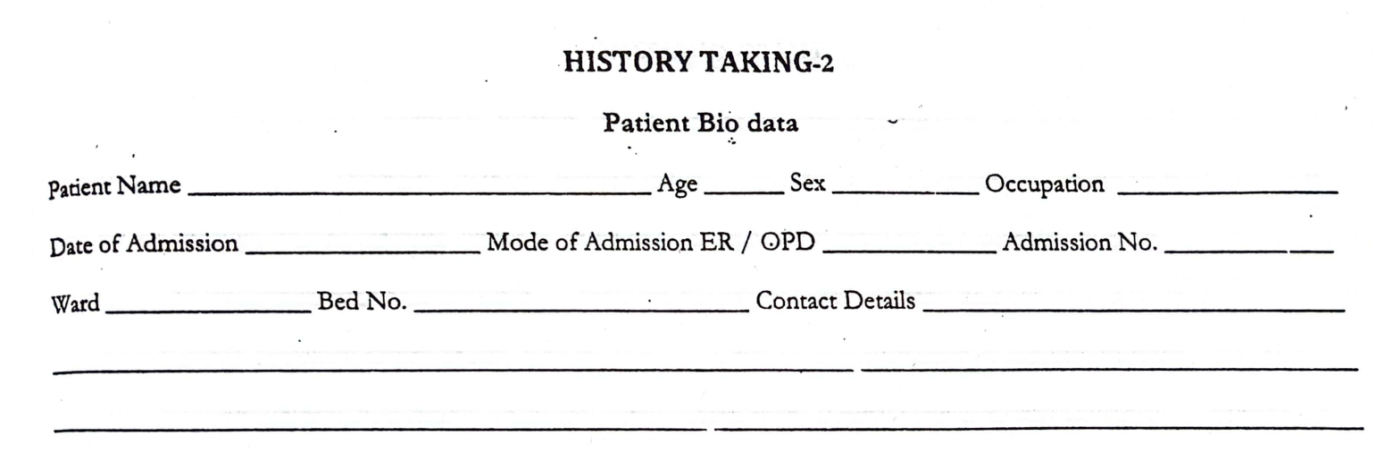
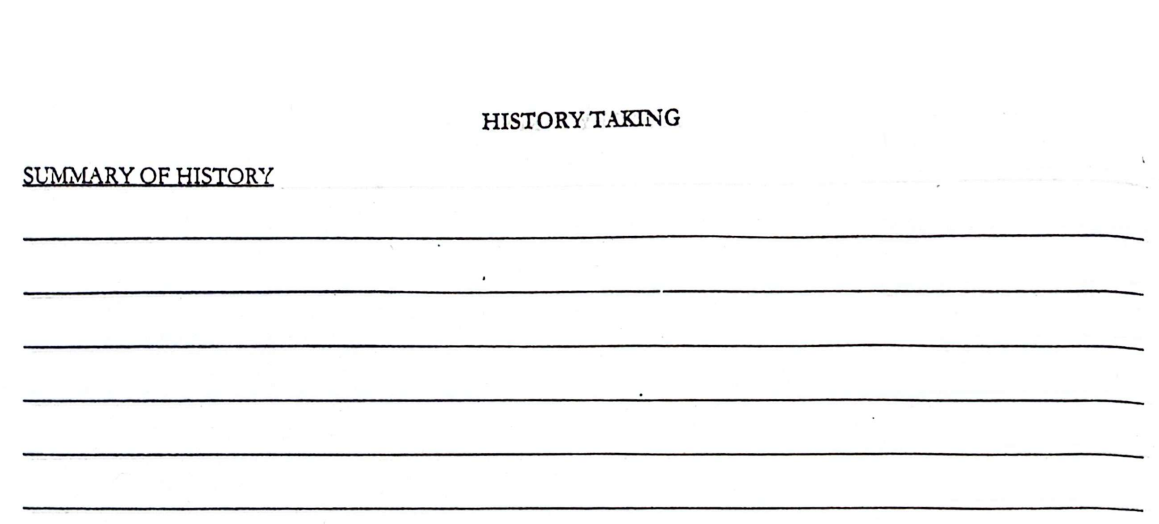
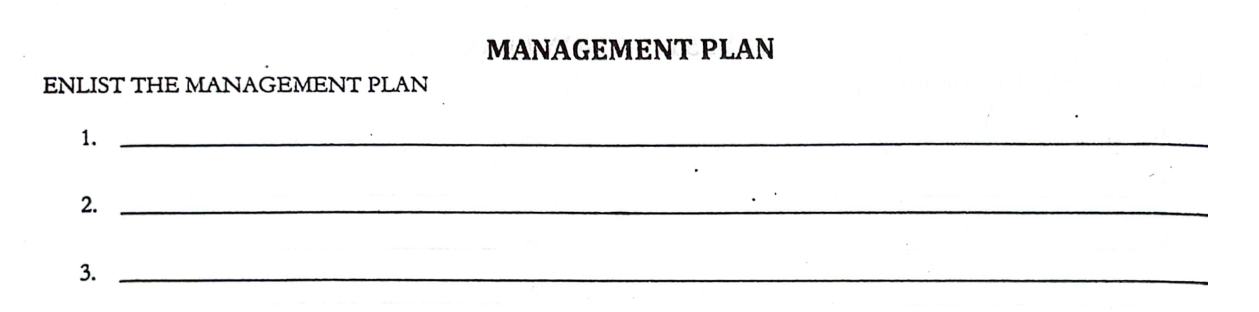
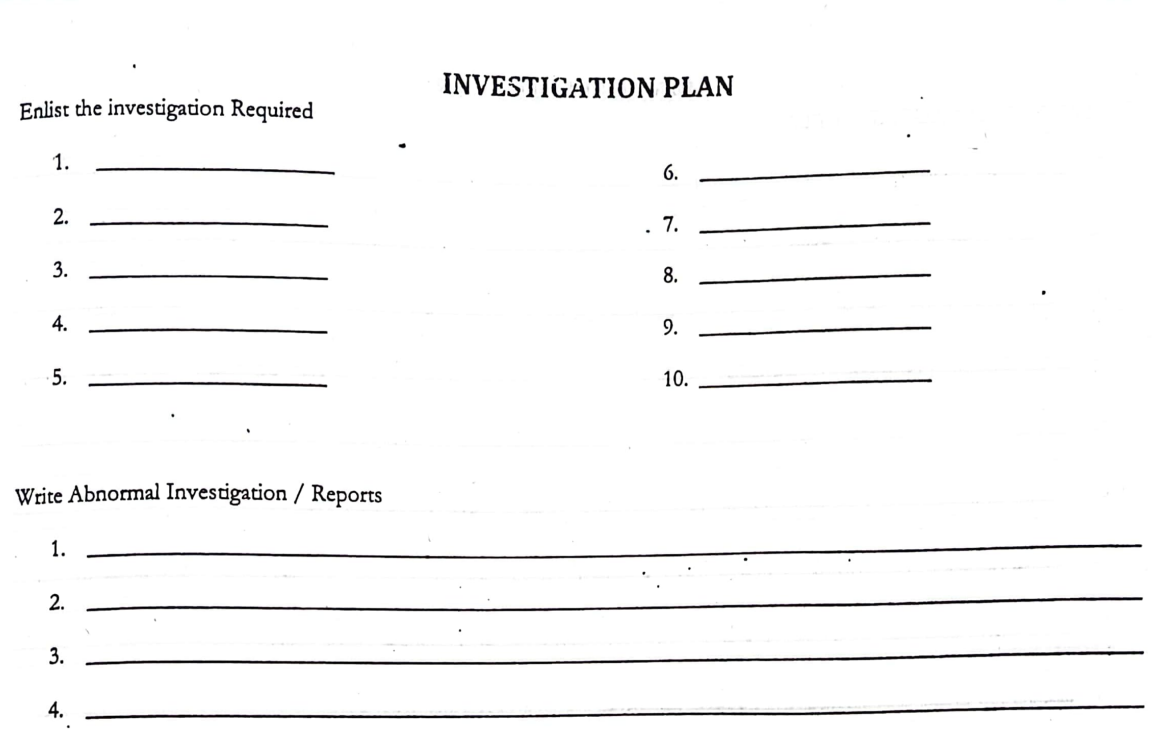
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Itisacknowledgedthatmanyofthecomponentsofthisdocumenthavebeenextracted/modifiedfrom,

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* ****Annexure: A
* Annexure: B
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