



Curriculum
3rd Year MBBS
Gastroenterology Clinical Rotation 2025

Signature

Gastroenterology Teaching Hours of 3rd Year MBBS

	Details	Schedule Duration
		Total 3 months module
Lectures	One hour lecture (2 per week) × 7 lectures	07 hours
Clinical Clerkship in Wards	Gastroenterology = 8 :00-10:30am, 4 days a week for 02 weeks	20 hours
Evening in wards and emergency	3 hours, twice a week = 6 hours	12 hours
Self-directed study	1 hour, 4 times week = 4 hours/week	08 hours
	Total	47 hours

Lectures/LGIS detail for Third Year MBBS 2025

GI Module		
Sr. #	Topic	Teacher
1	Introduction, symptoms and analysis of GI investigations	Dr. Sadia Ahmed/Dr.Aqsa Naseer
2	Approach to a patient with Dyspepsia	Dr. Sadia Ahmed/Dr.Tayyab Saeed Akhter
3	Approach to a patient with upper GI bleed	Dr. Sadia Ahmed/Dr.Anam Shakeel
4	Approach to a patient with Ascites	Dr. Sadia Ahmed/Anam Shakeel
5	Approach to a patient with Jaundice	Dr. Sadia Ahmed/Dr.Anum Abbas
6	Medical aspect of parasitology	Dr. Tayyab Saeed Akhter/Dr.Anum Abbas
7	Seminar on Hepatitis	Dr. Sadia Ahmed/Dr.Aqsa Naseer

Course Content of LGIS (Knowledge)

Sr #	Date	Day	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
								C1	C2	C3		

GI Module

1		FRIDAY	Dr. Sadia Ahmed/ Dr.Aqsa Naseer	GI Module	Introduction to GI Symptomatology and analysis of GI investigations	<p>a) Define this condition and Discuss epidemiology and risk factors associated with this condition)</p> <p>Discuss relevant qualifications in history of common presentations in Gastroenterology</p>	LGIS /PPT		✓		A3	SEQS, MCQs, OSPE
						Describe important investigations (e.g. endoscopy) in Gastroenterology and their indications and interpretation of results	Case Vignette					

2		SATURDAY	Dr. Sadia Ahmed/ Dr. Tayyab Saeed Akhter	GI Module	Approach to a patient with Dyspepsia	Define dyspepsia. Describe pathophysiology of gastric acid secretion. Describe and discuss different clinical presentations and treatment options for Dyspepsia	LGIS/PPT/	✓		A3	SEQS, MCQs, OSPE
3		FRIDAY	Dr. Sadia Ahmed/ Dr. Anam Shakeel	GI Module	Approach to a patient with upper GI bleed	Should know the definition of hematemesis, melena and Hematochezia.		✓		A3	SEQS, MCQs, OSPE
						Describe anatomical basis and Patho-physiological Correlation of GI. bleed e.g. potential bleeding areas and mechanism of bleeding from the gut. Discuss common causes of GI bleeding.	LGIS/PPT/ Case Vignette				

4		SATURDAY	Dr. Sadia Ahmed/ Dr. Anam Shakeel	GI Module	Approach to a patient with Ascites	Able to define Ascites. Explain pathophysiology of Ascites. Describe etiology Of Ascites. Classify different types of Ascites.	LGIS/PPT/	✓		A3	SEQS, MCQs, OSPE
5		FRIDAY	Dr. Sadia Ahmed/ Dr. Anum Abbas	GI Module	Approach to a patient with Jaundice	Should be able to discuss and describe Bilirubin metabolism and pathophysiology of Jaundice as increased bilirubin production, decreased bilirubin uptake, obstruction in biliary tree. Relevant questions to elaborate and differentiate between different causes of jaundice for example Pre-hepatic, hepatic and post hepatic. Associated symptoms of jaundice that clarify cause like anemia, loss of appetite, fever, dark urine, clay stools and pruritus	LGIS/PPT/	✓		A3	SEQS, MCQs, OSPE
6		FRIDAY	Dr. Tayyab Saeed/ Dr. Anum Abbas	GI Module	Medical aspect of parasitology	Discuss common intestinal parasitic infections e.g. amebiasis, giardiasis, ascariasis, schistosomiasis. Describe and discuss clinical	LGIS/PPT/	✓		A3	SEQS, MCQs, OSPE

						features of common parasitic infections Discuss relevant questions on history to differentiate between different parasitic infections. Overview of treatment						
7		SATURDAY	Dr. Sadia Ahmed/ Dr.Aqsa Naseer	GI Module	Seminar on Hepatitis	Student should be able to define acute and chronic viral hepatitis and Different types of viruses causing Hepatitis and their natural course of disease. Describe Clinical features and complications of viral hepatitis. Describe Investigations to diagnosis different viral hepatitis and for complications.	LGIS/PPT/	✓		A3	SEQS, MCQs, OSPE	

Gastroenterology Clinical Training Program (Skill/Attitude) Clinical Module

Date	Day	Class			Consultant/ PGT	Evening Duties
		8:30 – 9:30 am	9:30 –10:00 am	10:00 -10:30am		
WEEK 1	Monday	Student Gathering and Orientation to Gastroenterology components in 3 rd year, MBBS, including medical ethics	Introduction to different GI symptomatology (jaundice, Malena, hematemesis, hematochezia, diarrhea, abdominal pain, dysphagia, odynophagia, abdominal distension, nausea, vomiting)	Clinical methods (Hands on training)	HOD	Batch A: ER Batch B: Ward
WEEK 1	Tuesday	Art of History Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness. Systemic Inquiry, Past Medical History, Family History, Occupational History, Personal History, Travel History, Blood transfusion history Developmental+ Obstetrics History.	Small Group Interactive session (GI symptomatology)	Clinical methods (Hands on training) General physical examination (focus on Gastrointestinal & Hepatology)	AP/Senior Registrar	Batch A: Ward Batch B: ER

WEEK 1	Wednesday	<p>Abdominal examination:</p> <p>Inspection</p> <p>Palpation, including superficial, deep for visceromegaly, abdominal masses.</p>	<p>Small Group Interactive session</p> <p>(History taking components, including systemic inquiry)</p>	<p>Clinical methods (Hands on training)</p> <p>Abdominal examination, including inspection, palpation</p>	AP/ Senior Registrar	<p>Batch C: ER</p> <p>Batch D: Ward</p>
WEEK 1	Thursday	<p>Abdominal examination:</p> <p>Inspection</p> <p>Palpation, including superficial, deep for visceromegaly, abdominal masses, Percussion including shifting dullness, fluid thrill and visceral/ mass, and Auscultation of bowel sound, visceral bruit</p>	<p>Small Group Interactive session</p> <p>(GPE)</p>	<p>Clinical methods (Hands on training)</p> <p>Abdominal examination, including inspection, palpation, Percussion and Auscultation.</p>	AP/ Senior Registrar	<p>Batch C: Ward</p> <p>Batch D: ER</p>
WEEK 2	Monday	<p>Reinforcement of GI history taking and examinations including (hematemesis, melena, jaundice, dysphagia, diarrhea, abdominal pain, GPE (palmar erythema, koilonychia, leukonychia, clubbing , Dupuytren contracture, LN, jaundice, eye brow/ lashes, oral</p>	<p>Small Group Interactive session</p> <p>(CBD, regarding upper GI Bleed, VB / NVB)</p>	<p>Clinical methods (Hands on training), GPE</p> <p>Abdominal examination, including inspection, palpation,</p>	HOD	<p>Batch A: ER</p> <p>Batch B: Ward</p>

		cavity, edema, gynecomastia, wasting, proximal myopathy), inspection, palpation, percussion and auscultation.		Percussion and Auscultation.		
Week 2	Tuesday	Approach to patient with Gastrointestinal bleed, including causes, clinical signs, investigations plan and initial management	Small Group Interactive session (CBD on acid peptic disease/ GERD)	Small Group Interactive session (CBD on acid peptic disease/ GERD)	AP/ Senior Registrar	Batch A: Ward Batch B: ER
Week 2	Wednesday	Approach to patient with ascites, including causes, clinical signs, investigations plan and initial management	Small Group Interactive session (CBD on abdominal distension/ jaundice)	Small Group Discussion / Activity (Patient Counseling)	AP/ Senior Registrar	Batch C: ER Batch D: Ward
Week 2	Thursday	Ward test			All faculty	

Gastroenterology Clinical Rotation Details

Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude	MOT/MIT	MOA	
						C	C	C		P				
			Cognition	Skill	Attitude	1	2	3	P1	2	A1	A2		
1st WEEK														
Monday	GI	General introduction to Gastroenterology and Medical ethics	Students will be able to: a) Recognize the importance of clinical gastroenterology and context for theoretical learning so that one can see how learning about body system and social sciences are applied to care for patients. b) Recognize and evaluate different ethical problems including priority setting, moral dilemma and resolving conflict. Analyze different ethical problems and know different approaches. c) Recognize the importance of informed consent before examining a patient or any procedure. Recognize the importance of counseling of patients and attendants in	Students will be able to: Take detailed history of different GI symptoms	Students will be able to: Take Consent for History			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE, MINICEX, CBD

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Tuesday	GI	<p>History Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness. Systemic Inquiry, Past Medical History, Family History, Occupational History, Personal History, Travel History, Blood transfusion history Developmental + Obstetrics History.</p> <p>Systemic Inquiry Vomiting, jaundice, pain in abdomen,</p>	<p>Student will be able to: Demonstrate art of history taking including all components of history, Presenting complaint, History of presenting illness in detail and in chronological order.</p> <p>Students will be able to: Demonstrate systemic inquiry in detail and past medical history Students will be able to: a) Describe different components of history like Family History, Occupational History, Personal History, Developmental+ Obstetrics History</p> <p>Students will be able to: a) Recall different causes of vomiting b) Explain causes</p>	<p>Student will be able to: Take detailed history</p> <p>Students will be able to: can take detailed</p>	<p>Student will be able to: Take Consent for History and clinical examination</p>	✓	✓	✓	SGD /BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE, OSCE MINICEX, CBD
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		acute and chronic diarrhea	and types of jaundice c) tell different causes of generalized and localized abdominal pain d) Recall different causes of acute and chronic diarrhea and differentiate between two on the basis of history	history Of vomiting, jaundice, abdominal pain and diarrhea and able to make differential diagnosis related to these symptoms							
		General physical examination. Pulse, BP, Temp. Resp Rate palmar erythema, koilonychia, leukonychia, clubbing , Dupuytren contracture, LN, jaundice, eye brow/ lashes, oral cavity, edema, gynecomastia, wasting, proximal	Recall causes of bradycardia, tachycardia, fever, hypothermia and tachypnea Students will be able to: a) Recall different causes of jaundice, clubbing, palmar erythema b) koilonychia, pallor, leukonychia and edema. c) tell causes of oral ulcers, glossitis, cheolisis, gum hypertrophy, oral pigmentation eyebrow & lashes changes	Students will be able to: a) Take history and perform GPE relevant to abdominal examination and able to pick these signs on Examination. b) can perform examination of oral cavity							

		myopathy),								
Wedne sday	GI	Abdominal examination: Inspection Palpation, including superficial, deep for visceromegal y, abdominal masses	Students will be able to: a) Recall different causes of distended abdomen, significance of prominent veins and scar marks. Can differentiate different shapes of umbilicus and their position. b) tell causes of abdominal masses	Students will be able to: Take history and perform inspection, superficial and deep palpation of abdomen and relevant clinical examination.	Students will be able to: Take Consent for History and Clinical Examination 					

Thursd ay	GI	<p>Inspection Palpation, including superficial, deep for visceromegaly, abdominal masses, Percussion including shifting dullness, fluid thrill and visceral/ mass, and Auscultation of bowel sound, visceral bruit</p>	<p>Students will be able to:</p> <p>a) Recall different causes of hepatomegaly, splenomegaly, causes of palpable kidneys and other abdominal masses</p> <p>b) differentiate between kidney and spleen on examination</p> <p>c) Recall causes of abnormal percussion notes of abdomen</p> <p>d) Recall causes positive fluid thrill and shifting dullness.</p> <p>e) Describe different causes of absent bowel sounds</p>	<p>Students will be able to:</p> <p>Take history and perform abdominal examination to pick visceromegaly and other masses and relevant examination</p>	<p>be able to:</p> <p>Take Consent for History and Clinical Examination</p>	✓✓		<p>SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)</p>	<p>MINICEX, CBD</p>
Monda y	GI	<p>Reinforcement of GI history taking, symptomatology and examinations including</p>	<p>Student will be able to take details of different symptoms of gastrointestinal disease (jaundice, dysphagia, hematemesis, ,melena, abdominal distension,abdominal pain,</p>		<p>Students will be able to:</p> <p>Take Consent for History and</p>				<p>OSPE,OSCE MINICEX, CBD</p>

		(hematemesis , melenas, jaundice, dysphagia, diarrhea, abdominal pain, GPE (palmar erythema, koilonychia, leukonychia, clubbing , Dupuytren contracture, LN, jaundice, eye brow/ lashes, oral cavity, edema, gynecomastia , wasting, proximal myopathy), inspection, palpation, percussion and auscultation.	diarrhoea,constipation,altere d bowel habit, vomiting, odynophagia,weight loss,loss of appetite Student will be able to: Demonstrate art of history taking including all components of history, Presenting complaint, History of presenting illness in detail and in chronological order.Demonstrate systemic inquiry in detail and past medical history, Family History, Occupational History, Personal History, Developmental+ Obstetrics History Students will be able to: Perform GPE. Pick findings relevant to gastrointestinal diseases. Students will be able to: Perform abdominal examination and pick findings	Students will be able to: a) Take history and perform GPErelevant to abdominal examination and able to pick these signs on examination. can perform abdominal examination and pick findings	Clinical Examination		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds	
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Tuesday	GI	<p>Approach to patient with Gastrointestinal bleed, including causes, clinical signs, investigations plan and initial management</p>	<p>Relevant to exam.</p> <p>Students will be able to:</p> <p>a) know Etiology and clinical features of acute and chronic upper & lower GI bleed</p> <p>b) Suggest Differential diagnosis, investigations and severity assessment</p> <p>Construct initial treatment plan according to etiology</p>	<p>Students will be able to:</p> <p>a) Take history and perform</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedure.</p> <p>b) Counsel and educate patient</p>	✓	✓	✓	<p>SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward</p>	<p>OSPE, OSCE MINICEX, CBD</p>
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Wednesday	GI	Approach to patient with ascites, including causes, clinical signs, investigations plan and initial management	<p>Students will be able to:</p> <p>know Etiology and clinical features of CLD, HF, NS</p> <p>b) Suggest Differential diagnosis, (High/Low SAAG, investigations and assessment</p> <p>c) Discuss complications. (SBP Hernias)</p>	<p>abdominal & relevant clinical examination acc to cause .</p> <p>b) Perform interpretation of blood tests, imaging (ultrasound, plain x ray abdomen) including nuclear medicine</p> <p>c) Observe GI endoscopy</p>	<p>about disease, its diagnosis, treatment and outcome.</p> <p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedures .</p> <p>b) Counsel</p>	✓	✓	✓	<p>Rounds</p> <p>SGD / BED SIDE SESSIONS (Grand Ward</p>	<p>OSPE, OSCE MINICEX, CBD</p>
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Thursday	GI	Ward test		<p>clinical examination acc to cause</p> <p>b) Perform & interpretation of Investigations (LFTs, albumin PT, INR, APTT, ECG, urine analysis, CXR, USG(abdomen/pelvis)</p> <p>c) Observe / Assist Ascitic tap, Assist HCW in management of patient</p>	and educate patient about disease, its diagnosis, treatment and outcome				Rounds, Teaching Ward Rounds	
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Gastroenterology Emergency Evening Clinical Program

Sr #	Topic	SPECIFIC LEARNING (SLO)	OBJECTIVE S			Cogniti on	Psychomotor			Attitude	MOT/MIT			MOA
		Knowledge	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2			
Day 1.	1. Introduction to ER services regarding the Triage system. 2. History taking and examination 3. Monitoring of vitals	1. Should be able to describe the components of a triaging system in ER and its importance in differentiating stable vs sick patients. 2. Should be able to describe the importance and components of vitals.	1. Should observe how the resident does triage. 2. Students should be able to take a quick history and perform relevant clinical examination (focus on GI & Hepatology) under guidance of resident 3. Student should be able to check the vitals including pulse, blood pressure, temperature, and respiratory rate with proper method.	Student will be able to Take Consent for History, Clinical Examination.		✓		✓			✓		SGD / BED SIDE SESSIONS	OSPE/MCQs

Day 2	<p>1. Introduction to and maintenance of record.</p> <p>2. Observation of IV cannulas and IM injections</p>	<p>1. Students should be able to describe the importance of record keeping and documentation.</p> <p>2. Should be able to describe indications and complications of IV and IM injections.</p>	<p>1. Students will be able to observe and assist resident about record keeping and the importance of documentation.</p> <p>2. Student should observe and assist resident in IV and IM cannulation.</p>	<p>Students will be able to</p> <p>1. Take consent for history and examination</p> <p>2. Take consent for IM and IV injections and explain procedure to the patient.</p>		✓		✓			✓	SGD / BED SIDE SESSIONS	OSPE/MCQS
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DAY 3	<p>1. Should be able to describe the indications of types of IV drips and rate of setting.</p> <p>2. Should be able to describe different types of drugs being used as</p>	<p>Students will be able to:</p> <p>1. Observe resident regarding setting of IV drips</p> <p>2. Observe how to set up a nebulizer</p>	<p>Students will be able to:</p> <p>1. Counsel the patient regarding use of IV drips in a particular setting and its benefits and side effects.</p>		✓		✓			✓	SGD/ BED SIDE SESSI ONS	OSPE/ MCQ	
DAY 4	Approach to a patient with GI bleed	<p>Should be able to enumerate causes of upper & lower GI bleed</p> <p>Should be able to identify whether patient is in hypovolemic shock or not</p> <p>clinical features of acute and chronic upper & lower GI bleed</p>	<p>Student will be able to:</p> <p>1. Take History of a patient with upper & lower GI bleed and do clinical examination under HCW guidance.</p> <p>2. Should take vitals esp. pulse,</p>	<p>Students will be able to:</p> <p>Take Consent for History, Clinical Examination under supervision of resident/SR</p>		✓			✓		✓	SGD/ BED SIDE SESSIONS	MCQ/SEQ

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