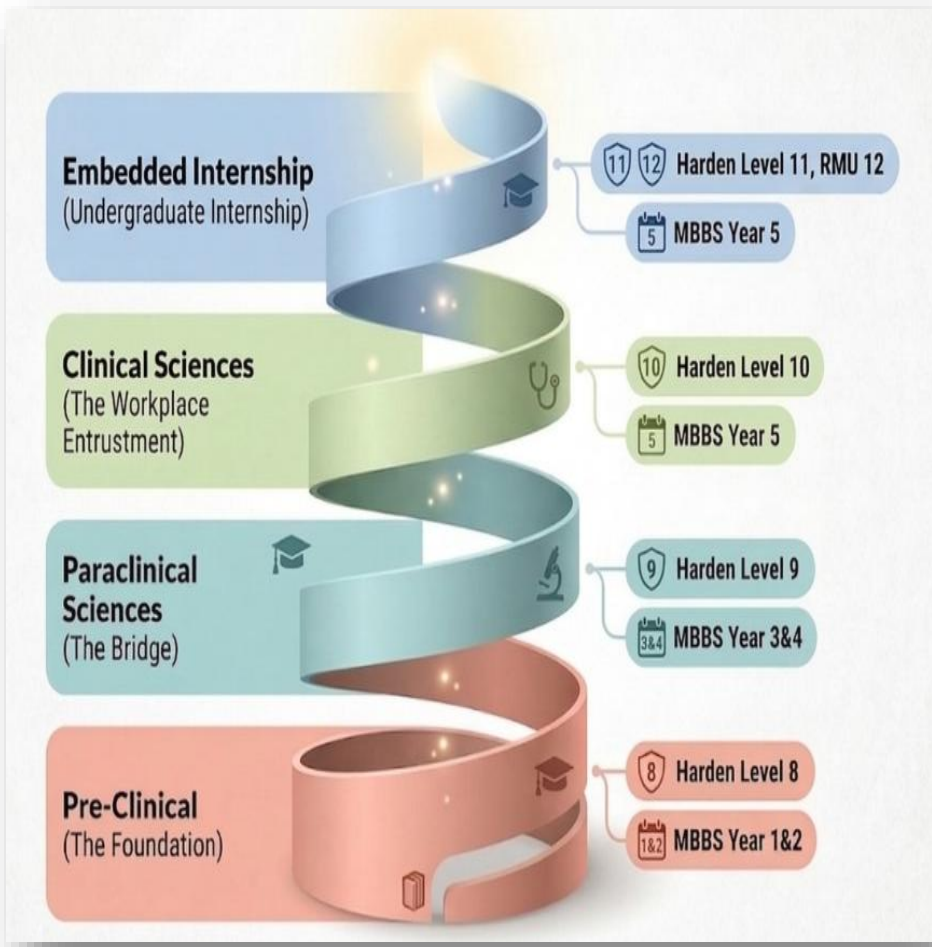


GENERAL SURGERY

RMU – 12

Integrated Modular MBBS Curriculum 2026

Isolation to Beyond Boundaries



Study Guide: Terms & Abbreviations

Contents

- Domains of Learning
- Teaching and Learning Methodologies/Strategies
- Large Group Interactive Session (LGIS)
- Small Group Discussion (SGD)
- Self-Directed Learning (SDL)
- Case Based Learning (CBL)
- Clinical / practical

Tables & Figures

- Table 1. Domains of learning according to Blooms Taxonomy
- Figure 1. Prof Umar's Model of Integrated Lecture
- Table 2. Standardization of teaching content in Small Group Discussions
- Table 3. Steps of taking Small Group Discussions

Section – II Educational Strategies

Large Group Interactive Session (LGIS)

The large group interactive session is structured format of Prof Umar Model of Integrated lecture. It will be followed for delivery of all LGIS. Lecturer will introduce a topic or common clinical condition and explain the underlying phenomena through questions, pictures, videos of patients, interviews and exercises, etc. Students are actively involved in the learning process.

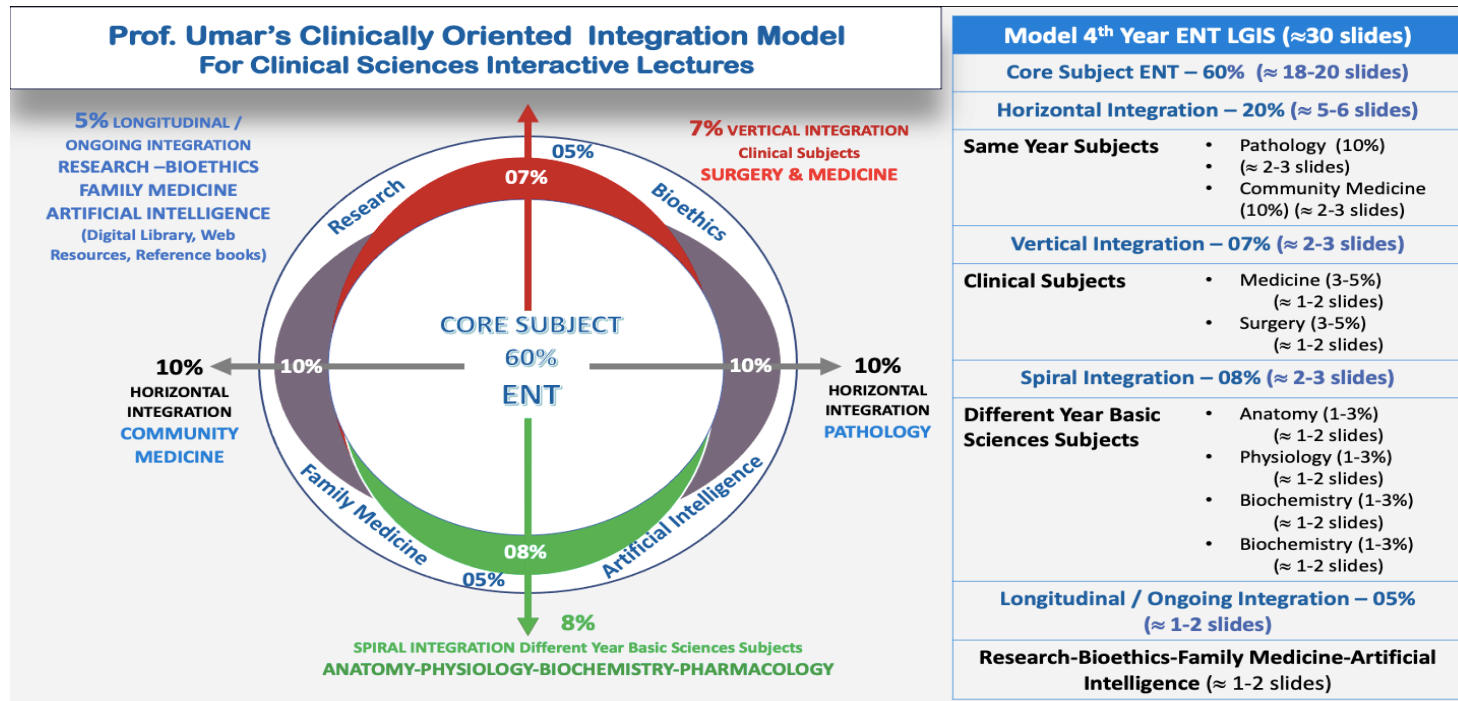


Figure 21 – Prof Umar Model of Integrated Lecture

Small Group Discussion (SGD)

This format helps students clarify concepts acquire skills and attitudes. Sessions are structured with the help of specific exercises such as patient case, interviews or discussion topics or power point presentations. Students exchange opinions and apply knowledge gained from lectures, SGDs and self-study. The facilitator role is to ask probing questions, summarize and help to clarify the concepts.

Table 2 – Standardization of teaching content in small group discussion

Step 1	Sharing of Learning objectives by using students Study guides	First 5 minutes
Step 2	Asking students pre-planned questions from previous teaching session to develop co-relation (these questions will be standardized)	5minutes
Step 3	Students divided into groups of three and allocation of learning Objectives	5minutes
Step 4	ACTIVITY: Students will discuss the learning objectives among Themselves	15 minutes
Step 5	Each group of students will present its learning objectives	20 min
Step 6	Discussion of learning content in the main group	30min
Step 7	Clarification of concept by the facilitator by asking structured questions from learning content	15 min
Step 8	Questions on core concepts	
Step 9	Questions on horizontal integration	
Step 10	Questions on vertical integration	
Step 11	Questions on related research article	
Step 12	Questions on related ethics content	

Step 13	Students Assessment on online MS teams (5 MCQs)	5 min
Step 14	Summarization of main points by the facilitator	5 min
Step 15	Students feedback on the SGD and entry into logbook	5 min
Step 16	Ending remarks	

Table 3. Steps of taking Small Group Discussions

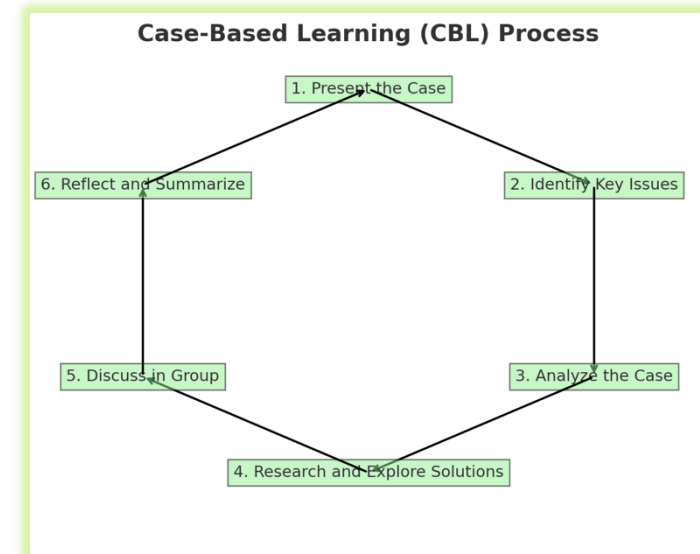
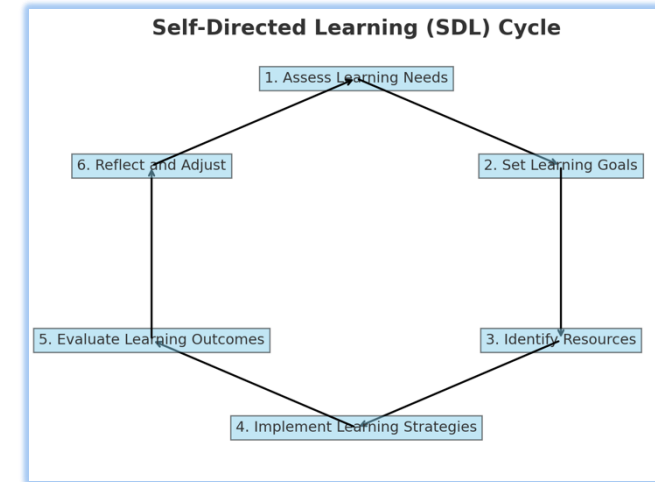
S.No	Topics	Approximate %
1	Title Of SGD	
2	Learning Objectives from Study Guides	
3	Horizontal Integration	5%+5% = 10%
4	Core Concepts of the Topic	70%
5	Vertical Integration	10%
6	Related Advance Research points	3%
7	Biomedical Ethical points	2%
8	Spiral integration	5%

1. Self-Directed Learning (SDL)

- Self-directed learning is a process where students take primary charge of planning, continuing and evaluating their learning experiences.
- Time home assignment
- Learning objectives will be defined
- Learning resources will be given to students = Text book (page no), web site
- Assessment: i. online on LMS (Mid module/ end of Module)
ii. OSPE station

2. Transdisciplinary Clinical Reasoning Forum (TCRF)

- It's a learner centered model which engages students in discussion of specific scenarios that resemble typically are real world examples.
- Case scenario will be given to the students
- Will engage students in discussion of specific scenarios that resemble or typically are real-world examples.
- Learning objectives will be given to the students and will be based on:
 - To provide students with a relevant opportunity to see theory in practice
 - Require students to analyze data in order to reach a conclusion.
 - Develop analytic, communicative and collaborative skills along with content knowledge.
 -



Section – III

Themes, Learning Objectives, Teaching Strategies and Tools of Assessment

Surgery Teaching Hours 3rd Year MBBS Teaching hours= 170

	Details	Schedule Duration Total 3 months rotation
Lectures/LGIS (Knowledge)	45 minutes,2 per week	16 hours
Clinical Clerkship in Wards	Surgery=8-10:30am, 4 days a week ×10	100 hours
Evening classes in wards	18 classes during 10-week rotation,2:00-5:00pm,3×18	54hours
Total Teaching Hours		170 hours

Lectures/LGIS Details For Third Year MBBS 2025

1) Foundation Module		
Sr. #	Topic	Teacher
1	Surgical Ethics	Dr. Tooba / Dr Rubina
2	Patient safety and quality improvement	Dr. Sara Malik/ Dr. Asif Niazi
3	Sterilization and Disinfection	Dr.Rahat/ Dr Huma
4	Surgical Infections	Dr. Tooba / Dr Sarmad
5	Metabolic response to injury	Dr. Abdul Qadir/ Dr Irfan Malik
6	Wound repair and healing	Dr. Asifa Dian / Dr Qasim Ali
2) MODULE 2: Basic Principles of Surgery		
Sr. #	Topic	Teacher
1	Symptomatology in surgery and their diagnostic investigations	Dr. Amna / dr rahat
2	Wound Healing and Tissue Repair	Dr. atif / dr. Sumaira
3	Patient safety and quality improvement	Dr. Irfan / dr Asifa Dian Khan
4	Perioperative management of patients	Dr . Sania / Dr Abdul Qadir
5	Initial management of trauma	Dr. Asif Niazi / Dr Huma
3) Module 3: Gastro-intestinal Tract		
Sr. #	Topic	Teacher
1	Approach to a patient with Esophageal Disease	Dr Rubina / Dr Samra
2	Approach to a patient with Acute abdomen	Dr Asad / Dr Sarmad
3	Approach to a patient with Abdominal hernias	Dr Zahid / Dr Rahat
4	Approach to a patient with Obstructive jaundice and hepatobiliary diseases	Dr Sidra / Dr Waheed
5	Approach to a patient with GI malignancy	Dr Naza / Dr Asifa Dian
4) Module 4 Surgical Infections		

Sr. #	Topic	Teacher
1	Microbiology of Surgical infection	Dr Hina / Dr Qadir
2	Presentation of surgical infections	Dr Iffat / Dr Muzna
3	Critical Surgical infections and their treatment	Dr Ali Kamran / Dr Huma
4	Prevention of surgical infection	Dr Muzna / Dr Faiza
5	Antimicrobial treatment in surgical infections	Dr Naza / Dr Irfan
5) Module 5 Thoracic and Vascular Surgery		
Sr. #	Topic	Teacher
1	Approach to a patient with chronic Peripheral arterial Disease	Dr. Ramla/ Dr Faiza
2	Approach to a patient with Gangrene and Amputations	Dr. Sara Malik/ Dr. Asif Niazi
3	Approach to a patient with DVT and varicose veins	Dr.Rahat/ Dr Huma
4	Approach to a patient with lymphedema	Dr. Tooba / Dr Amna
5	Approach to a patient with cardiac diseases. (Cardiac surgery)	Dr. Abdul Qadir/ Dr Irfan Malik
6	Approach to a patient with Chest trauma and its management	Dr. Faiza / Dr Sarmad
7	Approach to benign Diseases of the Thorax	Dr Hina / Dr Sania

3rd Year Clinical Clerkship

Morning Session

THEME 1

Symptom: Patient Requiring Surgery / Perioperative Care

Sub-Symptoms

- Patient requiring preoperative assessment
- Patient requiring informed consent
- Patient in operation theatre requiring aseptic precautions
- Postoperative patient with fever or wound infection
- Patient with dehydration or shock requiring fluid resuscitation
- Patient at risk of thromboembolism

Rationale

Patients undergoing surgery require careful evaluation, preparation, and postoperative monitoring to ensure safe outcomes. Perioperative care involves assessment of surgical fitness, obtaining informed consent, maintaining asepsis in the operating theatre, and identifying complications such as infection or thromboembolism. Understanding these principles helps students develop patient safety awareness, clinical reasoning, and procedural competence required for surgical practice.

Introducing these scenarios early during clinical clerkship allows students to integrate theoretical surgical principles with practical clinical skills, thereby improving patient safety and quality of care.

General Learning Objectives (SMART)

By the end of this theme the student will be able to:

- Conduct focused preoperative assessment for surgical patients.
- Explain principles and legal aspects of informed consent.
- Demonstrate surgical asepsis including scrubbing, gowning, and gloving.
- Identify postoperative complications such as surgical site infection.
- Assess hydration status and initiate appropriate fluid resuscitation.
- Recognize risk factors for venous thromboembolism and preventive strategies.

Detailed Specific Learning Objectives

Code	Sub-Symptom	Learning Objectives	Domain	Teaching Strategy	Assessment Tool
SUR-001	Patient requiring preoperative evaluation	Take focused surgical history, perform examination, identify required investigations	C3 P2	Bedside teaching	Mini-CEX
SUR-002	Patient requiring informed consent	Explain elements of valid consent and communicate surgical risks	C2 A2	LGIS	Viva
SUR-003	Patient in operation theatre	Describe OT protocols and principles of asepsis	C2	LGIS	MCQs
SUR-004	Patient undergoing surgical procedure	Demonstrate scrubbing, gowning and gloving	P2	Skills Lab	OSCE
SUR-005	Postoperative patient with fever	Identify signs of surgical site infection and outline prevention	C3	SGD	MCQs
SUR-006	Patient with dehydration / shock	Assess hydration status and initiate IV fluids	C3 P2	Bedside	Mini-CEX
SUR-007	Patient at risk of thrombosis	Recognize risk factors and preventive measures for DVT	C2	LGIS	Viva

Theme 2

Symptom: Breast Lump

Sub-Symptoms

- Painless breast lump
- Painful breast lump
- Breast lump with skin changes
- Breast lump with axillary lymph nodes
- Breast lump suspected for malignancy

Rationale

Breast lumps are a common clinical presentation encountered in surgical practice. While many lumps are benign, some represent

malignancy requiring early diagnosis and treatment. Teaching this theme enables students to perform systematic breast examination, identify red flag signs of malignancy, and understand principles of diagnosis and management including triple assessment.

General Learning Objectives

Students will be able to:

- Take focused history of a patient presenting with breast lump.
- Perform systematic clinical breast examination.
- Differentiate benign from malignant breast lumps.
- Explain principles of triple assessment.
- Outline management of carcinoma breast.

Detailed SLOs

Code	Sub-Symptom	Learning Objectives	Domain	Teaching Strategy	Assessment Tool
SUR-201	Patient with painless breast lump	Perform breast examination and evaluate benign features	C3 P2	Bedside	Mini-CEX
SUR-202	Breast lump suspected benign	Explain fibroadenoma and cystic lesions	C3	LGIS	MCQs
SUR-203	Breast lump with malignant features	Identify skin dimpling, nipple retraction and lymph nodes	C3 P2	SGD	OSCE
SUR-204	Patient with confirmed breast cancer	Outline surgical and adjuvant management	C3	LGIS	Viva

Theme 3

Symptom: Groin or Abdominal Wall Swelling

Sub-Symptoms

- Reducible groin swelling
- Painful groin swelling
- Umbilical swelling
- Epigastric swelling
- Swelling at previous surgical scar

Rationale

Groin and abdominal wall swellings commonly represent hernias. Accurate clinical examination is required to differentiate different

types of hernias and identify complications such as obstruction and strangulation. Early recognition and appropriate surgical referral are essential for preventing morbidity.

General Learning Objectives

Students will be able to:

- Examine patients presenting with groin swelling.
- Differentiate direct and indirect inguinal hernias.
- Identify ventral hernias including umbilical and epigastric hernia.
- Recognize complications of hernias.
- Outline principles of surgical repair.

Detailed SLOs

Code	Sub-Symptom	Learning Objectives	Domain	Teaching Strategy	Assessment Tool
SUR-301	Reducible groin swelling	Perform inguinal examination and differentiate hernia types	C3 P2	Bedside	Mini-CEX
SUR-302	Umbilical or epigastric swelling	Identify ventral hernias and risk factors	C3	LGIS	MCQs
SUR-303	Swelling at surgical scar	Identify incisional hernia and outline management	C3	SGD	Viva

Theme 4

Symptom: Neck Swelling

Sub-Symptoms

- Painless neck swelling
- Neck swelling with weight loss
- Thyroid swelling moving on swallowing
- Neck swelling suspected malignancy

Rationale

Neck swellings may arise from lymph nodes, thyroid gland, or other structures. Differentiating benign from malignant causes requires systematic clinical examination and appropriate investigations. Teaching this theme enables students to develop diagnostic reasoning and understand management of thyroid and neck diseases.

General Learning Objectives

Students will be able to:

- Perform systematic examination of neck swellings.
- Identify lymph node levels.
- Examine thyroid gland.
- Interpret thyroid investigations.
- Outline management of thyroid disorders.

Detailed SLOs

Code	Sub-Symptom	Learning Objectives	Domain	Teaching Strategy	Assessment Tool
SUR-401	Painless neck swelling	Perform systematic neck examination	C3 P2	Bedside	Mini-CEX
SUR-402	Neck swelling with systemic symptoms	Differentiate inflammatory vs malignant lymphadenopathy	C3	LGIS	Viva
SUR-403	Thyroid swelling	Demonstrate thyroid examination	C3 P2	Bedside	OSCE
SUR-404	Thyroid nodule	Interpret FNAC and outline management	C3	SGD	Viva

Theme 5

Symptom: Abdominal Pain / Perianal Symptoms

Sub-Symptoms

- Right upper quadrant abdominal pain
- Epigastric pain radiating to back
- Jaundice with abdominal pain
- Bleeding per rectum
- Painful defecation

Rationale

Abdominal pain and perianal symptoms are frequent surgical presentations. These symptoms may represent conditions ranging from gallstone disease to pancreatitis or hemorrhoids. Teaching this theme enables students to develop clinical reasoning skills in evaluating abdominal pain and performing perianal examination.

General Learning Objectives

Students will be able to:

- Examine patients with abdominal pain.
- Identify causes of jaundice.
- Recognize features of pancreatitis.
- Perform perianal examination.
- Differentiate hemorrhoids, fissure and fistula.

Detailed SLOs

Code	Sub-Symptom	Learning Objectives	Domain	Teaching Strategy	Assessment Tool
SUR-501	RUQ abdominal pain	Evaluate gallbladder disease and interpret investigations	C3	Bedside	Mini-CEX
SUR-502	Epigastric pain	Recognize acute pancreatitis	C3	LGIS	MCQs
SUR-503	Jaundice	Differentiate obstructive vs hepatocellular jaundice	C3	SGD	Viva
SUR-504	Bleeding per rectum	Diagnose hemorrhoids	C3 P2	Bedside	Mini-CEX
SUR-505	Painful defecation	Identify anal fissure and fistula	C3	LGIS	OSCE

Module 1: Principles Of Surgery & Patient Safety (Weeks 1–2)

WEEK 1

Day	Theme (Clinical Scenario)	Sub-theme	Specific Learning Outcomes (SLOs)	Domain	Level	Assessment
Day 1	A 50-year-old male is admitted for elective surgery. Preoperative evaluation is required before shifting to OT.	Preoperative assessment	<ul style="list-style-type: none"> Elicit focused preoperative history (comorbidities, drug history) Perform relevant clinical examination for surgical fitness Identify essential preoperative investigations Stratify basic surgical risk 	C/P	C3/P2	Mini-CEX
Day 2	Same patient is being prepared for surgery and consent is required.	Informed consent & patient safety	<ul style="list-style-type: none"> Explain principles of informed consent Identify elements of valid consent Communicate risks and benefits in simple language Demonstrate professional and ethical behaviour 	C/A	C2/A2	Mini-CEX, Viva
Day 3	Patient is shifted to operation theatre and surgical team prepares for procedure.	OT protocols & asepsis	<ul style="list-style-type: none"> Describe OT zones and protocols Explain principles of asepsis and antisepsis Identify steps of WHO surgical safety checklist Recognize breaches in asepsis 	C	C2	MCQs
Day 4	A student assists in OT where surgical team is performing procedure under aseptic conditions.	Scrubbing, gowning and gloving	<ul style="list-style-type: none"> Demonstrate surgical hand scrubbing Perform gowning and gloving technique Maintain sterile field Identify contamination 	P/A	P2/A2	OSCE, DOPS

WEEK 2

Day	Theme (Clinical Scenario)	Sub-theme	Specific Learning Outcomes (SLOs)	Domain	Level	Assessment
Day 5	A patient develops postoperative fever and wound discharge on day 3 after surgery.	Surgical site infection & prevention	<ul style="list-style-type: none"> Identify signs of surgical site infection Classify clean and contaminated wounds Outline principles of infection prevention Describe antibiotic prophylaxis basics 	C	C3	MCQs, Viva
Day 6	A patient presents with dehydration, vomiting and hypotension requiring fluid management.	Fluid balance and resuscitation	<ul style="list-style-type: none"> Assess hydration status clinically Identify signs of hypovolemia Select appropriate IV fluids Monitor response to fluid therapy 	C/P	C3/P2	Mini-CEX
Day 7	A hospitalized patient develops sudden calf pain and swelling after surgery.	Thromboprophylaxis & patient safety	<ul style="list-style-type: none"> Identify risk factors for DVT Recognize clinical features of DVT Explain methods of thromboprophylaxis Emphasize early mobilization and safety measures 	C	C2	MCQs, Viva
DAY 8	MODULE EXAM					

Module 2: Breast & Hernias (Weeks 3–4)

Week 1 — Breast

Day	Theme (Clinical Scenario)	Sub-theme	Specific Learning Outcomes (SLOs)	Domain	Level	Assessment
Day 1	A 24-year-old female presents with a painless lump in the right breast for 3 months. There is no weight loss or nipple discharge.	Clinical evaluation of benign breast disease	<ul style="list-style-type: none"> Elicit focused history of breast lump Perform systematic breast examination Differentiate benign from suspicious features Examine regional lymph nodes 	C/P	C3/P2	Mini-CEX
Day 2	Same patient diagnosed with fibroadenoma and planned for further evaluation.	Diagnosis and management of benign breast disease	<ul style="list-style-type: none"> Explain components of triple assessment Interpret ultrasound findings Identify indications for FNAC/biopsy Outline management options 	C	C3	Viva, MCQs
Day 3	A 52-year-old female presents with a hard irregular breast lump with skin dimpling and nipple retraction.	Clinical features and staging of carcinoma breast	<ul style="list-style-type: none"> Recognize red flag signs of malignancy Perform clinical staging Interpret mammography findings Formulate provisional stage 	C/P	C3/P2	OSCE, Viva
Day 4	A patient with confirmed carcinoma breast is planned for surgery and adjuvant therapy.	Principles of management of carcinoma breast	<ul style="list-style-type: none"> Outline surgical options (lumpectomy, mastectomy) Explain role of chemotherapy and radiotherapy Identify indications for sentinel node biopsy Counsel patient regarding treatment 	C/A	C3/A2	Viva, CBD

Week 2 — Hernias

Day	Theme (Clinical Scenario)	Sub-theme	Specific Learning Outcomes (SLOs)	Domain	Level	Assessment
Day 5	A 45-year-old male presents with reducible swelling in right groin increasing on coughing and reducing on lying down.	Inguinal hernia (including recurrent basics)	<ul style="list-style-type: none"> Elicit history of groin swelling Perform examination of inguinal region Differentiate direct vs indirect hernia Identify complications (obstruction, strangulation) Recognize causes of recurrence 	C/P	C3/P2	Mini-CEX
Day 6	A female presents with swelling at umbilicus, and another patient presents with small epigastric swelling.	Para-umbilical and epigastric hernias	<ul style="list-style-type: none"> Differentiate para-umbilical and epigastric hernia Perform examination of abdominal wall swellings Identify risk factors (obesity, multiparity) Outline principles of surgical repair 	C/P	C3/P2	Viva, MCQs
Day 7	A 60-year-old female presents with swelling over previous abdominal surgical scar increasing on coughing.	Incisional and recurrent hernias	<ul style="list-style-type: none"> Identify risk factors for incisional hernia Perform examination of abdominal wall defect Differentiate incisional vs recurrent hernia Outline principles of mesh repair Recognize complications 	C/P	C3/P2	Mini-CEX, Viva
DAY 8	MODULE EXAM					

Module 3: Head & Neck & Thyroid (Weeks 7–8)

Week 1 — Head & Neck

Day	Theme (Clinical Scenario)	Sub-theme	Specific Learning Outcomes (SLOs)	Domain	Level	Assessment
Day 1	A 35-year-old male presents with a painless swelling in the neck for 3 months.	Approach to neck swelling	<ul style="list-style-type: none"> Elicit focused history (duration, pain, growth) Perform systematic neck examination Identify lymph node levels Formulate differential diagnosis 	C/P	C3/P2	Mini-CEX
Day 2	Same patient has firm, non-tender lymph nodes and weight loss.	Lymphadenopathy (benign vs malignant)	<ul style="list-style-type: none"> Differentiate inflammatory vs malignant nodes Identify red flag features Outline investigations (FNAC, biopsy) Formulate provisional diagnosis 	C	C3	Viva
Day 3	A 50-year-old male presents with non-healing ulcer in oral cavity and difficulty in opening mouth.	Oral cavity lesions (malignancy)	<ul style="list-style-type: none"> Recognize premalignant and malignant lesions Perform oral cavity examination Identify risk factors (smoking, betel nut) Outline management principles 	C/P	C3/P2	OSCE
Day 4	A 45-year-old patient presents with hoarseness of voice for 2 months.	Laryngeal pathology	<ul style="list-style-type: none"> Elicit history of hoarseness Identify red flag signs (duration >3 weeks) Outline evaluation (laryngoscopy) Recognize malignancy suspicion 	C	C3	Viva, MCQs

Week 2 — Thyroid

Day	Theme (Clinical Scenario)	Sub-theme	Specific Learning Outcomes (SLOs)	Domain	Level	Assessment
Day 5	A 30-year-old female presents with anterior neck swelling moving on swallowing.	Thyroid swelling (clinical evaluation)	<ul style="list-style-type: none"> • Perform thyroid examination • Identify features of thyroid swelling • Differentiate thyroid from other neck swellings • Formulate provisional diagnosis 	C/P	C3/P2	Mini-CEX
Day 6	A patient presents with weight loss, palpitations and tremors along with neck swelling.	Hyperthyroidism	<ul style="list-style-type: none"> • Recognize clinical features of thyrotoxicosis • Interpret thyroid function tests • Outline medical management • Identify complications 	C	C3	MCQs, Viva
Day 7	A patient with thyroid swelling is evaluated for malignancy.	Thyroid nodules & carcinoma	<ul style="list-style-type: none"> • Identify suspicious features of malignancy • Outline role of FNAC • Classify thyroid nodules (benign vs malignant) • Outline management principles 	C	C3	Viva, OSCE
Day 8	Module Exam					

MODULE 4: ABDOMEN & ITS DISEASES (Weeks 5–6)

WEEK 1

Day	Theme (Clinical Scenario)	Sub-theme	Specific Learning Outcomes (SLOs)	Domain	Level	Assessment
Day 1	A 45-year-old female presents with right upper quadrant pain and is planned for elective laparoscopic cholecystectomy.	Preoperative evaluation for elective abdominal surgery	<ul style="list-style-type: none"> • Elicit focused surgical history (pain, comorbidities) • Perform relevant abdominal examination • Identify required investigations (LFTs, ultrasound) • Assess fitness for surgery 	C/P	C3/P2	Mini-CEX
Day 2	Same patient is being prepared for surgery in ward and OT.	Principles of elective abdominal surgery & patient preparation	<ul style="list-style-type: none"> • Explain indications of surgery • Describe preoperative preparation (NPO, antibiotics) • Identify perioperative risks • Outline patient safety measures 	C	C2	Viva
Day 3	A 50-year-old male presents with abdominal lump noticed for 2 months, gradually increasing in size.	Approach to abdominal mass	<ul style="list-style-type: none"> • Elicit history of abdominal mass • Perform systematic abdominal examination • Identify organ of origin (liver, spleen, kidney) • Formulate differential diagnosis 	C/P	C3/P2	Mini-CEX

WEEK 2

Day	Theme (Clinical Scenario)	Sub-theme	Specific Learning Outcomes (SLOs)	Domain	Level	Assessment
Day 4	Same patient undergoes investigations for abdominal mass.	Investigations of abdominal mass	<ul style="list-style-type: none"> • Select appropriate imaging (USG, CT scan) • Interpret basic imaging findings • Identify indications for biopsy • Plan further management 	C	C3	Viva, MCQs
Day 5	A 40-year-old male presents with yellow discoloration of eyes, dark urine and pale stools.	Clinical approach to jaundice	<ul style="list-style-type: none"> • Elicit history of jaundice • Differentiate obstructive vs hepatocellular jaundice • Perform abdominal examination • Identify red flag signs 	C/P	C3/P2	Mini-CEX
Day 6	Same patient is investigated for cause of jaundice.	Investigations and management of jaundice	<ul style="list-style-type: none"> • Interpret LFT patterns • Identify role of ultrasound and MRCP • Outline management principles • Recognize indications for surgery 	C	C3	MCQs, Viva
Day 7	A 35-year-old male presents with severe epigastric pain radiating to back, associated with vomiting.	Acute pancreatitis	<ul style="list-style-type: none"> • Recognize clinical features of pancreatitis • Interpret serum amylase/lipase • Outline initial management (fluids, analgesia) • Identify complications 	C	C3	Viva, MCQs
Day 8	DAY 8 → MODULE EXAM					

Module 5: Perianal & Vascular Diseases (Weeks 9–10)

Week 1 — Perianal Diseases

Day	Theme (Clinical Scenario)	Sub-theme	Specific Learning Outcomes (SLOs)	Domain	Level	Assessment
Day 1	A 35-year-old male presents with bleeding per rectum during defecation and discomfort.	Hemorrhoids	<ul style="list-style-type: none"> • Elicit focused history of PR bleeding • Differentiate internal vs external hemorrhoids • Perform inspection of perianal region • Outline management options 	C/P	C3/P2	Mini-CEX
Day 2	A patient presents with severe pain during defecation associated with bleeding.	Anal fissure	<ul style="list-style-type: none"> • Recognize clinical features of fissure • Differentiate from hemorrhoids • Perform perianal examination • Outline medical management 	C/P	C3/P2	OSCE
Day 3	A patient presents with perianal pain, swelling and fever.	Perianal abscess and fistula	<ul style="list-style-type: none"> • Identify features of abscess • Differentiate abscess vs fistula • Outline emergency management • Recognize complications 	C	C3	Viva
Day 4	A 45-year-old male presents with dilated tortuous veins in lower limb and heaviness on standing.	Varicose veins	<ul style="list-style-type: none"> • Perform examination of varicose veins • Identify complications (ulcer, thrombophlebitis) • Classify severity (basic understanding) • Outline management options 	C/P	C3/P2	Mini-CEX

Week 2 — Vascular Diseases

Day	Theme (Clinical Scenario)	Sub-theme	Specific Learning Outcomes (SLOs)	Domain	Level	Assessment
Day 5	A 60-year-old diabetic patient presents with non-healing ulcer of foot and another patient presents with calf pain after surgery.	Chronic ulcer & DVT	<ul style="list-style-type: none"> • Differentiate arterial vs venous ulcers • Perform ulcer examination • Identify risk factors for DVT • Recognize clinical features of DVT • Outline prevention strategies 	C/P	C3/P2	OSCE, Viva
DAY 6	MODULE 5 EXAM					
Day 7	Block Revision					
Day 08	End Block Exam					

Evening Clerkship — Emergency Surgery (Balanced P + C)

Module 1: Shock & Resuscitation (Weeks 1–2)

Week 1

Day	Theme (Clinical Scenario)	Sub-theme	Specific Learning Outcomes (SLOs)	Domain	Assessment
Day 1	A 25-year-old trauma patient presents with hypotension and tachycardia.	IV Cannulation & Fluid Resuscitation	<ul style="list-style-type: none"> • Identify features of hypovolemic shock • Perform peripheral IV cannulation under aseptic technique • Select appropriate IV fluids • Monitor response to resuscitation 	C/P	DOPS
Day 2	A patient collapses in ER and is pulseless.	CPR & Basic Life Support	<ul style="list-style-type: none"> • Recognize cardiac arrest • Explain steps of BLS algorithm • Perform high-quality CPR • Provide bag-valve-mask ventilation 	C/P	OSCE

Week 2

Day	Theme	Sub-theme	SLOs	Domain	Assessment
Day 3	A patient presents with respiratory distress and low oxygen saturation.	Airway Management (ETT Assistance)	<ul style="list-style-type: none"> • Identify indications for airway support • Position airway appropriately • Assist in endotracheal intubation • Monitor oxygenation 	C/P	Mini-CEX
Day 4	A patient in shock has reduced urine output.	Foley Catheterization & Monitoring	<ul style="list-style-type: none"> • Identify indications for catheterization • Perform Foley catheter insertion • Maintain asepsis • Monitor urine output in shock 	C/P	DOPS

Module 2: Trauma & Primary Survey (Weeks 3–4)

Week 1

Day	Theme	Sub-theme	SLOs	Domain	Assessment
Day 1	A polytrauma patient arrives after RTA.	Primary Survey (ABCDE)	<ul style="list-style-type: none"> • Explain components of primary survey • Perform ABCDE assessment • Identify life-threatening conditions • Prioritize interventions 	C/P	OSCE
Day 2	A patient presents with active bleeding from limb.	Hemorrhage Control	<ul style="list-style-type: none"> • Identify sources of external bleeding • Apply direct pressure • Use tourniquet appropriately • Prevent hypovolemic shock 	C/P	DOPS

Week 2

Day	Theme	Sub-theme	SLOs	Domain	Assessment
Day 3	A patient presents with fracture after trauma.	Splinting & Back Slab Application	<ul style="list-style-type: none"> • Identify fractures clinically • Apply back slab correctly • Assess distal circulation • Prevent complications 	C/P	DOPS
Day 4	A stabilized trauma patient needs referral.	Documentation & Handover	<ul style="list-style-type: none"> • Explain importance of documentation • Record clinical findings • Perform structured handover • Communicate effectively with team 	C/A/P	Mini-CEX

Module 3: Regional Trauma Procedures (Weeks 5–6)

Week 1

Day	Theme	Sub-theme	SLOs	Domain	Assessment
Day 1	A patient presents with head injury and low GCS.	GCS Assessment & Airway Protection	<ul style="list-style-type: none"> • Calculate GCS accurately • Identify airway compromise • Position airway safely • Prepare for intubation 	C/P	OSCE
Day 2	A patient presents with chest trauma and respiratory distress.	Chest Tube Insertion (Simulation)	<ul style="list-style-type: none"> • Identify indications for chest tube • Describe procedure steps • Demonstrate insertion on model • Monitor drainage system 	C/P	DOPS

WEEK 2

Day	Theme	Sub-theme	SLOs	Domain	Assessment
Day 3	A patient presents with abdominal trauma.	FAST Examination	<ul style="list-style-type: none"> • Identify FAST views • Recognize free fluid • Explain indications of FAST • Assist in decision making 	C/P	Mini-CEX
Day 4	A patient presents with limb trauma.	Neurovascular Assessment	<ul style="list-style-type: none"> • Assess pulses • Evaluate motor and sensory function • Identify compartment syndrome • Document findings 	C/P	OSCE

Module 4: Emergency Procedures (Weeks 7–8)

Week 1

Day	Theme	Sub-theme	SLOs	Domain	Assessment
Day 1	A patient presents with vomiting and distension.	NG Tube Insertion	<ul style="list-style-type: none"> • Identify indications for NG tube • Demonstrate insertion technique • Confirm placement • Monitor output 	C/P	DOPS
Day 2	A patient presents with lacerated wound.	Wound Suturing	<ul style="list-style-type: none"> • Identify wound types • Prepare wound for closure • Perform suturing • Maintain asepsis 	C/P	OSCE

WEEK 2

Day	Theme	Sub-theme	SLOs	Domain	Assessment
Day 3	A patient presents with infected wound.	Debridement & Dressing	<ul style="list-style-type: none"> • Identify necrotic tissue • Assist in debridement • Perform dressing • Prevent infection 	C/P	Mini-CEX
Day 4	A patient requires urgent procedure.	Consent & Documentation	<ul style="list-style-type: none"> • Explain procedure to patient • Obtain informed consent • Document procedure • Demonstrate professionalism 	C/A/P	Mini-CEX

MODULE 5: SURGICAL EMERGENCIES (Weeks 9–10)

Week 1

Day	Theme	Sub-theme	SLOs	Domain	Assessment
Day 1	A patient presents with GI bleeding and hypotension.	Resuscitation in GI Bleed	<ul style="list-style-type: none"> • Identify severity of bleeding • Establish IV access • Initiate fluid resuscitation • Prepare for transfusion 	C/P	Mini-CEX
Day 2	A diabetic patient presents with infected foot.	Diabetic Foot Care	<ul style="list-style-type: none"> • Classify diabetic foot • Identify infection severity • Perform dressing • Plan management 	C/P	DOPS

WEEK 2

Day	Theme	Sub-theme	SLOs	Domain	Assessment
Day 3	A patient presents with painful breast swelling.	Abscess Management	<ul style="list-style-type: none"> • Identify abscess • Explain drainage principles • Assist in drainage • Perform dressing 	C/P	OSCE
Day 4	A patient presents with severe perineal infection.	Emergency Debridement	<ul style="list-style-type: none"> • Recognize Fournier's gangrene • Initiate resuscitation • Prepare for surgery • Assist in management 	C/P	Mini-CEX

SECTION – VI

Assessment Plan

Department of Surgery 3rd Year MBBS

Assessment in the Surgery Module is designed according to the **RMU-12 competency-based integrated curriculum**. It evaluates students across the **cognitive, psychomotor, and affective domains** using both formative and summative assessment tools.

The assessment system ensures:

- Continuous monitoring of learning
- Evaluation of clinical competence
- Integration of knowledge and skills
- Alignment with Bloom's taxonomy and Miller's pyramid

Assessment is divided into three major components:

1. **Module Continuous Assessment**
2. **End Block Clinical Examination**
3. **Block Theory Examination**

1. Module Continuous Assessment

Module continuous assessment evaluates students during the clinical rotation and includes **OSCE and LMS assessments**.

Assessment Tool Structure Marks

OSCE 5 Stations 50 Marks

LMS 25 MCQs 25 Marks

Total Module Continuous Assessment = 75 Marks

OSCE (Objective Structured Clinical Examination)

Students rotate through **five structured clinical stations** assessing practical competencies.

Station Skill Assessed

Station 1 Focused surgical history taking

Station 2 Clinical examination (breast / thyroid / hernia)

Station 3 Interpretation of investigations

Station 4 Procedural skill (scrubbing, suturing, catheterization)

Station 5 Clinical reasoning / patient counseling

Domains Assessed:

Cognitive (C3–C4), Psychomotor (P2–P3), Affective (A2)

LMS Assessment

- Conducted online on the Learning Management System
- 25 Single Best Answer MCQs
- Covers module learning objectives

Domains assessed:

Cognitive domain (C1–C3)

2. End Block Clinical Examination

At the completion of the surgical block, students undergo an **integrated clinical examination**.

Assessment Tool Structure Marks

AV-OSPE 10 Stations 50 Marks

OSCE 5 Stations 50 Marks

LMS 50 MCQs 50 Marks

Total End Block Clinical = 150 Marks

AV-OSPE

(Audio Visual Objective Structured Practical Examination)

AV-OSPE stations assess interpretation and recognition skills using visual material.

Station Type

Example

Radiology interpretation X-ray abdomen, ultrasound

Clinical photographs Breast lump, thyroid swelling

Instrument identification Surgical instruments

Specimen identification Surgical pathology

Procedure video Basic surgical techniques

Domain assessed:

Cognitive (C2–C4)

OSCE (Clinical Skills Examination)

Students perform clinical tasks in a structured environment.

Station Competency

Station 1 Clinical examination

Station 2 Procedural skill

Station 3 Communication and counseling

Station Competency

Station 4 Emergency management

Station 5 Clinical reasoning

Domains assessed:

Cognitive, Psychomotor, Affective

LMS MCQs

- 50 integrated MCQs
- Case-based questions
- Assess applied clinical knowledge

Domain assessed:

Cognitive (C2–C4)

3. Block Theory Examination

The block theory examination evaluates students' understanding of surgical principles and clinical reasoning.

Assessment Tool	Structure	Marks
MCQs	20	20 Marks
SEQ	3 Questions	15 Marks
LMS	15 MCQs	15 Marks

Total Block Theory = 50 Marks

MCQs

- Single Best Answer format
- Assess core surgical concepts and clinical applications

Domains assessed:

Cognitive (C1–C3)

SEQs (Structured Essay Questions)

SEQ questions assess deeper understanding and clinical reasoning.

Example areas tested:

- Surgical site infection
- Fluid management
- Breast carcinoma management
- Hernia complications
- Acute abdomen

Domain assessed:

Cognitive (C3–C4)

LMS Assessment

Online MCQ assessment conducted through LMS.

Domain assessed:

Cognitive (C1–C3)

Total Assessment Distribution

Component	Marks
Module Continuous Assessment	75
End Block Clinical Examination	150
Block Theory Examination	50
GRAND TOTAL = 275 Marks	

Table Of Specification (Tos) – Theory Exam

Topic Area	MCQs	SEQs	Weightage
Principles of Surgery	4	1	20%

Topic Area	MCQs	SEQs	Weightage
Breast Diseases	4	1	20%
Hernias	3	—	15%
Thyroid & Neck Swellings	3	—	15%
Abdominal Surgery	3	1	15%
Perianal Diseases	2	—	10%
Vascular Disorders	1	—	5%

CLINICAL SKILLS BLUEPRINT (OSCE)

Skill Area	Station
Breast examination	OSCE 1
Thyroid examination	OSCE 2
Hernia examination	OSCE 3
Surgical procedure	OSCE 4
Communication / counseling	OSCE 5

WORKPLACE-BASED ASSESSMENT (FORMATIVE)

During rotations, students may also be evaluated using:

Tool	Purpose
Mini-CEX	Clinical encounter assessment
DOPS	Procedural skill evaluation
Case-based discussion	Clinical reasoning
Logbook review	Skill documentation

These tools provide **feedback and competency tracking** but may not contribute directly to summative marks.