

# WAH MEDICAL COLLEGE

2019-2023

A photograph of the Wah Medical College building, a large, modern structure with a brown facade. The words "Wah Medical College" are printed in white on the building's exterior. A flagpole with a blue flag stands in front of the building. The image is partially obscured by a large blue diagonal graphic element.

Wah  
Medical  
College

Department of Medical Education

**STUDY GUIDE**  
**5th YEAR MBBS**  
**Surgery & Allied**

2019-2023

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## VISION

The vision of National University of Medical Sciences is to improve the quality of life through education, research, innovation, and healthcare, thereby, contributing to endeavours to make Pakistan and this world better place to live in.



## MISSION

To produce competent professional medical graduates equipped with sound knowledge based on scientific principles, imbued with ethics & moral values primed to serve the community through the profession and pursue advanced training in any branch of medicine

## 1. Outcomes of WMC MBBS Program

**At the end of our five-year MBBS program, the graduates should be able to:**

1. Independently manage common, non-critical clinical problems.
2. Assist in the management of critically ill patients & demonstrate competency in life saving procedures.
3. Exhibit the attributes of an ethical professional.
4. Conduct research which brings relevance to health care practices.
5. Act as an efficient community health promoter.
6. Exhibit scientific knowledge in all professional activities.
7. Demonstrate clear and efficient written & verbal communication skills.
8. Exhibit the habits of a lifelong learner.

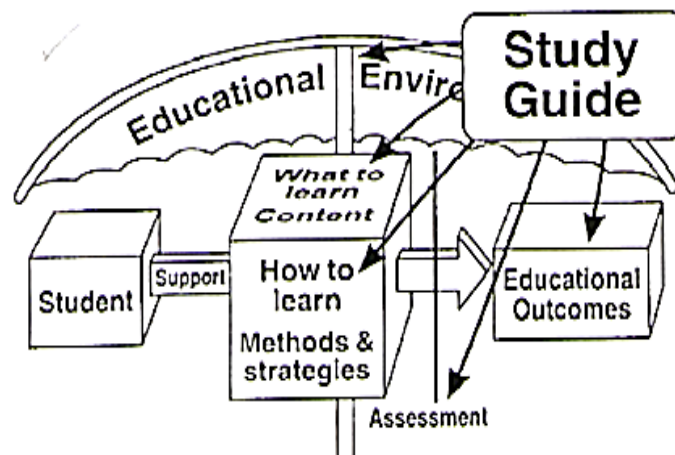
## 2. Introduction to the Study Guide

### I. Objectives of the Study Guide

Dear Students,

We, at the Department of Medical Education, Wah Medical College, have developed this study guide especially for you. This study guide aims to:

- Inform you about the organization of learning programs in this block which will help you to contact the right person in case of any difficulty.
- Help you in organizing and managing your studies throughout the block
- Guide you on assessment methods, rules, and regulations.
- Define the outcomes which are expected to be achieved at the end of the block.
- Identify the learning strategies that will be implemented to achieve the block outcomes such as lectures, small group discussions, clinical skills, demonstration, tutorial, and case-based learning
- Provide a list of learning resources such as books, and journals for students to consult to maximize their learning.



**Figure 1. Objectives of the study Guide**(HARDEN, J.M. LAIDLAW, E.A. HESKETH, 1999)

## II. Commonly used abbreviations & Logos in the study guide







### Learning Outcomes:

Learning outcomes are statements that define the expected goal of your course, lesson, or activity in terms of demonstrable skills or knowledge that will be acquired by you because of instruction. In simple words, these are the things that you must be able to tell or do with the required attitude after learning a particular topic.

### 1. Educational Strategies:

These are the methodologies through which you will be taught by your instructors.

These can include.

Abbreviation	Logos
CBL: Case based learning.	
Demonstrations	
SGD: Small group discussions	
BST: BedSide Teaching	
Skill Lab	
Clinical Teaching (OPD/ OT/ IPD)	

### **Small Group Discussion**

This format helps students to clarify concepts, acquired skills or attitudes. Sessions are structured with the help of specific exercises such as patient cases, interviews, or discussion topics. Students exchange opinions and apply knowledge gained from lectures, tutorials, and self-study. The facilitator's role is to ask probing questions, summarize, or rephrase to help clarify concepts.

### **Case-Based Learning**

This is a small group discussion format where learning is focused around a series of questions based on a clinical scenario. Specifically designed case scenarios and the learning outcomes to be achieved are shared with the student before the session. Students prepare for the CBL and during class they discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the block. Faculty members are present as a guide and an assessor.

### **Self-Directed Study**

Students assume responsibilities of their own learning through individual study, sharing and discussing with peers, seeking information from the Learning Resource Center, teachers, and resource persons within and outside the college. Students can utilize the time within the college schedule hours for self-study.

### **Bedside teaching**

Students learn clinical case scenarios/ patient examination firsthand at the patient's bedside with the help of the instructor in case of online teaching, the same cases will be shown to you online with the help of videos and live clinical teaching.



During the clerkships the students will be continually formatively assessed. The weightage of internal assessment will be 10-20 % in final professional MBBS Examination (as per decision of NUMS). There will be one EOC and one pre-annual examination. There will also be end of rotation exams at the end of clinical rotation in different units. The scores of the end of each clerkship assessment, clinical rotation assessment and pre-annual examination will be used for calculation of the internal assessment. It is mandatory for MBBS students to appear and pass the pre-annual exam with at least 33% marks in each subject as per PMC rules, failing which student is not eligible to appear in the university exam.

**ii. Annual Professional Examination.**

The University will take the final professional Examination as per PMC guidelines at the end of the academic year. Annual Theory & Practical Examination will be of 600 marks each in Surgery and allied & Medicine & allied. Annual Exam for Paediatrics & Gynecology and Obstetrics will be of 200 marks each. The pass score will be 50% in theory and practical separately.

















## 4. Clerkship Module Committee

<b>Chairperson</b>	<b>Prof. Dr. Musarat Ramzan</b>	
<b>Coordinators</b>	Medicine	Prof. Dr. Muzamil Jamil
	Surgery	Brig (R)Prof. Dr. M. Pervez
	Gynecology	Dr. Noreen Majeed
	Pediatrics	Dr. Sohail Ashraf
<b>Study guide developed By</b>	Department of Medical Education Wah Medical College under Supervision of Dr. Ambreen Ansar	

## 5. Course contents

### Surgery

- At the end of each clinical rotation, the whole group will have a clinical exam which will contribute towards the internal assessment in the final year (10 %).
- Assessment at the end of clinical rotations will focus on application of knowledge, competence in specific clinical skills, and appropriate professional attitude. Satisfactory performance will be required in each of these areas for progress and promotion.
- Failure in assessment requires the student to repeat the end rotation exam. Passing marks are 50%
- Attendance of 75% and satisfactory performance in the rotation/clerkship in each year is mandatory.

Surgery								
Program learning outcome	1	2	3	4	5	6	7	8
<b>Subject learning</b>								
1. Obtain history and diagnose, investigate, plan preop/ post op Surgery ( PLO 1,2)								
2. Suggest preventive measure of the common public health problem in community (PLO 5,6,3)								
3. Perform relevant bedside surgical procedures professionally (PLO 1,2,3,8)								
4. Communicate effectively & accurately to patients, families, colleagues and other professionals (PLO 7,3,8)								
5. Apply principles of medical ethics pertaining to surgery (PLO 6,3)								
6. Apply evidence- based medicine to the individual patient situation or relevant patient population. (PLO 8,4)								

## **Module outcome**

### **Knowledge related outcome:**

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

- Diagnose patients with various surgical problems discussed during this module
- Suggest/ interpret appropriate investigations for those problems
- Rationalize treatment plan and if appropriate refer the patient for specialist opinion / management
- Convey relevant information and explanation accurately to patients, their families and other professionals
- Suggest preventive measures where applicable

### **Skill related Learning Outcomes:**

**At the end of their clinical rotation in the department of surgery, students should be able to**

- Obtain and record a patient's history in a logical, organized, and thorough manner.
- Diagnose common surgical problems, suggest & interpret appropriate investigations, rationalize treatment plan and if appropriate, refer patient for specialist opinion/ management.
- Perform relevant procedures safely
- Demonstrate monitoring of a patient undergoing surgery under different types of anesthesia
- Clinically assess and manage general and orthopedic trauma
- Apply surgical ethics.
- Convey relevant information and explanation accurately to patients, families, colleagues and other professionals
- Prepare patients for different imaging studies according to the principles and indications



## SURGERY ROTATION UNIT 1

### Day 1 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)

Day 1	<b>Morning meeting CME Room</b> Dr. Sadia Farhan SGD	<b>History and examination of beast lump</b> (FSW) Dr. Azhar SGD Must know	<b>Benign / malignant disease of breast</b> PGR SDL Must know	<b>CBL Malignant disease of breast</b> Dr. Azhar	<b>Evening class</b> SGD PGR
<ul style="list-style-type: none"> <li>Apply the basic concept of anatomy and pathophysiology of the breast in order to take structured history and perform a focused examination of the breast, formulate a differential diagnosis of breast diseases, order and interpreted relevant investigation, and outline a treatment plan.</li> </ul>					

#### Assessment of day 1 learning outcome:

<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>Structured history and focused examination</b>	Mini-CEX, standardized patient (formative) Short case, focused longcase, (summative)
<b>Formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (summative) CBL (formative)
<b>Outline treatment plan</b>	Mcqs, scq, focused long case, osce (summative) CBL (formative)

Day 2	<b>Ward round Bed Side teaching</b> Dr. Sadia Farhan SGD	<b>OT Hernia operation / case discussion</b> Dr. Naeem Ashraf SGD Must know	<b>SDL Inguinal / Femoral abdominal hernia</b> PGR SGD Must know	<b>CBL of inguinal and abdomen hernia</b> Dr. Naeem Ashraf	<b>Evening class</b> PGR SGD
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**Day 2 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concepts of anatomy and pathophysiology of hernias in order to take structured history and perform a focused examination of hernias, formulate a differential diagnosis of hernias according to anatomical location, order and interpret relevant investigation, and outline a treatment plan.

**Assessment of day 2 learning outcome**

<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE

<b>Day 3</b>	<b>Morning meeting CME Room Dr. Sadia Farhan SGD</b>	<b>OPD Short cases / examination of abdomen Dr. Azhar SGD Must know</b>	<b>SDL Acute abdomen PGR Must know</b>	<b>CBL Acute Abdomen Dr. Azhar</b>	<b>evening PGR</b>
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**Day 3 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concept of the anatomy of the abdomen in order to take structured history and perform a focused examination of the acute abdomen, formulate a differential diagnosis of the acute abdomen according to anatomical location, order and interpreted relevant investigation, and outline treatment plan.

**Assessment of day 3 learning outcome**

<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)

<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 4	<b>Ward round Bed Side teaching</b> Dr. Sadia Farhan SGD	<b>Skill lab Suturing technique</b> Dr. Azhar SGD Should know	<b>SDL Type of suture and suturing technique</b> PGR Should know	Evening class PGR
<b>Day 4 learning outcome unit 1(HANDS ON TRAINING)</b>				
<ul style="list-style-type: none"> <li>Demonstrate different types of suturing techniques and differentiate different types of sutures</li> </ul>				
<b>Assessment of day 4 learning outcome:</b>				
<ul style="list-style-type: none"> <li>Demonstrate the technique at the end of the workshop</li> </ul>				

Day 5	<b>Morning meeting CME Room</b> Dr. Sadia Farhan SGD	<b>OT Cases History of examination of lump</b> Dr. Naeem Ashraf SGD Must know	<b>SDL Skin/ Subcutaneous lump</b> PGR Must know	<b>CBL Skin Lump</b> Dr. Naeem Ashraf	<b>Patient safety who pre-OP Check listevening class</b> PGR Must know
<b>Day 5 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)</b>					
<ul style="list-style-type: none"> <li>Apply the basic concept of anatomy in order to take structured history and perform a focused examination of the lump, formulate a differential diagnosis of a lump according to anatomical location, order and interpreted relevant investigation, and outline a treatment plan.</li> </ul>					

<b>Assessment of day 5 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative)

	short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

<b>Day 6</b>	<b>Morning meeting</b> <b>CME</b> <b>Room</b> Dr. Sadia Farhan <b>SGD</b>	<b>History and examination</b> <b>Ulcer</b> Dr. Azhar SGD Must know	<b>Ulcer foot</b> PGR SDL Must know	<b>Foot ulcer</b> <b>CBL</b> Dr. Azhar .	<b>Ward round</b> PGR <b>PGR</b>
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**Day 6 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concept of anatomy and pathophysiology of the vascular and neurological system of the lower limb in order to take structured history and perform a focused examination of foot ulcer, formulate a differential diagnosis of foot ulcer, order and interpret relevant investigation, and outline a treatment plan.

<b>Assessment of day 6 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 7	<b>Ward round Bed Side teaching</b> Dr. Sadia Farhan <b>SGD</b>	<b>OT History and examination of Cholelithiasis and cholecystomy</b> <b>Dr. Naeem Ashraf SGD Must know</b>	<b>Cholelithiasis and complication</b> PGR SDL Must know	<b>Cholelithiasis and its complication</b> Dr. Naeem Ashraf CBL	<b>Evening class</b> PGR
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**Day 7 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

Apply the basic concept of anatomy and pathophysiology of the hepatobiliary system in order to take structured history and perform a focused examination of a patient with cholelithiasis, formulate a differential diagnosis of pain upper abdomen, order and interpret relevant investigations, and outline a treatment plan. Enlist complications of cholecystectomy

<b>Assessment of day 7 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 8	<b>Morning meeting CME Room</b> Dr. Sadia Farhan <b>SGD</b>	<b>OPD History and examination of obstructive Jaundice</b> Dr. Azhar SGD Must know	<b>obstructive Jaundice</b> PGR SDL Must know	<b>obstructive Jaundice</b> Dr. Azhar <b>CBL</b>	<b>Evening class</b> PGR
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**Day 8 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concept of anatomy and pathophysiology of the hepatobiliary system in order to take structured history and perform a focused examination of a patient with obstructed jaundice, formulate a differential diagnosis of obstructed jaundice, order and interpret relevant investigation, and outline a treatment plan.

**Assessment of day 8 learning outcome**

<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

<b>Day 9</b>	<b>Ward round Bed Side teaching Dr. Sadia Farhan SGD</b>	<b>OT History and examination of vascular system lower limb Dr. Naeem Ashraf SGD Must know</b>	<b>Diabetic Foot PGR SDL Must know</b>	<b>Diabetic Foot PVD Dr. Naeem Ashraf CBL</b>	<b>Evening class PGR</b>
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**Day 9 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concept of anatomy and pathophysiology of the vascular system of the lower limb in order to take structured history and perform a focused examination of the vascular system of the lower limb, formulate a differential diagnosis of lower limb ischemia, order and interpret relevant investigation, and outline treatment plan.

**Assessment of day 9 learning outcome**

<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 10	Ward Round Bed side teaching Dr. Sadia Farhan SGD	OPD History and examination of venous system Dr. Naeem Ashraf SGD Must know	Varicose vein DVT PGR SDL Must know	Varicose vein PVD PGR Must know	Patient safety immediate post op monitoring Evening class PGR SGD Must know
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**Day 10 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concept of anatomy and pathophysiology of the vascular system of the lower limb in order to take structured history and perform a focused examination of the venous system of the lower limb, order and interpret relevant investigation, and outline a treatment plan

<b>Assessment of day 10 learning outcome</b>	
Basic concept of anatomy and pathophysiology	MCQs
structured history and focused examination	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
formulate differential diagnosis	SCQs, focused longcase (summative) CBL (formative)
Order and interpret investigation	MCQs, SEQs, OSEC (Summative) CBL (formative)
Outline treatment plan	MCQs, SCQ, focused long case, OSCE (summative)

	CBL (formative)
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Day 11	<b>Morning meeting CME Room</b> Dr. Sadia Farhan <b>SGD</b>	<b>Benign condition of liver</b> Dr. Azhar SGD Should know	<b>Malignant condition of liver</b> PGR SDL Must know	<b>SOL Liver</b> Dr. Azhar CBL	<b>Evening class</b> PGR
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**Day 11 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concept of anatomy and pathophysiology of the hepatobiliary system in order to take structured history and perform a focused examination of a patient with diseases of the liver, formulate a differential diagnosis of space-occupying lesion of liver, order and interpret relevant investigation, and outline a treatment plan.

**Assessment of day 11 learning outcome**

<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 12	<b>Ward round Bed Side teaching</b> Dr. Sadia Farhan SGD	<b>OT cases Acute pancreatitis</b> Dr. Naeem Ashraf SGD Must know	<b>Chronic Pancreatitis</b> PGR SDL Must know	<b>Pancreatitis</b> Dr. Naeem Ashraf CBL	<b>Evening class</b> PGR
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**Day 12 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

Apply the basic concept of anatomy and pathophysiology of the hepatobiliary system in order to take structured history and perform a focused examination of a patient with acute and chronic pancreatitis, order and interpret relevant investigations, and outline a treatment plan. Enlist complications of acute and chronic pancreatitis

**Assessment of day 12 learning outcome**

<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 13	<b>Morning meeting</b> <b>CME Room</b> Dr. Sadia Farhan <b>SGD</b>	<b>OPD Acid peptic diseases</b> Dr. Azhar SGD Must know	<b>Complication of acid peptic diseases</b> Dr. Farya SDL Must know	<b>Acid peptic disease and its complication</b> Dr. Azhar CBL	<b>Evening class</b> PGR
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**Day 13 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

Apply the basic concept of anatomy and pathophysiology of the upper gastrointestinal tract in order to take structured history and perform a focused examination of a patient with the acid peptic disease, order and interpret relevant investigation, and outline a treatment plan. Enlist complications of acid-peptic diseases.

**Assessment of day 13 learning outcome**

<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

<b>Day 14</b>	<b>Ward round Bed Side teaching Dr. Sadia Farhan SGD</b>	<b>Skill Lab Gloving, Gowning, PPE use and IV injection Dr. Azhar SGD Must know</b>	<b>Patient safety Infection control PGR SGD Must know</b>	<b>Evening class PGR</b>
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**Day 14 learning outcome unit 1(HANDS ON TRAINING)**

Demonstrate gloving and gowning techniques correctly  
 Demonstrate use of PPE  
 Demonstrate how to give IV injection  
 Outline infection control measure for a surgical patient

**Assessment of day 14 learning outcome**

**Demonstrate the technique at the end of the workshop**

**Infection control measures** OSEC, MCQs, SEQs

<b>Day 15</b>	<b>Morning meeting CME Room Dr. Sadia Farhan SGD</b>	<b>OT cases Intestinal obstruction Dr. Naeem Ashraf SGD Must know</b>	<b>Intestinal obstruction PGR SDL Must know</b>	<b>Intestinal obstruction Dr. Naeem Ashraf CBL</b>	<b>Patient safety thromboprophylaxis DVT Evening class PGR</b>
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**Day 15 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

Apply the basic concept of anatomy and pathophysiology in order to take structured history and perform a focused examination of a patient with intestinal obstruction, formulate a differential diagnosis of intestinal obstruction, order and interpret relevant investigation, and outline a treatment plan.

<b>Assessment of day 15 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

<b>Day 16</b>	<b>Morning meeting</b> <b>CME</b> <b>Room</b> Dr. Sadia Farhan <b>SGD</b>	<b>OPD</b> <b>CA</b> <b>Colon</b> Dr. Azhar SGD Must know	<b>CA</b> <b>Rectum</b> PGR SDL Must know	<b>Colorectal cancer</b> Dr. Azhar CBL	<b>Evening class</b> PGR
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**Day 16 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concept of anatomy and pathophysiology of lower GI tract in order to take structured history and perform a focused examination of a patient with colorectal cancer, formulate a differential diagnosis of bleeding per rectum, order and interpret relevant investigation, and outline a treatment plan for colorectal cancer.

<b>Assessment of day 3 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)

<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 17	<b>Ward round Bed Side teaching Dr. Sadia Farhan SGD</b>	<b>OT cases Hemorrhoid Dr. Naeem Ashraf</b>	<b>Anorectal condition Bleeding PR PGR</b>	<b>Anorectal condition benign Dr. Naeem Ashraf</b>	<b>Ward round PGR</b>
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**Day 17 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

Apply the basic concept of anatomy and pathophysiology of lower GI tract in order to take structured history and perform a focused examination of a patient with benign anorectal condition, formulate a differential diagnosis of benign anorectal condition, order and interpret relevant investigation, and outline a treatment.

<b>Assessment of day 17 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 18	<b>Morning meeting</b>	<b>OPD cases</b>	<b>Diverticulitis -Rectal Polyp</b>	<b>Bleeding PR</b>	<b>Evening class PGR</b>
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	<b>CME Room</b> Dr. Sadia Farhan SGD	<b>IBD Surgical as Per OPD Cases</b> Dr. Azhar SGD Must know	<b>-Rectal prolapsed</b> PGR SDL Must know	Dr. Azhar CBL	
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**Day 18 learning outcome unit 1(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concept of anatomy and pathophysiology of lower GI tract in order to take structured history and perform a focused examination of a patient with bleeding PR, formulate a differential diagnosis of bleeding PR, order and interpret relevant investigation, and outline a treatment.

<b>Assessment of day 18 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

**SURGERY ROTATION UNIT 2**

Day 1	<b>Ward round Bed Side teaching</b> Dr. Naeem Akhtar SGD	<b>OT Cases Neck swelling</b> Prof. Brig Dr. Mannan SGD Must know	<b>Neck swelling other than thyroid</b> PGR SDL Must know	<b>Neck swelling</b> Prof. Brig Dr. M. Parvez	<b>Evening class PGR</b>
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**Day 1 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concept of anatomy and pathophysiology of the neck in order to take structured history and perform a focused examination of the swelling neck, formulate a differential diagnosis of neck swelling, order and interpreted relevant investigation, and outline a treatment plan.

**Assessment of day 1 learning outcome**

<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 2	<b>Morning meeting CME Room</b> Dr. Naeem Akhtar <b>SGD</b>	<b>OPD Cases Thyroid</b> Prof. Brig Dr. M. Parvez <b>SGD</b> <b>Must know</b>	<b>Treatment of thyroid condition and completion of thyroid Surgery</b> PGR <b>SDL</b> <b>Must Know</b>	<b>Diseases of Thyroid</b> Prof. Brig Dr. Mannan Masud CBL	<b>Evening class</b> PGR
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**Day 2 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concept of anatomy and pathophysiology of the neck in order to take structured history and perform a focused examination of the thyroid diseases, order and interpreted relevant investigation, and outline a treatment plan. Outline complications of thyroid surgery

**Assessment of day 2 learning outcome**

<b>Basic concept of anatomy and pathophysiology</b>	MCQs
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<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

<b>Day 3</b>	<b>Ward round Bed Side teaching</b> Dr. Naeem Akhtar <b>SGD</b>	<b>OT Cases Malignant disease of esophagus</b> Prof. Brig Dr. Mannan <b>SGD</b> <b>Must know</b>	<b>Benign condition of esophagus</b> PGR <b>SDL</b> <b>Must know</b>	<b>Dysphasia</b> Prof. Brig Dr. Mannan Masud <b>CBL</b>	<b>Evening class</b> PGR
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**Day 3 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concepts of anatomy and pathophysiology of the upper GI tract in order to take structured history and perform a focused examination of a patient with esophageal diseases, formulate a differential diagnosis of dysphagia, order and interpret relevant investigation, and outline a treatment plan.

<b>Assessment of day 3 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 4	<b>Ward round Bed Side teaching</b> Dr. Naeem Akhtar <b>SGD</b>	<b>Skill lab Chest intubation/ Needle thoracostomy</b> Prof. Brig Dr. Mannan <b>SGD</b> <b>Must know</b>	<b>SGD Wound infection PGR</b> <b>Must know</b>	<b>Evening round PGR</b>
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**Day 4 learning outcome unit 2(HANDS ON TRAINING)**

- Demonstrate the chest intubation and needle thoracostomy on mannequin
- Identify and classify the wound infection and recommend a treatment plan

**Assessment of day 4 learning outcome**

- Demonstrate the technique at the end of the workshop
- MCQs, SEQs, OSEC and focused long case

Day 5	<b>Morning meeting CME Room</b> Dr. Naeem Akhtar <b>SGD</b>	<b>OT Cases Malignant disease of stomach</b> Prof. Brig Dr. Mannan <b>SGD</b> <b>Must know</b>	<b>Benign condition of stomach</b> PGR <b>SDL</b> <b>Must know</b>	<b>Benign / Malignant condition of stomach</b> Prof. Brig Dr. Mannan Masud <b>CBL</b>	<b>Patient safety /infection control</b> <b>Evening class</b> <b>SGD</b> <b>PGR</b>
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**Day 5 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concepts of anatomy and pathophysiology of the upper GI tract in order to take structured history and perform a focused examination of a patients with stomach diseases, order and interpret relevant investigation, and outline a treatment plan. Enlist complications associated with gastrectomy

**Assessment of day 5 learning outcome**

<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative)

	short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 6	Ward round Bed Side teaching Dr. Naeem Akhtar SGD	OT Cases Chest trauma Prof. Dr. Mannan Masud SGD Must know	Malignant condition of mediastinal mass PGR SDL Must know	Chest trauma Mediastinal mass Prof. Dr. M.Parvez CBL	Evening class PGR
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#### **Day 6 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concepts of anatomy and pathophysiology of the thorax in order to take structured history and perform a focused examination of a patient with chest trauma and mediastinal mass, formulate a differential diagnosis, order and interpret relevant investigation, and outline a treatment plan.

<b>Assessment of day 6 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 7	<b>Morning meeting</b> Tutorial Dr. Naeem Akhtar <b>SGD</b>	OPD Cases Benign condition of thoracic <b>Prof. Dr. M.Parvez SGD</b> <b>Must know</b>	<b>Malignant condition of thoracic</b> PGR <b>SDL</b> <b>Must know</b>	<b>Thoracic condition</b> Prof. Dr. Mannan Masud CBL	<b>Evening class</b> PGR
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**Day 7 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concepts of anatomy and pathophysiology of the thorax in order to take structured history and perform a focused examination of the patient with benign and malignant thoracic diseases, formulate a differential diagnosis, order and interpret relevant investigation, and outline a treatment plan.

<b>Assessment of day 7 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 8	<b>Ward Round Bed side teaching</b> Dr. Naeem Akhtar <b>SGD</b>	<b>OT ATLS</b> Prof. Dr. Mannan Masud <b>SGD</b> <b>Must know</b>	<b>Abdominal trauma</b> PGR <b>SDL</b> <b>Must know</b>	<b>ATLS Abdominal trauma</b> Prof. Dr. M.Parvez CBL	<b>Evening class</b> PGR
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**Day 8 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concepts of anatomy and pathophysiology to take structured history and perform a focused examination of patients with abdominal trauma, formulate a differential diagnosis, order and interpret relevant investigations, and outline a treatment plan.
- Perform ATLS according to guidelines

<b>Assessment of day 8 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 9	<b>Morning meeting</b> Tutorial Dr. Naeem Akhtar <b>SGD</b>	<b>Skill Lab Counseling session</b> <b>Communication skill</b> Prof. Dr. M.Parvez SGD <b>Must know</b>	<b>Consent taking</b> PGR SGD Must know	<b>Evening round</b> PGR
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### Day 9 learning outcome unit 2

- Demonstrate how to take consent and counsel patient for surgery

Assessment of day 9 learning outcome

Demonstration by student in skill lab at end of session (formative)  
OSCE (summative)

Day 10	<b>Ward Round</b> <b>Bed side teaching</b> Dr. Naeem Akhtar <b>SGD</b>	<b>OPD Benign condition of skin and subcutaneous tissue</b> Prof. Dr. Mannan Masud <b>SGD</b> <b>Must know</b>	<b>Malignant condition of skin and subcutaneous tissue</b> PGR <b>SDL</b> <b>Must know</b>	<b>skin and subcutaneous tissue</b> Prof. Dr. M.Parvez CBL	<b>Patient safety</b> <b>Evening class</b> PGR <b>SGD</b> <b>Must know</b>
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### Day 10 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)

- Apply the basic concepts of anatomy and pathophysiology to take structured history and perform a focused examination of patients with benign and malignant lesions of skin and subcutaneous tissue, formulate a differential diagnosis, order and interpret relevant investigations, and outline a treatment plan.

### Assessment of day 10 learning outcome

<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 11	<b>Ward round Bed Side teaching</b> Dr. Naeem Akhtar <b>SGD</b>	<b>OT Cases Appendix</b> Prof. Dr. Mannan Masud SGD Must know	<b>Lower abdominal pain</b> PGR <b>SDL</b> <b>Must know</b>	<b>Lower abdominal pain</b> Prof. Dr. M. Parvez CBL	<b>Evening class</b> PGR
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**Day 11 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concepts of anatomy and pathophysiology to take structured history and perform a focused examination of patient with lower abdominal pain, formulate a differential diagnosis, order and interpret relevant investigation, and outline a treatment plan.

<b>Assessment of day 11 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)

Day 12	<b>Morning meeting</b> Tutorial Dr. Naeem Akhtar <b>SGD</b>	<b>OPD Cases Surgical audit</b> Prof. Dr. M. Parvez SGD Should know	<b>Surgical nutrition</b> PGR <b>SDL</b> <b>Must know</b>	<b>Surgical nutrition</b> Prof. Dr. Mannan Masud CBL	<b>Evening round</b> PGR
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**Day 12 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

- Explain the steps of surgical audits and its importance
- Asses a case for surgical nutrition, advice relevant investigation and plan a treatment

<b>Assessment of day 12 learning outcome</b>	
<b>Explain steps of surgical audit</b>	SEQ CBL (formative)
<b>Asses case of surgical nutrition</b>	SEQs, OSCE, Short case, focused long case CBL (formative)
<b>Advice relevant investigation</b>	MCQS, SEQs, OSCE focused long case CBL (formative)
<b>Plan a treatment</b>	MCQS, SEQs, CBL (formative)

Day13	<b>Ward round</b> <b>Bed Side teaching</b> Dr. Naeem Akhtar SGD	<b>OT Cases</b> <b>Plastic and reconstructive tissue</b> Prof. Dr. Mannan Masud <b>SGD</b> <b>Should know</b>	<b>Burn</b> PGR <b>SDL</b> <b>Must know</b>	<b>Burn management</b> Prof. Dr. M. Parvez <b>CBL</b>	<b>Evening class</b> PGR
<b>Day 13 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)</b>					
<ul style="list-style-type: none"> <li>Apply the basic concepts of anatomy and pathophysiology to take structured history and perform a focused examination of patient with burns, assessment of percentage of burns, calculate fluid, order and interpret relevant investigation, and outline a treatment plan.</li> <li>Describe principle of plastic and reconstructive surgery.</li> </ul>					

<b>Assessment of day 13 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative)

	CBL (formative)
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Day 14	<b>Morning meeting</b> Tutorial Dr. Naeem Akhtar <b>SGD</b>	<b>Skill Lab</b> <b>FNAC biopsy technique</b> Prof. Dr. Mannan Masud <b>Should know</b>	<b>Peritoneum mesentery and omentum</b> PGR <b>SGD</b>	<b>Evening class</b> PGR
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**Day 14 learning outcome unit 2**

- Demonstrate how to perform FNAC on a given specimen
- Demonstrate how to perform trucut biopsy
- Summarize diseases of omentum peritoneum and mesentery

Assessment of day 14 learning outcome	
OSCE (summative)	
Demonstration by the student in the skill lab at end of the session (formative)	
Summarize the diseases	MCQs

Day15	<b>Ward round</b> <b>Bed Side teaching</b> Dr. Naeem Akhtar <b>SGD</b>	<b>OPD Cases</b> <b>Principle of paed surgery</b> Prof. Dr. Mannan Masud <b>SGD</b> <b>Must know</b>	<b>Day care surgery</b> PGR SDL <b>Should know</b>	<b>Acute abdomen in paed group</b> Prof. Dr. M. Parvez SGD <b>Should know</b>	<b>Evening round</b> PGR
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**Day 15 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concepts of anatomy and pathophysiology to take structured history and perform a focused examination of patients with acute abdomen and intestinal obstruction in the Pead age group, formulate a differential diagnosis, order and interpret relevant investigations, and outline a treatment plan.
- Describe the principle of daycare surgery.

<b>Assessment of day 15 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative) short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE (summative) CBL (formative)
<b>Principle of daycare surgery</b>	MCQs, SCQs

<b>Day 16</b>	<b>Ward round Bed Side teaching Dr. Naeem Akhtar SGD</b>	<b>Principle of bariatric surgery Prof. Dr. Mannan Masud SGD May know</b>	<b>Disorder of salivary gland PGR SDL Should know</b>	<b>salivary gland disorder Prof. Dr. M. Parvez CBL</b>	<b>Ward Round PGR</b>
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**Day 16 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

- Apply the basic concepts of anatomy and pathophysiology of the head and neck to take structured history and perform a focused examination of a patient with the disorder of the salivary gland, formulate a differential diagnosis, order and interpret relevant investigation, and outline a treatment plan.
- Enlist the principle of bariatric surgery

<b>Assessment of day 16 learning outcome</b>	
<b>Basic concept of anatomy and pathophysiology</b>	MCQs
<b>structured history and focused examination</b>	mini-CEX, standardized patient (formative)

	short case, focused longcase, (summative)
<b>formulate differential diagnosis</b>	SCQs, focused longcase (summative) CBL (formative)
<b>Order and interpret investigation</b>	MCQs, SEQs, OSEC (Summative) CBL (formative)
<b>Outline treatment plan</b>	MCQs, SCQ, focused long case, OSCE CBL (formative)
<b>Enlist the principal</b>	MCQs

Day 17	<b>Morning meeting</b> Tutorial Dr. Naeem Akhtar <b>SGD</b>	<b>Disaster Surgery</b> Prof. Dr. M. Parvez <b>SGD</b> <b>Should know</b>	<b>Gas gangrene and necrotizing Fasciitis</b> PGR <b>SDL</b> <b>Must know</b>	<b>Triage</b> Prof. Dr. Mannan Masud <b>SGD</b> <b>Must know</b>	<b>Evening class</b> PGR
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**Day 17 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

Perform triage in mass causality

Enlist the principle of management in a disaster

Diagnose and manage the case of gas gangrene and necrotizing fasciitis

**Assessment of day 17 learning outcome**

<b>Perform triage</b>	MCQs, SCQs, OSCE (summative) CBL (formative)
<b>Enlist the principle of disaster</b>	MCQs
<b>Diagnose and manage</b>	MCQs, SCQs, OSCE, (summative) CBL (formative)

Day 18	<b>Ward round</b> Bed	<b>Cardiac Surgery</b> Prof. Dr.	<b>Breaking bad news/ Communication skill</b>	<b>Consent taking/ Communication skill</b>	<b>Ward Round</b> PGR
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	Side teaching Dr. Naeem Akhtar SGD	Mannan Masud SGD May know	PGR SDL SHOULD know	Prof. Dr. M. Parvez CBL	
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**Day 18 learning outcome unit 2(SGD, BEDSIDE, SDL, CBL)**

- Demonstrate how to take consent from a patient for a procedure and how to break the bad news to the patient and his attendants

Assessment of day 18 learning outcome

**CBL formative**

**OSCE summative**

**ALLIED ROTATION:**

**1. Orthopaedics**

**ORTHOPAEDICS DEPARTMENT**  
**(Time Table Formate of 4 days)**

Day	08:00 to 09:00	09:00 to 12:00	12:00 to 12:30	12:30 to 14:30	14:30 to 15:00	15 :00 to 18:00			
	BST (Dr. Sajid Ejaz Rao)	OPD/OT (Dr. Sajid Ejaz Rao)		SGD (Dr. Sajid Ejaz Rao)		15:00 to 15:45	15:45 to 16:30	16:30 to 17:15	17:15 to 18:00
						SDL (Dr. M. Ikram)	SGD (Dr. Sajid Ejaz Rao)	SDL (Dr. M. Ikram)	BST/ER (Dr. M. Ikram)
<b>Day 1</b>	Department Orientation	Operation Theater	<b>BREAK</b>	SGD ATLS	<b>BREAK</b>	SDL ATLS	SGD History, Clinical Examination & Investigation	SDL History, Clinical Examination & Investigation	ER/BST
<b>Day 2</b>	Student Safety	OPD		SGD Fracture & Dislocation of upper limb		SDL Fracture & Dislocation of upper limb	SGD Fracture & Dislocation of Lower limb	SDL Fracture & Dislocation of Lower limb	ER/BST
<b>Day 3</b>	Skill Lab (Application of Splints & Cast)	Operation Theater		SGD Bone and joints Infections		SDL Bone and joints Infections	SGD Osteoarthritis & rheumatoid Arthritis	SDL Osteoarthritis & rheumatoid Arthritis	ER/BST
<b>Day 4</b>	BST Patient Safety	OPD		SGD Metabolic bone Diseases		SDL Metabolic bone Diseases	SGD Congenital & Development Musculoskeletal Abnormalities	SDL Congenital & Development Musculoskeletal Abnormalities	Assessment & Feedback

Learning Outcomes

S.N	Learning Objective	At the end of the rotation students should be able to
1	Orthopedic history training	Take an Orthopaedics patients <b>History</b>
2	Orthopedic Clinical Examination	Perform orthopaedic <b>Clinical Examination</b>
3	Investigations	Order relevant <b>investigation</b> for the diagnosis and assessment of Patients
4	Patient safety protocols	Possess the knowledge to practice “ <b>Patient Safety protocols</b> ” as defined
5	Students safety protocols	Possess the knowledge to practice “ <b>Student safety protocols</b> ” as defined
6	Orthopedic operating Room Protocols	Possess the knowledge to practice “ <b>orthopedic operating Room Protocols</b> ”
7	ATLS Guidelines	Perform primary and secondary survey of a trauma victim in Emergency Room (ER) settings as per “ <b>ATLS Guidelines</b> ”
8	Documentation and communication	<b>Document and Communicate</b> about the trauma patient in <b>ER</b> setting
9	Application of casts and splints	Apply emergency <b>casts and splints</b> in <b>ER</b> Sitting
10	Proficiency in orthopaedics outdoor clinics	Obtain short history , perform essential clinical examination advise relevant investigation and formulate first line treatment plan in <b>orthopedic Outdoor clinics</b> , under the supervision of senior
11	Upper limb fractures and dislocation	Diagnose, order relevant investigations and provide initial

		treatment for <b>Upper limb fractures and dislocation</b>
<b>12</b>	Lower limb fractures and dislocation	Diagnose, order relevant investigations and provide initial treatment for <b>Lower limb fractures and dislocation</b>
<b>13</b>	Bone and joint infection	Diagnose, order relevant investigations and provide initial treatment for <b>Bone and joint infection</b>
<b>14</b>	Osteoarthritis and rheumatoid	Diagnose, order relevant investigations and provide initial treatment for <b>Osteoarthritis and rheumatoid</b>
<b>15</b>	Metabolic bone disease	Diagnose, order relevant investigations and provide initial treatment for <b>Metabolic bone disease</b>
<b>16</b>	Congenital and developmental abnormalities in orthopaedics	Diagnose, order relevant investigations and provide initial treatment for <b>Congenital and developmental abnormalities in orthopaedics</b>

**Assessment strategies:**

**Following Assessment tools are utilized for Final Year MBBS students in orthopaedics Department;**

1. MCQs
2. Clinical Viva at end of clinical Rotation
3. Continuous assessment during the period of clinical rotation during small group discussion

## 2. Anaesthesia

### ANASTHESIA DEPARTMENT

(Time Table Format of 4 days)

Day	08:00 to 09:00	09:00 to 11:00	11:00 to 12:00	12:00 to 12:30	12:30 to 14:30	14:30 to 15:00	15:00 to 18:00			
	BST	SGD	BST		SGD		15:00 to 15:45	15:45 to 16:30	16:30 to 17:15	17:15 to 18:00
							Skill Lab & SDL	Skill Lab	ITC SGD	BST
Day 1	Orientation OT & SOPs Prof Brig Imran ul Haq (R).	GA Procedures & Anaesthesia Machine Prof Dr. Imran Ul Haq	On the table case discussion and practical Prof Imran ul Haq	BREAK	Post GA care in recovery Prof Imran ul Haq	BREAK	Inhalational Anaesthesia SDL Dr. Fareed Azam	Use of defibrillator Dr. Fareed Azam	Post Surgical ITC care Registrar on call	Written case preparation with brief History, Anaes relevant signs, DD & treatment modalities.  1 case/day (3 cases in total) Registrar on call
Day 2	Morning Round and bed side case discussion Prof Brig Imran ul Haq (R)/ A.P. Dr. Fareed Azam	Spinal Anaesthesia Prof Brig Mobasher Ahmed Saeed R.	On the table case discussion & practical Prof Brig Mobasher Ahmed Saeed (R).		On the table case discussion & Practical Prof Brig Dr. Mobasher Ahmed Saeed (R).		ETT intubation Skill Lab SR. Dr. Varda	Different Types of Airways Dr. Varda	Criteria for ventilatory support Registrar on call	
Day 3	Morning Round and bed side case discussion Prof Brig Imran ul Haq (R)/ A.P. Dr. Fareed Azam	Epidural Anesthesia Prof Brig Mobasher Ahmed Saeed R.	On the table case discussion & practical Prof Brig Mobasher Ahmed Saeed (R).		On the table case discussion & Practical Prof Brig Dr. Mobasher Ahmed Saeed (R).		SDL Drugs used for Epidural & Spinal SR. Dr. Varda	CVP techniques Measurement Dr. Varda	Criteria for weaning off Registrar on call	
Day 4	Morning Round and bed side case discussion Prof Brig Imran ul Haq (R).	Nerve Blocks Prof Brig Imran ul Haq (R)	On the table case discussion & practical Prof Brig Mobasher Ahmed Saeed (R).		On the table case discussion & Practical Prof Brig Dr. Mobasher Ahmed Saeed (R).		Use of USG for line and blocks AP Dr. Fareed Azam	Passing of arterial line AP Dr. Fareed Azam	Basics of parental nutrition Registrar on call	

## Learning Outcome

### Day 1

- Recognize anesthesia Machine & defibrillator
- Enlist principles of GA: Steps and Medicines.
- Illustrate OT SOP's

### Day 2

- Enlist Principles of spinal anesthesia.
- Know the procedure of endotracheal intubation
- Recognize and use Oral/Nasal Airways.
- Know how of mechanical ventilation.

### Day 3

- Illustrate Epidural Anesthesia Enumerate landmarks & Medicines.
- Recognize CVP & Enumerate indications of CVP insertion.
- Enlist basics of ventilator.

## Day 4

- Recognize USG machine
- Enumerate sites of CVP insettion.
- Basics of USG guided Nerve Blocks
- Enlist basics of parentetal Nutrition.

### Assessment Strategies:

- MCQ's
- SEQ
- OSCE

### 3. Neurosurgery

NEUROSURGERY DEPARTMENT WAH MEDICAL COLLEGE WAH CANTT									
Time Table 04 days									
Days	08:00 to 9:00	09:00 to 12:00	12:00 to 12:30	12:30 to 14:30	14:30 to 15:00	15:00 to 18:00			
						15:00-1545	15:45-16:30	16:30-17:15	17:15-18:00
Day 1	Ward Round Bedside Teaching <u>Dr. Mehboob Alam</u>	History taking Approach to different spine and brain disease <u>Dr. M. Mehboob Alam</u>	<b>B R E A K</b>	CBL Neurosurgery Office Brain +Tumor infections <u>Dr. M. Mehboob Alam</u>	<b>B R E A K</b>	Ward Round  <b>PGR</b>	History Examination and New Admission  <b>PGR</b>	Case Presentation with discussion  <b>PGR</b>	Emergency ward duty  <b>PGR</b>
Day 2	Ward Round Bedside Teaching <u>Dr. Sohail Ahmad</u>	OT orientation with surgical management of spine and brain pathology <u>Dr. Sohail Ahmad</u>		CBL Neurosurgery Office Spine Tumor + infections <u>Dr. Sohail Ahmad</u>		Ward Round  <b>PGR</b>	History Examination and New Admission  <b>PGR</b>	Case Presentation with discussion  <b>PGR</b>	Emergency ward duty  <b>PGR</b>
Day 3	Ward Round Bedside Teaching <u>Dr. Mehboob Alam</u>	Case Discussion , GCS, Hydrocephalus , Brain/Spine Trauma orientation <u>Dr. M. Mehboob Alam</u>		CBL Neurosurgery Office Congenital anomalies of brain and spine <u>Dr. M. Mehboob Alam</u>		Ward Round  <b>PGR</b>	History Examination and New Admission  <b>PGR</b>	Case Presentation with discussion  <b>PGR</b>	Emergency ward duty  <b>PGR</b>
Day 4	Ward Round Bedside Teaching <u>Dr. Sohail Ahmad</u>	Scrubbing of student, surgical case discussion on OT Table <u>Dr. Sohail Ahmad</u>		CBL Neurosurgery Office Spine and Brain Trauma <u>Dr. Sohail Ahmad</u>		Ward Round  <b>PGR</b>	History Examination and New Admission  <b>PGR</b>	Case Presentation with discussion  <b>PGR</b>	Emergency ward duty  <b>PGR</b>

## Learning Outcome:

S.N	Topics	Learning Outcome	MIT	Instructor	Modular Assessment
1	Head Injury	<ol style="list-style-type: none"> <li>1. Assessment of head injury patient with GCS review</li> <li>2. How to assess spinal injury and their management plan.</li> <li>3. Overview of different surgical and medical management option for head/spine injury patient.</li> <li>4. Detail evaluation of different congenital anomalies and their management protocol.</li> <li>5. Approach to aneurysm + AVM of brain and OT, Orientation as well management of peripheral nerve injury</li> </ol>	SGD/SDL	<b>Asstt. Prof. Dr. M. Mehboob Alam &amp; Senior Registrar Dr. Sohail Ahmed</b>	Bed Side, OPD based history taking examination and management plan Questioning and answering session.
2	Spine Injury		SGD/SDL		
3	Brain and spine tumor		SGD/SDL		
4	Brain and spine congenital anomalies		SGD/SDL		
5	Vascular Pathology of CNS		SGD/SDL		
6	Peripheral nerve injury		SGD/SDL		

#### 4. Urology

### UROLOGY DEPARTMENT WAH MEDICAL COLLEGE WAH CANTT

**Time Table 04 days**

Days	08:00 to 9:00	09:00 to 12:00	12:00 to 12:30	12:30 to 14:30	14:30 to 15:00	15:00 to 18:00			
						15:00-1545	15:45-16:30	16:30-17:15	17:15-18:00
Day 1	Ward Round MUW/ FUW+ Bedside Teaching Dr. Abdullah	OPD Short Cases discussion with presentation Dr. Abdullah	BREAK	CBL Urology Office Dr. Abdullah	BREAK	SGD MUW/FUW Ward Round PGR	Bed side MUW/ FUW History & Examination of New admissions PGR	SGD Case Presentation PGR	SGD Emergency Ward Duty PGR
Day 2	Ward Round MUW/ FUW+ Bedside Teaching Dr. Abdullah	OT Rotation Surgical Case discussion on Table & scrubbing of the Student Dr. Abdullah		Inguino Scrotal Swelling Dr. Abdullah		SGD MUW/FUW Ward Round PGR	Bed side MUW/ FUW History & Examination of New admissions PGR	SGD Case Presentation PGR	SGD Emergency Ward Duty PGR
Day 3	Ward Round MUW/ FUW+ Bedside Teaching Dr. Abdullah	OPD Rotation Common Urologic complaints + Prescribing common Investigations Dr. Abdullah		Urolithiasis Dr. Abdullah		SGD MUW/FUW Ward Round PGR	Bed side MUW/ FUW History & Examination of New admissions PGR	SGD Case Presentation PGR	SGD Emergency Ward Duty PGR
Day 4	Ward Round MUW/ FUW+ Bedside Teaching Dr. Abdullah	OT Rotation Surgical Case discussion on Table & scrubbing of the Student Dr. Abdullah		Renal Cell Carcinoma Dr. Abdullah		SGD MUW/FUW Ward Round PGR	Bed side MUW/ FUW History & Examination of New admissions PGR	SGD Case Presentation PGR	SGD Emergency Ward Duty PGR
				Emergencies in Urology Dr. Abdullah					

1. Students should be able to have a basic understanding of pathophysiology of common urological disorders.
2. Students should be able to take detailed urological history, pick common urological clinical signs and do relevant clinical examination.
3. Students should be able to prescribe and interpret common Urological investigations.
4. Students should be able to show proficiency in developing differential diagnosis, interpretation of laboratory and imaging data.
5. Students should be able to identify common urological emergencies and their disposal.
6. Should be able to perform simple urological procedure like catheterization under supervision.

7. Students should be able to assist common bedside urological procedure of suprapubic catheterization.
8. Students should be able to have understanding commonly prescribed medication in Urology.

**Assessment Strategies: MCQ's ,SEQ & OSCE**

**Learning Resources:**

**Reference Books:**

- a. Bailey & Love's Short Practice of Surgery;
- b. Normann Browse: Introduction to the Symptoms & Signs of Surgical Disease
- c. Apley's Concise System of orthopedics & Fractures
- d. Schwartz's Principles of surgery
- e. A manual on Clinical Surgery by S Das

**Teaching faculty:**

Name	Email address
<b>Brig (R) Prof Dr.M Parvez</b>	<a href="mailto:muhammadparvez572@gmail.com">muhammadparvez572@gmail.com</a>
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<b>Dr. Munawar Latif</b>	<a href="mailto:mun_cooldoc@hotmail.com">mun_cooldoc@hotmail.com</a>

## **6. Rules & regulations:**

### **I. Student's code of conduct**

The Student Code of Conduct sets out the standards of conduct expected of students. It holds individuals and groups responsible for the consequences of their actions. Failure to fulfill these responsibilities may result in the withdrawal of privileges or the imposition of sanctions.

Wah Medical College is a community of students, faculty and staff involved in learning, teaching, research, and other activities. All members of the WMC community are expected to conduct themselves in a manner that contributes positively to an environment in which respect, civility, diversity, opportunity, and inclusiveness are valued, so as to assure the success of both the individual and the community. The Student Code of Conduct reflects a concern for these values and tries to ensure that members of the WMC can make use of and enjoy the activities, facilities, and benefits of WMC without undue interference from others.

### **WMC STUDENT CODE OF CONDUCT**

- Discipline
- Decent dress
- Good Manners
- Smart Turn Out
- Healthy Activities
- No smoking
- No Abusive Language
- Cooperative Attitude
- Respect for All

### **II. Attendance policy**

- a. Students are required to mark attendance for every class.
- b. The attendance is compiled by the respective department and submitted to student affairs by the 10<sup>th</sup> of each month.
- c. The Students Affairs Department will compile the absent report and a fine of Rs. 500/- for a lecture or for the whole day will be imposed on absent students. It is pertinent to mention here that a fine is imposed on students to compel them to attend classes regularly and not to generate the funds.
- d. A compiled attendance state of all students along with those having attendance less than 75% duly highlighted will be submitted to the Students Affairs Department on monthly as well as quarterly basis by the concerned departments.
- e. At the end of the academic year, a consolidated state of attendance of students will be submitted to the Students Affairs Department.
- f. Departments will submit the list of those students having attendance less than 75% at the end of academic year.
- g. Admission forms of students having attendance less than 75% will NOT be submitted to NUMS for appearing in Annual University Exams.

## 7. Study tips

Dear Students,

Becoming a doctor is a tough job, but you can make it easier for yourself by adopting some time-tested techniques or habits. It's never too early – or too late – to develop good study habits. The sooner you get into a good self-study pattern, the easier everything will be and the more your chances of getting good marks will improve. Here are our top tips for getting the most out of your self-directed study time. And remember **Perseverance is the Key to Success!**



Review the material regularly, create a study schedule

Write it down



Test yourself

Find an effective learning environment with limited distractions and some fresh air



Improve memorization with Mnemonics

Incorporate auditory methods; use online podcasts



Use visuals, images, concept maps & illustration charts

Consider forming a study group or find an accountability buddy



Take strategic breaks

## 8. Feedback on the study guide

We value your feedback and will use it for improvement of this Study guide.

Kindly provide feedback for this study guide. At the email:

[dme@wahmedicalcollege.edu.pk](mailto:dme@wahmedicalcollege.edu.pk)

[dmewahmedicalcollege@gmail.com](mailto:dmewahmedicalcollege@gmail.com)

## 9. References:

HARDEN, J.M. LAIDLAW, E.A. HESKETH, R. M. (1999). AMEE Medical Education Guide No 16: Study guides-their use and preparation. *Medical Teacher*, 21(3), 248–265. <https://doi.org/10.1080/01421599979491>