WATE MEDICAL COLLEGE

Wah

Medical

College



STUDY GUIDE 5th YEAR MBBS Pediatrics

2020-2024

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VISION

National University of Medical Sciences envisions a world with a better quality of life for all by enhancing our contribution to healthcare, education, innovation, and research.



MISSION

To produce competent medical professional graduates equipped with sound knowledge & research capabilities based on scientific principles, imbued with ethics and moral values primed to serve the community through the profession and pursue research & 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.

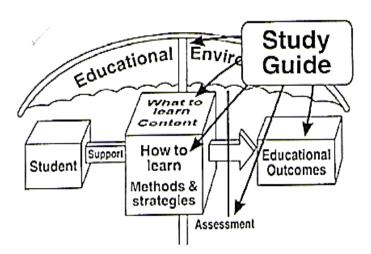


Figure 1. Objectives of the study Guide(HARDEN, J.M. LAIDLAW, E.A. HESKETH, 1999)

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.

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

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/ Ward rounds

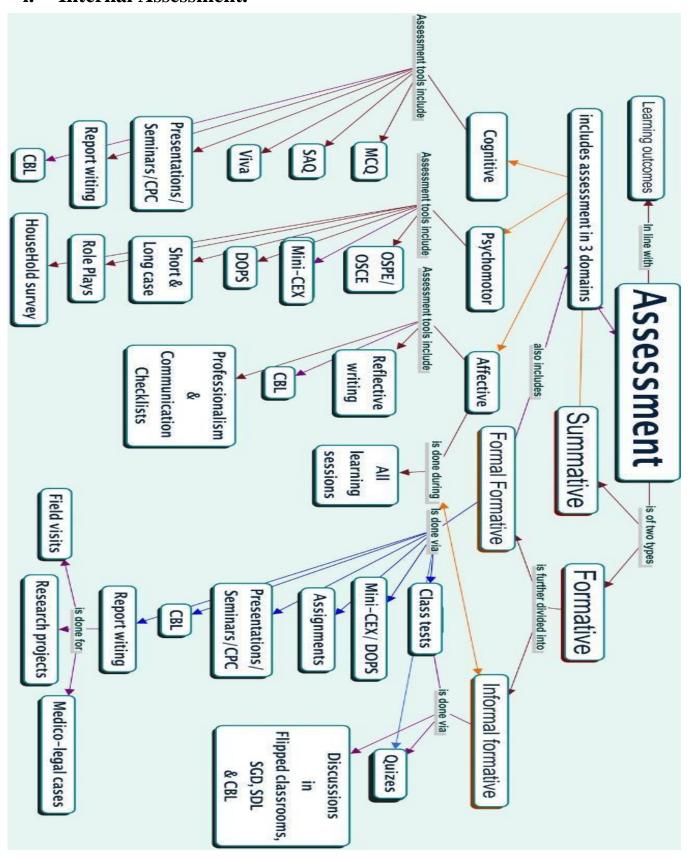
Students learn clinical case scenarios/ patient examination firsthand at the patient's bedside with the help of the instructor in case of online teaching, the same cases will be shown to you online with the help of videos and live clinical teaching.

OPD cases: This clinical teaching is based on outpatient profiles based on the models of basic and community-based care. Outpatient clinics offer more diverse and effective educational opportunities as it gives students the chance to encounter a wide range of pathologies in several evolutionary phases enhancing the clinical reasoning ability, communication skills and medical-patient relationship.

Observation of clinical procedures in OT, Minor OT

3. Assessment Map & Strategies

i. Internal Assessment.



During the clerkships the students will be continually formatively assessed as explained in the logbooks. 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

Chairperson	Prof. Dr. Musarat Ramzan			
Coordinators	Medicine	Prof. Dr. Muzamil Jamil		
	Surgery Dr. Muhammad Azh			
	Gynecology	Dr. Shabana kalsoom		
	Pediatrics Dr. Sohail Ashraf			
Study guide developed By	Department of Medical Education			
	Wah Medical College			
	under Supervision of			
	Dr. Amb	reen Ansar		

5. Structured Summary Pediatrics

Name	Y5
Duration	5+1 Week
Prerequisite Block	Y5B1
Pediatrics	1. Nutrition & GIT
	2. Respiration & CVS
	3. CNS & Endocrinology
	4. Nephrology & Neonatology
	5. Hematology & Infections
	6. Workshops

6. Course Contents

Pediatrics

Pediatrics								
Program Learning Outcomes	1	2	3	4	5	6	7	8
<u> </u>	The medical students are expected to achieve the following Subject Learning Outcomes displaying attributes of a professional & ethical person.							
1. Apply the principles of evidence based medicine for health promotion, disease prevention, infection control management of common diseases in children & neonates.(PLO 1,5)	₩ ←				₩			
2. Demonstrate clinical skills of history taking & physical examination of children and neonates.(PLO 1,2,6)	₩	***				• ***		
3. Perform basic pediatric procedures to handle common pediatric emergencies under supervision. (PLO 2)		() () () () () () () () () () () () () (
4. Display a compassionate and ethical attitude toward the patient and parents (PLO 3,7)			• **				***	

Learning Outcomes:

At the end of the clerkship module, the student of final year MBBS should be able to:

- Identify, diagnose and enumerate steps of treatment of malnutrition.
- Differentiate between normal and abnormal physical growth patterns.
- List developmental milestones according to the age.
- Advise EPI vaccination schedule according to the age of the patient and discuss side effects of vaccines.
- Classify and enumerate steps of treatment of child with fever, cough and diarrhea according to IMCI guidelines.
- Diagnose and manage common pediatric GIT illnesses.
- Identify complications, list preventive measures and discuss prognosis of GIT illnesses.
- Diagnose and manage congenital and acquired respiratory diseases.
- Identify complications, list preventive measures and discuss prognosis of pediatric respiratory diseases.
- Diagnose and manage congenital and acquired cardiac diseases
- Identify complications, list preventive measures and discuss prognosis of pediatric heart diseases
- Diagnose, investigate and manage diseases affecting central & peripheral nervous system.
- Discuss complications, preventive measures and prognosis of pediatric neurological illnesses.
- Diagnose, investigate and manage common endocrine diseases.
- Discuss complications, preventive measures and prognosis of pediatric endocrine illnesses.
- Diagnose, investigate and manage common renal diseases.
- Discuss complications, preventive measures and prognosis of pediatric renal illnesses.
- Diagnose, investigate and plan management of common neonatal problems.
- Recognize complications, list preventive measures and discuss prognosis of newborn illnesses.
- Diagnose, investigate and plan management of infectious diseases.
- Diagnose and manage common pediatric hematological problems.
- Recognize the clinical presentation of the most common pediatric cancers.
- Outline management steps of common pediatric cancers.

- Diagnose and manage case of poisoning.
- Perform neonatal resuscitation.
- Perform pediatric basic life support.

Skill related Learning Outcomes:

By the end of clinical rotation student shall be able to:

- Take, write & present detailed pediatric history of patients reporting to Pead's department
- Perform Pediatric Examination on patients
- Interpret growth charts of patients.
- Discuss common Pediatric problems
- Demonstrate Pediatric routine and emergency procedure skills
- Communicate effectively with colleagues, patients & their relatives.
- Display ethical & appropriate behavior while dealing with the pediatric patient.

(Details of skill related Outcomes can be found in Pediatrics Logbooks)

Sr #	TOPIC	Educational Strategies	Instructor	Importance (Must Know Should Know Could Know)			
A	GIT						
1	IMCI Diarrhea	SGD	Dr. Kashmala	Must know			
Cla	 Class Learning Outcomes: Classify and enumerate steps of treatment of child with diarrhea according to IMCI guidelines. 						
2	Approach to a child with	SGD	Dr. Tahir	Must know			
	Diarrhea		Mahmood				
Cla	ss Learning Outcomes:						
•	Define Acute / Chronic & Pers	sistent diarrhea.					
•	 List organisms causing diarrhe 	ea.					
•	• Classify dehydration and plan	management of	f diarrhoea.				
•	Discuss clinical features, list in uremic syndrome.	nvestigations &	outline management	of Hemolytic			
	Discuss prognosis of HUS.						
3	Malabsorption Syndromes	SGD	Dr. Tahir	Should know			
			Mahmood				
Cla	Class Learning Outcomes:						

- Identify the clinical presentation of malabsorption.
- Identify the signs and symptoms of gluten enteropathy/ celiac disease.
- List investigations and outline management steps of celiac disease/giardiasis.
- List complications and discuss prognosis of malabsorption.

4	Viral hepatitis	SGD	Dr. Kiran israr	Must know			
•	v ital nepatitis	SGD	Shah	Widst Kilow			
Cla	Class Learning Outcomes:						
Identify signs and symptoms of Hepatitis and Hepatic encephalopathy.							
(Describe actiology of acute & 	-		•			
(Discuss features of hepatotroj 	oic viruses.					
•	 List complications of Hepatiti 	s & outline mar	nagement.				
(List investigations and outline 						
(• Identify clinical features, list	investigations a	nd outline manageme	nt steps of Wilson			
	disease.						
(Discuss prognosis.						
	MUMPUMAN						
В	NUTRITION	CCD	D. C.D. M.	N 1			
1	Approach to a child with	SGD	Prof. Dr. Munazza	Must know			
OI.	abdominal pain		Saleem				
	ss Learning Outcomes:	ahdaminal nain	vomiting and constin	ation			
Š	Describe pathophysiology ofList causes of abdominal pain	-					
,	children.	, vonnung and c	consupation in neonat	es, illiants and			
	Discuss the organic causes of	constination					
Ì	 List investigations and outline 	-	f a child with abdomi	nal nain			
	vomiting and constipation.	management o	i a cilia with acacim	nai pain,			
2	Feeding of new born & infant	SGD	Dr. Qurat ul Ain	Must know			
	ss Learning Outcomes:						
	• Enumerate short and long term	n health benefit	s of breast feeding				
(Recall WHO recommendation 						
(Compare breast milk and cow 	's milk.					
(List contraindications of brea 	st feeding					
(Explain technique of breast fe 	eding.					
(Lists hazards of bottle feeding 	· ·					
•	 Explains concept of complem 	entary feeds.					
3	Approach to a child with	SGD	Dr. Saba Mushtaq	Must know			
	Macronutrient deficiency						
Cla	ss Learning Outcomes:						
(Identify and diagnose macron 		-				
•	 List investigations and enum 		_ •	ı			
4	Approach to a child with	SGD	Maj. Dr. Sehrish	Must know			
Micronutrient deficiency Anjum							
Cla	ss Learning Outcomes:						
Identify and diagnose micronutrient deficiency.							
(List investigations and enume 	rate treatment s	teps of micronutrient	deficiency.			

5	Nutrition assessment of a child	SGD	Dr. Sohail Ashraf	Must know			
Cla	Class Learning Outcomes:						
Cia	• Classify malnutrition						
	 Identify risk factors of malnutrition. 						
С	RESPIRATION	1011					
1	Child with breathing	SGD	Dr. Sohail Ashraf	Must know			
1	difficulty	502	Di. Sonan i Ismai	Triust IIIO W			
Cla	ss Learning Outcomes:						
	List differential diagnosis of c	hild with breath	ning difficulty				
	75 11 11 11 11			umonia &			
	bronchiolitis	, , , , , , , , , , , , ,	The state of the s				
	List causative organisms and o	complications o	f pneumonia & Bronc	chiolitis.			
	List investigations and enumer	rate manageme	nt steps of pneumonia	& Bronchiolitis			
	List preventive measure & dis	cuss prognosis	of pneumonia				
2	Chronic cough / Recurrent	SGD	Dr. Qurat ul ain	Could know			
	chest infections						
Cla	ss Learning Outcomes:						
•	List differential diagnosis of c	hild with Chron	nic cough / Recurrent	chest infections			
•	• Describe the pathophysiology	& identify sign	is & symptoms of CF,	Immotile cilia			
	syndrome, Bronchiectasis, Per						
•	List complications of diseases	_	_				
•	Interpret radiological findings	and investigati	ons of diseases causin	g Chronic cough			
	/ Recurrent chest infections.		6.11				
	List preventive measure & dis	cuss prognosis	of diseases causing C	hronic cough /			
	Recurrent chest infections.	aap	D 0 1 11 1 1 C	3.6 1			
3	Child with wheezing	SGD	Dr. Sohail Ashraf	Must know			
	ss Learning Outcomes:						
	List differential diagnosis of cl		•				
	Describe the pathophysiology	& identify sign	is α symptoms of astr	ıma			
	List complications of asthma.	roto monogomo	nt stans of asthma				
	 List investigations and enumerate management steps of asthma List preventive measure and discuss prognosis of asthma. 						
4	Approach to a child with	SGD	Dr. Sohail Ashraf	Must know			
'1 	Tuberculosis	SOD	Di. Soliali Asilial	Must Kilow			
Clas	ss Learning Outcomes:		<u> </u>				
Cla	Describe the pathophysiology	of TR					
	Identify signs & symptoms of						
	List complications, investigati		rate management sten	s of TB			
	List preventive measure of TB		rate management step	5 01 110			
	Elst preventive measure of 1B						

5	Cough IMCI	SGD	Dr. Kashmala	Must know			
	Cough hvici	БОВ	Khan	Widst Kilow			
Class Learning Outcomes:							
• Classify and enumerate steps of treatment of child with cough or difficult breathing.							
D	CVS						
1	Child with Murmur & no	SGD	Prof. Dr. Munazza	Must know			
	Cyanosis		Saleem				
Cla	ss Learning Outcomes:						
,	 List common congenital heart 	defects produc	ing murmur without c	yanosis.			
(• Describe the clinical features						
	 Outline investigations, enume 						
2	Child with Murmur &	SGD	Dr. Kiran Israr	Must know			
	Cyanosis		Shah				
Cla	ss Learning Outcomes:						
	Define murmur						
,	 List common congenital heart 	defects causing	g cyanosis & murmur.				
(Describe the evaluation through 	gh history, phys	ical examination and	investigations			
(Explain the management optic 	ons for different	t cyanotic heart diseas	es and their			
	prognosis.						
3	CCF / Rhythm abnormalities	SGD	Dr. Kiran Israr	Could know			
			Shah				
Cla	ss Learning Outcomes:						
(Identify rhythm abnormalities 	•					
•	 Describe signs and symptoms 						
•	Outline management of CCF/	rhythm abnorm	nalities.				
4	Infective Endocarditis /	SGD	Prof. Dr. Munazza	Must know			
	Rheumatic Heart Disease		Saleem				
Cla	ss Learning Outcomes:						
•	 Describe etiology of infective 						
•	 Recognize clinical features of 			neart disease.			
۱ (• List investigations and outline	-					
<u> </u>	Discuss prognosis of IE & Rh	eumatic heart d	isease.				
E	CNS						
1	Approach to child with	SGD	Dr. Tahir Mahmood	Must know			
	fever & Fits						
Cla	ss Learning Outcomes:						
(List common organisms causi 						
(Differentiate signs & symptoms of different CNS infections 						
•	 Formulate management plan of common CNS infections 						
'	Recognize complications of CNS infections						
(Discuss prognosis of CNS infections.						

2	Approach to a child with	SGD	Dr. Tahir	Must know			
	Seizure disorders		Mahmood				
Cla	Class Learning Outcomes:						
•	Differentiate between seizure	-					
•	• Generate diagnostic criteria fo		es and atebrile seizure	es			
	Recognize trends related to ep						
	Outline the management plan	1	D 0.1 M 1.	C 111			
3	Child with developmental	SGD	Dr. Saba Mushtaq	Could know			
CI	delay						
Cla	ss Learning Outcomes:	1:1					
	Identify Ataxia & movement		manativa digandana Pr				
'	 Generate differential diagnosi dystrophies 	s of Neurodege	ilerative disorders & i	nusculai			
.	Outline management plan of a	child with neu	rodegenerative disord	ler & muscular			
`	dystrophies.	cima with nea	rodegenerative disord	ici & musculai			
4	Approach to a child with AFP	SGD	Dr. Tahir	Must know			
'	ripproach to a china with the	SGD	Mahmood	TVIGST KITO W			
Cla	ss Learning Outcomes:						
	• Define acute flaccid paralysis						
	Generate differential diagnosi	s of AFP.					
	Diagnose a case of AFP on ba	sis of history &	examination.				
	Outline management of AFP.						
5	Child with abnormal head size	SGD	Maj. Dr. Sehrish	Should know			
	/ shape		Anjum				
Cla	ss Learning Outcomes:						
•	 List diseases causing microcej 						
•	Plan investigations and outline			cephalus.			
	Discuss prognosis of microcep	i i	, *	I			
6	Stroke & coma	SGD	Dr. Quat ul Ain	Should			
	T • • • • •			know			
Cla	ss Learning Outcomes:						
	Define stroke and its types	1 d					
	Identify various causes of stro						
-	Outline the management of stroke and coma ENDOCRING OCT OCT OCT OCT OCT OCT OCT OCT						
F	ENDOCRINOLOGY	CCD	D. V I	C141			
1	Approach to a child with	SGD	Dr. Kiran Israr Shah	Could know			
Cla	Ambiguous genitalia		Silali				
	ss Learning Outcomes: Differentiate between the pres	antation of Cor	aganital Adranal hyma	rnlacia in mala			
'	 Differentiate between the pres and female neonate 	entation of Col	igennai Autenai nype	ipiasia ili iliale			
		uous genitalia					
	Investigate a child with ambiguous genitalia						

•	 Enumerate and justify generic ambiguous genitalia. 	management s	teps for a newly diagr	nosed patient with				
2	Approach to a child with Abnormal Stature	SGD	Dr. Sohail Ashraf	Must know				
Cla	ss Learning Outcomes:							
	• List differential diagnosis of short & tall stature.							
	 Plan investigations of abnormal stature. 							
	Outline management plan of a	child with abn	ormal stature					
3	Child with Goiter	SGD	Dr. Saba Mushtaq	Must know				
Cla	ss Learning Outcomes:	•	-	-				
	List differential diagnosis of g	goiter in childre	n.					
•	• Plan investigations of goiter.							
	 Outline management plan of a 		ter.					
	List complications of hypo/hy	perthroid						
4	Child with polyuria /	SGD	Dr Sohail Ashraf	Must know				
	Polydipsia							
Cla	ss Learning Outcomes:							
	List differential diagnosis of p		osia					
•	Plan investigations of polyuria		• / 1 1• •					
	Outline management plan of a	- '	yuria/polydipsia					
	Discuss complications of Dial		mallitus					
C	Discuss dietary plan of a child	i with diabetes	memus					
G	NEPHROLOGY	CCD	Duef Du Messer	March IV.				
1	CKD	SGD	Prof. Dr. Munazza Saleem	Must Know				
Cla	gg I coming Outcomes		Saleem					
	ss Learning Outcomes: Discuss pathophysiology, clin	ical manifactat	ions and complication	s of CKD				
	List investigations and outline		_	s of CKD.				
2	AKI	SGD	Prof. Dr. Munazza	Must Know				
	TIKI	SOD	Saleem	Widst Know				
Cla	ss Learning Outcomes:		Burceni					
	Discuss pathophysiology, clin	ical manifestati	ions and complication	s of AKI				
	List investigations and outline		_					
3	Child with Hematuria	SGD	Prof. Dr. Munazza	Must Know				
			Saleem					
Cla	ss Learning Outcomes:	-	-					
	• Define and list differential dia	gnosis of hema	turia					
•	Explain pathophysiology of A	GN.						
•	• Recognize clinical features, li	st investigation	s and outline manager	nent plan of				
	AGN.							
	 List complications and discuss prognosis of AGN 							

4	C1:11 :41 1 :	aab	D I/ 1 1	N 17			
4	Child with burning	SGD	Dr. Kashmala	Must Know			
	micturition						
	ss Learning Outcomes:						
'	• Define UTI.	1	1' .' CITTI				
'	Discuss clinical features , inventory	estigations and o	complications of UTI				
'	• Outline management of UTI.	. 10	1	A ID			
'	 Describe pathophysiology, cli 			'UR			
	• Outline management of VUR	_	ř	N T.			
5	Child with proteinuria	SGD	Maj. Dr. Sehrish Anjum	Must Know			
Cla	ss Learning Outcomes:						
,	 Define and list differential dia 	gnosis of edem	a.				
	 Define and explain pathophys 	iology of Neph	rotic syndrome.				
	 Recognize clinical features, list 	st investigations	s and outline manager	nent plan of			
	Nephrotic syndrome						
	 List complications and discuss 	s prognosis of N	Nephrotic syndrome				
Н	NEONATOLOGY						
1	Newborn with breathing	SGD	Dr. Saba Mushtaq	Must Know			
	difficulty D/D (RDS, MAS,						
	TTN)						
Cla	ss Learning Outcomes:						
,	 Generate differential diagnosi 	•	•				
,	 Describe the pathophysiology 						
	 List investigations and enume 	rate manageme	nt steps				
2	D/D of large baby / Small	SGD	Dr. Sobia Noor	Must Know			
	baby (IDM, Prematurity)						
Cla	ss Learning Outcomes:						
,	 List causes & complications o 	of preterm /IDM	babies.				
	 Outline management plan of p 	reterm/IDM ba	bies.				
3	Child with delayed cry/Fits	SGD	Dr. Kiran Israr Shah	Must Know			
Cla	ss Learning Outcomes:		Situit				
	 Explain APGAR scoring system 	em					
,	 Recognize signs and symptoms of Hypoxic ischemic encephalopathy 						
,	 Plan investigations and outline management of HIE. 						
4	Approach to sick new born	SGD	Dr. Saba Mushtaq	Could know			
	according to IMCI						
Cla	ss Learning Outcomes:						
	• Assess and classify the sick child						
• Assess ,classify and enumerate treatment of sick young infant upto 2 months of age							
I							

1	A 1. 191 ta	aab	D 0 1 11 4 1 C	3.6 . 77				
	Approach to a child with	SGD	Dr. Sohail Ashraf	Must Know				
	fever & Thrombocytopenia							
Class Learning Outcomes:								
•	Identify signs & symptoms of							
•	Plan investigations & discuss	treatment of th	ese infections					
•	Discuss complications	0 .						
•	Discuss preventive measures & prognosis							
2	Child with fever & rash	SGD	Dr. Sohail Ashraf	Must Know				
Class	s Learning Outcomes:							
•	Explain different types of rash	_	_					
•	Identify signs & symptoms di	_						
•	Plan investigations & discuss							
•	Discuss complications, prever							
3	Measles: IMCI guidelines	SGD	Dr. Tahir	Must Know				
			Mahmood					
Class	s Learning Outcomes:							
•	Classify fever according to IM							
•	Outline management of child	1		_ <u> </u>				
4	Approach to a child with	SGD	Dr Kiran Israr	Must Know				
	infective disease of Heart		Shah					
•	 Class Learning Outcomes: Describe etiology, causative organisms of infective endocarditis, myocarditis & pericarditis. Recognize clinical features of infective endocarditis myocarditis & pericarditis. List investigations, outline management plan, and discuss prognosis. 							
	Haemoncology		1 5					
	Thrombocytopenia	SGD	Dr. Saba Mushtaq	Must Know				
	s Learning Outcomes:		1					
•	Clinically differentiate between	en petechiae, br	uises and purpura.					
•	Enumerate diseases causing the	_						
•	• List investigations and outline management plan of patient with thrombocytopenia.							
2	Non-Hemolytic anemias	SGD	Dr. Aimal Hassan	Must Know				
	(IDA+ Megaloblastic anemia +							
	Aplastic)							
Class	s Learning Outcomes:							
 Explain classification and causes of anaemias. 								
 Generate differential diagnosis based on interpretation of investigations 								
Discuss management of anaemias with special reference to nutritional rehabilitation								
2	Hemolytic Anemias	SGD	Dr. Saba Mushtaq	Must Know				
3			<u> </u>					
	s Learning Outcomes:		1					

	 List investigations and outline 	e management r	olan of common hemo	lytic disorders			
4	Child with Coagulation &	SGD	Dr. Sundus Khan	Must Know			
	bleeding disorders						
Cla	ss Learning Outcomes:	•	•	-			
(Differentiate between clinical 	presentation of	f different bleeding dis	sorders			
، ا	 Interpret investigations releva 	nt to bleeding a	and coagulation disord	lers			
	 Evaluate patient presented with 	th suspected ble	eding or coagulation	disorder			
5	Childhood Malignancies	SGD	Dr. Sohail Ashraf	Should Know			
Cla	ss Learning Outcomes:						
	 Recognize the clinical present 		_				
۱ ۱	 Interpret laboratory findings in 	-	_	sis			
<u> </u>	 Determine the approaches to c 	cancer treatmen	t				
K	MISC.						
1	Genetics/ Dysmorphology	SGD	Dr. Sobia Noor	Must Know			
Cla	ss Learning Outcomes:						
۱ '	• Identify common syndromes.						
۱ '	 Plan investigations of Down s 	•					
·	• Identify pedigree and give exa	-					
- '	• List complications of Down sy		D W 1 1	Q1 111			
2	Common Poisoning	SGD	Dr. Kashmala Khan	Should know			
Cla	Class Learning Outcomes:						
	 Differentiate the different type 	es of poisoning	and their signs and sy	mptoms			
۱ ،	• Define the goals of treatment						
(Appraise the pharmacological specific antidotes 	basis for enhar	ncing elimination of d	rugs and use of			
3	Common Surgical	SGD	Dr. Qurat ul Ain	Must Know			
	Problems						
Cla	ss Learning Outcomes:		-	-			
	 Diagnose common surgical pr 	oblems in child	lren				
	 Discuss management of surgion 	cal problems					
4	Child with joint swelling	SGD	Dr. Sobia Noor	Should Know			
Class Learning Outcomes:							
(Develop a differential diagnosis for arthritis 						
'	• Discuss the diagnostic and treatment approaches to common causes of arthritis in						
	children						
<u> </u>	 Discuss prognosis of arthritis 		1	1			
5	EPI vaccination	SGD	Prof. Dr. Munazza Saleem	Must Know			
Cla	Class Learning Outcomes:						

- Define cold chain.
- Classify immunity.
- Differentiate between various types of vaccines.
- Define EPI and explain its component vaccines.
- Plan a vaccination schedule according to the scenario.
- List side effects of vaccines

	WORKSHOPs	Facilitator:			
A	PEDIATRIC BLS WORKSHOP	Dr. Sohail Ashraf			
Lea	rning Outcomes:				
	Perform high-quality CPR for a child				
•	Perform high-quality CPR for an infant				
В	NEONATAL RESUSCITATION	Dr. Kiran Israr Shah			
Lea	rning Outcomes:				
•	Perform positive pressure ventilation				
•	Perform chest compressions				
•	Discuss post resuscitation care				
C	PATIENT SAFETY	Dr. Sundus Khan			
Lea	rning Outcomes:				
	Define patient safety				
	Discuss concept of safety in health care, and how to	mplement it in their future day-			
to-day work.					
•	Highlight the key risks of health care and how to man	nage them.			
D	INFECTION CONTROL & PREVENTION	Dr. Qurat ul ain			
Lea	rning Outcomes:				
	 Discuss Bio hazard bins 				
	 Demonstrate hand washing and alcohol rub technique 	e			

Learning Outcomes:

- Define hypoxia
- Discuss sources & delivery of oxygen

• Demonstrate use of PPE, gloves, masks and face shields

• Describe precautions against droplet, airborne and contact transmission

Dr. Aimal Hassan

• Define oxygen toxicity

OXYGEN THERAPY

• Discuss Humidification

F FLUIDS THERAPY

Dr. Tahir Mahmood

Learning Outcomes:

- Discuss indications of fluid therapy in children
- Differentiate different type of fluids in Pediatrics
- Discuss indications & dosages of different fluids
- Administer fluids and calculate the rates
- Identify fluid overload and plans its management

Learning Resources:

- 1. Reference Books:
 - Basis of Pediatrics by Parvez Akbar Khan

2. Online resources:

Google class room

3. Library Resources:

- Textbook of Pediatrics by PPA
- Current Pediatric Diagnosis & Treatment
- Harriet & Lane Handbook of Pediatrics
- Pediatrics illustrated text book by Tom Lissauer

Teaching Faculty:

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Assessment Strategies (Formative)	Assessment Strategies (Summative)	
Assignments; Posters/ Projects; Mini- CEX; DOPS	MCQs; SEQs; TOACS: long case discussion; Short case discussion	
Number of formative assessments to be taken during 11 weeks (Mini-CEX, DOPS, MCQ quiz, OSCE, Presentations, Role Plays, Reflective writing, Portfolios etc)	Number of Summative assessments to be taken during 11 weeks (Mini-CEX, DOPS, MCQ, SEQ etc)	

7. Rules & Regulation

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 10th of each month.
- c. The Students Affair 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 Affair 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.

8. 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!**



9. 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

dmewahmedicalcollege@gmail.com

10. 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

Timetable Template

NOTE: Evening duties will be from 3-7 Pm. Every student has to do evening rotation (5 days). Students will report to ER (On call PG).

• Each student will submit 5 histories at end of rotation

!inical Rotational Time Table From (06-10) November 2023 Final Year MBBS 2024

Batch:C-2

2023	WED	ļ	Tue)7-NOV-	2023	MON-	/eek: 1		heme: <u>G</u>
Prof Munazza	SGD	Dr Tahir	SGD	Dr. Aimal	Orientation	08:00	Session 1	heme: GIT & Nutrition
Tutorial Room	Morning Meeting	Tutorial Room	Morning Meeting	Ward	J	08:00-08:50		rition
Prof Munazza	SGD	Dr Tahir	SGD	Dr Aimal	SGD	08:5	Session 2	
Tutorial Room	Approach to a child with abdominal pain	Tutorial Room	Malabsorpti on Syndromes	Tutorial Room	Paeds History	08:50-9:40		
(consultant /S.R/M.O)	Bed Side Teaching: : : : : : : : : : : : : : : : : : :	/S.R/M.O)	Bed Side Teaching: Ward Round /OPD/NICU	(consultant /S.R/M.O)	Bed Side Teaching : Ward Round /OPD/NICU	09:40-10:30	Session 3	
(consultant /S.R/M.O)	Bed Side Teaching: Ward Round /OPD/NICU	/S.R/M.O)	Bed Side Teaching: Ward Round /OPD/NICU	(consultant /S.R/M.O)	Bed Side Teaching: Ward Round /OPD/NICU	10:30-11:20	Session 4	Subject /
	,	В	Break			11:20- 11:35	Break	Deptt:
Dr Sundus & Dr. Sanam	Mini CEX	Dr Aimal	Clinical Methods/Pt Safety / Infection Control	Dr Sanam	Clinical Methods/Pt Safety / Infection Con.	11:35-12:25	Session 5	Subject / Deptt : PAEDIATRICS
Tutorial Room	Abdominal Examination & GPE	Tutorial Room & Ward	Abdominal Examination	Ward	GPE	-12:25		CS
Dr. Aqib	SGD	Dr Kashmala	SGD (Topic Presentation by student)	Dr Tahir	SGD	12:25	Session 6	
Tutorial Room	EPI Vaccine	Tutorial Room 1	IMCI Diarrhea	Tutorial Room	Approach to a child with Diarrhea	12:25-1:15		
Dr. Sundus	SGD	On call PG	SGD	On call PG	SGD	1:1	Session 7	
Tutorial Room	Dysmorpho logy /Genetics	Tutorial Room	History Presentatic n Roll Nos.	Ward	History Presentatic n Roll Nos.	1:15-2:05	7	