WAH MEDICAL COLLEGE

2023-2027



Department of Medical Education

STUDY GUIDE
5th YEAR MBBS
Surgery

2023-2027

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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 Stud Guide

Dear Students,

The subject experts at Wah Medical College developed this study guide to support your learning during the clerkship block.

The guide aims to:

- Inform you about the organization of the learning programs, which includes the right contacts for support.
- Help you organize and manage your studies throughout the clerkship block.
- Define the expected outcomes to be achieved by the end of the clerkship block.
- Guide you on assessment methods, rules, and regulations.
- Identify the learning strategies that will be employed to achieve these outcomes and provide a list of recommended learning resources (books, journals) to maximize your learning.

Please note that:

A clerkship is a period of practical, supervised clinical training that medical students undergo, often specializing in a particular medical discipline (like internal medicine, pediatrics, or surgery). These training periods are scheduled consecutively in distinct time segments, and each segment is referred to as a clinical rotation.

There are eight rotations in total in the academic year, divided into two clerkship blocks. (Each having four clinical rotations). Students are divided into eight batches, and they undergo clerkships in rotations in specified disciplines as mentioned in the “Clerkship rotation schedule”.

- **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	
Demonstrations	
SGD: Small group discussions	
BST: Bed Side 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/ 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.

Ambulatory care teaching:

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.

Topic presentation:

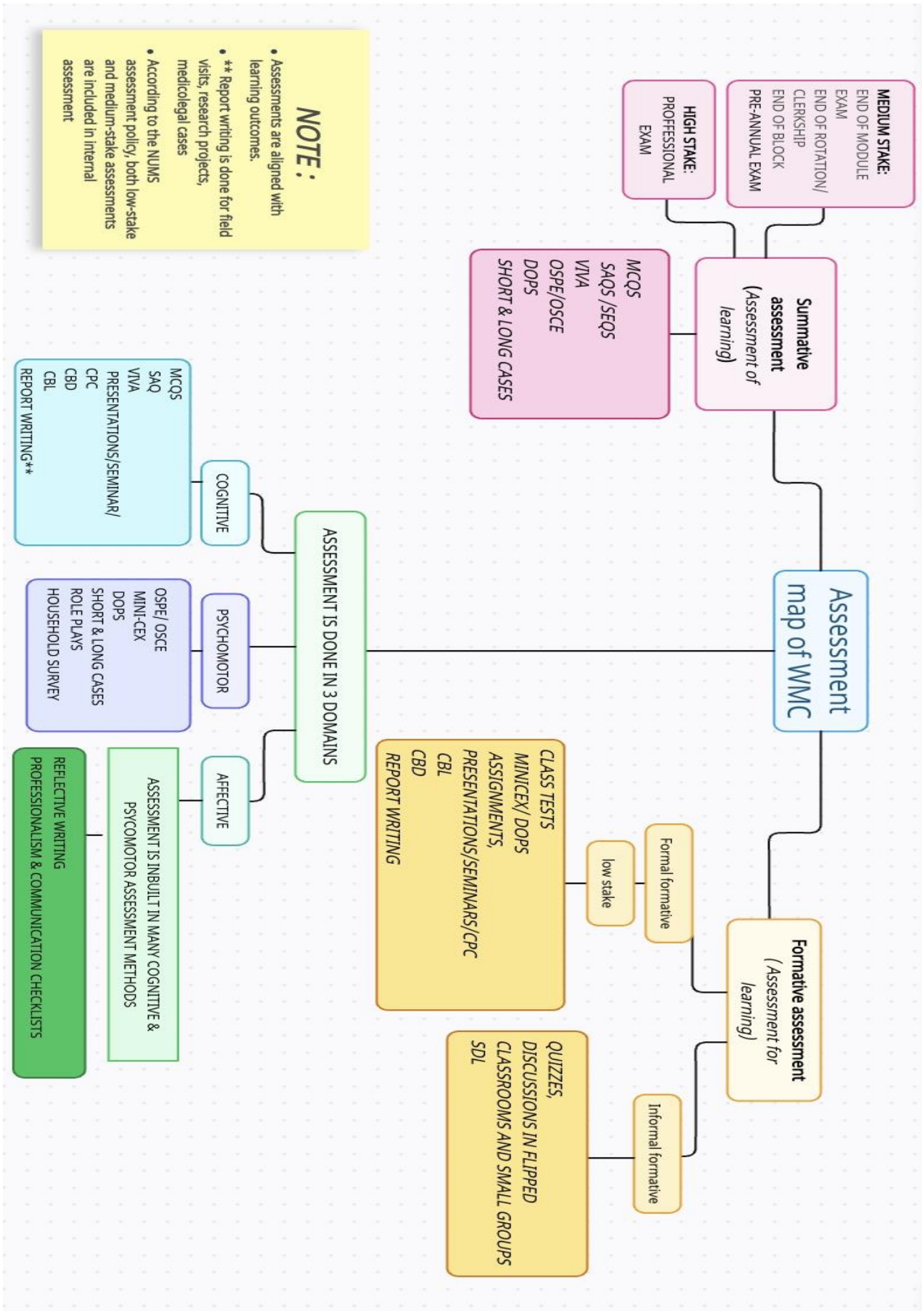
Skill labs:

Structured, hands-on sessions focusing on acquiring and refining essential clinical procedures and practical skills in a safe, simulated environment. Utilizes mannequins, task trainers, and simulated patients to practice technical skills like venipuncture, basic life support, and physical examination techniques on children. Provides immediate feedback and repetition opportunities, ensuring competency before performing procedures on actual patients.

Workshops:

Interactive, small-group sessions dedicated to applying clinical knowledge and developing non-technical skills such as communication, ethics, and critical thinking. Often use role-playing, clinical case discussions, and scenario analysis to address common and complex pediatric problems (e.g., managing fever, interpreting growth charts). Focuses on collaborative problem-solving, decision-making, and integrating theoretical knowledge into practical, real-world clinical contexts.

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 end-of-rotation exams at the end of clinical rotation in different units. The assessment strategies include Long and short case assessments, as well as OSCE
- There will be one EOC (theory exam) at the end of each of the two Clerkship Blocks.
- There is also one pre-annual examination, which includes both theoretical and clinical assessments similar to the expected professional exam afterwards.
- The scores of the end-of-rotation and end-of-clerkship assessments, and pre-annual examination will be counted towards the internal assessment as prescribed in the curriculum by the NUMS.

ii. Annual Professional Examination.

- The University will take the final professional Examination as per PM& DC guidelines at the end of the academic year.
- The professional Exam of Pediatrics will be of 200 marks in total, with 100 for the written exam and 100 for the performance examination.
- The pass score will be 50% in theory and practical separately.

4. Clerkship Committee

Chairperson	Prof. Dr. Musarat Ramzan
Coordinators	Medicine: Prof. Dr. Muzamil Jamil Surgery: Dr. Muhammad Azhar Gynecology: Dr. Shabana Kalsoom Pediatrics: Prof. Dr. Sohail Ashraf
Study guide developed by	Department of Medical Education Wah Medical College under the Supervision of **Dr. Memoona Mansoor**

5. Course Content

Surgery

Learning outcomes:

At the end of the clerkship rotation, students should be able to

- Administer the basic management of common surgical problems independently (PLO:1,2,3,6)
- Provide BLS and assistance in severe trauma and critically ill surgical Patients (PLO:1,2,3,6)
- Demonstrate ethical and professional attitude in surgical practice (PLO 3,6,8)
- Communicate clearly and effectively to all the concerned persons (PLO: 3,6,7)

Sr#	Topic	Educational Strategy	Instructor	Importance (Must Know, Should Know Could Know
At the end of the day, final-year students should be able to:				
Unit 1 **Day 1**	• Orientation to the surgical ward • Skin and subcutaneous lump Benign and malignant conditions of the skin	BST SGD	Dr. Naeem Ashraf Dr. Muhammad Azhar Dr. Sadia Farhan	Must know
Learning outcomes: • Classify lumps in skin & and subcutaneous tissue • Differentiate between benign and malignant tumors • List the principles of diagnosis and management of lumps in skin & and subcutaneous tissue • Take the proper history and perform a clinical examination of a patient presenting with skin swelling, following the principles of professionalism and ethics				
Day 2	• Neck swelling other than thyroid • Skin Ulcers • Wound healing and tissue repair	BST SGD CBL	Naeem Ashraf Muhammad Azhar Sadia Farhan Dr Saqib	Must know
Learning outcomes: • Classify neck masses according to etiology • Diagnose neck mass based on history, clinical examination, basic laboratory tests, and radiologic examinations. • Develop an appropriate differential diagnosis and provisional diagnosis				

- Discuss the management of patients with neck mass
- Take the proper history of a patient with a neck mass
- Perform a clinical examination of the patient with a neck mass, following the principles of professionalism and ethics
- Classify the ulcers
- List the principles of diagnosis and management of ulcers based on their pathophysiology.
- Take the proper history of the patient presenting with an ulcer and perform a clinical examination of the patient presenting with an ulcer
- Describe stages and types of wound healing

Day 3	**Family Medicine**			
Day 4	Minimally invasive surgery Skill lab Per/ post op care Suturing techniques IV LINE	BST SGD CBL	Naeem Ashraf Muhammad Azhar Sadia Farhan Dr Junaid	Must Know

Learning outcomes:

- List the principles of minimally invasive surgery
- Perform different types of suturing
- Maintain IV line
- Rationalize routine intravenous fluid replacement in surgical patients
- Identify the commonly prescribed intravenous fluids
- Optimize management of comorbidities.
- Describe important complications of common operations
- Recognition of potential post-operative complications
- Diagnosis of post-operative complications
- Management of post-op complications

Day 5	Colorectal cancer Beginning perianal condition Patient safety Infection control Malignant melanoma	BST SGD SDL	Naeem Ashraf Muhammad Azhar Sadia Farhan Dr Huda	Should know

- Learning outcomes:
- Explain the etiopathogenesis of the common causes of rectal bleeding.
- List the common causes of diarrhea and constipation.
- Relate the signs and symptoms of colorectal cancer and its underlying pathology
- Explain the management for rectal bleeding, including relevant investigations and the indications for surgical intervention.
- Take history of a patient with change in bowel habit / rectal bleeding

• Perform clinical examination of a patient with change in bowel habit / rectal bleeding. Identify the key points in patient safety • Describe the methods of infection control • Enlist benign perianal conditions and their management				
Day 6	1. Benign and malignant diseases of the breast	BST SGD CBL	Dr. Naeem Ashraf Dr. Muhammad Azhar Dr. Sadia Farhan Dr Junaid	Must know
Learning outcomes: • Classify Benign Breast Disease • Diagnose Benign breast disease based on history and clinical presentation • Enumerate the Diagnostic investigations of Benign Breast Diseases • Design a management plan for Benign Breast Disease and its complications • Diagnose Ca Breast based on signs and symptoms and investigations • Suggest a management plan for breast cancer and its complications by applying basic concepts of anatomy and lymphatic drainage of the area • Take the history of a patient with a breast lump • Perform a clinical examination of a patient with a breast lump • Counsel the patient about the importance of completion of treatment • Take history of OPD cases • Perform clinical examination of OPD cases				
Day 7	Thyroid gland 1. Goiter 2. Hyperthyroidism 3. Hypothyroidism 4. Thyroiditis 5. Thyroid malignancy	BST SGD CBL	Naeem Ashraf Muhammad Azhar Sadia Farhan Dr Huda	Must Know
Learning outcomes: • Correlate the clinical presentation of simple and toxic goiter with the anatomical and physiological basis of the thyroid gland • Diagnose different thyroid conditions based on signs and symptoms • Suggest the diagnostic investigations needed to rule out other thyroid conditions • Enumerate the Treatment options for goiter, hyperthyroidism, hypothyroidism, and thyroiditis • Classify Ca Thyroid • Diagnose Ca thyroid based on clinical presentation and investigations • Describe the management plan for Ca thyroid				

• Take the history of a patient with neck /thyroid swelling • Perform a clinical examination of a patient with neck /thyroid swelling • Counsel the patient about the progression of the disease				
Day 8	Parathyroid gland Surgical oncology Adrenal glands	BST SGD CBL **Reciprocal teaching**	Naeem Ashraf Muhammad Azhar Sadia Farhan Dr Saqib	Should know
Learning outcomes: • Diagnose disorders of the parathyroid based on clinical presentation and investigations • Develop management plans for patients with parathyroid diseases • Take the history and perform a clinical examination of a patient with parathyroid diseases • List the principles of surgical oncology • Diagnose disorders of the adrenal glands based on clinical presentation and investigations, and develop a management plan • Take a history and examine patients with adrenal gland diseases				
Day 9	Blood Transfusion Surgical infection • Sepsis • Necrotizing fasciitis • Clostridium Skill lab • FNAC • Trucut	BST SGD CBL	Naeem Ashraf Muhammad Azhar Sadia Farhan Dr Junaid	Should know
Learning outcomes: • Discuss the protocols for blood transfusion • Elaborate on the principles of blood transfusion for a surgical patient • Discuss transfusion reaction and its management • Assist in blood transfusion in the ward • Define the following terms: systemic inflammatory response syndrome (SIRS), sepsis, severe sepsis, septic shock, MOFS, and acute respiratory distress syndrome (ARDS) • Describe the pathophysiology and mechanism of sepsis and prioritize the treatment of sepsis. • Describe necrotizing fasciitis and its management • Describe Clostridium infection in surgery and its management • Perform FNAC and Tru-Cut biopsy with aseptic technique				
Day10	Bleeding PR	BST SGD CBL	Naeem Ashraf Muhammad Azhar	Should Know

	Congenital abnormalities of the upper GIT in pediatrics • Esophageal atresia • Pyloric stenosis • Hirschsprung's • Biliary Atresia		Sadia Farhan Dr Huda	
Learning outcomes: • Explain the etiopathogenesis of the common causes of rectal bleeding • Explain the management for rectal bleeding, including relevant investigations and the indications for surgical intervention • Correlate the embryological origin of the upper GI tract with the Pathophysiology of Esophageal atresia, pyloric stenosis, and Hirschsprung's Disease • Differentiate between the Clinical presentation of Esophageal atresia, pyloric stenosis, Hirschsprung's Disease, and biliary atresia • Propose diagnostic investigations and treatment options in Esophageal atresia, pyloric stenosis, Hirschsprung's Disease, and biliary atresia • Develop a management plan for complications of esophageal atresia, pyloric stenosis, Hirschsprung's Disease • Take history of a patient with esophageal atresia, pyloric stenosis, Hirschsprung's Disease • Perform clinical examination of a patient with esophageal atresia, pyloric stenosis, Hirschsprung's Disease				
Day 11	Xray OSCE Log book history journal	Peer-assisted learning BST	On-call consultant Dr Huda Dr Saqib	
Learning outcomes: • Identify the X-rays • Performed the OSCE stations • Discuss log book and history journals				
Day 12	Acute abdomen Abdominal mass	BST SGD CBL	Naeem Ashraf Muhammad Azhar Sadia Farhan Dr Saqib	Must know
Learning outcomes: • Describe the symptoms, signs, and differential diagnosis for patients presenting with an acute abdomen. • Discuss the investigations and management of patients with acute abdominal pain • Choose the appropriate imaging in the investigation of acute abdominal pain				

- Generate differential diagnoses
- Assess the indications for surgery and other treatment options
- Summarize complications that can result from acute abdominal conditions
- Describe the pre-and postoperative management of a patient with an acute abdomen
- Take the history of a patient with an acute abdomen
- Perform a clinical examination of a patient with an acute abdomen
- Evaluate the role of surgery in patients with a mass abdomen
- Take the history of a patient with a mass abdomen
- Perform a clinical examination of a patient with a mass abdomen

Day 13	Upper and lower abdominal pain X-rays	BST SGD Peer-assisted learning	Naeem Ashraf Muhammad Azhar Sadia Farhan Dr Junaid	Must know

Learning outcomes:

- Describe the etiology and presentation of the upper and lower abdomen.
- Generate differential diagnosis and management of patients presenting with upper and lower abdominal pain according to regions.
- Justify the need for emergency care for upper and lower abdominal pain
- Take history of a patient with upper and lower abdominal pain
- Perform clinical examination of a patient with upper and lower abdominal pain
- Identify and explain the X-rays

Day 14	Intestinal obstruction Obstructed hernia Intussusception Volvulus Adhesion/bands Gallstone ileus Paralytic ileus Chronic abdominal pain	BST SGD CBL	Naeem Ashraf Muhammad Azhar Sadia Farhan Dr saqib	Must know

Learning outcomes:

- List the causes of intestinal obstruction
- Describe the symptoms, signs, and differential diagnosis of patients presenting with intestinal obstruction.
- Choose the appropriate imaging in the investigation of intestinal obstruction
- Discuss the investigations and initial management of patients with intestinal obstruction
- Discuss the definitive management of intestinal obstruction according to the cause
- Summarize complications that can result from small bowel obstruction

- Describe the pre-and postoperative management of intestinal obstruction according to cause
- Take the history of a patient with intestinal obstruction
- Perform a clinical examination of a patient with intestinal obstruction
- Outline relevant investigations for abdominal swelling due to various pathological causes.
- Describe the etiology, presentation, and management of chronic pain in the abdomen.
- Generate differential diagnosis and management of patients presenting with chronic abdominal pain according to regions.
- Justify the need for emergency care for chronic abdomen
- Take the history of a patient with chronic abdominal pain
- Perform a clinical examination of a patient with a mass in the abdomen and chronic abdominal pain

Day 15	Acute and chronic cholecystitis Acute and chronic pancreatitis Skill lab Chest intubation ATLS	BST SGD	Naeem Ashraf Muhammad Azhar Sadia Farhan Dr Junaid	Must know

Learning outcomes:

- List causes of Cholecystitis
- Relate structural anomalies and pathological changes to predisposition to cholecystitis
- Describe the Signs and Symptoms of acute and chronic cholecystitis
- Discuss the diagnosis and management
- Discuss the emergency and elective approach to the management of Cholecystitis and its complications.
- Take the history of a patient with acute and chronic cholecystitis
- Perform clinical examination of a patient with acute and chronic cholecystitis
- Diagnose pancreatitis using Ranson and Glasgow criteria
- Enumerate causes of pancreatitis and its predisposing factors
- Perform clinical examination of a patient with acute and chronic pancreatitis

Day 16	Obstructed jaundice • Choledocholithiasis • Ca Pancreas • Periampullary Ca cholangiocarcinoma Congenital anomalies-lower GI	BST SGD CBL SDL	Naeem Ashraf Muhammad Azhar Sadia Farhan Dr Huda	Should know

	• Neonatal intestinal obstruction • Meconium ileus • Intestinal atresia, intussusceptions • Imperforate anus Acid-base balance			
Learning outcomes: • Correlate defects in embryologic development to the causes, types, and clinical features and radiological findings of neonatal intestinal obstruction. • Illustrate the contribution of different imaging modalities in the diagnosis of neonatal intestinal obstruction. • Develop an approach to the management of neonatal obstruction involving clinical and imaging data. • Identify the surgical intervention and post-surgical complications for neonatal intestinal obstruction. • Identify the embryological defect that leads to imperforate anus. • Demonstrate the approach to diagnosis of imperforate anus. • Develop a treatment plan for Imperforate anus based on diagnostic classification and clinical presentation. • Take history of a patient with neonatal lower GI malformation • Perform clinical examination of a patient with neonatal lower GI malformation • Describe acid-base balance • Interpret the report of ABGs				
Day 17	Salivary glands Instruments Wound infection	BST SGD CBL	Naeem Ashraf Muhammad Azhar Dr Saqib Dr Junaid	Must Know
Learning outcomes: • Differentiate on clinical grounds between infection, obstruction, benign and malignant neoplasms of the salivary glands. • Suggest relevant investigations to help in the diagnosis of salivary gland disorder and a management plan • Take the proper history of the patient presenting with an ulcer and perform a clinical examination of the patient presenting with an ulcer • Classify different types of surgical wounds and recommend an appropriate antibiotic regimen • Identify the instruments and list their uses				
Day 18	OSCE Instruments and tubing		Available consultant Dr Huda	

	Fluid and electrolyte balance		Dr Saqib	
Learning outcomes: • Recognize the different types of fluids used for optimization, especially Hartmann's, Normal 0.9% Saline, and Dextrose • Calculate the correct volume and rate of administration • Assess the volume of body fluid depletion • Administer fluids according to age and comorbidities. • Monitor the progression of fluid optimization				
Surgical Unit 2 Rotation				
Day1	Ward orientation Trauma 1. Principles of trauma management 2. Triage	BST SGD CBL	Brig Muhammad Pervez Dr Naeem Akhtar Dr Umair A Khan	Must know
Learning outcomes: • State the principles of surgical treatment in a multi-injured patient. • Assess priorities during all phases of management following ATLS principles. • Justify the importance of re-assessment of the patient for earlier interventions. • Differentiate between primary and secondary surveys. • Define triage and its importance • Take the proper history of a patient presenting with trauma (AMPLE) • Perform clinical examination of a patient presenting with trauma • Provide emergency care to the patient with polytrauma as per ABCDE protocol				
Day 2	1. Blunt trauma abdomen 2. Shock and blood transfusion 3. Minimally invasive surgery	BST SGD Peer-assisted learning	Brig Muhammad Pervez Dr Munawar Dr Umair A Khan Dr Samreen	Must know
Learning outcomes: • Elaborate upon abdominal/ genitourinary injuries with reference to causes, signs, symptoms, diagnosis, management, predisposing factors, complications and prevention • Take the proper history of a patient presenting with abdominal/ genitourinary injury				

• Perform clinical examination of a patient presenting with abdominal injury/ genitourinary trauma • Discuss the protocols of blood transfusion • Elaborate on the principles of blood transfusion of a surgical patient • Clinically assess hypovolemia • Identify patients in need of fluid optimization/blood transfusion • List the principles of minimally invasive surgery				
Day 3	1. Thoracic trauma 2. Urogenital trauma 3. Metabolic response to trauma 4. Skill lab a. IV line b. Suturing technique	BST SGD CBL	Brig Muhammad Pervez Dr Naeem Akhtar Dr Umair A Khan Dr Danish	Should know
Learning outcomes: • Differentiate between different types of chest injuries based on the mechanism and pathophysiology findings • Take the proper history of the patient presenting with chest trauma. • Perform clinical examination of a patient presenting with chest trauma • Identify the urogenital trauma and enlist the management plan • Perform urinary catheterization • Describe the physiological response to injury • Perform suturing on the given material				
Day 4	**Family Medicine**			
Day 5	Short case Focused history and examination Postoperative complication Shock	BST SGD	Brig Muhammad Pervez Dr Naeem Akhtar Dr Majid Dr Samreen	Should know
Learning outcomes: • Perform Short case of allotted case • Perform focused history and examination of the allotted case • Discuss the identification and management of postoperative complications • Describe different types of shock				
Day 6	Esophagus Dysphagia Upper GI Bleed	BST SGD CBL	Brig Muhammad Pervez Dr Naeem Akhtar	Should know

			Dr Umair A Khan Dr Samreen	
Learning outcomes: • Relate abnormalities of anatomy and physiology of esophagus to etiology and types of motility disorders • Generate differential diagnosis of motility disorders based on signs and symptoms. • Propose a diagnostic and management plan for a patient with a motility disorder • Relate cause, risk factors to the pathophysiology of esophageal cancer. • Formulate a proper management plan for a patient based on stage and grade of cancer • Identify factors in the patient history that are useful in diagnosing the etiology of dysphagia. • Discuss diagnostic investigations for dysphagia • Take the history of a patient with dysphagia • Perform clinical examination of a patient with dysphagia • Take the history of a patient with CA esophagus • Perform clinical examination of a patient with CA esophagus • Discuss the Immediate Management of Upper GI Bleed • Discuss the fluid resuscitation of Upper GI Bleed • List the differential diagnosis of Upper GI Bleed • Elaborate on the management plan for upper GI bleed • Take the history of a patient with Hematemesis • Perform a clinical examination of a patient with Hematemesis				
Day 7	Acid peptic diseases Carcinoma stomach Neuroendocrine tumor	BST SGD Peer assisted teaching	Brig Muhammad Pervez Dr Naeem Akhtar Dr Munawar Dr Umair A Khan	
Learning outcomes: • Discuss surgical management of acid peptic diseases, including GORD and its complications • Discuss the causes of gastric cancer • Discuss the warning signs that lead to the diagnosis of gastric cancer • Discuss the presenting complaints of gastric cancer • List the investigations needed to diagnose the case • Describe the management of gastric cancer according to stage • Take the history of a patient with CA stomach				

• Perform clinical examination of a patient with CA stomach • Discuss management of neuroendocrine tumor				
Day 8	Ventral hernias Inguinal Femoral Paraumbilical Epigastric	BST SGD CBL	Brig Muhammad Pervez Dr Naeem Akhtar Dr Umair A Khan Dr Majid	
Learning outcomes: • Differentiate between direct, indirect, incarcerated, and strangulated hernias based on signs and symptoms • Develop a differential diagnosis in the case of a mass in the inguinal or femoral region, or the scrotum. • Discuss the various investigations that help in diagnosis • Describe the principles of a surgical repair of a direct and indirect inguinal hernia • Describe the complications of untreated abdominal wall defects • Take the history of a patient with a mass in the inguinal or femoral region, or the scrotum • Perform a clinical examination of a patient with a mass in the inguinal or femoral region, or the scrotum				
Day 9	1. Liver 2. Spleen Skill lab FNAC Trucut	BST SGD CBL	Brig Muhammad Pervez Dr Naeem Akhtar Dr Umair A Khan Dr Danish	Must know
Learning outcomes: • Generate differential diagnosis of SOL of the liver based on signs and symptoms • Develop a plan for diagnosis, treatment, and prevention of SOL of the liver and its complications • Take the history of a patient with SOL of the liver • Perform clinical examination of a patient with SOL of the liver • Enlist surgical disorders of the spleen and their management • Perform FNAC • Perform Trucut biopsy				

Day 10	Inflammatory bowel diseases Acute Appendicitis Acute abdomen in pediatrics Hernias	BST SGD CBL SDL	Brig Muhammad Pervez Dr Munawar Dr Umair A Khan Dr Samreen	Should know

Learning outcomes:

- Explain the signs and symptoms of acute appendicitis in relation to pathophysiology
- Discuss the differential diagnosis of acute appendicitis
- Calculate Alvarado's score in cases of pain in the right iliac fossa
- Explain the management of acute appendicitis
- Take the history and perform a clinical examination of a patient with acute appendicitis
- Discuss surgical aspects of inflammatory bowel diseases, including signs and symptoms, investigation, and treatment
- Explain the signs and symptoms of acute abdomen in pediatrics in relation to pathophysiology and its management

Day 11	Xray Sepsis Log book and history journal	BST SGD CBL	Dr Munawar Dr Samreen On-call consultant	Must know

Learning outcomes:

- Define sepsis and septic shock according to current accepted criteria.
- Explain the pathophysiology of sepsis and septic shock.
- Identify common causes and sources of sepsis, including surgical causes.
- Recognize the clinical features and early warning signs of sepsis.
- Assess the severity of sepsis using appropriate clinical scoring systems.
- List appropriate investigations for a patient suspected of having sepsis.
- Formulate the initial management plan, including resuscitation, oxygenation, fluid therapy, and timely antibiotics.
- Describe the indications for vasopressors and identify the preferred first-line agent in septic shock.
- Explain the importance of early source control, including surgical intervention when indicated.
- Monitor response to treatment using clinical and laboratory parameters such as blood pressure, urine output, lactate, and perfusion.
- Identify complications of sepsis, including multiorgan dysfunction.
- Apply a systematic approach to the assessment and initial management of a patient presenting with suspected sepsis.
- Demonstrate appropriate communication and teamwork during the management of a critically ill patient

• Identify the X-ray				
Day 12	Acute limb ischemia Chronic limb ischemia Diabetic foot	BST SGD **Reciprocal teaching**	Brig Muhammad Pervez Dr Naeem Akhtar Dr Umair A Khan Dr Samreen	Must know
Learning outcomes: • Identify clinical manifestations and etiology of acute and chronic limb ischemia • Relate the major risk factors to the etiology and pathophysiology of acute and chronic limb ischemia. • Elaborate on the differential diagnosis of acute and chronic limb ischemia. • Suggest appropriate investigations to make the diagnosis. • Discuss the medical and surgical management of acute and chronic limb ischemia. • Plan appropriate nursing care for the patient with acute and chronic limb ischemia • Take the history of a patient with limb ischemia • Perform clinical examination of a patient with limb ischemia • Identify the Signs and Symptoms of diabetic foot patients • Assess the severity of Diabetic foot ulcer • Develop a pre-op and post-op management plan for a diabetic foot patient. • Counsel a diabetic patient about foot care				
Day 13	Gangrene Amputation Instruments Disorder of lymphatics	BST SGD Peer-assisted teaching	Brig Muhammad Pervez Dr Naeem Akhtar Dr Munawar Dr Samreen	Must know
Learning outcomes: • Discuss different types of gangrene and their causes • Enlist different levels of amputation and their principles • Take a history of gangrene of the foot • Examine the gangrenous foot • Discuss the disorder of lymphatics • Identify the instruments				
Day 14	Varicose vein DVT X-rays	BST SGD	Brig Muhammad Pervez	Should know

			Dr Naeem Akhtar Dr Umair Dr Samreen	
Learning outcomes: • Elaborate on the clinical presentation, etiology, and pathophysiology of varicose veins. • Suggest a differential diagnosis based on the assessment of the patient. • Classify varicose veins. • Rule out the diagnosis of DVT using appropriate investigations. • Suggest conservative or surgical management of varicose veins • Take the history of a patient with varicose veins • Perform clinical examination of a patient with varicose veins • List risk factors for the development of a Deep Vein Thrombosis (DVT)/chronic limb ischemia. • Recognize the signs and symptoms of DVT and chronic limb ischemia. • Generate a prioritized differential diagnosis of DVT/based on specific physical findings using pre-test probability tools • Justify the utility of various diagnostic tests based on their interpretation • Develop an appropriate management plan for DVT/CLI. • Develop a prophylaxis plan for deep vein thrombosis prophylaxis • Take the history of a patient with swelling of one leg • Perform a clinical examination of a patient with swelling of one leg • Identify the different types of nutritional support – oral, nasogastric, gastro/jejunotomy, and parenteral. Describe what total parenteral nutrition (TPN) • Enlist the associated risks of TPN and parenteral nutrition • Discuss the parameters of monitoring in these patients. • Describe the x rays provided				
Day 15	CA lung Nutrition Skill lab Sutures and suturing technique	BST SGD CBL	Brig Muhammad Pervez Dr Naeem Akhtar Dr Munawar Dr Danish	Should know
Learning outcomes: • Identify the causes and risk factors for lung cancer • Advocate measures and guidelines to decrease the risk of developing lung cancer and its screening • Discuss the prognostic factors of lung cancer. • Classify tumors based on types, staging, and grading				

- Justify the role of radiographic, endoscopic, and laboratory evaluation in the diagnosis
- Formulate a management plan using various modalities
- Perform ATLS
- Perform Chest intubation on a mannequin
- Discuss the nutrition of a surgical patient

Day 16	Empyema thoracic Mediastinal mass OSCE	BST SGD CBL	Brig Muhammad Pervez Dr Naeem Akhtar Dr Danish Dr Umair A Khan	Should know

Learning outcomes:

- Differentiate between types of parapneumonic abscess based on etiology.
- Generate a differential diagnosis of thoracic empyema
- Understand the role of radiographic, endoscopic, and laboratory evaluation in the diagnosis
- Devise a proper management plan including pharmacotherapy and the need for surgical intervention
- Discuss the complications of the disease and surgical procedures for thoracic empyema
- Propose a postoperative follow-up plan for the patient
- Take the history of a patient with thoracic empyema
- Perform clinical examination of a patient with thoracic empyema
- Generate differential diagnosis of mediastinal mass based on signs and symptoms
- Devise a management plan for the treatment and diagnosis of mediastinal mass
- Take the history of a patient with mediastinal masses
- Perform clinical examination of a patient with mediastinal masses
- Perform the OSCE stations.

Day 17	Nutrition Pre- and post-operative care	BST SGD CBL	Brig Muhammad Pervez Dr Naeem Akhtar Dr Munawar Dr Danish	Must know

Learning outcomes:

- Identify the different types of nutritional support – oral, nasogastric, gastro/jejunotomy, and parenteral. Describe total parenteral nutrition (TPN)

• List the associated risks of TPN and parenteral nutrition • Discuss the monitoring parameters for these patients. • Identify patients in need of nutritional optimization • Rationalize routine intravenous fluid replacement in surgical patients • Identify the commonly prescribed intravenous fluids • Optimize management of comorbidities. • Describe important complications of common operations • Recognition of potential post-operative complications • Diagnosis of post-operative complications • Management of post–op complications				
Day 18	X ray Instrument and tubing's Log book and history journal	BST SGD	Dr Munawar Dr Danish Dr Samreen	Should know
Learning outcomes: • Identify the X-rays • Identify instruments and tubing				
Subspeciality Rotation				
Urology				
Day 1	Orientation to urology Urolithiasis	BST,SGD, CBL	Dr Abdullah Omer Dilawar	Should know
Learning outcomes: • List risk factors for urolithiasis • Classify renal, ureteric, and bladder calculi • Diagnose urinary tract calculi based on signs and symptoms and investigations • Discuss the management of calculi of the urinary tract • Take the history and perform a clinical examination of the patient with urolithiasis				
Day 2	Urinary tract infections	BST, SGD CBL	Dr Abdullah Omer Dilawar	Should know
Learning outcomes: • Classify urinary tract infections • List risk factors • Discuss the signs and symptoms of UTI • List investigations for diagnosis • Discuss the management plan • Take the history and perform a clinical examination of the case of urinary tract infection				
Day 3	Uro-oncology	BST , SGD	Dr Abdullah	Should know

		CBL	Omer Dilawar	
Learning outcomes: • Classify the kidney tumor • Discuss the diagnosis of a kidney tumor based on signs and symptoms and investigations • Devise a management plan • List the etiology of urinary bladder tumors • Discuss signs and symptoms • Outline the management plan of the bladder tumor based on investigations • Classify testicular tumors • Discuss the signs and symptoms of a testicular tumor • Enlist investigations for diagnosis • Develop a management plan • Take the history and perform a clinical examination of the patient with a urinary tract tumor				
Day 4	Urinary Obstruction and Urological Emergencies	BST, SGD CBL	Dr Abdullah Omer Dilawar	Should know
Learning outcomes: • Differentiate between obstruction at different levels of the urinary tract based on history, Clinical features, and diagnostic modalities • Discuss the presenting features, signs, and symptoms of urological emergencies • Generate a prioritized differential of the most important and likely causes of a patient's emergency • Study the classification of urological emergencies based on etiology • Discuss the appropriate investigations leading to a definite diagnosis • Devise a management plan according to clinical presentation • Take the history and perform a clinical examination of the patient's bladder outlet obstruction				
Day 5	Urology trauma		Dr Abdullah Dr Omer Dilawar	Should know
Learning outcomes: • Identify the urogenital trauma and enlist the management plan • To perform urinary catheterization				
Day 6	Congenital anomalies Undescended testis Hypospadias		Dr Abdullah Dr Omer Dilawar	Should know
Learning outcomes: • Correlate defects in the embryological origin of testes to the classification of Undescended testis and its clinical presentation.				

- Suggest Diagnostic investigations and treatment options for undescended testis
- Elaborate management plan for possible complications of Undescended testis
- Take history of a patient with Undescended testis/hypospadias
- Perform clinical examination of a patient with Undescended testis/hypospadias

CRITICAL CARE				
Day 1	Introduction Approach to the critical care patient and monitoring CVP Equipment in ITC	BST , SGD	Brig ® Imran Ul Haq Dr Muhammad Fareed Azam Brig ® Mobasher Ahmed Saeed Dr Verdah Sabih	Should know

Learning outcomes:

- Explain the seriousness of the patient's condition in ITC.
- Prioritize the treatment of the patient.
- Develop an appropriate monitoring program for patients in critical care.
- List the principles of diagnosis and management of patients in critical care.
- Take a proper history of the patient in critical care
- Perform clinical examination of the patient in critical care
- List indications and complications of the CVP line
- List the equipment used in critical care

Day 2	Ventilators ABGs Internal jugular CVP Blood products Pulmonary edema	BST , SGD	Brig ® Imran Ul Haq Dr Muhammad Fareed Azam Brig ® Mobasher Ahmed Saeed Dr Verdah Sabih	Should know

Learning outcomes:

- Enlist the types of ventilators and their modes
- Perform arterial puncture for ABGs
- Interpret ABGs report
- Explain the method of internal jugular CVP insertion
- List the blood products' indications for their use and complications

<table>
<tr><td colspan="5">• Explain the mechanism of pulmonary edema and its management</td></tr>
<tr><td>Day 3</td><td>DVT
Pulmonary embolism
Subclavian CVP
Fluid and electrolyte imbalance</td><td>BST , SGD</td><td>Brig ® Imran Ul Haq
Dr Muhammad Fareed Azam
Brig ® Mobasher Ahmed Saeed
Dr Verdah Sabih</td><td>Should know</td></tr>
<tr><td colspan="5">Learning outcomes:
• List risk factors for the development of a Deep Vein Thrombosis (DVT)/PE
• Recognize the signs and symptoms of DVT /PE
• Generate a prioritized differential diagnosis of DVT/ PE based on specific physical findings using pre-test probability tools
• Justify the utility of various diagnostic tests based on their interpretation
• Develop an appropriate management plan for DVT/PE
• Develop a prophylaxis plan for deep vein thrombosis prophylaxis where indicated
• Take history of a patient with ischemia and with swelling of one leg
• Perform clinical examination of a patient with swelling of one leg
• Describe the major fluid compartments of the body, the effect of osmolality
• Explain what may happen in common conditions (e.g., acute blood loss, dehydration, excessive fluid replacement).
• Recognize the different types of fluid used for optimization, especially Hartmann’s, Normal 0.9% Saline, and Dextrose.
• Explain the method of internal jugular CVP insertion</td></tr>
<tr><td>Day 4</td><td>• Hypothermia
• Monitoring a patient with lung disease
• Ventilatory support
• Intake and output charting
Invasive BP monitoring</td><td>BST , SGD</td><td>Brig ® Imran Ul Haq
Dr Muhammad Fareed Azam
Brig ® Mobasher Ahmed Saeed
Dr Verdah Sabih</td><td>Should know</td></tr>
<tr><td colspan="5">Learning outcomes:
• Explain the management of hypothermia
• Describe the monitoring of a patient with lung diseases
• List the indications of ventilatory support
• Perform intake and output monitoring of a patient</td></tr>
</table>

• Perform invasive BP monitoring of a patient				
Day 5	• Fever • Weaning from the ventilator • Defibrillator • Chest tube • Patient with head injury	BST , SGD	Brig ® Imran Ul Haq Dr Muhammad Fareed Azam Brig ® Mobasher Ahmed Saeed Dr Verdah Sabih	Should know
Learning outcomes: • Explain the management of a patient with postoperative fever • List the indications for weaning the patient from the ventilator • Perform defibrillation • Describe the indications and steps of chest tube insertion • Explain the management of a patient with a head injury				
Day 6	• Tracheostomy • TPN • Pain • Epilepsy	BST SGD	Brig ® Imran Ul Haq Dr Muhammad Fareed Azam Brig ® Mobasher Ahmed Saeed Dr Verdah Sabih	Should know
Learning outcomes: • Explain the care of the tracheostomy tube • Describe what total parenteral nutrition (TPN) entails, its associated risks, and the additional parameters of care for these patients. • Identify patients in need of nutritional optimization • Relate different types of pain to their pathophysiology. • Outline various methods for pain relief in benign and malignant diseases • Discuss the various methods used for pain relief in different diseases • Explain the management of Epilepsy				
Orthopedics				
Day 1	**Orientation to Orthopedic Ward / Approach to a Patient with Trauma**	BST SGD SGD	Assigned Faculty/ Consultant	Should Know Must Know Must Know
Learning outcomes:				

- Describe the layout, functioning, staff hierarchy, and rotation policy of the Orthopedic ward and OPD.
- Outline the primary survey (Airway, Breathing, Circulation, Disability, Exposure) approach to a trauma patient.
- Enumerate life-threatening and limb-threatening injuries that require urgent attention.
- Demonstrate professional, ethical behavior and accurate documentation during ward rounds.

Day 2	History Taking and Clinical Examination in Patients with Joint & Limb Disorders/Trauma	BST SGD SGD	Assigned Faculty/ Consultant	Must Know

Learning outcomes:

- Take a focused history from a patient presenting with limb/joint trauma or disorder.
- Perform a systematic Look–Feel–Move examination of a joint.
- Assess and document the neurovascular status of an injured limb.
- Record clinical findings in a clear, structured format in the case notes.

Day 3	Upper Limb Fracture and Dislocations	BST SGD SGD OT/OPD CBL	Assigned Faculty/ Consultant	Must Know

Learning outcomes:

- Classify common fractures of the clavicle, humerus, forearm and hand.
- Describe the clinical features and diagnosis of shoulder, elbow and wrist dislocations.
- Outline the principles of conservative and operative management of upper limb fractures.
- Recognize and describe management of complications such as nerve injury and compartment syndrome.

Day 4	**Lower Limb Fracture and Dislocations**	SGD SGD OT/OPD CBL	Assigned Faculty/ Consultant	Must Know

Learning outcomes:

- Classify fractures of the femur, tibia, fibula and ankle.
- Describe the clinical features and management of hip, knee and ankle dislocations.
- Discuss the principles of traction, casting and internal/external fixation.
- Identify complications of lower limb fractures (DVT, fat embolism, compartment syndrome).

Day 5	**Pelvis / Hip Fracture and Dislocation**	SGD SGD OT/OPD CBL	Assigned Faculty/ Consultant	Should Know
Learning outcomes: • Classify pelvic and acetabular fractures. • Describe the mechanism, clinical presentation and initial (including emergency) management of pelvic trauma. • Discuss types of hip fracture (neck of femur, intertrochanteric) and their management options. • Recognize traumatic hip dislocation and describe its emergency management.				
Day 6	**Osteoarthritis / Inflammatory Joint Conditions**	SGD SGD OPD Skills station	Assigned Faculty/ Consultant	Must Know
Learning outcomes: • Describe the pathophysiology, clinical features and radiological findings of osteoarthritis. • Differentiate osteoarthritis from inflammatory arthritis (rheumatoid arthritis, gout, septic arthritis). • Outline conservative and surgical management options for degenerative joint disease. • Counsel patients on lifestyle modification and joint protection strategies.				
Day 7	**Musculoskeletal Tumors**	SGD SGD Procedure room CBL	Assigned Faculty/ Consultant	Should Know
Learning outcomes: • Classify benign and malignant tumors of bone and soft tissue. • Describe clinical and radiological features suggestive of malignancy. • Outline the principles of diagnostic workup (imaging, biopsy) and appropriate referral. • Discuss basic management principles and prognosis of musculoskeletal tumors.				
Day 8	Infection of Bone and Joints	SGD SGD Procedure room CBL	Assigned Faculty/ Consultant	Should Know
Learning outcomes: • Describe the etiopathogenesis of osteomyelitis and septic arthritis.				

• Recognize clinical features and relevant investigations for bone/joint infection. • Outline the principles of antibiotic therapy and surgical management. • Identify complications of untreated musculoskeletal infection.				
Day 9	**Pediatric Orthopaedic Conditions**	SGD SGD Procedure room CBL	Assigned Faculty/ Consultant	Should Know
Learning outcomes: • Describe common congenital conditions such as developmental dysplasia of hip (DDH) and clubfoot. • Discuss growth plate injuries and the Salter–Harris classification. • Recognize common causes and differentials of the limping child. • Outline management principles specific to the growing skeleton.				
Day 10	Sports Medicine / Injuries	SGD SGD Procedure room CBL	Assigned Faculty/ Consultant	Should Know
Learning outcomes: • Classify common sports-related soft tissue injuries (ligament, tendon, meniscal). • Describe clinical assessment (special tests) of knee and ankle sports injuries. • Outline the principles of RICE, rehabilitation, and safe return-to-play. • Discuss basic prevention strategies for sports injuries.				
Day 11	**Assessment / CBL**	SGD SGD Procedure room CBL	Assigned Faculty/ Consultant	Must Know
Learning outcomes: • Demonstrate integrated clinical knowledge and skills across all rotation topics through a structured assessment. • Apply clinical reasoning to an integrated case during Case-Based Learning discussion. • Reflect on individual performance and identify areas for further learning.				
Day 12	**Assignment**	SGD Assignment	Assigned Faculty/ Consultant	Should Know
Learning outcomes: • Select and outline a relevant orthopedic topic/case for the written assignment.				

- Apply structured literature search and referencing in preparing the assignment.
- Submit a well-organized assignment as per the format and criteria prescribed by the department.

NEUROSURGERY				
Day 1	Brain Tumors CNS Infections (Meningitis, Brain Abscess)	BST SGD CBL	Dr. M. Mehboob Alam	Must know

Learning outcomes:

- Classify brain tumors based on their site of origin and location.
- Describe the clinical presentation of brain tumors according to location.
- Discuss the clinical presentation of CNS infections (meningitis, brain abscess).
- List the investigations (CT/MRI, CSF analysis) needed to diagnose brain tumors and CNS infections.
- Outline the principles of management of brain tumors and CNS infections.
- Take the history of a patient presenting with a brain tumor/CNS infection.
- Perform a clinical (neurological) examination of a patient with a brain tumor/CNS infection, following the principles of professionalism and ethics.

Day 2	Spinal Tumors Spinal Infections	BST SGD CBL	Dr. Sohail Ahmad	Must know

Learning outcomes:

- Classify spinal tumors as extradural, intradural-extramedullary, or intramedullary.
- Describe the clinical presentation of spinal tumors and infections (e.g., spinal TB, epidural abscess).
- Discuss the diagnostic approach, including MRI spine, for spinal tumors and infections.
- Outline the principles of management of spinal tumors and infections.
- Take the history of a patient with a spinal tumor/infection.
- Perform a clinical (neurological) examination of a patient with a suspected spinal cord lesion.

Day 3	Congenital Anomalies of Brain and Spine Hydrocephalus, Spina Bifida	BST SGD CBL	Dr. M. Mehboob Alam	Should know

Learning outcomes:

- Describe the embryological basis of common congenital CNS anomalies.
- Classify hydrocephalus and describe its clinical features.
- Discuss the presentation and management of spina bifida/meningomyelocele.

- Assess the level of consciousness of a patient using the Glasgow Coma Scale (GCS).
- Discuss the initial orientation and approach to a patient with brain/spine trauma.
- Take the history of a patient with a congenital CNS anomaly.
- Perform a clinical examination of a patient with hydrocephalus/spina bifida.

Day 4	Spine and Brain Trauma	BST SGD CBL	Dr. Sohail Ahmad	Must know

Learning outcomes:

- Classify head injury as mild, moderate, or severe using the Glasgow Coma Scale.
- Describe the pathophysiology of primary and secondary brain injury.
- Classify spinal injuries and differentiate complete from incomplete spinal cord injury.
- Discuss the initial management (ABCDE approach, cervical spine precautions) of a patient with head/spine trauma.
- Discuss the indications for surgical intervention in head/spine trauma.
- Take the history of a patient with head/spine trauma.
- Perform a clinical (neurological) examination of a patient with head/spine trauma.
- Assist in scrubbing and surgical case discussion on the OT table.

Day 5	Neurosurgical Emergencies Raised Intracranial Pressure (ICP)	BST SGD CBL	Dr. M. Mehboob Alam	Should know

Learning outcomes:

- Describe the pathophysiology of raised intracranial pressure.
- Recognize the clinical signs of raised ICP and impending brain herniation.
- Assess a patient's level of consciousness using the Glasgow Coma Scale.
- Discuss the emergency management of raised intracranial pressure.
- List the indications for emergency neurosurgical intervention.
- Take the history of a patient presenting with a neurosurgical emergency.
- Perform a clinical examination, including GCS assessment, of a patient with a neurosurgical emergency.

Day 6	Peripheral Nerve Injuries Cerebrovascular Disorders (Stroke)	BST SGD CBL	Dr. Sohail Ahmad	Should know

Learning outcomes:

- Classify peripheral nerve injuries as neurapraxia, axonotmesis, or neurotmesis.

- Describe the clinical features and localization of common peripheral nerve injuries.
- Discuss the etiology and classification of stroke (ischemic vs. hemorrhagic).
- Describe the role of neurosurgery in the management of hemorrhagic stroke.
- Discuss the principles of management of peripheral nerve injuries.
- Take the history of a patient with a peripheral nerve injury/stroke.
- Perform a clinical (neurological) examination of a patient with a peripheral nerve injury/stroke.

Plastic Surgery

Day 1	**Orientation to Plastic Surgery unit; principles of wound healing**	BST SGD	Assigned Faculty / Consultant	Must know

Learning outcomes:

- Describe the layout and routine of the plastic surgery unit
- Describe the phases and factors affecting wound healing
- Classify wounds and describe principles of wound care
- Take a proper history and examination of a patient with a wound

Day 2	**Burns: classification and initial management**	BST SGD CBL	Assigned Faculty / Consultant	Must know

Learning outcomes:

- Classify burns by depth and estimate percentage body surface area
- Describe initial resuscitation (fluid formulae) for burn patients
- List indications for referral to a burns unit
- Discuss prevention strategies for burn injuries

Day3	**Skin grafts and flaps**	BST SGD	Assigned Faculty / Consultant	Should know

Learning outcomes:

- Differentiate between types of skin grafts and flaps
- Describe indications for grafting versus flap reconstruction
- Describe post-operative care of a graft/flap
- Observe/assist in a grafting procedure (OT exposure)

Day4	**Congenital anomalies (cleft lip/palate) and hand injuries**	SGD CBL	Assigned Faculty / Consultant	Should know

Learning outcomes:

- Describe the presentation and staged management of cleft lip/palate
- Describe assessment and initial management of common hand injuries
- Discuss the psychosocial impact of congenital deformity on the family
- Counsel parents with empathy regarding treatment timelines

Day 5	**Principles of reconstructive surgery; revision & assessment**	SGD CBL	Assigned Faculty / Consultant	Could know

Learning outcomes:

- Describe the reconstructive ladder and its clinical application
- Discuss aesthetic and functional goals of reconstructive surgery
- Integrate the week's learning through case-based discussion
- Reflect on professionalism and ethics in reconstructive/cosmetic practice

Learning Resource:

- Bailey & Love's (Short Practice of Surgery 28th Edition)

Reference Books:

- The Washington Manual of Surgery 7th Edition, S.DAS, A manual on Clinical
- Surgery ,Browse's introduction to the symptoms & Signs of surgical disease

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Assessment Formats

Assessment Strategies (Formative)	Assessment Strategies (Summative)
• MCQ's • Quiz • CBL • assignment	• MCQ's • SAQs • CBL • Short case • Focused history and examination • Assignment

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. during the clerkship, the Students must:

- Follow discipline, dress decently, show good manners, and indulge in healthy activities.
- Avoid smoking and refrain from abusive language.
- Be cooperative and respectful towards their seniors, peers, paramedical staff, patients, and their attendants.

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.

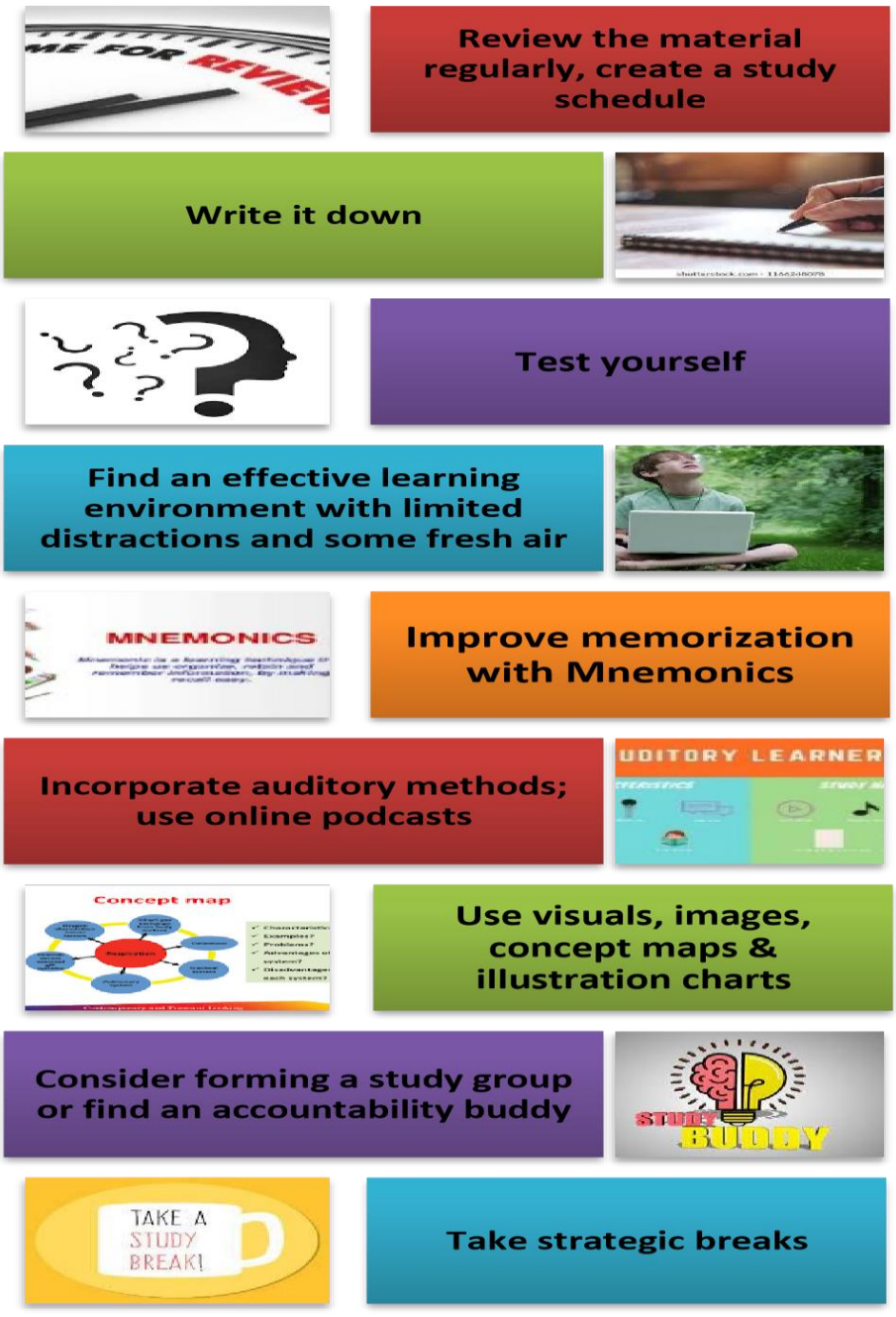
d. In accordance with PM&DC and NUMS regulations, MBBS and BOS students must meet minimum attendance standards to qualify for the Annual Professional Examination. From the 2024-25 session onward, 85% attendance is mandatory. For sessions 2020-23, the 85% requirement will be enforced starting the new academic year. Students in the ongoing 2024-25 session must maintain at least 75% attendance but are strongly encouraged to achieve 85% to meet GMC contact hour requirements.

e. 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!**



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

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

Proposed Annual Forecast
Final Year MBBS Session 2022-23 Batch 20th
1st Rotation

Batch A: Surgery & Allied +Gynae/Obs Batch B: Medicine & Allied + Paeds			
28th Sep 2026 to 27th Oct 2026 (24 days Including Working Saturdays)	**28th Oct, 2026 to 26th Nov, 2026**	**27th Nov, 2026 to 29th Dec, 2027** 28th Dec, 2026 to 3rd Jan, 2027 Winter Break	**4th Jan 2027 to 1st Feb, 2027**
A1/B1	A2/B2.	A3/B3	A4/B4
A4/B4	A1/B1	A2/B2	A3/B3
A3/B3	A4/B4	A1/B1	A2/B2
A2/B2	A3/B3	A4/B4	A1/B1

End of Rotation Test from 2nd Feb, 2027 – 8th Feb, 2027)

Date	Day	Surgery Allied (Batch A)	Medicine Allied (Batch B)
2nd Feb, 2027	Tuesday	Surgery I	Medicine I
3rd Feb, 2027	Wednesday	Obs	On Prep
4th Feb, 2027	Thursday	Gynae	Peads
8th Feb, 2027	Monday	Surgery II	Medicine II