

STUDY GUIDE 4th YEAR MBBS Y4 – B1

CMH KHARIAN MEDICAL COLLEGE



DEPARTMENT OF MEDICAL EDUCATION

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MISSION

Our mission is to educate and produce exemplary doctors who practice ethical patient centered health care, discover and advance knowledge and are responsive to the community needs.

VISION

To produce competent doctors equipped with sound knowledge based on scientific principles, imbued with ethics and moral values primed to serve the community through the profession. Our aim is to

- ➤ Provide outstanding educational environment for medical students.
- ➤ Develop exemplary clinicians who are lifelong learners and provide the highest quality compassionate care and serve the needs of their community and the nation in the best traditions of medical profession.
- Ensure the highest ethical and professional standards in all of our deeds.

Exit Outcomes for the CKMC Graduate

At the end of five years MBBS degree program graduate of CMH Kharian Medical College should be able to:

Knowledge

- Integrate knowledge of basic and clinical sciences in disease prevention and promotion of health and well-being of community.
- Able to appraise varied information they would come across during professional work

- and testify innovative ideas to benefit human society through evidence-based health care practice
- Demonstrate scientific knowledge in all professional activities
- Demonstrate research skills which bring innovation and significance to health care practices.

Skills

- Able to perform physical examinations, formulate provisional diagnosis with appropriate investigations to identify specific problems.
- Perform various common procedures to diagnose and manage non critical clinical problems.
- Demonstrate competency in life saving procedures.
- Exhibit propensity of critical thinking, problem solving and lifelong self-directed learning skills.

Attitude

- Manifest ethical values and professionalism.
- Demonstrate professional attitude towards patients, their families, seniors and colleagues.
- Demonstrate dedication and professionalism when faced natural disasters in country.
- Demonstrate communication skills, inter professional skills and leadership.

knowledge	Skill	Attitude
Integrated knowledge of basic & clinical sciences	Communication skills	Ethical values
busic & crimear sciences		
Patient centered care	Research skills	
Health promotion & disease	Patient management skills	Professionalism
prevention		
Community needs	Leadership skills	
	Critical thinking skills	

Introduction to the Study Guide

Dear Students,

We, at the Department of Medical Education, CMH Kharian Medical College, have developed this study guide especially for you. This study guide is an aid to

- Inform you how this part of your syllabus has been organized.
- Inform you how your learning programs have been organized in this block.
- Help you organize and manage your studies throughout the block
- Guide you on assessment methods, rules and regulations.
- Communicate information on organization and management of the block. This will help you to contact the right person in case of any difficulty.
- Define the objectives which are expected to be achieved at the end of the block.
- Identify the learning strategies such as lectures, small group discussions, clinical skills, demonstration, tutorial and case-based learning that will be implemented to achieve the block objectives.
- Provide a list of learning resources such as books, and journals for students to consult in order to maximize their learning.

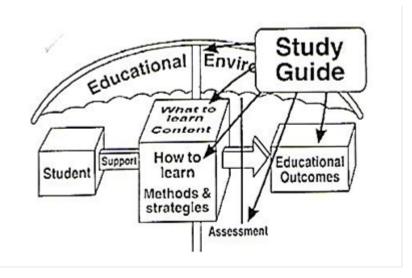


Figure 1 Objectives of study guide by Harden

Curriculum Integration



Medical college curriculum shall be organized in blocks of modules. The modules are named after body system for example a module of blood in a block. The key details are as follows:

- 1. There shall be three blocks in 4th year MBBS comprising modules.
- 2. The blocks shall be labeled as 1, 2 and 3.
- 3. Each module in a block shall have a title. The name of the module shall represent the content taught and learned the majority of time in that module. Module shall be named after body systems.
- 4. The duration of three blocks shall vary between 10-12 weeks according to syllabus.
- 5. The syllabus shall be integrated horizontally around systems of the body.
- 6. There shall be vertical integration to the extent decided by the curriculum coordination committee.
- 7. Vertical integration shall be in case based learning sessions and in clinical lectures of basic sciences, scheduled in the structured training program.

Teaching and Learning Methods

1: Small Group Discussions (SGD)

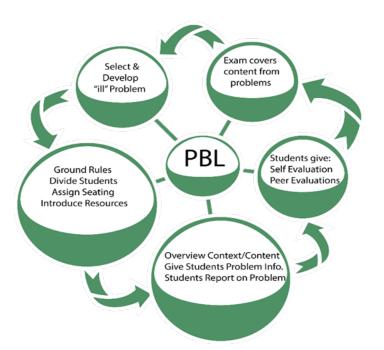


The topic will be taught in groups with the help of models and audiovisual aids. Pre-planned topics would help students to combine their wisdom in achieve learning objectives. Facilitator would be guiding to achieve learning objectives and making them on right track by clarify any misconception.

"Small group learning provides more active learning, better retention, higher satisfaction, and facilitates development of problem-solving and team-working abilities (Jahan, Siddiqui, AlKhouri, Ahuja, & AlWard, 2016).

2: Problem Based Learning (PBL)

This is group learning comprising of 8-10 students guided by a facilitator. For a specific problem given to students two sessions of 2 hours would be scheduled to achieve the learning objectives. In the first session students will discuss problem based upon their existing knowledge among the group and will produce a list of their learning objectives for further study. In the second session students share, discuss with each other to build new knowledge.



PBL is a self-directed learning and that type of educational strategy most likely produce doctors who are prepared for lifelong learning and able to meet the changing needs of their patients (Spencer & Jordan, 1999).

3: Large Group Interactive Session (LGIS)



These are meant to give overview of certain course content. They should be interactive so that students can not only gain knowledge but should completely

understand it. Students may clarify the difficult concepts in these sessions. The lecturer introduces a topic and explains the underlying phenomena through questions, pictures, videos of patient's interviews, exercises, etc. Students are actively involved in the learning process.

4: Self Directed Learning (SDL)



In this modern era of medical education, students assume responsibilities of their own learning according to the principles of adult learning. They can study independently, can share and discuss with peers, can take information from the sources of information college have like library, internet and teachers. Students will be provided time within the scheduled college hours for self-study.

5: Hands on Training

Lab session



Practical, being the most basic and effective tool for imparting knowledge, goes hand in

hand with theory for better understanding and concept building. In view of the complexities in the basics and fundamentals of Medical sciences, a good practical demonstration of the underlying concept is a must to simplify the subject. Pharmacology, microbiology and forensic medicine practical will build skills in students of 3rd year and there would be test of these skills in OSPE exam.

Clinical Rotations



The students will rotate in the clinical departments to see integration of knowledge into clinical practices.

Teaching and learning activities are meant to help students to gain new knowledge. It should be kept in mind that they are not meant to fully cover the objectives of the subject. It is therefore responsibility of students to attain more information to cover all objectives given in the overall objectives.

Class attendance and participation is of most important in gaining knowledge. If any help is needed module team can be contacted without any hesitation. Attendance will be strictly checked in different teaching activities. If attendance is less than 75%, students would not be allowed to sit for the examination.

Attendance in the examination is must and no students would be allowed to enter the examination area after starting the examination. In case of sickness, sick leaves from government/private hospitals or the emergency of the college hospital will only be entertained.

Assessment Format

Assessment is a goal-oriented process (Angelo, 1995). We assess in order to check whether the learning objectives set at the initiation of the program are met or not and to what extent (Amin, 2007).

No student will be allowed to sit in the annual examination if attendance is below 75% in theory and practical separately.

Assessment types

The assessment will be continuous. The purpose of continuous assessment is formative and summative.

Summative Assessment:

The marks of this type of assessment contribute in the final university result through internal assessment. It comprises:

- > CBL/tutorial assessment
- Scheduled tests
- Sub-stages
- > End of block exam
- > Pre-annual exam

Scheduled tests and sub-stages will be conducted intermittently throughout the block. Their schedule will be intimated through the time tables.

The end of the block exam will be conducted after completion of weeks of instruction. It will comprise one theory paper and one practical exam for Special Pathology, Community Medicine, Eye & Ent. (Table of specifications (TOS) for exam has been provided)

Formative Assessment: Tests may be quizzes, surprise tests/written assignments/self-reflection by students during the teaching time but their marks will not be added to internal evaluation marks. The purpose of formative assessment is to provide feedback to the students, for the purpose of improvement and to teachers to identify areas where students need further guidance.

Internal Assessment

(Will be submitted to the university before professional exam)

- The weightage of internal assessment shall be 10 % in the annual professional examination (or 10 marks for 100 marks in theory and practical each)
- Scheduled tests, sub-stages, CBLs/tutorials, block examinations and pre-annual examinations, conducted by the college shall contribute towards internal assessment for professional examination.

Annual Professional Examination:

- The professional examinations schedule will be provided by NUMS.
- There will be two components of the final result
 - (i) Examination-90 % (ii) Internal Assessment- 10 %
- There will be one theory paper and one Practical exam for Special Pathology, Community Medicine, Eye & Ent each. For practical the class will be divided into batches. Each batch will have practical exam of one subject on the specified day, according to schedule.
- Annual Theory & Practical Examination shall be of 300 marks each in Special Pathology, Community Medicine and 200 marks for Eye & Ent. The pass score shall be 50% in theory and practical separately
- The Annual Theory paper shall be of 135 marks for each Community Medicine and Special Pathology. 15 marks of internal assessment papers, conducted throughout the year will be added to it, to make annual theory assessment of 150 marks. Similarly, the annual practical examination will be of 135 marks. 15 marks of internal evaluation of practical exams, conducted throughout the year will be added to it, to make annual practical assessment of 150 marks.
- The pass score shall be 75 out of 150, in theory and practical separately.
- The Annual Theory paper shall be of 90 marks for Eye & Ent. 10 marks of internal assessment papers, conducted throughout the year will be added to it, to make annual theory assessment of 100 marks.
 - Similarly, the annual practical examination will be of 90 marks. 10 marks of internal evaluation of practical exams, conducted throughout the year will be added to it, to make annual practical assessment of 100 marks.
- The pass score for Eye & Ent shall be 50 out of 100, in theory and practical separately.

Schedule of examinations:

a) Continuous assessments schedule

Schedule provided by each department in Time table.

b) Formative tests: Throughout the block

Block Development Committee

Chairperson curriculum committee	Principal Brig (Retd) Shoaib Nayyar Hashmi
Director Medical education	Dr Aasma Qaiser
Block Planner	Dr Aasma Qaiser
Resource Persons	Community Medicine: Dr. Ifat Naiyar S. Pathology: Dr. Urwa Sarwar Eye: Dr Kainat Ent: Dr Jawad Medicine: Brig. Khalid Surgery: Col Nisar
Study Guide Developed By	Department of Medical Education CMH Kharian Medical College Kharian

Structured Summery of Y4B1

Block Code	Y4B1			
Pre requisite Block	Clarence of 3 rd professional examination			
Duration	12 weeks			
Rationale	The Y4B1 block is taught after the students clear their 3 rd professional exam. In a period of 12 weeks, the block aims to form a basis for knowledge and skills related to health and disease status of community, identify ethical issues and malpractices related to health care delivery and health research, knowledge of structure and function of Eye & Ent and diagnosis of diseases in pediatrics.			
Community Medicine	Medical Ethics, General epidemiology, Biostatistics, Concept of Health and Disease, Research methodology, Infectious disease epidemiology (General), Screening, Primary Health Care, Leadership, SDGs International health, HMIS			
Special Pathology	Cardiovascular system, Respiratory System, Oral cavity and Gastrointestinal tract, Hepatobiliary System and Pancreas			
Eye	Eye Lid & adnexa, Conjunctiva, Episclera & sclera, Orbit, Uveitis			
Ent	Basic of hearing and balance, Discharge & Deafness, Otalgia, Vertigo & Tinnitus, Facial disfigurement			
Surgery	Theory: Systemic surgical diseases, Trauma and emergency surgery Neurosurgery, urology, pediatric surgery, anesthesia, plastic and burn, radiology and orthopedics Clinical: C3 level: History taking, patient examination, differential diagnosis, Investigations and management C2 level: complications of treatment			
Medicine	Cardiovascular system, Respiratory system, Gastrointestinal Tract, Liver			
Gynae & Obs.	Overview & Introduction to basic concepts of Obstetrics/ Gynecology.			
Pediatrics	CVS, Respiration, GIT, Dysmorphology			

Learning

Knowledge

- Identify & prioritize the health problems of community
- Collect, analyze present, interpret data and apply relevant statistical tests to conduct a house hold survey & a mini research project.
- Appraise health promotion, disease prevention and public health as major components of health and evaluate the role of public health in providing individual healthcare.
- Assess health and disease status of the community with the help of indicators in the secondary data and give relevant suggestions
- Identify ethical issues and malpractices related to health care delivery and health research
- Describe the etiology, clinical features,
 pathogenesis, laboratory findings, morphological
 features and clinic-pathologic consequences of
 major diseases related to the cardiovascular
 system, respiratory system, gastrointestinal

- system, hepatobiliary system and pancreas.
- Should have the knowledge of normal external ear and differentiate it from abnormal shapes and be able to council the parents about its psychological and social impact and suggest timings for correction.
- Suggest measures to prevent self inflicted trauma to avoid external ear diseases and knowledge of inflammatory, traumatic, neoplastic and miscellaneous conditions; management and need for referral to a specialist
- Acquire knowledge of innervations of the ear and differentiate between referred otalgia and that arising from local conditions of ear.
- A sound knowledge of conditions leading to ear discharge and suggest managements.
- Name various types of conditions in the middle ear; be aware about symptoms of chronic discharging ears and any change in symptoms must alert of ensuing complications and take immediate measures to avert life threatening impact and advise relevant investigations and referral for safe care.
- Knowledge of the of structures/organs and pathways involved in maintenance of equilibrium and differentiate between light headedness and vertigo of various types on the basis of properly taken structured history; pathophysiology of disorder, its management

with proper counseling.

- Know about tinnitus; its etiology,
 pathophysiology impact on life and its social aspects and proper counseling.
- Knowledge of sound perceiving pathways,
 classification of deafness, etiology, differentiates
 between conductive and sensorrineural deafness,
 risk factors, proper screening, prevention and to
 avoid exposure to conditions causing hearing
 loss, rehabilitation of hearing impaired.
- Be able to differentiate between organic and non-organic hearing loss i.e. hysterical and malingering. Should be able to advise regarding noise induced hearing loss, ototoxicity and presbyacusis. Effects of hearing loss on social aspects of life, rehabilitation of deaf and proper counseling.
- Knowledge of the nature and components of facial nerve and its innervations.
- Identify various nerve lesions topographically in relation to etiology, presentation and early managements to prevent late complications.
 Differentiate Bell's palsy from facial paralysis.
 Advise rehabilitation and proper counseling.

•

- Establish diagnosis of given slides of Special Pathology lesions included in the block, correlating histopathological findings.
- Able to diagnose a case of Meniere's disease based on

	proper history and suggest appropriate treatment			
	including rehabilitation after the interpretation of			
	investigations.			
Skill	Diagnose a case of otosclerosis based on history and			
	knowledge of etiology, pathology, presentation,			
	investigations and managements along with counseling.			
	•			
	Demonstrate the effective attitude towards the			
Attitude	colleagues			
	Execute analytic, communicative and			
	collaborative skills along with content			
	knowledge			
	Demonstrate a professional attitude, team			
	building spirit and good communication skills			
	Observe lab safety rules			

Course content:

4th YEAR MBBS Block 1 CODE Y4B1

In case of online classes MIT and Assessment will be online via zoom meeting and Google classroom

Course content

Community Medicine Y4B1

Learning outcomes:

After completion of Community Medicine 1st block the students would be able to:

- 1. Identify & prioritize the health problems of community
- **2.** Collect, analyze present, interpret data and apply relevant statistical tests to conduct a house hold survey & a mini research project.
- **3.** Appraise health promotion, disease prevention and public health as major components of health and evaluate the role of public health in providing individual health care.
- **4.** Assess health and disease status of the community with the help of indicators in the secondary data and give relevant suggestions
- **5.** Identify ethical issues and malpractices related to health care delivery and health research

The following learning objectives, MIT, Assessment strategies will be used to achieve the above outcomes:

S#	Topic	Learning objectives students will be able to		MIT	Names of Instructor	Assessm ent
		Knowledge	Skill			
1.	Medical Ethics	Relate ethical issues and dilemmas with medical teaching and service delivery in a given scenario	Take informed consent from research participants	LGIS		MCQs SAQs, OSCE

	0 :	To 61 .1		T1: 1	T	MOO
2.	General Epidemiol og y	 Define the concepts & aims of Epidemiology and apply them to clinical medicine Describe and predict disease patterns according to concepts of epidemiological transition and polarization Calculate and interpret epidemiological rates and ratios formorbidity/ mortality, fertility and migration statistics Classify the different study designs in epidemiology Calculate, analyze and interpret their results. Describe merits & demerits of studies and differentiate them Identify and differentiate the types of Bias and the techniques for its minimization in different study designs Select appropriate design for studying an association Analyze a given association for 		Flipped class room CBL		MCQs SAQs
2	Diagtotistics	its strength using different study designs	. Usa	Small		MCOs
3.	Biostatistics	 Identify various types of data. Define, calculate and distinguish measures of central tendency and dispersion. Identify, interpret and illustrate the normal distribution curve, skewed distribution, bi and poly-modal distribution & Standard Normal Curve Classify and explain various sampling techniques Select the relevant sampling technique for a given situation Differentiate between null and alternate hypothesis, recall steps of its testing and indicate probable errors Interpret p-value 	 Use relevant statistical program and computer for data entry and analysis Conduct health situation survey/house-hold survey Demonstrate the sampling technique 	small group discussi on CBL		MCQs SAQs, OSCE

4. Concept of health and disease	 Define health and summarize Its determinants and indicators. Choose the most sensitive indicators by citing different examples Illustrate and describe theories of disease causation Relate the concept of natural history of disease and iceberg phenomena Differentiate between disease control, elimination & eradication Interpret levels of prevention and intervention measures, with applied examples 		Flipped class room Field Visit: Rehabilit ati on center	MCQs SAQs Report writing
5. Research methodology		 Formulate a research hypothesis Collect Sample from field Enter data on SPSS and Excel Run analysis on SPSS Search the literature Estimate the sample size Conceptualize, plan & present a supervised student research project Practice ethics in general and specifically in conducting human research including informed consent and basic human right for accepting or declining to participate in research 	LGIS / Practical (Research project)	MCQs SAQs, HHS & Research Project

Infectious	 Interpret various terms used 		CBL	MCQs
disease	to describe infectious	,	Flipped	SAQs
epidemiol	diseases and relate levels of		class	
og y	prevention and intervention	1	room	
	measures, with applied			
	examples.			
	 Identify and interpret 			
	various types of epidemics			
	with focus on disease			
	spread and control			
	 Illustrate graphically and 			
	relate the natural history			
	and progression of an			
	epidemic type to stages of			
	prevention			
	 Explain the objectives & 			
	logic in steps of			
	investigating an epidemic			
	real life setting.			
	Recommend disease control			
	measures			
	Identify and suggest various			
	_			
	disease epidemiol	disease epidemiol og y diseases and relate levels of prevention and intervention measures, with applied examples. Identify and interpret various types of epidemics with focus on disease spread and control Illustrate graphically and relate the natural history and progression of an epidemic type to stages of prevention Explain the objectives & logic in steps of investigating an epidemic Assess the level of care at primary, secondary and tertiary levels as applied in real life setting. Recommend disease control	disease epidemiol og y to describe infectious diseases and relate levels of prevention and intervention measures, with applied examples. • Identify and interpret various types of epidemics with focus on disease spread and control • Illustrate graphically and relate the natural history and progression of an epidemic type to stages of prevention • Explain the objectives & logic in steps of investigating an epidemic Assess the level of care at primary, secondary and tertiary levels as applied in real life setting. • Recommend disease control measures • Identify and suggest various methods of sterilization and disinfection in given	disease epidemiol og y diseases and relate levels of prevention and intervention measures, with applied examples. • Identify and interpret various types of epidemics with focus on disease spread and control • Illustrate graphically and relate the natural history and progression of an epidemic type to stages of prevention • Explain the objectives & logic in steps of investigating an epidemic Assess the level of care at primary, secondary and tertiary levels as applied in real life setting. • Recommend disease control measures • Identify and suggest various methods of sterilization and disinfection in given

9. Screening of Describe concept and importance of screening instrumental programmes of class room screening test in a given situation of Demonstrate relationship between screening test in a given situation of Demonstrate relationship between screening and prevalence of disease of screening programs before embarking on it of Demonstrate effects of changing sensitivity and specificity on usefulness of screening test of changing sensitivity and specificity on usefulness of screening test of the disease of screening useful and relevant for the disease of Identify different misinterpretations' errors in the screening programmes or Relate ethical concerns in carrying out screening programmes occept of health occept of Health Care of Categorize health problems based on criteria of susceptibility to control of Health for All, Principles of Primary Health care and relate its components' elements Differentiate between comprehensive and selective PHC obscribe current comprehensive and selective primary healthcare programs of Identify and describe gaps in implementation of PHC	7	Com	- December consent - 1	CDI	1400
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9.	Leadershi p, SDGs And Rural and Urban Health	 Describe the concept of leadership and identify the role of leadership in PHC Describe the Sustainable Development Goals (SDGs) and relate to national programs and developmental outcomes 	LGIS	MCQs and SAQs
10.	HMIS	 Identify existing sources of statistical data in Pakistan, Census and its types Interpret different stages of planning such as: situational analysis, establishment of objectives and goals, assessment of resources, fixing priorities, outlining, programming and implementation, monitoring and evaluation Interpret questionnaire for service assessment/ health benefits Summarize the rationale of devolution of power and the problems of health care system in Pakistan Identify current gaps post 18th Amendment and role of tertiary-care facilities in delivering healthcare at all levels 	LGIS	SAQs

SPECIAL PATHOLOGY

Y4B1

By the end of Block the students will be able to:

S#	Theme	Learning Outcomes	Course Content	% Wei ghta ge	Teaching Methodolo gy	Assess ment Metho dology
1	Cardio vascular system	Correlate the morphology & pathogenesis of cardiac and blood vessel diseases with their etiology & complications	 Atherosclerosis Hypertensive Vascular Disease Aneurysm Vasculitis Ischemic Heart Disease Cardiac Failure Hypertensive Heart Disease Rheumatic Fever And Rheumatic Diseases Heart Diseases Congenital Heart Disease Cardio myopathies Pericardial Diseases Tumors of CVS 	35%	LGIS	MCQs & SEQs/ SAQs
		Justify the importance of various biochemical markers in diagnosis of cardiovascular disorders	Cardiac markers/enzymesLipid &Lipoproteins		SGD	MCQs
2		Correlate the morphology &pathogenesis of respiratory disorders with their etiology & complications	 ARDS COPD Asthma & Bronchiectasis Interstitial Lung Diseases Pulmonary Vascular Disorders Pneumonias Granulomatous Diseases Lung Cancer Pleural Effusion & Pneumothorax 	30%	LGIS	SEQs
		Justify the importance of various biochemical markers in diagnosis of metabolic and endocrine disorders			SGD	MCQs

Oral	Analyze the Non	• Inflammatory, neoplastic	35%	LGIS	MCQ
	neoplastic and neoplastic	and non- neoplastic lesions	3370		& WICQ
	lesions of salivary glands	of salivary glands			S
		• Tumor and Precancerous			Q
sunauraci	& oral cavity based on	conditions of Oral cavity			/5
	their etiology and	Conditions of Oral Cavity			A
	pathogenesis,				Q
	morphology &				
	complications				
	Correlate the morphology	 Motor disorders of esophagus, 		LGIS	MCQ
	(Microscopic and	varices, esophagitis &			&
	macroscopic) of	Barrett'sesophagus			S
	gastrointestinal	Tumors of Esophagus			Q
	disorders* to their	• Gastritis & Pepticulcer Disease			/5
	etiology and	• Tumors of Stomach			A
	pathogenesis	Malabsorption & celiacdisease			Q
	<u>-</u>	• Inflammatory Bowel Disease			
	*Esophagus, Stomach,	• Entercolitis			
	Small intestine and large	Acuteappendicitis			
	intestine	Malignant lesions of small			
		&large intestine			
Henatobili	Correlate the morphology	5	1	LGIS/SGD	MCQ
_	(Microscopic and	-			8
and	macroscopic) of	• Cirrhosis			S
Pancreas	Hepatobiliary and	Acute & Chronichepatitis			Q
T differeds	pancreatic disorders to	• Drug induced &			/\$
	*	toxicLiverInjury			Α
	their etiology and	Metabolic Liver disease			Q
	pathogenesis	Cholestatic diseases			
		• Tumors of Liver			
		Gall bladder diseases			
		Pancreas	1	LGIS/SGD	MCQ
		• Congenital anomalies			8
		ancreatitis Neoplastic disorders			S
		of exocrine function of pancreas			Ç
		r			/5
					Α
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					Ç
	Justify the importance of	Liver function tests		SGD	
	Justify the importance of various biochemical			SGD	
	various biochemical	 Diagnosis of acute and 		SGD	
	various biochemical markers in diagnosis of	Diagnosis of acute and chronic Hepatitis		SGD	MCÇ
	various biochemical markers in diagnosis of hepatic and pancreatic	Diagnosis of acute and chronic HepatitisDiagnosis of Acute		SGD	
Total	various biochemical markers in diagnosis of	 Diagnosis of acute and chronic Hepatitis Diagnosis of Acute Pancreatitis 	100	SGD	

End Block	End Block Assessment to be taken by		l
Assessment	concerned institute itself Assessment tools:		l
	MCQs & SAQs/SEQs		l

LEARNING OUTCOMES	List of Practicals	Teaching Methodology	Assessment Methodolo gy
Establish	Atherosclerosis	Practical	OSPE
diagnosis by correlating	Rheumatic carditis and Myocardial infarction		
findings of given slides with given	Pulmonary tuberculosis and Bronchiectasis		
scenarios	Lobar Pneumonia and Broncho Pneumonia		
	Chronic Bronchitis and Bronchogenic carcinoma		
	Chronic gastritis, Peptic ulcer		
	Carcinoma stomach, Ulcerative colitis, Crohn's disease, TB intestines		
	Cirrhosis, CA liver, Chronic Viral Hepatitis, Ch. Cholecystitis		
	Rectal Polyps and Colorectal carcinoma		
	Acute appendicitis, Typhoid ,Malabsorption		

ENT Y4B1

Learning outcomes:

After completion of ENT course content for 1st block the students would be able to:

- 1. Should have the knowledge of normal external ear and differentiate it from abnormal shapes and be able to council the parents about its psychological and social impact and suggest timings for correction.
- 2. Suggest measures to prevent self inflicted trauma to avoid external ear diseases and knowledge of inflammatory, traumatic, neoplastic and miscellaneous conditions; management and need for referral to a specialist
- **3.** Acquire knowledge of innervations of the ear and differentiate between referred otalgia and that arising from local conditions of ear.
- **4.** A sound knowledge of conditions leading to ear discharge and suggest managements. Name various types of conditions in the middle ear; be aware about symptoms of chronic discharging ears and any change in symptoms must alert of ensuing complications and take immediate measures to avert life threatening impact and advise relevant investigations and referral for safe care.
- **5.** Knowledge of the structures/organs and pathways involved in maintenance of equilibrium and differentiate between light headedness and vertigo of various types on the basis of properly taken structured history; pathophysiology of disorder, its management with proper counseling.
- **6.** Know about tinnitus; its etiology, pathophysiology impact on life and its social aspects and proper counseling.
- 7. Able to diagnose a case of Meniere's disease based on proper history and suggest appropriate treatment including rehabilitation after the interpretation of investigations.
- **8.** Diagnose a case of otosclerosis based on history and knowledge of etiology, pathology, presentation, investigations and managements along with counseling.
- 9. Knowledge of sound perceiving pathways, classification of deafness, etiology, differentiate between conductive and sensorrineural deafness, risk factors, proper screening, prevention and to avoid exposure to conditions causing hearing loss, rehabilitation of hearing impaired. Be able to differentiate between organic and non-organic hearing loss i.e. hysterical and malingering. Should be able to advise regarding noise induced hearing loss, ototoxicity and presbyacusis. Effects of hearing loss on social aspects of life, rehabilitation of deaf and proper counseling.
- **10.** Knowledge of the nature and components of facial nerve and its innervations. Identify various nerve lesions topographically in relation to etiology, presentation and early managements to prevent late complications. Differentiate Bell's palsy from facial paralysis. Advise rehabilitation and proper counseling.

S.No	Торіс	Learning objectives At the end of the session, students will be able to	MIT	Names of Instructor	Assessment
1.	Congenital diseases of ear	Identify congenital diseases of the ear with reference to their origin and presentation	LGIS	All instructors	MCQ/ SEQ
2.	Diseases of external ear	Diagnose and describe a management plan for diseases of external ear	LGIS	All instructors	MCQ/ SEQ
3.	Diseases of middle ear	Diagnose and describe a management plan for diseases of external ear	LGIS	All instructors	MCQ/ SEQ
4.	Chronic supportive otitis media	Describe clinical signs and symptoms of chronic suppurative otitis media	LGIS	All instructors	MCQ/ SEQ
5.	Complications of chronic supportive otits media x2	A sound knowledge of conditions leading to ear discharge and suggest managements. Name various types of conditions in the middle ear; be aware about symptoms of chronic discharging ears and any change in symptoms must alert of ensuing complications and take immediate measures to avert life threatening impact and advise relevant investigations and referral for safe care.	LGIS	All instructors	MCQ/ SEQ
6.	Otosclerosis	Diagnose a case of otosclerosis based on history and knowledge of etiology, pathology, presentation, investigations and managements along with counseling.	LGIS	All instructors	MCQ/ SEQ
7.	Meniere's disease Tinnitus & vertigo Deafness	 Differentiate between various types of vertigo in relation to its pathophysiology Suggest appropriate treatment including rehabilitation after the interpretation of investigations if needed. 	LGIS	All instructors	MCQ/ SEQ
8.	Tinnitus	Diagnose a case presenting with tinnitus on the basis of signs, symptoms and appropriate investigations Suggest thorough management plan	LGIS	All instructors	MCQ/ SEQ
9.	Facial paralysis	Knowledge of the nature and components of facial nerve and its innervations. Identify various nerve lesions topographically in relation to etiology, presentation and early managements to prevent late complications. Differentiate Bell's palsy from facial paralysis. Advise rehabilitation and proper counseling.	LGIS	All instructors	MCQ/ SEQ

Ophthalmology Y4B1

S.No	Topic	Learning objectives At the end of the session students will be able to	Mode of transfer	Names of Instructor	Assessment
1.	Introduction and Dry EYE	 Explain the medicine and surgery of the eye and its surrounding structures and connections to the brain. Define learning objectives and outcomes in ophthalmology. 	Interactive lecture		MCQ/ SEQ
2.	Eye Lid I	 Explain the anatomy of Lids. Explanation of function of Lids. Explain the clinical features of eye lid diseases. 	Interactive lecture		MCQ/ SEQ
3.	Eye Lid II	 Different disorders of Lid. Tumors of Lid. Different investigations of Lid diseases. Knowledge of initial management of different Lid disorders. 	Interactive lecture		MCQ/ SEQ
4.	Lacrima l system	 Production of tears. Tumors of lacrimal system. Diseases of lacrimal drainage system. Clinical assessment and referral to Ophthalmology. 	Interactive lecture		MCQ/ SEQ
5.	Conjunctiva I	 Know the applied anatomy, histology and physiology. Identify the clinical sign and symptoms of conjunctival diseases. 	Interactive lecture		MCQ/ SEQ
6.	Conjunctiva II	 Differentiate between various types of conjunctivitis. Enumerate their treatment steps. Recognize condition like pterygium, pinguecula. 	Interactive lecture		MCQ/ SEQ
7.	Episclera& Sclera	 Identify episcleritis and scleritis. Recognize the systemic association Identify eye red causing common conditions for their initial management. 	Interactive lecture		MCQ/ SEQ

8.	Orbit I	 Recall and explain anatomy of Orbit. Know symtoms of Orbit disease and their differential diagnosis. Recognize proptosis and its common causes. Understand different clinical pictures in thyroid Opthalompathy. 	Interactive lecture	MCQ/ SEQ
9.	Orbit II	 Know the investigations required for orbital diseases. Understand various treatment options for orbital diseases and their management. 	Interactive lecture	MCQ/ SEQ
10.	Uveitis	 Recall and explain the anatomy of uvealtract. Describe basic physiological aspects. Know contain congential defects of uvealtract. Know classification of uveitis. Explain the clinical features, investigation and treatment of various uveits. Know certain special uveitis cases like fuchs uveitis, sympathetic opthalmia. 	Interactive lecture	MCQ/ SEQ

Pediatrics Y4B1

S.No	TOPIC	At the end of the session Students will be able to:	MIT	Names of instructor	Assessment
	(A) CVS				
1.	Child with Cyanosis	 Define cyanosis Describe the basics of cyanosis List Differential Diagnosis of cyanosis in a child Differentiate between central and peripheral cyanosis Discuss key areas in history and examination relevant to children presenting with cyanosis List investigations and outline management plan of cyanosis 	Lecture		MCQ,SEQ

2.	Child with Murmur & Cyanosis	 Define murmur List common congenital heart defects causing cyanosis & murmur. Describe the evaluation through history, physical examination and investigations Explain the management options for different cyanotic heart diseases and their prognosis Discuss pathophysiology, clinical manifestations and complications of Eisenmenger's syndrome 	Lecture	MCQ,SEQ
3.	Child with Murmur & no Cyanosis	 List common congenital heart defects producing murmur without cyanosis. Describe the clinical features of left to right shunts causing volume overload Recognize clinical features of common lesions causing pressure overload Discuss difference between small and large left to right shunts Outline investigations, enumerate management steps and prognosis 	Lecture	MCQ,SEQ
4.	Infective Endocard itis / Rheumati c Heart Disease	 Describe etiology of infective endocarditis & Rheumatic heart disease. Recognize clinical features of infective endocarditis & Rheumatic heart disease. List investigations and outline management plan. Discuss prognosis of IE &Rheumatic heart disease. List common valvular lesions associated with rheumatic heart disease 	Lecture	MCQ,SEQ

5.	Approach to child with collapse and shock	 List diseases causing collapse and shock in child. Correlate pathophysiology of pediatric CCF to its clinical presentation. Describe signs & symptoms of Myocarditis / Pericarditis/ SVT / long QTsyndrome. List investigations and outline management plan of Myocarditis / Pericarditis/ SVT / long QT syndrome . Discuss prognosis 	Lecture	MCQ, SEQ
		(B) RESPIRATION		
1.	Child with breathing difficulty	 List differential diagnosis of child with breathing difficulty Describe the pathophysiology of pneumonia & bronchiolitis Identify signs & symptoms of pneumonia & Bronchiolitis List causative organisms and complications of pneumonia & Bronchiolitis. List investigations and enumerate management steps of pneumonia & Bronchiolitis Interpret radiological findings of pneumonia & bronchiolitis. Interpret laboratory investigations done in a child with respiratory problem List preventive measure of pneumonia Discuss prognosis 	Lecture	MCQ,SEQ

2.	Child with wheezing	 List differential diagnosis of child with wheezing Describe the pathophysiology of asthma Identify signs & symptoms of acute and chronic asthma List complications of asthma. List investigations and enumerate management steps of asthma Interpret radiological findings and investigations of asthma. List preventive measure of asthma Discuss prognosis 	Lecture	MCQ,SEQ
3.	Child with Stridor	 List differential diagnosis of child with stridor Describe the pathophysiology of Croup, Ac. Tracheitis, FB, Epiglottis, Diphtheria Identify signs & symptoms of diseases causing stridor List complications of diseases causing stridor. List investigations and enumerate management steps of diseases causing stridor. Interpret radiological findings and investigations of diseases causing stridor. List preventive measure of diseases causing stridor. Discuss prognosis 	Lecture	MCQ,SEQ
4.	Chronic cough / Recurrent chestinfection s	 List differential diagnosis of child with Chronic cough / Recurrent chest infections Describe the pathophysiology of TB, CF, Immotile cilia syndrome Bronchiectasis, Pertussis. Identify signs & symptoms of diseases causing chronic cough / Recurrent chest infections List complications of diseases causing chronic cough / Recurrent chest infections. 	Lecture	MCQ,SEQ

		 List investigations and enumerate management steps of diseases causing chronic cough / recurrent chest infections. Interpret radiological findings and investigations of diseases causing Chronic cough / Recurrent chest infections. List preventive measure of diseases causing Chronic cough / Recurrent chest infections. Discuss prognosis. 		
1	D' I	D. C. A / Cl	Lastura	MCO SEO
1.	Diarrhea	 Define Acute / Chronic &Persistent diarrhea. List organisms causing diarrhea. Classify dehydration Identify signs &symptoms of dehydration. Plan management of diarrhoea according to WHO guidelines. Discuss clinical features of Hemolytic uremic syndrome. List investigations of diarrhoea/HUS. Outline management plan of HUS. Discuss prognosis. 	Lecture	MCQ,SEQ
2.	Malabsorption Syndromes	 Identify the clinical presentation of malabsorption. Identify the signs and symptoms of gluten enteropathy/ celiacdisease. List investigations and outline management steps of celiacdisease/giardiasis. List complications of malabsorption. Discuss prognosis. 	Lecture	MCQ,SEQ
3.	Jaundice	 Identify signs and symptoms of Hepatitis and Hepatic encephalopathy. Describe etiology of acute & chronic Hepatitis. 	Lecture	MCQ,SEQ

		Discuss features of hepatotropic viruses.		
4.	Abdominal pain	 List complications of Hepatitis & outline management. List investigations and outline management steps of acute/chronichepatitis. Identify clinical features, list investigations and outline management steps of Wilson disease. Discuss prognosis. Describe pathophysiology of abdominal pain, vomiting and constipation. List causes of abdominal pain, vomiting and constipation in neonates, infants and children. Discuss the organic causes of constipation. List investigations and outline management of a child with abdominal pain, vomiting and constipation. 	Lecture	MCQ,SEQ
		INFECTIOUS DISE.	ASES	
•	EPI disease (Measles, Diphtheria Pertussis, Tetanus, Rota virus)	 List diseases included in EPI. Describe Clinical features, list investigations and complications of infectious diseases. Outline treatment of infectious diseases. Explain preventive measures. 	Lecture	MCQ, SEQ
2.	Non-EPI disease (Typhoid, Malaria, Dengue)	 Describe Clinical features, list investigations and complications of infectious diseases. Outline treatment of infectious diseases. Explain preventive measures. 	Lecture	MCQ, SEQ
		MISC		

1	Dysmorphology	Describes clinical features	Lecture	MCQ,SEQ
	, ,	and list investigations of common syndromes.		
		 Outline management of common syndromes 		

Gynecology/ Obstetrics Y4B1

S. No	Topics	Learning Objective At the end of lecture 4 th year students will be able to	MIT	Name of instructor	Mode of assessment
1	Introduction to obstetrics & Gynecology:	 Describe the topics taught in obstetrics &gynecology Discuss the importance of subject Define common terms used in obstetrics Discuss Obstetric statistics of Pakistan, Maternal mortality rate & its causes Define common terms used in gynecology 	LGIS		
2	Conception implantation and early development of fetus. Placental development and its abnormalities:	 Discuss how conception and implantation occurs Describe the early development of fetus Explain development of placenta Discuss different abnormalities in placental development 	LGIS		MCQ
3	Hypertensive disorders of pregnancy: Pregnancy induced hypertension(PIH) & Pre- eclampsia (PE):	 Define hypertension in pregnancy List & define types of hypertensive disorders in pregnancy Describe etiology of pre- eclampsia Discuss pathophysiology of pre- eclampsia Explain clinical presentation of PIH&PE Describe & interpret investigations to diagnose PE Discuss management plan for PIH &PE 	LGIS		MCQ SEQ

4	Hypertensive disorders of pregnancy: Eclampsia & HELLP syndrome	 Define Eclampsia & HELLP syndrome Describe risk factors & pathophysiology of eclampsia & HELLP syndrome Discuss clinical presentation of eclampsia & HELLP syndrome Interpret investigation for eclampsia & HELLP syndrome Formulate a management plan for eclampsia & HELLP syndrome 	LGIS	MCQ SEQ
5	Normal fetal development and growth:	 Discuss development of cardiovascular system and fetal circulation & abnormalities Describe development of lungs& respiratory system & abnormalities Explain development of gastrointestinal system & its common abnormalities Describe development of excretory system and its common abnormalities Discuss development of skin, endocrine system and its common abnormalities Describe development of blood & immune system & its common abnormalities 	LGIS	MCQ
6	Intrauterine growth restriction (IUGR):	 Define IUGR &SGA Describe etiology of IUGR Discuss pathophysiology& clinical presentation of IUGR Interpret investigations done for diagnosis of IUGR Formulate a management plan for IUGR 	LGIS	MCQ SEQ
7	Physiological changes in pregnancy & Diagnosis of pregnancy:	 Describe signs & symptoms of pregnancy and diagnostic tests of pregnancy Discuss the changes in plasma volume & blood in pregnancy & their importance Explain the changes in respiratory system & cardiovascular system in pregnancy and their importance 	LGIS	MCQ

		 Discuss changes in gastrointestinal system& excretory system in pregnancy and their importance Describe changes in endocrinological system &metabolism and their importance Review changes in reproductive system in 		
8	Cardiac diseases in pregnancy:	 Discuss Pre-pregnancy counseling of patients with heart diseases Describe antenatal management of patients with cardiac disease in pregnancy Discuss high risk cardiac conditions & NHYA classification of cardiac patients Discuss a general management plan of labour& delivery of cardiac patients Discuss management of heart failure and specific conditions i.e. IHD, Mitral & aortic stenosis, Marfan syndrome & 	LGIS	MCQ SEQ
9	Pre-Pregnancy counselling & complications of Substance abuse in pregnancy: Antenatal care:	 pulmonary hypertension Discuss importance of prepregnancy care Describe general prepregnancy care Discuss care of patients with specific medical disorders Explain effects of smoking, alcoholism, opiates &cocaine derivatives on fetus Discuss management of women with substance abuse Discuss the aims &importance of antenatal care 	LGIS	MCQ SEQ
		 Describe the antenatal booking visit ,Booking history &examination Discuss investigations done at booking visit & their importance 		

		Explain follow up visits & routine antenatal care		
		in pregnancy		
11	Pre-natal diagnosis :	 Enlist conditions that can be diagnosed in pre-natal period Describe methods for prenatal diagnosis Discuss pretest counseling before invasive testing Describe indications , contraindications and complications of chorionic villus sampling, amniocentesis and cordocentesis Discuss down syndromes creening 	LGIS	MCQ SEQ
12	Antenatal imaging & assessment of fetal wellbeing:	 Discuss the clinical application of ultrasound in pregnancy Describe the scanning schedule in pregnancy Discuss ultrasound assessment of fetal wellbeing Discuss biophysical profile and its importance Explain the Doppler investigations done to assess fetal wellbeing 	LGIS	MCQ SEQ
13	Minor problems of pregnancy and urinary tract infection in pregnancy:	 Describe musculoskeletal problems i.e. backache, symphysis pubis dysfunction & carpel tunnel syndrome and their management Discuss common gastrointestinal problem hyperemesis gravidarum, gastro esophageal reflux & haemorrhoids and their management Describe etiology and management of varicose veins and edema in pregnancy Explain frequency, etiology ,causative organisms, investigations and management of urinary tract infections in pregnancy 	LGIS	MCQ

14	Labor: Physiology of	Discuss changes in uterus, cervix and hormonal factors that	LGIS	MCQ
	labor, Diagnosis	occurs during labor		
	of labor and	Describe diagnosis of labor		
	Stages of labor:	• Explain cervical changes		
	8	during first stage of labor		
		Explain phases of second stage		
		of labor		
		Discuss third stage of labor		
15	Labor: Maternal	Describe the diameters of normal	LGIS	MCQ
	pelvis, Fetal skull	gynaecoidpelvis		
	and mechanism	Review the abnormalities of		
	of delivery:	pelvic shapes and associated		
		complications		
		Discuss the anatomy and diameters of fetal skull		
		Discuss the mechanism of		
		normal delivery		
16	Management	Discuss on admission history	LGIS	MCQ
	of normal	taking, general physical		SEQ
	labor	examination, abdominal		
	,Partogram:	examination and vaginal		
		examination		
		Explain partogram and		
		its importance		
		Describe management of		
		first stage of labor		
		Describe management of		
		second stage of labor		
		Describe management of third stage of labor		
17	Intrapartum	third stage of laborExplain the methods used	LGIS	MCQ
1'	fetal monitoring:	for intrapartum fetal	LOIS	MCQ
	ictui momtoring.	monitoring		
		Discuss importance of clear		
		liquor, meconium staining		
		and blood staining of liquor		
		Describe intermittent		
		auscultation of fetal heart using		
		fetoscope and hand held		
		Doppler		
		Discuss continuous electronic		
		fetal heart monitoring using		
		CTG and its abnormalities		
		Describe fetal scalp blood sampling		
18	Analgesia and	Enlist methods for pain	LGIS	MCQ
	anesthesia in	relief during labor		SEQ
	labor:	Describe various non-		
L		Describe various non	<u>l</u>	

19	Puerperium& its complications:	pharmacological methods used for labor analgesia Discuss various pharmacological methods for labor analgesia, their effectiveness and side–effects Explain spinal anesthesia pre- requisites, method and complications Discuss physiological changes during normal puerperium	LGIS	MCQ SEQ
		 Describe common problems & their management during puerperium Discuss puerperal pyrexia ,its causes and management Explain puerperal sepsis, its etiology, clinical presentation and management 		
20	Viral hepatitis &other liver disorders in pregnancy ,obstetric cholestasi s ,Cholelithiasis in pregnancy	 Discuss viral hepatitis, its effects on pregnancy, risk of perinatal transmission and management during pregnancy Describe obstetric cholestasis, its etiology, fetal risks and management of pregnancy Discuss management of women with cholelithiasis during pregnancy 	LGIS	MCQ SEQ

Medicine Y4B1

S#	Topic	Learning Objective At the end of lecture 4 th year students will be able to	MIT	Names of Instructor	Assessment
	CVS:				
1.	Hypertension		LGIS		MCQ/SAQ
2.	Congestive cardiac failure		LGIS		MCQ/SAQ

3.	Approach to patient with chest pain	i. ii. iii. iv.	•	LGIS	MCQ/SAQ
4.	Ischaemic Heart Disease- Angina Pectoris			LGIS	MCQ/SAQ
5.	Unstable angina			LGIS	MCQ/SAQ
6.	Acute Rheumatic Fever & Acute Pericarditis	i. ii. iii. iv.	presentation	LGIS	MCQ/SAQ
		1	Respiration	:	'
7.	Approach to patient with dyspnea	i. ii. iii. v. v.	Discuss briefly the pathophysiology of dyspnea Enumerate its causes Take history& demonstrate physical signs present in a patient of dyspnea Enlist and justify the differential diagnosis Plan relevant investigations Give detailed management plan	LGIS	MCQ/SAQ

8.	Bronchial	i.	Define bronchial asthma	LGIS	MCQ/SAQ
	Asthma	ii.	Classify it		
		iii.	Enumerate its precipitating		
			factors		
		iv.	Understand its etiology&		
			pathogenesis		
		v.	Identify its clinical		
			features & grade of		
			severity		
		vi.	Advice appropriate		
			investigations		
		vii.	Discuss its management		
			plan		
		viii.	Identify patients with		
			acute severe asthma &		
			manage them		
		ix.	Know about brittle asthma		

9.	Pneumothorax	i.	Define &classify	LGIS	MCQ/SAQ
			pneumothorax		
		ii.	Explain about its		
			pathological types		
		iii.	Describe its clinical		
			features		
		iv.	Advice appropriate		
			investigations		
		v.	Discuss the treatment plan		
			of these patients		
		vi.	Identify recurrent		
			pneumothorax &its		
			management		

10. Acu	te Bacterial	i.	Define Pneumonia	LGIS	MCQ/SAQ
	umonia	ii.	Classify Pneumonias	2015	1110 Q/511Q
Phe	ишоша		Learn about Community-		
		111.	•		
		•	acquired pneumonia(CAP)		
		iv.	Enumerate Common		
			organisms and clinical		
			features of community-		
			acquired pneumonia(CAP)		
		v.	Enumerate Factors that		
			predispose to pneumonia		
		vi.	Know the clinical signs of		
			Consolidation		
		vii.	Understand the objectives		
			of Investigations and enlist		
			them including		
			Microbiological		
			investigations in patients		
			with CAP		
		:::			
		V111.	Enlist Differential		
			diagnosis of pneumonia		
		ix.	Know about CURB-65		
			scoring system and its		
			application in assessment		
			of disease severity		
		х.	Learn about management		
			plan of CAP in detail		
		xi.	Know the importance of		
			Vaccines, discharge criteria		
			and follow up policy in		
			patients with CAP		
11 Plen	ral Effusion	i.	Define pleural effusion	LGIS	MCQ/SAQ
	Tur Lirusion	ii.	Know briefly its	2012	1120 8 2114
			pathophysiology		
		iii.	Know its etiology		
		iv.	Differentiate between		
		1 V .	exudative & transudative		
			effusion clinically & on		
			basis of investigations		
		V.	Identify its clinical		
			features		
		vi.	Advice appropriate		
			investigations		
		vi.	Make an propriate		
			management plan		
			according to the		
	l I		are or aring to time	1	

12.	Emphysema	i.	Define COPD and know	LGIS	MCQ/SAQ
-	T J		the epidemiology and		
			Aetiology		
		ii.	Have a clear concept of		
		11.	Pathophysiology of COPD		
		iii.	Enumerate the risk factors		
		111.	of COPD		
		iv.	Learn clinical features and		
		17.			
			detailed clinical signs of		
			COPD and Emphysema		
		v.	Learn about Spirometric		
			classification of COPD		
			severity based on post-		
			bronchodilator FEV		
		vi.	Learn about detail		
			management including		
			acute exacerbations of		
			COPD		
	O 1.				
	<u>G.1:</u>				
12	Dyananaia	i.	Define Dyspepsia	LGIS	MCQ/SAQ
13.	Dyspepsia	i. ii.	Enumerate causes & types	LOIS	MCQ/SAQ
		111.	of Dyspepsia		
		iii.	• • •		
		111.	Identify Red flag		
			symptoms &signs		
		iv.	Outline management of		
			Dyspepsia	Y CYC	1160/610
14.	Peptic	i.	Define pepticulcer	LGIS	MCQ/SAQ
	Ulcer	ii.	Compare duodenal and		
	Disease		pepticulcer		
		iii.	Describe its etiology		
		iv.	Describe its Clinical		
			presentation		
		v.	Plan its management		
		V1.	Enumerate its		
			Complications		2.5.7.2.17.1.2
15.	Upper GI	i.	Define upper GI Bleed	LGIS	MCQ/SAQ
	Bleeding	ii.	Describe etiology of upper		
			GI Bleed		
		iii.	3		
			features		
		iv.			
			GI Bleed		
		v.	Discuss relevant		
			investigations		
16.		vi.	Discuss management		
10.	Acute Diarrheas	i.	Define acute diarrhea	LGIS	MCQ/SAQ
10.	Acute Diarrheas		Define acute diarrhea Describe its	LGIS	MCQ/SAQ
10.	Acute Diarrheas	i.	Define acute diarrhea	LGIS	MCQ/SAQ

		iv. v.	presentation Plan Investigation Discuss detailed management plan		
	Liver:				
17.	Jaundice	i. ii. iii. iv.	Understand Pathophysiology of Jaundice Describe causes of Jaundice Plan investigations of a case of Jaundice Give a plan of management of jaundice	LGIS	MCQ/SAQ
18.	Acute Venial Hepatitis (AVH)	i. ii. iii. iv. v.	List the etiology of AVH Explain its epidemiology Describe briefly its clinical features Plan relevant investigations Differentiate clinically between different varieties of AVH Predict the course of illness & its prognosis Plan its management & advice about its prevention	LGIS	MCQ/SAQ
19.	Cirrhosis + Ascites	i. ii. iii. iv. v. vi. vii. viii. ix. x. xi.	Define cirrhosis Enlist its etiology Describe briefly its pathogenesis &pathology Outline its clinical features Formulate & interpret its investigations Identify its complication Summarize its treatment plan Describe its course + prognosis Outline the pathogenesis of ascites Recognize the clinical feature of ascites Plan revenant investigations of ascites Explain the management of ascites	LGIS	MCQ/SAQ

20.	Cirrhosis -	i.	Describe the	LGIS	MCQ/SAQ
	Hepatic		Pathophysiology of		
	Encephalopath		Cirrhosis Hepatic		
			encephalopathy		
	y	ii.	Identify clinical feature of		
			hepaticence phalopathy		
		iii.	Enlist precipitating causes		
			of encephalopathy		
		iv.	Plan relevant		
			investigations		
		v.	Explain Management plan		

Surgery Y4B1

S.No	Topic	Learning objectives	Mode of	Names of	Assessment
		At the end of Block 1 students will	transfer	Instructor	
1.	Ortho History, Clinical Examination & Investigation	 Identify anatomical features of bones and joints of upper and lower limbs State the general principles of fracture management. Classify different types of fractures. State radiological principles in fracture diagnosis. 	LGIS		MCQ/ SAQ
		 List complications from fractures. Describe the basic surgical management of fractures, including femoral neck fractures. 			
2.	Oesophagus motility disorders	 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 diagnostic and management plan of patient using conventional and newer treatment modalities 	LGIS		MCQ/ SAQ

3.	General Principles of orhtopaedic trauma management	 Elaborate principles of management through open and closed reduction including follow up plan List potential complications associated with supracondylar fracture 	LGIS	MCQ/ SAQ
4.	Arterial disorders	 Identify clinical manifestations and etiology of acute limb ischemia Relate the major risk factors to the etiology and pathophysiology of acute limbischemia. Elaborate differential diagnosis of acute limbischemia. Suggest appropriate investigations to make the diagnosis. Discuss the medical and surgical management of acute limb ischemia. Plan appropriate nursing care for the patient of acute limbischemia. Elaborate significance of Baseline glycemic control required for surgical procedure Discuss the complications of Diabetes Mellitus in Surgical Patient Identify the Signs and Symptoms of uncontrolled DM inpatients Develop pre-op, and post-op management plan for a diabetic patient. 	LGIS	MCQ/ SAQ
5.	Upper Limbs fractures and dislocations	 Identify anatomical features of bones and joints of upper limbs State the general principles of fracture management. Classify different types of fractures. State radiological principles in fracture diagnosis. List complications from fractures. Describe the basic surgical management of fractures of upper Limb. 	LGIS	MCQ/ SAQ

6.	Venous	Elaborate clinical presentation,	LGIS	MCQ/ SAQ
.	disorders	 etiology and pathophysiology of varicoseveins. Suggest differential diagnosis based on assessment of patient. Classify varicoseveins. Rule out the diagnosis of DVT using appropriate investigations. Suggest conservative or surgical management of varicose veins where indicated. 		
7.	Lower Limbs fractures and dislocations	 Identify anatomical features of bones and joints of lower limbs State the general principles of fracture management. Classify different types of fractures. State radiological principles in fracture diagnosis. List complications from fractures. Describe the basic surgical management of fractures, including femoral neck fractures. 	LGIS	MCQ/ SAQ
8.	Cardiac surgery	 Relate anatomical anomlies to surgical correction and its clinical restoration of functional capacity List complications of untreated anomly and complications associated with surgery 	LGIS	MCQ/ SAQ
9.	Spine fracture and dislocations	 Relate functional anatomy to mechanisms for pain production. Differentiate between different types of low back pain basedon signs and symptoms Develop management plan for a patient with a Lower backpain. Justify physical therapy as managementoption. 	LGIS	MCQ/ SAQ
10.	Lymphatic disorders	 Describe the pathogenesis and natural history of disease. Select appropriate diagnostic tools to interpret there sults Identify the patient problems using appropriate clinical examination and radiological studies. 	LGIS	MCQ/ SAQ

11.	Appendicitis	 Apply evidence based decision making for the management of the patient. Manage patient with lymphatic obstruction. Describe the symptoms, signs, and differential diagnosis for 	LGIS	MCQ/ SAQ
		 patients presenting with an acute appendicitis. Discuss the investigations and management of patients with acute appendicitis. 		
12.	Gall stone disease	 Discuss the Etiology of Cholelithiasis with relevance to anatomical and pathological basis Explains the Clinical presentation of Cholelithiasis Elaborate the clinical significance of Charcot triangle Diagnose cholelithiasis based on clinical presentation and investigations Manage cholelithiasis and its complications 	LGIS	MCQ/ SAQ
13.	Chest trauma I	Differentiate between different types of chest injuries based on mechanism of pathophysiology findings, and management.	LGIS	MCQ/ SAQ
14.	Chest trauma II	 differentiate between types of para pneumonic abscess on the basis of etiology. Generate differential diagnosis of empyemathoracic Explains the role of radiographic, endoscopic and laboratory evaluation in the diagnosis Devise a proper management plan including pharmacotherapy and need for surgical intervention Discuss the complications of disease and of surgical procedures for empyemathoracic Propose postoperative follow up plan for the patient 	LGIS	MCQ/ SAQ

15.	Lung and mediastinal tumours	 identify the causes and risk factors for lung cancer Advocate measures and guidelines to decrease risk for developing lung cancer and its screening Discuss the prognostic factors of Calung. 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. Discuss the complications of disease and its treatment Generate differential diagnosis of mediastinal mass based on signs and symptoms Devise a management plan for the treatment and diagnosis of mediastinal mass. 	LGIS	MCQ/ SAQ
16.	Diaphragmatic injuries	Differentiate between different types of chest injuries based on mechanism of pathophysiology findings, and management	LGIS	MCQ/ SAQ
17.	Paralytic disorders (Polio, cevebral palsy, spina bifida)	 Differentiate between various types of spinal tumors. Assess the patient clinically for accurate treatment and about Postsurgical complications. 	LGIS	MCQ/ SAQ
18.	Pancreatitis I	 Diagnose pancreatitis using Ranson and Glasgow criteria Enumerate causes of pancreatitis and its predisposing factors Elaborate the Diagnosis of pancreatitis based on its signs and symptoms Manage pancreatitis and its complications 	LGIS	MCQ/ SAQ
19.	Obstructive jaundice	 provide physiological and anatomical basis of different types of jaundice Diagnose obstructive jaundice on the basis of clinical presentation and diagnostic tests Plan management of obstructive 	CBL	MCQ/ SAQ

		jaundice and its complications		
20.	Pancreatic tumours	 Discuss the etiology of Ca Pancreas Discuss the Clinical Presentation of CaPancreas Enumerate the signs and symptoms of Capancreas Discuss diagnostic criteria for Carcinoma Pancreas stage the cancer Plan the treatment of carcinoma Pancreas and its complications 	CBL	MCQ/ SAQ



- Robbins Basic Pathology, 10th ed.& Robbins and Cotran Pathologic Basis of Disease, 9th Edition.
- Robbins Atlas of Pathology 3rd edition & Robbins Basic Pathology 10th edition.
- Diseases of Ear, Nose, and Throat Head and Neck Surgery by PL Dhingra . Shruti Dhingra 6th Edition.
- Logan Turner's Diseases of the nose Throat and Ear head and Neck Surgery by S.
 Musheer Hussain 11th Edition
- Clinical ophthalmology, a systematic approach by Jack J. Kanski, 8th Edition.
- General ophthalmology by Vaughan & Asbury, 18th edition.
- Clinical ophthalmology by Shafi M. Jatoi, 5th Edition.

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