



## Surgery and Allied

1.	<u>Module-11</u>	ENDOCRINE GLANDS
2.	<u>Module-12</u>	BREAST
3.	<u>Module-13</u>	UPPER G.I. (Stomach & Esophagus)
4.	<u>Module-14</u>	Intestines, Rectum and Anal Canal
5.	<u>Module-15</u>	Abdominal wall, Hernia, Mesentery, Omentum and Retroperitoneal space
6.	<u>Module-16</u>	Liver, Gall bladder, Spleen and Pancreas
7.	<u>Module-17</u>	VASCULAR DISORDERS
8.	<u>Module-18</u>	Skin Disorders & Principles of reconstructive and plastic surgery
9.	<u>Module-19</u>	Pediatric Surgery
10.	<u>Module-21</u>	ORTHOPEDIC SURGERY
11.	<u>Module-23</u>	Communication Skills
12.	<u>Module-24</u>	SURGICAL SKILLS



**CMH Lahore Medical College**

**Department of Surgery**

**Final Year MBBS**

**Study Guide**

## **MODULE - 11: ENDOCRINE GLANDS**

## **Mission Statement**

To provide an excellent learning and teaching environment, inculcating ethical values and social responsibilities in undergraduate and postgraduate medical & dental students and nursing and allied health sciences students to enhance the level of comprehensive healthcare in the Army/Country.

## **TABLE OF CONTENTS**

1. Introduction & Aim -----	4
2. General & Specific Outcomes -----	5
3. Learning Objectives-----	6
4. Resources -----	7
a. Teaching resources -----	7
b. Infrastructure resources -----	8
5. Learning methodologies-----	9
6. Course outline -----	11
7. Learning resources -----	13
8. Assessment Methods -----	15

## **INTRODUCTION:**

General surgery is the science and art of treating injury, deformity, and disease using operative procedures. General surgery is frequently performed to alleviate suffering when this is unlikely through medication alone. Surgical operative procedures may range from minor procedures performed in a physician's office, to more complicated operations requiring a medical team in a hospital setting. The MBBS undergraduate students learn General Surgery during all years of the program and are evaluated in the Final Professional MBBS Examination by the University.

## **AIM OF THE MBBS GENERAL SURGERY COURSE:**

This program aims to ensure that the Medical graduates will make the bio-psycho-social care of surgical patients their first concern by applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership to analyze complex and uncertain situations.

## **GENERAL OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

The General outcomes of this course are:

1. Development of the graduate as a scholar and a scientist;
2. Development of the graduate as a practitioner; and
3. Development of the graduate as a professional.

## **SPECIFIC OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

At the completion of this course the MBBS graduate will be able to:

1. Apply biomedical scientific principles, method and knowledge to clinical practice.
2. Apply the principles, method and knowledge of population health and the improvement of health and healthcare to clinical practice.
3. Apply scientific method and approaches to medical research.
4. Carry out a consultation with a surgical patient.
5. Diagnose and suggest management of common General Surgical conditions relevant to clinical practice in Pakistan.
6. Communicate effectively with patients and colleagues in a medical context.

7. Provide immediate care in surgical emergencies relevant to clinical practice.
8. Prescribe drugs safely, effectively and economically.
9. Carry out common practical procedures involved in general care of surgical patients safely and effectively.
10. Use information effectively in a medical context.
11. Behave according to ethical and legal principles.
12. Reflect, learn and teach others.
13. Learn and work effectively within a multi-professional team.
14. Protect patients and improve care.

## **INTRODUCTION TO ENDOCRINE GLANDS:**

This includes the clinical presentation, investigations, diagnosis and treatment of common endocrine disorders and the role of surgery in their management.

## **LEARNING OBJECTIVES OF MODULE – 11– ENDOCRINE GLANDS:**

- To understand the development and anatomy of the thyroid gland
- To know the physiology and investigation of thyroid function
- To be able to select appropriate investigations for thyroid swellings
- To know when to operate on a thyroid swelling
- To describe thyroidectomy
- To know the risks and complications of thyroid surgery

To understand:

- The anatomy of the parathyroid glands
- The physiology of calcium regulation
- The underlying causes of hypercalcemia and appropriate emergency management
- The etiology, presentation, investigation and management of primary hyperparathyroidism and associated special cases
- The etiology, presentation, investigation and management of secondary and tertiary hyperparathyroidism
- The etiology and management of parathyroid carcinoma
- The anatomy and function of the adrenal and other abdominal endocrine glands
- The diagnosis and management of these endocrine disorders
- The role of surgery in the management of these endocrine disorders

## **RESOURCES:**

1. Teaching resources
2. Infrastructure resources

### **Teaching resources:**

<b>Sr. #.</b>	<b>Faculty Name</b>	<b>Appointment</b>	<b>Qualification</b>
<b>1</b>	Maj Gen (R) Ahmed Khan Chaudhary	Professor and HOD	MBBS, FCPS, FRCS
<b>2</b>	Brig (R) Shahid Majeed	Professor of Surgery	MBBS, FCPS
<b>3</b>	Brig M. Jaleel Malik	Associate Professor	MBBS, FCPS



**Infrastructure resources:**

<b>Sr. #.</b>	<b>Infrastructure Resources</b>	<b>Quantity</b>
<b>1</b>	<ul style="list-style-type: none"><li>• Outpatient Department Male</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
<b>2</b>	<ul style="list-style-type: none"><li>• Outpatient Department Female</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
<b>3</b>	<ul style="list-style-type: none"><li>• Main Operation Theaters</li></ul>	<ul style="list-style-type: none"><li>• 8 (Fully quipped)</li></ul>
<b>4</b>	<ul style="list-style-type: none"><li>• Minor Operation Theatre</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>5</b>	<ul style="list-style-type: none"><li>• Surgical Intensive Care</li></ul>	<ul style="list-style-type: none"><li>• 10</li></ul>
<b>6</b>	<ul style="list-style-type: none"><li>• Main Intensive Care</li></ul>	<ul style="list-style-type: none"><li>• 10</li></ul>
<b>7</b>	<ul style="list-style-type: none"><li>• Accident &amp; Emergency Department</li></ul>	<ul style="list-style-type: none"><li>• 10 Beds</li></ul>
<b>8</b>	<ul style="list-style-type: none"><li>• Surgical Ward Male</li></ul>	<ul style="list-style-type: none"><li>• 40 beds</li></ul>
<b>9</b>	<ul style="list-style-type: none"><li>• Surgical Ward Female</li></ul>	<ul style="list-style-type: none"><li>• 20 beds</li></ul>
<b>10</b>	<ul style="list-style-type: none"><li>• Mini Procedure Room</li></ul>	<ul style="list-style-type: none"><li>• 2</li></ul>
<b>11</b>	<ul style="list-style-type: none"><li>• Reception</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>12</b>	<ul style="list-style-type: none"><li>• Mini Library</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>13</b>	<ul style="list-style-type: none"><li>• Designated work stations for staff</li></ul>	<ul style="list-style-type: none"><li>• As per faculty list</li></ul>
<b>14</b>	<ul style="list-style-type: none"><li>• Lecture Hall</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>15</b>	<ul style="list-style-type: none"><li>• Small Group Discussion Room</li></ul>	<ul style="list-style-type: none"><li>• 5</li></ul>

## **LEARNING METHODOLOGIES:**

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital / Clinic visits
- Small Group Discussion
- Case- Based Learning
- Clinical teaching at bedside and outpatient department
- Skills session
- E- Learning
- Self- Directed Study
- Clinico pathological conferences
- Observation and assistance in Operation theatres

### **INTERACTIVE LECTURES**

In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients, interviews, exercise etc. students are actively involved in the learning process.

### **HOSPITAL VISITS:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical science of the relevant module.

### **SMALL GROUP DISCUSSION (SGD)**

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

### **CASE- BASED LEARNING**

A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the module.

### **SKILLS SESSION**

Skills relevant to respective module are observed and practiced where applicable in Skills laboratory or Department of Surgery.

### **SELF DIRECTED STUDY**

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

### **E- LEARNING**

E-Learning is a strategy by which learning occurs through the utilization of electronic media, typically the Internet. The basic aspects of medical professionalism and ethics will be addressed through and E- Learning course.

### **CLINICO PATHOLOGICAL CONFERENCE:**

As per recommendations of PMDC, a group of students prepare a case-based presentation which is supervised by a consultant supervisor. This is presented before whole class followed by discussion.

### **OBSERVATION AND ASSISTANCE IN OPERATION THEATRES:**

Students rotate on weekly basis to go to operation theatres. The operating consultant shows them the different operative steps of surgical procedure. This helps them to further clarify their concepts

## COURSE OUTLINE

TOPICS AND OBJECTIVES	FACULTY	LEARNING STRATEGY
<ul style="list-style-type: none"><li>Thyroid – I (Benign disorders)</li></ul>	Maj Gen (R) Ahmed Khan Chaudhary	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"><li>Thyroid – II (Malignant disorders)</li></ul>	Maj Gen (R) Ahmed Khan Chaudhary	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"><li>Thyroidectomy (Types and post-operative complications)</li></ul>	Maj Gen (R) Ahmed Khan Chaudhary	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP)

		Short case presentations Observation in workplace/OT
<ul style="list-style-type: none"> <li>Hyperparathyroidism and its Surgical treatment, Parathyroidectomy</li> </ul>	Brig® Shahid Majeed	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace/OT
<ul style="list-style-type: none"> <li>Surgical disorders of Adrenal glands / MEN Syndromes / Adrenalectomy</li> </ul>	Brig Mannan Masood	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace/OT

## **LEARNING RESOURCES:**

(As per PMDC / HEC revised Curriculum 2011)

<b>Recommended Textbooks</b>	<ol style="list-style-type: none"><li>1. Norman S Williams, Christopher J K Bulsrode, P Ronan O' Connell. (Eds.) Bailey and Love Short Practice of Surgery. 27<sup>th</sup> Edition. London. Arnolds. 2018</li><li>2. Hamilton &amp; Bailey's Emergency Surgery. 5<sup>th</sup> Edition. Philadelphia, Apprentice Hall. 2004, Independent Publishing House, 2007.</li><li>3. Hamilton and Bailey's Clinical methods.</li><li>4. M Shuja Tahir and M Abid Bashir. Surgery Principles and General. 1<sup>st</sup> Edition. Faisalabad. Independent Publishing House, 2005 (Revised Edition 2013).</li><li>5. M Shuja Tahir. Surgery: Clinical examination system. 6<sup>th</sup> edition. Faisalabad Independent Publishing House, 2007.</li><li>6. Current Surgical Diagnosis and Treatment</li><li>7. Browse Introduction to signs and symptoms of surgical diseases</li><li>8. Clinical skills for undergraduates by Abdul Majeed Ch. And Aamer Zaman Khan</li><li>9. Vascular and lymphatic disorders and neck swellings</li></ol>
<b>Hands- on Activities / Practical</b>	Students will be involved in Practical sessions and hands-on activities that link with the module to enhance the learning
<b>Skills Lab</b>	A skills lab provides the simulated learning experience to learn the basic skills and procedures. This helps patients
<b>Videos</b>	Video familiarize the student with the procedures and protocols to assess patients
<b>Computer Lab/CSs/DVDs/ Internet Resources:</b>	To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.

<b>Self-Learning</b>	Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concepts.
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## **ASSESSMENT METHODS:**

### **1. WRITTEN ASSESSMENT:**

- a. Multiple Choice Questions (MCQs)
- b. Short Essay Questions (SEQs)

### **2. ORAL ASSESSMENT:**

- a. Short cases
- b. Long cases
- c. Directly observed practical skills (DOPS)
- d. Objective Structured Clinical examination (OSCE)

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**CMH Lahore Medical College**

**Department of Surgery**

**Final Year MBBS**

**Study Guide**

**MODULE – 12: BREAST**

## **Mission Statement**

To provide an excellent learning and teaching environment, inculcating ethical values and social responsibilities in undergraduate and postgraduate medical & dental students and nursing and allied health sciences students to enhance the level of comprehensive healthcare in the Army/Country.

## **TABLE OF CONTENTS**

1. Introduction & Aim -----	4
2. General & Specific Outcomes -----	5
3. Learning Objectives -----	6
4. Resources -----	7
a. Teaching resources -----	7
b. Infrastructure resources -----	8
5. Learning methodologies-----	9
6. Course outline -----	11
7. Learning resources -----	13
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## **INTRODUCTION:**

General surgery is the science and art of treating injury, deformity, and disease using operative procedures. General surgery is frequently performed to alleviate suffering when this is unlikely through medication alone. Surgical operative procedures may range from minor procedures performed in a physician's office, to more complicated operations requiring a medical team in a hospital setting. The MBBS undergraduate students learn General Surgery during all years of the program and are evaluated in the Final Professional MBBS Examination by the University.

## **AIM OF THE MBBS GENERAL SURGERY COURSE:**

This program aims to ensure that the Medical graduates will make the bio-psycho-social care of surgical patients their first concern by applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership to analyze complex and uncertain situations.

## **GENERAL OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

The General outcomes of this course are:

4. Development of the graduate as a scholar and a scientist;
5. Development of the graduate as a practitioner; and
6. Development of the graduate as a professional.

## **SPECIFIC OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

At the completion of this course the MBBS graduate will be able to:

15. Apply biomedical scientific principles, method and knowledge to clinical practice.
16. Apply the principles, method and knowledge of population health and the improvement of health and healthcare to clinical practice.
17. Apply scientific method and approaches to medical research.
18. Carry out a consultation with a surgical patient.
19. Diagnose and suggest management of common General Surgical conditions relevant to clinical practice in Pakistan.
20. Communicate effectively with patients and colleagues in a medical context.

21. Provide immediate care in surgical emergencies relevant to clinical practice.
22. Prescribe drugs safely, effectively and economically.
23. Carry out common practical procedures involved in general care of surgical patients safely and effectively.
24. Use information effectively in a medical context.
25. Behave according to ethical and legal principles.
26. Reflect, learn and teach others.
27. Learn and work effectively within a multi-professional team.
28. Protect patients and improve care.

## **INTRODUCTION TO BREAST:**

This is related to a spectrum of benign breast disorders as well as the dreaded breast cancer. The complexities associated with their diagnosis and management

## **LEARNING OBJECTIVES OF MODULE – 12- BREAST:**

To understand:

- Appropriate investigation of breast disease
- Breast anomalies and the complexity of benign breast disease
- The modern management of breast cancer

## **RESOURCES:**

3. Teaching resources
4. Infrastructure resources

### **Teaching resources:**

<b>Sr. #.</b>	<b>Faculty Name</b>	<b>Appointment</b>	<b>Qualification</b>
<b>1</b>	Maj Gen (R) Ahmed Khan Chaudhary	Professor and HOD	MBBS, FCPS, FRCS
<b>2</b>	Brig (R) Shahid Majeed	Professor of Surgery	MBBS, FCPS

**Infrastructure resources:**

<b>Sr. #.</b>	<b>Infrastructure Resources</b>	<b>Quantity</b>
<b>1</b>	<ul style="list-style-type: none"><li>• Outpatient Department Male</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
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<b>15</b>	<ul style="list-style-type: none"><li>• Small Group Discussion Room</li></ul>	<ul style="list-style-type: none"><li>• 5</li></ul>



## **LEARNING METHODOLOGIES:**

The following teaching / learning methods are used to promote better understanding:

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- Small Group Discussion
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- Self- Directed Study
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### **INTERACTIVE LECTURES**

In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients, interviews, exercise etc. students are actively involved in the learning process.

### **HOSPITAL VISITS:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical science of the relevant module.

### **SMALL GROUP DISCUSSION (SGD)**

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

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A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the module.

### **SKILLS SESSION**

Skills relevant to respective module are observed and practiced where applicable in Skills laboratory or Department of Surgery.

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E-Learning is a strategy by which learning occurs through the utilization of electronic media, typically the Internet. The basic aspects of medical professionalism and ethics will be addressed through and E- Learning course.

### **CLINICO PATHOLOGICAL CONFERENCE:**

As per recommendations of PMDC, a group of students prepare a case-based presentation which is supervised by a consultant supervisor. This is presented before whole class followed by discussion.

### **OBSERVATION AND ASSISTANCE IN OPERATION THEATRES:**

Students rotate on weekly basis to go to operation theatres. The operating consultant shows them the different operative steps of surgical procedure. This helps them to further clarify their concepts

## COURSE OUTLINE

TOPICS AND OBJECTIVES	FACULTY	LEARNING STRATEGY
<ul style="list-style-type: none"> <li>Surgical anatomy of breast / Benign breast disorders / Diagnostic approach to a breast lump</li> </ul>	Maj Gen (R) Ahmed Khan Chaudhary	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"> <li>Carcinoma Breast</li> </ul>	Maj Gen (R) Ahmed Khan Chaudhary	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"> <li>Mastectomy its types and postoperative complications, Breast reconstruction</li> </ul>	Brig <sup>®</sup> Shahid Majeed	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP)

		Short case presentations Observation in workplace/OT
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## **LEARNING RESOURCES:**

(As per PMDC / HEC revised Curriculum 2011)

<b>Recommended Textbooks</b>	<ol style="list-style-type: none"><li>10. Norman S Williams, Christopher J K Bulsrode, P Ronan O' Connell. (Eds.) Bailey and Love Short Practice of Surgery. 27<sup>th</sup> Edition. London. Arnolds. 2018</li><li>11. Hamilton &amp; Bailey's Emergency Surgery. 5<sup>th</sup> Edition. Philadelphia, Apprentice Hall. 2004, Independent Publishing House, 2007.</li><li>12. Hamilton and Bailey's Clinical methods.</li><li>13. M Shuja Tahir and M Abid Bashir. Surgery Principles and General. 1<sup>st</sup> Edition. Faisalabad. Independent Publishing House, 2005 (Revised Edition 2013).</li><li>14. M Shuja Tahir. Surgery: Clinical examination system. 6<sup>th</sup> edition. Faisalabad Independent Publishing House, 2007.</li><li>15. Current Surgical Diagnosis and Treatment</li><li>16. Browse Introduction to signs and symptoms of surgical diseases</li><li>17. Clinical skills for undergraduates by Abdul Majeed Ch. And Aamer Zaman Khan</li><li>18. Vascular and lymphatic disorders and neck swellings</li></ol>
<b>Hands- on Activities / Practical</b>	Students will be involved in Practical sessions and hands-on activities that link with the module to enhance the learning
<b>Skills Lab</b>	A skills lab provides the simulated learning experience to learn the basic skills and procedures. This helps patients
<b>Videos</b>	Video familiarize the student with the procedures and protocols to assess patients
<b>Computer Lab/CSs/DVDs/ Internet Resources:</b>	To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.

<b>Self-Learning</b>	Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concepts.
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## **ASSESSMENT METHODS:**

### **3. WRITTEN ASSESSMENT:**

- a. Multiple Choice Questions (MCQs)
- b. Short Essay Questions (SEQs)

### **4. ORAL ASSESSMENT:**

- a. Short cases
- b. Long cases
- c. Directly observed practical skills (DOPS)
- d. Objective Structured Clinical examination (OSCE)

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**CMH Lahore Medical College**

**Department of Surgery**

**Final Year MBBS**

**Study Guide**

**MODULE – 13: UPPER G.I. (Stomach & Esophagus)**



## **Mission Statement**

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## **TABLE OF CONTENTS**

1. Introduction & Aim -----	4
2. General & Specific Outcomes -----	5
3. Learning Objectives -----	6
4. Resources -----	7
a. Teaching resources -----	7
b. Infrastructure resources -----	8
5. Learning methodologies-----	9
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## **INTRODUCTION:**

General surgery is the science and art of treating injury, deformity, and disease using operative procedures. General surgery is frequently performed to alleviate suffering when this is unlikely through medication alone. Surgical operative procedures may range from minor procedures performed in a physician's office, to more complicated operations requiring a medical team in a hospital setting. The MBBS undergraduate students learn General Surgery during all years of the program and are evaluated in the Final Professional MBBS Examination by the University.

## **AIM OF THE MBBS GENERAL SURGERY COURSE:**

This program aims to ensure that the Medical graduates will make the bio-psycho-social care of surgical patients their first concern by applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership to analyze complex and uncertain situations.

## **GENERAL OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

The General outcomes of this course are:

7. Development of the graduate as a scholar and a scientist;
8. Development of the graduate as a practitioner; and
9. Development of the graduate as a professional.

## **SPECIFIC OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

At the completion of this course the MBBS graduate will be able to:

29. Apply biomedical scientific principles, method and knowledge to clinical practice.
30. Apply the principles, method and knowledge of population health and the improvement of health and healthcare to clinical practice.
31. Apply scientific method and approaches to medical research.
32. Carry out a consultation with a surgical patient.
33. Diagnose and suggest management of common General Surgical conditions relevant to clinical practice in Pakistan.
34. Communicate effectively with patients and colleagues in a medical context.

35. Provide immediate care in surgical emergencies relevant to clinical practice.
36. Prescribe drugs safely, effectively and economically.
37. Carry out common practical procedures involved in general care of surgical patients safely and effectively.
38. Use information effectively in a medical context.
39. Behave according to ethical and legal principles.
40. Reflect, learn and teach others.
41. Learn and work effectively within a multi-professional team.
42. Protect patients and improve care.

### **INTRODUCTION TO UPPER G.I. (Stomach & Esophagus):**

This module of general surgery deals with the investigations of the upper gastrointestinal tract, the presentation of common congenital, pathological and motility disorders and their management.

### **LEARNING OBJECTIVES OF MODULE – 13: UPPER G.I. (Stomach & Esophagus):**

- To understand the anatomy and physiology of the esophagus and their relationship to disease
- To understand the clinical features, investigations and treatment of benign and malignant disease with particular reference to the common adult disorders
- To understand the gross and microscopic anatomy and pathophysiology of the stomach in relation to disease
- To be able to decide on the most appropriate techniques to use in the investigation of patients with complaints relating to the stomach and duodenum
- To understand the critical importance of gastritis and *Helicobacter pylori* in upper gastrointestinal disease
- To be able to investigate and treat peptic ulcer disease and its complications
- To be able to recognize the presentation of gastric cancer and understand the principles involved in its treatment
- To know about the causes of duodenal obstruction and the presentation of duodenal tumors

## **RESOURCES:**

5. Teaching resources
6. Infrastructure resources

### **Teaching resources:**

<b>Sr. #.</b>	<b>Faculty Name</b>	<b>Appointment</b>	<b>Qualification</b>
<b>1</b>	Maj Gen (R) Ahmed Khan Chaudhary	Professor and HOD	MBBS, FCPS, FRCS
<b>2</b>	Brig (R) Shahid Majeed	Professor of Surgery	MBBS, FCPS
<b>3</b>	Brig. M. Jaleel Malik	Associate Professor	MBBS, FCPS
<b>4</b>	Brig. Ahsen Manzoor Bhatti	Assistant Professor	MBBS, FCPS

**Infrastructure resources:**

<b>Sr. #.</b>	<b>Infrastructure Resources</b>	<b>Quantity</b>
<b>1</b>	<ul style="list-style-type: none"><li>• Outpatient Department Male</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
<b>2</b>	<ul style="list-style-type: none"><li>• Outpatient Department Female</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
<b>3</b>	<ul style="list-style-type: none"><li>• Main Operation Theaters</li></ul>	<ul style="list-style-type: none"><li>• 8 (Fully quipped)</li></ul>
<b>4</b>	<ul style="list-style-type: none"><li>• Minor Operation Theatre</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>5</b>	<ul style="list-style-type: none"><li>• Surgical Intensive Care</li></ul>	<ul style="list-style-type: none"><li>• 10</li></ul>
<b>6</b>	<ul style="list-style-type: none"><li>• Main Intensive Care</li></ul>	<ul style="list-style-type: none"><li>• 10</li></ul>
<b>7</b>	<ul style="list-style-type: none"><li>• Accident &amp; Emergency Department</li></ul>	<ul style="list-style-type: none"><li>• 10 Beds</li></ul>
<b>8</b>	<ul style="list-style-type: none"><li>• Surgical Ward Male</li></ul>	<ul style="list-style-type: none"><li>• 40 beds</li></ul>
<b>9</b>	<ul style="list-style-type: none"><li>• Surgical Ward Female</li></ul>	<ul style="list-style-type: none"><li>• 20 beds</li></ul>
<b>10</b>	<ul style="list-style-type: none"><li>• Mini Procedure Room</li></ul>	<ul style="list-style-type: none"><li>• 2</li></ul>
<b>11</b>	<ul style="list-style-type: none"><li>• Reception</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>12</b>	<ul style="list-style-type: none"><li>• Mini Library</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>13</b>	<ul style="list-style-type: none"><li>• Designated work stations for staff</li></ul>	<ul style="list-style-type: none"><li>• As per faculty list</li></ul>
<b>14</b>	<ul style="list-style-type: none"><li>• Lecture Hall</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>15</b>	<ul style="list-style-type: none"><li>• Small Group Discussion Room</li></ul>	<ul style="list-style-type: none"><li>• 5</li></ul>

## **LEARNING METHODOLOGIES:**

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital / Clinic visits
- Small Group Discussion
- Case- Based Learning
- Clinical teaching at bedside and outpatient department
- Skills session
- E- Learning
- Self- Directed Study
- Clinico pathological conferences
- Observation and assistance in Operation theatres

### **INTERACTIVE LECTURES**

In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients, interviews, exercise etc. students are actively involved in the learning process.

### **HOSPITAL VISITS:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical science of the relevant module.

### **SMALL GROUP DISCUSSION (SGD)**

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



### **CASE- BASED LEARNING**

A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the module.

### **SKILLS SESSION**

Skills relevant to respective module are observed and practiced where applicable in Skills laboratory or Department of Surgery.

### **SELF DIRECTED STUDY**

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

### **E- LEARNING**

E-Learning is a strategy by which learning occurs through the utilization of electronic media, typically the Internet. The basic aspects of medical professionalism and ethics will be addressed through and E- Learning course.

### **CLINICO PATHOLOGICAL CONFERENCE:**

As per recommendations of PMDC, a group of students prepare a case-based presentation which is supervised by a consultant supervisor. This is presented before whole class followed by discussion.

### **OBSERVATION AND ASSISTANCE IN OPERATION THEATRES:**

Students rotate on weekly basis to go to operation theatres. The operating consultant shows them the different operative steps of surgical procedure. This helps them to further clarify their concepts

## COURSE OUTLINE

TOPICS AND OBJECTIVES	FACULTY	LEARNING STRATEGY
<ul style="list-style-type: none"> <li>Surgical anatomy of esophagus, investigations used in esophageal diseases</li> </ul>	Brig (R) Shahid Majeed	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"> <li>Dysphagia &amp; its workup, Esophageal motility disorders</li> </ul>	Maj Gen (R) Ch Ahmed Khan	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"> <li>Esophageal strictures, diverticula and perforations</li> </ul>	Maj Gen (R) Ch Ahmed Khan	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in

		workplace
<ul style="list-style-type: none"> <li>Gastro-esophageal reflux disease and its surgical management</li> </ul>	Brig (R) Shahid Majeed	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"> <li>Surgical anatomy / Investigations of stomach and duodenum</li> </ul>	Maj Gen (R) Ch Ahmed Khan	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"> <li>Gastritis / Peptic ulcer disease / Surgical management of peptic ulcer disease</li> </ul>	Maj Gen (R) Ch Ahmed Khan	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace

<ul style="list-style-type: none"> <li>Gastric Outlet Obstruction</li> </ul>	<p>Brig (R) Shahid Majeed</p>	<p>Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace</p>
<ul style="list-style-type: none"> <li>Carcinoma Stomach</li> </ul>	<p>Maj Gen (R) Ch Ahmed Khan</p>	<p>Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace</p>
<ul style="list-style-type: none"> <li>Upper &amp; Lower GI bleeding (Causes &amp; management)</li> </ul>	<p>Brig (R) Shahid Majeed</p>	<p>Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace</p>

<ul style="list-style-type: none"> <li>Gastrectomy - types and postoperative complications</li> </ul>	Maj Gen (R) Ch Ahmed Khan	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"> <li>Diaphragmatic Hiatus hernia</li> </ul>	Brig. M. Jaleel Malik	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"> <li>Esophagectomy and post-operative complications</li> </ul>	Maj Gen (R) Ch Ahmed Khan	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"> <li>Carcinoma esophagus</li> </ul>	Brig. Ahsen	Interactive lecture /

	Manzoor Bhatti	CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
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## **LEARNING RESOURCES:**

(As per PMDC / HEC revised Curriculum 2011)

<b>Recommended Textbooks</b>	<p>19. Norman S Williams, Christopher J K Bulsrode, P Ronan O' Connell. (Eds.) Bailey and Love Short Practice of Surgery. 27<sup>th</sup> Edition. London. Arnolds. 2018</p> <p>20. Hamilton &amp; Bailey's Emergency Surgery. 5<sup>th</sup> Edition. Philadelphia, Apprentice Hall. 2004, Independent Publishing House, 2007.</p> <p>21. Hamilton and Bailey's Clinical methods.</p> <p>22. M Shuja Tahir and M Abid Bashir. Surgery Principles and General. 1<sup>st</sup> Edition. Faisalabad. Independent Publishing House, 2005 (Revised Edition 2013).</p> <p>23. M Shuja Tahir. Surgery: Clinical examination system. 6<sup>th</sup> edition. Faisalabad Independent Publishing House, 2007.</p> <p>24. Current Surgical Diagnosis and Treatment</p> <p>25. Browse Introduction to signs and symptoms of surgical diseases</p> <p>26. Clinical skills for undergraduates by Abdul Majeed Ch. And Aamer Zaman Khan</p> <p>27. Vascular and lymphatic disorders and neck swellings</p>
<b>Hands- on Activities / Practical</b>	Students will be involved in Practical sessions and hands-on activities that link with the module to enhance the learning
<b>Skills Lab</b>	A skills lab provides the simulated learning experience to learn the basic skills and procedures. This helps patients
<b>Videos</b>	Video familiarize the student with the procedures and protocols to assess patients
<b>Computer Lab/CSs/DVDs/ Internet Resources:</b>	To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.

<b>Self-Learning</b>	Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concepts.
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## **ASSESSMENT METHODS:**

### **5. WRITTEN ASSESSMENT:**

- a. Multiple Choice Questions (MCQs)
- b. Short Essay Questions (SEQs)

### **6. ORAL ASSESSMENT:**

- a. Short cases
- b. Long cases
- c. Directly observed practical skills (DOPS)
- d. Objective Structured Clinical examination (OSCE)

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**CMH Lahore Medical College**

**Department of Surgery**

**Final Year MBBS**

**Study Guide**

**MODULE – 14: Intestines, Rectum and  
Anal Canal**

## **Mission Statement**

To provide an excellent learning and teaching environment, inculcating ethical values and social responsibilities in undergraduate and postgraduate medical & dental students and nursing and allied health sciences students to enhance the level of comprehension healthcare in the Army/Country

## **Table of contents**

1. Introduction -----	1
2. Resources -----	3
a. Teaching resources -----	3
b. Infrastructure resources -----	4
3. Learning methodologies-----	5
4. Course outline -----	6
5. Learning resources -----	10
6. Assesment methods -----	11

## **INTRODUCTION**

General surgery is the science and art of treating injury, deformity, and disease using operative procedures. General surgery is frequently performed to alleviate suffering when this is unlikely through medication alone. Surgical operative procedures may range from minor procedures performed in a physician's office, to more complicated operations requiring a medical team in a hospital setting. The MBBS undergraduate students learn General Surgery during all years of the program and are evaluated in the Final Professional MBBS Examination by the University.

### **AIM OF THE MBBS GENERAL SURGERY COURSE:**

This program aims to ensure that the Medical graduates will make the bio-psycho-social care of surgical patients their first concern by applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership to analyze complex and uncertain situations.

### **GENERAL OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

The General outcomes of this course are:

10. Development of the graduate as a scholar and a scientist;
11. Development of the graduate as a practitioner; and
12. Development of the graduate as a professional.

### **SPECIFIC OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

At the completion of this course the MBBS graduate will be able to:

43. Apply biomedical scientific principles, method and knowledge to clinical practice.
44. Apply the principles, method and knowledge of population health and the improvement of health and healthcare to clinical practice.
45. Apply scientific method and approaches to medical research.
46. Carry out a consultation with a surgical patient.

47. Diagnose and suggest management of common General Surgical conditions relevant to clinical practice in Pakistan.
48. Communicate effectively with patients and colleagues in a medical context.
49. Provide immediate care in surgical emergencies relevant to clinical practice.
50. Prescribe drugs safely, effectively and economically.
51. Carry out common practical procedures involved in general care of surgical patients safely and effectively.
52. Use information effectively in a medical context.
53. Behave according to ethical and legal principles.
54. Reflect, learn and teach others.
55. Learn and work effectively within a multi-professional team.
56. Protect patients and improve care.

## **INTRODUCTION TO SMALL AND LARGE GUT**

It is a branch of medical science which deals with diseases of small and large gut including infection, malignancy and congenital disorders.

### **Learning objectives**

To appreciate:

- The basic anatomy and physiology of the small intestine
- The range of conditions that may affect the small intestine

To understand:

- The aetiology and pathology of common small intestinal conditions
- The principles of investigation of small intestinal symptoms
- The importance of non-surgical management of small

intestinal problems

- The principles of small intestinal surgery
- That complex intestinal problems are best managed by a multidisciplinary team
- The management of acute surgical problems of the Intestine.

To appreciate:

- The basic anatomy and physiology of the large intestine
- The range of conditions that may affect the large intestine

To understand:

- The aetiology and pathology of common large intestinal conditions
- The principles of investigation of large intestinal symptoms
- The importance of non-surgical management of large intestinal problems
- The principles of colonic surgery
- That complex intestinal problems are best managed by a multidisciplinary team
- The management of acute surgical problems of the intestines

### **Resources**

7. Teaching resources
8. Infrastructure resources

### **Teaching resources**

<b>Sr. #.</b>	<b>Faculty Name</b>	<b>Department as per PM &amp; DC certificate</b>	<b>Qualification</b>
<b>1</b>	Gen.Ahmad Khan Chaudhry	Professor	MBBS, FCPS, FRCS
<b>2</b>	Dr Shahid Majeed	Professor	MBBS, FCPS
<b>3</b>	Dr.Imran Hameed Daula	Professor	MBBS, FCPS,FRCS
<b>4</b>	Brig. M. Jaleel Malik	Associate Professor	MBBS, FCPS
<b>5</b>	Brig. Tauqeer Ahmed Rizvi	Professor	MBBS, FCPS
<b>6</b>	Brig. M. Akmal	Associate Professor	MBBS, FCPS

7	Dr. Amna Shahab	Associate Professor	MBBS,FCPS
8	Dr. Rashid Usman	Associate Professor	MBBS,FCPS

### **Infrastructure resources**

Sr. #.	Infrastructure Resources	Quantity
1	• Outpatient Department Male	• Not applicable
2	• Outpatient Department Female	• Not applicable
3	• Main Operation Theaters	• 8 (Fully quipped)
4	• Minor Operation Theatre	• 1
5	• Surgical Intensive Care	• 10
6	• Main Intensive Care	• 10
7	• Accident & Emergency Department	• 10 Beds
8	• Surgical Ward Male	• 40 beds
9	• Surgical Ward Female	• 20 beds
10	• Mini Procedure Room	• 2
11	• Reception	• 1
12	• Mini Library	• 1
13	• Designated work stations for staff	• As per faculty list
14	• Lecture Hall	• 1
15	• Small Group Discussion Room	• 5



## **LEARNING METHODOLOGIES**

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital / Clinic visits
- Small Group Discussion
- Case- Based Learning
- Practicals
- Skills session
- E- Learning
- Self- Directed Study
- Clinico pathological conference
- Assistance and observation in operation theatres

### **INTERACTIVE LECTURES**

In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients, interviews, exercise etc. students are actively involved in the learning process.

### **HOSPITAL VISITS:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical science of the relevant module.

### **SMALL GROUP DISCUSSION (SGD)**

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

### **CASE- BASED LEARNING**

A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the module.

### **SKILLS SESSION**

Skills relevant to respective module are observed and practiced where applicable in skills laboratory or Department of Physiotherapy.

### **SELF DIRECTED STUDY**

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

### **E- LEARNING**

E-Learning is a strategy by which learning occurs through the utilization of electronic media, typically the Internet. The basic aspects of medical professionalism and ethics will be addressed through and E-Learning course.

### **CLINICO PATHOLOGICAL CONFERENCE:**

As per recommendations of PMDC, a group of students prepare a case-based presentation which is supervised by a consultant supervisor. This is presented before whole class followed by discussion.

### **OBSERVATION AND ASSISTANCE IN OPERATION THEATRES:**

Students rotate on weekly basis to go to operation theatres. The operating consultant shows them the different operative steps of surgical procedure. This helps them to further clarify their concepts.

## **Course outline**

### **Intestines,Retum and Anal Canal**

- 1: Diverticular disease of the intestine
- 2:Functional disorders of the intestines including megacolon, non megacolon,constipation and Hirschprung,s disease.
- 3:Crohn 's disease and Ulcerative colitis
- 4:Tumors of small intestine including carcinoid tumor
- 5:Intestinal Infections including tuberculosis, typhioid and ameobiasis
- 6:Tumors of the large intestine including polyps and carcinoma
- 7: intestinal obstruction

- .Acute ,subacute and chronic
- .Dynamic and adynamic
- .Intussusception
- .Volvulus
- .Pseudo-obstruction
- 8:Acute mesenteric ischemia
- 9:Appendicitis,Appendicular mass and abscess
- 10:Mass abdomen
- 11:Bleeding per Rectum
- 12:Rectal trauma and foreign bodies
- 13:Rectal prolapse
- 14:proctitis
- 15:Rectal tumors including carcinoma rectum
- 16:congenital anomalies of rectum and anal canal
- 17:Anal fissure
- 18:Fistula in ano
- 19:Haemorrhoids
- 20:Anorectal abscess
- 21:Post anal dermoid and pilonidal sinus
- 22:Anal canal tumors including carcinoma

**CMH LAHORE MEDICAL COLLEGE - DEPARTMENT OF SURGERY**

**LIST OF LECTURES**

S NO	TOPIC	FACUTY	LEARNING STRATEGY
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1.	Acute Mesenteric Ischemia	Brig. Ahsin Manzoor Bhatti	Interactive lecture CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
2.	Intestinal Obstruction – I (Causes, types & pathophysiology)	Maj Gen (R) Ch Ahmed Khan	Intercative lecture CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
3.	Intestinal Obstruction – II (Treatment & complications)	Maj Gen (R) Ch Ahmed Khan	Interactive lecture CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace

4.	Rectal prolapse	Brig (R) Shahid Majeed	Interactive lecture CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
5.	Intestinal polyps, Carcinoma rectum-I (Pathophysiology, diagnosis and staging)	Maj Gen (R) Ch Ahmed Khan	Intercative lecture CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
6.	Carcinoma rectum-II (Treatment, complications & Follow-up)	Maj Gen (R) Ch Ahmed Khan	Interactive lecture CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace

7.	Hemorrhoids, Anal fissure (causes & management)	Maj Gen (R) Ch Ahmed Khan	Interactive lecture CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
8.	Peri anal abscess & Fistula-in-ano	Brig (R) Shahid Majeed	Interactive lecture CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace

### **LEARNING RESOURCES:**

(As per PMDC / HEC revised Curriculum 2011)

<b>Recommended Textbooks</b>	<p>28. Norman S Williams, Christopher J K Bulsrode, P Ronan O' Connell. (Eds.) Bailey and Love Short Practice of Surgery. 27<sup>th</sup> Edition. London. Arnolds. 2008</p> <p>29. Hamilton &amp; Bailey's Emergency Surgery. 5<sup>Th</sup> Edition. Philadelphia, Apprentice Hall. 2004, Independent Publishing House, 2007.</p> <p>30. Hamilton and Bailey's Clinical methods.</p>
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	<p>31. M Shuja Tahir and M Abid Bashir. Surgery Principles and General. 1<sup>st</sup> Edition. Faisalabad. Independent Publishing House, 2005 (Revised Edition 2013).</p> <p>32. M Shuja Tahir. Surgery: Clinical examination system. 6<sup>th</sup> edition. Faisalabad Independent Publishing House, 2007.</p> <p>33. Current Surgical Diagnosis and Treatment</p> <p>34. Browse Introduction to signs and symptoms of surgical diseases</p> <p>35. Clinical skills for undergraduates by Abdul Majeed Ch. And Aamer Zaman Khan</p> <p>36. Vascular and lymphatic disorders and neck swellings</p>
<b>Hands- on Activities / Practical</b>	Students will be involved in Practical sessions and hands-on activities that link with the blood module to enhance the learning
<b>Skills Lab</b>	A skills lab provides the simulated learning experience to learn the basic skills and procedures. This helps patients
<b>Videos</b>	Video familiarize the student with the procedures and protocols to assess patients
<b>Computer Lab/CSs/DVDs/ Internet Resources:</b>	To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.
<b>Self-Learning</b>	Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concepts.

## **ASSESSMENT METHODS:**

### **7. WRITTEN ASSESSMENT:**

- a. Multiple Choice Questions (MCQs)
- b. Short Essay Questions (SEQs)

**8. ORAL ASSESSMENT:**

- a. Short cases
- b. Long cases
- c. Directly observed practical skills (DOPS)
- d. Objective Structured Clinical examination (OSCE)

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**CMH Lahore Medical College**

**Department of Surgery**

**Final Year MBBS**

**Study Guide**

**MODULE – 15 Abdominal  
wall, Hernia, Mesentery, Omentum and  
Retroperitoneal space**

## **Mission Statement**

To provide an excellent learning and teaching environment, inculcating ethical values and social responsibilities in undergraduate and postgraduate medical & dental students and nursing and allied health sciences students to enhance the level of comprehension healthcare in the Army/Country

## Table of contents

1. Introduction -----	
4	
2. Resources -----	6
a. Teaching resources -----	6
b. Infrastructure resources -----	
6	
3. Learning methodologies-----	7
4. Course outline -----	9
5. Learning resources -----	11
6. Other learning resources -----	12

## **INTRODUCTION:**

General surgery is the science and art of treating injury, deformity, and disease using operative procedures. General surgery is frequently performed to alleviate suffering when this is unlikely through medication alone. Surgical operative procedures may range from minor procedures performed in a physician's office, to more complicated operations requiring a medical team in a hospital setting. The MBBS undergraduate students learn General Surgery during all years of the program and are evaluated in the Final Professional MBBS Examination by the University.

## **AIM OF THE MBBS GENERAL SURGERY COURSE:**

This program aims to ensure that the Medical graduates will make the bio-psycho-social care of surgical patients their first concern by applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership to analyze complex and uncertain situations.

## **GENERAL OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

The General outcomes of this course are:

13. Development of the graduate as a scholar and a scientist;
14. Development of the graduate as a practitioner; and
15. Development of the graduate as a professional.

## **SPECIFIC OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

At the completion of this course the MBBS graduate will be able to:

57. Apply biomedical scientific principles, method and knowledge to clinical practice.
58. Apply the principles, method and knowledge of population health and the improvement of health and healthcare to clinical practice.
59. Apply scientific method and approaches to medical research.
60. Carry out a consultation with a surgical patient.
61. Diagnose and suggest management of common General Surgical conditions relevant to clinical practice in Pakistan.

62. Communicate effectively with patients and colleagues in a medical context.
63. Provide immediate care in surgical emergencies relevant to clinical practice.
64. Prescribe drugs safely, effectively and economically.
65. Carry out common practical procedures involved in general care of surgical patients safely and effectively.
66. Use information effectively in a medical context.
67. Behave according to ethical and legal principles.
68. Reflect, learn and teach others.
69. Learn and work effectively within a multi-professional team.
70. Protect patients and improve care.

## **INTRODUCTION TO Abdominal wall ,Hernia,mesentry ,Omentum and retroperitoneal space**

This is a branch of medical science which deals with diseases involving the abdominal wall, defects in wall, omentum and mesentery and the posterior part of abdominal wall and the spaces involved.

### **LEARNING OBJECTIVES:**

To know and understand:

- Basic anatomy of the abdominal wall and its weaknesses
- Causes of abdominal hernia
- Types of hernia and classifications
- Clinical history and examination findings in hernia
- Complications of abdominal hernia
- Non-surgical and surgical management of hernia – including mesh
- Complications of hernia surgery
- Other abdominal wall conditions.

To recognise and understand:

- The causes and complications of localised and generalised peritonitis
- The clinical features of peritonitis and intraperitoneal

abscess

- The principles of surgical management in patients with peritonitis and intraperitoneal abscess
- The causes and pathophysiology of ascites
- The pathophysiology and complications of adhesion formation
- The spectrum of mesenteric and retroperitoneal conditions

### **Resources**

9. Teaching resources
10. Infrastructure resources

### **Teaching resources**

<b>Sr. #.</b>	<b>Faculty Name</b>	<b>Department as per PM &amp; DC certificate</b>	<b>Qualification</b>
<b>1</b>	Gen.Ahmad Khan Chaudahry	Professor	MBBS, FCPS, FRCS
<b>2</b>	Dr Shahid Majeed	Professor	MBBS, FCPS
<b>3</b>	Dr.Imran Hameed Daula	Professor	MBBS, FCPS,FRCS
<b>4</b>	Brig. M. Jaleel Malik	Associate Professor	MBBS, FCPS
<b>5</b>	Brig. Tauqeer Ahmed Rizvi	Professor	MBBS, FCPS
<b>6</b>	Brig. M. Akmal	Associate Professor	MBBS, FCPS
<b>7</b>	Dr. Amna Shahab	Associate Professor	MBBS,FCPS
<b>8</b>	Dr. Rashid Usman	Associate Professor	MBBS,FCPS

### **Infrastructure resources**

<b>Sr. #.</b>	<b>Infrastructure Resources</b>	<b>Quantity</b>
<b>1</b>	<ul style="list-style-type: none"><li>• Outpatient Department Male</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
<b>2</b>	<ul style="list-style-type: none"><li>• Outpatient Department</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>

	Female	
<b>3</b>	• Main Operation Theaters	• 8 (Fully quipped)
<b>4</b>	• Minor Operation Theatre	• 1
<b>5</b>	• Surgical Intensive Care	• 10
<b>6</b>	• Main Intensive Care	• 10
<b>7</b>	• Accident & Emergency Department	• 10 Beds
<b>8</b>	• Surgical Ward Male	• 40 beds
<b>9</b>	• Surgical Ward Female	• 20 beds
<b>10</b>	• Mini Procedure Room	• 2
<b>11</b>	• Reception	• 1
<b>12</b>	• Mini Library	• 1
<b>13</b>	• Designated work stations for staff	• As per faculty list
<b>14</b>	• Lecture Hall	• 1
<b>15</b>	• Small Group Discussion Room	• 5

## **LEARNING METHODOLOGIES**

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital / Clinic visits
- Small Group Discussion
- Case- Based Learning
- Practicals
- Skills session
- E- Learning
- Self- Directed Study
- Clinico pathological conference
- Assistance and observation in operation theatres

### **INTERACTIVE LECTURES**

In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients, interviews, exercise etc. students are actively involved in the learning process.

#### **HOSPITAL VISITS:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical science of the relevant module.

#### **SMALL GROUP DISCUSSION (SGD)**

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

#### **CASE- BASED LEARNING**

A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the module.

#### **SKILLS SESSION**

Skills relevant to respective module are observed and practiced where applicable in skills laboratory or Department of Physiotherapy.

#### **SELF DIRECTED STUDY**

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

#### **E- LEARNING**

E-Learning is a strategy by which learning occurs through the utilization of electronic media, typically the Internet. The basic aspects of medical professionalism and ethics will be addressed through and E- Learning course.

#### **CLINICO PATHOLOGICAL CONFERENCE:**

As per recommendations of PMDC, a group of students prepare a case-based presentation which is supervised by a consultant supervisor. This is presented before whole class followed by discussion.



## **OBSERVATION AND ASSISTANCE IN OPERATION THEATRES:**

Students rotate on weekly basis to go to operation theatres. The operating consultant shows them the different operative steps of surgical procedure. This helps them to further clarify their concepts

### **Course outline**

# **Abdominal wall, Hernia, Mesentery, Omentum and Retroperitoneal space**

- 1:Hernia
- 2:Umbilicus,umbilical granuloma,carcinoma and fistula
- 3:Burst abdomen and incisional hernia
- 4:Diverication of recti
- 5:Peritonitis
- 6:Intra-peritoneal abscesses
- 7:Abdominal wall and peritoneal tuberculosis
- 8:Mesentery, mesenteric injuries and mesenteric cyst
- 9:Idiopathic retroperitoneal fibrosis
- 10:Retroperitoneal neoplasm

## LIST OF LECTURES

<b>S NO</b>	<b>TOPIC</b>	<b>FACUTY</b>	<b>LEARNING STRATEGY</b>
1	Inguinal hernias – I (Pathophysiology, types and diagnosis)	Maj Gen (R) Ch Ahmed Khan	Intercative lectureCBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
2	Inguinal hernias – II (Surgical treatment & complications)	Maj Gen (R) Ch Ahmed Khan	Interactive lectureCBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace

3	Incisional hernia & Burst abdomen, Epi gastric, umbilical and para-umbilical hernias	Brig (R) Shahid Majeed	Interactive lecture CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
4	Acute Abdomen	Maj Gen (R) Ch Ahmed Khan	Intercative lecture CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace

**LEARNING RESOURCES:**

(As per PMDC / HEC revised Curriculum 2011)

<b>Recommended Textbooks</b>	<p>37. Norman S Williams, Christopher J K Bulsrode, P Ronan O' Connell. (Eds.) Bailey and Love Short Practice of Surgery. 27<sup>th</sup> Edition. London. Arnolds. 2008</p> <p>38. Hamilton &amp; Bailey's Emergency Surgery. 5<sup>Th</sup> Edition. Philadelphia, Apprentice Hall. 2004, Independent Publishing House, 2007.</p> <p>39. Hamilton and Bailey's Clinical methods.</p> <p>40. M Shuja Tahir and M Abid Bashir. Surgery Principles</p>
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	<p>and General. 1<sup>st</sup> Edition. Faisalabad. Independent Publishing House, 2005 (Revised Edition 2013).</p> <p>41. M Shuja Tahir. Surgery: Clinical examination system. 6<sup>th</sup> edition. Faisalabad Independent Publishing House, 2007.</p> <p>42. Current Surgical Diagnosis and Treatment</p> <p>43. Browse Introduction to signs and symptoms of surgical diseases</p> <p>44. Clinical skills for undergraduates by Abdul Majeed Ch. And Aamer Zaman Khan</p> <p>45. Vascular and lymphatic disorders and neck swellings</p>
<b>Hands- on Activities / Practical</b>	Students will be involved in Practical sessions and hands-on activities that link with the blood module to enhance the learning
<b>Skills Lab</b>	A skills lab provides the simulated learning experience to learn the basic skills and procedures. This helps patients
<b>Videos</b>	Video familiarize the student with the procedures and protocols to assess patients
<b>Computer Lab/CSs/DVDs/ Internet Resources:</b>	To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.
<b>Self-Learning</b>	Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concepts.

## **ASSESSMENT METHODS:**

### **9. WRITTEN ASSESSMENT:**

- a. Multiple Choice Questions (MCQs)
- b. Short Essay Questions (SEQs)

### **10. ORAL ASSESSMENT:**

- a. Short cases

- b. Long cases
  - c. Directly observed practical skills (DOPS)
  - d. Objective Structured Clinical examination (OSCE)
- 
- 

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**CMH Lahore Medical College**

**Department of Surgery**

**Final Year MBBS**

**Study Guide**

**MODULE 16: Liver, Gall bladder, Spleen  
and Pancreas**

## **Mission Statement**

To provide an excellent learning and teaching environment, inculcating ethical values and social responsibilities in undergraduate and postgraduate medical & dental students and nursing and allied health sciences students to enhance the level of comprehensive healthcare in the Army/Country

## Table of contents

1. Introduction -----	4
2. Resources -----	6
a. Teaching resources -----	6
b. Infrastructure resources -----	7
3. Learning methodologies-----	7
4. Course outline -----	9
5. Learning resources -----	14
6. Assessment methods -----	15



## **INTRODUCTION:**

General surgery is the science and art of treating injury, deformity, and disease using operative procedures. General surgery is frequently performed to alleviate suffering when this is unlikely through medication alone. Surgical operative procedures may range from minor procedures performed in a physician's office, to more complicated operations requiring a medical team in a hospital setting. The MBBS undergraduate students learn General Surgery during all years of the program and are evaluated in the Final Professional MBBS Examination by the University.

## **AIM OF THE MBBS GENERAL SURGERY COURSE:**

This program aims to ensure that the Medical graduates will make the bio-psycho-social care of surgical patients their first concern by applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership to analyze complex and uncertain situations.

## **GENERAL OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

The General outcomes of this course are:

16. Development of the graduate as a scholar and a scientist;
17. Development of the graduate as a practitioner; and
18. Development of the graduate as a professional.

## **SPECIFIC OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

At the completion of this course the MBBS graduate will be able to:

71. Apply biomedical scientific principles, method and knowledge to clinical practice.
72. Apply the principles, method and knowledge of population health and the improvement of health and healthcare to clinical practice.
73. Apply scientific method and approaches to medical research.
74. Carry out a consultation with a surgical patient.
75. Diagnose and suggest management of common General Surgical conditions relevant to clinical practice in Pakistan.

76. Communicate effectively with patients and colleagues in a medical context.
77. Provide immediate care in surgical emergencies relevant to clinical practice.
78. Prescribe drugs safely, effectively and economically.
79. Carry out common practical procedures involved in general care of surgical patients safely and effectively.
80. Use information effectively in a medical context.
81. Behave according to ethical and legal principles.
82. Reflect, learn and teach others.
83. Learn and work effectively within a multi-professional team.
84. Protect patients and improve care.

## **INTRODUCTION TO Hepatobiliary system ,Spleen and pancreas**

This is a branch of medical science which deals with diseases involving the hepatobiliary system, gallstones diseases and diseases of spleen and pancreas.

### **Learning objectives**

To understand:

- The anatomy of the liver
  - The signs of acute and chronic liver disease
  - The investigation of liver disease
  - The management of liver trauma
  - The management of liver infections
  - The management of colorectal liver metastases
  - The management of hepatocellular carcinoma
- To understand:
- The function of the spleen
  - The common pathologies involving the spleen
  - The principles and potential complications of splenectomy
  - The potential advantages of laparoscopic splenectomy
  - The benefits of splenic conservation
  - The importance of prophylaxis against infection following splenectomy

To understand the anatomy and physiology of the

gallbladder and bile ducts

- To be familiar with the pathophysiology and management of gallstones
- To be aware of unusual disorders of the biliary tree
- To be aware of malignant disease of the gallbladder and bile ducts

To understand:

- The anatomy and physiology of the pancreas
- Investigations of the pancreas
- Congenital abnormalities of the pancreas
- Assessment and management of pancreatitis
- Diagnosis and treatment of pancreatic cancer

### **Resources**

11. Teaching resources
12. Infrastructure resources

### **Teaching resources**

<b>Sr. #.</b>	<b>Faculty Name</b>	<b>Department as per PM &amp; DC certificate</b>	<b>Qualification</b>
<b>1</b>	Gen.Ahmad Khan Chaudahry	Professor	MBBS, FCPS, FRCS
<b>2</b>	Dr Shahid Majeed	Professor	MBBS, FCPS
<b>3</b>	Dr.Imran Hameed Daula	Professor	MBBS, FCPS,FRCS
<b>4</b>	Brig. M. Jaleel Malik	Associate Professor	MBBS, FCPS
<b>5</b>	Brig. Tauqueer Ahmed Rizvi	Professor	MBBS, FCPS
<b>6</b>	Brig. M. Akmal	Associate Professor	MBBS, FCPS
<b>7</b>	Brig. Adnan Khalid	Associate Professor	MBBS, FCPS
<b>8</b>	Col. Shoaib Haneef	Associate Professor	MBBS, FCPS
<b>9</b>	Dr. Amna Shahab	Associate Professor	MBBS,FCPS
<b>10</b>	Dr. Rashid Usman	Associate Professor	MBBS,FCPS

### **Infrastructure resources**

<b>Sr. #.</b>	<b>Infrastructure Resources</b>	<b>Quantity</b>
1	<ul style="list-style-type: none"><li>• Outpatient Department Male</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
2	<ul style="list-style-type: none"><li>• Outpatient Department Female</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
3	<ul style="list-style-type: none"><li>• Main Operation Theaters</li></ul>	<ul style="list-style-type: none"><li>• 8 (Fully quipped)</li></ul>
4	<ul style="list-style-type: none"><li>• Minor Operation Theatre</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
5	<ul style="list-style-type: none"><li>• Surgical Intensive Care</li></ul>	<ul style="list-style-type: none"><li>• 10</li></ul>
6	<ul style="list-style-type: none"><li>• Main Intensive Care</li></ul>	<ul style="list-style-type: none"><li>• 10</li></ul>
7	<ul style="list-style-type: none"><li>• Accident &amp; Emergency Department</li></ul>	<ul style="list-style-type: none"><li>• 10 Beds</li></ul>
8	<ul style="list-style-type: none"><li>• Surgical Ward Male</li></ul>	<ul style="list-style-type: none"><li>• 40 beds</li></ul>
9	<ul style="list-style-type: none"><li>• Surgical Ward Female</li></ul>	<ul style="list-style-type: none"><li>• 20 beds</li></ul>
10	<ul style="list-style-type: none"><li>• Mini Procedure Room</li></ul>	<ul style="list-style-type: none"><li>• 2</li></ul>
11	<ul style="list-style-type: none"><li>• Reception</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
12	<ul style="list-style-type: none"><li>• Mini Library</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
13	<ul style="list-style-type: none"><li>• Designated work stations for staff</li></ul>	<ul style="list-style-type: none"><li>• As per faculty list</li></ul>
14	<ul style="list-style-type: none"><li>• Lecture Hall</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
15	<ul style="list-style-type: none"><li>• Small Group Discussion Room</li></ul>	<ul style="list-style-type: none"><li>• 5</li></ul>

### **LEARNING METHODOLOGIES**

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital / Clinic visits
- Small Group Discussion
- Case- Based Learning
- Practicals
- Skills session

- E- Learning
- Self- Directed Study
- Clinico pathological conference
- Assistance and observation in operation theatres

### **INTERACTIVE LECTURES**

In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients, interviews, exercise etc. students are actively involved in the learning process.

### **HOSPITAL VISITS:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical science of the relevant module.

### **SMALL GROUP DISCUSSION (SGD)**

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

### **CASE- BASED LEARNING**

A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the module.

### **SKILLS SESSION**

Skills relevant to respective module are observed and practiced where applicable in skills laboratory or Department of Physiotherapy.

### **SELF DIRECTED STUDY**

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

### **E- LEARNING**

E-Learning is a strategy by which learning occurs through the utilization of electronic media, typically the Internet. The basic aspects of medical professionalism and ethics will be addressed through and E- Learning course.

### **CLINICO PATHOLOGICAL CONFERENCE:**

As per recommendations of PMDC, a group of students prepare a case-based presentation which is supervised by a consultant supervisor. This is presented before whole class followed by discussion.

### **OBSERVATION AND ASSISTANCE IN OPERATION THEATRES:**

Students rotate on weekly basis to go to operation theatres. The operating consultant shows them the different operative steps of surgical procedure. This helps them to further clarify their concepts

## **Course outline**

### **Liver,Gall bladder, Spleen and Pancreas**

- 1: Investigation for liver and extrahepatic biliary tree
- 2: Hepatic trauma
- 3:Hepatitis,Cirrhosis and portal hypertension
- 4:Liver abscess
- 5:Hydatid disease of liver
- 6:Tumors of liver
- 7: Splenomegaly and hypersplenism
- 8:Gallstone disease
- 9:Obstructive jaundice
- 10:Cholangitis
- 11:Benign conditions of gall bladder
- 12:Carcinoma gall bladder
- 13:Periampullary carcinoma
- 14:Congenital anomalies of hepatobiliary tree and pancreas
- 15:Acute and chronic pancreatitis and pancreatic pseudocyst
- 16:Carcinoma pancreas

**CMH LAHORE MEDICAL COLLEGE - DEPARTMENT OF SURGERY**

**LIST OF LECTURES**

<b>S NO</b>	<b>TOPIC</b>	<b>FACUTY</b>	<b>LEARNING STRATEGY</b>
9.	Liver abscess / Hydatid disease (Surgical aspects)	Brig. Mannan Masood	Interactive lecture
1	Surgical anatomy and investigative techniques used in the hepatobiliary system	Maj Gen (R) Ch Ahmed Khan	Intercative lectureInteractive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
10	Obstructive Jaundice	Maj Gen (R) Ch Ahmed Khan	Interactive lectureInteractive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace

11	Clinical imaging & interventional radiology of the hepatobiliary system	Brig(R) Tariq Mirza	Interactive lecture Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
12	Gall stone disease & Complications of Gall stone disorders	Brig (R) Shahid Majeed	Intercative lecture Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
13	Carcinoma Gallbladder	Brig (R) Shahid Majeed	Interactive lecture Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace



14	Acute and Chronic cholecystitis	Maj Gen (R) Ch Ahmed Khan	Interactive lecture Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
15	Cholecystectomy / Choledochotomy and the use of T-tube	Maj Gen (R) Ch Ahmed Khan	Interactive lecture Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
16	Liver tumors	Brig (R) Shahid Majeed	Interactive lecture Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace

17	Liver Trauma	Brig. M. Jaleel Malik	Interactive lecture Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
18	Portal hypertension and its surgical management	Brig. Ahsen Manzoor Bhatti	Interactive lecture Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
19	Pancreatitis	Maj Gen (R) Ch Ahmed Khan	Interactive lecture Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace

20	Carcinoma Pancreas	Brig (R) Shahid Majeed	Interactiv lectureInteractive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
21	Surgical disorders of spleen / splenic trauma / Splenectomy	Brig (R) Shahid Majeed	Interactive lectureInteractive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace

### **LEARNING RESOURCES:**

(As per PMDC / HEC revised Curriculum 2011)

<b>Recommended Textbooks</b>	<p>46. Norman S Williams, Christopher J K Bulsrode, P Ronan O' Connell. (Eds.) Bailey and Love Short Practice of Surgery. 27<sup>th</sup> Edition. London. Arnolds. 2008</p> <p>47. Hamilton &amp; Bailey's Emergency Surgery. 5<sup>Th</sup> Edition. Philadelphia, Apprentice Hall. 2004, Independent Publishing House, 2007.</p>
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	<p>48. Hamilton and Bailey's Clinical methods.</p> <p>49. M Shuja Tahir and M Abid Bashir. Surgery Principles and General. 1<sup>st</sup> Edition. Faisalabad. Independent Publishing House, 2005 (Revised Edition 2013).</p> <p>50. M Shuja Tahir. Surgery: Clinical examination system. 6<sup>th</sup> edition. Faisalabad Independent Publishing House, 2007.</p> <p>51. Current Surgical Diagnosis and Treatment</p> <p>52. Browse Introduction to signs and symptoms of surgical diseases</p> <p>53. Clinical skills for undergraduates by Abdul Majeed Ch. And Aamer Zaman Khan</p> <p>54. Vascular and lymphatic disorders and neck swellings</p>
<b>Hands- on Activities / Practical</b>	Students will be involved in Practical sessions and hands-on activities that link with the blood module to enhance the learning
<b>Skills Lab</b>	A skills lab provides the simulated learning experience to learn the basic skills and procedures. This helps patients
<b>Videos</b>	Video familiarize the student with the procedures and protocols to assess patients
<b>Computer Lab/CSs/DVDs/ Internet Resources:</b>	To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.
<b>Self-Learning</b>	Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concepts.

## **ASSESSMENT METHODS:**

### **11. WRITTEN ASSESSMENT:**

- a. Multiple Choice Questions (MCQs)

- b. Short Essay Questions (SEQs)

**12. ORAL ASSESSMENT:**

- a. Short cases
  - b. Long cases
  - c. Directly observed practical skills (DOPS)
  - d. Objective Structured Clinical examination (OSCE)
- 

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**CMH Lahore Medical College**

**Department of Surgery**

**Final Year MBBS**

**Study Guide**

**MODULE – 17: VASCULAR DISORDERS**

## **Mission Statement**

To provide an excellent learning and teaching environment, inculcating ethical values and social responsibilities in undergraduate and postgraduate medical & dental students and nursing and allied health sciences students to enhance the level of comprehensive healthcare in the Army/Country.

## **TABLE OF CONTENTS**

1. Introduction & Aim -----	4
2. General & Specific Outcomes -----	5
3. Learning Objectives of Vascular Disorders -----	6
4. Resources -----	7
a. Teaching resources -----	7
b. Infrastructure resources -----	8
5. Learning methodologies-----	9
6. Course outline -----	11
7. Learning resources -----	14
8. Assessment Methods -----	16



## **INTRODUCTION:**

General surgery is the science and art of treating injury, deformity, and disease using operative procedures. General surgery is frequently performed to alleviate suffering when this is unlikely through medication alone. Surgical operative procedures may range from minor procedures performed in a physician's office, to more complicated operations requiring a medical team in a hospital setting. The MBBS undergraduate students learn General Surgery during all years of the program and are evaluated in the Final Professional MBBS Examination by the University.

## **AIM OF THE MBBS GENERAL SURGERY COURSE:**

This program aims to ensure that the Medical graduates will make the bio-psycho-social care of surgical patients their first concern by applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership to analyze complex and uncertain situations.

## **GENERAL OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

The General outcomes of this course are:

19. Development of the graduate as a scholar and a scientist;
20. Development of the graduate as a practitioner; and
21. Development of the graduate as a professional.

## **SPECIFIC OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

At the completion of this course the MBBS graduate will be able to:

85. Apply biomedical scientific principles, method and knowledge to clinical practice.
86. Apply the principles, method and knowledge of population health and the improvement of health and healthcare to clinical practice.
87. Apply scientific method and approaches to medical research.
88. Carry out a consultation with a surgical patient.
89. Diagnose and suggest management of common General Surgical conditions relevant to clinical practice in Pakistan.
90. Communicate effectively with patients and colleagues in a medical context.

91. Provide immediate care in surgical emergencies relevant to clinical practice.
92. Prescribe drugs safely, effectively and economically.
93. Carry out common practical procedures involved in general care of surgical patients safely and effectively.
94. Use information effectively in a medical context.
95. Behave according to ethical and legal principles.
96. Reflect, learn and teach others.
97. Learn and work effectively within a multi-professional team.
98. Protect patients and improve care.

## **INTRODUCTION TO VASCULAR SURGERY:**

This is a branch of medical science which deals with disorders of vessels. It includes arterial and venous and lymphatic disorders. It further includes congenital disorders like vascular malformations.

## **LEARNING OBJECTIVES OF MODULE – 17 – VASCULAR DISORDERS:**

To understand:

- The nature and associated features of occlusive peripheral arterial disease
- The investigation and treatment options for occlusive peripheral arterial disease
- The principles of management of the severely ischemic limb
- The nature and presentation of peripheral aneurysmal disease, particularly of the abdominal aorta
- The investigation and treatment options for peripheral aneurysmal disease
- The arteritides and vasospastic disorders
- Venous anatomy and the physiology of venous return
- The pathophysiology of venous hypertension
- The clinical significance and management of superficial venous reflux
- The management of venous ulceration
- The management of Venous thromboembolism
- The main functions of the lymphatic system
- The development of the lymphatic system
- The various causes of limb swelling
- The aetiology, clinical features, investigations and treatment of lymphoedema

## **RESOURCES:**

13. Teaching resources

14. Infrastructure resources

### **Teaching resources:**

<b>Sr. #.</b>	<b>Faculty Name</b>	<b>Appointment</b>	<b>Qualification</b>
<b>1</b>	Maj Gen (R) Ahmed Khan Chaudhary	Professor and HOD	MBBS, FCPS, FRCS
<b>2</b>	Brig (R) Shahid Majeed	Professor of Surgery	MBBS, FCPS
<b>3</b>	Dr. Muhammad Imran Hameed Daula	Professor of Surgery	MBBS, FCPS, FRCS
<b>4</b>	Brig. Ahsan Manzoor Bhatti	Professor of Surgery	MBBS, FCPS, FRCS
<b>5</b>	Dr. Rashid Usman	Associate Professor	MBBS, MRCS (UK), FVS (UK); FCPS (Pak), FACS (USA)

**Infrastructure resources:**

<b>Sr. #.</b>	<b>Infrastructure Resources</b>	<b>Quantity</b>
<b>1</b>	<ul style="list-style-type: none"><li>• Outpatient Department Male</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
<b>2</b>	<ul style="list-style-type: none"><li>• Outpatient Department Female</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
<b>3</b>	<ul style="list-style-type: none"><li>• Main Operation Theaters</li></ul>	<ul style="list-style-type: none"><li>• 8 (Fully quipped)</li></ul>
<b>4</b>	<ul style="list-style-type: none"><li>• Minor Operation Theatre</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>5</b>	<ul style="list-style-type: none"><li>• Surgical Intensive Care</li></ul>	<ul style="list-style-type: none"><li>• 10</li></ul>
<b>6</b>	<ul style="list-style-type: none"><li>• Main Intensive Care</li></ul>	<ul style="list-style-type: none"><li>• 10</li></ul>
<b>7</b>	<ul style="list-style-type: none"><li>• Accident &amp; Emergency Department</li></ul>	<ul style="list-style-type: none"><li>• 10 Beds</li></ul>
<b>8</b>	<ul style="list-style-type: none"><li>• Surgical Ward Male</li></ul>	<ul style="list-style-type: none"><li>• 40 beds</li></ul>
<b>9</b>	<ul style="list-style-type: none"><li>• Surgical Ward Female</li></ul>	<ul style="list-style-type: none"><li>• 20 beds</li></ul>
<b>10</b>	<ul style="list-style-type: none"><li>• Mini Procedure Room</li></ul>	<ul style="list-style-type: none"><li>• 2</li></ul>
<b>11</b>	<ul style="list-style-type: none"><li>• Reception</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>12</b>	<ul style="list-style-type: none"><li>• Mini Library</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>13</b>	<ul style="list-style-type: none"><li>• Designated work stations for staff</li></ul>	<ul style="list-style-type: none"><li>• As per faculty list</li></ul>
<b>14</b>	<ul style="list-style-type: none"><li>• Lecture Hall</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>15</b>	<ul style="list-style-type: none"><li>• Small Group Discussion Room</li></ul>	<ul style="list-style-type: none"><li>• 5</li></ul>

## **LEARNING METHODOLOGIES:**

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital / Clinic visits
- Small Group Discussion
- Case- Based Learning
- Clinical teaching at bedside and outpatient department
- Skills session
- E- Learning
- Self- Directed Study
- Clinico pathological conferences
- Observation and assistance in Operation theatres

### **INTERACTIVE LECTURES**

In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients, interviews, exercise etc. students are actively involved in the learning process.

### **HOSPITAL VISITS:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical science of the relevant module.

### **SMALL GROUP DISCUSSION (SGD)**

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

### **CASE- BASED LEARNING**

A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the module.

### **SKILLS SESSION**

Skills relevant to respective module are observed and practiced where applicable in Skills laboratory or Department of Surgery.

### **SELF DIRECTED STUDY**

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

### **E- LEARNING**

E-Learning is a strategy by which learning occurs through the utilization of electronic media, typically the Internet. The basic aspects of medical professionalism and ethics will be addressed through and E- Learning course.

### **CLINICO PATHOLOGICAL CONFERENCE:**

As per recommendations of PMDC, a group of students prepare a case-based presentation which is supervised by a consultant supervisor. This is presented before whole class followed by discussion.

### **OBSERVATION AND ASSISTANCE IN OPERATION THEATRES:**

Students rotate on weekly basis to go to operation theatres. The operating consultant shows them the different operative steps of surgical procedure. This helps them to further clarify their concepts

## COURSE OUTLINE

TOPICS AND OBJECTIVES	FACULTY	LEARNING STRATEGY
<ul style="list-style-type: none"><li>Arterial Injuries</li></ul>	Brig. Ahsan Manzoor Bhatti	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"><li>Acute Mesenteric Ischemia</li></ul>	Brig. Ahsan Manzoor Bhatti	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"><li>Investigative techniques in patients with peripheral vascular disease</li></ul>	Brig. Ahsan Manzoor Bhatti	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace



<ul style="list-style-type: none"> <li>• Acute limb ischemia</li> </ul>	<p>Brig. Ahsan Manzoor Bhatti</p>	<p>Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace</p>
<ul style="list-style-type: none"> <li>• Chronic limb ischemia</li> </ul>	<p>Brig. Ahsan Manzoor Bhatti</p>	<p>Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace</p>
<ul style="list-style-type: none"> <li>• Varicose veins</li> </ul>	<p>Brig. Ahsan Manzoor Bhatti</p>	<p>Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace</p>
<ul style="list-style-type: none"> <li>• Venous Thrombosis</li> </ul>	<p>Brig. Ahsan Manzoor Bhatti</p>	<p>Interactive lecture / CBL</p>

		Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"> <li>• Lymphedema / AV malformations / Hemangiomas</li> </ul>	Brig. Ahsan Manzoor Bhatti	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace

## **LEARNING RESOURCES:**

(As per PMDC / HEC revised Curriculum 2011)

<b>Recommended Textbooks</b>	<p>55. Norman S Williams, Christopher J K Bulsrode, P Ronan O' Connell. (Eds.) Bailey and Love Short Practice of Surgery. 27<sup>th</sup> Edition. London. Arnolds. 2008</p> <p>56. Hamilton &amp; Bailey's Emergency Surgery. 5<sup>th</sup> Edition. Philadelphia, Apprentice Hall. 2004, Independent Publishing House, 2007.</p> <p>57. Hamilton and Bailey's Clinical methods.</p> <p>58. M Shuja Tahir and M Abid Bashir. Surgery Principles and General. 1<sup>st</sup> Edition. Faisalabad. Independent Publishing House, 2005 (Revised Edition 2013).</p> <p>59. M Shuja Tahir. Surgery: Clinical examination system. 6<sup>th</sup> edition. Faisalabad Independent Publishing House, 2007.</p> <p>60. Current Surgical Diagnosis and Treatment</p> <p>61. Browse Introduction to signs and symptoms of surgical diseases</p> <p>62. Clinical skills for undergraduates by Abdul Majeed Ch. And Aamer Zaman Khan</p> <p>63. Vascular and lymphatic disorders and neck swellings</p>
<b>Hands- on Activities / Practical</b>	Students will be involved in Practical sessions and hands-on activities that link with the blood module to enhance the learning
<b>Skills Lab</b>	A skills lab provides the simulated learning experience to learn the basic skills and procedures. This helps patients
<b>Videos</b>	Video familiarize the student with the procedures and protocols to assess patients

<b>Computer Lab/CSs/DVDs/ Internet Resources:</b>	To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.
<b>Self-Learning</b>	Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concepts.

## **ASSESSMENT METHODS:**

### **13. WRITTEN ASSESSMENT:**

- a. Multiple Choice Questions (MCQs)
- b. Short Essay Questions (SEQs)

### **14. ORAL ASSESSMENT:**

- a. Short cases
- b. Long cases
- c. Directly observed practical skills (DOPS)
- d. Objective Structured Clinical examination (OSCE)

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**CMH Lahore Medical College**

**Department of Surgery**

**Final Year MBBS**

**Study Guide**

**MODULE – 18: Skin Disorders & Principles of  
reconstructive and plastic surgery**

## **Mission Statement**

To provide an excellent learning and teaching environment, inculcating ethical values and social responsibilities in undergraduate and postgraduate medical & dental students and nursing and allied health sciences students to enhance the level of comprehensive healthcare in the Army/Country.

## **TABLE OF CONTENTS**

1. Introduction & Aim -----	4
2. General & Specific Outcomes -----	5
3. Learning Objectives of Vascular Disorders -----	6
4. Resources -----	7
a. Teaching resources -----	7
b. Infrastructure resources -----	8
5. Learning methodologies-----	9
6. Course outline -----	11
7. Learning resources -----	13
8. Assessment Methods -----	15



## **INTRODUCTION:**

General surgery is the science and art of treating injury, deformity, and disease using operative procedures. General surgery is frequently performed to alleviate suffering when this is unlikely through medication alone. Surgical operative procedures may range from minor procedures performed in a physician's office, to more complicated operations requiring a medical team in a hospital setting. The MBBS undergraduate students learn General Surgery during all years of the program and are evaluated in the Final Professional MBBS Examination by the University.

## **AIM OF THE MBBS GENERAL SURGERY COURSE:**

This program aims to ensure that the Medical graduates will make the bio-psycho-social care of surgical patients their first concern by applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership to analyze complex and uncertain situations.

## **GENERAL OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

The General outcomes of this course are:

22. Development of the graduate as a scholar and a scientist;
23. Development of the graduate as a practitioner; and
24. Development of the graduate as a professional.

## **SPECIFIC OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

At the completion of this course the MBBS graduate will be able to:

99. Apply biomedical scientific principles, method and knowledge to clinical practice.
100. Apply the principles, method and knowledge of population health and the improvement of health and healthcare to clinical practice.
101. Apply scientific method and approaches to medical research.
102. Carry out a consultation with a surgical patient.
103. Diagnose and suggest management of common General Surgical conditions relevant to clinical practice in Pakistan.
104. Communicate effectively with patients and colleagues in a medical context.

105. Provide immediate care in surgical emergencies relevant to clinical practice.
106. Prescribe drugs safely, effectively and economically.
107. Carry out common practical procedures involved in general care of surgical patients safely and effectively.
108. Use information effectively in a medical context.
109. Behave according to ethical and legal principles.
110. Reflect, learn and teach others.
111. Learn and work effectively within a multi-professional team.
112. Protect patients and improve care.

## **INTRODUCTION TO SKIN & PLASTIC SURGERY:**

This is a branch of medical science which deals with disorders of skin. It includes various benign skin disorders. It also deals with trauma to skin like burns and their management. It in depth deals with reconstructive procedures like graft and flaps.

## **LEARNING OBJECTIVES OF MODULE – 18 – SKIN & PLASTIC SURGERY:**

To understand:

- The structure and functional properties of skin.
- The classification of vascular skin lesions.
- The classification of benign skin tumours.
- The management of malignant skin tumours.
- The spectrum of plastic surgical techniques used to restore bodily form and function.
- The relevant anatomy and physiology of tissues used in reconstruction.
- The various skin grafts and how to use them appropriately.
- The principles and use of flaps.
- How to use plastic surgery to manage difficult and complex tissue loss.

## **RESOURCES:**

15. Teaching resources

16. Infrastructure resources

### **Teaching resources:**

<b>Sr. #.</b>	<b>Faculty Name</b>	<b>Appointment</b>	<b>Qualification</b>
<b>1</b>	Maj Gen (R) Ahmed Khan Chaudhary	Professor and HOD	MBBS, FCPS, FRCS
<b>2</b>	Brig (R) Shahid Majeed	Professor of Surgery	MBBS, FCPS
<b>3</b>	Dr. Muhammad Imran Hameed Daula	Professor of Surgery	MBBS, FCPS, FRCS
<b>4.</b>	Dr. Rashid Usman	Assistant Professor	MBBS (KEMU), MRCS (UK), FVS (UK); FCPS (Pak), FACS (USA)
<b>5.</b>	Brig. Tauqeer Ahmed Rizvi	Professor	MBBS, FCPS, FCPS (Plastic Surgery)

**Infrastructure resources:**

<b>Sr. #.</b>	<b>Infrastructure Resources</b>	<b>Quantity</b>
<b>1</b>	<ul style="list-style-type: none"><li>• Outpatient Department Male</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
<b>2</b>	<ul style="list-style-type: none"><li>• Outpatient Department Female</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
<b>3</b>	<ul style="list-style-type: none"><li>• Main Operation Theaters</li></ul>	<ul style="list-style-type: none"><li>• 8 (Fully quipped)</li></ul>
<b>4</b>	<ul style="list-style-type: none"><li>• Minor Operation Theatre</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>5</b>	<ul style="list-style-type: none"><li>• Surgical Intensive Care</li></ul>	<ul style="list-style-type: none"><li>• 10</li></ul>
<b>6</b>	<ul style="list-style-type: none"><li>• Main Intensive Care</li></ul>	<ul style="list-style-type: none"><li>• 10</li></ul>
<b>7</b>	<ul style="list-style-type: none"><li>• Accident &amp; Emergency Department</li></ul>	<ul style="list-style-type: none"><li>• 10 Beds</li></ul>
<b>8</b>	<ul style="list-style-type: none"><li>• Surgical Ward Male</li></ul>	<ul style="list-style-type: none"><li>• 40 beds</li></ul>
<b>9</b>	<ul style="list-style-type: none"><li>• Surgical Ward Female</li></ul>	<ul style="list-style-type: none"><li>• 20 beds</li></ul>
<b>10</b>	<ul style="list-style-type: none"><li>• Mini Procedure Room</li></ul>	<ul style="list-style-type: none"><li>• 2</li></ul>
<b>11</b>	<ul style="list-style-type: none"><li>• Reception</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>12</b>	<ul style="list-style-type: none"><li>• Mini Library</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>13</b>	<ul style="list-style-type: none"><li>• Designated work stations for staff</li></ul>	<ul style="list-style-type: none"><li>• As per faculty list</li></ul>
<b>14</b>	<ul style="list-style-type: none"><li>• Lecture Hall</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>15</b>	<ul style="list-style-type: none"><li>• Small Group Discussion Room</li></ul>	<ul style="list-style-type: none"><li>• 5</li></ul>

## **LEARNING METHODOLOGIES:**

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital / Clinic visits
- Small Group Discussion
- Case- Based Learning
- Clinical teaching at bedside and outpatient department
- Skills session
- E- Learning
- Self- Directed Study
- Clinico pathological conferences
- Observation and assistance in Operation theatres

### **INTERACTIVE LECTURES**

In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients, interviews, exercise etc. students are actively involved in the learning process.

### **HOSPITAL VISITS:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical science of the relevant module.

### **SMALL GROUP DISCUSSION (SGD)**

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

### **CASE- BASED LEARNING**

A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the module.

### **SKILLS SESSION**

Skills relevant to respective module are observed and practiced where applicable in Skills laboratory or Department of Surgery.

### **SELF DIRECTED STUDY**

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

### **E- LEARNING**

E-Learning is a strategy by which learning occurs through the utilization of electronic media, typically the Internet. The basic aspects of medical professionalism and ethics will be addressed through and E- Learning course.

### **CLINICO PATHOLOGICAL CONFERENCE:**

As per recommendations of PMDC, a group of students prepare a case-based presentation which is supervised by a consultant supervisor. This is presented before whole class followed by discussion.

### **OBSERVATION AND ASSISTANCE IN OPERATION THEATRES:**

Students rotate on weekly basis to go to operation theatres. The operating consultant shows them the different operative steps of surgical procedure. This helps them to further clarify their concepts

## COURSE OUTLINE

TOPICS AND OBJECTIVES	FACULTY	LEARNING STRATEGY
<ul style="list-style-type: none"><li>Burns-I (Pathophysiology &amp; initial management)</li></ul>	Dr Rashid Usman	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"><li>Burns-II (Complications)</li></ul>	Dr Rashid Usman	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"><li>Malignant Melanoma, Basal cell &amp; squamous cell carcinoma of skin</li></ul>	Brig. Tauqeer Ahmed Rizvi	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace



<ul style="list-style-type: none"> <li>• Surgical incisions / Skin grafts and flaps/ Principles of skin cover</li> </ul>	Brig. Tauqeer Ahmed Rizvi	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
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## **LEARNING RESOURCES:**

(As per PMDC / HEC revised Curriculum 2011)

<b>Recommended Textbooks</b>	<p>64. Norman S Williams, Christopher J K Bulsrode, P Ronan O' Connell. (Eds.) Bailey and Love Short Practice of Surgery. 27<sup>th</sup> Edition. London. Arnolds. 2008</p> <p>65. Hamilton &amp; Bailey's Emergency Surgery. 5<sup>th</sup> Edition. Philadelphia, Apprentice Hall. 2004, Independent Publishing House, 2007.</p> <p>66. Hamilton and Bailey's Clinical methods.</p> <p>67. M Shuja Tahir and M Abid Bashir. Surgery Principles and General. 1<sup>st</sup> Edition. Faisalabad. Independent Publishing House, 2005 (Revised Edition 2013).</p> <p>68. M Shuja Tahir. Surgery: Clinical examination system. 6<sup>th</sup> edition. Faisalabad Independent Publishing House, 2007.</p> <p>69. Current Surgical Diagnosis and Treatment</p> <p>70. Browse Introduction to signs and symptoms of surgical diseases</p> <p>71. Clinical skills for undergraduates by Abdul Majeed Ch. And Aamer Zaman Khan</p> <p>72. Vascular and lymphatic disorders and neck swellings</p>
<b>Hands- on Activities / Practical</b>	Students will be involved in Practical sessions and hands-on activities that link with the blood module to enhance the learning
<b>Skills Lab</b>	A skills lab provides the simulated learning experience to learn the basic skills and procedures. This helps patients
<b>Videos</b>	Video familiarize the student with the procedures and protocols to assess patients

<b>Computer Lab/CSs/DVDs/ Internet Resources:</b>	To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.
<b>Self-Learning</b>	Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concepts.

## **ASSESSMENT METHODS:**

### **15. WRITTEN ASSESSMENT:**

- a. Multiple Choice Questions (MCQs)
- b. Short Essay Questions (SEQs)

### **16. ORAL ASSESSMENT:**

- a. Short cases
- b. Long cases
- c. Directly observed practical skills (DOPS)
- d. Objective Structured Clinical examination (OSCE)

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**CMH Lahore Medical College**

**Department of Surgery**

**Final Year MBBS**

**Study Guide**

**MODULE – 19: Pediatric Surgery**

## **Mission Statement**

To provide an excellent learning and teaching environment, inculcating ethical values and social responsibilities in undergraduate and postgraduate medical & dental students and nursing and allied health sciences students to enhance the level of comprehensive healthcare in the Army/Country.

## **TABLE OF CONTENTS**

1. Introduction & Aim -----	4
2. General & Specific Outcomes -----	5
3. Learning Objectives of Vascular Disorders -----	6
4. Resources -----	7
a. Teaching resources -----	7
b. Infrastructure resources -----	8
5. Learning methodologies-----	9
6. Course outline -----	11
7. Learning resources -----	13
8. Assessment Methods -----	15

## **INTRODUCTION:**

General surgery is the science and art of treating injury, deformity, and disease using operative procedures. General surgery is frequently performed to alleviate suffering when this is unlikely through medication alone. Surgical operative procedures may range from minor procedures performed in a physician's office, to more complicated operations requiring a medical team in a hospital setting. The MBBS undergraduate students learn General Surgery during all years of the program and are evaluated in the Final Professional MBBS Examination by the University.

## **AIM OF THE MBBS GENERAL SURGERY COURSE:**

This program aims to ensure that the Medical graduates will make the bio-psycho-social care of surgical patients their first concern by applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership to analyze complex and uncertain situations.

## **GENERAL OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

The General outcomes of this course are:

25. Development of the graduate as a scholar and a scientist;
26. Development of the graduate as a practitioner; and
27. Development of the graduate as a professional.

## **SPECIFIC OUTCOMES OF THE MBBS GENERAL SURGERY COURSE:**

At the completion of this course the MBBS graduate will be able to:

113. Apply biomedical scientific principles, method and knowledge to clinical practice.
114. Apply the principles, method and knowledge of population health and the improvement of health and healthcare to clinical practice.
115. Apply scientific method and approaches to medical research.
116. Carry out a consultation with a surgical patient.
117. Diagnose and suggest management of common General Surgical conditions relevant to clinical practice in Pakistan.



118. Communicate effectively with patients and colleagues in a medical context.
119. Provide immediate care in surgical emergencies relevant to clinical practice.
120. Prescribe drugs safely, effectively and economically.
121. Carry out common practical procedures involved in general care of surgical patients safely and effectively.
122. Use information effectively in a medical context.
123. Behave according to ethical and legal principles.
124. Reflect, learn and teach others.
125. Learn and work effectively within a multi-professional team.
126. Protect patients and improve care.

## **INTRODUCTION TO PAEDIATRIC SURGERY:**

This is a branch of medical science which deals with surgical disorders of children. It includes developmental anomalies needing correction to all childhood disorders up to and including 16 years of age.

## **LEARNING OBJECTIVES OF MODULE – 19 – PAEDIATRIC SURGERY:**

To understand:

- The important differences between adults and children which have clinical implications.
- The principles of trauma management in children.
- How to safely prescribe perioperative fluids in children.
- How to avoid the pitfalls that lead to a missed or delayed diagnosis for common emergency conditions.
- A collection of congenital malformations managed by neonatal surgeons that may present later to general surgeons.
- The common safeguarding issues in children and know how to proceed if abuse is suspected.

## **RESOURCES:**

17. Teaching resources

18. Infrastructure resources

### **Teaching resources:**

<b>Sr. #.</b>	<b>Faculty Name</b>	<b>Appointment</b>	<b>Qualification</b>
<b>1</b>	Maj Gen (R) Ahmed Khan Chaudhary	Professor and HOD	MBBS, FCPS, FRCS
<b>2</b>	Brig (R) Shahid Majeed	Professor of Surgery	MBBS, FCPS
<b>3</b>	Dr. Muhammad Imran Hameed Daula	Professor of Surgery	MBBS, FCPS, FRCS
<b>5.</b>	Brig. Tauqeer Ahmed Rizvi	Professor	MBBS, FCPS, FCPS (Plastic Surgery)

**Infrastructure resources:**

<b>Sr. #.</b>	<b>Infrastructure Resources</b>	<b>Quantity</b>
<b>1</b>	<ul style="list-style-type: none"><li>• Outpatient Department Male</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
<b>2</b>	<ul style="list-style-type: none"><li>• Outpatient Department Female</li></ul>	<ul style="list-style-type: none"><li>• Not applicable</li></ul>
<b>3</b>	<ul style="list-style-type: none"><li>• Main Operation Theaters</li></ul>	<ul style="list-style-type: none"><li>• 8 (Fully quipped)</li></ul>
<b>4</b>	<ul style="list-style-type: none"><li>• Minor Operation Theatre</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>5</b>	<ul style="list-style-type: none"><li>• Surgical Intensive Care</li></ul>	<ul style="list-style-type: none"><li>• 10</li></ul>
<b>6</b>	<ul style="list-style-type: none"><li>• Main Intensive Care</li></ul>	<ul style="list-style-type: none"><li>• 10</li></ul>
<b>7</b>	<ul style="list-style-type: none"><li>• Accident &amp; Emergency Department</li></ul>	<ul style="list-style-type: none"><li>• 10 Beds</li></ul>
<b>8</b>	<ul style="list-style-type: none"><li>• Surgical Ward Male</li></ul>	<ul style="list-style-type: none"><li>• 40 beds</li></ul>
<b>9</b>	<ul style="list-style-type: none"><li>• Surgical Ward Female</li></ul>	<ul style="list-style-type: none"><li>• 20 beds</li></ul>
<b>10</b>	<ul style="list-style-type: none"><li>• Mini Procedure Room</li></ul>	<ul style="list-style-type: none"><li>• 2</li></ul>
<b>11</b>	<ul style="list-style-type: none"><li>• Reception</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>12</b>	<ul style="list-style-type: none"><li>• Mini Library</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>13</b>	<ul style="list-style-type: none"><li>• Designated work stations for staff</li></ul>	<ul style="list-style-type: none"><li>• As per faculty list</li></ul>
<b>14</b>	<ul style="list-style-type: none"><li>• Lecture Hall</li></ul>	<ul style="list-style-type: none"><li>• 1</li></ul>
<b>15</b>	<ul style="list-style-type: none"><li>• Small Group Discussion Room</li></ul>	<ul style="list-style-type: none"><li>• 5</li></ul>

## **LEARNING METHODOLOGIES:**

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital / Clinic visits
- Small Group Discussion
- Case- Based Learning
- Clinical teaching at bedside and outpatient department
- Skills session
- E- Learning
- Self- Directed Study
- Clinico pathological conferences
- Observation and assistance in Operation theatres

### **INTERACTIVE LECTURES**

In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients, interviews, exercise etc. students are actively involved in the learning process.

### **HOSPITAL VISITS:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical science of the relevant module.

### **SMALL GROUP DISCUSSION (SGD)**

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

### **CASE- BASED LEARNING**

A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the module.

### **SKILLS SESSION**

Skills relevant to respective module are observed and practiced where applicable in Skills laboratory or Department of Surgery.

### **SELF DIRECTED STUDY**

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

### **E- LEARNING**

E-Learning is a strategy by which learning occurs through the utilization of electronic media, typically the Internet. The basic aspects of medical professionalism and ethics will be addressed through and E- Learning course.

### **CLINICO PATHOLOGICAL CONFERENCE:**

As per recommendations of PMDC, a group of students prepare a case-based presentation which is supervised by a consultant supervisor. This is presented before whole class followed by discussion.

### **OBSERVATION AND ASSISTANCE IN OPERATION THEATRES:**

Students rotate on weekly basis to go to operation theatres. The operating consultant shows them the different operative steps of surgical procedure. This helps them to further clarify their concepts

## **COURSE OUTLINE**

<b>TOPICS AND OBJECTIVES</b>	<b>FACULTY</b>	<b>LEARNING STRATEGY</b>
<ul style="list-style-type: none"><li>• Scrotal swellings (Hydrocele)</li></ul>	Brig <sup>®</sup> Shahid Majeed	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace
<ul style="list-style-type: none"><li>• Umbilical and para-umbilical hernias</li></ul>	Brig <sup>®</sup> Shahid Majeed	Interactive lecture / CBL Mini CEX One Minute Preceptorship (OMP) Short case presentations Observation in workplace

## **LEARNING RESOURCES:**

(As per PMDC / HEC revised Curriculum 2011)

<b>Recommended Textbooks</b>	<p>73. Norman S Williams, Christopher J K Bulsrode, P Ronan O' Connell. (Eds.) Bailey and Love Short Practice of Surgery. 27<sup>th</sup> Edition. London. Arnolds. 2008</p> <p>74. Hamilton &amp; Bailey's Emergency Surgery. 5<sup>th</sup> Edition. Philadelphia, Apprentice Hall. 2004, Independent Publishing House, 2007.</p> <p>75. Hamilton and Bailey's Clinical methods.</p> <p>76. M Shuja Tahir and M Abid Bashir. Surgery Principles and General. 1<sup>st</sup> Edition. Faisalabad. Independent Publishing House, 2005 (Revised Edition 2013).</p> <p>77. M Shuja Tahir. Surgery: Clinical examination system. 6<sup>th</sup> edition. Faisalabad Independent Publishing House, 2007.</p> <p>78. Current Surgical Diagnosis and Treatment</p> <p>79. Browse Introduction to signs and symptoms of surgical diseases</p> <p>80. Clinical skills for undergraduates by Abdul Majeed Ch. And Aamer Zaman Khan</p> <p>81. Vascular and lymphatic disorders and neck swellings</p>
<b>Hands- on Activities / Practical</b>	Students will be involved in Practical sessions and hands-on activities that link with the blood module to enhance the learning
<b>Skills Lab</b>	A skills lab provides the simulated learning experience to learn the basic skills and procedures. This helps patients
<b>Videos</b>	Video familiarize the student with the procedures and protocols to assess patients



<b>Computer Lab/CSs/DVDs/ Internet Resources:</b>	To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.
<b>Self-Learning</b>	Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concepts.

## **ASSESSMENT METHODS:**

### **17. WRITTEN ASSESSMENT:**

- a. Multiple Choice Questions (MCQs)
- b. Short Essay Questions (SEQs)

### **18. ORAL ASSESSMENT:**

- a. Short cases
- b. Long cases
- c. Directly observed practical skills (DOPS)
- d. Objective Structured Clinical examination (OSCE)

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**CMH Lahore Medical College**

**Department of Surgery**

**Final Year MBBS**

**Study Guide**

**MODULE – 21: ORTHOPEDIC SURGERY**

## **Mission Statement**

To provide an excellent learning and teaching environment, inculcating ethical values and social responsibilities in undergraduate and postgraduate medical & dental students and nursing and allied health sciences students to enhance the level of comprehensive healthcare in the Army/Country.

## **TABLE OF CONTENTS**

1. Introduction & Aim -----	4
2. General & Specific Outcomes -----	5
3. Learning Objectives of Orthopedic Surgery -----	6
4. Resources -----	7
a. Teaching resources -----	7
b. Infrastructure resources -----	8
5. Learning methodologies-----	9
6. Course outline -----	11
7. Learning resources -----	14
8. Assessment Methods -----	16

## **INTRODUCTION:**

This is a branch of medical science which deals with restoration and preservation of form and function of upper limb, lower limb and spine by medical surgical and physical means.

Surgical operative procedures may range from minor procedures performed in a physician's office, to more complicated operations requiring a medical team in a hospital setting. The MBBS undergraduate students learn orthopedic Surgery during all years of the program and are evaluated in the Final Professional MBBS Examination by the University in surgery professional exam.

## **AIM OF THE MBBS ORTHOPEDIC SURGERY COURSE:**

This program aims to ensure that the Medical graduates will make the bio-psycho-social care of surgical patients their first concern by applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership to analyze complex and uncertain situations.

## **GENERAL OUTCOMES OF THE MBBS ORTHOPEDIC SURGERY COURSE:**

The General outcomes of this course are:

28. Development of the graduate as a scholar and a scientist;
29. Development of the graduate as a practitioner; and
30. Development of the graduate as a professional.

## **SPECIFIC OUTCOMES OF THE MBBS ORTHOPEDIC SURGERY COURSE:**

At the completion of this course the MBBS graduate will be able to:

127. Apply biomedical scientific principles, method and knowledge to clinical practice.
128. Apply the principles, method and knowledge of population health and the improvement of health and healthcare to clinical practice.
129. Apply scientific method and approaches to medical research.
130. Carry out a consultation with a surgical patient.
131. Diagnose and suggest management of common General Surgical conditions relevant to clinical practice in Pakistan.

132. Communicate effectively with patients and colleagues in a medical context.
133. Provide immediate care in surgical emergencies relevant to clinical practice.
134. Prescribe drugs safely, effectively and economically.
135. Carry out common practical procedures involved in general care of surgical patients safely and effectively.
136. Use information effectively in a medical context.
137. Behave according to ethical and legal principles.
138. Reflect, learn and teach others.
139. Learn and work effectively within a multi-professional team.
140. Protect patients and improve care.

## **INTRODUCTION TO ORTHOPEDIC SURGERY:**

This is a branch of medical science which deals with restoration and preservation of form and function of upper limb, lower limb and spine by medical surgical and physical means.

## **LEARNING OBJECTIVES OF MODULE – 21 – ORTHOPEDIC DISORDERS:**

To understand:

1. Common congenital malformations of locomotive system.
2. Bone fractures & their complications.
3. Sports injuries and afflictions of tendons and bursae.
4. Bone and joint infections.
5. Arthritis.
6. Bone and cartilage tumours.
7. Spinal trauma.
8. Spinal tumours.
9. Common spinal deformities and other surgically correctable lesions.

## **RESOURCES:**

19. Teaching resources
20. Infrastructure resources

### **Teaching resources:**

<b>Sr. #.</b>	<b>Faculty Name</b>	<b>Department as per PMC certificate</b>	<b>Qualification</b>
1.	Brig Khalid Masood	Associate Professor & HOD (HULS)	MBBS, FCPS
2.	Col. Shahid Munir	Assistant Professor & HOD (Ortho)	MBBS, FCPS
3.	Col. Zulfiqar Qurashi	Assistant Professor	MBBS, FCPS
4.	Dr. Zeeshan Saddique	Registrar	MBBS
5.	Dr. Shehryar Wattoo	Registrar	MBBS
6.	Dr. Ali Raza	Registrar	MBBS



**Infrastructure resources:**

Sr. #.	Infrastructure Resources	Quantity
1	• Outpatient Department Male	• Not applicable
2	• Outpatient Department Female	• Not applicable
3	• Main Operation Theaters	• 8 (Fully quipped)
4	• Minor Operation Theatre	• 1
5	• Surgical Intensive Care	• 10
6	• Main Intensive Care	• 10
7	• Accident & Emergency Department	• 10 Beds
8	• Surgical Ward Male	• 40 beds
9	• Surgical Ward Female	• 20 beds
10	• Mini Procedure Room	• 2
11	• Reception	• 1
12	• Mini Library	• 1
13	• Designated work stations for staff	• As per faculty list
14	• Lecture Hall	• 1
15	• Small Group Discussion Room	• 5

**LEARNING METHODOLOGIES:**

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital / Clinic visits
- Small Group Discussion
- Case- Based Learning
- Clinical teaching at bedside and outpatient department
- Skills session

- E- Learning
- Self- Directed Study
- Clinico pathological conferences
- Observation and assistance in Operation theatres

### **INTERACTIVE LECTURES**

In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients, interviews, exercise etc. students are actively involved in the learning process.

### **HOSPITAL VISITS:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical science of the relevant module.

### **SMALL GROUP DISCUSSION (SGD)**

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

### **CASE- BASED LEARNING**

A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the module.

### **SKILLS SESSION**

Skills relevant to respective module are observed and practiced where applicable in Skills laboratory or Department of Surgery.

### **SELF DIRECTED STUDY**

Students' assume responsibilities of their own learning through individual study, sharing and discussing with peer, seeking information from Learning Resource center, teachers and

resource persons within and outside the college. Students can utilize the time within the college scheduled hours of self- study.

### **E- LEARNING**

E-Learning is a strategy by which learning occurs through the utilization of electronic media, typically the Internet. The basic aspects of medical professionalism and ethics will be addressed through an E- Learning course.

### **CLINICO PATHOLOGICAL CONFERENCE:**

As per recommendations of PMDC, a group of students prepare a case-based presentation which is supervised by a consultant supervisor. This is presented before the whole class followed by discussion.

### **OBSERVATION AND ASSISTANCE IN OPERATION THEATRES:**

Students rotate on a weekly basis to go to operation theatres. The operating consultant shows them the different operative steps of surgical procedure. This helps them to further clarify their concepts.

## COURSE OUTLINE

### LEARNING RESOURCES:

S NO	TOPIC	CONTENT	INSTRUCTOR
<b>LECTURES TO BE DELIVERED IN FOURTH YEAR MBBS:</b>			
22	Sterilization & Disinfection in Orthopaedics	Surgical Asepsis, Theater Discipline & Sterilization and disinfection techniques. Seriousness of infection in orthopaedic surgery	Col. Shahid Munir
23	Pathophysiology of Trauma & Damage control orthopaedics	Pathophysiology of trauma. Concept of Damage control orthopaedics	Col. Zulfiqar Qurashi
24	Fractures and Fracture Healing: Primary and Secondary fracture healing	Mechanism and types of fractures. Physiology of bone healing, delayed union, non union.	Brig Khalid Masood
25	Basic Principles of Fractures treatment	Biological and mechanical principles of osteosynthesis, AO Principles of fracture treatment, first aid, classification, management.	Col. Shahid Munir
26	Fracture Mechanics: Absolute Stability (Intra-articular fractures)	Biomechanics and biology of absolute stability, Lag screw philosophy and function, Tension Band principle, DCP	Col. Zulfiqar Qurashi
27	Fracture mechanics: Relative stability (Fracture of shaft of long bones)	Biomechanics and biology of relative stability, IM Nailing, Bridge plating, Ext Fixator	Col. Zulfiqar Qurashi
28	Orthopaedic Emergencies.	Open fractures, dislocations, septic arthritis, compartment syndromes, cauda equine syndrome, unstable pelvic fractures, associated vascular injury. Why? Management.	Brig Khalid Masood
29	Revision/Quiz/Discussion	On discretion of Orthopaedic Dept based on student feedback	Col. Zulfiqar Qurashi
30	Fractures and Dislocations Around the Shoulder	Sternoclavicular, clavicle, ACJ, Glenoid, Shoulder and proximal Humerus	Col. Shahid Munir
31	Fractures & Dislocations of the Humerus& the Elbow Joint	Humerus, distal humerus, elbow. Proximal radius/ulna.	Brig Khalid Masood
32	Fractures of the Radius and Ulna.	With emphasis on the biomechanics of the radius & ulna	Brig Khalid Masood

33	Supracondylar Fracture of Humerus in Children	Diagnosis and management	Col. Zulfiqar Qurashi
34	Fractures & Dislocations of the Wrist & Hand	Including Scaphoid & perilunate fractures, scapholunate dissociations, thumb base fractures & boxer's fractures	Brig Khalid Masood
35	Fractures & Dislocations Around the Hip and Femur Fractures	Hip fractures in the elderly and blood supply to the femoral head. Morbidity of hip fractures in the elderly and the young. Complications of hip dislocation.	Col. Shahid Munir
36	Revision/Quiz/Discussion	On discretion of Orthopaedic Dept based on student feedback	Col. Shahid Munir
37	Fractures & Dislocations of the Tibia, Fibula	To include ankle fractures and fracture dislocations.	Col. Shahid Munir
38	Fractures, dislocations and soft tissue injuries around ankle		Col. Shahid Munir
39	Injuries of the Foot	Talar, calcaneal and more distal fractures/dislocations. Lisfranc joint.	Col. Shahid Munir
<b>LECTURES TO BE DELIVERED IN FINAL YEAR MBBS:</b>			
40	Fractures of the Pelvis	Overview of types, hemodynamic consequences & management.	Col. Zulfiqar Qurashi
41	Fractures Around the Knee	Distal femur, proximal tibia and patella fractures.	Col. Shahid Munir
42	Ligamentous injuries of the Knee	Knee ligament & meniscus injuries.	Col. Shahid Munir
43	Fractures of the Spine	Overview of spinal fractures, patterns & management.	Col. Shahid Munir
44	Strains, Sprains and Soft Tissue Overuse Syndromes.	Ankle Sprains, Enthesitis, frozen shoulder, tennis elbow, plantar fasciitis, trigger finger, DeQuervain's etc.	Col. Shahid Munir
45	Revision/Quiz/Discussion	On discretion of Orthopaedic Dept based on student feedback	Brig Khalid Masood
46	Bone and Joint Infections	Acute & chronic osteomyelitis. Septic arthritis. Bone/joint tuberculosis.	Col. Zulfiqar Qurashi
47	Inflammatory Rheumatic disorders	RA, ankylosing spondylitis, crystal deposition (Gout), connective tissue disorders (SLE)	Col. Shahid Munir
48	Osteoarthritis	Pathophysiology, clinical, investigation & management.	Brig Khalid Masood
49	Osteonecrosis and related disorders	Causes and pathophysiology of AVN, Sickle cell disease, Caissons disease	Col. Zulfiqar Qurashi

50	Metabolic and endocrine Bone Disorders	Osteoporosis, Rickets/osteomalacia, hyperparathyroidism, Pagets, Scurvy, Hypothyroidism	Brig Khalid Masood
51	Bone tumors	Benign and malignant tumours of bone, Principles of treatment	Col. Zulfiqar Qurashi
52	Neuromuscular Disorders	Muscular dystrophies, spina bifida, cerebral palsy, neurofibromatosis, post polio paralysis.	Col. Shahid Munir
53	Nerve injuries	Types of injury, clinical, principles of management.	Brig Khalid Masood
54	Congenital & Developmental Diseases of Skeleton 1	DDH, TEV	Col. Zulfiqar Qurashi
55	Congenital & Developmental Diseases of Skeleton 2	Knock Knees, Flat Feet and Cong vertical talus, LCPD and SCFE	Col. Shahid Munir
56	The Shoulder	Diagnosis & management of shoulder disorders.	Brig Khalid Masood
57	Revision/Quiz/Discussion	On discretion of Orthopaedic Dept based on student feedback	Col. Zulfiqar Qurashi

**REHAB MEDICINE LECTURES TO BE DELIVERED IN FINAL YEAR MBBS:**

1.	Principles of orthopedic rehabilitation	Rehab Medicine	Col. Naveed Mumtaz
2.	Modalities used in Rehab Medicine	Rehab Medicine	Col. Naveed Mumtaz
3.	Cumulative trauma disorders	Rehab Medicine	Col. Naveed Mumtaz
4.	Rehabilitation of patients with amputations	Rehab Medicine	Col. Naveed Mumtaz
5.	Rehabilitation of spinal cord injury	Rehab Medicine	Col. Naveed Mumtaz
6.	Peripheral nerve entrapment syndromes	Rehab Medicine	Col. Naveed Mumtaz
7.	Clinical use of EMG / NCS	Rehab Medicine	Col. Naveed Mumtaz

(As per PMDC / HEC revised Curriculum 2011)

<b>Recommended Textbooks</b>	82. Norman S Williams, Christopher J K Bulsrode, P Ronan O' Connell. (Eds.) Bailey and Love Short Practice of Surgery. 27 <sup>th</sup> Edition. London. Arnolds. 2008
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	<p>83. Hamilton &amp; Bailey's Emergency Surgery. 5<sup>th</sup> Edition. Philadelphia, Apprentice Hall. 2004, Independent Publishing House, 2007.</p> <p>84. Hamilton and Bailey's Clinical methods.</p> <p>85. M Shuja Tahir and M Abid Bashir. Surgery Principles and General. 1<sup>st</sup> Edition. Faisalabad. Independent Publishing House, 2005 (Revised Edition 2013).</p> <p>86. M Shuja Tahir. Surgery: Clinical examination system. 6<sup>th</sup> edition. Faisalabad Independent Publishing House, 2007.</p> <p>87. Current Surgical Diagnosis and Treatment</p> <p>88. Browse Introduction to signs and symptoms of surgical diseases</p> <p>89. Clinical skills for undergraduates by Abdul Majeed Ch. And Aamer Zaman Khan</p> <p>90. Cambell Text Book of Orthopedics</p>
<b>Hands- on Activities / Practical</b>	Students will be involved in Practical sessions and hands-on activities that link with the blood module to enhance the learning
<b>Skills Lab</b>	A skills lab provides the simulated learning experience to learn the basic skills and procedures. This helps patients
<b>Videos</b>	Video familiarize the student with the procedures and protocols to assess patients
<b>Computer Lab/CSs/DVDs/ Internet Resources:</b>	To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.
<b>Self-Learning</b>	Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concepts.

## **ASSESSMENT METHODS:**

### **19. WRITTEN ASSESSMENT:**

- a. Multiple Choice Questions (MCQs)
- b. Short Essay Questions (SEQs)

### **20. ORAL ASSESSMENT:**

- a. Short cases
- b. Long cases
- c. Directly observed practical skills (DOPS)
- d. Objective Structured Clinical examination (OSCE)

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**CMH Lahore Medical College**

**Department of Surgery**

**Final Year MBBS**

**Study Guide**

**MODULE – 23: Communication Skills**

## **Mission Statement**

To provide an excellent learning and teaching environment, inculcating ethical values and social responsibilities in undergraduate and postgraduate medical & dental students and nursing and allied health sciences students to enhance the level of comprehension healthcare in the Army/Country.

## **TABLE OF CONTENTS**

1. Introduction to Communication Skills -----	4
2. General & Specific Outcomes -----	5
3. Resources -----	6
a. Teaching resources -----	6
b. Infrastructure resources -----	7
4. Learning methodologies-----	7
5. Course outline -----	10
6. Learning resources -----	16
7. Assessment Methods -----	17

## **INTRODUCTION:**

This topic gives you an overview of communication and introduces you to the main elements in the communication process. It also highlights the importance of writing clear, positive messages and offers you some basic tips and guidelines on this form of communication so that you may become more proficient in the kind of writing needed at home as well as in the college and workplace. You will also learn about some of the common pitfalls which may impede the effectiveness of written communication.

## **GENERAL AND SPECIFIC OUTCOME COMMUNICATION** **SKILLS**

1. Students will be able to understand and apply knowledge of human communication and language processes as they occur across various contexts, e.g., interpersonal, intrapersonal, small group, organizational, media, gender, family, intercultural communication, technologically mediated communication, etc. from multiple perspectives.
  
2. Students will be able to understand and evaluate key theoretical approaches used in the interdisciplinary field of communication. I.e., students will be able to explain major theoretical frameworks, constructs, and concepts for the study of communication and language, summarize the work of central thinkers associated with particular approaches, and begin to evaluate the strengths and weaknesses of their approaches.
  
3. Students will be able to understand the research methods associated with the study of human communication, and apply at least one of those approaches to the analysis and evaluation of human communication.
  
4. Students will be able to find, use, and evaluate primary academic writing associated with the communication discipline.
  
5. Students will develop knowledge, skills, and judgment around human communication that facilitate their ability to work collaboratively with others. Such skills could include communication competencies such as managing conflict, understanding small group processes, active listening, appropriate self-disclosure, etc.
  
6. Students will be able to communicate effectively orally and in writing.

## **RESOURCES:**

21. Teaching resources
22. Infrastructure resources

### **Teaching resources:**

<b>Sr. #.</b>	<b>Faculty Name</b>	<b>Department as per PM &amp; DC certificate</b>	<b>Qualification</b>
1.	<b>Maj. Gen(R) Dr. Ch Ahmed Khan</b>	Professor & HOD	MBBS, FCPS, FCPS
2.	<b>Dr. M Imran Hameed</b>	Professor	MBBS, MS, FACS
3.	<b>Brig (R) Shahid Majeed</b>	Professor	MBBS, FCPS
4.	<b>Dr. Muhammad Adil Khurshid</b>	Assoc. Prof	MBBS, FCPS
5.	<b>Dr. Amna Shahab</b>	Assoc. Prof	MBBS, FCPS
6.	<b>Dr. Muhammad Faheem</b>	Assoc. Prof	MBBS, FCPS
7.	<b>Dr. Rashid Usman</b>	Assistant Prof.	MBBS, FCPS
8.	<b>Dr. M Waseem Anwer</b>	Assistant Prof.	MBBS, FCPS
9.	<b>Dr Matar Saghira</b>	Registrar	MBBS
10.	<b>Dr. Anam Arif</b>	Senior Registrar	MBBS, FCPS
11.	<b>Maj Farhan Hamid</b>	Senior Registrar	MBBS, FCPS
12.	<b>Dr. Saba Aziz</b>	Registrar	MBBS
13.	<b>Dr. Shamsullah</b>	Registrar	MBBS
14.	<b>Dr Shahab Ur Rehman</b>	Registrar	MBBS
15.	<b>Dr. Burhan Ul Haq</b>	Registrar	MBBS
16.	<b>Dr. Aameena Azeemi</b>	Registrar	MBBS
17.	<b>Dr. M. Waleed Khan</b>	Registrar	MBBS

### **Infrastructure resources:**

Sr. #.	Infrastructure Resources	Quantity
1	• Outpatient Department Male	• Not applicable
2	• Outpatient Department Female	• Not applicable
3	• Main Operation Theaters	• 8 (Fully quipped)
4	• Minor Operation Theatre	• 1
5	• Surgical Intensive Care	• 10
6	• Main Intensive Care	• 10
7	• Accident & Emergency Department	• 10 Beds
8	• Surgical Ward Male	• 40 beds
9	• Surgical Ward Female	• 20 beds
10	• Mini Procedure Room	• 2
11	• Reception	• 1
12	• Mini Library	• 1
13	• Designated work stations for staff	• As per faculty list
14	• Lecture Hall	• 1
15	• Small Group Discussion Room	• 5

### **LEARNING METHODOLOGIES:**

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital / Clinic visits
- Small Group Discussion
- Case- Based Learning
- Clinical teaching at bedside and outpatient department
- Skills session
- E- Learning

- Self- Directed Study
- Clinico pathological conferences
- Observation and assistance in Operation theatres

### **INTERACTIVE LECTURES**

In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients, interviews, exercise etc. students are actively involved in the learning process.

### **HOSPITAL VISITS:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical science of the relevant module.

### **SMALL GROUP DISCUSSION (SGD)**

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

### **CASE- BASED LEARNING**

A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the module.

### **SKILLS SESSION**

Skills relevant to respective module are observed and practiced where applicable in Skills laboratory or Department of Surgery.

### **SELF DIRECTED STUDY**

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



## **E- LEARNING**

E-Learning is a strategy by which learning occurs through the utilization of electronic media, typically the Internet. The basic aspects of medical professionalism and ethics will be addressed through an E- Learning course.

## **CLINICO PATHOLOGICAL CONFERENCE:**

As per recommendations of PMDC, a group of students prepare a case-based presentation which is supervised by a consultant supervisor. This is presented before the whole class followed by discussion.

## **OBSERVATION AND ASSISTANCE IN OPERATION THEATRES:**

Students rotate on a weekly basis to go to operation theatres. The operating consultant shows them the different operative steps of surgical procedure. This helps them to further clarify their concepts.

## COURSE OUTLINE

### **Module 23: Communication Skills**

- . Verbal and non-verbal communication
- . Four domains of communication skills (listening, speaking, reading and writing)
- . Presentation skills (both verbal and written)
  - . Oral presentation
    - . Clinical summary
    - . Ward rounds
    - . Presentation at journal club, CPC, seminars etc
  - . Common forms of written clinical communication
    - . Admission summary
    - . Clinical notes
    - . Investigation orders
    - . Operation notes
    - . Shifting notes (for intra departmental, intra hospital and as inter hospital transfer)
    - . Call letters for expert opinion
    - . Discharge summaries
    - . Referral letters
- . Breaking bad news
- . Counseling of the patient

### **3 YEAR MBBS SURGERY**

#### **CMH LAHORE MEDICAL COLLEGE - DEPARTMENT OF SURGERY**

#### **LIST OF ROTATIONS /TEACHING / LEARNING OF COMMUNICATION AND CLINICAL SKILLS**

***Upon completion of the surgery clinical rotations all medical students at the end of third year MBBS should be able to:***

- a)*** Elicit and present a history and GPE in a format appropriate for surgical patients.
- b)*** Demonstrate professional attitudes and values towards colleagues and patients.
- c)*** Recognize Common Surgical problems and construct appropriate diagnostic management and referral algorithms for each condition.
- d)*** Assess suitability for surgery of patients referred with common surgical problems.
- e)*** Recognize the most common surgical emergencies that require urgent surgical consultation.
- f)*** Apply the principles of resuscitation to a patient in shock.
- g)*** Perform as an effective member of a surgical team at a third year student's level

**3<sup>rd</sup> Year MBBS**  
**List of Bedside Teaching / Learning**

**Sr. No. TOPICS**

1. Perform as an effective member of a surgical team at a third year student's level.
2. Patient Documentation.
3. Patient bedside manners.
4. History taking of surgical patients
5. General physical examination.
6. Systemic examination of surgical patients with special emphasis on
  - a) Examination of Abdomen.
  - b) Examination of chest
  - c) Examination of common Head and Neck pathologies excluding thyroid
7. Local examination
  - a) Examination of swelling
  - b) Examination of an ulcer
  - c) Examination of an enlarged Thyroid
  - d) Examination of Breast lump
  - e) Examination of Hernia
  - f) Examination of scrotal and Inguino-Scrotal swelling.
  - g) Examination of peripheral pulses
  - h) Examination of common peripheral nerve lesions
8. Clinical skills to be observed
  - a) Change of patient dressing
  - b) Administration of prescribed drugs and injections in the wards
  - c) Application of plaster casts
  - d) Insertion of nasogastric tube
  - e) Insertion of Foley catheter
  - f) Insertion of central venous catheter
  - g) Obtaining written informed consent
  - h) Examination of common peripheral nerve lesions

## CLINICAL ASSESSMENT OF THE STUDENTS

	Max Marks	Marks Obtained		Max Marks	Marks Obtained		Max Marks	Marks Obtained
Case Summaries	20		Case Summaries	20		Case Summaries	20	
Procedures	20		Procedures	20		Procedures	20	
Short Cases	20		Short Cases	20		Short Cases	20	
Long Cases	20		Long Cases	20		Long Cases	20	
Rotation Assessment Profile			Rotation Assessment Profile			Rotation Assessment Profile		
1. Attendance	10		1. Attendance	10		1. Attendance	10	
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<b>TOTAL MARKS</b>	<b>100</b>		<b>TOTAL MARKS</b>	<b>100</b>		<b>TOTAL MARKS</b>	<b>100</b>	

### Percentage / Grade

A + > 75%  
 A 70-75%  
 B+ 65-70%  
 B 60-65%  
 C 50-60%  
 D < 50% FAIL

C = Unsatisfactory  
 D = Fail  
 Please see overleaf for explanation

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## FINAL YEAR MBBS SURGERY OBJECTIVES OF THE ROTATIONS

*Upon completion of the surgery clinical rotations at the end of final year all medical students should be able to.*

- a) Elicit and present a history and physical in a format appropriate.
- b) Demonstrate professional attitude and values towards colleagues and patients.
- c) Recognize common surgical problems and construct appropriate diagnostic management and referral algorithms for each condition.
- d) Assess suitability for surgery of patients referred with common surgical problems.
- e) Recognize the most common surgical emergencies that require urgent surgical consultation.
- f) Recognize the most common surgical emergencies that require urgent surgical consultation.
- g) Apply the principles of resuscitation to a patient in shock.
- h) Demonstrate skills of preparing patients for surgery.
- i) Perform as an effective member of a surgical team at a third year student level.

*Operative procedures to be observed and assisted:*

- |  |  |
|--|--|
| a) Incision and drainage of abscess.   | b) Excision of benign skin lesions.            |
| c) Biopsy of skin and mucosal lesions. | d) Thyroidectomy.                              |
| e) Tracheotomy.                        | f) Thoracotomy.                                |
| g) Insertion of chest tube drain.      | h) Exploratory laparotomy.                     |
| i) Appendectomy.                       | j) Cholecystectomy.                            |
| k) Hernioplasty.                       | l) Common procedures performed on the scrotum. |
| m) Evaluation of abdominal pain.       | n) Gastrointestinal surgery.                   |
| o) Cancer surgery.                     | p) Hernia repair.                              |
| q) Resuscitation from shock.           |  |

## CLINICAL ASSESSMENT OF STUDENTS

	Max Marks	Marks Obtained		Max Marks	Marks Obtained		Max Marks	Marks Obtained
Case Summaries	20		Case Summaries	20		Case Summaries	20	
Procedures	20		Procedures	20		Procedures	20	
Short Cases	20		Short Cases	20		Short Cases	20	
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## **LEARNING RESOURCES:**

(As per PMDC / HEC revised Curriculum 2011)

<b>Recommended Textbooks</b>	<p>91. Norman S Williams, Christopher J K Bulsrode, P Ronan O' Connell. (Eds.) Bailey and Love Short Practice of Surgery. 27<sup>th</sup> Edition. London. Arnolds. 2008</p> <p>92. Hamilton &amp; Bailey's Emergency Surgery. 5<sup>Th</sup> Edition. Philadelphia, Apprentice Hall. 2004, Independent Publishing House, 2007.</p> <p>93. Hamilton and Bailey's Clinical methods.</p> <p>94. M Shuja Tahir and M Abid Bashir. Surgery Principles and General. 1<sup>st</sup> Edition. Faisalabad. Independent Publishing House, 2005 (Revised Edition 2013).</p> <p>95. M Shuja Tahir. Surgery: Clinical examination system. 6<sup>th</sup> edition. Faisalabad Independent Publishing House, 2007.</p> <p>96. Current Surgical Diagnosis and Treatment</p> <p>97. Browse Introduction to signs and symptoms of surgical diseases</p> <p>98. Clinical skills for undergraduates by Abdul Majeed Ch. And Aamer Zaman Khan</p> <p>99. Vascular and lymphatic disorders and neck swellings</p>
<b>Hands- on Activities / Practical</b>	Students will be involved in Practical sessions and hands-on activities that link with the blood module to enhance the learning
<b>Skills Lab</b>	A skills lab provides the simulated learning experience to learn the basic skills and procedures. This helps patients
<b>Videos</b>	Video familiarize the student with the procedures and protocols to assess patients



<b>Computer Lab/CSs/DVDs/ Internet Resources:</b>	To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.
<b>Self-Learning</b>	Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concepts.

## **ASSESSMENT METHODS:**

### **21. WRITTEN ASSESSMENT:**

- a. Multiple Choice Questions (MCQs)
- b. Short Essay Questions (SEQs)

### **22. ORAL ASSESSMENT:**

- a. Short cases
- b. Long cases
- c. Directly observed practical skills (DOPS)
- d. Objective Structured Clinical examination (OSCE)

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**CMH Lahore Medical College**

**Department of Surgery**

**Final Year MBBS**

**Study Guide**

**MODULE 24: SURGICAL SKILLS**

## **Mission Statement**

To provide an excellent learning and teaching environment, inculcating ethical values and social responsibilities in undergraduate and postgraduate medical & dental students and nursing and allied health sciences students to enhance the level of comprehension healthcare in the Army/Country.

## **TABLE OF CONTENTS**

1. Introduction to Surgical Skills -----	4
2. General & Specific Outcomes -----	5
3. Resources -----	5
a. Teaching resources -----	5
b. Infrastructure resources -----	6
4. Learning methodologies-----	7
5. Course outline -----	09
6. Learning resources -----	15
7. Assessment Methods -----	16

## **INTRODUCTION:**

Introduction to Surgical Skills workshop aims to assist Junior Doctors in attaining an improved level of competence in the basic techniques required for minor surgery.

## **GENERAL AND SPECIFIC OUTCOME**

- Provide First Aid
- Rapid sequenced assessment (ABCDE) and Resuscitation of Polytrauma patients
- Maintenance of airway (oro-pharyngeal airway, endotracheal intubation, needle cricothyrotomy)
- Maintenance of intravenous access (peripheral line, venous cut down, central venous line)
- Collection of samples of blood, urine, stool, sputum, pus swab etc
- Insertion of Naso-gastric tube
- Catheterization of male and female patients
- Preparation of patients for radiological investigations (X-Ray Chest, Abdomen, KUB, Bones, IVU, barium studies, ultrasound and other imaging investigations)
- Dressing of wounds
- Surgical knots
- Skin Suturing and Suture Removal
- Incision and Drainage of Superficial Abscesses
- Excision of Small Soft Tissue Lumps
- Needle Biopsies
- Apply Bandage and Splint/POP cast to the patient's limbs.

### **RESOURCES:**

23. Teaching resources

24. Infrastructure resources

#### **Teaching resources:**

<b>Sr. #.</b>	<b>Faculty Name</b>	<b>Department as per PM &amp; DC certificate</b>	<b>Qualification</b>
18.	<b>Maj. Gen(R) Dr. Ch Ahmed Khan</b>	Professor & HOD	MBBS, FCPS, FCPS
19.	<b>Dr. M Imran Hameed</b>	Professor	MBBS, MS, FACS
20.	<b>Brig (R) Shahid Majeed</b>	Professor	MBBS, FCPS
21.	<b>Dr. Muhammad Adil Khurshid</b>	Assoc. Prof	MBBS, FCPS
22.	<b>Dr. Amna Shahab</b>	Assoc. Prof	MBBS, FCPS

23.	<b>Dr. Muhammad Faheem</b>	<b>Assoc. Prof</b>	<b>MBBS, FCPS</b>
24.	<b>Dr. Rashid Usman</b>	<b>Assistant Prof.</b>	<b>MBBS, FCPS</b>
25.	<b>Dr. M Waseem Anwer</b>	<b>Assistant Prof.</b>	<b>MBBS, FCPS</b>
26.	<b>Dr. Anam Arif</b>	<b>Senior Registrar</b>	<b>MBBS, FCPS</b>
27.	<b>Maj Farhan Hamid</b>	<b>Senior Registrar</b>	<b>MBBS, FCPS</b>
28.	<b>Dr Matar Saghira</b>	<b>Registrar</b>	<b>MBBS</b>
29.	<b>Dr. Saba Aziz</b>	<b>Registrar</b>	<b>MBBS</b>
30.	<b>Dr. Shamsullah</b>	<b>Registrar</b>	<b>MBBS</b>
31.	<b>Dr Shahab Ur Rehman</b>	<b>Registrar</b>	<b>MBBS</b>
32.	<b>Dr. Burhan UI Haq</b>	<b>Registrar</b>	<b>MBBS</b>
33.	<b>Dr. Ameena Azeemi</b>	<b>Registrar</b>	<b>MBBS</b>
34.	<b>Dr. M. Waleed Khan</b>	<b>Registrar</b>	<b>MBBS</b>

**Infrastructure resources:**

<b>Sr. #.</b>	<b>Infrastructure Resources</b>	<b>Quantity</b>
<b>1</b>	<ul style="list-style-type: none"> <li>• Outpatient Department Male</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
<b>2</b>	<ul style="list-style-type: none"> <li>• Outpatient Department Female</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
<b>3</b>	<ul style="list-style-type: none"> <li>• Main Operation Theaters</li> </ul>	<ul style="list-style-type: none"> <li>• 8 (Fully quipped)</li> </ul>
<b>4</b>	<ul style="list-style-type: none"> <li>• Minor Operation Theatre</li> </ul>	<ul style="list-style-type: none"> <li>• 1</li> </ul>
<b>5</b>	<ul style="list-style-type: none"> <li>• Surgical Intensive Care</li> </ul>	<ul style="list-style-type: none"> <li>• 10</li> </ul>
<b>6</b>	<ul style="list-style-type: none"> <li>• Main Intensive Care</li> </ul>	<ul style="list-style-type: none"> <li>• 10</li> </ul>
<b>7</b>	<ul style="list-style-type: none"> <li>• Accident &amp; Emergency Department</li> </ul>	<ul style="list-style-type: none"> <li>• 10 Beds</li> </ul>
<b>8</b>	<ul style="list-style-type: none"> <li>• Surgical Ward Male</li> </ul>	<ul style="list-style-type: none"> <li>• 40 beds</li> </ul>

9	<ul style="list-style-type: none"> <li>• Surgical Ward Female</li> </ul>	<ul style="list-style-type: none"> <li>• 20 beds</li> </ul>
10	<ul style="list-style-type: none"> <li>• Mini Procedure Room</li> </ul>	<ul style="list-style-type: none"> <li>• 2</li> </ul>
11	<ul style="list-style-type: none"> <li>• Reception</li> </ul>	<ul style="list-style-type: none"> <li>• 1</li> </ul>
12	<ul style="list-style-type: none"> <li>• Mini Library</li> </ul>	<ul style="list-style-type: none"> <li>• 1</li> </ul>
13	<ul style="list-style-type: none"> <li>• Designated work stations for staff</li> </ul>	<ul style="list-style-type: none"> <li>• As per faculty list</li> </ul>
14	<ul style="list-style-type: none"> <li>• Lecture Hall</li> </ul>	<ul style="list-style-type: none"> <li>• 1</li> </ul>
15	<ul style="list-style-type: none"> <li>• Small Group Discussion Room</li> </ul>	<ul style="list-style-type: none"> <li>• 5</li> </ul>

### **LEARNING METHODOLOGIES:**

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital / Clinic visits
- Small Group Discussion
- Case- Based Learning
- Clinical teaching at bedside and outpatient department
- Skills session
- E- Learning
- Self- Directed Study
- Clinico pathological conferences
- Observation and assistance in Operation theatres

### **INTERACTIVE LECTURES**

In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients, interviews, exercise etc. students are actively involved in the learning process.

### **HOSPITAL VISITS:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical science of the relevant module.



### **SMALL GROUP DISCUSSION (SGD)**

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

### **CASE- BASED LEARNING**

A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained in clinical and basic health sciences during the module.

### **SKILLS SESSION**

Skills relevant to respective module are observed and practiced where applicable in Skills laboratory or Department of Surgery.

### **SELF DIRECTED STUDY**

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

### **E- LEARNING**

E-Learning is a strategy by which learning occurs through the utilization of electronic media, typically the Internet. The basic aspects of medical professionalism and ethics will be addressed through and E- Learning course.

### **CLINICO PATHOLOGICAL CONFERENCE:**

As per recommendations of PMDC, a group of students prepare a case-based presentation which is supervised by a consultant supervisor. This is presented before whole class followed by discussion.

### **OBSERVATION AND ASSISTANCE IN OPERATION THEATRES:**

Students rotate on weekly basis to go to operation theatres. The operating consultant shows them the different operative steps of surgical procedure. This helps them to further clarify their concepts

## COURSE OUTLINE

### **Module 24: Surgical Skills**

- Provide First Aid
- Rapid sequenced assessment (ABCDE) and Resuscitation of Polytrauma patients
- Maintenance of airway (oro-pharyngeal airway, endotracheal intubation, needle cricothyrotomy)
- Maintenance of intravenous access (peripheral line, venous cut down, central venous line)
- Collection of samples of blood, urine, stool, sputum, pus swab etc • Insertion of Naso-gastric tube
- Catheterization of male and female patients
- Preparation of patients for radiological investigations (X-Ray Chest, Abdomen, KUB, Bones, IVU, barium studies, ultrasound and other imaging investigations)
- Dressing of wounds
- Surgical knots
- Skin Suturing and Suture Removal
- Incision and Drainage of Superficial Abscesses
- Excision of Small Soft Tissue Lumps
- Needle Biopsies
- Apply Bandage and Splint/POP cast to the patient's limbs.
- Must observe common surgical procedures (Lymph node biopsy, appendectomy, hernia repair, cholecystectomy, breast/thyroid surgery, laparotomy, intestinal anastomoses, surgery for varicose vein, common scrotal and testicular procedure~, Incision drainage, hemorrhoids and perianal surgeries, vesicolithotomy, pyelolithotomy, prostatectomy, skin grafting, amputations, chest tube insertion, fixation of fractures, reduction of Dislocation etc)
- Identification and uses of common surgical instruments and sutures

**CMH LAHORE MEDICAL COLLEGE - DEPARTMENT OF SURGERY**  
**LIST OF ROTATIONS /TEACHING / LEARNING OF COMMUNICATION AND**  
**CLINICAL SKILLS**

***Upon completion of the surgery clinical rotations all medical students at the end of third year MBBS should be able to:***

- a)*** Elicit and present a history and GPE in a format appropriate for surgical patients.
- b)*** Demonstrate professional attitudes and values towards colleagues and patients.
- c)*** Recognize Common Surgical problems and construct appropriate diagnostic management and referral algorithms for each condition.
- d)*** Assess suitability for surgery of patients referred with common surgical problems.
- e)*** Recognize the most common surgical emergencies that require urgent surgical consultation.
- f)*** Apply the principles of resuscitation to a patient in shock.
- g)*** Perform as an effective member of a surgical team at a third year student's level

## 3 YEAR MBBS SURGERY

### 3<sup>rd</sup> Year MBBS List of Bedside Teaching / Learning

#### Sr. No. TOPICS

1. Perform as an effective member of a surgical team at a third year student's level.
2. Patient Documentation.
3. Patient bedside manners.
4. History taking of surgical patients
5. General physical examination.
6. Systemic examination of surgical patients with special emphasis on
  - a) Examination of Abdomen.
  - b) Examination of chest
  - c) Examination of common Head and Neck pathologies excluding thyroid
7. Local examination
  - a) Examination of swelling
  - b) Examination of an ulcer
  - c) Examination of an enlarged Thyroid
  - d) Examination of Breast lump
  - e) Examination of Hernia
  - f) Examination of scrotal and Inguino-Scrotal swelling.
  - g) Examination of peripheral pulses
  - h) Examination of common peripheral nerve lesions
8. Clinical skills to be observed
  - a) Change of patient dressing
  - b) Administration of prescribed drugs and injections in the wards
  - c) Application of plaster casts
  - d) Insertion of nasogastric tube
  - e) Insertion of Foley catheter
  - f) Insertion of central venous catheter
  - g) Obtaining written informed consent
  - h) Examination of common peripheral nerve lesions

## CLINICAL ASSESSMENT OF THE STUDENTS

	Max Marks	Marks Obtained		Max Marks	Marks Obtained		Max Marks	Marks Obtained
Case Summaries	20		Case Summaries	20		Case Summaries	20	
Procedures	20		Procedures	20		Procedures	20	
Short Cases	20		Short Cases	20		Short Cases	20	
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 A 70-75%  
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- c) Recognize common surgical problems and construct appropriate diagnostic management and referral algorithms for each condition.
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- i) Perform as an effective member of a surgical team at a third year student level.

*Operative procedures to be observed and assisted:*

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| c) Biopsy of skin and mucosal lesions. | d) Thyroidectomy.                              |
| e) Tracheotomy.                        | f) Thoracotomy.                                |
| g) Insertion of chest tube drain.      | h) Exploratory laparotomy.                     |
| i) Appendectomy.                       | j) Cholecystectomy.                            |
| k) Hernioplasty.                       | l) Common procedures performed on the scrotum. |
| m) Evaluation of abdominal pain.       | n) Gastrointestinal surgery.                   |
| o) Cancer surgery.                     | p) Hernia repair.                              |
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<b>Videos</b>	Video familiarize the student with the procedures and protocols to assess patients
<b>Computer Lab/CSs/DVDs/ Internet Resources:</b>	To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.
<b>Self-Learning</b>	Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concepts.

### **ASSESSMENT METHODS:**

#### **23. WRITTEN ASSESSMENT:**

- a. Multiple Choice Questions (MCQs)
- b. Short Essay Questions (SEQs)

#### **24. ORAL ASSESSMENT:**

- a. Short cases
- b. Long cases
- c. Directly observed practical skills (DOPS)
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