

**STUDY GUIDE**

M.B.B.S Students BKMC

**CLINICAL ROTATION**

**MEDICINE AND ALLIED**

DEPARTMENT

MTI MMC

(THIRD, FOURTH AND FINAL YEAR)

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Vision

*To become a prominent regional health center focused on improving individual and community health and achieving national and international standards of excellence.*

Mission

*To train students through best practices to fulfill the health needs of society, with emphasis on professionalism, research and health advocacy.*

INTRODUCTION TO STUDY GUIDE

The medical students after stepping in clinical wards needs orientation and guidance to achieve their learning outcomes and objectives to become a competent doctor in future. Clinical rotation aim to develop critical thinking for integration and application of basic knowledge for clinical application .This study guide aims to:

• Inform students how student learning program of the clinical rotation has been organized

 • Help students organize and manage their studies throughout the clinical rotation..

 • This will help the student to contact the right person in case of any difficulty.

 • Defines the objectives which are expected to be achieved at the end of the module.

 • Identifies the learning strategies such as small group teachings, clinical skills, demonstration, tutorial and case based learning that will be implemented to achieve the objectives.

 • Provides a list of learning resources for students to consult in order to maximize their learning.

• Includes information on the assessment methods that will be held to determine every student’s achievement of objective.

 SELF-DIRECTED LEARNING:

 Students’ assume responsibilities of their own learning through individual study, sharing and discussing with peers, 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.

**PMDC 7-star doctor**

Our aim is to be recognized as a leading institute by producing highly accomplished and influential medical professionals who can make significant contributions to the field of medicine.

According to Pakistan Medical and Dental counsel, A ‘seven-star doctor’ Pakistani medical graduate should be able to demonstrate the following 7 traits:

1. Skillful
2. Knowledgeable
3. Community Health Promoter
4. Critical thinker
5. Professional
6. Scholar
7. Leader and Role Model

DEPARTMENTS & RESOURCE PERSONS FACILITATING LEARNING

**DEPARTMENT OF MEDICINE & ALLIED**

|  |  |
| --- | --- |
| **Medical “A”** | **Medical “B”** |
| Professor. Dr .Amjad Ali Contact: 03339418546 Email:dramjadali75@gmail.com  | Professor. Dr. Naveed Khan Contact: 0333916676 Email:naveedkhan@hotmail.com  |
| Assistant Prof. Dr.HameedullahContact:03469062164 Email:drhmidullah2013@gmail.com  | Associate Prof. Dr. M.AbbasContact:03009053406Email:docabbas1@hotmail.com |
| Assistant Prof:Dr.Murad AliContact:03339145798 Email:drmurad631@gmail.com  | Assistant Prof:Dr.ShahzebContact:03149396891 Email:drshahzeb1982@gmail.com |
| Assistant Prof : Dr.Manzoor HussainContact:03339966708 | Assistant Prof: Dr Muhammad Sohrab KhanContact# 03336047307Email: Sohrab\_dr2002@hotmail.com |
|  |  Assistant Prof: Dr Fazli RabbiContact# 03339361601Email: drfazalrabbi8@gmail.com |

GENERAL LEARNING OUTCOMES

The overall goal of Medical clinical rotation is the achievement of basic core competencies that are essential for practice and include:

* Acquisition of body of knowledge and skills necessary for the management of common medical emergencies.
* Development of clinical reasoning skills and make a differential diagnosis.
* Identify and respond to ethical issues arising in patient care.
* Be able to develop evidence base approach and treatment according to individual patients need.
* Demonstrate responsibility and respect towards patients.
* Demonstrate effective verbal and written communication skills.

**SOPS FOR 3rd YEAR MBBS STUDENTS BACHA KHAN MEDICAL COLLEGE MARDAN.**

**Clinical Day: Monday to Thursday Timings: 11:00 to 01:00 PM**

* The student should arrive on time and follow dress code
* Two beds would be allotted to every student on the first day.
* They would take proper medical history and perform general physical examination of the patient.
* They should respect patients, teachers, paramedical staff, patient’s attendants and other personal.
* The students should take active participation in ward rounds, outpatient department, procedure skills and small group discussions.
* Histories should be written in History Book and updated on daily basis. New investigations planned each day/procedures performed/new clinical findings observed should be properly documented and the patient should be thoroughly followed during his stay in the ward.
* History note books should be submitted to the focal person/Registrar of the ward at the end of each week for checking and signature by the faculty member.
* Formative assessment would be carried out on the 3rd last day of rotation.
* Feedback would be provided on the last day of rotation.
* Attendance would be marked on daily basis and communicated with college administration on weekly basis.
* Various instruments, procedures or discussions carried out in the ward would be properly documented in the log book and signed by the faculty members.
* Proper marks would be given to the log book and history books.
* Log book would not be signed by the faculty member once the rotation is over.

**LEARNING OUTCOMES FOR 3rd YEAR MBBS STUDENTS**

**(Med “B” unit)**

**BACHA KHAN MEDICAL COLLEGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no** | **Competency** | **Learning Outcome** | **Objectives** | **Teaching Strategy** | **Assessment method** |
| 12. | Communication SkillsClinical Skills | Student should be able to take medical history from the patient Student should be able to perform general physical examination of the patient  | . Student should be able to write the patients chief complaints, history of present illness, past medical and surgical history, family, social, occupational histories and complete a review of systems. .Student should be able to extract relevant information regarding:1.Fever2.Cough3.Shortness of breath4.Chest pain5. Headache6.Unconsciousness7.Fits8.Pain abdomen9.Vomiting10.Joint Pain11.Anemia12.Bleeding dis order13.Dysuria/Hematuria Take proper consent from the patient/attendantDemonstrate proper exposer of the patient. Perform general survey of the patient.Examine the hands for anemia, cyanosis, clubbing,koilonychias, leuconychia, splinterhges, nodes, wasting, deformaties, tremors etc.. look for all pulses. take blood pressure by palpatory and auscultatory method . Examine the neck for JVP and other visible pulsations.Examine all the lymph nodes.Examine the eyes for jaundice, anemia ptosis etc..look for central cyanosis, wasting ,tremors and symmetry of tongue.Appreciate wasting and edema of legs and sacral edema.Examine the joints for tenderness .Examine the thyroid gland .Demonstrate re draping of the patient Pay thanks to the patient/attendant  | Bed side teachingSGDBed side teaching  | OSCEOSCE |
| 3.4. | Professionalism Procedural Skills | Manage time well, and display professional Demeanor and practice effective communication skills.N.G TUBE Foleys catheterAir WayLumbar Puncture needle | 1. Perform his /her duty properly.2. Take care of dress code.3. Exhibit empathetic attitude towards patients and their care givers.4. Respect patient’s confidentiality. 5. Be an effective communicator6. Demonstrate punctuality.7. Respect seniors, colleagues, Paramedical staff and patients during clinical encounters. 8. Communicate effectively with patients, their care givers and colleagues.1.Identify N.G tube 2.Enumerate indications of N.G tube 3.Enumerate complications of N.G tube1.Identify foleys catheter2.Enumerate its indications and complications1.Identify Air way of different sizes 2.Enumarte indications of Air way3.Enlist complication of Air way1.Identify LP needle 2.Enumarte indications of LP 3.Discuss complications of LP4.Enlist contra indications of LP | Bed side teaching | Peer review Log bookDirect observation OSCE |

 **TIME TABLE 3rd YEAR MBBS**

**BACHA KHAN MEDICAL COLLEGE MARDAN.**

Clinical Days: Monday, Tuesday, Wednesday, Thursday, Friday

**Timings: 11: 00 to 01:00 PM**

**Week # 1**

|  |  |  |
| --- | --- | --- |
| **Days** | **Facilitators** | **Activities** |
| Monday | Dr.Fazli Rabbi | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy: Bed side teaching/ SGD**History taking with emphasis on fever.GPE |
| Tuesday | Dr.Fazli Rabbi  | **Venue:OPD****Teaching Strategy:** **one minute preceptor/****SGD**Focused short discussion on different cases presenting in OPD  |

|  |  |  |
| --- | --- | --- |
| Wednesday | Dr.Fazli Rabbi  | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy: Bed side teaching/ SGD**History taking with special emphasis on cough,shortness of breath and chest painDemonstration on N.G tube |
| Thursday  | Dr.Fazli Rabbi | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD**Focused short discussion on different cases presenting in OPDGPE. Hands/Face |
| Friday | Dr.Fazli Rabbi | **Venue: Ward****History and GPE** |

**Week # 2**

|  |  |  |
| --- | --- | --- |
| **Days** | **Facilitators** | **Activities** |
| Monday  |  Dr.Fazli Rabbi  | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy: Bed side teaching/ SGD**History taking with special emphasis on pain abdomen, vomiting, Dysuria/Hematuria, and melena.GPE,Pulse,Lymph nodesDemonstration on Foleys catheter  |
| Tuesday  | Dr.Fazli Rabbi | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD**Focused short discussion on different cases presenting in OPD  |
| Wednesday  | Dr.Fazli Rabbi | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy: Bed side teaching/ SGD**History taking with special emphasis on fits, headache and unconsciousnessGPE,Face,Mouth,BPDemonstration on LP needle  |
| Thursday | Dr.Fazli Rabbi | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD**Focused short discussion on different cases presenting in OPD |
| Friday | Dr.Fazli Rabbi | **Venue: Ward****History and GPE** |

**Week # 3**

|  |  |  |
| --- | --- | --- |
| **Days** | **Facilitators** | **Activities** |
| Monday  | Dr.Fazli Rabbi | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy: Bed side teaching/ SGD**History taking with special emphasis on anemia, joint painsGPEDemonstration on Airway  |
| Tuesday  | Dr.Fazli Rabbi | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD**Focused short discussion on different cases presenting in OPD  |
| Wednesday  | Dr.Fazli Rabbi | **Venue: Med “B” ward/Demonstration room** Bedside discussion of patient presented with Loss of consciousness  |
| Thursday | Dr.Fazli Rabbi | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD**Focused short discussion on different cases presenting in OPD  |
| Friday | Dr.Fazli Rabbi | **Venue: Ward****History and GPE** |

**Week # 4**

|  |  |  |
| --- | --- | --- |
| **Days** | **Facilitators** | **Activities** |
| Monday  | Dr.Fazli Rabbi | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy: Bed side teaching/ SGD**History taking and examination of Stroke patient.GPEDemonstration on IV Line  |
| Tuesday  | Dr.Fazli Rabbi | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD**Focused short discussion on different cases presenting in OPD  |
| Wednesday  | Dr.Fazli Rabbi | **Venue: Med “B” ward/Demonstration room** Discussion on Medical Ethics  |
| Thursday | Dr.Fazli Rabbi | **Venue: Ward****Assessment**  |
| Friday | Dr.Fazli Rabbi | **Venue: Ward****Feedback** |

**SOPS FOR 4th YEAR MBBS STUDENTS BACHA KHAN MEDICAL COLLEGE MARDAN.**

|  |  |
| --- | --- |
| Timings: | 09:00 am to 11:00 am Monday to Friday |

* The student should arrive on time and follow dress code
* Two beds would be allotted to every student on the first day.
* They would take proper medical history and examine the patient make differential diagnosis, plan investigation and outline management plan.
* They should respect patients, teachers, paramedical staff, patients attendants and other personal.
* The students should take active participation in ward rounds, outpatient department, procedure skills and small group discussions.
* Histories should be written in History Book and updated on daily basis. New investigations planned each day/procedures performed/new clinical findings observed should be properly documented and the patient should be thoroughly followed during his stay in the ward.
* History note books should be submitted to the focal person/Registrar of the ward at the end of each week for checking and signature by the faculty member.
* Formative assessment would be carried out on the 3rd last day of rotation.
* Feedback would be provided on the last day of rotation.
* Attendance would be marked on daily basis and communicated with college administration on weekly basis.
* Various instruments, procedures or discussions carried out in the ward would be properly documented in the log book and signed by the faculty members.
* Proper marks would be given to the log book and history books.
* Log book would not be signed by the faculty member once the rotation is over.

LEARNING OUTCOMES FOR 4th YEAR MBBS STUDENTS

BACHA KHAN MEDICAL COLLEGE (Med “B”UNIT)

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| --- | --- | --- | --- | --- | --- |
| **WEEK** | **COMPETENCY** | **LEARNING OUTCOMES** | **LEARNING OBJECTIVES** | **TEACHING STRATEGY** | **ASSESMENT METHOD** |
|  | Communication Skills.Clinical SkillsProcedural SkillsCriticalAnalysisProfessionalism /Work Ethics | By the end of 3 weeks clinical rotation in medical ward students should be able to Record a detailed history of patients presenting with different diseases.To perform General Physical examination Systemic examination Folley’s catheter insertionInterpret various investigation Manage time well, and display professional Demeanor and practice effective communication skills. | 1. Write the patients chief complaints, history of present illness, past medical and surgical history, family, social and personal history, and occupational histories and complete a review of systems. 2.interpret common symptoms and signs of the major body systems like cardiovascular, GIT, nervous systems, respiratory system etc3.Formulate a list of differential diagnosis based on the history4. Interview and communicate with patients and family effectively and in a logical manner5.counsel a patient with needle prick, diabetes, viral infections, respiratory and heart diseases6.break the bad news.Perform a proper general physical examination (GPE) in a logical manner.Perform examination of the nervous system, respiratory system, cardiovascular system, gastrointestinal system, thyroid gland and musculoskeletal system..Correlate the symptoms and signs from history and examination and formulate a list of differential diagnosis on that basis.Recognize the indications and contraindications for inserting a folley’s catheter..Demonstrate to take a proper consent from the patient for passing the urinary catheter.. Recognize the proper scrub, lubricants and drainage bag needed for passing the catheter..Recognize the procedure and steps of passing the folley’s catheter..Demonstrate how to deflate the folley’s catheter balloon and then remove it when the need is over.Recognize that tests are limited and there is an impact of false positive/false negative results on information..Describe the range of normal variation of the results of different lab investigations. Recognize the normal anatomical structures on a chest X-Ray..Demonstrate a sequence to read a normal chest X-ray . Recognize different components of the ECG and develop a sequence to interpret the ECG with special focus to detect the acute changes that need prompt action.Read a normal and abnormal CSF..Interpret normal and abnormal CBC report .Interpret pleural and Ascetic fluid.1. Perform his/her duty properly.
2. Take care of dress code.
3. Exhibit empathetic attitude towards patients and their care givers.
4. Respect patient’s confidentiality.
5. Be an effective team leader.
6. Be an effective communicator.
7. Demonstrate punctuality.
8. Follow the specified norms of bed side teaching and small group discussion.
9. Exhibit honesty in times of crisis.
10. Respect seniors, colleagues, Paramedical staff and patients during clinical encounters.
11. Communicate effectively with patients, their care givers and colleagues.
12. Present a patient in front of senior colleague.
 | Bed side teachingVideo clips. Bed side teachingVideo clipsSGD. Video clips. Demonstration on manikins. Observe the procedure in the ward if opportunity prevails.Bed side Teaching.Video Clips. Tutorial on different results of CBC, ABG’s, CSF R/E ,pleural fluid R/E and ascitic fluid R/E, and on chest X-rays and ECG’s | . TOACS. Short Cases. Structured VivaLog BookShort CasesTOACS.Log Book.Peer Review  |

**TIME TABLE 4th YEAR MBBS**

**BACHA KHAN MEDICAL COLLEGE MARDAN.**

**Timings: 09: 00 AM to 11:00 AM Clinical Days:** Monday to Friday

 **Week # 1**

|  |  |  |
| --- | --- | --- |
| **Days** | **Facilitators** | **Activities** |
| Monday | Dr. Muhammad Sohrab Khan | **Venue: : Med “B” ward/Demonstration room****Teaching Strategy: Bed side teaching**The general principles of history taking How to obtain disease specific history from the patientHow to make a list of differential diagnosis on history and GPE |
| Tuesday | Dr. Muhammad Sohrab Khan | **Venue: Medical OPD** **Teaching Strategy: one minute preceptor/ SGD**Focused short discussion on different cases presenting to medical OPD.Interpretation of routine blood lab reports |
| Wednesday | Dr. Muhammad Sohrab Khan | **Venue: : Med “B” ward/Demonstration room****Teaching Strategy: Bed side teaching** History, General physical examination of a patientExamination of CNS |
| Thursday | Dr. Muhammad Sohrab Khan | **Venue: Medical OPD****Teaching Strategy: one minute preceptor/ SGD**Focused short discussion on different cases presenting to medical OPDHow to break bad new to the patient |
| Friday | Dr. Muhammad Sohrab Khan | **Venue: : Med “B” ward/Demonstration room****Teaching Strategy: Bed side teaching** History, General physical examination of a patientExamination of CNS |

|  |  |  |
| --- | --- | --- |
| **2ND Week** | **Facilitator**  | **Activities**  |
| Monday | Dr. Muhammad Sohrab Khan | **Venue: : Med “B” ward/Demonstration room****Teaching Strategy: Bed side teaching/SGD**History takingClinical examination of the Respiratory systemDiscussion on a normal Chest X-Ray |
| Tuesday | Dr. Muhammad Sohrab Khan | **Venue: Medical OPD****Teaching Strategy: One minute preceptor/ SGD**Focused short discussion on different cases presenting to medical OPDInterpretation of pleural fluid R/E |
| Wednesday  | Dr. Muhammad Sohrab Khan | **Venue: : Med “B” ward/Demonstration room****Teaching Strategy: Bed side teaching/SGD**History taking Clinical examination of the Cardiovascular systemInterpretation of a normal ECG |
| Thursday  | Dr. Muhammad Sohrab Khan | **Venue: Medical OPD****Teaching Strategy: one minute preceptor/ SGD**Focused short discussion on different cases presenting to medical OPD |
| Friday | Dr Muhammad Sohrab Khan | **Venue: Med “B” ward/Demonstration room/SGD**Examination Of Diabetic Patient and Interpretaion of Blood Sugar LevelsDiscussion on Complications related to Diabetes Mellitus  |

**Week # 3**

|  |  |  |
| --- | --- | --- |
|  **DAYS** |  **Facilitator** |  **Activities** |
| Monday | Dr. Muhammad Sohrab Khan | **Venue: : Med “B” ward/Demonstration room****Teaching Strategy: Bed side teaching/SGD**History taking Clinical examination of the Abdomen Performance of NG intubation on manikin  |
| Tuesday | Dr. Muhammad Sohrab Khan |  **Venue: Medical OPD** **Teaching Strategy: one minute preceptor/ SGD**Focused short discussion on different cases presenting to medical OPDExamination of the Rheumatoid hands |
| Wednesday | Dr. Muhammad Sohrab Khan | **Venue: : Med “B” ward/Demonstration room****Teaching Strategy: Bed side teaching**Passage of folly catheter/ NG tube on a manikin Assessment |
| Thursday | Dr. Muhammad Sohrab Khan | **Venue: Medical OPD****Teaching Strategy: one minute preceptor/ SGD**Focused short discussion on different cases presenting to medical OPD  |
| Friday | Dr.Muhammad Sohrab Khan | **Ward Test** |

**SOPS FOR FINAL YEAR MBBS STUDENTS BACHA KHAN MEDICAL COLLEGE MARDAN.**

|  |  |
| --- | --- |
| Timings: | 09:00 am to 1:00 pm Monday to Thursday10:00 am to 12:00 pm Noon Friday |

* The student should arrive on time and follow dress code
* Two beds would be allotted to every student on the first day.
* They would take proper medical history and examine the patient make differential diagnosis, plan investigation and outline management plan.
* They should respect patients, teachers, paramedical staff, patients attendants and other personal.
* The students should take active participation in ward rounds, outpatient department, procedure skills and small group discussions.
* Histories should be written in History Book and updated on daily basis. New investigations planned each day/procedures performed/new clinical findings observed should be properly documented and the patient should be thoroughly followed during his stay in the ward.
* History note books should be submitted to the focal person/Registrar of the ward at the end of each week for checking and signature by the faculty member.
* Formative assessment would be carried out on the 3rd last day of rotation.
* Feedback would be provided on the last day of rotation.
* Attendance would be marked on daily basis and communicated with college administration on weekly basis.
* Various instruments, procedures or discussions carried out in the ward would be properly documented in the log book and signed by the faculty members.
* Proper marks would be given to the log book and history books.
* Log book would not be signed by the faculty member once the rotation is over.

**LEARNING OUTCOMES FOR FINAL YEAR MBBS STUDENTS**

**BACHA KHAN MEDICAL COLLEGE (Med “B”UNIT)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WEEK** | **COMPE TENCY** | **LEARNING OUTCOMES** | **LEARNING OBJECTIVES** | **TEACHING STRATEGY** | **ASSESMENT METHOD** |
| 1st week  | Clinical Skills & Communication Skills. | By the end of 1st week student should be able to Record a detailed history and perform examination of a patient with respiratory problems. | Student should be able to write the patients chief complaints, history of present illness, past medical and surgical history, family, social, occupational histories and complete a review of systems. Perform general physical examination in a logical, organized and through manner.Perform examination of chest from the front and back. \formulate a differential diagnosis based on the findings from the history and physical examination.Use the differential diagnosis to help guide diagnostic test ordering and its sequence.Formulate an initial therapeutic plan. | .Bed Side teaching.Video clips | .TOACS.Short Case.structured Viva |
|  | Medical KnowledgeProcedural skillCriticalAnalysisProfessional lism/Work Ethics | Assess a patient with obstructive and restrictive airway diseases. Respiratory infections and pleural Diseases.Thoracocentesis Pleural biopsyInterpretation of investigations carried out for respiratory disorders.Manage time well, and display professional Demeanor and practice effective communication skills. | Access and utilize, when appropriate information resources to help develop an appropriate and timely therapeutic plan. Interviews and communicate with patients and family effectively..know pathophysiology of these diseases..know signs and symptoms of these respiratory dis orders..formulate differtial diagnosis of these diseases orders..plan investigations for these diseases..Make management plan for these respiratory dis orders..Discuses prognosis of these conditions.Demonstrate proper consent taking form the patient.Identify chest tube, three way canula, pleural biopsy needle, under water seal, negative pressure suction machine.Identify the site for pleural biopsy.Identify the site for chest intubation in case of pneumothorax/pleural effusion.Identify the site for needle aspiration in case of pneumothorax.Identify the site for aspiration by three way cannula.Explain the hazards of these procedures to the patients/attendant.Recognize that tests are limited and the impact of false positive/false negatives on information.Describe the range of normal variation on the results of a complete blood count, peripheral smear, serum electrolytes, renal functional tests and liver function tests. Interpret the results of the above tests in terms of the related path physiology of respiratory disorders.Read a normal chest X Ray Identify abnormal finding in CXR.Read a normal CT chest. Identify abnormal findings in CT chest.Discriminate between exudative and transudative pleural fluid.Interpret pulmonary function tests for detection of common respiratory disorders.1. Perform his /her duty properly.
2. Take care of dress code.
3. Exhibit empathetic attitude towards patients and their care givers.
4. Respect patient’s confidentiality.
5. Be an effective team leader.
6. Be an effective communicator.
7. Demonstrate punctuality.
8. Follow the specified norms of bed side teaching and small group discussion.
9. Exhibit honestly in times of crisis.
10. Respect seniors, colleagues, Paramedical staff and patients during clinical encounters.
11. Counsel a patient of diabetes, pulmonary TB or having an accidental needle prick injury.
12. Break bad news.
13. Communicate effectively with patients, their care givers and colleagues.
14. Present a patient in front of senior colleague.

Design health education messages for smoking and lung disease, tuberculosis. Asthma and epidemic respiratory infections. | Bed side teaching.Small group discussion .Video clips.Demonstration on Manikins.Bed Side demonstration .SGD.Video clips.Tutorial on radiology and spirometry | TOACSShort CaseLong CaseTOACSPears review.Log book.direct observation |
| **WEEK** | **COMPE TENCY** | **LEARNING OUTCOMES** | **LEARNING OBJECTIVES** | **TEACHING STRATEGY** | **ASSESMENT METHOD** |
| 2nd week  | Clinical Skills & Communication Skills | By the end of 2nd week student should be able to Record a detailed history and perform examination of a patient with CNS problems. | .Student should be able to write the patients chief complaints, history of present illness, past medical and surgical history, family, social, occupational histories and complete a review of all Systems..Perform higher mental function examination.Mini mental score.Cranial nerves examination.Examination of upper and lower limbs.Perform cerebellar Examination .Formulate a differential diagnosis based on the findings from the history and physical examination..Use the differential diagnosis to help guide diagnostic test  | .Bed side teaching.Video Clips | .TOACS.Short Case.structured Viva |
|  | Medical KnowledgeProcedural Skills.Clinical SkillCritical AnalysisProfessional lism/Work Ethics | Assess a patient with Central & peripheral nervous system diseases, & diseases of MeningesLumbar puncture Electro encephalography (EEG)Interpretation of investigation carried out for nervous diseases Manage time well, and display professional Demeanor and practice effective communication skills. | Ordering and its sequence..Formulate an initial therapeutic plan..Demonstrate proper consent taking from the patient..Identify Lumbar puncture needle.Demonstrate proper scrub. .Identify the site for Lumbar puncture..Explain the hazards of Lumbar puncture to the patients/attendant.Perform LP on a manikin/patient.Observe EEG. Enumerate indications of EEGRead a normal CT scan/brain.Identify abnormal finding on CT brain.Interpret the CSF report.Can differential between viral, bacterial & tubercular meningitis on the basis of CSF report 1. Perform his /her duty properly.
2. Take care of dress code.
3. Exhibit empathetic attitude towards patients and their care givers.
4. Respect patient’s confidentiality.
5. Be an effective team leader.
6. Be an effective communicator.
7. Demonstrate punctuality.
8. Follow the specified norms of bed side teaching and small group discussion.
9. Exhibit honestly in times of crisis.
10. Respect seniors, colleagues, Paramedical staff and patients during clinical encounters.
11. Counsel a patient of stroke, meningitis
12. Break bad news.
13. Communicate effectively with patients, their care givers and colleagues.
14. Present a patient in front of senior colleague.

Design health education messages for smoking and stroke. | .Bed side cases.Small group discussion Bed side teaching video clipsManikin. Demonstration in Psychiatry OPDBed side teachingSGD | SEQsTOACSTOACSTOACSPear review Log BookDirect observation |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week** | **Competency**  | **Learning outcomes**  | **Learning Objectives** | **Teaching Strategy** | **Assessment Method** |
| 3rd Week  | MedicalKnowledge | By the end of 3rd week student should able to assess a patientWith diabeticEmergencies | 1.Define diabetic Ketoacidosis 2.Define Hyperosmolor Non Ketotic coma3. Define Hypoglycemia. 4. Discuss clinical features of these conditions.5. Determine anion gaps.6. Determine plasma osmolality.7. Interpret result of serum electrolytes.8. Interpret result of arterial blood gases in compensated and non-compensated metabolic acidosis and metabolic alkalosis.9. Discuss the standard treatment protocol of these emergencies. 10. Discuss the complications of these conditions.11. Discuss the role of HB AIc. | .Bed Side teaching.SGD | TOACS SEQ |
|  |
| **Week** | **Competency**  | **Learning outcomes**  | **Learning Objectives** | **Teaching Strategy** | **Assessment Method** |
|  | Procedural SkillsCritical analysisManagement Skills. | I/V line Arterial puncture for ABGsNasogastirc tubeCathererizationInterpretation of investigations carried out for common endocrine disorders.Record a detailed history and perform examination of patient with thyroid/adrenal disorders | 1. Sterilizations of the proposed site for I/V line or arterial puncture.
2. Palpation of the proposed vein/artery.
3. Performance of I/V arterial puncture on manikin/patient.
4. Consent from the patient/attendant.
5. Demonstrate proper hygiene steps of hand sanitization.
6. Identification of N/G tube.
7. Enumerate indications of N/G tube.
8. Explain complication of the procedure and prolonged usage of N/G tube.
9. Demonstrate the passage of N/G tube on a patient.
10. Consent from the patient/attendant.
11. Demonstrate hands hygiene steps.
12. Identify foley’s catheters of various gauges.
13. Demonstrate proper sterilization and lubrication of catheter.
14. Enumerate indications of catherization.

Discuss complications of catherization on manikin.6. Perform catherization on a manikin/patient.1. Correlate TFTs with clinical findings.
2. Critical analyze role of thyroid antibodies in thyroid disorders.
3. Evaluate the radiological investigations carried out for thyroid disorders.
4. Interpret the results of various suppression and stimulation tests carried out for adrenal disorders.
5. Describe the normal range of serum cortisol and ACTH at different times of the day.
6. Identify abnormal finding in a X-Ray, Skull, CT brain for pituitary adenomas.
7. Correlate results of serum electrolytes with clinical features in adrenal disorders.

1. Record a detailed history of thyroid disease.2. Perform clinical examination of thyroid gland.3. Perform examination of other systems to look for thyroid status.4. Diagnose thyroid storm and myxedema coma.5. Formulate an initial Therapeutic plan.6. Modify treatment in pregnancy.7. Discuss the importance of liason beween gynecologist and physician in the treatment of pregnant lady with thyroid disorders.8. Record a detailed history of adrenal disorders.9. Perform general physical and systemic examination. 10. Formulate a diagnosis based on the findings from history and physical examination.11. Diagnose Addisonion crisis.12. Discuss treatment of Addisonion crisis.13. Discuss the role of steroids. 14. Discuss the drug used in Cushing Syndrome.15. Highlight the role of surgery and radiotherapy in Cushing Syndrome. | .Bed side demonstration.video clips.demonstration on manikins Bed side teaching.SGD.tutorials Bed side teaching.SGDTutorials | OSCESEQTOACS Short CaseTOACS Long Case |

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| **WEEK** | **COMPE TENCY** | **LEARNING OUTCOMES** | **LEARNING OBJECTIVES** | **TEACHING STRATEGY** | **ASSESMENT METHOD** |
| 4th week | Clinical Skills & Communication Skills | Record a detailed history and perform examination of a patient with connective tissue diseases. | .Student should be able to write the patients chief complaints, history of present illness, past medical and surgical history, family, social, occupational histories and complete a review of all systems.Perform general physical examination related to connective tissue diseases..Formulate a differential diagnosis based on the findings from the history and physical examination..Use the differential diagnosis to help guide diagnostic test ordering and its sequence..Formulate an initial therapeutic plan. | .Bed side teaching.Video Clips.SGD | .TOACS.Short Case.Structured Viva |
|  | Medical KnowledgeProcedural Skills.Critical Analysis | Assess a patient with connective tissue diseasesjoint aspiration Interpretation of investigations carried out for connective tissue diseases. | Demonstrate proper consent taking from the patient..Demonstrate proper scrub.Identify the site for joint aspiration..Explain the possible complication of the procedure to patient/attendants.Perform aspiration on manikin.Can interprets the results of Autoimmune profile for various connective tissue diseases..Read a normal X-Ray joint..Identify abnormal finding in X-ray joint. | Bed side teaching.Small group discussion Video clipsSelf-demonstrationManikins SGDVideo clips | SEQsOSCETOACSMCQs |
|  | Professional lism/Work Ethics | Manage time well, and display professional Demeanor and practice effective communication skills. | 1. Perform his /her duty properly.
2. Take care of dress code.
3. Exhibit empathetic attitude towards patients and their care givers.
4. Respect patient’s confidentiality.
5. Be an effective team leader.
6. Be an effective communicator.
7. Demonstrate punctuality.
8. Follow the specified norms of bed side teaching and small group discussion.
9. Exhibit honestly in times of crisis.
10. Respect seniors, colleagues, Paramedical staff and patients during clinical encounters.
11. Counsel a patient of stroke, meningitis
12. Break bad news.
13. Communicate effectively with patients, their care givers and colleagues.
14. Present a patient in front of senior colleague.

55.Design health education messages for smoking & stroke. |  | Log BookPeer Review Direct observation |

**TIME TABLE FINAL YEAR MBBS**

**BACHA KHAN MEDICAL COLLEGE MARDAN.**

 **10: 30 to 12:00 History Taking and Case Discussion**

 **12:00 To 1:00 PM Observation of Procedural and Clinical**

**Skills.**

 **Interpretation of Clinical Data.**

**Week # 1**

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| **Days** | **Facilitators** | **Activities****10:30 To 12 : 00** | **Activities****12:00 To 01:00 PM** |
| Monday | Dr. Naveed | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy:****Bed side teaching/ SGD**History taking and chest examination of patient presenting with Obstructive air way diseases. | **Venue: Med “B” Demonstration room** **Teaching Strategy: Teaching films/video clips** **Facilitator:Dr.Naveed**How to read a normal CXR.Identification of pleural effusion,Pneumothorax, consolidation mass, fibrosis, bronchiectasis, collapse, hyperinflation of lung fields and diffuse parenchymal lung disorders on teaching or video films. |

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| Tuesday | Dr. Naveed | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD****Of different cases presenting in OPD.** Focused short discussion on Management ofPneumothorax and pleural effusion. | **Venue: Med “B” Demonstration room** **Teaching Strategy: Bed side teaching/SGD/Video films****Faciliator:Dr.Naveed**Identification of chest tube, Biopsy needle, three way cannula underwater seal.Identification of the sites for aspiration/biopsy.Demonstration of pleural biopsy/chest intubation by videos films |
| Wednesday | Dr. Naveed | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy:****Bed side teaching/ SGD**History taking and chest examination of patient presenting with restrictive lung diseases. | **Venue: Med “B” Demonstration room** **Teaching Strategy: Demonstration by facilitator/video clips** **Facilitator:Dr.Naveed**Demonstration of PEFR recoding Interpretation of Pulmonary function tests. |
| Thursday | Dr.Naveed | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD****Of different cases presenting in OPD.**  short cases | **Venue: Med “B” Demonstration room Teaching Strategy: Teaching films/video clips****Fcilitator:Dr.Naveed Khan** How to read normal CT chest. Identification of pleural Effusion, pneumothorax, consolidation Mass, mesothelioma, bronchiectasis, lung abscess on CT. |

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| Friday | Dr.Naveed/ Dr.Shahzeb | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy:****Bed side teaching/ SGD** History taking and chest examination of a patient presenting with respiratory infections (Pulmonary TB/Pneumonia) |  |

**Week # 2**

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| **Days** | **Facilitators** | **Activities****10:30 To 12 : 00** | **Activities****12:00 To 01:00 PM** |
| Monday | Dr. Naveed/ Dr.M.Abbas/Dr. Naveed | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy:****Bed side teaching/ SGD**History taking and Lower limb examination of patient presenting with paraplegia | **Venue: Med “B” Demonstration room** **Teaching Strategy: Teaching films/video clips** **Facilitator:Dr.M.Abbas/ Dr. Naveed**How to read a normal C.T BrainIdentification of cerebral infarction cerebral bleed/SAH on C.T brain through teaching films or video clips.  |
| Tuesday | Dr. M.Abbas/Dr. Naveed | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD****Of different cases presenting in OPD.** Focused short discussion on Management ofMeningitis/Multiple sclerosis  | **Venue: Med “B” Demonstration room** **Teaching Strategy: Bed side teaching/SGD/Video films****Faciliator: Dr.M.Abbas/ Dr.Naveed**Identification of lumbar puncture needle Identification of the sites for L.PObservation of L.P by videos films |
| Wednesday | Dr. M.Abbas/Dr. Naveed | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy:****Bed side teaching/ SGD**History taking and cranial nerves examination  | **Venue: Med “B” Demonstration room** **Teaching Strategy: Demonstration by facilitator/video clips** **Facilitator: Dr.Naveed /Dr.M.Abbas**Interpretation of CSF fluid. |
| Thursday | Dr.M.Abbas/Dr. Naveed | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD****Of different cases presenting in OPD.**  short cases | **Venue: Med “B” Demonstration room** **Teaching Strategy: Teaching films/video clips****Facilitator:Dr.M.Abbas/Dr Naveed**  |
| Friday | Dr.M.Abbas/Dr Naveed | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy:****Bed side teaching/ SGD****10:30 AM to 12:00** History taking and neurological examination of upper limbs |  |

**Week # 3**

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| **Days** | **Facilitators** | **Activities****10:30 To 12 : 00** | **Activities****12:00 To 01:00 PM** |
| Monday  | Dr.Naveed  | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy:****Bed side teaching/ SGD**History taking and Examination of a Patient presenting with diabetic emergencies. | **Venue: Med “B” Demonstration room** **Teaching Strategy:** **SGD/Video clips****Facilitator:Dr.Naveed**Calculate ANION gap.Calculate plasma osmolality.Interpretation of ABGs. |
| Tuesday  | Dr.Naveed | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD****Of different cases presenting in OPD.** Short cases. | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy: Direct observation/Video clips****Facilitator: Dr. Naveed**Performance of Phlebotomy/I/V Line on patient |
| Wednesday | Dr.Naveed | **Venue:Med “B” ward/Demonstration room****Teaching Strategy: Bed side teaching/SGD**Evaluation o patient presenting with thyrod disorders. |  **Venue: Med “B” Demonstration room** **Teaching Strategy: Teacing Films/Video Films/SGD****Facilitator:Dr.Naveed** Interpretation of thyroid function tests Correlation of thyroid Scan/CT Thyroid/U/S with clinical features. |
| Thursday | Dr.Naveed | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD****Of different cases presenting in OPD.**  short cases | **Venue: Med “B” Demonstration room** **Teaching Strategy: Direct observation/video clips****Facilitator: Dr. Naveed** ProceduresCatheterization on a Manikin /patientN.G tube on a Manikin/patient  |
| Friday | Dr.Naveed/Dr. Shahzeb | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy:****Bed side teaching/ SGD****10:30 AM to 11:30 AM**History taking and examination of a patient with adrenal disorders. (Cushing Syndrome/Addison Disease) | **Venue: Med “B” Demonstration room** **Teaching Strategy: SGD****Fcilitator:Dr.Naveed**11:30 AM to 12:00 PM Discussion on normal range of serum Cortisol and ACTH at different times of the day.Interpretation of various suppression/stimulation tests Carried out for adrenal disorders.Discuss the role of Serum electrolytes.  |

**Week # 4**

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| **Days** | **Facilitators** | **Activities****10:30 To 12 : 00** | **Activities****12:00 To 01:00 PM** |
| Monday  | Dr.Abbas / Dr. Naveed | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy:****Bed side teaching/ SGD**History taking in a patient presenting with joint pain Examination of Rheumatoid hands. | **Venue: Med “B” Demonstration room** **Teaching Strategy:** **SGD/Video clips****Facilitator:Dr.Abbas/ Dr. Naveed**Interpretation of autoimmune profile to various Rheumatoid diseases  |
| Tuesday  | Dr.Abbas /Dr. Naveed | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD****Of different cases presenting in OPD.** Short cases. | **Venue: Med “B” ward/Demonstration room** **Teaching Strategy: Direct observation/Video clips****Facilitator: Dr. Naveed**How to do joint Aspiration  |
| Wednesday | Dr.Abbas/Dr. Naveed | **Venue:Med “B” ward/Demonstration room****Teaching Strategy: Bed side teaching/SGD**Assessment |  **Venue: Med “B” Demonstration room** **Teaching Strategy: Teacing Films/Video Films/SGD****Facilitator:Dr.Abbas/Dr. Naveed** Interpretation of X-ray of O.A/R.A/Scleroderma  |
| Thursday | Dr.Abbas/Dr. Naveed | **Venue:OPD****Teaching Strategy:** **one minute preceptor/SGD****Of different cases presenting in OPD.**  short cases.Management of SLE/Scleroderma | **Venue: Med “B” Demonstration room** **Teaching Strategy: Direct observation/video clips****Fcilitator: Dr. Naveed**Discussion on queries of students |
| Friday | Dr.Abbas/ Dr. Naveed | **Venue: Med “B” ward/Demonstration room** Feedback on assessment Discussion on ankylosing spondylitis osteoarthritis  |  |

**LEARNING OUTCOMES FOR THIRD YEAR MBBS STUDENTS**

**BACHA KHAN MEDICAL COLLEGE (Med “A”UNIT)**

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| **Serial no.** | **Competency**  | **Learning outcomes**  | **Objectives**  | **Teaching strategies**  | **Assessment methods**  |
| 1.2. 3. | Communication SkillsClinical SkillsProfessionalism4.Procedural skills | Student should be able to take medical history from the patientStudent should be able to perform general physical examination of the patientManage time well, and display professional Demeanor and practice effective communication skills.N.G TUBE Foleys catheterAir WayLumbar Puncture needle | . Student should be able to write the patients chief complaints, history of present illness, past medical and surgical history, family, social, occupational histories and complete a review of systems. . Student should be able to extract relevant information regarding:1.Fever2.Cough3.Shortness of breath4.Chest pain5. Headache6.Unconsciousness7.Fits8.Pain abdomen9.Vomiting10.Joint Pain11.Anemia12.Bleeding dis order13.Dysuria/Hematuria Take proper consent from the patient/attendantDemonstrate proper exposer of the patient. Perform general survey of the patient. Examine the hands for anemia, cyanosis, clubbing,koilonychias, leukonychia, splinterhemorrhages, nodes, wasting, deformities,tremors etc.. look for all pulses. take blood pressure by palpatory and auscultatory method . Examine the neck for JVP and other visible pulsations. Examine all the lymph nodes. Examine the eyes for jaundice, anemia ptosis etc.. look for central cyanosis, wasting, tremors and symmetry of tongue. Appreciate wasting and edema of legs and sacral edema. Examine the joints for tenderness . Examine the thyroid gland . Demonstrate re- draping of the patient Pay thanks to the patient/attendant 1. Perform his /her duty properly.2. Take care of dress code.3. Exhibit empathetic attitude towards patients and their care givers.4. Respect patient’s confidentiality. 5. Be an effective communicator6. Demonstrate punctuality.7. Respect seniors, colleagues, Paramedical staff and patients during clinical encounters. 8. Communicate effectively with patients, their care givers and colleagues.1.Identify N.G tube 2.Enumerate indications of N.G tube 3.Enumerate complications of N.G tube1.Identify Foley’s catheter2.Enumerate its indications and complications1.Identify Air way of different sizes 2. Enumerate indications of Air way3.Enlist complication of Air way1.Identify LP needle 2.Enumarte indications of LP 3.Discuss complications of LP4.Enlist contra indications of LP | Bed side teachingSGDBed side teaching Bedside teaching | OSCEOSCEPeer review Log bookDirect observation |

**TIME TABLE 3rd YEAR MBBS**

**BACHA KHAN MEDICAL COLLEGE MARDAN**

**Clinical Days: Monday, Tuesday, Wednesday, Thursday, Friday**

**Timings: 11: 00 to 01:00 PM**

**Week# 1**

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| **Days**  | **Facilitator** | **Activities** |
| Monday | Dr. Murad Ali | **Venue: OPD****Teaching Strategy: SGD**Introduction to history taking skills  |
| Tuesday | Dr. Murad Ali | **Venue: MAW****Teaching strategy:** **SGD**Elaboration of history taking skills with different components |
| Wednesday | Dr. Murad Ali | **Venue: MAW****Teaching strategy:** **SGD**Practicing history taking skills on patients  |
| Thursday | Dr. Murad Ali | **Venue: MAW****Teaching strategy:****SGD**Practicing history taking skills on patients |
| Friday  | Dr. Murad Ali | **Venue: MAW****Teaching strategy:** **SGD**Making a list of differential diagnosis from the history |

Week # 2

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| --- | --- | --- |
| Days | Facilitator | Activities  |
| Monday  | Dr. Murad Ali | **Venue: OPD****Teaching Strategy: SGD**Targeted history taking of fever and cough |
| Tuesday | Dr. Murad Ali | **Venue: MAW****Teaching Strategy: SGD**Targeted history taking on patients with cough and chest pain |
| Wednesday | Dr. Murad Ali | **Venue: MAW****Teaching Strategy: SGD**Targeted history taking on patients with abdominal pain and diarrhea |
| Thursday | Dr. Murad Ali | **Venue: MAW****Teaching Strategy: SGD**Targeted history taking on patients with headache and joint pains  |
| Friday | Dr. Murad Ali | **Venue: MAW****Teaching Strategy: SGD**How to present a medical history  |

Week # 3

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| --- | --- | --- |
| Days  | Facilitator | Activities  |
| Monday  | Dr. Murad Ali | **Venue: OPD****Teaching Strategy: SGD**General principles of clinical examination |
| Tuesday  | Dr. Murad Ali | **Venue: MAW****Teaching Strategy: SGD**General physical examination sequence on patients  |
| Wednesday | Dr. Murad Ali | **Venue: MAW****Teaching Strategy: SGD**Observing different signs in the admitted patients in ward through examination |
| Thursday | Dr. Murad Ali | **Venue: MAW****Teaching Strategy: SGD**Correlating the history and examination findings and narrowing the diagnosis |
| Friday  | Dr. Murad Ali | **Venue: MAW****Teaching Strategy: SGD**Measuring vital signs with special emphasis on BP and temperature Recordings  |

**Week # 4**

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| **Days** | **Facilitator**  | **Activities**  |
| Monday  | Senior ward TMO | **Venue: MAW****Teaching Strategy: SGD**Introduction to different medical procedures in ward and consent taking from patients/attendants  |
| Tuesday  | Senior ward TMO | **Venue: MAW****Teaching Strategy: SGD**Demonstrating to pass NG tube and urinary catheters  |
| Wednesday  | Dr. Murad Ali | **Venue: MAW****Teaching Strategy: SGD**Demonstration on Lumber puncture and airways passings on videos/manikins  |
|  Thursday | Dr. Murad Ali | **Venue: MAW****Teaching Strategy: SGD**Recap of the history taking skills, clinical examination and medical procedures  |
| Friday  | Dr. Murad Ali | **Ward Test** |

**LEARNING OUTCOMES FOR FINAL YEAR MBBS STUDENTS**

 **BACHA KHAN MEDICAL COLLEGE (Med “A”UNIT)**

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| **WEEK** | **COMPE TENCY** | **LEARNING OUTCOMES** | **LEARNING OBJECTIVES** | **TEACHING STRATEGY** | **ASSESMENT METHOD** |
| 1st week | Clinical Skills & Communication SkillsMedical KnowledgeProcedural SkillsCriticalanalysisProfessionalism/Work Ethics | By the end of 1ST week students should be able to Record a detailed history and perform examination of a patient with blood and coagulation disordersAsses a patient with Hematological disordersBone Marrow Biopsy and Aspiration cytologyBlood TransfusionInterpretation of investigations carried out for Blood disorders.Manage time well, and display professional Demeanor and practice effective communication skills. | 1. Write the patients chief complaints, history of present illness, past medical and surgical history, family, social, occupational histories and complete a review of systems. 2. Perform general physical examination in a logical, organized and thorough manner.3. Perform clinical examination of patient with anemias, haematological malignancies, myeloproliferative disorders, bleeding disorder, fever and venous thrombosis.4. Formulate a list of differential diagnosis based on the findings from the history and physical examination.5. Use the differential diagnosis to help guide diagnostic tests ordering and its sequence.6. Formulate an initial therapeutic plan.7. Access and utilize, when appropriate information resources to help develop an appropriate and timely therapeutic plan. 8. Interviews and communicate with patients and family effectively.. Know the pathophysiology of and aetiology of different types of anemias, haematological malignancies, myeloproliferative disorders, bleeding disorders and venous thrombosis..recognize the symptoms and signs of the above mentioned diseases.. Plan investigations based on the differential diagnosis . manage these diseases.Demonstrate proper consent taking from the patient..Identify the bone marrow needle..Demonstrate proper scrub. .Identify the site of taking the bone marrow Biopsy..Explain the steps of Bone Marrow Aspiration and Biopsy..Demonstrate the method of preparing slides..Explain the hazards and Complication of these procedures to patients/attendant.Identify the different components of blood which are transfused in medical wards like whole blood, packed cells, FFP’s and platelets..Identify the indications for transfusing different types of blood components..Enlist the transfusion set..Explain the steps in transfusing blood and other blood products.Discuss different side effects and their management while transfusing blood and blood products.Recognize that tests are limited and there is an impact of false positive/false negative results on information..Describe the range of normal variation of the results of CBC, P.smear, PT/APTT,D-Dimers, FDPS, bone marrow aspiration cytology and bone marrow biopsy..Discuss the results of the above tests in terms of the related Pathophysiology of blood disorders..Describe the different investigations which are needed for finding the cause of different types of anemias and coagulation disorders..Discuss the role of ultrasound, CT Scan, CXR and Lymph node biopsy in helping diagnosis of blood disorders.. Perform his /her duty properly.. Take care of dress code.. Exhibit empathetic attitude towards patients and their care givers.. Respect patient’s confidentiality. . Be an effective team leader. . Be an effective communicator.. Demonstrate punctuality.. Follow the specified norms of bed side teaching and small group discussion. . Exhibit honestly in times of crisis.. Respect seniors, colleagues, Paramedical staff and patients during clinical encounters. . Counsel a patient of malignancy, viral infection and accidental needle prick injury.. Break bad news.. Communicate effectively with patients, their care givers and colleagues.. Present a patient in front of senior colleague.  | Bed side teachingSGD. Small group discussion. Bed side teaching. Demonstration on manikins. Video clips. Direct Observation Bed side teachingDirect observation Perform the procedure under observation by the consultant. Bed side interpretation of the CBC results, peripheral smear and bone marrow biopsy . small group discussion.Tutorial on CBC results of different types of anemias | TOACSShort caseStructured vivaLog Book.Structured viva.Long Case.Short Case TOACS.Log Book.TOACSTOACSPeer Review.Log Book.Direct Observation  |

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| **WEEK** | **COMPE TENCY** | **LEARNING OUTCOMES** | **LEARNING OBJECTIVES** | **TEACHING STRATEGY** | **ASSESMENT METHOD** |
| 2nd week | Clinical Skills & Communication SkillsMedical KnowledgeProcedural SkillsCriticalanalysisProfessionalism /Work Ethics | By the end of 2nd week students should be able to Record a detailed history and perform examination of a patient with kidney diseasesAsses a patient with Renal disordersHaemodialysisRenal BiopsyInterpretation of investigations carried out for different kidney diseases.Manage time well, and display professional Demeanor and practice effective communication skills. | . Write the patients chief complaints, history of present illness, past medical and surgical history, family, social, occupational histories and complete a review of systems. 2. Perform general physical examination in a logical, organized and thorough manner.3. Perform clinical examination of patients with loin pain, hematuria, oedema, nocturia and oligurea,.4. Formulate a list of differential diagnosis based on the findings from the history and physical examination.5. Use the differential diagnosis to help guide diagnostic tests ordering and its sequence.**6**. Formulate an initial therapeutic plan.7. Access and utilize, when appropriate information resources to help develop an appropriate and timely therapeutic plan. 8. Interview and communicate with patients and family effectively.. Know the pathophysiology and aetiology of acute kidney injury, chronic kidney disease, different glomerular diseases with nephritic and nephrotic features, Renal tubular Acidosis, Renal artery stenosis, Renal cell carcinoma, and kidney involvement due to other systemic diseases..Know the symptoms and signs of renal diseases.. make an investigation plan based on the differential diagnosis . Manage these diseases. Enlist the indications of hemodialysis..Identify the CVP line and AV fistulas sites ..Explain the various steps of hemodialysis procedure..Explain the short term and long term complications of hemo dialysis and explain these to the patients/attendant..Enumerate the indications and contraindications for renal biopsy. Identify the kidney biopsy needle.. Demonstrate proper scrub. .Identify the site for taking the Renal Biopsy..Explain the steps of taking the renal biopsy..Explain the hazards and Complication of this procedure to patients/attendant..Recognize that tests are limited and there is an impact of false positive/false negative results on information..Describe the range of normal variation of the results of blood urea, s.creatinine, s. electrolytes, urine R/E, Albumin to Creatinine Ratio, s. Albumin, eGFR , ABG’s and imaging studies ..Describe the results of the above tests in terms of the related Pathophysiology of different kidney diseases..Describe different special investigations needed for finding the cause and progress of kidney diseases like s.complement levels, S.ANA profile, C.ANCA, P. ANCA etc..Identify the role of ultrasound, CT Scan, CTPA and Radionuclide scans like DTPA and DMSA in helping in the management of different kidney diseases.. Perform his /her duty properly.. Take care of dress code.. Exhibit empathetic attitude towards patients and their care givers.. Respect patient’s confidentiality. . Be an effective team leader. . Be an effective communicator.. Demonstrate punctuality.. Follow the specified norms of bed side teaching and small group discussion. . Exhibit honestly in times of crisis.. Respect seniors, colleagues, Paramedical staff and patients during clinical encounters. . Counsel a patient of malignancy, viral infection and accidental needle prick injury.. Break bad news.. Communicate effectively with patients, their care givers and colleagues.. Present a patient in front of senior colleague.  | Bed side teachingVideo clips. Small group discussion. Bed side teaching. Video clips. Direct Observation of hemodialysis carried out in the dialysis room.. Demonstration on manikins. Video clipsBed side Teaching . small group discussion. Tutorial | TOACS. Short Cases. Structured VivaLog Book.Short Case.Long Case.TOACS.TOACSTOACSTOACSPeer Review .Log Book |

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| **WEEK** | **COMPE TENCY** | **LEARNING OUTCOMES** | **LEARNING OBJECTIVES** | **TEACHING STRATEGY** | **ASSESMENT METHOD** |
| 3rd week | Clinical Skills & Communication SkillsMedical KnowledgeProcedural SkillsCriticalanalysisProfessionalism /Work Ethics | By the end of 3rd week students should be able to Record a detailed history and perform clinical examination of a patient with gastrointestinal and liver diseasesAsses a patient with Gastro intestinal and liver diseasesOesophago-Gastro-Duodenoscopy(OGD)Sigmoidoscopy and colonoscopyAscitic fluid tapping Interpretation of investigations carried out for different gastrointestinal diseases.Manage time well, and display professional Demeanor and practice effective communication skills. | 1. Student should be able to Write the patients chief complaints, history of present illness, past medical and surgical history, family, social, occupational histories and complete a review of systems. 2. Perform general physical examination in a logical, organized and thorough manner.3. Perform clinical examination of GIT4. Formulate a list of differential diagnosis based on the findings from the history and physical examination.5. Use the differential diagnosis to help guide diagnostic tests ordering and its sequence.**6**. Formulate an initial therapeutic plan.7. Access and utilize, when appropriate information resources to help develop an appropriate and timely therapeutic plan. 8. Interview and communicate with patients and family effectively.. Know the pathophysiology and aetiology of GERD, peptic ulcer disease, malabsorption syndromes, motility and infectious diseases of the intestines, inflammatory bowel diseases, acute and chronic pancreatitis and carcinomas of the stomach, colon and pancreas, jaundice, viral and autoimmune hepatitis. Know symptoms and signs of the above mentioned diseases..Plan investigation based on the differential diagnosis . plan management for these diseases.. Enlist the indications for OGD .Describe the steps for preparation of patient for OGD..Identify the different parts of Endoscope. .Enumerate functions of the endoscope.. Explain the steps of Endoscopy. Identify the different parts of gastrointestinal tract visualized during the procedure.. Identify the different .pathologies on videos screen . Enlist the complications of endoscopy. Identify the indications and contraindications for sigmoidoscopy and colonoscopy.. Demonstrate steps of preparation of gut for colonoscopy.. Identify different parts of sigmoidoscope and colonoscope. Enumerate the steps of procedure.. Identify different parts of gastrointestinal tract visualized during the procedure.. Identify the different pathologies visible on the screen during the procedure.. Enlist complications of the procedure.. Enumerate the indications and contraindications for ascetic taping . demonstrate the steps of tapping ascites on real patient/manikin.Recognize that tests are limited and there is an impact of false positive/false negative results on information..Describe the results of imaging studies of the abdomen like Ultrasound abdomen, plain erect X-Ray of the abdomen ,CT abdomen and contrast studies like barium swallow, barium meal and follow through and barium enema.. interpret the results of ascetic fluid routine examination.Describe the results of the above tests in terms of the related Pathophysiology of different gastrointestinal diseases..Describe different special investigations needed for finding the cause and progress of different gastrointestinal diseases like oesophageal manometry, Breath tests for H.Pylori, blood tests for different malabsorption syndromes and pancreatic diseases .Discuss the role of endoscopic biopsies in making diagnosis. Perform his /her duty properly.. Take care of dress code.. Exhibit empathetic attitude towards patients and their care givers.. Respect patient’s confidentiality. . Be an effective team leader. . Be an effective communicator.. Demonstrate punctuality.. Follow the specified norms of bed side teaching and small group discussion. . Exhibit honesty in times of crisis.. Respect seniors, colleagues, Paramedical staff and patients during clinical encounters. . Counsel a patient of malignancy, viral infection and accidental needle prick injury.. Break bad news.. Communicate effectively with patients, their care givers and colleagues. | Bed side teachingVideo clips. Small group discussion. Bed side teachingVideo clips. Demonstration on manikins. Observe the process of OGD in the endoscopy suit.Video clips. Demonstration on manikins. Observe the process of sigmoidoscopy and colonoscopy in the endoscopy suit | . OSCE. Short Cases. Structured Viva.Short case.Long Case.TOACS.TOACSTOACS..TOACS.Peer Review.Log Book.Direct observatoin |

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| **WEEK** | **COMPE TENCY** | **LEARNING OUTCOMES** | **LEARNING OBJECTIVES** | **TEACHING STRATEGY** | **ASSESMENT METHOD** |
| 4th week | Clinical Skills & Communication SkillsMedical KnowledgeProcedural SkillsCriticalAnalysisProfessionalism /Work Ethics | By the end of 4th week students should be able to Record a detailed history and perform clinical examination of a patient with disease of the cardiovascular systemAsses a patient with cardiovascular diseases.Recording the electrocardiograph(ECG)Echocardiography and Exercise tolerance test (ETT)Interpretation of investigations carried out for different liver and biliary tract diseasesManage time well, and display professional Demeanor and practice effective communication skills. | 1. Write the patients chief complaints, history of present illness, past medical and surgical history, family, social, occupational histories and complete a review of systems. 2. Perform general physical examination in a logical, organized and thorough manner.3. Perform clinical examination of cardiovascular system.4. Formulate a list of differential diagnosis based on the findings from the history and physical examination.5. Use the differential diagnosis to help guide diagnostic tests ordering and its sequence.**6**. Formulate an initial therapeutic plan.7. Access and utilize, when appropriate information resources to help develop an appropriate and timely therapeutic plan. 8. Interview and communicate with patients and family effectively..Know the symptoms and signs of different cardiovascular diseases. .Plan investigations based on the differential diagnosis . Plan management for these diseases.Enlist the indications and contraindications of performing the ECG. Explain the different parts of ECG machine and different leads. Demonstrate the proper placement of leads. Explain the procedure of carrying out the recording of ECG. Explain the ECG paper . Enumerate the indications and contraindications for performing echo and ETT. Demonstrate the different steps for carrying out these procedures Recognize that tests are limited and there is an impact of false positive/false negative results on information..Interpret the normal and abnormal findings on ECG including rate, rhythm, hypertrophy, ischemic and infarction changes and blocks.Describe and interpret the results of echo and ETT..Discuss the results of the above tests in terms of the related Pathophysiology of different cardiovascular diseases.. Identify the role of different imaging studies like ultrasound, chest x-ray, CT angiogram, coronary angiography, doppler ultrasound and Electrophysiological studies helping in the diagnosis and progress of different cardiovascular diseases .. Perform his /her duty properly.. Take care of dress code.. Exhibit empathetic attitude towards patients and their care givers.. Respect patient’s confidentiality. . Be an effective team leader. . Be an effective communicator. . Demonstrate punctuality.. Follow the specified norms of bed side teaching and small group discussion. . Exhibit honesty in times of crisis.. Respect seniors, colleagues, Paramedical staff and patients during clinical encounters. . Counsel a patient of malignancy, viral infection and accidental needle prick injury.. Break bad news.. Communicate effectively with patients, their care givers and colleagues.. Present a patient in front of senior colleague.  | Bed side teaching.SGD. Small group discussion. Bed side teaching. Video clips. Demonstration on manikins. Direct observation . Bed side teaching. small group discussion. Tutorials | . OSCE. Short Cases. Structured Viva.Short Case.Long Case.TOACS.TOACS.log Book.Peer Review.Direct Observation  |

 **TIME TABLE FOR FINAL MBBS**

 **BACH KHAN MEDICAL COLLEGE MARDAN**

**9:00am to 12:00pm History taking and case discussion**

**12:00 to 1:00Pm Observation of procedural and clinical skills**

 **Interpretation of clinical Data**

 **Week #1**

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| **Days** | **Facilitators** |  **Activities** **9:00am To 12:00PM** |  **Activities** **12:00 To 1:00PM** |
| Monday | Dr.Amjad Ali/dr. ishtiaq  | **Venue: Med OPD****Teaching Strategy: One minute preceptor/SGD of different cases presenting to medical OPD**.history taking from a patient with pallor, fatigue, fever, bleeding, leg swelling and lymphadenopathy.Focused short discussion on the management of iron deficiency and megaloblastic anemias | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD****Facilitator: Dr ishtiaq** .Discussion on indications and contraindications of blood transfusions and other blood components.Safe transfusion procedures.Adverse effects of BT and their timely management |
| Tuesday | Dr.Amjad Ali /dr. ishtiaq | **Venue: Med “A” ward/Demonstration Room****Teaching strategy: Bed side teaching/SGD**History and Clinical examination of patients with anemia and hematological malignanciesCorrelation of physical signsand hematological disease. | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD****Facilitator: Dr. Ishtiaq**Discussion on different investigations used for anemias, bleeding disorders, hematological malignancies and venous thrombosis |
| Wednesday | Dr. Amjad Ali /dr. Ishtiaq | **Venue: Med OPD****Teaching Strategy: One minute preceptor/SGD of different cases presenting to medical OPD**.Focused discussion on the management of hemolytic anemias and hemoglobinopathies.Interpretation of peripheral smear report and coagulation screening tests | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD****Facilitator: Dr. Ishtiaq**Discussion on myeloproliferative disorders ( myelofibrosis,CML, PRV, TTP).Indications for bone marrow biopsy and aspiration cytology.Bone Marrow biopsy.Breaking bad news |
| Thursday | Dr. Amjad Ali/dr. Ishtiaq  | **Venue: Med “A” ward/Demonstration Room****Teaching strategy: Bed side teaching/SGD**.History and clinical examination of a patient with DVT.Fundoscopic examination for hematological system diseases.Discussion on the management of DVT and anticoagulant therapy | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: Dr. Ishtiaq** Identification of trephine biopsy and bone marrow aspirate needles..Demonstration of the bone marrow biopsy and aspiration procedures on manikins and video films.Preparation of biopsy slides after the procedure  |
| Friday | Dr. Amjad Ali/dr. Ishtiaq  | **Venue: Med OPD****Teaching Strategy: One minute preceptor/SGD of different cases presenting to medical OPD**Focused discussion on the management of bleeding disorders especially ITP, hemophilia and DICDiscussion on the diagnosis of multiple myeloma, aplastic anemia, lymphomas and leukemias |  |

**Week # 2**

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| Monday | Dr. Amjad Ali/dr. Ishtiaq  | **Venue: Med OPD****Teaching Strategy: One minute preceptor/SGD of different cases presenting to medical OPD**.History taking from a patient with kidney disease symptoms (loin pain, hematuria, oedema, nocturia, oligurea and polyurea).Discussion on the aetiology and management of acute kidney injury | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: Dr. Ishtiaq**.Discussion on Renal Replacement therapy.Indications for hemodialysis.Identification of CVP lines and AV fistulas as vascular access sites for hemodialysis |
| Tuesday | Dr. Amjad Ali/dr. Ishtiaq  | **Venue: Med “A” ward/Demonstration Room****Teaching strategy: Bed side teaching/SGD**.Clinical examination of a patient with chronic kidney disease. Focused discussion on the management to for chronic kidney disease | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: Dr. Ishtiaq**.Visit to the dialysis unit Acid base balance .counseling the patients for hemodialysis |
| Wednesday | Dr. Amjad Ali/dr. Ishtiaq | **Venue: Med OPD****Teaching Strategy: One minute preceptor/SGD of different cases presenting to medical OPD**.Discussion on the investigations needed for kidney diseases.Discussion on Renal tubular Acidosis.Health education of a patient with chronic kidney disease | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: Dr. Ishtiaq**.Discussion on Glomerular diseases.Differentiation of nephrotic and nephritic features. Discussion on indications and contraindications for renal biopsy.identification of kidney biopsy needle  |
| Thurdsay  | Dr. Amjad Ali/dr. Ishtiaq  | **Venue: Med “A” ward/Demonstration Room****Teaching strategy: SGD**.Bed side interpretation of theABGs s.electrolytes, proteinureas, ACR and estimation of eGFR..Discussion on kidney involvement in other kidney diseases like DM and SLE. | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: Dr. Ishtiaq**. Demonstration of kidney biopsy procedure on manikins and video clips..Discussion on Renal cell carcinoma  |
| Friday | Dr. Ajmad Ali/dr. Ishtiaq | **Venue: Med OPD****Teaching Strategy: One minute preceptor/SGD of different cases presenting to medical OPD**. Discussion on the management of Renal artery stenosis and polycystic kidney disease. |  |

**Week # 3**

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| Monday  | Dr. Ajmad Ali/dr. Ishtiaq | **Venue: Med OPD****Teaching Strategy: One minute preceptor/SGD of different cases presenting to medical OPD**.Discussion on history taking skills in a patient with abdominal pain, dysphagia, vomiting, constipation, diarrhea, weight loss and upper and lower GI bleeding | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: Dr. Ishtiaq**.Interpretation of CT abdomen and X-Ray erect abdomen .Indications and interpretation of barium swallow, barium enema and barium meal and follow through |
| **Tuesday** | Dr. Ajmad Ali/dr. Ishtiaq | **Venue: Med “A” ward/Demonstration Room****Teaching strategy: Bed side teaching/SGD**.Visit to the endoscopy suit for identification and functions of different parts of the endoscope..Indications for upper GI endoscopy.Demonstration of OGD procedure on manikins/video clips/ real time experience in the endoscopy suit. | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: Dr. Ishtiaq**. Small group discussion on the management of acute and chronic viral hepatitis.. |
| Wednesday | Dr. Ajmad Ali/dr. Ishtiaq | **Venue: Med OPD****Teaching Strategy: One minute preceptor/SGD of different cases presenting to medical OPD**.Clinical examination of the Abdomen. Discussion on the management of upper GI bleeding and peptic ulcer disease | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: Dr. Murad** .Indications and contraindications for proctosigmoidoscopy.Identification of different parts and functions of the proctoscope and sigmoidoscope.Small Group Discussion on the management of a patient with jaundice |
| Thursday  | Dr. Ajmad Ali/dr. Ishtiaq | **Venue: Med “A” ward/Demonstration Room****Teaching strategy: Bed side teaching/SGD/Video clips**.Discussion on the indications and contraindications of colonoscopy and preparation of gut for the procedure. Identifying different parts and functions of the colonoscope. Demonstration of the colonoscopy procedure | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: Dr. Ishtiaq**. Management of carcinomas of the stomach, colon and pancrease.. Techniques of breaking a bad news to a patient with gut carcinoma and HCC.Counseling of patients with celiac disease and inflammatory bowel disease. |
| Friday | Dr. Ajmad Ali/dr. Ishtiaq | **Venue: Med OPD****Teaching Strategy: One minute preceptor/SGD of different cases presenting to medical OPD**.Discussion on the management of acute Gastroenteritis.discussion on the work up and management of chronic diarrhea.discussion on the work up and management of constipation |  |

Week # 4

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| --- | --- | --- | --- |
| Days  | Facilitator | Activities 9:am to 12: 00pm | Activities 12:00-1:00pm |
| Monday  | Dr. Ajmad Ali/dr. Ishtiaq | **Venue: Med OPD****Teaching Strategy: One minute preceptor/SGD of different cases presenting to medical OPD**Discussion on the history taking of patients presenting with chest pain dyspnea | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: senior ward TMO**Identification and management of rheumatic heart diseaseHeart murmurs auscultation |
| Tuesday | Dr. Ajmad Ali/dr. Ishtiaq | **Venue: Med “A” ward/Demonstration Room****Teaching strategy: Bed side teaching/SGD**Clinical examination of a patient with cardiovascular diseasesIdentification of different types of murmurs | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: Dr. Ishtiaq**Hypertension management Holter monitoring |
| Wednesday | Dr. Ajmad Ali/dr. Ishtiaq | **Venue: Med OPD****Teaching Strategy: One minute preceptor/SGD of different cases presenting to medical OPD**Early identification and management of a patient with acute coronary syndromeInterpretation of ECG | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: Dr. Ishtiaq**CardiomyopathiesPeripheral arterial diseases |
| Thursday  | Dr. Ajmad Ali/dr. Ishtiaq | **Venue: Med “A” ward/Demonstration Room****Teaching strategy: Bed side teaching/SGD/Video clips**Management of a patient with heart failureEcho interpretation of heart failure and infective endocarditis | **Venue: Demonstration room of Med “ A” ward****Teaching strategy: Bed side teaching/SGD/Video films****Facilitator: Dr. Ishtiaq**Early assessment and management of patients with acute pulmonary edemaDifferent types of heart blocks and their management |
| Friday  | Dr. Ajmad Ali/dr. Ishtiaq | **Ward test** |  |

ASSESSMENT METHODS

FORMATIVE ASSESSMENT In the small group discussions conducted twice a week on the Case Based Learning , the facilitator not only encourages the students to discuss the cases amongst themselves but also assesses them and provides a feedback for improvement to them at the end of the session. A copy of this assessment is forwarded to the respective dean and department of medical education.

WARD TEST :

Single best MCQS =10 MCQS =10 marks

OSCE= 5 stations =10 marks

Structured viva/short case=10 marks

STUDENT CBL EVALUATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE |   |  |  |  |  |
| BATCH |   | CBL TOPIC |   |
|  |   |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SERI AL NO: | STUDENT NAME | ROL L NO: | ATTEND ED ( 2 marks) | PUNCTUA LITY( 2 marks) | INITIATE THE DISCUSSI ON( 2 marks) | INTEGRAT E PREVIOUS KNOWLED GE( 2 marks) | RESPONDED TO OTHER GP. MEMBERS POSITIVELY (2 marks) | TOTAL MARKS 10 |
| 1 |   |   |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |   |   |
| 4 |   |   |   |   |   |   |   |   |
| 5 |   |   |   |   |   |   |   |   |
| 6 |   |   |   |   |   |   |   |   |

|  |  |
| --- | --- |
| FACILITATOR |   |
| NAME OF FACILATATOR |   | SIGNATURE |   |

In the Clinical postings in the third, fourth and final year the students are regularly assessed during and at the end of the posting and are provided feedback for improvement. Copies of the posting records are forwarded to the principal of the college.

SAMPLE PAGE OF THE GRADE BOOK

|  |  |  |
| --- | --- | --- |
| **Name of Students**  | **Year**  | **Roll No.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Posted from  |   | to |   | for |   | Days |
|  | (dated) |  | (date) |  | (date) |  |

|  |  |  |
| --- | --- | --- |
| **ATTENDANCE** |  (Attended) | **\*GRADE** (in word) |
| (Maximum) |
|   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Roll No. | Ward Test (30) | Attendance (10) | CBL evaluation (10) | Total (50) | Grade |
|   |   |   |   |   |   |
| **CLINICAL TEACHING UNIT:** |  |  |  |  |
|   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Date |  | Name of examiner . |
|   |

**General Medicine Contact Hours**

**PMDC REQUIREMENT: 500 HOURS**

**Medicine Clinical Rotation Det**ails

**Implemented Rotation Plan**

|  |  |  |
| --- | --- | --- |
| **Third Year MBBS** | **IV Year MBBS** | **Final Year MBBS** |
| Total Duration: 2 months.Contact hours per day: 2hrsTotal Contact Hours: 80Hours | Total Duration:1 month.Contact hours per day:2hrsTotal Contact Hours: 40hrs. | Total Duration: 1 month.Contact hours per day: 7 hours per day.6 hours every Saturday.  |
| **80** contact hours | **40** contact hours | **164** contact hours |
| **Total contact hours during Medicine rotation: 284 Hours.** |

**Lecture Contact Hours for Third-Year MBBS**

|  |  |
| --- | --- |
| Module | Contact Hours |
| Foundation II | 1 Hour |
| Multisystem | 1 Hour |
| Blood and Immunology | 3 Hours |
| Musculoskeletal | 5 Hours |
| Infection & Inflammation | 2 Hours |
| Total | 12 Hours |

**Lecture Contact Hours for Fourth-Year MBBS**

|  |  |
| --- | --- |
| Module | Contact Hours |
| Neurosciences | 9 Hours |
| Endocrine and Reproduction | 19 Hours |
| Renal | 9 Hours |
| Total | 37Hours |

**Lecture Contact Hours for Final-Year MBBS**

|  |  |
| --- | --- |
| Module | Contact Hours |
| Foundation III | 2 Hours |
| Blood and Immunology | 9 Hours |
| Musculoskeletal | 11 Hours |
| Renal | 11 Hours |
| Endocrine and Reproduction | 11 Hours |
| Multisystem | 23 Hours |
| Neurosciences | 12 Hours |
| Total | 79 Hours |

**Total Contact Hours for Lectures:128**

Total Contact Hours for Clinical Rotation: 284

Total Contact Hours for Lectures: 128

284+128=412 Hours

**Total Contact Hours**

|  |  |
| --- | --- |
| Total Clinical Rotation | 284 |
| III Year MBBS Lectures | 12 |
| IV Year MBBS Lectures | 37 |
| Final Year MBBS Lectures | 79 |
| Total | 412 |

**General Medicine Contact Hours (PLAN)**

PMDC REQUIREMENT: 500 HOURS

Medicine Clinical Rotation Details

|  |  |  |
| --- | --- | --- |
| **Third Year MBBS** | **IV Year MBBS** | **Final Year MBBS** |
| Total Duration: 2 months.Contact hours per day: 4hrsTotal Contact Hours: 160 Hours | Total Duration:1 month.Contact hours per day:4hrsTotal Contact Hours: 80hrs. | Total Duration: 1 month.Contact hours per day: 7 hours per day  |
| **160** contact hours | **80** contact hours | **140** contact hours |
| Total contact hours during Medicine rotation: 380 |

Total Contact Hours for Clinical Rotation: 380

Total Contact Hours for Lectures: 128

380+128=508Hours