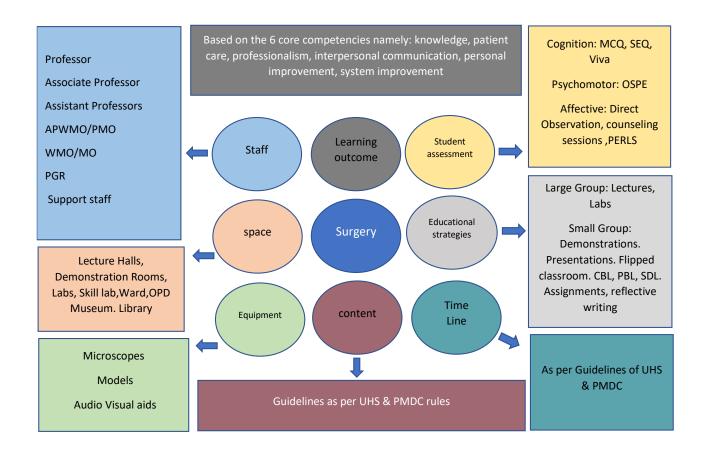
STUDY GUIDE FOR SURGERY AND ALLIED FOR MBBS STUDENTS



CONTENT:

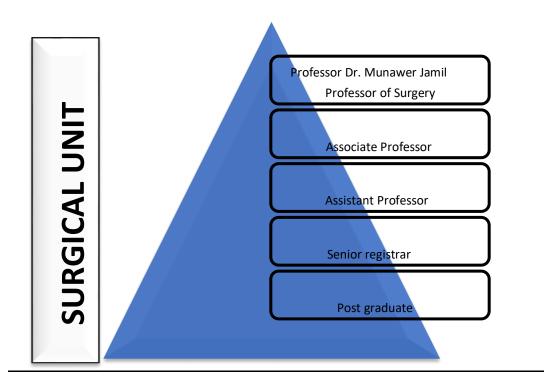
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Curriculum map of Department of Surgery



HIERARCHY PLAN

Dean of Department
Prof. Dr. Munawer Jameel



Overview

I. Context/Preamble:

Medical education is a life-long process and MBBS curriculum is a part of the continuum of education from pre-medical education, MBBS, proceeding to house job, and post-graduation. PM&DC outlines the guiding principles for undergraduate medical curriculum and has defined the generic competencies and desired outcomes for a medical graduate to provide optimal health care, leading to better health outcomes for patients and societies. These generic competencies set the standards of care for all physicians and form a part of the identity of a doctor. Each competency describes a core ability of a competent physician. This study guide will give an insight to the students about all these competencies and how to plan their educational activities in the subject of surgery for the three years period.

Surgery is an important part of the undergraduate curriculum and is taught throughout the five years with increased emphasis in last two years. It focuses on building basics of surgical practice as much as relevant for general practitioner and is built upon an understanding of anatomical structure and functions and its clinical surgical relevance. Allocation of hours is arbitrary and is as per last PMDC regulations and are minimum requirements.

II. Mission

The mission of the Department of Surgery is to provide state of the art educational programs in all areas of clinical surgery and in the biologic basis of surgical illness with a special emphasis on research which will. Moreover, to provide the best possible care to patients who require surgical services. contribute to the practical solutions and theoretical structure of future surgical practice

III. The objective of the program:

The program objective is to establish a foundation for independent practice after graduation as a general practitioner and involves the principal aspects of health improvement, prevention, and acute and chronic care in the domain of surgical disorders.

a- Knowledge:

- 1) Acquisition of the knowledge and the ability to apply it in approach to the common complaints and symptoms in surgical diseases
- 2) Knowledge of generalities of surgical diseases and acquiring the ability to apply it to primary medical care of the patients within the limits of general practitioner's duties
- 3) Acquisition of the knowledge of simple procedures in outpatient setting that the general practitioner must be able to do

b- Skill:

- 1) Ability to take clinical history and do accurate clinical examination in the surgical patients
- 2) Ability to do basic surgical techniques
- 3) Ability to interpret results of common laboratory tests and imaging techniques in surgery

IV. Program Outcome

At the end of final year, student will be able to:

- a. Diagnose common Surgical problems, suggest and interpret appropriate investigation, rationalize treatment plan and if appropriate, refer patient for specialist opinion/ management.
- b. Suggest preventive measure for the common Public Health Problem in the community c. Perform relevant procedures
- d. Convey relevant information and explanations accurately to patients, families, colleagues and other professionals
- e. Understand medical ethics and its application pertaining to surgery and maintain the confidentiality of the patient.
- f. Adapt research findings appropriately to the individual patient situation or relevant patient population

V. Competencies

- a. Communication skills
- b. Critical thinking
- c. Problem solving
- d. Clinical skills
- e. Examination skills
- f. Procedural skills

VI. Learning Strategies & Situations

A variety of pedagogies are used in this course, including didactic teaching, team-based and evidence-based learning in class rooms and patient side environment. Students are encouraged to adopt and inculcate self-learning strategies during the course

VII. Learning Opportunities

- a. Interactive lectures
- b. Teaching Ward Rounds
- c. Case presentations
- d. Case based Discussion
- e. Short cases in OPD
- f. Bedside Discussion
- g. Small Group Discussion
- h. Workshops
- i. Self-learning Activities
- j. Skill Lab Activity
- k. Observation of operations in OT

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.

Teaching ward rounds

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 PATHLOLOGICAL 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

VIII. Venues for learning opportunities

- a. Outpatient clinic
- b. Emergency room
- c. Inpatient ward
- d. Tutorial room
- e. Libraries including audio-visuals
- f. Operation Theatres

IX. Specific Learning Outcomes

Learning outcomes specific to the surgery course have been tabulated below in the table of specification and matched with educational strategies.

X. Implementation of curriculum

*The university will give details of all content including learning outcomes and table of specifications, distribution of which across the three years and rotations is upon the discretion of the medical college/institute. Rotation plan is devised by the institute itself.

All institute to follow PM&DC minimum requirements i.e 840 contact hours with 50% weighting to theory content and 50% to practical/skills

XI. Attendance & Discipline:

- a. A record of attendance of medical students, /test results, end of module/rotation test result, workshop marks should be updated regularly.
- b. Each Head of unit would keep a log of all clinical activities
- c. Attendance of each student would be endorsed in his logbook as well.

d. Overall 75% attendance is mandatory to appear in final professional exam

XII. Assessment

Assessment is an important aspect of any training program which not only includes assessment of students but also of the training program itself. The performance of each student would be marked and counted towards final internal assessment. The following tools/ methods would be used for this purpose:

a. Theory

- Periodical class tests
- End Modular/End of Rotation Exams: At the end of each clinical rotation, a theory exam would be held concurrently for the entire class from the syllabus covered during this period.

b. Practical

- **Log Book**: Each student would complete his log book and get it countersigned from HOD at the end of each rotation. Log book is maintained during the rotation
- **CBL performance**: Performance of each student would be marked and sent to Head of Clinical Training

End of Rotation Exams: At the end of each clinical rotation, the whole group would have a clinical exam. **Workshops**: Four workshops for clinical and procedural skills will be held during the rotation. In addition, students will also attend a Basic Life Support (BLS) workshop **(only attendance is required to get marks)**

NOTE: Workshops are essential criteria,

- If `any student misses any of these workshops will not appear in the final exam
- •

Evaluation of the Course

- Student portfolio should be maintained in the department in which students should give their feedback either by name or
- anonymously
- Faculty suggestions for improvement of training may be incorporated in the next rotation

TARGET AUDIENCE

3rd, 4th and 5th year MBBS students

Duration of session

3rd year: February 2023- OCTOBER 2023

4th year: MARCH 2023- NOVEMBER 2023

<u>5</u>th year: MAY 2023- DECEMBER 2023

LEARNING OUTCOMES (knowledge, skills, attitude) By the end of this academic session the students should be able,

- 1) To acquire specific knowledge, essential skills and appropriate attitude towards the human body
- 2) To become problem solvers, dealing effectively with familiar and unfamiliar problems
- 3) To become lifelong learners
- 4) To direct their own learning and evaluate this activity
- 5) To be able to reason critically and make justifiable decisions regarding patient management
- 6) To practice evidence-based medicine
- 7) To always ensure patient safety
- 8) To ensure compliance with the legal system as it impacts health care and the pm&dc regulations
- 9) To adopt a multidisciplinary approach for health promoting interventions
- 10) Medical graduates should be able to demonstrate professional values of self and professional accountability, honesty, probity, and ethics
- 11) Medical and dental graduates are expected to demonstrate exemplary professional conduct
- 12) To be able to understand the pathogenesis of specific diseases
- 13) To be able to take a focused history and identify the patient's risk factors related to the disease process
- 14) To be able to perform a physical examination on a patient, to diagnose specific surgical diseases and differentiate from other systems
- 15) To formulate a provisional diagnosis with justification, and the likely differential diagnoses
- 16) To be able to select appropriate biochemical investigations and interpret their reports to confirm the diagnosis
- 17) To be able to select specific radiological investigations for specific diseases
- 18) To be able to apply evidence-based surgical concepts for the surgical treatment of different diseases
- 19) To be able to describe the required surgical procedures for different diseases
- 20) List indications and advantages of modern techniques

Essential Skills to be acquired

- 1. Provide First Aid: Resuscitation (ABC) of polytrauma, CPR.
- 2. Collect samples of blood, urine, stool, sputum, pus swab etc.
- 3. Insert Naso-gastric tube, have observed chest intubation and paracentesis.
- 4. Do IV cannulation, have observed CV-line insertion and cut- down of veins.
- 5. Catheterize male and female patients.

- 6. Prepare the patient for and know the procedure of doing X-Ray chest, abdomen, KUB, bones, IVU, barium studies, ultrasound and other imaging investigations.
- 7. Principles of pre-operative preparations, sterilization/disinfection techniques.
- 8. Principles of wound care, skin suturing and suture removal, incision, tissue lumps, needle biopsies, aspiration of localized fluids, etc.
- 9. Have observed common surgical procedures, treatment of fracture/ dislocation and methods of general / local anaesthesia.
- 10. Apply bandage and splint/pop cast to the patient's limbs.
- 11. Have observed instillation of chemotherapy and principles of radiotherapy.

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)
 - . Call1etters for expert opinion
 - Discharge summaries
 - . Referral letters
- . Breaking bad news
- . Counseling of the patient

SYLLABUS

The course outline is as follows:

GENERAL SURGERY

Principles of Surgery

- Metabolic response to Surgical trauma and homeostasis
- Pathophysiology and Management of Shock
- Fluid, electrolyte and acid base balance
- Haemorrhage, coagulopathy and Blood/products Transfusion and its complications
- Nutrition of surgical patients
- Wounds, wound repair and its complications
- Investigation and treatment of common Infections and Parasitic Infestations of Surgical Importance including clinical therapeutics
- Gas Gangrene and Tetanus
- Special Infections related to surgery
- Tuberculosis
- Principles in the Management of common Skin and Soft Tissue Problems: Ulcers, abscesses, inflammations, cysts, sinuses & fistulae, swellings, embedded foreign Bodies, minor Injuries and benign and malignant conditions
- Principles of oncologic therapy and palliation
- Principles of organ transplantation and its ethics and implications
- Surgical Audit
- Surgical ethics

Trauma

- Pre-hospital care
- Triage
- Primary survey, ABCDE
- Primary Survey of Polytrauma patients with airway difficulty and circulatory instability
- External Haemorrhage
- Airway management
- Tension Pneumothorax
- Cardiac Tamponade

Head injuries

- Resuscitation
- Management of the Patient with Head Injury
- Management of an Unconscious patient due to Head Injury and Glasgow Coma Scale
 Skull fractures

- Intracranial pressure
- Intracranial hemorrhage
- Cervical spine injury
- Spinal cord trauma
- Blunt and Penetrating Injuries of chest and their Complications including haemothorax, pneumothorax, resuscitation, chest drains
- Principles of management of (blunt and penetrating), liver/spleen, pelvic and urogenital trauma
- Principles of management of fractures / dislocation
- Focused Abdominal Sonographic Assessment for trauma (FAST)
- Peripheral nerve Injuries
- Amputations

Lump/swelling

- Congenital
- Traumatic
- Inflammatory
- Neoplastic

Neck swelling

- Lymphadenopathy (Inflammatory), acute and chronic
- Chronic granulomatous
- → Neoplastic benign/malignant
- → Lymphatic leukemia
- ★ Autoimmune disorders
- Lipoma
- Neurofibroma
- Sebaceous cyst
- Sublingual dermoid
- Thyroglossal cyst
- Salivary Glands: calculi, enlargement (benign/malignant)
- Thyroid gland enlargement
- Branchial cysts, sinus or fistula
- Cystic hygroma
- Carotid artery tumor

Plastic and reconstructive surgery

- Principles of skin coverage
- Common benign and malignant skin lesions
- Burns, principles of management

- Cleft lip and palate
- Epispadius
- Hypospadius

Principles of Anaesthesia

- Pre-operative assessment of patients and pre-medication
- Local Anaesthesia
- Local Anaesthetic agents (Pharmacology)
- Regional Anaesthesia (Spinal and Epidural)
- Intravenous Anaesthetic agents
- Muscle Relaxants
- Inhalational Anaesthetic agents
- · Complications of Anaesthesia
- Perioperative Management
- · Recovery from Anaesthesia
- Pain Management and postoperative care
- ICU Monitoring

Neurosurgery

- Raised intracranial pressure/ hydrocephalus
- Introduction to intracranial infections
- Introduction to intracranial tumors
- Peripheral nerve Injuries

Paediatric surgery

- Pediatrics Tumors
- Neonatal surgical problems
- Tracheoesophageal malformations
- Pyloric stenosis
- · Hirschsprung's disease
- Imperforate anus
- Intestinal obstruction
- Intussusception
- Foreign body (Aspirated or Ingested)

SYSTEMIC SURGERY

Head, face and neck

1. Developmental abnormalities of face, palate, lips.

- 2. Principles of management of head injuries and its complications.
- 3. Oral cavity including tongue.
- 4. Diseases of salivary glands (Inflammation, Calculus, Tumours)
- 5. Neck lumps including lymph nodes, thyroid and parathyroid

Breast

- 1. Diseases of the breast, nipple and areola
- 2. Benign and malignant tumours.

Chest wall & thorax

- 1. Blunt & penetrating injuries and their complications.
- 2. Lung abscess and empyema thoracis.
- 3. Tumors and cysts in the lungs.

Gastro Intestinal Tract

Diseases causing oesophageal obstruction.

Peptic ulcer disease & its complications.

Tumours of stomach. conditions

causing acute abdomen

Conditions causing chronic abdomen including malignant lesions of small and large bowel Anorectal and peri-anal conditions requiring surgery.

Abdominal, Pelvic and Genital Trauma and Hernia

- 1. Principles in management of abdominal pelvic and urogenital trauma.
- 2. Inguinal/Inguinoscrotal and femoral hernia.
- 3. Epigastric hernia/umbilical/ para-umbilical hernia.
- 4. Incisional hernia.

Liver

- 1. Trauma.
- 2. Obstructive jaundice.
- 3. Liver abscess.
- 4. Hydatid cyst.
- 5. Malignancy (Hepatoma & secondaries)

Gall Bladder

- 1. Acute and chronic cholecystitis.
- 2. Cholelithiasis and its complications.
- 3. Tumors

Pancreas

- 1. Acute, relapsing and chronic pancreatitis.
- 2. Pancreatic masses including cysts
- 3. Benign and malignant neoplasia.

Spleen

- 1. Trauma
- 2. Surgical aspects of spleen

Urinary Tract 1. Common

congenital anomalies.

- 2. Infection & its sequelae.
- 3. Calculus disease and its sequelae.
- 4. Bladder lesions.
- 5. Enlarged prostate.
- 6. Urogenital trauma.
- 7. Neoplasms of kidney and urinary tract.

External Genitalia, Male and Female 1.

Developmental abnormalities.

2. Common pelvic conditions

Scrotal and testicular lesions 1.

Scrotal swelling.

2. Testicular swelling.

Skin & Soft Tissues

- 1. Common benign and malignant skin lesions.
- 2. Wounds/ulcers/abscesses/sinuses/fistulae.
- 3. Soft tissue lumps.

Vascular and Nerve Disorders

- 1. Vascular afflictions and limb ischaemia
- 2. Varicosities
- 3. Deep venous thrombosis.
- 4. Peripheral nerve injuries

Radiology

Orthopedics

Applied basic orthopaedics

Congenital and developmental diseases
Bone & joint infection
Metabolic bone disease
Neuro muscular disorders
Bone Tumors
Neck pain, low back pain
Arthritis
Soft Tissue Injury
Deformity
Fractures

LEARNING & TEACHING METHODOLOGIES FOR SURGERY AND ALLIED

- 1) Interactive Lectures
- 2) Tutorials
- 3) Case based learning (CBL)
- 4) Essential Skills to be learned in the skills lab
- 5) Power point presentations by students
- 6) Small group discussions
- 7) Teaching of surgical procedures in Operation theatres
- 8) Clinical ward rotations
- 9) CPC's using modern audio-visual techniques, distant learning using electronic devices and current Information technology facilities
- 10) Journal Club meetings
- 11) Self-directed learning is the most vital part to solve problematic cases, go through different learning resources and discuss with peers and the faculty to clarify difficult concepts

LEARNING RESOURCES

Recommended books

- 1) Bailey and Love's Short Practice of Surgery, 28th edition published in 2022 by CRC Press Taylor & Francis Group.
- 2) General surgery (lecture Notes Series) by Harold Ellis, Roy Calne, Chris Wastson
- 3) **Schwartz's Principles of Surgery** by F. Charles Brunicardi, Dana K. Anderson, Timothy R. Billiar and David L. Dunn 11th edition 2019
- 4) Current Surgical Practice: by Norman L. Browse, Alan G. Johnson and Tom. Vol.6

- 5) Browse's Introduction to symptoms and signs of surgical disease, 6th edition published in 2021 CRC Press Taylor & Francis Group. Kevin G Burnand John Black, Steven A Corbett and William EG Thomas.
- 6) Hamilton Bailey. Demonstration of physical signs in clinical surgery
- 7) Clinical Skills for Undergraduates by Abdul Majeed Ch. and Aamer Zaman Khan 8) Online Journals and Reading Materials through HEC Digital Library Facility.

Technologies to be used for Learning

- 1) Textbooks are the most important part of student learning for this subject 2) Hands-on activities and practical sessions to enhance the learning.
- 3) Skills lab will be used for simulated learning of the basic skills related to the gastrointestinal system
- 4) Videos from different web portals to familiarize the students with the procedures and protocols.
- 5) Computer and Internet resources are essential to gather the latest information about a specific disease.

ASSESSMENT METHODOLOGY

Formative

Theory, Single best multiple-choice questions and SEQs test monthly **Clinical ward test,** comprising of one long case (70 marks) and two short cases (100 marks) and one OSCE comprising of 11 stations (55 marks), 25 % marks contributed by ward attendance Total marks= 250

Summative UHS examination (to be held at the end of 5th year MBBS)

<u>Theory Paper I:</u> General Surgery, Surgical Anatomy, Principles of Anaesthesia, Principles of Radiology, Principles of Radiotherapy and Chemotherapy.

<u>Theory Paper II:</u> Systematic and Operative Surgery: Musculoskeletal system, GIT, Renal system, Male and female reproductive system, Head and Neck, Thorax, Breast, Nervous system, Cardiovascular System, Orthopaedics and Traumatology

Summative examination details

Surgery including Orthopaedic & Anaesthesia (Theory)

Paper-I (65 single best answer multiple choice questions and 10 Short essay questions= 100 marks

Paper II (60 single best answer multiple choice questions and 13 Short essay questions)= 125marks

Internal evaluation= 25 marks

Total= 250 marks

Surgery including Orthopaedic & Anaesthesia (Clinical/Practical exam)

Clinical exam comprising of one long case (70 marks) and two short cases (100 marks) = 170 marks

OSCE= 55 Marks
Internal Evaluation= 25 Marks
Total= 250 marks

ATTENDANCE REQUIREMENT FOR SURGERY AND ALLIED

- 1) Students are expected to attend all scheduled teaching sessions and examinations
- 2) Attendance in lectures, tutorials, and wards is mandatory. Absence from these sessions will make the students ineligible to sit the final summative assessment.
- 3) A minimum of 75 % attendance in the lectures, wards is mandatory to appear in the summative UHS examination
- 4) Attendance will be recorded through a log-in/log-out biometrics system
- 5) Absence due to illness must be certified appropriately by the General Physician

DEPARTMENTAL TIME TABLES

3RD YEAR, MBBS. 2023

REVISED TIME TABLE FOR THIRD YEAR MBBS CLASS FOR THE SESSION 2022-2023 QUAID-E-AZAM MEDICAL COLLEGE BAHAWALPUR

			WITH EFFECT FI	ROM 07-03-2	023.										
DAYS	8:00 AM to 8:50 AM	8:50 AM to 09:40 AM	09:40 AM to 10:30 AM	10:30 to 11:00 AM	11:00 AM to 01:00 PM		01:00 PM to 2:00 PM								
MONDAY	Forensic Medicine	Pharmacology	Pathology	rathology Clinical Pharmacology Pathology Practical-A Practical-A Practical-B Fore					Forensic Medicine Practical-C						
TUESDAY	Pathology	Forensic Medicine	Pharmacology	ess	Clinical	Pharmacology Practical-B	Pathology Practical-C	Forensic Medicine Practical-A							
WEDNESDAY	Pharmacology	Forensic Medicine	Pathology	Reces	Clinical	Pharmacology Practical-C	Pathology Practical-A	Forensic Me	dicine Practical-B						
THURSDAY	CPC	Pharmacology	Behavioral Sciences		Pharmacology Pathology				ic Medicine Practical-C						
FRIDAY	Pharmacology	D-11-1	09:40 AM to 10:00 AM	10:	00 AM to 12:00 No	DON	THE								
FRIDAT	Pharmacology	Pathology	Recess	Pharmacology Practical-B	Pathology Practical-C	Forensic Medicine Practical-A		Friday							
									09:40 AM to 10:30 AM	10:30 to 11:00 AM	11:00 to 11:50 AM	11:	50 to 01:00 PM		01:00 to 02:00 PM
SATURDAY	Pathology	Medicine	Surgery	Recess	Pharmacology	Pharmacology Practical-C	Pathology Practical-A	Forensic Medicine Practical-B	DME/Principal's Lecture/Self Study						

NOTE: There will be a joint CPC for 3rd , 4th & Final Year.

75% attendance is mandatory in lectures, Practicals & Ward attendance.

No scholarship or other benefits would be permissible without 75% attendance.

25% margin in attendance is only reserved for sick leaves or

Genuine problems with proper application and approval by the Director Students Affairs.

No. 6681 - 86 IQAMCISS/23 Dated: 68 63 - -2023.

The Director Medical Education (DME) Department QAMC, Bahawalpur.

The Head of Basic & Clinical Departments (Concerned) QAMC, Bahawalpur.

College & Hostel Notice Boards, QAMC, Bahawalpur.

PRINCIPAL Quaid e-Azam Medical College Bahawalpur

TIME TABLE FOR FOURTH YEAR MBBS CLASS FOR THE SESSION 2022-2023 QUAID-E-AZAM MEDICAL COLLEGE BAHAWALPUR

WITH EFFECT FROM AFTER EID.

		******	EFFECT TROM AT			
DAYS	08:00 to 08:50 AM	08:50 to 09:40 AM	09:40 to 10:20 AM	10:20 to 10:50 AM	10:50 TO 12:50 PM	12:50 to 02:00 PM
MCNDAY	Pathology	Community Medicine	Surgery Urology 10 lec, Radiology 04 lec, Paeds surgery 4 lec, Neurosurgery 4 lec, Oncology 4 lec	ø	Clinical Rotation	Pathology
TUESDAY	E.N.T	Ophthalmology	Surgery Orthopedics 10 lec, Anesthesia 4 lec, Plastic.surgery 4 lec, Cardiac surgery 4 lec, Maxillofacial surgery 4 lec	Clinical Rotation		Community Medicine
WEDNESDAY	Community Medicine	Paeds Medicine 1st half Gynae & Obst 2nd half			Clinical Rotation	E.N.T
		08:50 t	o 10:40 AM	10:40 to 10:50 AM	10:50 TO 12:50 PM	12:50 to 02:00 PM
THURSDAY	CPC	Community Me	dicine Practical-A & lology Practical-B	Recess	Clinical Rotation	Medicine Psychiatry 1st Half Cardiology 2nd Half
		08:50 to 09:40 AM	09:40 to 10:00 AM	10:00 t	o 12:00 Noon	
FRIDAY	Pathology	Medicine Pulmonology 1st Half Dermatology 2nd Half		Clinic	FRIDAY	
		08:50 t	o 10:40 AM	10:40 to 11:00 AM	11:00 TO 12:00 PM	12:00 to 02:00 PM
SATURDAY	Ophthalmology	Special Pathology P		Recess	Community Medicine	Self Study

Medicine Practical-B

NOTE: Paediatrics Medicine will avail 1st half and Gynae & Obst will avail 2nd half

Psychiatry Unit will avail 1st half and Cardiology Unit will avail 2nd half

Each Unit sub specialty of Medicine and Surgery should infrom the next Unit 1 week before completing its lectures.

There will be a light CPC for 3rd 4th & Find Vac

There will be a joint CPC for 3rd, 4th & Final Year.

75% attendance is mandatory in lectures, Practicals & Ward attendance. No scholarship or other benefits would be permissible without 75% attendance. So scholarship or other benefits would be permissible without 75% attendance. So scholarship or other benefits would be permissible without 75% attendance. So scholarship or other benefits would be permissible without 75% attendance. So scholarship or other benefits would be permissible without 75% attendance. So scholarship or other benefits would be permissible without 75% attendance. So scholarship or other benefits would be permissible without 75% attendance. The property of the permissible without 75% attendance. The permissible without 75% attendance is mandatory in lectures, Practicals & Ward attendance. The permissible without 75% attendance is mandatory in lectures, Practicals & Ward attendance. The permissible without 75% attendance is mandatory in lectures, Practicals & Ward attendance. The permissible without 75% attendance is mandatory in lectures, Practicals & Ward attendance. The permissible without 75% attendance is made at the permissible with 75% attendance is made at the per

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//QAMC/SS/23 Dated: / 6 3 - -2023.

1. The Director Medical Education (DME) Department QAMC, Bahawalpur.

2. The Head of Basic & Clinical Departments (Concerned) QAMC, Bahawalpur.

3. College & Hostel Notice Boards, NAMC, Bahawalpur.

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PRINCIPAL Zam Medical College

REVISED TIME TABLE FOR FINAL YEAR MBBS CLASS FOR THE SESSION 2022-2023 QUAID-E-AZAM MEDICAL COLLEGE BAHAWALPUR WITH EFFECT FROM 13-03-2023.

DAYS	08:00 to 08:50 AM	08:50 to 09:40 AM	09:40 to 10:00 AM	10:00 to 02	:00 PM		
MONDAY	Surgery (S1)	Gynae & Obst		Ward Teaching			
TUESDAY	Surgery (S2)	Gynae & Obst		Ward Tea	ching		
WEDNESDAY	Surgery (S3)	Medicine (M1)	ss	Ward Teaching			
THURSDAY	СРС	Medicine (M2)	Recess	Ward Tea	ching		
FRIDAY	Surram (SA)	Madiaina (M2)	, E	10:00 to 12:00 NOON	FRIDAY		
FRIDAT	Surgery (S4) Medicine (M3)			Ward Teaching FRID			
SATURDAY	Paediatrics Medicine (M4)			10:00 to 02:00 PM			
	, acaidinos	medicine (M4)		Ward Teaching			

NOTE: There will be a joint CPC for 3rd , 4th & Final Year.

PRINCIPAL

^{75%} attendance is mandatory in lectures, Practicals & Ward attendance.

No scholarship or other benefits would be permissible without 75% attendance.

^{25%} margin in attendance is only reserved for sick leaves or genuine problems with proper application and approval by the Director Students Affairs.

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 College & Hostel Notice Boards, QAMC, Bahawalpur.

Ward rotation schedule: 3rd year

WARD TEACHING PROGRAMME THIRD YEAR MBBS CLASS FOR THE SESSION 2022-2023 QUAID-E-AZAM MEDICAL COLLEGE BAHAWALPUR WITH EFFECT FROM 13-02-2023.

	\$	D	(H (1-8)	+	(,					
UNIT	13-02-2023 to 12-03-2023	13-03-2023 to 18-04-2023 (included 8- days spring vacations)	19-04-2023 to 16-05-2023	17-05-2023 to 13-06-2023	14-06-2023 to 10-08-2023 (included 30- days summer vacations)	11-08-2023 to 07-09-2023	08-09-2023 to 05-10-2023	06-10-2023 to 02-11-2023			
Medical Unit-I	A (Rotation	A (Rotation in Psychiatry from 13-02-2023 to 19-03-2023) E (Rotation in Psychiatry from 09-05-2023 to 15-05-20									
Medical Unit-II	B (Rotation	n in Psychiatry from	n 20-03-2023 to 2	(6-03-2023)	F (Rotation in Psychiatry from 16-05-2023 to 22-05-2023)						
Medical Unit-III	C (Rotation	n in Psychiatry from	n 27-03-2023 to 0	2-04-2023)	G (Rotation in Psychiatry from 23-05-2023 to 29-05-2023)						
Medical Unit-IV	D (Rotation	n in Psychiatry from	n 10-04-2023 to 1	6-04-2023)	H (Rotation	n in Psychiatry fro	m 30-05-2023 to 0	6-06-2023)			
Surgical Unit-I	E (Rotation	n in Psychiatry from	n 17-04-2023 to 2	23-04-2023)	A (Rotation	n in Psychiatry fro	m 07-06-2023 to 1	3-06-2023)			
Surgical Unit-II	F (Rotation	n in Psychiatry from	n 24-04-2023 to 3	80-04-2023)	B (Rotation in Psychiatry from 16-07-2023 to 22-07-2023						
Surgical Unit-III	G (Rotation	n in Psychiatry from	n 01-05-2023 to 0	07-05-2023)	C (Rotatio	n in Psychiatry fro	om 23-07-2023 to	29-07-2023)			
urgical Unit-IV	H (Rotation	n in Psychiatry from	n 08-05-2023 to 1	14-05-2023)	D (Rotation in Psychiatry from 30-07-2023 to 05-08-2023						

NOTE:75% attendance is mandatory in lectures, Practicals & Ward attendance.

No scholarship or other benefits would be permissible without 75% attendance.

25% margin in attendance is only reserved for sick leaves or Genuine problems with proper application and approval by the Director Students Affairs.

1. The Director, Department of Medical Education (DME) QAMC, Bahawalpur.

2. The Head Clinical Departments (Concerned) QAMC, Bahawalpur.

3. College & Hostel Notice Boards, QAMC, Bahawalpur.

Bahawalpur

REVISED WARD TEACHING PROGRAMME FOURTH YEAR MBBS CLASS FOR THE SESSION 2022-2023 QUAID-E-AZAM MEDICAL COLLEGE BAHAWALPUR WITH EFFECT FROM 14-10-2023.

	BATCH A TO R (7-DAYS)																	
WARD	27-03-23 to 09-04-23	to 04-05-23 includin g 8-days spring vacation s	to	19-05-23 to 01-06-23	02-06-23 to 15-06-23	16-06-23 to 04-08-23 including 30-days summer vacations	05-08-23 to 18-08-23	to	to	to	to	to	to	to	to	to	to	to
Gynae-I	A	В	С	D	E	F	G	н	1	J	K	L	М	N	0	Р	Q	R
Gynae-II	В	С	A	E	F	D	Н	1	G	К	L	J	N	0	М	Q	R	P
C.C.U	С	Α	В	F	D	E	1	G	Н	L	J	K	0	M	N	R	Р	Q
T.B & Chest	P	Q	R	A	В	С	D	E	F	G	Н	1	J	K	L	M	N	0
Dermatology	Q	R	Р	В	С	Α	E	F	D	Н	1	G	K	L	J	N	0	M
Psychiatry	R	Р	Q	С	А	В	F	D	E	1	G	Н	L	J	K	0	M	N
Orthopaedic	M	N	0	P	Q	R	Α	В	С	D	E	F	G	Н	1	J	K	L
Neurosurgery	N	0	M	Q	R	P	В	С	A	E	F	D	Н		G	K	L	J
Urology	0	M	N	R	P	Q	C	Α	В	F	D	E		G	H	L	J	K
Anaesthesia	J	K	L	M	N	0	Р	Q	R	Α	В	С	D	E	D	G H	Н	G
Radiology	K	L	J	N	0	M	Q	R	Р	В	С	A	E	F	E	н	G	Н
BINO	L	J	K	0	M	N	R	P	Q	С	Α	В	F	D	E	-	0	-11
E.N.T					5505550						202			A,B,C			D.E.F	
E.N.T	7	G,H,I			J,K,L			M,N,O		1	P.Q.R			A,B,C			٥,١,٠	
E.N.T							_			-								
Ophth-I																		
Ophth-I		D,E.F			G,H,I			J,K,L			M,N,O			P,Q,R			A,B,C	
Ophth-II		U,E.F			31.11.													
Ophth-II													_					

No. 26 57 6 8/QAMC/SS/23 Dated: /3 -/c -2023

A copy is forwarded for information and necessary action to:

1. The Director Department of Medical Education (DME) QAMC, Bahawalpur.

2. The Head of Basic & Clinical Departments (Concerned) QAMC, Bahawalpur.

3. College & Hostel Notice Boards, QAMC, Bahawalpur.

Final year

REVISED WARD TEACHING PROGRAMME FINAL YEAR MBBS CLASS FOR THE SESSION 2022-2023 QUAID-E-AZAM MEDICAL COLLEGE BAHAWALPUR WITH EFFECT FROM 14-10-2023.

	BATCH A to L												
UNIT	13-03-23 to 31-03-23	to 28-04-23 included 08-days spring vacations	29-04-23 to 18-05-23	19-05-23 to 07-06-23	08-06-23 to 02-08-23 included 30-days summer vacations	03-08-23 to 22-08-23	23-08-23 to 11-09-23	12-09-23 to 01-10-23	02-10-23 to 18-10-23	19-10-23 to 04-11-23	05-11-23 to 21-11-23	22-11-23 to 08-12-23	
Medical Unit-I,	A	В	С	D	E	F	G	Н	1	J	K	1	
Medical Unit-II,	В	С	D	A	F	G	Н	E	J	K	1	-	
Medical Unit-III,	С	D	Α	В	G	Н	E	F	K	1	1	1	
Medical Unit-IV,	D	Α	В	С	Н	E	F	G	ı,	ī	J	K	
Surgical Unit-I,	1	J	K	L	A	В	C	D	E	F	G	Н	
Surgical Unit-II,	J	K	L	1	В	C	D	A	F	G	Н	E	
Surgical Unit-III,	K	L		J	С	D	A	В	G	Н	E	F	
Surgical Unit-IV,	L	1	J	К	D	A	В	C	Н	E	F	G	
Gynaecology-I,	E	F	G	Н	ī	J	К	ĭ	A	В	C	D	
Gynaecology-II,	F	G	Н	E	J	K	1	ī	В	C	D		
Paediatric Unit-I,	G	Н	E	F	К	L	ī	i	C	D	A	A	
Paediatric Unit-II,	Н	E	F	G	L	ī	J	K	D	A	В	B C	

No. 26567 - 7 JQAMC/SS/23 Dated: 13-(0: -2023.

A copy is forwarded for information and necessary action to:-

1. The Director Medical Education (DME) Department QAMC, Bahawalpur. The Head of Clinical Departments (Concerned) QAMC, Bahawalpur.
 College & Hostel Notice Boards, QAMC, Bahawalpur.

PRINCIPAL Quaid-e-Azam Medical College Bahawalpur