

Study Guide Final Year MBBS



Vision:

Our vision is to be a global leader in transformative medical education and healthcare delivery.

Mission:

To advance the art and science of medicine through innovative medical education, research, and compassionate healthcare delivery, within available resources, in an environment that advocates critical thinking, creativity, integrity, and professionalism

We , The Faculty and staff of QAMC are determined:

To impart core knowledge of basic sciences in interesting, compact and practical way to undergraduate students so that they can differentiate between normal and abnormal structure at gross, microscopic and embryological level. And co relate at the same time. For this we are horizontally integrating our basic subjects and from next year will be adding vertical integration to for this class .

Objectives :

To impart: Knowledge - On the principles of pedagogy

Skills	Dissection & Prosection Surface Anatomy Models Histological techniques Research skills Communication skills Self directed learning Competency bases learning
Attitude-	Integrated Journal E-Learning Research Professionalism Empathy Inter Personal Skills Team building skills Extra-Curricular activities

1. Department of Surgery:

- Prof. Dr. Muhammad Ishaque Khan Surgery
- Prof. Dr. Sh. Attique-Ur-Rehman Surgery
- Dr. Shahid Hussain Surgery
- Dr. Umair Ahmad Surgery
- Dr. Khurram Niaz Surgery
- Dr. Tariq Iqbal Surgery
- Dr. Sidra Aleem Surgery
- Dr. Asiya Shabbir Surgery
- Dr. Muhammad Anwar Surgery
- Dr. Fayyaz Ahamd Surgery

2. Department of Peads surgery:

- Dr. Muhammad Ramzan Paeds. Surgery
- Dr. Muhammad Siddique Paeds. Surgery
- Dr. Soofia Mustafa Paeds. Surgery

3. Department of Plastic surgery:

- Prof. Dr. Muhammad Mughese Amin Plastic Surgery
- Dr. Farhat ul Ann Tayyaba Plastic Surgery
- Dr. Uzma Naseer Plastic Surgery

4. Department of Ortho:

- Prof. Dr. Naseer Ahmad Ch. Orthopaedic Surgery
- Dr. Kashif Siddiq Orthopaedic Surgery
- Dr. Shahid Mahmood Orthopaedic Surgery
- Dr. Zulfiqar Ahmad Orthopaedic Surgery
- Dr. Muhammad Iqbal Orthopaedic
- Dr. Abdul Munaf Saud Orthopaedic
- Dr. Hafiz Muhammad Akram Orthopaedic
- Dr. Babar Bakhat Chughtai Orthopaedic Surgery

5. Department of Neurosurgery/ Neurology:

- Prof. Dr. Muhammad Shahid Neurosurgery
- Dr. Faisal Ali Neurosurgery
- Dr. Shoaib Luqman, Neurology

6. Department of Urology/Nephrology:

- | | |
|-------------------------------|-------------------|
| • Prof. Dr. Mumtaz Rasool | Urology |
| • Dr. Muhammad Tariq | Urology |
| • Dr. Muhammad Imran | Urology |
| • Dr. Muhammad Asif Sheikh | Urology |
| • Dr. Asra Aleem | Urology |
| • Dr. Muhammad Shehzad Saleem | Urology |
| • Dr. Muhammad Ajmal | Urology |
| • Dr. Firasat Majid | Pediatric Urology |
| • Dr. Muhammad Umair Afzal | Nephrology |
| • Dr. Javeria Karamat | Nephrology |

7. Department of Gyne/obs:

- | | |
|-------------------------------|---------------|
| • Prof. Dr. Salma Jabeen | Obst & Gynae |
| • Prof. Dr. Shakila Yasmin | Obst & Gynae |
| • Dr. Saba Nadeem | Obst. & Gynae |
| • Dr. Shahnaz Anwer | Obst & Gynae |
| • Dr. Shamas Un Nisa | Obst & Gynae |
| • Dr. Sarwat Faridi | Obst & Gynae |
| • Dr. Bushra Mukhtar | Obst & Gynae |
| • Dr. Aisha Nazeer | Obst & Gynae |
| • Dr. Sadia Latif | Obst Gynae |
| • Dr. Sadaf- Un Nisa | Obst & Gynae |
| • Dr. Mussarat Akhtar (Civil) | Obst & Gynae |
| • Dr. Nargus Taj, (Civil) | Obst& Gynae |
| • Dr. Saba Yasmin Usmani | Obst & Gynae |
| • Dr. Amna Shahid (Civil) | Obst & Gynae |

8. Department of Anesthesia

- | | |
|--------------------------|-------------|
| • Prof. Dr. Ambreen Khan | Anesthesia |
| • Dr. Sajid Farooq | Anaesthesia |

10. Department of Medicine:

- | | |
|----------------------------|----------|
| • Prof. Dr. Saima Nasreen | Medicine |
| • Prof. Dr. Muhammad Akram | Medicine |
| • Dr. Umair Arif | Medicine |
| • Dr. Adil Mahmood | Medicine |
| • Dr. Ashfaq Ahmed | Medicine |

- Dr. Muhammad Hassan Medicine
- Dr. Wajih-Ur-Rehman, Medicine

11. Department of Paediatric medicine:

- Prof. Dr. Ameer Ahmad Paediatric Medicine
- Dr. Nousheen Fatima Paediatric Medicine
- Dr. Malik Muhammad Naeem Paediatric
- Dr. Rabia Bashir Paediatric Medicine
- Dr. Imran Qaiser Paediatrics Medicine
- Dr. Muhammad Umar Shafiq (Civil) Paediatrics Medicine
- Dr. Muhammad Adnan Zafar Paediatrics Medicine
- Dr. Muhammad Anwar Neonatology
- Dr. Muhammad Asghar Ali Neonatology

.12. Department of Cardiology:

- Prof. Dr. Shahadat Hussain Cardiology
- Dr. Muhammad Sarwar Khalid Cardiology
- Dr. Syed Nauman Ali Cardiology
 - Dr. Fouzia Goher Cardiology
 - Dr. Muhammad Irfan Cardiology
 - Dr. Anwaar Ul Hassan Cardiology
 - Dr. Asif Ali Cardiology
 - Dr. Muhammad Umar Iqbal Cardiology
 - Dr. Ussama Munir Cardiology
 - Dr. Fazal Ur Rehman Paediatric Cardiology
 - Dr. Hafiz Muhammad Farhan Ali Rizvi Cardiac Surgery
 - Dr. Hammad Azam Cardiac Surgery

.13. Department of Gastroenterology:

- Prof. Dr. Shahbaz Ahmad Qureshi Gastroenterology
- Dr abid ali

.14. Department of Pulmonology:

- Prof. Dr. Javed Iqbal, Pulmonology
- Prof. Dr. Muhammad Rauf ul Hassan (Civil) Pulmonology
- Dr. Sami Ahmad Pulmonology
- Dr. Muhammad Sajjad Sarwar Pulmonology

.15. Department of Dermatology:

Dr. Naima Luqman

Dermatology

.16. Department of Radiology:

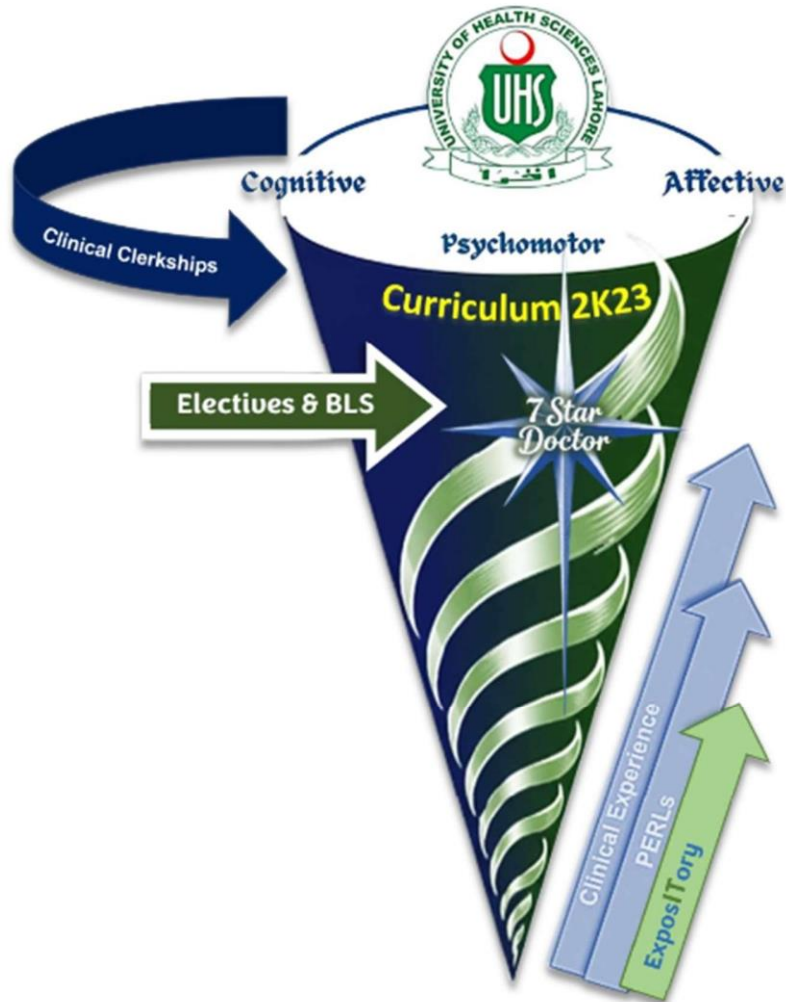
- Dr. Kamran Naseem Radiology
- Dr. Sarah Nisar Radiology
- Dr. Malik Mudasar Hassan Radiology (PIC)
- Dr. Asima Luqman Radiotherapy

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



Modular Integrated Curriculum 2K23

Volume-05 / Year-05



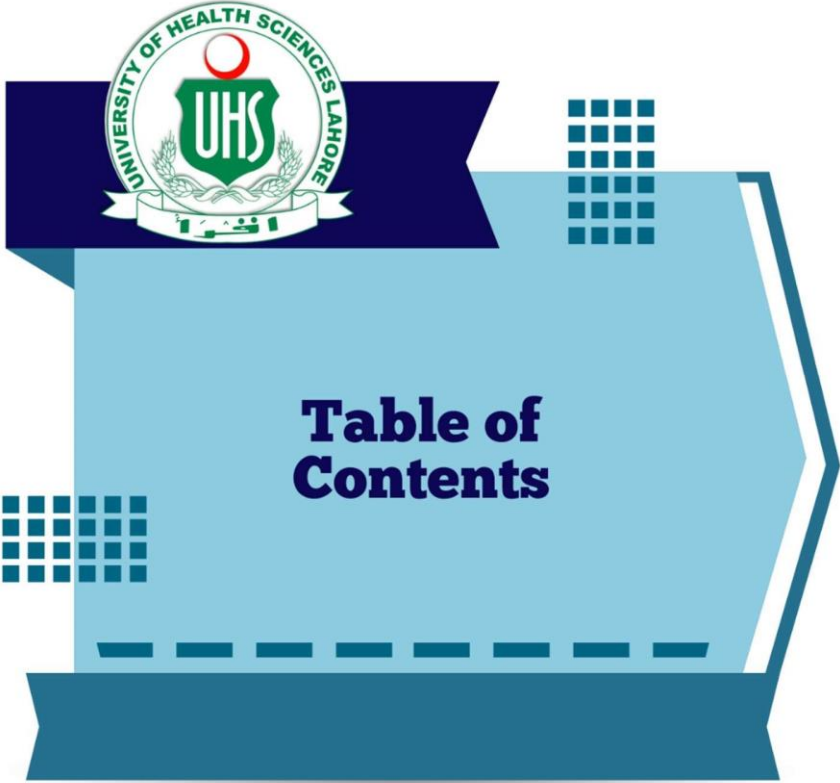




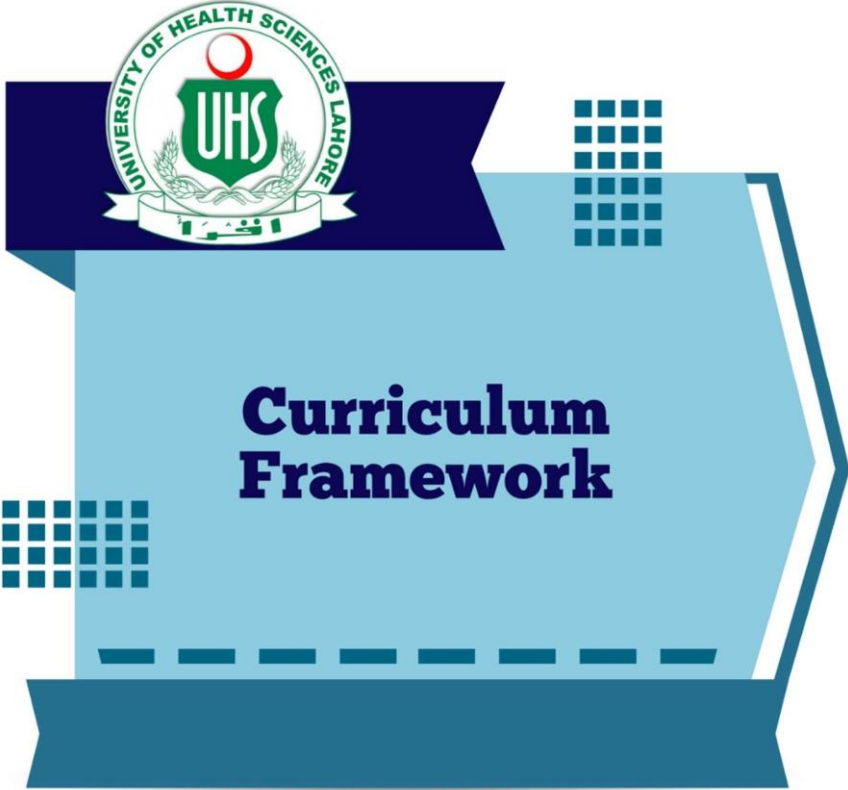
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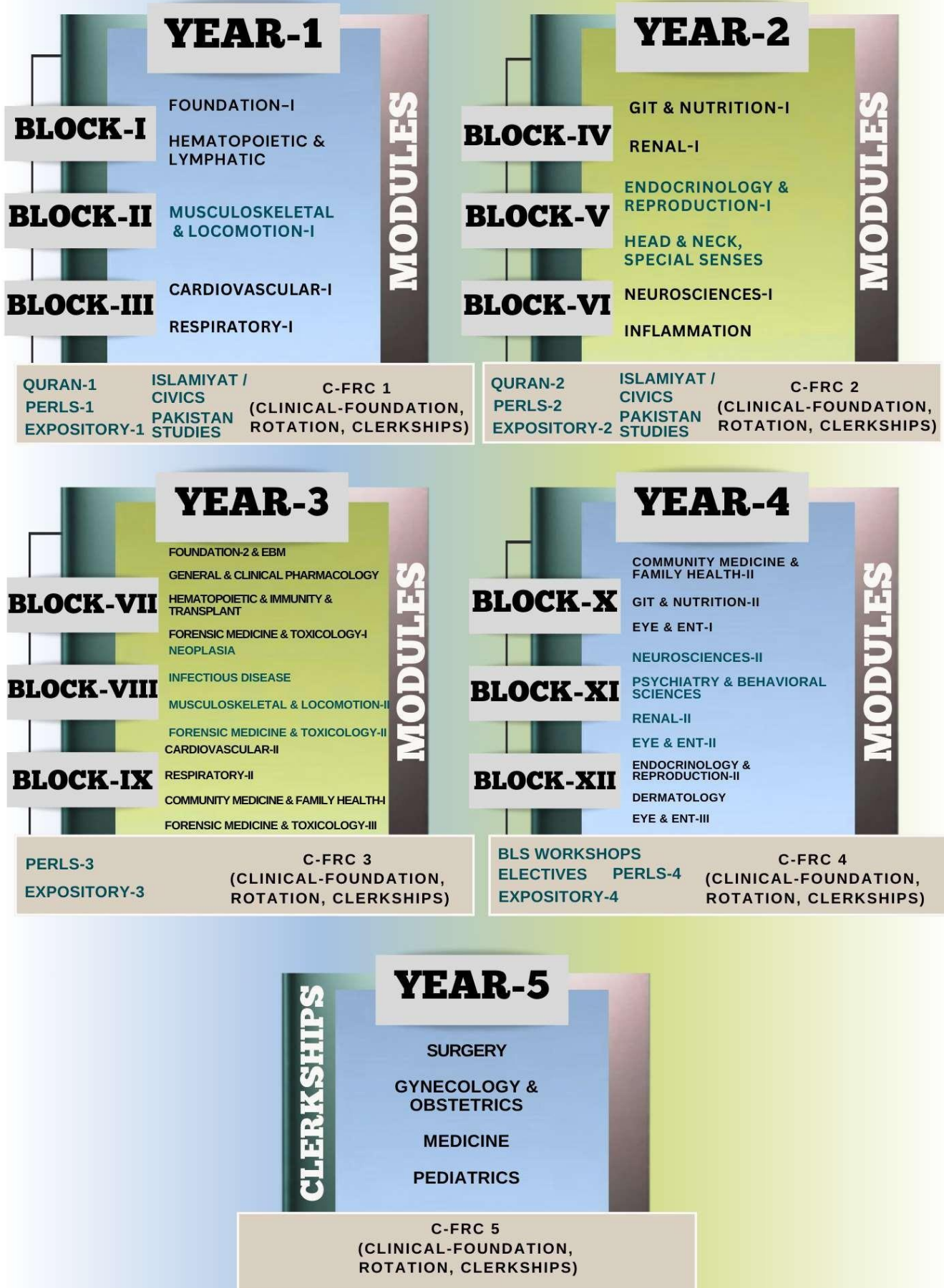
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01

Section



Modular Integrated Curriculum 2K23 Framework



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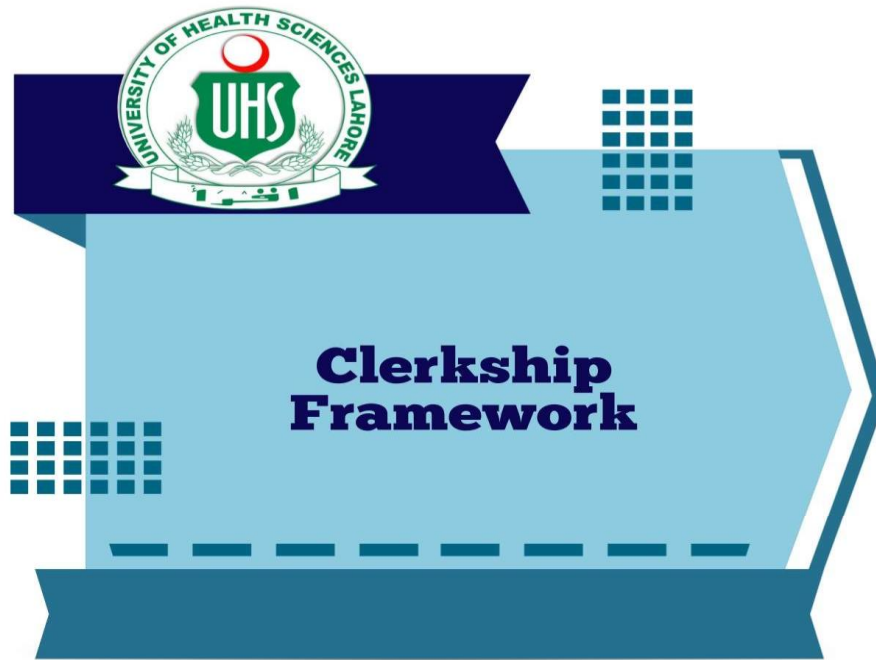
02

Section

BLOCK A Medicine & Paediatrics (16 weeks)		BLOCK B Surgery & Gynecology-Obstetrics (16 weeks)	
Classroom teaching Weeks	Medicine Clinical Rotation (8 weeks)	Classroom teaching Weeks	Surgery Clinical Rotation (8 weeks)
	End Rotation Clinical Exam (Medicine)		
	Paediatrics Clinical Rotation (8 weeks)		
	End Rotation Clinical Exam (Paediatrics)		
			Gynecology & Obstetrics Clinical Rotation (8 weeks)
			End Rotation Clinical Exam (Surgery)

Block A Exam Theory

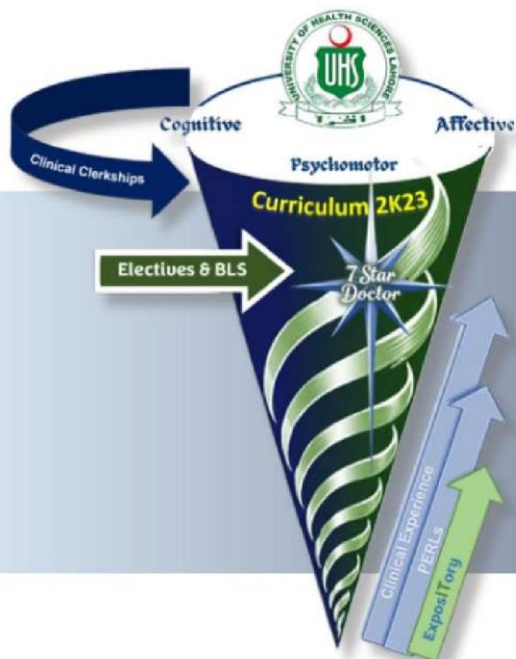
Block B Exam Theory





**Modular Integrated
Curriculum 2K23**
Final Version

SURGERY CLERKSHIP



YEAR-05

Curriculum 2k23
Final Year MBBS Clerkship

SURGERY CLERKSHIP

Learning Outcomes

By the end of the Surgery clerkship, a student will be able to:

- Identify life-threatening surgical emergencies such as trauma, intestinal obstruction, perforation, and hemorrhage, and initiate prompt resuscitation and referral.
- Take focused surgical histories, perform thorough physical examinations (including system-specific exams), and interpret bedside findings accurately.
- Interpret essential laboratory, radiological, and endoscopic investigations relevant to surgical diseases.
- Practice ethical principles, use informed consent processes, maintain confidentiality, and follow safety checklists to ensure patient safety in clinical and operative settings.
- Participate in preoperative preparation, intraoperative assistance, and postoperative care, including fluid management, pain control, infection prevention, and recognition of complications.
- Communicate effectively with patients, families, and healthcare teams, and contribute to multidisciplinary decision-making.
- Identify human factors in surgical errors, report adverse events appropriately, and contribute to clinical audit and quality improvement processes.
- Demonstrate accountability, engage in self-directed learning, and reflect on clinical experiences to prepare for safe, independent practice.

Curriculum Dashboard – Surgery Clerkship

Component	Details
Programme	Final Year MBBS
Clerkship	Surgery
Duration	8 Weeks Clinical Rotation
Clinical Departments	General Surgery, Orthopaedics, Urology, Neurosurgery, Paediatric Surgery, Plastic Surgery, Burns, Cardiothoracic Surgery, Anaesthesia, Emergency Medicine, Radiology, Pathology
Major Themes	Surgical assessment, Trauma & emergency surgery, Perioperative care, Operative principles, Postoperative management, Patient safety, Surgical ethics
Teaching–Learning Strategies	Bedside teaching, Ward rounds, Outpatient clinics, Interactive lectures, Case-based learning (CBL), Skills laboratory, Operating theatre exposure, Simulation, Seminars, Self-directed learning
Clinical Learning Areas	Surgical wards, OPDs, Emergency Department, Operating theatres, Trauma Centre, ICU/HDU, Skills Laboratory
Assessment Methods	MCQs, SEQs, SBAQs, OSCE, Long case, Short case, Structured viva, Mini-CEX*, DOPS*, Clinical logbook (*as per departmental policy)
Core Clinical Skills	Surgical history and examination, Wound care, Sterile techniques, IV cannulation, Urinary catheterization, Nasogastric tube insertion, Trauma assessment, Basic suturing, Postoperative care
PMDC Competencies Addressed	Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, Professional
Professional Skills	Communication, Teamwork, Leadership, Ethics, Patient safety, Infection prevention, Documentation
Learning Resources	UHS Final Year MBBS Curriculum, PMDC Competency Framework, Clinical Practice Guidelines, Bailey & Love's Short Practice of Surgery, Schwartz's Principles of Surgery, Skills Laboratory
Expected Graduate Outcome	A competent graduate capable of assessing, investigating, managing, and appropriately referring common elective and emergency surgical conditions while demonstrating professionalism, patient safety, effective communication, and evidence-based clinical practice.

Clerkship at a Glance

Indicator	Summary
Duration	8 Weeks
Clinical Specialties	12
Major Integrated Themes	8
PMDC Domains Covered	7
Teaching Strategies	10+
Assessment Methods	Written, Clinical & Practical
Core Clinical Skills	15+
Learning Settings	Wards, OPD, OT, Emergency, ICU, Skills Lab

Clerkship Description

The Surgery Clerkship provides comprehensive clinical exposure to the diagnosis, investigation, perioperative management, operative principles, and postoperative care of patients with common and emergency surgical conditions.

Students participate in inpatient care, outpatient clinics, emergency services, operating theatres, multidisciplinary meetings, and bedside teaching under faculty supervision. The clerkship emphasizes clinical reasoning, patient safety, professionalism, communication, ethical surgical practice, evidence-based management, and procedural skills.

Students progressively develop competencies in surgical history taking, focused physical examination, interpretation of investigations, pre-operative assessment, intra-operative observation, postoperative care, wound management, trauma assessment, and emergency surgical decision-making while working within multidisciplinary healthcare teams. This clerkship is structured according to the UHS MBBS Curriculum 2K23 and supports the development of PMDC graduate competencies.

Theme-wise Curriculum Mapping (Surgery Clerkship)

Integrated Clinical Theme	General Surgery	Orthopaedic Surgery	Urology	Neurosurgey	Paediatric Surgery	Plastic & Burns Surgery	Cardiothoracic Surgery	Integrati on Type
Clinical Evaluation & Surgical Decision Making	Surgical history, abdominal examination, differential diagnosis	Musculoskeletal examination	Urological history and examination	Neurological assessment	Congenital surgical disorders	Burn assessment	Cardiothoracic examination	Horizontal
Trauma & Emergency Surgery	Acute abdomen, trauma, shock	Fractures, dislocations	Renal trauma	Head injury, spinal trauma	Acute paediatric emergencies	Burns, soft tissue injuries	Chest trauma	Horizontal
Perioperative Care	Preoperative assessment, informed consent	Fracture planning	Preoperative preparation	Neurosurgical preparation	Paediatric perioperative care	Burn resuscitation	Cardiothoracic preparation	Horizontal
Operative Principles	Asepsis, surgical techniques, wound closure	Orthopaedic procedures	Endoscopic and open urological procedures	Cranial and spinal procedures	Paediatric surgical procedures	Skin grafting, reconstructive surgery	Thoracic procedures	Vertical
Postoperative Management	Pain control, fluids, nutrition, wound care	Rehabilitation	Catheter care, postoperative monitoring	Neuro-observation	Paediatric postoperative care	Burn wound management	ICU care	Horizontal
Diagnostic Imaging & Investigations	Laboratory tests, ultrasound, CT	X-rays, CT, MRI	IVU, Ultrasound, CT KUB	CT Brain, MRI Spine	Paediatric imaging	Burn assessment	Chest imaging	Horizontal
Anaesthesia & Critical Care	General and regional anaesthesia	Anaesthesia for orthopaedic procedures	Anaesthesia for urology	Neuroanaesthesia	Paediatric anaesthesia	Critical burn care	Cardiothoracic anaesthesia	Horizontal
Patient Safety & Infection Prevention	Surgical safety checklist, SSI prevention	Implant infection prevention	Catheter-associated infection prevention	ICU infection control	Paediatric infection prevention	Burn infection control	ICU safety	Longitudinal
Professionalism & Ethics	Consent, ethics,	Disability counselling	Confidentiality	End-of-life care	Parent counselling	Body image	High-risk consent	Longitudinal

Integrated Clinical Theme	General Surgery	Orthopaedic Surgery	Urology	Neurosurger y	Paediatric Surgery	Plastic & Burns Surgery	Cardiothoracic Surgery	Integrati on Type
	communica tion					counsellin g		
Evidence-Based Surgery	Clinical guidelines, audit	Fracture management protocols	Urology guidelines	Neurosurgical protocols	Paediatric surgery protocols	Burn protocols	Enhanced Recovery After Surgery (ERAS)	Longitudi nal

Weekly Integrated Clerkship Plan (8 Weeks)

Week	Clinical Rotation Theme	Clinical Activities	Learning Methods
Week 1	Introduction to Surgical Clerkship	Surgical history, physical examination, ward orientation, OT orientation	Bedside teaching, Interactive lectures
Week 2	General Surgery	Acute abdomen, hernia, breast, thyroid, hepatobiliary disorders	Ward rounds, OPD, CBL
Week 3	Trauma & Orthopaedics	Fractures, trauma assessment, splints, casts	Emergency duty, Skills lab
Week 4	Urology & Paediatric Surgery	Urinary disorders, congenital anomalies	OPD, OT observation, Tutorials
Week 5	Neurosurgery	Head injury, spinal trauma, neurological emergencies	Bedside teaching, Radiology sessions
Week 6	Plastic Surgery, Burns & Cardiothoracic Surgery	Burns management, reconstructive surgery, chest surgery	OT exposure, Case discussions
Week 7	Integrated Emergency Surgery	Trauma calls, emergency procedures, multidisciplinary care	Simulation, Emergency department
Week 8	Revision & Assessment	Integrated case presentations, mock OSCE, logbook review	CPC, OSCE practice, Viva

Longitudinal Themes Throughout the Clerkship

The following competencies are reinforced throughout all eight weeks:

- Clinical reasoning and surgical decision-making
- Patient safety and WHO Surgical Safety Checklist
- Infection prevention and aseptic techniques
- Professionalism, ethics, and informed consent
- Communication and counselling
- Evidence-based surgical practice
- Interprofessional teamwork
- Documentation and clinical record keeping
- Quality improvement and audit
- Reflective practice and lifelong learning

Clinical Learning Environments

Students will gain supervised experience in:

- General Surgery Wards
- Surgical Outpatient Clinics
- Emergency Department
- Operating Theatres
- Trauma Centre
- Orthopaedic Unit
- Urology Unit
- Neurosurgery Unit
- Paediatric Surgery Unit
- Plastic & Burns Unit
- Cardiothoracic Surgery Unit
- Surgical ICU/HDU
- Skills & Simulation Laboratory

This integrated curriculum map reflects the **8-week Surgery Clerkship** described in the UHS Final Year MBBS Curriculum and aligns the major surgical specialties into a single competency-based clinical rotation.

Competency Mapping (PMDC Domains)

The Surgery Clerkship is mapped to the PMDC Competency Framework, ensuring that students acquire the knowledge, clinical skills, professional attitudes, and behaviours required of a safe and competent graduate. The clerkship integrates learning across General Surgery, Orthopaedics, Urology, Neurosurgery, Paediatric Surgery, Plastic Surgery, Burns, Cardiothoracic Surgery, Anaesthesia, Emergency Medicine, Radiology, and Pathology.

A. PMDC Competency Mapping

PMDC Competency Domain	Integrated Competencies Achieved	Major Contributing Departments
1. Medical Knowledge	Explain the pathophysiology, clinical presentation, diagnosis, investigation and management of common elective and emergency surgical conditions.	General Surgery, Orthopaedics, Urology, Neurosurgery, Paediatric Surgery
2. Patient Care & Clinical Skills	Perform surgical history taking, physical examination, formulate differential diagnoses, interpret investigations, provide perioperative care and assist in common procedures.	Surgery, Anaesthesia, Emergency Medicine
3. Communication Skills	Communicate effectively with patients, relatives and multidisciplinary teams; obtain informed consent; deliver counselling regarding surgery and postoperative care.	All Departments
4. Professionalism & Ethics	Demonstrate ethical behaviour, confidentiality, accountability, respect for patients, teamwork and professional conduct in clinical settings.	All Departments
5. Health Promotion & Disease Prevention	Promote injury prevention, infection control, early cancer detection, rehabilitation, nutrition and postoperative lifestyle modification.	Surgery, Community Medicine, Burns Unit
6. Research & Evidence-Based Practice	Apply evidence-based surgical guidelines, critically appraise literature, participate in clinical audit and quality improvement activities.	Surgery, Radiology, Pathology
7. Leadership & System-Based Practice	Function effectively within multidisciplinary teams, utilize referral pathways, prioritize emergencies and contribute to patient safety initiatives.	Surgery, Emergency Medicine, Anaesthesia

B. Competency Distribution by Department

Department	Knowledge	Clinical Skills	Communication	Professionalism	Patient Safety
General Surgery	✓	✓	✓	✓	✓
Orthopaedics	✓	✓	✓	✓	✓
Urology	✓	✓	✓	✓	✓
Neurosurgery	✓	✓	✓	✓	✓
Paediatric Surgery	✓	✓	✓	✓	✓
Plastic & Burns Surgery	✓	✓	✓	✓	✓
Cardiothoracic Surgery	✓	✓	✓	✓	✓
Anaesthesia	✓	✓	✓	✓	✓
Emergency Medicine	✓	✓	✓	✓	✓
Radiology	✓	✓	—	✓	✓
Pathology	✓	—	—	✓	✓

C. Core Clinical Competencies

By the end of the clerkship, students should be able to:

- Perform comprehensive surgical history taking.
- Conduct focused surgical examinations.
- Recognize surgical emergencies requiring immediate intervention.
- Interpret laboratory and radiological investigations.
- Develop differential diagnoses and management plans.
- Perform basic bedside surgical procedures under supervision.
- Demonstrate safe perioperative patient management.
- Apply aseptic techniques and infection prevention measures.
- Recognize postoperative complications and initiate appropriate management.
- Communicate effectively with patients and healthcare professionals.
- Maintain accurate clinical documentation and logbooks.
- Demonstrate professionalism, empathy, ethical practice, and patient-centred care.

D. Graduate Attributes Addressed

The Surgery Clerkship develops graduates who are able to:

- Integrate scientific knowledge with clinical surgical practice.
- Deliver safe, evidence-based, patient-centred surgical care.
- Make sound clinical decisions in elective and emergency settings.
- Function effectively within multidisciplinary surgical teams.
- Demonstrate leadership, accountability, and professionalism.
- Promote patient safety and quality improvement.
- Engage in lifelong learning and evidence-based practice.

E. PMDC Graduate Domains Covered

Graduate Domain	Level of Achievement
Medical Expert	✓ Extensive
Communicator	✓ Extensive
Collaborator	✓ Extensive
Leader	✓ Moderate
Health Advocate	✓ Moderate
Scholar	✓ Moderate
Professional	✓ Extensive

F. Entrustable Professional Activities (EPAs)

By the end of the Surgery Clerkship, students should be able to perform the following **under appropriate supervision**:

1. Obtain and present a focused surgical history.
2. Perform a comprehensive surgical examination.
3. Assess and stabilize patients with common surgical emergencies.
4. Interpret common laboratory and imaging investigations.
5. Assist in preoperative preparation and postoperative care.
6. Perform basic ward procedures (e.g., wound dressing, suture removal, catheter care).
7. Communicate operative plans and postoperative instructions to patients and families.
8. Document clinical encounters accurately and maintain the clerkship logbook.

Teaching–Learning Matrix

The Surgery Clerkship uses competency-based, workplace-oriented teaching strategies that enable students to progressively acquire surgical knowledge, clinical reasoning, procedural competence, professionalism, and communication skills through supervised patient care. The teaching approaches are aligned with the UHS Final Year MBBS Curriculum and PMDC Competency Framework.

A. Teaching–Learning Matrix

Integrated Clinical Theme	Teaching–Learning Strategy	Learning Environment	Primary Departments	Expected Competencies
Surgical History & Physical Examination	Bedside Teaching, Demonstration, Supervised Practice	Surgical Wards	General Surgery	History taking, examination, clinical reasoning
General Surgical Disorders	Case-Based Learning (CBL), Interactive Lectures, Ward Rounds	Surgery Ward, OPD	General Surgery	Diagnosis, investigations, management planning
Trauma & Emergency Surgery	Simulation, Emergency Duty, Trauma Team Participation	Emergency Department	General Surgery, Orthopaedics	Initial assessment, resuscitation, trauma management
Orthopaedic Surgery	Bedside Teaching, Fracture Clinics, Skills Sessions	Orthopaedic Ward & OPD	Orthopaedics	Musculoskeletal examination, fracture management
Urology	Clinical Tutorials, OT Observation	Urology Ward & OPD	Urology	Urological assessment, catheterization principles
Neurosurgery	Ward Rounds, Radiology Review, CBL	Neurosurgery Unit	Neurosurgery	Neurological assessment, interpretation of CT/MRI
Paediatric Surgery	Bedside Teaching, Case Discussions	Paediatric Surgery Ward	Paediatric Surgery	Assessment of common paediatric surgical conditions
Plastic & Burns Surgery	Clinical Demonstrations, Burn Ward Teaching	Burns Unit	Plastic Surgery	Burn assessment, wound management
Anaesthesia & Perioperative Care	OT Teaching, Pre-anaesthetic Assessment	Operating Theatre	Anaesthesia	Preoperative assessment, airway awareness

Integrated Clinical Theme	Teaching–Learning Strategy	Learning Environment	Primary Departments	Expected Competencies
Radiology & Pathology Integration	Imaging Review, Clinicopathological Conferences	Radiology & Pathology Departments	Radiology, Pathology	Interpretation of investigations and clinicopathological correlation

B. Student-Centred Learning Activities

Activity	Purpose
Bedside Teaching	Develop history taking, examination, and patient management skills
Ward Rounds	Clinical reasoning and multidisciplinary patient care
Outpatient Clinics	Exposure to common elective surgical conditions
Operating Theatre Observation	Understand operative principles, asepsis, and surgical workflow
Case-Based Learning (CBL)	Integrate basic sciences with clinical decision-making
Clinical Case Presentations	Improve presentation and analytical skills
Skills Laboratory Sessions	Practice surgical procedures in a safe environment
Simulation-Based Learning	Develop emergency and trauma management skills
Self-Directed Learning (SDL)	Encourage lifelong learning and evidence-based practice
Journal Club	Promote literature appraisal and evidence-based surgery

C. Longitudinal Themes

The following themes are reinforced throughout the Surgery Clerkship:

- Patient Safety
- WHO Surgical Safety Checklist
- Infection Prevention and Control
- Professionalism and Medical Ethics
- Communication and Counselling Skills
- Evidence-Based Surgical Practice
- Clinical Documentation
- Teamwork and Leadership
- Quality Improvement
- Reflective Practice and Lifelong Learning

D. Clinical Learning Settings

Students will receive supervised learning experiences in:

- General Surgery Wards
- Surgical Outpatient Clinics
- Emergency Department
- Operating Theatres
- Trauma Centre
- Orthopaedic Ward & Clinics
- Urology Unit
- Neurosurgery Unit
- Paediatric Surgery Ward
- Burns & Plastic Surgery Unit
- Cardiothoracic Surgery Unit
- Surgical ICU / High Dependency Unit
- Clinical Skills & Simulation Laboratory

E. Learning Resources

- UHS MBBS Curriculum
- PMDC Competency Framework
- Surgery Clerkship Study Guide
- Clinical Skills Laboratory
- Surgical Operating Theatres
- Hospital Wards and Outpatient Clinics
- Radiology & Pathology Departments
- Medical Library and E-Learning Resources
- Standard Surgical Textbooks (Bailey & Love, Schwartz's Principles of Surgery)
- Current National and International Surgical Guidelines



Modular Integrated Curriculum 2K23
Final Version

SURGERY-I

General Principles of Surgery



PREOPERATIVE ASSESSMENT OF SURGICAL PATIENT

Theory

Code	Topic	Clinical Methods/Skills
S1-001	Pre-operative evaluation	<ul style="list-style-type: none"> • Discuss the steps of preoperative history-taking, physical examination, and baseline investigations in surgical patients • Explain the evaluation and optimization of patients with cardiovascular, neurological, respiratory, gastrointestinal, hepatic and renal, neurological, endocrine and metabolic disorders, including malnutrition, obesity, diabetes, and thyroid dysfunction in the preoperative settings.
S1-002	Pre-operative investigations	<ul style="list-style-type: none"> • Enlist the pre-operative investigations. • Interpret common abnormalities in lab reports relevant to surgical patients. • Explain the role of blood glucose monitoring in ensuring perioperative safety. • Interpret ECG and chest X-ray in surgical patients.
S1-003	High-risk patient	<ul style="list-style-type: none"> □ Describe risk stratification tools in surgery, including POSSUM, RCRI, and ACS-NSQIP, and their role in predicting perioperative morbidity and mortality
S1-004	Optimization	<ul style="list-style-type: none"> □ Discuss strategies to reduce perioperative morbidity and mortality in high-risk surgical patients.
S1-005	Consent for surgery (integrate with Forensic Medicine)	<ul style="list-style-type: none"> □ Explain the process of taking informed consent in surgical practice and its medico-legal significance.

Clinical Skills

Code	Topic	Clinical Methods/Skills
S1-006	Pre-operative evaluation	<ul style="list-style-type: none"> • Take pre-operative history. • Perform systemic examination. • Record and interpret ECG in a patient. • Assist in obtaining arterial blood gases and interpreting

		<p>results.</p> <ul style="list-style-type: none"> • Counsel patients for necessary investigations <input type="checkbox"/> Assess airway and anesthetic risk. • Calculate ASA grade and surgical risk scores. • Communicate patients/families for informed consent. • Document comorbidities and prior surgical history. • Identify and refer high-risk patients for specialist optimization. • Follow OT protocols for patient preparation (e.g., fasting, medications, marking surgical site).
POSTOPERATIVE CARE		
Theory		
Code	Topic	Clinical Methods/Skills
S1-007	Immediate recovery care	<ul style="list-style-type: none"> • Describe monitoring standards in post-anesthesia care unit (PACU). • Describe the role of nurses, physiotherapists, and ICU team in post-op care. • Explain the use of repeat labs and imaging to detect complications early.
S1-008	Postoperative complications	<ul style="list-style-type: none"> • List common respiratory, cardiac, renal, and neurological complications encountered during postoperative care. • Describe strategies for prevention and immediate management of postoperative complications.
S1-009	Post-operative wound care	<input type="checkbox"/> Outline wound assessment, steps of wound dressing, and infection control in post-operative care.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
S1-010	Post-operative Care & ICU	<ul style="list-style-type: none"> • Monitor vital signs and fluid balance post-surgery. • Assess post-op airway and breathing of a patient. • Examine the surgical wounds.

		<ul style="list-style-type: none"> Identify and assist in immediate management of hemorrhage, shock, DVT, PE. Apply wound dressings. Remove drains/catheters under supervision. Counsel patient and relatives regarding complications and progress. Follow ICU and OT protocols in the post-op setting.
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NUTRITION, FLUID, ELECTROLYTE AND ACID-BASE BALANCE

Theory

Code	Topics	Specific Learning Objectives
S1-011	Malnutrition in surgical patients	<ul style="list-style-type: none"> Enlist the causes of malnutrition in surgical patients. Describe the consequences of malnutrition in surgical patients. Identify the risk groups prone to malnutrition.
S1-012	Nutritional assessment	<ul style="list-style-type: none"> Explain the role of BMI in assessing nutritional status and surgical risk. Describe the use of anthropometric measurements in evaluating malnutrition in surgical patients. Explain the significance of serum proteins in predicting surgical outcomes. Describe key clinical indicators of malnutrition relevant to perioperative assessment.
S1-013	Nutritional support	<ul style="list-style-type: none"> Compare enteral vs. parenteral nutrition. Describe complications.
S1-014	Fluid & electrolytes	<ul style="list-style-type: none"> Describe the body fluid compartments and their relevance in surgical patients. Explain the daily fluid and electrolyte requirements in the perioperative period. Identify and describe insensible fluid losses and their significance in surgical management.
S1-015	Perioperative fluid	<input type="checkbox"/> Explain maintenance versus replacement fluid therapy and

	management	<p>their roles in perioperative fluid management.</p> <p><input type="checkbox"/> Describe the differences between crystalloids and colloids and their appropriate use in surgical patients.</p>
S1-016	Acid-base balance	<ul style="list-style-type: none"> Identify the types of acid-base disorders seen in surgical patients. Interpret arterial blood gas (ABG) results to identify the underlying disturbance. Describe the basic management principles for correcting acid–base imbalances in the perioperative setting.

Clinical Skills

Code	Topics	Clinical Methods/Skills
S1-017	Perioperative Care	<ul style="list-style-type: none"> Perform nutritional assessment at bedside (BMI, mid-arm circumference, skin fold). Calculate fluid and electrolyte requirements. Observe/assist in setting up IV fluids correctly and monitor input/output. Identify signs of dehydration, fluid overload, and electrolyte imbalance. Interpret serum electrolyte abnormalities and their clinical significance in surgical patients. Observe/assist in collection and interpretation of arterial blood gases (ABG). Counsel patient/family about nutritional support and risks.

SHOCK, HEMMORRHAGE, AND WOUND

Theory

Code	Topics	Specific Learning Objectives
S1-018	Metabolic response to injury	<ul style="list-style-type: none"> Define homeostasis. List the mediators of response and describe their actions. Describe “ebb & flow” phases.

S1-019	Shock	<ul style="list-style-type: none"> • Classify types of shock. • Discuss cardiovascular and metabolic features of shock. • Identify the signs of severity. • Outline principles of IV fluid replacement, blood, and blood component therapy.
S1-020	Blood transfusion (See Annexure-I)	<ul style="list-style-type: none"> • Classify hemorrhage. • List the indications for blood transfusion. • Describe transfusion reactions and management. • Identify avoidable factors that worsen injury response. • Describe the hazards of massive transfusion.
S1-021	Wound management	<ul style="list-style-type: none"> • Describe the steps of acute wound care. • Describe different types of dressings and their indications based on wound characteristics. • Explain chronic wound management. • Describe the rationale and indications for contracture release and strategies to prevent recurrence.
S1-022	Compartment syndrome	<ul style="list-style-type: none"> • Explain the pathophysiology of compartment syndrome. • Identify the clinical features. • Describe the surgical management, including indications for and steps of fasciotomy. • Identify early warning signs to prevent irreversible tissue damage. • Describe postoperative care and monitoring after fasciotomy.
Clinical Skills		
Code	Topic	Clinical Methods/Skills

S1-023	Critical Care Skills in Shock Management	<ul style="list-style-type: none"> • Perform clinical assessment of patient in shock (airway, breathing, circulation). • Record vital signs, urine output, and fluid balance charting. • Monitor IV fluids, central lines, and blood transfusion. • Identify signs of transfusion reaction and observe/assist in initiating the immediate management. • Counsel patient/family regarding consent for blood transfusion.
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		<ul style="list-style-type: none"> □ Follow OT and ICU protocols for perioperative resuscitation.
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SURGICAL INFECTIONS

Theory

Code	Topics	Specific Learning Objectives
S1-024	Risk factors and sources	<ul style="list-style-type: none"> • Describe causative organisms, endogenous and exogenous sources leading to surgical infections. • Explain host and procedural factors influencing infection risk.
S1-025	Surgical site infections (SSI)	<ul style="list-style-type: none"> • Define SSI • Differentiate major vs. minor infections • Discuss “decisive period.”
S1-026	Specific wound infections	<ul style="list-style-type: none"> □ Describe gas gangrene, necrotizing fasciitis, cellulitis with their management.
S1-027	Systemic infections	<ul style="list-style-type: none"> • Define bacteremia and describe its clinical significance and laboratory investigations. • Explain septicemia, its pathophysiology, clinical features, and potential complications. • Identify the criteria for SIRS and differentiate it from infectious and non-infectious causes. • Define sepsis, identify its clinical manifestations, and explain its progression from infection to organ dysfunction.

S1-028	Viral infections in surgery	<ul style="list-style-type: none"> Describe the transmission routes of HIV in surgical settings and outline standard precautions to prevent infection. Describe the transmission routes of Hepatitis B and C in surgical settings and outline standard precautions to prevent infection.
S1-029	Hospital-acquired & tropical infections	<ul style="list-style-type: none"> Identify the clinical features, diagnostic methods, and surgical relevance of tuberculosis in abdominal and other organ involvement. Describe the clinical manifestations, complications, and surgical considerations of typhoid infection, amoebiasis,

		ascariasis, and hydatid disease.
S1-030	Prevention & treatment	<ul style="list-style-type: none"> Discuss the aseptic techniques and protocols in surgical and clinical procedures to prevent infection. Explain the principles and indications of antimicrobial prophylaxis in surgery. Demonstrate rational use of antibiotics, including g selection, dosing, and duration, to prevent resistance and optimize patient outcomes.

Clinical Skills

Code	Topics	Clinical Methods/Skills
S1-031	Infection control and management of infected wounds	<ul style="list-style-type: none"> Examine wound for signs of infection. Collect wound swab/aspirate for culture & sensitivity. Observe/assist in wound debridement and abscess drainage. Follow protocols for safe handling of infected material and proper specimen labeling. Counsel and take consent from patients regarding HIV/Hepatitis testing. Follow infection control measures in OT and ICU including hand hygiene, PPE, sterilization.

PRINCIPLES OF ANESTHESIA AND ANALGESIA

Theory

Code	Topics	Specific Learning Objectives
S1-032	General Anesthesia	<ul style="list-style-type: none"> Enlist the indications. Describe the phases of general anesthesia. Explain airway management during general anesthesia. Discuss principles of muscle relaxation and artificial ventilation during general anesthesia. Identify the causes of failure to awake after anesthesia. Discuss the complications with their management.
S1-033	Regional Anesthesia	<ul style="list-style-type: none"> <input type="checkbox"/> Classify the types of regional anesthesia with indications.

		<ul style="list-style-type: none"> Identify the contraindications to spinal/epidural anesthesia. Differential between spinal and epidural anesthesia. Describe complications and their management.
S1-034	Pain Management	<ul style="list-style-type: none"> Identify the methods of acute pain relief. Enlist the causes of chronic pain. Describe principles of chronic pain management.
S1-035	ICU Monitoring and Care	<ul style="list-style-type: none"> Discuss indications for ICU admission. Explain basic ICU monitoring. Describe principles of ICU care.

Clinical Skills

Code	Topics	Clinical Methods/Skills
S1-036	Patient preparation and anesthesia fitness	<ul style="list-style-type: none"> Interpret relevant investigation reports for anesthesia fitness (under supervision). Observe/assist in preparing patient for general anesthesia. Observe/assist in mask ventilation and endotracheal intubation Identify landmarks for spinal or epidural anesthesia.

PRINCIPLES OF RADIOLOGY

Theory & Clinical Skills

Code	Topics	Specific Learning Objectives
S1-037	Chest X-ray	<ul style="list-style-type: none"> • Identify normal chest anatomy and standard projections. • Identify radiological features of pneumothorax, pneumonia, pleural effusion, cardiomegaly, pulmonary oedema, fractures, surgical emphysema, neoplastic disease, and chronic inflammatory conditions.
S1-038	Skull X-ray	<ul style="list-style-type: none"> • Identify normal skull anatomy and projections. • Identify fractures, lytic and sclerotic lesions, calcifications, pituitary fossa abnormalities, and paranasal sinus pathology.
S1-039	Abdominal X-ray	<ul style="list-style-type: none"> • Identify normal abdominal anatomy and projections. • Detect renal and urinary tract stones, gallstones, and other calcifications.
		<ul style="list-style-type: none"> • Identify free gas under the diaphragm indicating perforation. • Identify radiological signs of hepatomegaly and splenomegaly.
S1-040	Spine X-ray	<ul style="list-style-type: none"> • Identify normal spinal anatomy and projections. • Identify disc space reduction and vertebral collapse.
S1-041	Barium Studies	<ul style="list-style-type: none"> • Identify normal anatomy and projections on barium meal and double-contrast studies. • Interpret radiological features of gastric outlet obstruction, filling defects, stomach masses, esophageal varices and strictures. • Identify intussusception, colonic defects, malabsorption patterns, strictures, ulcerative colitis, and ulcers.

S1-042	Specialized Imaging	<ul style="list-style-type: none"> Identify hydronephrosis and renal masses on Intravenous Urogram (IVU). Identify vesicoureteric reflux on Micturating Cystourethrogram (MCU). Identify gall bladder diseases and gallstones on Cholecystogram.
S1-043	Advanced Imaging	<ul style="list-style-type: none"> Interpret basic echocardiography reports. Interpret basic CT scan reports relevant to common clinical conditions. Describe the basic principles of MRI and interpret simple MRI reports.

BURN INJURIES

Theory

Code	Topics	Specific Learning Objectives
S1-044	Assessment and Management of Burn Injuries	<ul style="list-style-type: none"> Define burn injury and classify burns according to cause and depth. Describe the pathophysiology of burn injuries. Explain assessment of burn patients, including severity and extent of burns. Describe the Rule of Nines for estimation of total body surface

		<p>area (TBSA) involved in burns.</p> <ul style="list-style-type: none"> Discuss initial management of burn injuries. Explain principles of fluid resuscitation in burn patients. Describe local wound management in burns. Identify complications of burn injuries. Explain basic principles of rehabilitation and prevention of burn injuries.
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Clinical Skills

Code	Topic	Clinical Methods/Skills
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S1-045	Burn management	<p>Observe/assist in:</p> <ul style="list-style-type: none"> • initial burn care, including airway support and oxygen administration. • fluid resuscitation for burn patients under supervision. • wound cleaning and dressing of burn injuries using aseptic technique. • monitoring vital signs and urine output in burn patients.
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RECONSTRUCTIVE AND PLASTIC SURGERY

Theory

Code	Topics	Specific Learning Objectives
S1-046	Basics of Plastic Surgery	<ul style="list-style-type: none"> • Describe the basic anatomy and physiology of tissues used in reconstruction. • Explain principles of wound healing relevant to reconstructive surgery. • Describe the types of grafts used in surgery and discuss their clinical uses. • Explain the types of flaps used in reconstructive surgery and discuss their indications. • Discuss the role of plastic and reconstructive surgery in the management of difficult and complex tissue loss.

PRINCIPLES OF LAPAROSCOPIC AND ROBOTIC SURGERY

Theory

Code	Topics	Specific Learning Objectives
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S1-047	Minimally Invasive Surgery	<ul style="list-style-type: none"> Describe the physics of pneumoperitoneum in laparoscopic surgery. Compare laparoscopy and robotic surgery with open surgery regarding technique, benefits, and outcomes. Enlist the common intraoperative risks in minimally invasive surgery. Identify common procedures suitable for laparoscopic and robotic approaches. Explain the principles of postoperative care in surgical patients. Describe the benefits of early mobilization, effective pain management, and strategies to achieve faster recovery.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
S1-048	Minimally Invasive Surgery	<ul style="list-style-type: none"> Assist in laparoscopic procedures (camera holding, basic instrument handling). Identify and assist in safe handling of laparoscopic ports, trocars, and robotic arms. Observe setting up laparoscopic tower (light source, insufflator, camera). Counsel a patient about minimally invasive vs. open approach and take consent.
SURGICAL ETHICS & PATIENT SAFETY		
Theory		
Code	Topics	Specific Learning Objectives
S1-049	Surgical ethics	<ul style="list-style-type: none"> Describe the process and importance of obtaining informed consent in surgical practice. Discuss the significance of confidentiality in patient care.

		<ul style="list-style-type: none"> • Explain the impact of communication and teamwork on surgical safety and outcomes. • Describe how fatigue and stress contribute to surgical errors and strategies to mitigate them.
S1-050	Patient safety	<ul style="list-style-type: none"> • Explain the purpose and components of the WHO Surgical Safety Checklist in reducing operative risks. • Describe key infection control measures in the surgical environment. • Outline strategies to prevent retained surgical items, including counting protocols, checklists, radiopaque tools, team communication, and documentation.
S1-051	Medico-legal aspects (Integrate with Forensic Medicine)	<ul style="list-style-type: none"> • Explain the concepts of negligence and malpractice in surgical practice. • Describe the importance of accurate documentation in patient care. • Discuss the principles of disclosure of medical errors to patients and families.

VASCULAR AND NERVE DISORDERS

Theory

Code	Topics	Specific Learning Objectives
S1-052	Limb ischemia (acute and chronic)	<ul style="list-style-type: none"> • Diagnose acute limb ischemia based on the signs and symptoms (6 P's) with potential complications. • Differentiate it from chronic limb ischemia. • List the differential diagnoses. • Explain the relevant investigations to confirm diagnosis. • Outline the management strategies for acute and chronic limb ischemia. • Discuss potential complications.
S1-053	Gangrene	<ul style="list-style-type: none"> • Describe gangrene with pathophysiology. • Differentiate between dry, wet, and diabetic gangrene based on etiology and presentation.

		<ul style="list-style-type: none"> • Outline investigations with management strategies. • List the potential complications and outcomes.
S1-054	Varicose veins	<ul style="list-style-type: none"> • Describe the signs and symptoms of varicose veins. • Discuss potential complications and outline the management.
S1-055	Venous thromboembolism	<ul style="list-style-type: none"> • Identify risk factors for deep vein thrombosis and pulmonary embolism. • Diagnose deep vein thrombosis and pulmonary embolism based on signs and symptoms. • Describe potential complications of venous thromboembolism. • Explain strategies for prevention. • Outline the emergency management.
S1-056	Peripheral nerve injuries	<ul style="list-style-type: none"> • Enlist the causes of peripheral nerve injuries. • Outline the basic principles of management of peripheral nerve injuries.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
S1-057	Clinical assessment of arterial disease	<ul style="list-style-type: none"> • Palpate peripheral pulses (femoral, popliteal, dorsalis pedis, posterior tibial). • Examine varicose veins through inspection, palpation, and special tests e.g., Trendelenburg. • Perform bedside assessment of ischemia (capillary refill, temperature, Doppler signals). • Demonstrate application of compression bandaging/stockings. • Demonstrate the clinical differentiation between arterial and venous ulcers through inspection, palpation, and assessment of local signs. • Assist in wound care for gangrene and pre/post-op care. • Counsel patients/families regarding limb salvage vs. amputation. • Follow OT and ICU protocols for vascular emergencies.

Theory		
Code	Topics	Specific Learning Objectives
S1-058	Cleft Lip	<ul style="list-style-type: none"> Describe cleft lip with embryological basis. □ Enumerate clinical features. <ul style="list-style-type: none"> Outline timing of repair and treatment plan
S1-059	Cleft Palate	<ul style="list-style-type: none"> Describe cleft palate with embryological basis. Enumerate complications of non-treatment. Outline management principles with referral for treatment to Pediatric Surgical Setting
S1-060	Clubfoot (Congenital Talipes Equinovarus)	<ul style="list-style-type: none"> Describe the clinical features. Outline principles of management, including conservative and surgical options Identify possible complications and importance of long-term follow-up
S1-061	Anorectal Malformation (ARM)	<ul style="list-style-type: none"> Identify the spectrum of anorectal anomalies with embryologic basis. Identify associated anomalies in ARM. Describe typical presentations such as absence of anal opening and failure to pass meconium. Discuss principles of diagnosis, need for careful perineal examination, and referral for surgical planning.
S1-062	Hirschsprung's Disease	<ul style="list-style-type: none"> Define Hirschsprung's disease as congenital aganglionosis of the bowel. Explain pathophysiology and its functional effects leading to obstruction. Enlist key clinical features. Outline diagnostic investigations and treatment plan.
S1-063	Umbilical hernia, Umbilical anomalies, granuloma/adenoma	<ul style="list-style-type: none"> □ Differentiate umbilical hernia and granuloma/adenoma.

		<ul style="list-style-type: none"> • Describe etiology and natural history. • Enumerate clinical features. • Identify indications for surgical intervention.
S1-064	Gastroschisis and Omphalocele.	<ul style="list-style-type: none"> • Differentiate gastroschisis and omphalocele with embryological origin. • Enumerate clinical features. • Identify complications of mis/non treatment. • Outline steps of resuscitation.
S1-065	Intussusception and causes of intestinal obstruction in children	<ul style="list-style-type: none"> • Define intussusception. • Classify types of intussusception and pathophysiology with common age group and etiology. • Describe the classical triad of symptoms. • Outline diagnostic methods and management plan.
S1-066	Infantile Hypertrophic pyloric stenosis (IHPS)	<ul style="list-style-type: none"> • Describe etiopathogenesis of infantile hypertrophic pyloric stenosis. • Describe the classical clinical features. • Identify importance and correction of metabolic abnormalities. • Outline the management plan.
S1-067	Esophageal atresia and Tracheoesophageal fistula (TOF)	<ul style="list-style-type: none"> • Define esophageal atresia and tracheoesophageal fistula. • Classify types and pathophysiology of esophageal atresia. • Identify clinical features. • Outline management plan.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
S1-068	Clinical skills-Pediatric Surgery	<input type="checkbox"/> Take history and perform focused clinical examination in newborns and children presenting with common pediatric surgical conditions (e.g., cleft lip

		<p>and palate, umbilical anomalies, gastroschisis, omphalocele, genitourinary anomalies, hydrocephalus, spina bifida, CTEV, DDH).</p> <ul style="list-style-type: none"> • Observe/assist in OT procedures. • Identify indications for referral, counsel caregivers regarding timing of surgery, contraindications, and follow-up.
UROGENITAL CONDITIONS		
Theory		
Code	Topics	Specific Learning Objectives
S1-069	Renal calculi	<ul style="list-style-type: none"> • Identify causes and types of renal calculi. • Explain clinical features and sequelae. • Describe basic principles of diagnosis and management.
S1-070	Enlarged Prostate	<p>Benign Prostatic Hyperplasia (BPH)</p> <ul style="list-style-type: none"> • Describe benign prostatic hyperplasia and its pathophysiology. • Explain its clinical features and complications. • Describe investigations and basic principles of management. <p>Prostate Cancer</p> <ul style="list-style-type: none"> • Describe prostate cancer and its risk factors. • Explain clinical features and staging of prostate cancer. • Describe investigations used in diagnosis of prostate cancer. • Discuss basic principles of management of prostate cancer.

S1-071	Scrotal and Testicular Swellings	<ul style="list-style-type: none"> • Describe causes of scrotal and testicular swellings. • Explain clinical features and evaluation of scrotal and testicular swellings.
		<ul style="list-style-type: none"> □ Describe basic principles of management of scrotal and testicular swellings.
S1-072	Bladder lesions	<ul style="list-style-type: none"> • Explain common bladder lesions, including cystitis, bladder stones, and bladder tumors. • Discuss the clinical presentation of bladder diseases (e.g., hematuria, dysuria, urinary frequency). • Explain the principles of diagnosis, including urine analysis, imaging, and cystoscopy. • Discuss basic management principles of bladder conditions, including medical and surgical approaches. • Identify potential complications of bladder diseases and their management.
Clinical Skills		
Code	Topic	Clinical Methods/Skills

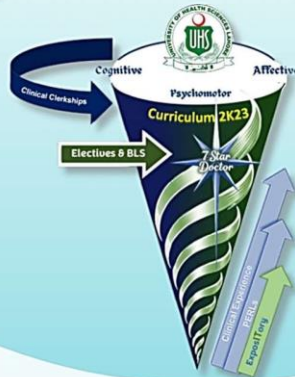
S1-073	Clinical skills-Urology	<ul style="list-style-type: none"> • Take focused history from patients with renal calculi, bladder lesions, enlarged prostate (BPH and prostate cancer), and scrotal/testicular swellings. • Perform physical examination of the abdomen, genitourinary system, prostate (digital rectal exam), and scrotum/testes. • Interpret laboratory investigations, including urinalysis, urine culture, and relevant blood tests. • Interpret imaging investigations, including ultrasound, X-ray KUB, CT scan, and cystoscopy. • Observe/assist in the operating theatre (OT) during urological procedures such as cystoscopy, bladder tumor resection, prostate surgery, and scrotal/testicular surgery.
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**Modular Integrated
Curriculum 2K23**
Final Version

SURGERY-II

Systemic Diseases



HEAD, FACE, AND NECK SURGERY

Theory

Code	Topics	Specific Learning Objectives
S2-001	Head injuries	<ul style="list-style-type: none"> • Outline the principles of management of head injuries. • Enlist the common complications of head injuries.
S2-002	Diseases of oral cavity	<ul style="list-style-type: none"> • Identify leukoplakia, erythroplakia, and oral lichen planus. • Outline the risk factors associated with these oral premalignant lesions. • Describe the clinical features of oral cavity malignancies. • Explain the investigations used for diagnosis and assessment. • Outline the staging systems for oral cavity cancers. • Discuss the treatment options, including surgical, radiotherapy, and multidisciplinary approaches • Discuss etiology, clinical features, investigations, and management of tongue ulcer
S2-003	Salivary gland disorders	<ul style="list-style-type: none"> <input type="checkbox"/> Differentiate benign and malignant diseases of parotid, submandibular, sublingual glands.
S2-004	Neck lumps	<ul style="list-style-type: none"> • Identify lymph node enlargements in the neck. • Differentiate common surgical causes of cervical lymphadenopathy. • Outline the principles of surgical evaluation of cervical lymph nodes. • Classify thyroid swellings. • Identify clinical features suggestive of benign and malignant thyroid disease. • Outline indications for surgical management of thyroid disorders. • Describe causes of parathyroid enlargement. • Recognize clinical features of hyperparathyroidism relevant
		<p>to surgery.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Outline indications for surgical management of parathyroid disease.

Clinical Skills		
Code	Topic	Clinical Methods/Skills
S2-005	Clinical examination- Head, face, and neck	<ul style="list-style-type: none"> • Take a focused history for oral/tongue ulcers and suspicious lesions. • Examine oral cavity, lips, and palate for lesions. • Examine salivary glands through inspection, palpation, and functional tests. • Perform head and neck lymph node examination. • Perform clinical examination of thyroid gland (inspection, palpation, auscultation). • Assist in biopsy specimens' collection and ensuring proper labeling. • Counsel patients about risk factors (tobacco, alcohol, poor oral hygiene).

BREAST SURGERY

Theory

Code	Topics	Specific Learning Objectives
S2-006	Surgical anatomy	<input type="checkbox"/> Describe surgical anatomy and lymphatic drainage of breast.
S2-007	Triple assessment	<ul style="list-style-type: none"> • Describe the signs and symptoms assessed during clinical examination of the breast in suspected malignancy. • Explain the role of imaging, including ultrasound and mammography, in breast evaluation. • Discuss tissue sampling techniques such as fine-needle aspiration and core biopsy for diagnosis.
S2-008	Benign breast diseases	<input type="checkbox"/> Tabulate benign breast diseases to compare clinical
		<p>presentation, common age group, investigations, and management for fibroadenoma, breast cysts, mastitis, and gynecomastia.</p>

S2-009	Malignant breast disease	<ul style="list-style-type: none"> Describe the clinical signs and symptoms of malignant breast disease. Explain the staging systems used for breast cancer. Discuss prognostic factors influencing outcomes. Outline the treatment options, including surgical, medical, and radiotherapy approaches. Outline indications and types of breast reconstruction. Identify features, staging, and treatment of male breast carcinoma.
S2-010	Nipple and areola diseases	<ul style="list-style-type: none"> Identify common nipple and areola pathologies, including eczema, duct ectasia, and Paget's disease. Describe the clinical features of these conditions. Outline management strategies for each pathology.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
S2-011	Clinical examination of breast	<ul style="list-style-type: none"> Demonstrate breast examination through inspection, palpation, and lymph node exam. Observe/assist in fine-needle aspiration cytology (FNAC) and core biopsy. Interpret mammography and ultrasound reports under supervision. Counsel patients regarding benign vs malignant breast conditions. Practice communication skills for delivering sensitive information. Follow OT protocols for breast surgery and specimen labeling.

THORACIC DISEASES

Theory

Code	Topics	Specific Learning Objectives
S2-012	Surgical Anatomy	<ul style="list-style-type: none"> □ Identify critical structures to preserve during thoracic surgery, such as the phrenic and vagus nerves, recurrent laryngeal nerves, major blood vessels, and the esophagus.
S2-013	Blunt and Penetrating Injuries	<ul style="list-style-type: none"> • Differentiate between blunt and penetrating injuries. • Outline initial assessment and stabilization. • Identify common complications and their basic management.
S2-014	Lung Abscess	<ul style="list-style-type: none"> • Enlist common causes and risk factors of lung abscess. • Describe clinical features and basic diagnostic approach. • Outline principles of medical and surgical management. • Identify possible complications and their prevention.
S2-015	Empyema Thoracis	<ul style="list-style-type: none"> • Enlist common causes and predisposing conditions of empyema. • Describe clinical presentation and diagnostic methods. • Outline principles of management, including drainage and supportive care. • Enlist the complications.
S2-016	Lung Tumors	<ul style="list-style-type: none"> • Describe the clinical features, diagnostic evaluation, and general management of common benign thoracic tumors. • Explain the staging, prognostic indicators, and treatment modalities for malignant thoracic tumors, including primary lung cancer and mediastinal

		<p>masses.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Outline the indications, operative techniques, and postoperative complications associated with lungresection procedures.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
S2-017	Respiratory system examination and surgical skills	<ul style="list-style-type: none"> • Perform a structured respiratory examination, including inspection, palpation, percussion, and auscultation. • Interpret findings on chest X-rays and CT scans relevant to common thoracic conditions. • Observe/Assist in thoracentesis and chest-drain insertion under supervision. • Observe and record key steps of bronchoscopy procedures. • Monitor post-thoracotomy care, including chest-drain function, pain control, and respiratory physiotherapy. • Counsel patients on smoking cessation and risks associated with lung cancer. • Follow ICU postoperative protocols for patients after thoracic surgery.

GASTROINTESTINAL SURGERY

Theory

Code	Topics	Specific Learning Objectives
S2-018	Surgical Anatomy	<ul style="list-style-type: none"> <input type="checkbox"/> Identify key structures that must be preserved during gastrointestinal surgery.

S2-019	Esophageal obstruction	<ul style="list-style-type: none"> • Enlist common benign and malignant causes of esophageal obstruction. • Describe clinical features and basic diagnostic approach. • Outline principles of surgical and non-surgical management • Identify possible complications and basic preventive measures. • Discuss causes, clinical signs, and surgical management of esophageal perforation.
S2-020	Peptic Ulcers	<ul style="list-style-type: none"> • Identify clinical features, diagnostic methods, complications, and treatment options. • Describe the role of H. pylori in gastritis and peptic ulcer disease.
S2-021	Gastric volvulus and perforation	<ul style="list-style-type: none"> • Diagnose gastric volvulus through clinical signs and imaging findings. • Describe the causes, presentation, and diagnosis of gastric perforation. • Plan the surgical management for gastric volvulus and perforation.
S2-022	Gastric tumors	<ul style="list-style-type: none"> • Explain classification, staging, prognosis, and surgical management. • Outline GIST, lymphomas, and benign gastric and duodenal tumors, with surgical relevance.
	Inflammatory bowel disease	<ul style="list-style-type: none"> □ Describe the anatomical involvement, pathological features, and complications of Crohn's disease

S2-023		<p>relevant to surgery.</p> <ul style="list-style-type: none"> • Discuss the diagnostic approaches, including imaging and endoscopic findings, that guide surgical decisionmaking. • Outline the indications, principles, and techniques of surgical management, including resection, stricturoplasty, and management of fistulas or abscesses.
S2-024	Tuberculosis	<ul style="list-style-type: none"> • Describe the clinical presentation and imaging features of intestinal tuberculosis. • Discuss surgical principles, including indications for resection or stricturoplasty.
S2-025	Diverticula	<ul style="list-style-type: none"> • Differentiate congenital (Meckel's) and acquired diverticula. • List the complications. • Discuss surgical management strategies for complicated diverticula.
S2-026	Intestinal Obstruction	<ul style="list-style-type: none"> • List the common causes of intestinal obstruction. • Define intussusception and volvulus. • Explain the pathophysiology of obstruction and potential progression to strangulation. • Identify key clinical features. • List the investigations required to reach the diagnosis. • Outline initial management including resuscitation, NG decompression, fluid and electrolyte replacement, and antibiotics. • Describe surgical indications. • List the complications.
S2-027	Stomas	<ul style="list-style-type: none"> • Describe types of stomas (ileostomy, jejunostomy) and indications. • List common complications and principles of stoma care.

S2-028	Fistulas	<ul style="list-style-type: none"> Identify causes and clinical presentation of enterocutaneous fistulas. Discuss diagnostic approaches and surgical management principles.
S2-029	Short Bowel Syndrome	<ul style="list-style-type: none"> Describe etiologies and nutritional consequences of short bowel syndrome. Outline medical, nutritional, and surgical management strategies.
S2-030	Small Intestinal Tumors	<ul style="list-style-type: none"> Differentiate benign (adenomas, lipomas) from malignant (adenocarcinoma, lymphoma, sarcoma) small intestine tumors. Discuss diagnostic workup and surgical management plan.
S2-031	Ulcerative colitis	<ul style="list-style-type: none"> Describe pathological features, extent of disease, and mucosal involvement. Describe clinical features, complications (toxic megacolon, bleeding), and indications for surgery. Outline the management plan including surgical options, including colectomy and ileal pouch-anal anastomosis.
S2-032	Vascular lesions	<ul style="list-style-type: none"> Diagnose angiodysplasia and ischemic colitis clinically and on imaging. Discuss plan of surgical and endoscopic management.
S2-033	Large Intestine Tumors	<ul style="list-style-type: none"> Differentiate benign polyps/adenomas from malignant adenocarcinoma. Discuss staging, prognosis, and surgical management options.
	Acute and chronic Appendicitis	<ul style="list-style-type: none"> Identify classical signs of acute appendicitis. Describe atypical presentations. Differentiate acute from chronic appendicitis based on symptom duration, severity, and presentation.

S2-034		
		<ul style="list-style-type: none"> • Outline differential diagnoses including mesenteric adenitis, Meckel's diverticulitis, gynecological, and urinary conditions. • List the investigations to reach diagnosis. • Identify complications of appendicitis.
S2-035	Appendix Tumors	<ul style="list-style-type: none"> • Differentiate benign (mucinous cystadenoma) and malignant (carcinoid, adenocarcinoma) tumors. • Describe surgical approaches and extent of resection based on tumor type and size.
S2-036	Appendectomy	<ul style="list-style-type: none"> • Outline indications for appendectomy in acute and chronic appendicitis. • Describe the steps of open and laparoscopic appendectomy. • List post-operative complications.
S2-037	Hemorrhoids	<ul style="list-style-type: none"> • Explain pathophysiology and classification. • Diagnose hemorrhoids based on clinical features, complications, and indications for surgery. • Outline the management plan.
S2-038	Anal Fissure	<ul style="list-style-type: none"> • Differentiate acute and chronic fissures. • Discuss conservative and surgical treatment (lateral internal sphincterotomy). • List complications and describe preventive strategies.
S2-039	Fistula-in-Ano	<ul style="list-style-type: none"> • Describe etiology and common classification (Park's classification). • Outline surgical plan including fistulotomy, seton placement, and sphincter preservation.

S2-040	Pilonidal Sinus	<ul style="list-style-type: none"> • Describe the clinical features and differentiate from sebaceous cyst, gluteal/perianal abscess, dermoid cyst. • List common complications. • Describe surgical management.
S2-041	Anal Canal Tumors	<input type="checkbox"/> Differentiate benign (papilloma, adenoma) and

		malignant tumors (squamous cell carcinoma, adenocarcinoma). <input type="checkbox"/> Discuss staging, prognosis, and surgical or oncological management options.
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Clinical Skills

Code	Topic	Clinical Methods/Skills
S2-042	Small Intestine	<ul style="list-style-type: none"> • Take detailed history for dyspepsia, hematemesis, and melaena. • Perform clinical examination for anemia, abdominal mass, and peritonitis. • Perform focused abdominal examination to assess obstruction, masses, and tenderness • Observe/assist in inserting nasogastric tube. • Counsel patients on H. pylori eradication therapy and lifestyle modifications. • Interpret imaging studies (X-ray, CT, enteroclysis) for small bowel obstruction and other small intestine lesions. • Observe/assist in biopsy procedures and ensure proper specimen handling and labeling. • Follow ICU and OT protocols in the management of small bowel emergencies.

S2-043	Large Intestine	<ul style="list-style-type: none"> • Take focused history for altered bowel habits, rectal bleeding, and abdominal pain. • Demonstrate thorough abdominal and per rectal examination, including digital rectal exam. • Interpret colonoscopy and barium enema findings. • Observe/assist in colonoscopy or biopsy procedures and ensure proper specimen labeling. • Assist in providing pre- and post-operative care for patients undergoing colectomy or other colorectal surgeries.
		<ul style="list-style-type: none"> <input type="checkbox"/> Counsel patients regarding IBD management, colorectal cancer, and lifestyle modifications. <input type="checkbox"/> Follow OT protocols for bowel preparation, sterile technique, and specimen handling
S2-044	Intestinal Obstruction	<ul style="list-style-type: none"> <input type="checkbox"/> Take focused history for bowel obstruction, including abdominal pain, vomiting, and constipation. <input type="checkbox"/> Perform abdominal examination to assess distension, peristaltic activity, and tenderness. Interpret imaging studies, including X-rays, for airfluid levels and obstruction patterns. <input type="checkbox"/> Observe/assist in NG tube insertion for decompression and monitor its effectiveness. <input type="checkbox"/> Assist in initiating IV fluid resuscitation and monitor electrolytes and hemodynamic status. <input type="checkbox"/> Observe/assist in laparotomy or other surgical interventions for intestinal obstruction. <input type="checkbox"/> Counsel patients and attendants regarding the risks and postoperative expectations of emergency surgery.

		<ul style="list-style-type: none"> <input type="checkbox"/> Follow ICU protocols for postoperative care, monitoring for complications, and early recognition of recurrence.
S2-045	Appendicitis	<ul style="list-style-type: none"> <input type="checkbox"/> Take focused history for acute abdominal pain suggestive of appendicitis. <input type="checkbox"/> Perform McBurney’s point tenderness, Rovsing’s sign, and Psoas sign. <input type="checkbox"/> Interpret imaging findings from ultrasound and CT to confirm diagnosis. <input type="checkbox"/> Observe/assist in open and laparoscopic appendectomy, ensuring safe operative technique. <input type="checkbox"/> Assist in post-operative care, including wound care and drain monitoring.
		<ul style="list-style-type: none"> • Counsel patients regarding the procedure, postoperative recovery, and follow-up. • Follow OT protocols and ensure proper specimen handling and labeling.

S2-046	Anal canal	<ul style="list-style-type: none"> • Take history for rectal pain, bleeding, discharge, or perianal swelling. • Perform clinical examination, including inspection, digital rectal exam, and proctoscopy. • Observe/assist in procedures such as hemorrhoid banding, sclerotherapy, and surgical hemorrhoidectomy. • Observe/assist in fistula-in-ano and pilonidal sinus surgeries, ensuring safe operative technique. • Assist in providing post-operative care, including wound care, dressing changes, and monitoring for complications. • Counsel patients on hygiene, diet, and long-term follow-up to prevent recurrence. • Ensure proper handling and labeling of surgical specimens for biopsy.
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HERNIA

Theory

Code	Topics	Specific Learning Objectives
S2-047	Hernia formation	<ul style="list-style-type: none"> • Explain the mechanical and biological processes that weaken the abdominal wall and lead to hernia formation. • Describe the rectus sheath, linea alba, inguinal canal, and weak areas important in hernia formation and repair.
S2-048	Inguinal hernia	<input type="checkbox"/> Identify the clinical signs and symptoms of inguinal hernia.

		<ul style="list-style-type: none"> • Differentiate between direct and indirect inguinal hernias. • Explain possible complications. • Describe surgical and non-surgical management.
S2-049	Femoral hernia	<ul style="list-style-type: none"> • Identify the clinical features of femoral hernia. • Explain the risks and potential complications associated with femoral hernia. • Describe the principles of surgical and non-surgical management.
S2-050	Ventral hernias	<ul style="list-style-type: none"> • Identify types of ventral hernias. • Describe the clinical features of each type of ventral hernia (umbilical, incisional, parastomal, and traumatic hernias). • Explain the risks and potential complications associated with ventral hernias. • Outline the principles of surgical management for ventral hernias.
S2-051	Peritonitis	<ul style="list-style-type: none"> • Enlist the etiology of peritonitis. • Outline the clinical features and diagnostic evaluation, including laboratory tests and imaging. • Outline the surgical and supportive management plan in acute peritonitis. • Discuss the prognosis and factors influencing patient outcomes in peritonitis. • Identify the major complications associated with untreated or severe peritonitis.
S2-052	Intraperitoneal abscess	<ul style="list-style-type: none"> • Describe the clinical presentation and common sites of intraperitoneal abscesses. • Describe the diagnostic role of laboratory tests and imaging modalities. • Explain the procedure of abscess drainage, including percutaneous and surgical approaches.

S2-053	Adhesions & torsion	<ul style="list-style-type: none"> • Explain the pathophysiology of intra-abdominal adhesions and torsion. • Describe the clinical presentation and complications associated with adhesions and torsion. • Plan the surgical management for adhesions and torsion.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
S2-054	Clinical examination of hernia	<ul style="list-style-type: none"> • Perform clinical examination of the abdominal wall and common hernia sites. • Examine groin of a patient to distinguish inguinal from femoral hernias through inspection, palpation, cough impulse, deep ring and femoral canal palpation, Valsalva maneuver, and assessment of reducibility. • Identify the signs of obstruction and strangulation during patient assessment. • Assist in open and laparoscopic hernia repair procedures. • Observe and assist in handling and fixing surgical mesh safely. • Counsel patients regarding elective versus emergency hernia surgery. • Follow operating theatre protocols, including proper handling of specimens from strangulated bowel.
S2-055	Peritonitis	<ul style="list-style-type: none"> • Perform abdominal examination for guarding, rigidity, ascites, masses. • Observe/assist in ascitic tap. • s in post-op care for peritonitis and septic patients in ICU.

PANCREAS

Theory

Code	Topics	Specific Learning Objectives
S2-056	Pancreatitis (acute and chronic)	<ul style="list-style-type: none"> Identify the major etiological factors contributing to pancreatitis. Explain the pathophysiological mechanisms leading to pancreatic inflammation. Identify the key clinical features and diagnostic criteria of pancreatitis. Outline essential investigations used to confirm diagnosis and assess severity. Discuss potential complications and their clinical implications. Plan medical and supportive management.
S2-057	Pancreatic cancer	<ul style="list-style-type: none"> Identify the major risk factors associated with pancreatic cancer. Describe its clinical presentation. Discuss the factors influencing prognosis in pancreatic cancer. Outline the main treatment modalities, including surgical, medical, and palliative options. Identify important neighbouring structures at surgical risk during pancreatic procedures.

Clinical Skills

Code	Topic	Clinical Methods/Skills
S2-058	Clinical skills-pancreatic diseases	<ul style="list-style-type: none"> Perform focused history-taking for abdominal pain, jaundice, and weight loss. Conduct abdominal examination to assess epigastric tenderness, masses, and ascites. Interpret CT and USG findings related to pancreatitis

		<p>and pancreatic tumors.</p> <ul style="list-style-type: none"> • Observe/assist in biopsy procedures and ensure accurate specimen labeling. • Manage the initial care of acute pancreatitis, including fluids, analgesia, and monitoring. • Assist in providing post-operative care for pancreatic surgery patients, with emphasis on drain monitoring and nutritional support. • Counsel patients regarding lifestyle modifications such as alcohol and smoking cessation in chronic pancreatitis.
SPLEEN		
Theory		
Code	Topics	Specific Learning Objectives
S2-059	Splenic trauma & rupture	<ul style="list-style-type: none"> • Identify the common mechanisms of splenic injury. • Identify the clinical features and complications associated with splenic trauma. • Outline investigations for diagnosis and assessment of splenic injury. • Describe the surgical and non-surgical management of splenic rupture.
S2-060	Splenomegaly & hypersplenism	<ul style="list-style-type: none"> • Identify the common causes and systemic effects of splenomegaly and hypersplenism. • Outline the appropriate investigations for diagnosis and assessment.

S2-061	Neoplasms	<ul style="list-style-type: none"> • Differentiate between benign and malignant tumors of the spleen based on clinical and pathological features. • Recognize the key diagnostic approaches, including imaging and laboratory evaluation. • Discuss the principles of management for splenic
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		neoplasms, including surgical options.
S2-062	Splenectomy	<ul style="list-style-type: none"> • List the common indications for splenectomy. • Identify the major structures at risk during splenic surgery. • Describe the surgical procedure and important operative considerations. • List the potential complications. • Describe overwhelming post-splenectomy infection (OPSI). • Outline preventive measures.

Clinical Skills

Code	Topic	Clinical Methods/Skills
S2-063	Clinical skills-splenic diseases	<ul style="list-style-type: none"> • Perform abdominal examination for splenomegaly. • Interpret USG and CT findings for splenic trauma, enlargement, or pathology. • Assist in providing initial care of splenic trauma. • Observe/assist in splenectomy and ensure proper specimen handling and labeling. • Counsel patients on appropriate vaccinations and preventive care post-splenectomy. • Follow ICU and OT protocols in the management of splenic emergencies.

GALLBLADDER AND BILE DUCTS

Theory		
Code	Topics	Specific Learning Objectives
S2-064	Cholelithiasis	<ul style="list-style-type: none"> Identify major risk factors contributing to gallstone development. Describe the common complications, including cholecystitis and choledocholithiasis.
S2-065	Acute and chronic cholecystitis	<ul style="list-style-type: none"> List common causes and risk factors of cholecystitis Describe clinical features and basic diagnostic evaluation Outline principles of medical and surgical management, including cholecystectomy Identify potential complications and basic preventive measures
S2-066	Cholecystectomy	<ul style="list-style-type: none"> Identify the indications for cholecystectomy. Describe the surgical anatomy relevant to cholecystectomy, including Calot's triangle and variations of the cystic duct and artery. Outline the steps of open and laparoscopic cholecystectomy. List intraoperative and postoperative complications. Identify key structures to preserve during cholecystectomy.
S2-067	Tumors of biliary tree	<ul style="list-style-type: none"> Differentiate between benign and malignant tumors of the biliary tree based on clinical and pathological features. Describe the staging systems and their relevance to prognosis and treatment planning. Discuss the principles of management, including surgical resection and palliative options.
Clinical Skills		

Code	Topic	Clinical Methods/Skills
S2-068	Clinical Skills - Gallbladder and Bile Duct Surgery	<ul style="list-style-type: none"> • Take focused history for biliary colic, jaundice, pruritus, and weight loss. • Perform abdominal examination to assess gallbladder disease and signs of obstructive jaundice. • Interpret imaging findings from USG, MRCP, and ERCP for biliary pathology. • Observe/assist in laparoscopic cholecystectomy and

		<p>ensure proper specimen handling.</p> <ul style="list-style-type: none"> • Assist in providing initial management for postcholecystectomy complications. • Counsel patients regarding gallstone prevention, lifestyle modifications, and risks of malignancy. • Follow OT and ICU protocols during management of obstructive jaundice and biliary surgery.
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LIVER

Theory

Code	Topics	Specific Learning Objectives
S2-069	Liver Trauma	<ul style="list-style-type: none"> • Enlist common causes and types of liver injury. • Describe clinical features and initial assessment (including hemodynamic status). • Outline principles of management, including conservative and surgical approaches. • Identify possible complications and basic preventive measures.

S2-070	Obstructive jaundice	<ul style="list-style-type: none"> • Diagnose obstructive jaundice based on clinical presentation and investigations. • List the investigations (LFTs, USG, MRCP, and ERCP) in diagnosis and evaluation. • Outline the management plan.
S2-071	Liver abscess	<ul style="list-style-type: none"> • Differentiate amoebic and pyogenic liver abscesses. • List the investigations to reach the diagnosis. • Outline the management plan.
S2-072	Hydatid disease	<ul style="list-style-type: none"> □ Explain the life cycle, clinical features, imaging findings, and surgical management of hydatid secondary disease.

S2-073	Liver malignancies	<ul style="list-style-type: none"> • Describe clinical features and basic diagnostic evaluation, including imaging and tumor markers. • Outline principles of surgical and non-surgical management • Identify potential complications and basic preventive measures
S2-074	Management principles	<ul style="list-style-type: none"> • Discuss the role of investigations such as LFTs, USG, CT, MRI, and tumor markers (AFP) in liver pathology. • Outline management principles, including indications for surgery, drainage, resection, and palliative care.

Clinical Skills

Code	Topic	Clinical Methods/Skills
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S2-075	Clinical examination-liver	<ul style="list-style-type: none"> • Take focused history for fever, jaundice, abdominal pain, and weight loss. • Perform abdominal examination to assess hepatomegaly, tenderness, and palpable masses. • Interpret imaging findings from USG and CT for liver abscesses, hydatid cysts, and tumors. • Observe/assist in percutaneous drainage of liver abscesses. • Observe/assist in surgical procedures for hydatid cyst removal and liver resection. • Counsel patients regarding prevention of hydatid disease and lifestyle modifications in liver malignancy. • Follow OT and ICU protocols for safe perioperative care in liver surgery.
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ORTHOPEDIC AND TRAUMA

Theory

Code	Topics	Specific Learning Objectives
S2-076	Bone Fractures and Complications	<ul style="list-style-type: none"> • Describe the types and classification of bone fractures. • Explain the pathophysiology and healing of fractures. • Discuss the clinical features, diagnosis, and complications of fractures. • Explain basic principles of fracture management, including conservative and surgical approaches.

S2-077	Injuries of Tendons and Bursae	<ul style="list-style-type: none"> • Describe common tendon and bursal injuries. • Explain their clinical presentation and evaluation. • Discuss principles of management, including conservative and surgical treatment.
S2-078	Arthritis	<ul style="list-style-type: none"> • Describe the types of arthritis affecting joints. • Explain clinical features, basic investigations, and radiological findings. • Discuss principles of medical and surgical management of arthritis.
S2-079	Spinal Trauma Spinal Deformities	<ul style="list-style-type: none"> • Describe types and mechanisms of spinal injuries. • Explain clinical features and neurological assessment. • Discuss imaging modalities used in spinal trauma. • Explain basic principles of management, including immobilization and surgery. • Describe common spinal deformities (scoliosis, kyphosis, lordosis). • Explain their clinical assessment and radiological evaluation. • Discuss management options, including conservative and surgical approaches.
S2-080	Bone and Cartilage Tumors Spinal Tumors	<ul style="list-style-type: none"> • Classify bone and cartilage tumors into benign and malignant. • Describe clinical features and basic diagnostic approach. • Discuss general principles of management and complications of bone and cartilage tumors. • Classify spinal tumors. • Describe clinical presentation and neurological signs. • Explain diagnostic approach, including imaging. • Discuss principles of management and potential complications.

S2-081	Medico legal aspects of trauma	See annexure-II (Forensic Medicine)
Clinical Skills		
Code	Topic	Clinical Methods/Skills
S2-082	Clinical skills-Orthopedics and trauma	<ul style="list-style-type: none"> • Take focused history from patients with bone fractures, tendon/bursa injuries, arthritis, bone/cartilage tumors, spinal trauma, spinal tumors, and spinal deformities. • Perform clinical examination, including inspection, palpation, range of motion, neurovascular assessment, and special tests for joints, bones, and spine. • Interpret X-rays of fractures, joint diseases, bone/cartilage tumors, and spinal deformities.

SURGICAL INSTRUMENTS

Cutting Instruments

- Scalpel handle with #10 blade
- Metzenbaum scissors
- Mayo scissors (curved/straight)

Tissue Handling / Grasping

- Adson forceps (with teeth)
- Debaquey forceps
- Allis forceps
- Babcock forceps
- Kocher (Ochsner) forceps

Hemostatic / Clamping Instruments

- Mosquito forceps
- Kelly forceps
- Crile forceps
- Rochester-Pean forceps

Needle Holders / Suturing

- Mayo-Hegar needle holder
- Olsen-Hegar needle holder

Retractors

- Senn retractor
- Army-Navy retractor
- Richardson retractor Suction / Irrigation
- Yankauer suction tip
- Poole suction tip

Other Essentials

- Towel clips
- Sponge holding forceps

Suture Needles

- Curved needle

- Straight needle

Common Sutures

- Absorbable: Vicryl, Dexon, Chromic catgut
- Non-absorbable: Nylon, Prolene, Silk

ANNEXURE-I

Transfusion Medicine for Undergraduate MBBS Students

Learning Objectives

By the end of the Rotation, the student will be able to:

1. Explain the principles of transfusion medicine, including types, indications, contraindications, and dosing of major blood components used in surgical practice.
2. Describe pre-transfusion requirements and safe transfusion procedures, including ABO/Rh typing, cross-match principles, consent, documentation, and perioperative transfusion protocols.
3. Classify transfusion reactions and explain their pathophysiology, covering acute and delayed reactions, clinical features, transfusion-transmissible infections, and preventive strategies.
4. Interpret laboratory data related to transfusion practice, including blood grouping reports, cross-match results, transfusion reaction work-up (DAT, LDH, bilirubin, coagulation profile), and outline evidence-based management steps.
5. Investigate and Recommend Corrective and Preventive Action of Transfusion Reactions

B. Psychomotor (Skills) Domain

By the end of the training, the student will be able to:

1. Perform correct bedside verification, including patient identity, blood unit details, and setting up equipment for safe administration of blood components.

2. Set up and administer blood transfusions safely, applying proper technique, aseptic measures, appropriate infusion rates, and completing necessary transfusion documentation.
3. Monitor patients during transfusion, accurately recording vital signs, identifying early signs of transfusion reactions, and collecting required samples for laboratory evaluation.
4. Interpret basic transfusion-related laboratory findings during clinical care, including recognizing incompatible blood group results, abnormal DAT, hemolysis markers, transfusion reaction reports (at least 5) and initiate appropriate first response actions (stop transfusion, maintain IV line, call senior, return samples/unit to blood bank).

Reference Material:

1. The administration of blood components: a British Society for Haematology Guideline
2. Guideline on the investigation and management of acute transfusion reactions, British Journal of Haematology 2023

Integrated Assessment Matrix

The assessment strategy for the Surgery Clerkship is aligned with the PMDC Competency-Based Medical Education (CBME) framework and the UHS Final Year Clerkship Framework. Assessment is continuous, workplace-based, and competency-focused, evaluating knowledge, clinical performance, procedural skills, professionalism, communication, and patient safety. The clerkship also requires completion of a clinical logbook, Mini-CEXs, DOPS, and documented clinical encounters.

A. Integrated Assessment Matrix

Competency Domain	Assessment Method	Assessment Tool	Timing	Weightage
Medical Knowledge	Written Assessment	MCQs,	End Rotation	High
Clinical Reasoning	Workplace-Based Assessment	Case-Based Discussion (CBD), Case Presentation	Weekly	High
Clinical Skills	Direct Observation	Mini-CEX	Throughout Rotation	High
Procedural Skills	Direct Observation	DOPS	Throughout Rotation	High
Surgical Skills	Objective Structured Clinical Examination	OSCE	Mid & End Rotation	High
Professionalism	Faculty Assessment	Professional Behaviour Checklist	Continuous	Moderate
Communication Skills	Direct Observation	Patient Counselling, Case Presentation	Continuous	Moderate
Patient Safety	Faculty Observation	OT Performance Checklist	Continuous	Moderate
Reflective Practice	Portfolio	Reflective Logbook	Continuous	Low
Teamwork & Leadership	Ward Performance	Multidisciplinary Team Evaluation	Continuous	Low

B. Formative Assessment

Assessment Activity	Frequency	Purpose
Mini-CEX	Minimum 5	Clinical history, examination and management
DOPS	Minimum 5	Direct assessment of procedural skills
Case-Based Discussion (CBD)	Weekly	Clinical reasoning and decision-making
Ward Performance Assessment	Weekly	Professional behaviour and teamwork
Case Presentation	Weekly	Diagnostic approach and communication
Journal Club	Once	Evidence-based surgical practice
Clinical Seminar	Once	Integration of knowledge

C. Summative Assessment

Component	Assessment Tool
Theory Examination	MCQs,
Clinical Examination	Long Case
Clinical Examination	Short Case
Practical Examination	OSCE
Viva Voce	Structured Viva
Logbook Assessment	Clerkship Logbook

D

E. Clinical Logbook Requirements

In accordance with the **UHS Clerkship Framework**, every student should complete:

Clinical Activity	Minimum Requirement
Indoor Cases	10
OPD Cases	12
Emergency Duties	10
Operation Theatre Notes	Throughout Rotation
Mini-CEX	05
DOPS	05
Reflective Entries	Weekly
Supervisor Verification	Mandatory

F. Assessment Blueprint

Learning Domain	Assessment Methods
Knowledge	MCQs,
Clinical Reasoning	CBD, Long Case, Short Case
Psychomotor Skills	OSCE, DOPS, Mini-CEX
Communication Skills	Mini-CEX, Viva, Counselling
Professionalism	Portfolio, Faculty Observation
Patient Safety	OT Assessment, Ward Assessment

G. Feedback and Continuous Quality Improvement (CQI)

Students will receive structured feedback through:

- Immediate feedback following Mini-CEX and DOPS.
- Weekly consultant and supervisor feedback during ward rounds.
- Individual feedback after case presentations.
- Mid-rotation formative review with faculty mentor.
- End-of-rotation performance review.
- Logbook and portfolio feedback.
- Student feedback regarding the clerkship to support Continuous Quality Improvement (CQI).

H. Alignment with PMDC Graduate Competencies

PMDC Graduate Attribute	Assessment Methods
Medical Expert	MCQs, Long Case, OSCE
Communicator	Mini-CEX, Viva, Patient Counselling
Collaborator	Ward Assessment, Team Evaluation
Leader	Case Presentation, Emergency Duties
Health Advocate	Counselling, Preventive Advice
Scholar	Journal Club, Portfolio
Professional	Faculty Observation, Logbook, Reflective Practice

Clinical Skills & Procedures Matrix

The Surgery Clerkship emphasizes the progressive acquisition of essential clinical and procedural skills. Students are expected to observe, assist, and where appropriate, perform procedures under direct faculty supervision while maintaining accurate documentation in the clinical logbook. This matrix is aligned with the UHS Final Year Clerkship requirements and PMDC competency framework.

A. Core Clinical Skills Matrix

Clinical Skill / Procedure	Observe	Assist	Perform Under Supervision	Assessment Method
Surgical history taking	✓	—	✓	Mini-CEX
General surgical examination	✓	—	✓	Mini-CEX
Abdominal examination	✓	—	✓	Mini-CEX
Breast examination	✓	—	✓	OSCE / Mini-CEX
Thyroid examination	✓	—	✓	Mini-CEX
Hernia examination	✓	—	✓	OSCE
Peripheral vascular examination	✓	—	✓	Mini-CEX
Musculoskeletal examination	✓	—	✓	OSCE
Neurological examination (surgical patient)	✓	—	✓	Mini-CEX

B. Ward Procedures

Procedure	Observe	Assist	Perform Under Supervision	Assessment
Surgical hand washing	✓	✓	✓	DOPS
Sterile gowning & gloving	✓	✓	✓	DOPS
Dressing of wounds	✓	✓	✓	DOPS
Suture removal	✓	✓	✓	DOPS
Drain care	✓	✓	✓	DOPS
Nasogastric tube insertion	✓	✓	✓	DOPS
Urinary catheterization	✓	✓	✓	DOPS
IV cannulation	✓	✓	✓	DOPS
Basic fluid management	✓	✓	✓	Mini-CEX

C. Emergency Skills

Skill	Expected Competency	Assessment Tool
Primary trauma survey (ABCDE)	Perform systematic assessment	Mini-CEX
Initial shock management	Recognize and stabilize	CBD
Acute abdomen assessment	Develop differential diagnosis	Mini-CEX

Skill	Expected Competency	Assessment Tool
Hemorrhage assessment	Initial management	CBD
Wound assessment	Appropriate wound management	DOPS
Burn assessment (TBSA estimation)	Calculate burn surface area	OSCE
Splint application	Immobilize fractures	DOPS
Basic Life Support (BLS)	Immediate resuscitation	Skills Assessment

D. Operating Theatre Competencies

Students should demonstrate competency in:

OT Competency	Level Expected
OT etiquette	Observe & Demonstrate
Surgical safety checklist	Participate
Patient positioning	Observe
Maintaining sterile field	Perform under supervision
Instrument identification	Demonstrate knowledge
Basic instrument handling	Assist
Retraction during surgery	Assist
Suturing techniques	Perform under supervision (Skills Lab/OT)
Knot tying	Perform under supervision

OT Competency	Level Expected
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Postoperative handling	specimen	Observe
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E. Specialty-Specific Clinical Exposure

Specialty	Essential Skills
General Surgery	Hernia, breast, thyroid, acute abdomen assessment
Orthopaedics	Fracture examination, splint application, neurovascular assessment
Urology	Catheterization, assessment of urinary retention, haematuria
Neurosurgery	Glasgow Coma Scale, neurological examination
Paediatric Surgery	Assessment of congenital anomalies and acute abdomen
Plastic & Burns	Burn assessment, wound care, dressing techniques
Cardiothoracic Surgery	Chest drain observation, postoperative monitoring

F. Minimum Procedural Competencies

Before completing the clerkship, every student should have documented supervised participation in:

- Comprehensive surgical history taking
- General physical examination
- Minimum 10 inpatient cases
- Minimum 12 outpatient cases
- Minimum 10 emergency duty encounters

- Participation in operating theatre procedures
- Surgical hand scrubbing and sterile techniques
- Wound dressing and drain care
- Urinary catheterization
- Nasogastric tube insertion
- IV cannulation
- Five Mini-CEX assessments
- Five DOPS assessments
- Reflective logbook entries

These minimum requirements are consistent with the UHS clerkship expectations for clinical logbooks and workplace-based assessment.

G. Clinical Skills Progression

Stage	Student Responsibility
Observe	Understand indications, contraindications, and procedural steps.
Assist	Participate under direct supervision while maintaining aseptic technique and patient safety.
Perform	Safely perform selected basic procedures under direct faculty supervision and document them in the clerkship logbook.

A graphic for Section 05. It features a blue semi-circle with a dark grey border and a drop shadow, containing the number '05' in a dark grey outline font. Below the semi-circle is a grey rectangular box with the word 'Section' written in a white, cursive font.

05

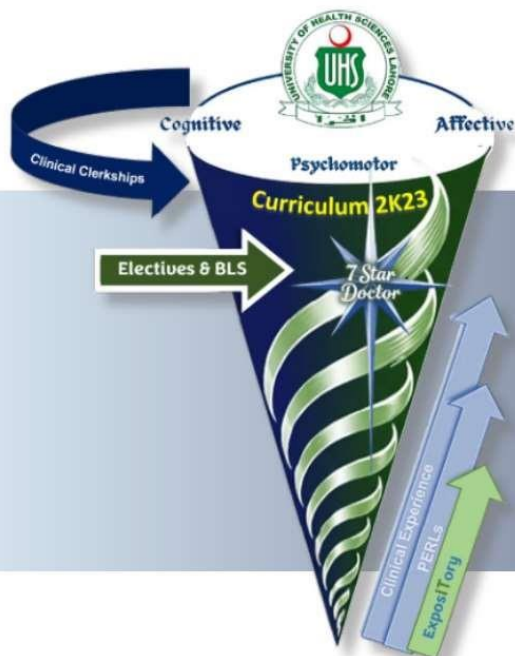
Section



Modular Integrated Curriculum 2K23

Final Version

GYNECOLOGY & OBSTETRICS CLERKSHIP



YEAR-05

Curriculum 2k23
Final Year MBBS Clerkship

GYNECOLOGY & OBSTETRICS CLERKSHIP

Learning Outcomes

By the end of the gynecology & obstetrics clerkship, a student will be able to:

- Identify common obstetric and gynecological diseases and their clinical presentations.
- Formulate differential diagnoses based on history and examination findings.
- Interpret relevant investigations to aid diagnosis and management.
- Outline the management plans for common Gynaecological and Obstetrics conditions, including emergencies.
- Counsel patients and families effectively on reproductive health, family planning, and preventive care.
- Apply ethical principles and demonstrate professionalism in patient care.
- Collaborate effectively within a healthcare team to provide comprehensive patient care.

Curriculum Dashboard

Component	Details
Programme	Final Year MBBS
Clerkship	Gynecology & Obstetrics
Duration	8 Weeks Clinical Rotation
Clinical Departments	Obstetrics, Gynecology, Labour Room, Antenatal Clinic, Postnatal Ward, Family Planning, Infertility Clinic, Neonatology, Anaesthesia, Radiology, Pathology
Major Themes	Antenatal Care, Labour & Delivery, High-Risk Pregnancy, Obstetric Emergencies, Gynecology, Reproductive Health, Women's Preventive Healthcare
Teaching–Learning Strategies	Bedside Teaching, Ward Rounds, OPD Clinics, Labour Room Posting, CBL, Simulation, OT Exposure, Seminars, SDL
Clinical Learning Areas	ANC Clinic, Labour Room, Gynecology Ward, OPD, OT, Emergency Unit, Neonatal Unit, Skills Laboratory
Assessment Methods	MCQs, SEQs, SBAQs, Long Case, Short Case, OSCE, Structured Viva, Clinical Logbook
Core Clinical Skills	Antenatal Examination, Labour Assessment, Partograph, Normal Vaginal Delivery, Pelvic Examination, Family Planning Counselling, CTG Interpretation
PMDC Competencies Addressed	Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, Professional
Professional Skills	Communication, Respectful Maternity Care, Ethics, Teamwork, Patient Safety, Infection Prevention
Learning Resources	UHS Final Year Curriculum, PMDC Competency Framework, Williams Obstetrics, Shaw's Textbook of Gynecology, WHO Safe Motherhood Guidelines
Expected Graduate Outcome	A competent graduate capable of providing safe, evidence-based, respectful obstetric and gynecological care, recognizing emergencies, promoting women's health, and working effectively within multidisciplinary healthcare teams.

Clerkship Description

The Gynecology & Obstetrics Clerkship provides comprehensive clinical exposure to women's health across the reproductive lifespan, encompassing antenatal, intrapartum, postpartum, gynecological, and reproductive healthcare. Students actively participate in outpatient clinics, labour room, operating theatres, emergency services, antenatal and postnatal wards under close faculty supervision.

The clerkship develops competencies in maternal and fetal assessment, normal and complicated labour, obstetric emergencies, common gynecological disorders, reproductive endocrinology, infertility, family planning, preventive women's healthcare, communication, professionalism, ethical practice, and evidence-based management while ensuring patient safety and respectful maternity care. It is structured according to the **UHS MBBS Curriculum 2K23** and PMDC competency framework.

3. Theme-wise Curriculum Mapping

Integrated Clinical Theme	Obstetrics	Gynecology	Reproductive Health	Integration Type
Antenatal Care	Physiological pregnancy, ANC, fetal assessment	Medical disorders in pregnancy	Health education, nutrition	Horizontal
Labour & Delivery	Normal labour, induction, operative delivery	Labour complications	Respectful maternity care	Horizontal
Obstetric Emergencies	PPH, eclampsia, obstructed labour, shock	Ectopic pregnancy	Emergency referral	Vertical
Gynecological Disorders	—	Fibroids, AUB, PID, ovarian cysts	Cervical screening	Horizontal
Reproductive Endocrinology	Pregnancy hormones	Menstrual disorders, menopause	Infertility	Horizontal
Family Planning	Postpartum contraception	Contraceptive methods	Population health	Horizontal
Diagnostic Evaluation	Obstetric ultrasound, CTG	Pelvic ultrasound, Pap smear	Laboratory investigations	Horizontal
Operative Care	Caesarean section, instrumental delivery	Hysterectomy, laparoscopy	Perioperative care	Vertical
Ethics & Professionalism	Consent, maternal rights	Confidentiality	Communication & counselling	Longitudinal

Integrated Clinical Theme	Obstetrics	Gynecology	Reproductive Health	Integration Type
Patient Safety	Safe motherhood	Infection prevention	WHO Safe Childbirth practices	Longitudinal

Weekly Clerkship Plan (8 Weeks)
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Week	Clinical Rotation Theme	Clinical Activities	Teaching–Learning Methods
Week 1	Introduction to Obstetrics & Antenatal Care	Orientation, antenatal clinic, booking examination, pregnancy assessment	Bedside teaching, interactive lectures, CBL
Week 2	Normal Labour & Delivery	Labour room posting, stages of labour, partograph, normal vaginal delivery	Clinical demonstrations, labour room teaching, simulation
Week 3	High-Risk Pregnancy	Hypertensive disorders, gestational diabetes, multiple pregnancy, fetal surveillance	Ward rounds, case discussions, bedside teaching
Week 4	Obstetric Emergencies	Postpartum haemorrhage, eclampsia, obstructed labour, ectopic pregnancy	Emergency drills, simulation, multidisciplinary case discussions
Week 5	General Gynecology	Abnormal uterine bleeding, fibroids, ovarian cysts, pelvic inflammatory disease	OPD clinics, bedside teaching, CBL
Week 6	Reproductive Medicine & Family Planning	Infertility, contraception, menopause, cervical screening	Clinics, seminars, counselling sessions
Week 7	Operative Obstetrics & Gynecology	Caesarean section, instrumental delivery, hysterectomy, laparoscopy	OT exposure, supervised observation, perioperative teaching
Week 8	Integrated Revision & Assessment	Integrated case presentations, mock OSCE, logbook review, end-rotation assessment	CPC, viva practice, OSCE stations

Longitudinal Themes Throughout the Clerkship

The following themes are reinforced during all eight weeks:

- Antenatal, intrapartum, and postpartum care
- Women's reproductive health across the lifespan
- Maternal and fetal safety
- Respectful maternity care
- Communication and counselling
- Professionalism and ethics
- Infection prevention and control
- Evidence-based obstetric and gynecological practice
- Teamwork and multidisciplinary care
- Clinical documentation and reflective practice

Clinical Learning Environments

Students will receive supervised clinical experience in:

- Antenatal Clinics
- Labour Room
- Postnatal Wards
- Gynecology Wards
- Gynecology Outpatient Clinics
- Family Planning Clinic
- Infertility Clinic
- Operating Theatres
- Emergency Obstetrics Unit
- Fetal Medicine/Ultrasound Unit
- Clinical Skills & Simulation Laboratory

Competency Mapping (PMDC Domains)

The Gynecology & Obstetrics Clerkship is mapped to the PMDC Competency Framework, ensuring that students develop competencies in women's health, pregnancy care, labour and delivery, gynecological disorders, reproductive health, communication, professionalism, and patient safety. The clerkship integrates learning across Obstetrics, Gynecology, Reproductive Medicine, Family Planning, Neonatology, Anaesthesia, Radiology, and Pathology.

A. PMDC Competency Mapping

PMDC Competency Domain	Integrated Competencies Achieved	Major Contributing Departments
1. Medical Knowledge	Explain the physiology and pathology of pregnancy, labour, puerperium, reproductive health, and common gynecological disorders, including their diagnosis and management.	Obstetrics, Gynecology, Reproductive Medicine
2. Patient Care & Clinical Skills	Perform antenatal assessment, obstetric and gynecological examination, monitor labour, recognize obstetric emergencies, interpret investigations, and formulate evidence-based management plans.	Obstetrics, Gynecology, Labour Room
3. Communication Skills	Communicate effectively with women and their families, provide counselling on pregnancy, contraception, infertility, breastfeeding, menopause, and obtain informed consent with respect and empathy.	Obstetrics, Gynecology, Family Planning
4. Professionalism & Ethics	Demonstrate ethical practice, confidentiality, respectful maternity care, cultural sensitivity, teamwork, and accountability in maternal and reproductive healthcare.	All Departments
5. Health Promotion & Disease Prevention	Promote antenatal care, safe motherhood, immunization during pregnancy, family planning, cervical cancer screening, breastfeeding, and reproductive health education.	Obstetrics, Community Medicine, Family Planning
6. Research & Evidence-Based Practice	Apply evidence-based obstetric and gynecological guidelines, interpret scientific literature, and participate in clinical audit and quality improvement initiatives.	Obstetrics, Gynecology, Radiology

PMDC Competency Domain	Integrated Competencies Achieved	Major Contributing Departments
7. Leadership & System-Based Practice	Function effectively within multidisciplinary maternal healthcare teams, utilize referral systems, prioritize emergencies, and contribute to patient safety and quality improvement.	Obstetrics, Labour Room, Anaesthesia

B. Competency Distribution by Department

Department	Knowledge	Clinical Skills	Communication	Professionalism	Patient Safety
Obstetrics	✓	✓	✓	✓	✓
Gynecology	✓	✓	✓	✓	✓
Labour Room	✓	✓	✓	✓	✓
Family Planning	✓	✓	✓	✓	✓
Infertility Clinic	✓	✓	✓	✓	✓
Neonatology	✓	✓	✓	✓	✓
Anaesthesia	✓	✓	✓	✓	✓
Radiology	✓	✓	—	✓	✓
Pathology	✓	—	—	✓	✓

C. Core Clinical Competencies

By the end of the clerkship, students should be able to:

- Obtain comprehensive obstetric and gynecological histories.
- Perform antenatal, abdominal, pelvic, and obstetric examinations appropriately.
- Assess fetal growth, fetal well-being, and maternal health.
- Monitor labour using a partograph.

- Recognize and initiate management of common obstetric and gynecological emergencies.
- Interpret obstetric ultrasound, CTG, and common laboratory investigations.
- Counsel women regarding contraception, infertility, menopause, breastfeeding, and reproductive health.
- Participate in normal vaginal deliveries and observe operative obstetric and gynecological procedures.
- Demonstrate infection prevention, patient safety, and respectful maternity care.
- Maintain accurate clinical documentation and clerkship logbook.

D. Graduate Attributes Addressed

The Gynecology & Obstetrics Clerkship develops graduates who are able to:

- Integrate biomedical sciences with clinical obstetric and gynecological practice.
- Provide safe, evidence-based, woman-centred healthcare.
- Recognize and manage common maternal and gynecological conditions.
- Demonstrate effective communication, empathy, professionalism, and ethical behaviour.
- Work collaboratively within multidisciplinary maternal healthcare teams.
- Promote maternal, newborn, and reproductive health through preventive and health promotion strategies.
- Apply evidence-based medicine and lifelong learning principles.

E. PMDC Graduate Domains Covered

Graduate Domain Level of Achievement

Medical Expert	✓ Extensive
Communicator	✓ Extensive
Collaborator	✓ Extensive

Graduate Domain Level of Achievement

Leader	✓ Moderate
Health Advocate	✓ Extensive
Scholar	✓ Moderate
Professional	✓ Extensive

F. Entrustable Professional Activities (EPAs)

By the end of the Gynecology & Obstetrics Clerkship, students should be able to perform the following under appropriate supervision:

1. Conduct a focused antenatal and gynecological history.
2. Perform obstetric abdominal examination and basic gynecological assessment.
3. Assess fetal well-being and monitor labour using a partograph.
4. Recognize and initiate management of obstetric and gynecological emergencies.
5. Interpret obstetric ultrasound reports, CTG, and routine laboratory investigations.
6. Assist in normal vaginal delivery and perioperative obstetric care.
7. Counsel women regarding antenatal care, contraception, breastfeeding, and reproductive health.
8. Document clinical encounters accurately and maintain the clerkship logbook.

This competency framework aligns the Gynecology & Obstetrics Clerkship with PMDC graduate outcomes and the UHS Final Year MBBS clerkship curriculum, ensuring graduates are prepared for supervised internship and safe clinical practice.

Teaching–Learning Matrix

The Gynecology & Obstetrics Clerkship utilizes competency-based, workplace-oriented teaching strategies to develop students' knowledge, clinical skills, communication, professionalism, and decision-making in women's health. Learning occurs in real clinical settings under faculty supervision and aligns with the UHS Final Year MBBS Curriculum and PMDC Competency Framework.

A. Teaching–Learning Matrix

Integrated Clinical Theme	Teaching–Learning Strategy	Learning Environment	Primary Departments	Expected Competencies
Antenatal Care	Bedside Teaching, Antenatal Clinics, Interactive Lectures	ANC Clinic, Obstetric Ward	Obstetrics	Pregnancy assessment, risk identification
Labour & Delivery	Labour Room Teaching, Demonstration, Simulation	Labour Room	Obstetrics	Labour monitoring, partograph interpretation, normal vaginal delivery
High-Risk Pregnancy	Case-Based Learning (CBL), Ward Rounds	High-Risk Obstetric Ward	Obstetrics	Clinical reasoning, management planning
Obstetric Emergencies	Emergency Drills, Simulation-Based Learning	Emergency Unit, Labour Room	Obstetrics	Recognition and initial management of obstetric emergencies
Gynecology	Bedside Teaching, Outpatient Clinics, Clinical Tutorials	Gynecology Ward & OPD	Gynecology	Assessment and management of common gynecological disorders
Family Planning & Reproductive Health	Counselling Sessions, Small Group Discussions	Family Planning Clinic	Family Planning	Contraceptive counselling, reproductive health education
Infertility & Menopause	Case Discussions, Clinical Demonstrations	Infertility Clinic	Gynecology	Clinical assessment and counselling

Integrated Clinical Theme	Teaching–Learning Strategy	Learning Environment	Primary Departments	Expected Competencies
Operative Obstetrics & Gynecology	Operating Theatre Teaching	Operating Theatre	Obstetrics & Gynecology	Perioperative care, surgical principles
Ultrasound & Diagnostic Imaging	Imaging Demonstrations	Ultrasound Unit	Radiology	Interpretation of obstetric ultrasound and pelvic imaging
Neonatal Care	Bedside Demonstration	Neonatal Unit	Neonatology	Immediate newborn assessment and referral

B. Student-Centred Learning Activities

Activity	Purpose
Bedside Teaching	Improve history taking, examination and patient management
Ward Rounds	Develop clinical reasoning and multidisciplinary care
Antenatal Clinics	Learn routine pregnancy assessment and counselling
Labour Room Posting	Observe and assist in labour management
Outpatient Clinics	Diagnose and manage common gynecological conditions
Operating Theatre Exposure	Understand operative obstetrics and gynecology
Case-Based Learning (CBL)	Integrate theory with clinical practice
Clinical Case Presentations	Enhance analytical thinking and communication
Simulation Sessions	Practice emergency obstetric management
Self-Directed Learning (SDL)	Encourage lifelong learning and evidence-based practice

C. Longitudinal Themes

The following themes are integrated throughout the clerkship:

- Respectful Maternity Care
- Professionalism and Medical Ethics
- Communication and Counselling Skills
- Patient Safety
- Infection Prevention and Control
- Evidence-Based Obstetric & Gynecological Practice
- Women's Health Advocacy
- Interprofessional Teamwork
- Leadership and Quality Improvement
- Reflective Practice and Lifelong Learning

D. Clinical Learning Settings

Students will receive supervised clinical exposure in:

- Antenatal Clinics
- Labour Room
- High-Risk Pregnancy Unit
- Postnatal Ward
- Gynecology Ward
- Gynecology Outpatient Clinics
- Family Planning Clinic
- Infertility Clinic
- Operating Theatres
- Emergency Obstetrics & Gynecology Unit
- Ultrasound Unit

- Neonatal Unit
- Clinical Skills & Simulation Laboratory

E. Learning Resources

- UHS MBBS Curriculum 2K23 (Final Year)
- PMDC Competency Framework
- Gynecology & Obstetrics Clerkship Manual
- Clinical Skills Laboratory
- Labour Room and Operating Theatre
- Antenatal & Gynecology Clinics
- Standard Textbooks (Williams Obstetrics, Shaw's Textbook of Gynecology, Ten Teachers)
- National Safe Motherhood Guidelines
- WHO Recommendations for Maternal and Newborn Care

F. Expected Learning Outcomes from Clinical Posting

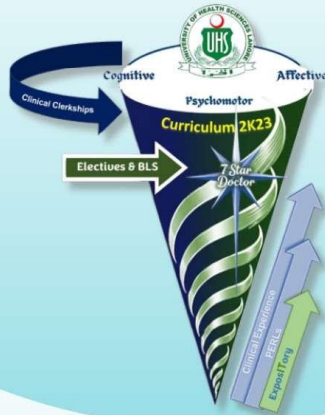
By the end of the clerkship, students should be able to:

- Perform comprehensive obstetric and gynecological history taking and examination.
- Monitor pregnancy and labour using standard clinical tools.
- Recognize and initiate management of obstetric and gynecological emergencies.
- Counsel women regarding pregnancy, contraception, infertility, menopause, and breastfeeding.
- Participate in labour room activities and operative procedures under supervision.
- Interpret common investigations including CTG, obstetric ultrasound, and laboratory tests.
- Demonstrate professionalism, empathy, ethical practice, and effective communication.
- Apply evidence-based principles in maternal and reproductive healthcare.



**Modular Integrated
Curriculum 2K23**
Final Version

GYNECOLOGY



BASICS OF FEMALE REPRODUCTIVE SYSTEM

Theory		
Code	Topic	Specific Learning Objectives
Gyn-001	Genitourinary development	<ul style="list-style-type: none"> Describe the embryological development of female genitourinary structures. Explain the process of sexual differentiation in early embryonic life. Identify common congenital anomalies resulting from Müllerian tract developmental disorders
Gyn-002	Female abdominal-pelvic anatomy	<ul style="list-style-type: none"> Identify the layers and boundaries of the abdominal and pelvic walls. Describe the blood supply, lymphatic drainage, and innervation of the pelvis and perineum. Identify key anatomical landmarks in the abdomen, pelvis, and perineum. Identify anatomical structures that are vulnerable during common gynecological surgical procedures.
Gyn-003	Normal puberty	<ul style="list-style-type: none"> Describe the hormonal regulation and physiological changes during puberty. Identify the sequence and timing of secondary sexual characteristics, including breast development, pubic and axillary hair growth, and menarche. Differentiate variations of normal puberty from abnormal puberty. Discuss psychosocial aspects and health implications associated with pubertal development.
Gyn-004	Precocious puberty	<ul style="list-style-type: none"> Define precocious puberty and differentiate between central and peripheral causes. Describe the hormonal and physiological mechanisms leading to early pubertal onset.

		<ul style="list-style-type: none"> Identify clinical features that suggest precocious puberty. Discuss investigations, including hormonal assays and imaging, to evaluate early puberty. Explain management strategies, including medical and psychosocial interventions. (integrate with Psychiatry)
Gyn-005	Delayed puberty	<ul style="list-style-type: none"> Define delayed puberty and distinguish between hypogonadotropic and hypergonadotropic causes. Describe the hormonal and physiological mechanisms underlying delayed onset of puberty. Identify clinical features indicative of delayed puberty. Discuss investigations, including hormonal and imaging studies, to determine the cause. Explain management strategies, including medical treatment and counseling.

Clinical Skills

Code	Topic	Clinical Methods/Skills
Gyn-006	Pelvic anatomy & surgical risk	<ul style="list-style-type: none"> Identify major pelvic organs, vessels, nerves, and relevant anatomical variations, including Müllerian anomalies (on anatomical models, diagrams, or imaging). Trace the course of the ureters, uterine arteries, and pelvic ligaments on models or simulators to identify structures at risk during gynecologic procedures.

MENSTRUAL CYCLE

Theory

Code	Topic	Specific Learning Objectives
NORMAL MENSTRUAL CYCLE		
Gyn-007	Physiology of menstrual cycle	<ul style="list-style-type: none"> Describe the hypothalamic–pituitary–ovarian (HPO) axis and the hormonal regulation of the menstrual cycle. Explain the phases of the menstrual cycle and correlate

		<p>hormonal changes with endometrial, cervical, and ovarian responses.</p> <ul style="list-style-type: none"> • Explain the physiology of ovulation, fertilization, implantation, and early pregnancy. • Describe the normal physiological variations in the menstrual cycle and interpret their clinical relevance, including conditions such as anovulation, luteal phase defects, and menopause.
MENSTRUAL DISORDERS		
Gyn-008	Abnormal uterine bleeding	<ul style="list-style-type: none"> • Describe the causes, pathophysiology, and clinical features of abnormal uterine bleeding. • List the relevant investigations for diagnosis. • Plan the management considering both medical and surgical options. • Describe patient counseling points regarding treatment choices, fertility implications, and follow-up.
Gyn-009	Dysmenorrhea	<ul style="list-style-type: none"> • Define dysmenorrhea, etiology, and its types. • List investigations to confirm the diagnosis. • Outline management strategies for symptom relief and fertility preservation, including medical and surgical options.
Gyn-010	Endometriosis, Adenomyosis	<ul style="list-style-type: none"> • Describe the etiology, pathophysiology, and common sites of endometriosis/adenomyosis. • Identify the clinical features of endometriosis/adenomyosis. • Describe the possible underlying mechanisms showing association of endometriosis with infertility. • Differentiate adenomyosis from other causes of abnormal uterine bleeding and pelvic pain. • Discuss the role of imaging and histopathology in diagnosis. • Outline management strategies, including medical and surgical options. • Explain patient counseling points regarding treatment options, symptom management, and fertility considerations.

Gyn-011	Amenorrhea	<ul style="list-style-type: none"> • Differentiate between primary and secondary amenorrhea List the aetiology. • List the relevant investigations to find out the cause. • Explain management strategies based on etiology and fertility considerations. • Describe patient counseling points regarding prognosis and psychosocial support. • Describe Asherman syndrome.
Gyn-012	Polycystic ovarian syndrome	<ul style="list-style-type: none"> • Describe the etiology and underlying pathophysiology of PCOS. • Diagnose PCOS based on the clinical manifestations and ultrasound criteria. • List differential diagnoses for hyperandrogenism and menstrual irregularities. • Outline management plan considering lifestyle modification, medical therapy, and fertility treatment.
Gyn-013	Postmenopausal bleeding	<ul style="list-style-type: none"> • Identify potential causes, emphasizing malignancy exclusion. • Establish the differential diagnosis based on signs and symptoms. • List the investigations to reach the diagnosis. • Plan the management including referral for surgical evaluation when indicated. • Describe patient counseling points regarding findings, treatment options, and follow-up care.
Gyn-014	Premenstrual syndrome (PMS)	<ul style="list-style-type: none"> • Describe clinical features, diagnostic criteria, and pathophysiology of PMS. • Explain the impact of symptoms on daily activities. • Plan the management. • Describe patient counseling points regarding symptom recognition, coping strategies, and treatment adherence.

PERIMENOPAUSE AND MENOPAUSE

Gyn-015	Menopause	<input type="checkbox"/> Define menopause and differentiate it from perimenopause and premature ovarian failure.
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		<ul style="list-style-type: none"> • Describe the physiological changes during menopause. • Identify clinical features. • List complications associated with menopause. • Outline investigations to evaluate menopausal status and exclude other causes of symptoms. • Plan management including lifestyle modifications, hormone replacement therapy (HRT), non-hormonal pharmacologic options, and preventive care. • Describe patient counseling points on symptom management, long-term health risks, and healthy aging strategies.
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Clinical Skills

Code	Topic	Clinical Methods/Skills
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Gyn-016	Gynaecological history	<p>Take a structured gynecological history covering:</p> <ul style="list-style-type: none"> • Patient's biodata. • Presenting complaint: onset, duration, severity, and progression of symptoms • Menstrual history: age of menarche, cycle regularity, flow, LMP, pattern of bleeding, amount of blood loss, intermenstrual/postcoital bleeding, period related pain, and medications. • Vaginal discharge: amount, colour, odour, presence of blood. • Cervical screening. • Obstetric history: pregnancies, outcomes, complications, and fertility issues • Gynecological symptoms: abnormal bleeding, pelvic pain, vaginal discharge dyspareunia • Sexual and contraceptive history: sexual activity, contraception, STIs, fertility desires • Past gynecological and surgical history • Relevant medical, family, drug, and allergy history • Social and lifestyle factors influencing reproductive health • Psychosocial factors affecting menstrual or reproductive well-
		<p>being</p> <p>Demonstrate professional, empathetic, and culturally sensitive communication throughout the history-taking process.</p>

Gyn-017	Abdominopelvic examination	<p>Perform a systematic abdominal and pelvic examination through following methods:</p> <ul style="list-style-type: none"> • Inspect to assess abdominal contour, scars, masses, perineal and external genitalia • Palpate abdominal organs, pelvic masses, uterine size, adnexal tenderness • Percuss to assess organ size and fluid collections • Auscultate for bowel sounds and vascular bruits • Observe/assist in speculum examination for visualization of vagina and cervix, collection of samples if indicated • Observe/assist bimanual pelvic examination for uterine position, size, mobility, adnexa. • Identify important anatomical landmarks and structures relevant to gynecologic assessment • Demonstrate proper technique ensuring patient comfort, privacy, and cultural sensitivity
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GENITAL INFECTIONS

Theory

Code	Topic	Specific Learning Objectives
LOWER GENITAL TRACT INFECTIONS		
Gyn-018	Vulvovaginal candidiasis	<ul style="list-style-type: none"> • Describe the etiology, risk factors, and pathophysiology. • Identify clinical features. • List differential diagnoses • Select appropriate investigations. • Outline management strategies and preventive measures.
Gyn-019	Trichomonas	<ul style="list-style-type: none"> □ Describe the etiology, transmission, and pathophysiology.

	vaginalis infection	<ul style="list-style-type: none"> • Identify signs and symptoms. • List investigations to confirm diagnosis. • Outline management plan.
Gyn-020	Bacterial vaginosis	<ul style="list-style-type: none"> • List the etiology of bacterial vaginosis. • Identify clinical features and list differential diagnoses. • Outline management plan.
Gyn-021	Gonorrhoea	<ul style="list-style-type: none"> • Describe the etiology, transmission, and complications. • Identify clinical features. • List differential diagnoses. • Outline investigations and management plan.
Gyn-022	Genitourinary chlamydia	<ul style="list-style-type: none"> • Describe the modes of transmission of Chlamydia trachomatis with the characteristic clinical features. • Identify asymptomatic presentation and its clinical significance. • Explain potential complications. • List appropriate diagnostic tests. • Outline recommended antibiotic treatment regimens and partner therapy.
Gyn-023	Genital Herpes Simplex	<ul style="list-style-type: none"> • Name the causative agents and describe mode of transmission. • Describe the typical clinical features. • Differentiate genital herpes from other causes of vulvar ulcers. • Identify appropriate diagnostic methods. • Outline the principles of management for primary, recurrent, and suppressive therapy. • Discuss complications in pregnancy and summarize recommendations for delivery planning in women with active lesions.

Gyn-024	Human Papillomavirus (HPV) Infection	<ul style="list-style-type: none"> • Describe the types of HPV and modes of transmission. • Identify the clinical manifestations, including genital warts and asymptomatic infection. • Explain the natural history of HPV infection and its role in cervical dysplasia and cervical cancer. • Identify appropriate screening methods.
		<ul style="list-style-type: none"> □ Outline preventive strategies.
Gyn-025	Syphilis	<ul style="list-style-type: none"> • Describe the modes of transmission of syphilis. • Identify the clinical features. • Discuss available diagnostic tests and their interpretation. • Outline treatment options. • Describe potential complications of untreated syphilis in women.
Gyn-026	Urinary Tract Infection (UTI) in Women	<ul style="list-style-type: none"> • Describe the etiology and pathophysiology of UTIs in women. • List risk factors for lower and upper urinary tract infections. • Identify the typical clinical features. • Differentiate UTIs from lower genital tract infections presenting with similar symptoms. • List appropriate investigations for diagnosis. • Outline management strategies. □ Discuss potential complications.
UPPER GENITAL TRACT INFECTIONS		

Gyn-027	Pelvic inflammatory disease	<ul style="list-style-type: none"> • Describe the etiology including common causative organisms and pathophysiology of PID. • Diagnose based on signs, symptoms, and lab findings. • List the differential diagnosis. • List the appropriate investigations for a definitive diagnosis. • Outline management strategies, including outpatient versus inpatient antibiotic therapy, surgical intervention when necessary, and supportive care. • Describe patient counseling points regarding sexual transmission, partner treatment, prevention of recurrence, and potential complications (infertility, chronic pelvic pain, ectopic pregnancy). • Discuss the complications if left untreated.
Clinical Skills		
Code	Topic	Clinical Methods/Skills

Gyn-028	Clinical examination for genitourinary infections	<ul style="list-style-type: none"> • Perform pelvic examination under supervision and observe/assist in collecting swabs (vaginal, endocervical) while keeping the patient comfortable and informed. • Counsel the patient regarding treatment of genitourinary infection including medicine use, partner treatment (when needed), abstinence until treatment is completed, hygiene, and when to return. • Maintain respectful, non-judgmental communication, protect privacy, and reassure the patient. • Demonstrate how to explain the correct use of antifungal treatment to the patient, including where and how the medicine is applied/taken with appropriate counseling points.
CONTRACEPTION		

Theory		
Code	Topic	Specific Learning Objectives
Gyn-029	Barrier methods of contraception	<ul style="list-style-type: none"> Describe methods of natural contraception with success and failure rate. Classify the types of barrier methods. Explain the mechanism of action, effectiveness, advantages, and limitations. Identify contraindications and common issues.
Gyn-030	Hormonal contraception	<ul style="list-style-type: none"> Describe combined hormonal contraceptives, progestin-only pills, injectables, implants, patch, and vaginal ring. Explain mechanisms of action, effectiveness, advantages, and side effects. Identify contraindications and special considerations.
Gyn-031	Intrauterine contraception	<ul style="list-style-type: none"> Classify intrauterine devices (IUDs). Explain mechanism of action, effectiveness, advantages, complications, and follow-up requirements. Identify indications and contraindications.
Gyn-032	Emergency contraception	<ul style="list-style-type: none"> Describe types of emergency contraception. Explain timing, effectiveness, and indications for use. Identify situations requiring follow-up.
Gyn-033	Sterilization	<ul style="list-style-type: none"> Describe female sterilization and male sterilization. Explain mechanism, effectiveness, indications, and complications. Discuss irreversible nature and need for informed consent.
Clinical Skills		
Code	Topic	Clinical Methods/Skills

Gyn-034	Clinical assessment and counseling in contraceptive care	<ul style="list-style-type: none"> • Take a focused contraceptive history, including previous methods, preferences, menstrual pattern, sexual activity, and medical conditions. • Narrate proper use of hormonal methods and guide patients on adherence, missed doses, and side effects. • Demonstrate counseling about IUD insertion, post-insertion care, and warning signs. • Counsel regarding emergency contraception use, including timing, effectiveness, and follow-up if menstruation is delayed. • Demonstrate counseling about permanent contraception (tubal ligation, vasectomy), highlighting irreversible nature, postprocedure care, and follow-up. • Counsel all patients respectfully and non-judgmentally about method choice, side effects, adherence, partner involvement, and safe sex practices. • Maintain patient privacy, comfort, and cultural sensitivity during history-taking, demonstration, and counseling.
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SUBFERTILITY

Theory

Code	Topic	Specific Learning Objectives
Gyn-035	Female subfertility	<input type="checkbox"/> Define female subfertility and distinguish it from infertility.

		<ul style="list-style-type: none"> • Enlist and describe causes. • Explain the role of investigations such as hormonal assays, ultrasound, hysterosalpingography (HSG), hysteroscopy, and laparoscopy. • Discuss basic management strategies including artificial reproductive techniques (ART). • Explain patient counseling points.
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Gyn-036	Male subferlity	<ul style="list-style-type: none"> • Define male subfertility and distinguish it from infertility. • Enlist the causes leading to male subfertility. • Explain indications and interpretation of investigations: semen analysis, hormonal assays, scrotal ultrasound, and genetic tests. • Describe normal semen parameters and clinical significance of abnormal results. • Discuss basic management strategies. • Explain counseling points.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
Gyn-037	Female Subfertility- History & Examination	<ul style="list-style-type: none"> • Take history related to subfertility: occupation, length of time spent trying to conceive, menstrual pattern, ovulatory symptoms, sexual history, past pregnancies, contraception, previous history of pelvic inflammatory disease, fertility treatment, surgeries, and systemic illnesses, cervical smear history, screen for history of thyroid disorders. • Perform abdominal and bimanual pelvic examination to assess: <ul style="list-style-type: none"> <input type="checkbox"/> Uterine size and tenderness <input type="checkbox"/> Adnexal masses or tenderness <input type="checkbox"/> Pelvic organ mobility <input type="checkbox"/> Signs of endometriosis or pelvic infection • Maintain privacy, dignity, and cultural sensitivity during historytaking and examination.
		<input type="checkbox"/> Communicate empathetically and non-judgmentally

Gyn-038	Male Subfertility- History & Examination	<ul style="list-style-type: none"> • Take history related to subfertility: Occupation, length of time spent trying for pregnancy, fathered any previous pregnancies, history of mumps, measles, testicular trauma, medical and surgical history. • Perform testicular examination for testicular volume, consistency, masses, absence of vas deferens, varicocele, evidence of surgical scars.(Surgery)
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PROBLEMS IN EARLY PREGNANCY

Theory

Code	Topic	Specific Learning Objectives
Gyn-039	Ectopic pregnancy	<ul style="list-style-type: none"> • Describe the risk factors, common sites, and pathophysiology of ectopic pregnancy. • Identify key clinical features. • Differentiate ectopic pregnancy from other causes of early pregnancy bleeding and acute abdomino-pelvic pain. • Interpret essential investigations: urine/serum β-hCG, transvaginal ultrasound findings, and discriminatory zone concepts. • Outline management options: expectant, medical, and surgical approaches. • Describe the complications of ectopic pregnancy. • Explain counseling points regarding fertility impact, recurrence risk, and follow-up with serial β-hCG.
Gyn-040	Gestational trophoblastic disorders (GTD)	<ul style="list-style-type: none"> • Classify Gestational Trophoblastic Disorders. • Describe the risk factors of molar pregnancy and other GTDs. • Identify clinical features. • Interpret investigations: β-hCG levels, transvaginal ultrasound findings, chest imaging, and staging criteria.

		<ul style="list-style-type: none"> • Outline management options. • Discuss post-treatment surveillance, including β-hCG monitoring, contraception advice, and recurrence risk. • Describe the complications.
Gyn-041	Miscarriage	<ul style="list-style-type: none"> • Define miscarriage and classify types. • List the causes and risk factors. • Tabulate the clinical presentation and ultrasound findings of each type of miscarriage. • List appropriate investigations. • Outline management strategies including expectant, medical, surgical, and counselling services. • Explain potential complications.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
Gyn-042	Clinical assessment of ectopic pregnancy	<ul style="list-style-type: none"> • Take history in patients with early pregnancy bleeding or abdominopelvic pain. • Perform abdominal and pelvic examination to assess for tenderness, adnexal mass, and signs of peritoneal irritation. • Interpret β-hCG results and transvaginal ultrasound findings in early pregnancy. • Observe/assist in emergency assessment and stabilization of patients with suspected ectopic pregnancy. • Counsel regarding options, fertility implications, and follow-up with serial β-hCG.
Gyn-043	Clinical assessment of miscarriage	<ul style="list-style-type: none"> • Take history of bleeding, pain, and prior pregnancy outcomes in a patient suspected of miscarriage. • Perform abdominal and pelvic examination to identify uterine size, tenderness, and passage of products. • Interpret ultrasound findings for different types of miscarriage. • Counsel patient empathetically about the warning signs and

		follow-up.
BENIGN AND MALIGNANT DISEASES OF OVARY, UTERUS, AND CERVIX		
Theory		
Code	Topic	Specific Learning Objectives
Gyn-044	Benign diseases of ovary	<ul style="list-style-type: none"> • Classify common benign ovarian tumors based on the causes. • Describe risk factor and typical age distribution. • Identify clinical features. • List differential diagnoses of a pelvic mass. • List appropriate investigations. • Outline management plan. • Explain potential complications.
Gyn-045	Benign diseases of uterus	<p>Uterine fibroids</p> <ul style="list-style-type: none"> • Define uterine fibroids and classify them based on location. • Describe risk factors, pathophysiology, and epidemiology. • Identify common clinical features and complications. • List differential diagnoses. • List appropriate investigations to confirm diagnosis. • Outline management strategies including medical, surgical, and conservative approaches. • Discuss implications for fertility and pregnancy outcomes. <p>Endometrial polyps</p> <ul style="list-style-type: none"> • Describe the structure and histology of endometrial polyps. • Identify risk factors and causes of endometrial polyps. • List common signs and symptoms. • Select appropriate investigations to diagnose polyps. • Explain indications for removal of endometrial polyps. • Discuss potential complications and outcomes of untreated polyps. • Discuss implications for fertility and pregnancy outcomes.

Gyn-046	Benign diseases of cervix	Cervical ectropion
		<ul style="list-style-type: none"> Define cervical ectropion and describe its pathophysiology. Identify risk factors and common causes. List clinical features and appropriate investigations. Plan the management and list potential complications and follow-up requirements. <p>Cervical stenosis</p> <ul style="list-style-type: none"> Define cervical stenosis and describe its pathophysiology. Identify causes, including congenital, post-surgical, or post-radiation. List clinical features. Select appropriate investigations. Outline management strategies and discuss potential complications and implications for fertility.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
Gyn-047	Clinical assessment for benign gynecological disorders	<ul style="list-style-type: none"> Take a focused gynecological and reproductive history, including menstrual pattern, bleeding, pain, infertility, and prior procedures. Perform abdominal and bimanual pelvic examination to assess uterine size, contour, adnexal masses, tenderness, and cervical changes. Perform speculum examination for cervical assessment when indicated. Interpret relevant imaging or diagnostic findings, including ultrasound, MRI, hysteroscopy, and Pap smear/colposcopy. Counsel patient regarding management options, potential complications, fertility implications, and follow-up.

Gyn-048	Malignant ovarian tumours (Epithelial ovarian cancer, sex cord stromal tumours, germ cell tumours)	<ul style="list-style-type: none"> • Classify malignant ovarian tumors based on cell origin. • Describe risk factors, pathophysiology, and epidemiology. • Identify common clinical features and warning signs. • List differential diagnoses for ovarian masses.
		<ul style="list-style-type: none"> • Select appropriate investigations, including tumor markers, imaging, and biopsy. • Outline management strategies, including surgical, chemotherapeutic, and palliative options. • Discuss prognosis, complications, and follow-up requirements.
Gyn-049	Endometrial cancer	<ul style="list-style-type: none"> • Describe endometrial hyperplasia and its types. • Describe the etiology and pathophysiology of endometrial cancer. • Identify risk factors and common clinical features. • Select appropriate investigations for diagnosis. • Explain the FIGO staging system and interpret staging criteria. • Outline management strategies for each stage, including surgical options and conservative approaches when indicated. • Describe adjuvant treatment modalities. • Discuss prognosis, potential complications, and follow-up care.
Gyn-050	Premalignant disease of cervix	<ul style="list-style-type: none"> • Define premalignant cervical lesions and classify them. • Describe risk factors and pathophysiology, including HPV infection and other contributing factors. • Identify clinical features. • Select appropriate investigations (PAP smear/ liquid based cytology, visual inspection with acetic acid, colposcopy). • Plan management based on lesion grade. • Discuss follow-up protocols, screening guidelines, and prevention strategies. • Describe potential progression to invasive cervical cancer and complications.

Gyn-051	Malignant disease of cervix	<ul style="list-style-type: none"> • Describe risk factors and pathophysiology. • Describe clinical presentation. □ Select appropriate investigations for diagnosis and staging. • Explain staging and prognosis of cervical cancer (FIGO). • Outline management strategies. • Discuss prognosis, complications, and follow-up protocols.
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Clinical Skills

Code	Topic	Clinical Methods/Skills
Gyn-052	Clinical assessment for malignancies	<ul style="list-style-type: none"> • Take a focused gynecological history, including symptoms such as abnormal bleeding, pelvic/abdominal pain, bloating, menstrual changes, infertility, and relevant risk factors or family history. • Perform abdominal, bimanual, and speculum examinations to assess for pelvic masses, uterine enlargement, cervical lesions, tenderness, or nodal involvement. • Interpret relevant investigations. • Demonstrate counseling skills regarding diagnosis, management options, follow-up care, prognosis, and fertility implications where relevant.

VULVOVAGINAL DISORDERS

Theory

Code	Topic	Specific Learning Objectives
Gyn-053	Bartholin Gland Cyst / Abscess	<ul style="list-style-type: none"> • Describe the anatomy, etiology, and pathophysiology. • Recognize clinical features and differentiate cyst from abscess. • List diagnostic methods. • Outline management options, including conservative care, incision and drainage, and marsupialization. • Discuss patient counseling regarding recurrence prevention and

		follow-up.
Gyn-054	Vulval intraepithelial neoplasia (VIN)	<ul style="list-style-type: none"> • Define VIN. • Identify the risk factors and clinical features. • Outline diagnostic methods. • Discuss management principles and follow-up.
Gyn-055	Vulvar squamous cell carcinoma	<ul style="list-style-type: none"> • Describe epidemiology, risk factors, and clinical presentation. • Outline diagnostic workup and staging. • Discuss treatment principles and follow-up.

Clinical Skills

Code	Topic	Clinical Methods/Skills
Gyn-056	Clinical assessment of vulvovaginal disorders	<p>Take a focused history from a female patient presenting with vulvovaginal complaints, including:</p> <ul style="list-style-type: none"> • Nature, duration, and severity of symptoms (pruritus, discharge, pain, bleeding). • Menstrual, sexual, obstetric, and medical history relevant to vulvovaginal disorders. • Medication use, hygiene practices, and prior infections. <p>Perform a systematic vulvar examination for:</p> <ul style="list-style-type: none"> • Skin changes such as erythema, lichenification, lesions, warts, ulcers. • Swelling or masses. • Signs of atrophy or inflammation <p>Observe/assist in a speculum examination to inspect the vagina and cervix safely.</p> <p>Assist in collection of appropriate specimens (vaginal swabs, endocervical swabs) for laboratory investigation.</p> <p>Demonstrate proper infection control and patient comfort measures, including:</p> <ul style="list-style-type: none"> • Hand hygiene and use of gloves. • Ensuring patient privacy, consent, and comfort during examination.

UROGYNAECOLOGY		
Theory		
Code	Topic	Specific Learning Objectives
Gyn-057	Urinary incontinence	<ul style="list-style-type: none"> • Define urinary incontinence and classify its types. • Describe the pathophysiology and common causes. • Describe typical symptoms and clinical features. • List key investigations including urinalysis, urine culture, post-void residual. • Describe basic management strategies. • Discuss preventive measures.
Gyn-058	Pelvic organ prolapse	<ul style="list-style-type: none"> • Define pelvic organ prolapse. • Classify prolapse according to affected compartment. • Describe pathophysiology and risk factors. • Identify clinical features and symptoms. • Outline steps of clinical evaluation. • List relevant investigations. • Describe grading systems for prolapse severity. • Outline management strategies (conservative and surgical). • Discuss preventive measures.
Clinical Skills		
Code	Topic	Clinical Methods/Skills

Gyn-059	History and examination of urogynaecological disorders	<p>Take a focused urogynaecological history, including urinary, prolapse, bowel, and sexual symptoms.</p> <p>Perform a systematic pelvic examination to assess:</p> <ul style="list-style-type: none"> • Urethral support and bladder neck mobility • Presence and compartment of prolapse (anterior, posterior, apical) • Signs of urinary or fecal dysfunction <p>Demonstrate simple bedside evaluation of urinary incontinence</p>
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		<p>(cough stress test, post-void residual assessment).</p> <p>Instruct on pelvic floor muscle exercises for both UI and POP.</p> <p>Demonstrate correct urine sample collection for urinalysis and culture.</p> <p>Observe/assist in pessary fitting and provide patient counseling where indicated.</p> <p>Communicate respectfully and non-judgmentally with patients regarding diagnosis, management options, and preventive measures.</p>
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GYNAECOLOGICAL SURGERIES

Theory

Code	Topic	Specific Learning Objectives
Gyn-060	Infection prevention techniques	<ul style="list-style-type: none"> • Explain the principles of asepsis and their importance in preventing surgical site infections. • Describe the steps of hand washing, scrubbing sequence, and duration according to standard protocols. • Differentiate between closed and open gloving techniques and identify common breaches and necessary precautions. • Discuss the role of pre-operative area preparation, including sterilization procedures and use of prophylactic antibiotics. • Outline the essential components of pre-operative, intra-operative, and post-operative care. • Discuss the importance of maintaining sterility during wound handling and parenteral drug administration.

Gyn-061	Pre and post op care of patient & dealing with specimen	<ul style="list-style-type: none"> • Describe WHO safety checklist relevant to pre, intra- and post-operative surgery. • Explain the principles and importance of universal precautions for infection prevention and control. • Interpret relevant postoperative investigations and analyze findings to recognize normal and abnormal postoperative courses.
Gyn-062	Common surgical procedures as (endometrial	<ul style="list-style-type: none"> □ Explain the fundamental principles of basic surgical skills relevant to obstetrics and gynecology.

	sampling dilatation and curettage, laparoscopy, hysteroscopy, colposcopy and hysterectomy)	<ul style="list-style-type: none"> • Explain the regional anatomical structures and their clinical importance in performing common obstetric and gynecological procedures • Outline the sequential steps of commonly performed procedures in obstetrics and gynecology. • Discuss potential complications, their prevention, and management strategies
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Clinical Skills

Code	Topic	Clinical Methods/Skills
Gyn-063	Gynaecological surgeries	<p>Identify relevant regional anatomical structures and their clinical significance for each procedure.</p> <p>Observe/assist in proper patient positioning, preparation, and surgical procedure for endometrial sampling/D&C, laparoscopy, hysteroscopy, colposcopy, hysterectomy in OT.</p> <p>Identify potential intraoperative complications.</p> <p>Maintain asepsis and infection control throughout all procedural steps.</p> <p>Document procedural steps, findings, and patient outcomes accurately.</p> <p>Demonstrate correct collection, labeling, and safe handling of biopsy specimens in the operating theatre, ensuring asepsis and accurate patient identification.</p>

ETHICS AND GENDER-BASED VIOLENCE

Theory		
Code	Topic	Specific Learning Objectives
Gyn-064	Medical ethics, patient safety and quality care	<ul style="list-style-type: none"> • Discuss the legal and ethical considerations of informed consent, confidentiality, and data protection. • Identify the professional responsibilities and boundaries in the use of social media and the role of the doctor in maintaining professionalism • Explain the importance of respecting patients' cultural and religious beliefs in providing equitable and compassionate care
Gyn-065	Gender based violence (integrate with Forensic Medicine).	<ul style="list-style-type: none"> • Describe various forms and nature of gender-based violence and their impact on women's health and well-being. • Diagnose case of domestic violence based on different injuries sustained by the victim, • Relate injuries as per Qisas and Diyat act. • Prepare medicolegal certificate according to situation. • Explain the process of collection and preservation of samples to be sent for investigations.
Gyn-066	Criminal Abortion & Infanticide (integrate with Forensic Medicine).	<ul style="list-style-type: none"> • Describe criminal abortion. • Explain the method to assess the age and viability by examining the aborted material. • Apply relevant section of Qisas and Diyat act. • Define infanticide. • Differentiate between still born and dead born infant based on autopsy findings. • Assess the age and cause of death.
Clinical Skills		
Code	Topic	Clinical Methods/Skills

Gyn-067	Managing the cases of gender based violence (integrate with Forensic Medicine)	<ul style="list-style-type: none"> • Identify the signs of gender-based violence, sexual assault, and female genital mutilation (FGM) in patients. • Conduct sensitive history-taking and physical examination of survivors, ensuring patient comfort and safety. • Observe/assist in proper collection, labeling, and handling of forensic evidence (e.g., rape kit) in collaboration with forensic services (if a relevant case is encountered; otherwise, understand the steps through video demonstration, lecture, or illustrative pictures). • Document findings for medicolegal purposes in cases of rape or gender-based violence accurately and sensitively, including history, examination, and evidence. • Provide immediate supportive care and referrals while
		<p style="text-align: center;">maintaining privacy and respect.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Counsel patients regarding medical, psychological, and legal options available.



Modular Integrated Curriculum 2K23
Final Version

OBSTETRICS



**MATERNAL PHYSIOLOGY
FETAL GROWTH & DEVELOPMENT**

Theory

Code	topic	specific learning objectives
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Obs-001	Physiological adaptations during pregnancy	<ul style="list-style-type: none"> • Describe the major physiological changes in pregnancy across the cardiovascular, respiratory, renal, hematologic, and endocrine systems. • Explain the gastrointestinal, musculoskeletal, and dermatologic adaptations that occur during normal pregnancy. • Describe the physiological changes in the uterus, cervix, and breasts during pregnancy. • Explain how normal pregnancy changes affect maternal care and monitoring.
Obs-002	Fetal growth, development, and abnormalities	<ul style="list-style-type: none"> • Describe normal fetal growth and development, including key milestones. • Explain fetal growth restriction and its clinical implications. • Identify determinants of fetal birth weight. • Describe the development of major fetal systems: cardiovascular, respiratory, gastrointestinal, hepatobiliary, renal, and integumentary. • Explain the formation and function of the fetal circulation and amniotic fluid. • Identify common structural and functional fetal abnormalities.
Obs-003	Twin and multiple gestations	<ul style="list-style-type: none"> • Define twins and higher multiple gestations. • Classify twins based on zygosity and chorionicity. • Identify the aetiology and risk factors for multiple gestations. • Describe maternal and fetal complications associated with twin and higher-order pregnancies. • Recognize antenatal complications specific to multiple gestations. • Identify intrapartum complications and their clinical features. • Outline principles of antenatal management for twin and

		<p>higher-order pregnancies.</p> <ul style="list-style-type: none"> • Describe intrapartum management strategies, including monitoring, delivery planning, and mode of delivery considerations. • List postpartum complications unique to multiple gestations and their management.
Clinical Skills		
Code	Topic	Clinical methods/skills
Obs-004	Obstetric history taking skills	<ul style="list-style-type: none"> • Obtain informed consent and establish rapport with the pregnant patient. • Record <ul style="list-style-type: none"> o The chief complaint and reason for the visit accurately. o The detailed menstrual history, including last menstrual period, cycle regularity, and flow. o Previous obstetric history, including gravida, parity, previous pregnancies, outcomes, and complications. o Relevant medical and surgical history, including chronic illnesses, medications, and allergies. o Family history for genetic disorders and congenital anomalies. o Social and lifestyle factors, including nutrition, substance use, occupation, and support systems. o Current pregnancy status, including gestational age, fetal movements, symptoms, antenatal care, and supplementation. o Medical and surgical history o Obstetric risk factors and formulate appropriate questions to elicit them. • Calculate expected date of delivery (EDD) from last menstrual period (LMP) and duration of pregnancy. • Adapt questioning techniques to respect cultural and

		<p>psychosocial considerations.</p> <p><input type="checkbox"/> Document findings systematically to guide diagnosis, risk assessment, and management planning.</p>
Obs-005	Obstetric examination	<ul style="list-style-type: none"> • Measure maternal weight and height, blood pressure. • Perform a general physical examination and abdominal through inspection, palpation (symphysis-fundal height measurement, fetal lie, presentation, and engagement), fetal heart auscultation in pregnancy. • Identify the circumstances in which pelvic examination during pregnancy is necessary. • Identify the conditions in which digital examination is contraindicated. • Conduct leopold's maneuvers accurately to determine fetal lie, presentation, and position. • Identify normal versus abnormal abdominal examination findings and their implications. • Interpret routine antenatal laboratory investigations and gestational ultrasound findings to assess maternal and fetal wellbeing and identify abnormalities. • Observe and narrate the clinical techniques for cervical assessment and calculate the bishop score. • Demonstrate safe and effective use of instruments for obstetric examination.
EARLY PREGNANCY AND ANTENATAL CARE		
Theory		
Code	Topic	Specific learning objectives
Obs-006	Confirmation and dating of pregnancy	<ul style="list-style-type: none"> • Describe the methods used for confirmation of pregnancy. • Explain the physiological basis for confirming early pregnancy and identifying features suggestive of complications. • Describe the methods used to determine gestational age. • Interpret findings from early ultrasound to confirm gestational age and viability.

		<input type="checkbox"/> List the factors that may affect accurate gestational age.
Obs-007	Antenatal care	<ul style="list-style-type: none"> • Explain the significance, objectives, and components of antenatal care across all trimesters in promoting maternal and fetal health. • Identify antenatal risk factors and analyze their potential impact on pregnancy outcomes. • Discuss strategies to prevent, detect, and manage conditions that may affect maternal or fetal wellbeing. • Describe the schedule of antenatal visits and essential assessments at each visit. • Describe routine prenatal screening and diagnostic tests, and evaluate their indications, risks, and benefits. • Interpret the principles and importance of screening in pregnancy for early identification of complications. • Outline routine antenatal investigations and maternofetal monitoring. • Identify danger signs requiring urgent referral. • Discuss the points of nutritional advice, supplementation, lifestyle counselling, and recommended immunizations. • Describe strategies for birth preparedness and complication readiness.
Obs-008	Obstetric ultrasound	<ul style="list-style-type: none"> • Describe the main uses of obstetric ultrasound in pregnancy, including assessment of fetal growth, anatomy, and wellbeing. • Explain the recommended ultrasound scanning schedule during antenatal care. • Evaluate fetal well-being using ultrasound, including assessment of amniotic fluid volume and placental function. • Interpret cardiotocography (CTG) findings to assess fetal status. • Apply biophysical profile (BPP) scoring to monitor fetal health. • Describe the role of doppler investigations in evaluating fetal

		circulation and placental perfusion.
Obs-009	Prenatal diagnosis	<ul style="list-style-type: none"> • Describe the purpose and indications of prenatal diagnostic tests. • Classify and describe types of prenatal diagnostic tests with examples. • Explain the timing and gestational age at which different prenatal diagnostic tests are performed. • Describe essential points for effective prenatal counseling.
Clinical Skills		
Code	Topic	Clinical methods/skills
Obs-010	Antenatal care	<ul style="list-style-type: none"> • Develop an individualized antenatal care plan guided by gestational milestones and clinical assessment • Perform obstetric abdominal examination to identify fetal heart rate, lie, presentation, and measure fundal height accurately. • Interpret antenatal records and cards to assess maternal and fetal progress. • Formulate a differential diagnosis and outline an appropriate management plan based on clinical findings. • Interpret basic ultrasound findings and correlate them with clinical data. • Demonstrate effective and empathetic communication when providing information, advice, and reassurance to pregnant women. • Recognize the emotional, physical, and social impact of pregnancy on women and their families. • Demonstrate effective communication by providing education, reassurance, and support to pregnant women and their families in a respectful and culturally sensitive manner. • Apply standard protocols and professional conduct while observing, interpreting, and reporting obstetric ultrasound

		findings.
ANTENATAL OBSTETRIC PROBLEMS		
Theory		
Code	Topic	Specific learning objectives
Obs-011	Hyperemesis gravidarum	<ul style="list-style-type: none"> • Describe the etiology, risk factors, and pathophysiology of hyperemesis gravidarum. • Identify the clinical features and differentiate hyperemesis gravidarum from normal nausea, vomiting in pregnancy. • List important differential diagnoses. • List appropriate investigations. • Outline management plan. • Explain potential maternal and fetal complications.
Obs-012	Musculoskeletal complaints in pregnancy	<ul style="list-style-type: none"> • Identify common musculoskeletal complaints in pregnancy. • Explain the physiological and anatomical factors contributing to backache, pubic symphysis dysfunction, and carpal tunnel syndrome. • Outline management strategies to relieve symptoms of minor musculoskeletal complaints. • Identify the warning signs that require further evaluation or specialist referral.
Obs-013	Urinary tract infections (UTI)	<ul style="list-style-type: none"> • Describe the common causes and risk factors of urinary tract infections (UTI) in pregnancy. • Identify clinical features and complications of UTI in pregnant women. • Outline appropriate diagnostic approaches, including urine analysis and culture. • Explain the principles of management and treatment of UTI during pregnancy. • Apply preventive strategies to reduce the risk of UTI and associated complications
Obs-014	Abdominal pain in pregnancy	<ul style="list-style-type: none"> <input type="checkbox"/> Identify common obstetric and non-obstetric causes of abdominal pain in pregnancy.

		<ul style="list-style-type: none"> • Apply appropriate assessment and diagnostic strategies to evaluate abdominal pain in pregnant women. • Outline initial management approaches and indications for referral or urgent intervention.
Obs-015	Oligohydramnios and polyhydramnios	<ul style="list-style-type: none"> • Define oligohydramnios and polyhydramnios based on amniotic fluid assessment criteria. • Identify maternal, fetal, and placental causes of oligohydramnios and polyhydramnios. • Describe the clinical features and ultrasound findings. • List investigations to determine the underlying etiology. • Outline management strategies according to severity and gestational age. • Explain potential maternal and fetal complications and their impact on pregnancy outcomes.
Obs-016	Rhesus isoimmunization	<ul style="list-style-type: none"> • Explain how rh iso-immunization occurs and its impact on the fetus. • List the potential sensitizing events for rhesus disease. • List the key screening tests. • Explain the role of anti-d immunoglobulin in preventing rh iso-immunization and when it should be given. • Outline the basic management of an affected pregnancy.
Obs-017	Prolonged pregnancy & Post term pregnancy	<ul style="list-style-type: none"> • Differentiate prolonged pregnancy from post-term pregnancy and formulate appropriate management plans. • Define post-term pregnancy and identify associated maternal and fetal risks. • List the common causes and contributing factors leading to prolonged pregnancy. • Describe the clinical features and complications. • Outline recommended surveillance methods. • List indications for immediate induction of labour or delivery post-dates.

Obs-018	Infections in pregnancy	<input type="checkbox"/> Explain the pathophysiology and implications of common viral
		<p>and bacterial infections in pregnancy on both the mother and fetus.</p> <ul style="list-style-type: none"> • Discuss the maternal and fetal consequences of infections during pregnancy. • Formulate appropriate management plans for common infections encountered in pregnancy.
Obs-019	Perinatal infections	<ul style="list-style-type: none"> • Define perinatal infections and explain their timing, transmission routes, and relevance to maternal and neonatal health. • Identify common perinatal infections including torch infections, group B Streptococcus, Listeria, HIV, Hepatitis B and their epidemiology. • Describe maternal, fetal, and neonatal clinical manifestations of perinatal infections. • Explain diagnostic approaches, including serology, cultures, and PCR-based tests. • Discuss maternal and neonatal complications associated with untreated perinatal infections. • Outline preventive strategies, including maternal vaccination, screening, prophylaxis, hygienic practices, and peripartum management.

Obs-020	Pregnancy induced hypertension	<ul style="list-style-type: none"> • Define pregnancy-induced hypertension and differentiate it from other hypertensive disorders of pregnancy. • Identify risk factors and possible etiological factors associated with PIH. • Describe clinical features and diagnostic criteria for PIH. • Explain necessary investigations to assess maternal and fetal status. • Outline management strategies. • Discuss maternal and fetal complications associated with PIH. • Describe preventive measures and follow-up recommendations for high-risk women.
Obs-021	Gestational	<input type="checkbox"/> Define gestational diabetes.

	diabetes	<ul style="list-style-type: none"> • Identify risk factors and predisposing conditions for GDM. • Describe the pathophysiology and metabolic changes leading to glucose intolerance in pregnancy. • Explain screening methods and diagnostic criteria used for GDM. • Recognize clinical features and potential maternal and fetal implications. • Outline management strategies. • Discuss short-term and long-term complications for both mother and baby. • Describe preventive measures and postpartum follow-up, including screening for type 2 diabetes.
Obs-022	Anemia in pregnancy	<ul style="list-style-type: none"> • Identify risk factors and common causes of anemia in pregnancy. • Identify clinical signs and symptoms. • List diagnostic investigations. • Describe management strategies. • Discuss maternal and fetal complications, including preterm birth and low birth weight. • Emphasize preventive measures.

Clinical Skills		
Code	Topic	Clinical methods/skills
Obs-023	Clinical assessment of hyperemesis gravidarum	<ul style="list-style-type: none"> Take a structured history of nausea, vomiting, weight loss, and hydration status. Assess dehydration status and vital signs. Interpret laboratory results including serum electrolytes. Counsel patient on dietary measures, hydration, warning signs, and follow-up care.
Obs-024	Abdominal pain in pregnancy	<ul style="list-style-type: none"> Conduct systematic abdominal examination, including palpation and fetal assessment. Identify signs suggestive of obstetric versus non-obstetric

		causes.
Obs-025	Clinical assessment for pregnancy-induced hypertension, gestational diabetes, anemia in pregnancy	<ul style="list-style-type: none"> Measure and interpret blood pressure in pregnant women. Perform capillary blood glucose testing or glucose tolerance tests. Monitor maternal and fetal parameters related to gestational diabetes. Interpret lab investigations for anemia Assess for clinical signs of anemia and monitor response to treatment.

LABOUR

Theory

Code	Topic	Specific learning objectives
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Obs-026	Fetal and maternal anatomy relevant to labour	<ul style="list-style-type: none"> • Differentiate the main types of female pelvis and their obstetric relevance. • Describe the main bones, sutures, fontanelles, and diameters of the fetal skull. • Explain how the relationship between pelvic and fetal skull diameters influences the process of spontaneous vaginal delivery.
Obs-027	Process of labour	<ul style="list-style-type: none"> • Explain the physiology and mechanisms of labour and delivery. • Describe the maternal and fetal anatomical adaptations relevant to the process of labour. • Discuss the stages and mechanisms of normal labor, and interpret the use of the partogram and who labor care guide (LCG) in monitoring progress. • Identify various methods for induction of labor and analyze their indications, contraindications, and potential complications. • Explain the principles, methods, indications, and side effects of different pain relief techniques used during labor.
		<ul style="list-style-type: none"> □ Describe the pharmacology, indications, and safe administration of oxytocin (syntocinon) in labor management.

Obs-028	Cardiotocography	<ul style="list-style-type: none"> • Explain the principles and physiological basis of cardiotocography (CTG). • Describe the components of CTG, including fetal heart rate tracing and uterine contractions. • Define the parameters of a fetal heart trace and state the normal ranges for fetal heart rate and number of uterine contractions per 10 minutes. • Correlate various fetal heart rate trace parameters with fetal well-being and labor progress. • Differentiate between normal and abnormal CTG patterns. • Classify CTG traces into relevant categories and interpret their clinical significance in labor management. • Discuss the role of CTG in antenatal and intrapartum fetal surveillance. • List the limitations of CTG in assessing fetal well-being
Obs-029	Abnormal labour	<ul style="list-style-type: none"> • Explain the contributing factors leading to abnormal labor. • Recognize prolonged and obstructed labor based on history, examination, and interpretation of the partogram. • Identify various types of malpositions and malpresentations during labour. • Describe the diagnosis and management principles of malpresentation and malposition. • Outline the physiology and management of the third stage of labor, including prevention and management of perineal injuries
Obs-030	Fetal malpresentation	<ul style="list-style-type: none"> • Define fetal malpresentation and identify the main types. • Describe breech presentation, including its types and predisposing factors. • Outline the antenatal assessment and management of breech presentation.

		<ul style="list-style-type: none"> • Explain the principle of external cephalic version (ECV), including indications, contraindications, and risks. • Discuss management options when ECV fails, including selection of mode of delivery. • Identify the prerequisites for safe vaginal breech delivery. • Describe the technique of vaginal breech delivery, including delivery of buttocks, shoulders, and head. • List common complications associated with breech delivery. • Describe transverse and oblique lie, their causes, and risks. • Outline appropriate management strategies for transverse, oblique, and unstable lie to ensure safe delivery.
Obs-031	Preterm labour	<ul style="list-style-type: none"> • Define preterm labour. • Identify its risk factors and causes. • Describe types of preterm labour. • Diagnose spontaneous preterm labour based on signs and symptoms and investigations.. • Develop management plan of spontaneous preterm labour. • Define preterm pre-labour rupture of membranes (PPROM). • Identify the clinical features. • Outline basic principles of management of PPRM.
Clinical Skills		
Code	Topic	Clinical methods/skills
Obs-032		<ul style="list-style-type: none"> • Perform and interpret CTG. • Observe/assist in spontaneous vaginal delivery (svd), instrumental delivery, and episiotomy. • Identify malpresentation on abdominal examination. • Observe and narrate the management of malpresentation and malposition. • Demonstrate various malpresentations and malpositions using fetal skull and dummy pelvis. • Observe and narrate the steps of breech delivery.

		<ul style="list-style-type: none"> • Exhibit empathy, support, and reassurance throughout the birthing process. • Maintain patient privacy, dignity, and comfort at all times. • Communicate clearly and effectively, providing instructions in simple, non-medical language. • Observe/assist in episiotomy. • Demonstrate teamwork with labor ward staff. • Follow strict infection prevention protocols, including hand washing, gowning, and gloving. • Elicit relevant history, perform examination, and justify investigations in cases of preterm labor, prolonged pregnancy, prom, and amniotic fluid abnormalities. • Assist in the management of preterm labor, prolonged pregnancy, prom, and amniotic fluid abnormalities under supervision. • Observe and participate in multidisciplinary teamwork, effective communication, and counseling regarding these conditions and their potential complications.
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PUERPERIUM

Theory

Code	Topic	Specific Learning Objectives
Obs-033	Introduction to puerperium	<ul style="list-style-type: none"> • Define puerperium and outline its duration. • Describe the normal physiological changes occurring in the mother during the puerperal period. • Explain the hormonal, hematologic, uterine, and breast changes after childbirth.
Obs-034	Puerperal disorders	<p>Perineal complications</p> <ul style="list-style-type: none"> • Identify common perineal complications (tears, episiotomy issues, hematoma, wound infection). • Recognize clinical features and risk factors. • Outline recommended management and preventive

		<p>measures.</p> <p>Secondary postpartum hemorrhage</p> <ul style="list-style-type: none"> • Define secondary PPH and list common causes. • Recognize warning signs and symptoms. • Describe diagnostic evaluation and management strategies. <p>Obstetric palsy</p> <ul style="list-style-type: none"> • Explain the mechanisms leading to obstetric palsy. • Recognize signs and symptoms of nerve injuries after childbirth. • Outline management and rehabilitation principles. <p>Pubic symphysis diastasis</p> <ul style="list-style-type: none"> • Define pubic symphysis diastasis and explain mechanisms and risk factors. • Recognize clinical presentation. • Describe diagnostic methods and outline conservative and supportive management.
Obs-035	Puerperal pyrexia	<ul style="list-style-type: none"> • Define puerperal pyrexia. • List common causes and risk factors. • Identify common sites of infection. • Diagnose based on clinical presentation. • Describe investigations for suspected puerperal infection. • Outline the management plan including antimicrobial and supportive management. • Discuss measures for prevention of puerperal sepsis.
Obs-036	Breast disorders in the puerperium	<ul style="list-style-type: none"> • Identify common breast problems (engorgement, cracked nipples, mastitis, abscess). • Describe signs and symptoms of each condition. • Outline management strategies and breastfeeding support techniques. • Explain preventive measures for breastfeeding-related complications.

Obs-037	Mental health in the puerperium	Postpartum blues
	(integrate with Psychiatry)	<ul style="list-style-type: none"> • Define postpartum blues and describe typical symptoms. • Identify risk factors. • Outline supportive management and expected course. <p>Postpartum depression</p> <ul style="list-style-type: none"> • Define postpartum depression and distinguish it from postpartum blues and postpartum psychosis. • Identify major risk factors, including psychosocial, biological, and obstetric contributors. • Describe the key clinical features and screening indicators of postpartum depression. • List appropriate screening tools and interpret their significance in clinical practice. • Outline management options, including psychological therapies, pharmacologic treatment, and referral pathways. • Explain the consequences of untreated postpartum depression for the mother, infant, and family, emphasizing the importance of early detection and support. <p>Puerperal psychosis</p> <ul style="list-style-type: none"> • Define puerperal psychosis and differentiate it from postpartum blues and depression. • Identify early warning signs and symptoms. • List major risk factors. • Describe emergency management and referral pathways.

Obs-038	Neonatal care (integrate with Paeditrics)	<ul style="list-style-type: none"> • Explain the principles of essential neonatal care and the management of common neonatal problems. • Describe the key steps, indications, and rationale of neonatal resuscitation. • Discuss the importance of breastfeeding, proper positioning, and attachment techniques. • Explain the concept, procedure, and benefits of kangaroo mother care (KMC). • Outline the management approach for newborns with
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		congenital anomalies.
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Clinical Skills

Code	Topic	Clinical Methods/Skills
Obs-039	Postpartum care	<ul style="list-style-type: none"> • Perform comprehensive history taking and systematic examination of postpartum patients. • Select and justify appropriate investigations based on clinical findings. • Formulate an appropriate management plan for common puerperal conditions. • Demonstrate correct breastfeeding techniques and assist mothers in initiating and maintaining breastfeeding. • Prescribe suitable contraceptive methods for postpartum women based on individual needs and medical eligibility. • Observe and participate in measures aimed at preventing perinatal morbidity and mortality. • Communicate effectively and provide empathetic counseling to postpartum women and their families.

OBSTETRIC EMERGENCIES

Theory

Code	Topic	Specific Learning Objectives
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Obs-040	Preeclampsia and eclampsia	<ul style="list-style-type: none"> • Define preeclampsia and describe its diagnostic criteria. • Identify risk factors and possible causes of preeclampsia. • Explain the pathophysiology and clinical features of preeclampsia. • Outline appropriate investigations for diagnosis. • Describe management strategies, including antihypertensives, seizure prophylaxis, and timing of delivery. • Discuss maternal and fetal complications. • Explain screening and preventive measures for high-risk pregnancies. • Define eclampsia and differentiate it from preeclampsia.
		<ul style="list-style-type: none"> • Identify risk factors and triggers for eclampsia. • Recognize clinical presentations, especially seizures. • Explain immediate investigation priorities. • Describe emergency management, including seizure control and maternal stabilization. • Outline indications for urgent delivery. • Discuss maternal and fetal complications associated with eclampsia.
	Shoulder dystocia	<ul style="list-style-type: none"> • Define shoulder dystocia and describe it as an obstetric emergency. • Identify risk factors and predisposing conditions. • Describe the mechanism of shoulder dystocia during vaginal delivery. • Identify clinical signs indicating shoulder dystocia. • Explain preventive strategies during labor and delivery. • Describe stepwise management maneuvers. • Outline potential maternal and neonatal complications. • Discuss documentation, medicolegal considerations, and team communication during management.

Obs-041	Umbilical cord prolapse	<ul style="list-style-type: none"> • Define umbilical cord prolapse and differentiate between types. • List risk factors and predisposing conditions. • Diagnose based on clinical signs and symptoms. • Explain immediate assessment and diagnosis. • Describe emergency management steps to relieve cord compression and stabilize the fetus. • Outline indications for urgent delivery. • Discuss maternal and fetal complications associated with cord prolapse. • Emphasize documentation, team communication, and medicolegal considerations in obstetric emergencies.
Obs-042	Uterine rupture	<ul style="list-style-type: none"> <input type="checkbox"/> Define uterine rupture and differentiate it from uterine dehiscence.

		<ul style="list-style-type: none"> • List risk factors and predisposing conditions. • Describe the pathophysiology and mechanism of uterine rupture. • Diagnose based on clinical signs and symptoms. • Explain diagnostic methods and monitoring. • Describe emergency management, including maternal stabilization, surgical repair, or hysterectomy. • Discuss maternal and fetal complications. • Emphasize preventive strategies, labor monitoring, and timely decision-making.
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Obs-043	Venous thromboembolism	<ul style="list-style-type: none"> • Describe the physiological changes in pregnancy that increase the risk of venous thromboembolism. • Identify risk factors for deep vein thrombosis (DVT) and pulmonary embolism (PE) in pregnancy and the postpartum period. • Identify the clinical features of DVT and pe in pregnant patients. • Select appropriate diagnostic investigations for suspected VTE in pregnancy. • Outline management strategies for VTE during pregnancy and postpartum. • Explain preventive measures in high-risk pregnant women.
Obs-044	Amniotic fluid embolism	<ul style="list-style-type: none"> • Define amniotic fluid embolism and describe its pathophysiology. • Identify risk factors and predisposing conditions <input type="checkbox"/> Describe clinical presentation. • Explain diagnostic criteria and differential diagnoses. • Describe immediate emergency management. • Outline potential maternal and fetal complications. • Emphasize rapid recognition, team coordination, and documentation in managing obstetric emergencies.
Obs-045	Antepartum hemorrhage	<input type="checkbox"/> Define antepartum hemorrhage.

		<ul style="list-style-type: none"> • Classify the major causes of APH. • List important risk factors leading to APH. • Describe the types of placenta previa and explain their clinical presentation and diagnostic criteria. • Explain the placenta accreta spectrum, including its risk factors, ultrasound/MRI features, and obstetric significance. • Describe placental abruption with its risk factors, clinical features, complications, and management. • Describe vasa previa and identify features suggestive of fetal vessel rupture. • Outline the essential steps in initial assessment and stabilization of a patient presenting with APH. • Select appropriate investigations and justify their use in APH. • Develop a management plan. • Explain indications for expectant management versus urgent delivery. • Identify major maternal and fetal complications of APH.
Obs-046	Postpartum hemorrhage	<ul style="list-style-type: none"> • Define postpartum hemorrhage and classify it. • Identify risk factors and causes • Describe clinical signs and symptoms of PPH. • Explain methods for early recognition and assessment. • Outline preventive strategies. • Describe emergency management, including pharmacologic treatment, non-surgical interventions, and surgical options. • Discuss maternal complications and strategies for stabilization and transfusion. • Explain follow-up care and counseling for women at risk of recurrence.
Clinical Skills Note: if clinical cases are unavailable, learning can be achieved via video demonstrations, simulations, role-play, case discussions.		
Code	Topic	Clinical methods/skills
Obs-047	Managing	<input type="checkbox"/> Observe/assist/participate in emergency drills according to

	<p>obstetric emergencies</p>	<p>ward protocols.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Perform rapid maternal and fetal assessment during an obstetric emergency. <input type="checkbox"/> Apply emergency protocols for maternal stabilization (airway, breathing, circulation, seizure control, hemorrhage control). <input type="checkbox"/> Observe/assist in stepwise maneuvers for specific emergencies (shoulder dystocia, cord prolapse, PPH). <input type="checkbox"/> Observe and document the administration of emergency medications safely. <input type="checkbox"/> Observe/assist in emergency delivery procedures, including operative vaginal delivery and cesarean section. <input type="checkbox"/> Document interventions, clinical findings, and team communications accurately. <input type="checkbox"/> Communicate clearly, calmly, and effectively with the multidisciplinary team during emergencies. <input type="checkbox"/> Demonstrate empathy and provide appropriate counseling to patients and family members under emergency conditions. <input type="checkbox"/> Exhibit situational awareness, quick decision-making, and leadership in obstetric crises. <input type="checkbox"/> Maintain professional and ethical behavior while managing high-stress clinical situations.
<p>Obs-048</p>	<p>Managing preeclampsia & eclampsia</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Measure and accurately record maternal blood pressure. Perform <input type="checkbox"/> focused assessment for edema, reflexes, and neurological status. Interpret laboratory results of proteinuria, renal/liver function tests, <input type="checkbox"/> platelet counts. <input type="checkbox"/> Observe/assist in administration of antihypertensives and seizure prophylaxis safely. <input type="checkbox"/> Monitor and stabilize a patient during a seizure episode. <input type="checkbox"/> Prepare and assist in emergency delivery when indicated.

		<ul style="list-style-type: none"> □ Apply emergency protocols for maternal and fetal stabilization.
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Obs-049	Shoulder dystocia	<ul style="list-style-type: none"> • Identify shoulder dystocia promptly during vaginal delivery. • Observe/assist in performing stepwise maneuvers safely. • Document events and communicate effectively with the obstetric team.
Obs-050	Umbilical cord prolapse	<ul style="list-style-type: none"> • Identify cord prolapse by physical examination and fetal heart rate monitoring. • Observe/assist in performing immediate maneuvers to relieve cord compression (manual elevation, maternal positioning). • Prepare and assist in emergency cesarean delivery. • Apply emergency protocols to stabilize maternal-fetal status.

OPERATIVE INTERVENTIONS

Theory

Code	Topic	Specific learning objectives
Obs-051	Episiotomy	<ul style="list-style-type: none"> • Define episiotomy and describe its purpose. • Identify indications and contraindications for performing an episiotomy. • Describe the types of Episiotomy. • Explain the steps and technique of performing a safe episiotomy. • Recognize maternal and fetal complications associated with episiotomy. • Outline proper repair techniques and post-procedure care. • Explain the pain management and infection prevention strategies following episiotomy.

Obs-052	Perineal trauma and repair	<ul style="list-style-type: none"> • Define perineal trauma and classify its types and degrees. • List risk factors and causes of perineal trauma during childbirth. • Describe clinical features of perineal tears. • Outline principles and techniques of perineal repair for different degrees of tears. • Explain pain management and infection prevention in perineal trauma.
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		<ul style="list-style-type: none"> • Explain postpartum care, including wound care, follow-up, and counseling. • List potential complications of perineal trauma and repair and their management.
Obs-053	Assisted vaginal delivery	<ul style="list-style-type: none"> • Define assisted vaginal delivery and differentiate it from spontaneous vaginal delivery. • Identify indications and contraindications for assisted vaginal delivery. • Describe the types of instruments used, including forceps and ventouse (vacuum extractor), and their appropriate selection. • Explain the steps and correct technique for performing assisted vaginal delivery using forceps or ventouse. • List maternal and fetal complications associated with assisted vaginal delivery. • Discuss principles of patient preparation, monitoring, and obtaining consent for assisted vaginal delivery. • Outline post-delivery care and follow-up for mother and newborn • Describe the prerequisites for safe instrumental delivery

Obs-054	Caesarean section	<ul style="list-style-type: none"> • Identify indications and contraindications for caesarean section. • Describe types of caesarean section incisions and approaches. • Explain preoperative preparation, including maternal assessment, consent, and anesthesia considerations. • Outline the steps and surgical technique of caesarean section. • List intraoperative and postoperative maternal and fetal complications. • Discuss principles of postoperative care, including wound care, pain management, and monitoring. • Explain strategies to prevent complications and ensure maternal and neonatal safety.
Clinical Skills		
Code	Topic	Clinical methods/skills
Obs-055	Operative procedures in obstetrics	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrate correct preparation of the patient for operative obstetric procedures, including positioning, asepsis, and anesthesia considerations. <input type="checkbox"/> Observe/assist in safe and effective episiotomy. <input type="checkbox"/> Observe/assist/narrate the proper technique for assisted vaginal delivery using forceps or ventouse. <input type="checkbox"/> Observe/assist in manual removal of placenta and management of retained products of conception. <input type="checkbox"/> Observe/assist/document the steps of caesarean section including incision, delivery, and closure. <input type="checkbox"/> Observe/assist in safe handling, monitoring, and immediate care of the newborn during operative procedures.

Obs-056	OT protocols	<input type="checkbox"/> Demonstrate proper hand hygiene and surgical hand scrubbing techniques. <input type="checkbox"/> Perform correct donning and doffing of sterile gowns, gloves, and masks. <input type="checkbox"/> Follow aseptic techniques during handling of sterile instruments and materials. <input type="checkbox"/> Dispose of biomedical waste safely following infection control guidelines. <input type="checkbox"/> Monitor and maintain sterile field throughout a procedure.
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OBSTETRICS & GYNECOLOGY SPECIFIC SURGICAL INSTRUMENTS

- Cord clamp
- Episiotomy scissors
- Artery forceps
- Sponge holding forceps
- Uterine sound
- SIMS vaginal speculum
- Cusco's self-retaining speculum
- Allis tissue forceps
- Ovum forceps
- Vulsellum forceps
- Vacuum cup + handle
- Ventouse machine
- Obstetric forceps
- D&C set instruments
- Dilators (hegar's)
- Tenaculum
- Sponge holder
- Uterine curette (sharp and blunt)
- Cervical dilators
- Endometrial biopsy pipelle
- Sims speculum
- Cusco speculum
- Needle holder
- Scissors (mayo, metzenbaum, episiotomy)

- Towel clips
- Doyen's retractor
- Deaver retractor
- Richardson retractor
- Langenbeck retractor

Integrated Assessment Matrix

The Gynecology & Obstetrics Clerkship assessment is competency-based and aligned with the PMDC Competency Framework and the UHS Final Year MBBS Clerkship Framework. It incorporates continuous formative assessment, end-of-rotation clinical assessment, and theory assessment to evaluate knowledge, clinical skills, communication, professionalism, and patient safety.

A. Integrated Assessment Matrix

Competency Domain	Assessment Method	Assessment Tool	Timing	Weightage
Medical Knowledge	Written Assessment	MCQs, SEQs, SBAQs	End Rotation	High
Clinical Reasoning	Clinical Case Assessment	Long Case, Short Case, Case Presentation	Throughout Rotation	High
Clinical Skills	Objective Structured Clinical Examination	OSCE	Mid & End Rotation	High
Obstetric Skills	Direct Clinical Observation	Labour Room Assessment	Throughout Rotation	High
Communication Skills	Direct Observation	Patient Counselling, Case Presentation	Continuous	Moderate
Professionalism	Faculty Evaluation	Professional Behaviour Checklist	Continuous	Moderate
Patient Safety	Clinical Observation	Infection Prevention & Safe Practice Checklist	Continuous	Moderate
Reflective Practice	Portfolio / Logbook	Clinical Reflection	Continuous	Low
Teamwork	Ward Performance	Consultant Evaluation	Continuous	Low

B. Formative Assessment

Assessment Activity	Frequency	Purpose
Weekly MCQ Quiz	Weekly	Reinforce theoretical concepts
Case-Based Discussion	Weekly	Develop clinical reasoning
Bedside Clinical Assessment	Weekly	Evaluate clinical competence
Labour Room Assessment	Throughout Posting	Assess labour management skills
Clinical Case Presentation	Weekly	Improve presentation and communication
Seminar	Once	Promote evidence-based learning
Reflective Portfolio	Weekly	Encourage reflective practice
Supervisor Feedback	Weekly	Continuous improvement

C. Summative Assessment

Component	Assessment Tool
Theory Examination	Integrated MCQs
Clinical Examination	Long Case
Clinical Examination	Short Case
Practical Examination	OSCE
Viva Voce	Structured Viva
Clinical Logbook	Clerkship Logbook
End-of-Rotation Assessment	Clinical Performance Evaluation

D. Assessment Blueprint

Learning Domain	Assessment Methods
Knowledge	MCQs
Clinical Reasoning	Long Case, Short Case, Case Discussions
Psychomotor Skills	OSCE, Labour Room Skills Assessment
Communication Skills	Counselling, Viva, Case Presentation
Professionalism	Faculty Observation, Clinical Logbook
Patient Safety	Labour Room Assessment, Clinical Observation

E. Assessment Across Clinical Areas

Clinical Area	Assessment Focus
Antenatal Clinic	Antenatal assessment, counselling, risk identification
Labour Room	Labour monitoring, partograph interpretation, normal vaginal delivery
High-Risk Pregnancy Unit	Clinical decision-making and emergency recognition
Gynecology Ward	History taking, examination, management planning
Gynecology OPD	Diagnostic approach and counselling
Family Planning Clinic	Contraceptive counselling and reproductive health
Operating Theatre	Perioperative principles, aseptic technique, surgical assistance
Emergency Unit	Recognition and initial management of obstetric and gynecological emergencies

F. Feedback and Continuous Quality Improvement (CQI)

Assessment findings will support learning through:

- Immediate verbal feedback after clinical encounters.
- Weekly consultant feedback during ward rounds and clinics.
- Individual feedback following case presentations.
- Mid-rotation progress review.
- End-of-rotation performance review.
- Review of clinical logbooks.
- Student feedback to improve clerkship delivery through the Programme Evaluation Committee.

G. Alignment with PMDC Graduate Competencies

PMDC Graduate Attribute	Assessment Methods
Medical Expert	Written Examination, Long Case, OSCE
Communicator	Patient Counselling, Viva, Case Presentation
Collaborator	Ward Assessment, Team Participation
Leader	Clinical Decision-Making, Emergency Management
Health Advocate	Antenatal Counselling, Family Planning Education
Scholar	Seminar, Case Presentation, Reflective Portfolio
Professional	Faculty Observation, Logbook, Professional Behaviour Checklist

Clinical Skills & Procedures Matrix

The Gynecology & Obstetrics Clerkship provides structured clinical exposure to essential obstetric and gynecological skills. Students are expected to observe, assist, and perform selected procedures under direct supervision while maintaining professional behaviour and documenting their clinical experiences in the clerkship logbook. The skills matrix is aligned with the UHS Final Year Clerkship framework and PMDC competencies.

A. Core Clinical Examination Skills

Clinical Skill	Observe	Assist	Perform Under Supervision	Assessment Method
Obstetric history taking	✓	—	✓	Clinical Observation / OSCE
Gynecological history taking	✓	—	✓	Clinical Observation
General physical examination	✓	—	✓	Long Case
Antenatal examination	✓	✓	✓	OSCE
Abdominal examination in pregnancy	✓	✓	✓	OSCE
Obstetric systemic examination	✓	—	✓	Clinical Assessment
Speculum examination*	✓	✓	✓*	OSCE/Skills Lab
Bimanual pelvic examination*	✓	✓	✓*	Skills Lab/Faculty Supervision

Performed only under appropriate supervision and institutional policy.

B. Labour Room Skills

Procedure	Observe	Assist	Perform Under Supervision
Labour room admission	✓	✓	✓
Monitoring labour using Partograph	✓	✓	✓
Assessment of labour progress	✓	✓	✓
Conduct of normal vaginal delivery	✓	✓	✓
Active management of third stage of labour	✓	✓	✓
Episiotomy observation and repair	✓	✓	Observe/Assist
Immediate newborn assessment	✓	✓	✓
Postpartum monitoring	✓	✓	✓

C. Obstetric Emergency Skills

Clinical Skill	Expected Competency
Recognition of postpartum haemorrhage	Initial assessment and emergency response
Recognition of eclampsia	Immediate stabilization and referral
Assessment of obstructed labour	Early identification and escalation
Management principles of ectopic pregnancy	Recognition and referral
Management of maternal shock	Initial resuscitation principles
Fetal distress recognition	Interpretation and escalation
Neonatal resuscitation (basic principles)	Observe and assist

D. Gynecological Skills

Procedure	Observe	Assist	Perform Under Supervision
Pelvic examination	✓	✓	✓
Pap smear collection	✓	✓	✓
Vaginal swab collection	✓	✓	✓
Family planning counselling	✓	✓	✓
IUCD insertion	✓	✓	Observe/Assist
Pregnancy test interpretation	✓	—	✓
Menopause counselling	✓	—	✓
Infertility counselling	✓	—	✓

E. Operating Theatre Competencies

OT Competency	Expected Level
OT etiquette	Observe & Demonstrate
Surgical hand scrubbing	Perform
Sterile gowning and gloving	Perform
Aseptic technique	Demonstrate
Caesarean section	Observe & Assist
Hysterectomy	Observe
Dilatation & Curettage	Observe & Assist
Instrument identification	Demonstrate knowledge
Specimen handling	Observe
Postoperative patient transfer	Assist

F. Clinical Exposure Requirements

Students should gain supervised exposure to:

- Antenatal clinics
- High-risk pregnancy clinics
- Labour room
- Normal vaginal delivery
- Caesarean section
- Gynecology OPD
- Family planning clinic
- Infertility clinic
- Menopause clinic
- Emergency obstetric services
- Operating theatre
- Postnatal ward
- Neonatal assessment

G. Clerkship Competency Checklist

By the end of the rotation, every student should demonstrate competence in:

- Comprehensive obstetric history taking
- Gynecological history taking
- Antenatal examination
- Assessment of labour
- Partograph interpretation
- Recognition of obstetric emergencies
- Immediate postpartum assessment
- Family planning counselling
- Breastfeeding counselling
- Pelvic examination under supervision
- Interpretation of CTG and obstetric ultrasound
- Interpretation of common laboratory investigations
- Professional communication and respectful maternity care
- Accurate clinical documentation and logbook maintenance

A graphic featuring a blue semi-circle with a dark grey border, containing the number '06' in a dark grey outline font. Below the semi-circle is a grey rectangular box containing the word 'Section' in a white, cursive font.

06

Section



Modular Integrated Curriculum 2K23

Final Version

MEDICINE CLERKSHIP



YEAR-05

Curriculum 2k23
Final Year MBBS Clerkship

MEDICINE CLERKSHIP

Learning Outcomes

By the end of the Medicine clerkship, a student will be able to:

- Identify characteristic signs, symptoms, and clinical patterns, and formulate accurate differential diagnoses of common medical diseases.
- Take a comprehensive and focused medical history from adult patients and caregivers.
- Perform a system based and clinically relevant physical examination for major medical presentations.
- Interpret essential laboratory and imaging investigations to support diagnostic decision-making.
- Develop and outline management plans for acute and chronic medical conditions.
- Communicate effectively and empathetically with patients, families, and the healthcare team.
- Demonstrate professionalism, ethical conduct, and collaborative teamwork in medical care settings.

Curriculum Dashboard – Medicine Clerkship

Component	Details
Programme	Final Year MBBS
Clerkship	Medicine
Duration	8 Weeks Clinical Rotation
Clinical Departments	General Medicine, Cardiology, Pulmonology, Gastroenterology, Nephrology, Neurology, Endocrinology, Rheumatology, Infectious Diseases, Emergency Medicine, ICU, Radiology, Pathology
Major Themes	Clinical assessment, Cardiovascular diseases, Respiratory diseases, Gastrointestinal disorders, Renal disorders, Neurology, Endocrinology, Infectious diseases, Emergency medicine
Teaching–Learning Strategies	Bedside teaching, Ward rounds, OPD clinics, Case-based learning, Clinical tutorials, Emergency postings, Simulation, Journal club, Self-directed learning
Clinical Learning Areas	Medical wards, OPDs, Emergency Department, ICU, Specialty clinics, Radiology Department, Skills Laboratory
Assessment Methods	MCQs, SEQs, SBAQs, Long Case, Short Case, OSCE, Structured Viva, Clinical Logbook
Core Clinical Skills	Medical history taking, Systemic examination, ECG interpretation, Chest X-ray interpretation, IV cannulation, Venepuncture, ABG interpretation, Oxygen therapy, Emergency assessment
PMDC Competencies Addressed	Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, Professional
Professional Skills	Clinical reasoning, Communication, Ethics, Teamwork, Patient safety, Rational prescribing, Clinical documentation
Learning Resources	UHS Final Year MBBS Curriculum, PMDC Competency Framework, Davidson's Principles & Practice of Medicine, Harrison's Principles of

Component	Details
	Internal Medicine, Kumar & Clark's Clinical Medicine, National Clinical Guidelines
Expected Graduate Outcome	A competent graduate capable of assessing, investigating, managing, and appropriately referring common acute and chronic medical conditions while demonstrating professionalism, patient safety, effective communication, and evidence-based clinical practice.

Clerkship Description

The Medicine Clerkship provides comprehensive clinical exposure to the diagnosis, investigation, treatment, prevention, and long-term management of common adult medical conditions. Students participate in inpatient wards, outpatient clinics, emergency services, intensive care units, and multidisciplinary rounds under close faculty supervision.

The clerkship emphasizes clinical reasoning, patient-centred care, interpretation of laboratory and imaging investigations, evidence-based management, communication, professionalism, patient safety, and teamwork. Students develop competence in managing acute and chronic medical illnesses while integrating biomedical sciences with clinical medicine in accordance with the UHS MBBS Curriculum 2K23 and PMDC Competency Framework.

Theme-wise Curriculum Mapping

Integrated Clinical Theme	General Medicine	Medical Subspecialties	Integration Type
Cardiovascular Disorders	Hypertension, Heart failure	Cardiology, ECG interpretation	Horizontal
Respiratory Disorders	Asthma, COPD, Pneumonia	Pulmonology	Horizontal
Gastrointestinal & Liver Disorders	Liver disease, GI bleeding	Gastroenterology	Horizontal
Renal & Electrolyte Disorders	AKI, CKD, Electrolyte imbalance	Nephrology	Horizontal
Endocrine & Metabolic Disorders	Diabetes, Thyroid disorders	Endocrinology	Horizontal
Neurological Disorders	Stroke, Epilepsy	Neurology	Horizontal
Infectious Diseases	Sepsis, Tuberculosis, Tropical infections	Infectious Diseases	Horizontal
Rheumatological Disorders	Arthritis, Autoimmune diseases	Rheumatology	Horizontal
Emergency & Critical Care	Shock, Poisoning, Acute coronary syndrome	Emergency Medicine, ICU	Vertical
Professionalism & Patient Safety	Ethics, Communication, Documentation	All Departments	Longitudinal

Weekly Clerkship Plan (8 Weeks)

Week	Clinical Rotation Theme	Clinical Activities	Teaching–Learning Methods
Week 1	Clinical Medicine & History Taking	Ward orientation, history taking, examination	Bedside teaching, CBL
Week 2	Cardiology & Respiratory Medicine	ECG, heart failure, asthma, COPD	Ward rounds, OPD
Week 3	Gastroenterology & Nephrology	GI disorders, liver disease, renal disorders	Case discussions, bedside teaching
Week 4	Endocrinology & Infectious Diseases	Diabetes, thyroid disorders, infections	Clinical tutorials
Week 5	Neurology & Rheumatology	Stroke, epilepsy, arthritis	Bedside teaching, seminars
Week 6	Emergency Medicine & ICU	Acute emergencies, shock, poisoning	Emergency posting, simulation
Week 7	Integrated Medical Care	Multidisciplinary management, chronic diseases	CPC, case presentations
Week 8	Revision & Assessment	Integrated review, mock OSCE, logbook review	Viva, OSCE practice

Competency Mapping (PMDC Domains)

The Medicine Clerkship is mapped to the PMDC Competency Framework to ensure graduates develop competencies in adult patient care, clinical reasoning, communication, professionalism, patient safety, and evidence-based medical practice. Learning is integrated across General Medicine and its major subspecialties including Cardiology, Pulmonology, Gastroenterology, Nephrology, Neurology, Endocrinology, Rheumatology, Infectious Diseases, Emergency Medicine, ICU, Radiology, and Pathology.

A. PMDC Competency Mapping

PMDC Competency Domain	Integrated Competencies Achieved	Major Contributing Departments
1. Medical Knowledge	Explain the pathophysiology, clinical presentation, diagnosis, investigation, management, prevention, and follow-up of common adult medical disorders.	General Medicine, Cardiology, Pulmonology, Gastroenterology, Nephrology, Neurology, Endocrinology
2. Patient Care & Clinical Skills	Obtain comprehensive medical history, perform systematic physical examination, formulate differential diagnoses, interpret investigations, and develop evidence-based management plans.	Medicine, Emergency Medicine, ICU
3. Communication Skills	Communicate effectively with patients, caregivers, and multidisciplinary teams; provide counselling regarding chronic diseases, lifestyle modification, medication adherence, and preventive healthcare.	General Medicine, Endocrinology, Cardiology
4. Professionalism & Ethics	Demonstrate ethical practice, confidentiality, accountability, empathy, professionalism, teamwork, and respect for patient autonomy.	All Departments
5. Health Promotion & Disease Prevention	Promote healthy lifestyles, vaccination, screening, chronic disease prevention, smoking cessation, and patient education.	Community Medicine, General Medicine
6. Research & Evidence-Based Practice	Apply evidence-based clinical guidelines, interpret scientific literature, and participate in audit and quality improvement initiatives.	Medicine, Radiology, Pathology

PMDC Competency Domain	Integrated Competencies Achieved	Major Contributing Departments
7. Leadership & System-Based Practice	Work effectively within multidisciplinary teams, utilize referral pathways appropriately, prioritize medical emergencies, and contribute to patient safety and quality improvement.	Medicine, Emergency Medicine, ICU

B. Competency Distribution by Department

Department	Knowledge	Clinical Skills	Communication	Professionalism	Patient Safety
General Medicine	✓	✓	✓	✓	✓
Cardiology	✓	✓	✓	✓	✓
Pulmonology	✓	✓	✓	✓	✓
Gastroenterology	✓	✓	✓	✓	✓
Nephrology	✓	✓	✓	✓	✓
Neurology	✓	✓	✓	✓	✓
Endocrinology	✓	✓	✓	✓	✓
Rheumatology	✓	✓	✓	✓	✓
Infectious Diseases	✓	✓	✓	✓	✓
Emergency Medicine	✓	✓	✓	✓	✓
ICU	✓	✓	✓	✓	✓
Radiology	✓	✓	—	✓	✓
Pathology	✓	—	—	✓	✓

Core Clinical Competencies

By the end of the clerkship, students should be able to:

- Obtain comprehensive medical histories.
- Perform complete systemic physical examinations.
- Recognize and stabilize common medical emergencies.
- Formulate appropriate differential diagnoses.
- Interpret ECGs, chest X-rays, laboratory investigations, arterial blood gases, and common imaging studies.
- Develop evidence-based management plans for acute and chronic diseases.
- Monitor patient progress and recognize clinical deterioration.

- Counsel patients regarding disease prevention, medication adherence, and lifestyle modification.
- Communicate effectively with patients, relatives, and healthcare professionals.
- Maintain accurate clinical documentation and clerkship logbook.

Graduate Attributes Addressed

The Medicine Clerkship develops graduates who are able to:

- Integrate biomedical sciences with clinical medicine.
- Deliver safe, evidence-based, patient-centred medical care.
- Diagnose and manage common acute and chronic medical conditions.
- Communicate effectively with patients and multidisciplinary teams.
- Demonstrate professionalism, ethical behaviour, empathy, and accountability.
- Promote disease prevention and health promotion.
- Practice lifelong learning and evidence-based medicine.

PMDC Graduate Domains Covered

Graduate Domain Level of Achievement

Medical Expert	✓ Extensive
Communicator	✓ Extensive
Collaborator	✓ Extensive
Leader	✓ Moderate
Health Advocate	✓ Extensive
Scholar	✓ Moderate
Professional	✓ Extensive

Entrustable Professional Activities (EPAs)

By the end of the Medicine Clerkship, students should be able to perform the following **under appropriate supervision**:

1. Obtain and present a focused medical history.
2. Perform a complete systemic examination.
3. Assess and initiate management of common medical emergencies.
4. Interpret common laboratory tests, ECGs, chest X-rays, and imaging studies.
5. Develop evidence-based management plans for common medical conditions.

6. Counsel patients regarding chronic disease management and preventive care.
7. Participate effectively in ward rounds, outpatient clinics, and emergency care.
8. Document clinical encounters accurately and maintain the clerkship logbook.

Teaching–Learning Matrix

Integrated Clinical Theme	Teaching–Learning Strategy	Learning Environment	Primary Departments	Expected Competencies
General Medical Assessment	Bedside Teaching, Clinical Demonstration	Medical Wards	General Medicine	History taking, physical examination, clinical reasoning
Cardiovascular Disorders	Case-Based Learning (CBL), ECG Interpretation Sessions	Cardiology Ward & OPD	Cardiology	Cardiovascular examination, ECG interpretation, management planning
Respiratory Disorders	Bedside Teaching, Clinical Tutorials	Pulmonology Ward & OPD	Pulmonology	Respiratory examination, oxygen therapy, interpretation of chest imaging
Gastrointestinal & Hepatic Disorders	Ward Rounds, CBL	Gastroenterology Unit	Gastroenterology	Abdominal examination, diagnostic reasoning
Renal & Electrolyte Disorders	Clinical Tutorials, Bedside Teaching	Nephrology Unit	Nephrology	Fluid assessment, renal investigations, electrolyte interpretation
Endocrine & Metabolic Disorders	Interactive Lectures, Case Discussions	Endocrinology Clinic	Endocrinology	Diabetes management, endocrine assessment
Neurology	Bedside Teaching, Clinical Demonstrations	Neurology Ward	Neurology	Neurological examination and localization
Infectious Diseases	Case Discussions, Isolation Ward Teaching	Medical Ward	Infectious Diseases	Infection control and antimicrobial stewardship
Emergency & Critical Care	Simulation, Emergency Duty	Emergency Department & ICU	Emergency Medicine, ICU	Initial stabilization, acute patient management

Integrated Clinical Theme	Teaching– Learning Strategy	Learning Environment	Primary Departments	Expected Competencies
Diagnostic Medicine	Radiology Review, Laboratory Interpretation Sessions	Radiology & Pathology Departments	Radiology, Pathology	Interpretation of investigations and clinicopathological correlation

B. Student-Centred Learning Activities

Activity	Purpose
Bedside Teaching	Develop history taking, examination and patient management skills
Ward Rounds	Strengthen clinical reasoning and multidisciplinary care
Outpatient Clinics	Exposure to common chronic medical conditions
Case-Based Learning (CBL)	Integrate theory with clinical practice
Clinical Case Presentations	Enhance presentation and analytical skills
Emergency Department Posting	Develop emergency assessment and stabilization skills
ICU Posting	Understand management of critically ill patients
Journal Club	Promote evidence-based medical practice
Self-Directed Learning (SDL)	Encourage lifelong learning
Multidisciplinary Meetings	Develop teamwork and collaborative decision-making

C. Longitudinal Themes

The following themes are reinforced throughout the Medicine Clerkship:

- Patient-centred care
- Clinical reasoning and diagnostic decision-making
- Evidence-based medicine
- Communication and patient counselling
- Professionalism and medical ethics
- Patient safety and quality improvement
- Rational prescribing
- Infection prevention and antimicrobial stewardship
- Interprofessional teamwork
- Reflective practice and lifelong learning

D. Clinical Learning Settings

Students will receive supervised learning experiences in:

- General Medical Wards
- Medical Outpatient Clinics
- Cardiology Unit
- Pulmonology Unit
- Gastroenterology Unit
- Nephrology Unit
- Neurology Unit
- Endocrinology Clinic
- Emergency Department
- Intensive Care Unit (ICU)
- Radiology Department
- Clinical Skills & Simulation Laboratory

E. Learning Resource

- UHS MBBS Curriculum 2K23 (Final Year)
- PMDC Competency Framework
- Medicine Clerkship Manual
- Clinical Skills Laboratory
- Medical Wards and Outpatient Clinics
- Standard Medical Textbooks (Davidson's Principles & Practice of Medicine, Harrison's Principles of Internal Medicine, Kumar & Clark's Clinical Medicine)
- National and International Clinical Practice Guidelines
- Medical Library and E-learning Resources

F. Expected Learning Outcomes from Clinical Posting

By the end of the Medicine Clerkship, students should be able to:

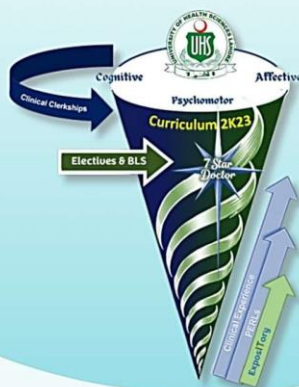
- Obtain comprehensive medical histories and perform complete systemic examinations.
- Interpret laboratory investigations, ECGs, chest X-rays, ABGs, and common imaging studies.
- Develop evidence-based management plans for common medical disorders.
- Recognize and initiate management of acute medical emergencies.
- Counsel patients regarding chronic disease management and lifestyle modification.

- Demonstrate rational prescribing and safe medication practices.
- Communicate effectively with patients, caregivers, and multidisciplinary teams.
- Demonstrate professionalism, ethical practice, and patient safety in all clinical settings.
- Maintain accurate clinical documentation and clinical logbooks.



**Modular Integrated
Curriculum 2K23**
Final Version

MEDICINE-I



HISTORY TAKING AND GENERAL PHYSICAL EXAMINATION

Clinical Skills

Code	Topic	Clinical Methods/Skills
M1-001	History taking skills	<p>Demonstrate history-taking skills covering:</p> <ul style="list-style-type: none"> • patient biodata, rapport building, identity confirmation, and consent. • presenting complaint including onset, duration, severity, and associated factors. • structured history of the present illness with relevant characteristics and contextual details. • brief review of systems using focused screening questions • past medical and surgical history including previous illnesses, hospitalizations, and procedures. • drug history including prescribed medications, herbal supplements, allergies. • family history. • social history including occupation, lifestyle habits, exposure risks, socioeconomic history, and psychosocial factors.

M1-002	General physical examination	<p>Perform general physical examination:</p> <ul style="list-style-type: none">• Preparation of the patient, maintaining privacy, comfort, proper exposure, and hand hygiene• Assess for build, nourishment, level of consciousness, posture, distress, facies, body movements, and hygiene• Measurement of vital signs• Pulse for rate, rhythm, volume, character, radio-radial delay, and radio-femoral delay• Head and face for pallor, icterus, cyanosis, xanthelasma, corneal arcus, rash, and facial symmetry
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		<ul style="list-style-type: none"> • Eye for conjunctival pallor, scleral icterus, pupillary responses, and ocular movements • Oral cavity for mucosal color, hydration, tongue changes, and dental hygiene • Neck examination including thyroid inspection, tracheal position, and assessment of jugular venous pressure • Lymph node examination of cervical, axillary, epitrochlear, and inguinal regions for size, tenderness, mobility, consistency, and fixation • Skin for color changes, pallor, cyanosis, jaundice, pigmentation, rashes, scars, edema, and dehydration signs • Nails for clubbing, koilonychia, leukonychia, and capillary refill time • Hands for tremors, palmar erythema, asterixis, warmth, and peripheral perfusion • Assessment of the chest for shape, symmetry, deformities, tracheal alignment, respiratory rate, breathing pattern, and use of accessory muscles • Cardiovascular screening for peripheral pulses, peripheral perfusion, and peripheral edema. • Respiratory screening through observation of chest expansion and symmetry • Abdominal screening including inspection and light palpation for tenderness, organomegaly, or masses. • Basic neurological screening including mental status, orientation, gait, muscle bulk, and gross motor function. <input type="checkbox"/> Leg examination including edema. • Appropriate documentation and communication of findings while maintaining patient dignity and comfort throughout the examination
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CENTRAL NERVOUS SYSTEM DISEASES

Theory

Code	Topic	Specific Learning Objective
M1-003	Headache	<ul style="list-style-type: none"> Classify types of headache. Identify red-flag signs requiring urgent evaluation. Formulate an initial management plan, including acute treatment and preventive strategies.
M1-004	Stroke and Transient Ischemic Attack (TIA)	<ul style="list-style-type: none"> Explain the pathophysiology, risk factors, and mechanisms of ischemic and hemorrhagic stroke. Identify key clinical features. Enlist investigations, including imaging and laboratory workup. Outline acute management plan with secondary prevention strategies.
M1-005	Epilepsy and Seizure Disorders	<ul style="list-style-type: none"> Define seizure, Pseudo seizures, and epilepsy. Classify seizures based on clinical features. Identify causes and precipitating factors. Enlist investigation reports. Develop treatment plans including counseling on driving. Describe medico legal considerations regarding signing a driving license certificate for epileptic patient (integrate with forensic medicine).
M1-006	Neuropathy and Myopathy	<ul style="list-style-type: none"> Identify clinical patterns suggestive of peripheral neuropathies and myopathies. Enlist initial investigations. Plan workup and treatment options.

M1-007	Meningitis and Encephalitis	<ul style="list-style-type: none"> • Describe common infectious and non-infectious etiologies. • Diagnose based on clinical presentation and investigation findings. • Outline management plan.
		<ul style="list-style-type: none"> □ Describe prognosis.
M1-008	Parkinsonism and Movement Disorders	<ul style="list-style-type: none"> • Distinguish Parkinson's disease from other causes of Parkinsonism and movement disorders. • Outline principles of management, including pharmacologic therapy and multidisciplinary care.
M1-009	Demyelinating Disorders	<ul style="list-style-type: none"> • Explain common clinical presentations and patterns of demyelinating disease. • Interpret fundamental investigations. • Outline management principles for acute relapses, disease-modifying therapy, and symptom control.
M1-010	Neurological Emergencies	<p>(Status epilepticus, raised intracranial pressure, Guillain–Barré syndrome, myasthenic crisis)</p> <ul style="list-style-type: none"> • Identify life-threatening neurological emergencies. • Outline steps of immediate management and referral to critical care.
M1-011	Localizing lesions in the central nervous system	<ul style="list-style-type: none"> • Explain the clinical features that differentiate upper motor neuron lesions from lower motor neuron lesions. • Integrate clinical history and neurological examination to localize lesions. • Suggest appropriate investigations based on suspected lesion site.

M1-012	Neurodegenerative disorders	<ul style="list-style-type: none"> • Classify common neurodegenerative diseases. • Describe the key clinical features of major neurodegenerative disorders. • Enlist investigations used in the evaluation of neurodegenerative disorders. • Outline the principles of management, including pharmacological and supportive care.
M1-013	Cerebellar disorders	<ul style="list-style-type: none"> • Classify cerebellar diseases (e.g., degenerative, vascular, neoplastic, infective, toxic, congenital). • Describe the key clinical features of cerebellar dysfunction. • Enlist investigations used in the evaluation of cerebellar disorders.
		<ul style="list-style-type: none"> □ Outline the principles of management of cerebellar diseases, including cause-specific and supportive care.
M1-014	Neuromuscular disorders	<ul style="list-style-type: none"> • Classify neuromuscular disorders. • Describe the key clinical features of muscular dystrophy, myasthenia gravis, and Lambert–Eaton myasthenic syndrome. • Differentiate between myasthenia gravis and Lambert–Eaton myasthenic syndrome based on clinical presentation. • Enlist investigations used in the evaluation of these neuromuscular disorders. • Outline management plan for muscular dystrophy, myasthenia gravis, and Lambert–Eaton myasthenic syndrome
M1-015	Brain death	<ul style="list-style-type: none"> • Discuss diagnostic criteria of brain death. • Discuss breaking bad news.

M1-016	Spinal Cord Lesions	<ul style="list-style-type: none"> • Enlist types of spinal cord lesions. • Describe clinical presentation. • Enlist diagnostic modalities. • Differentiate between spastic and flaccid paralysis. • Discuss management plan.
M1-017	Space Occupying Lesion (Brain Abscess & tumors)	<ul style="list-style-type: none"> • Enlist causes of brain abscess and SOL. • Enlist causes of ring enhancing lesions on CT brain. • Discuss investigations and management plan.

Clinical Skills

Code	Topic	Clinical Methods/Skills
M1-018	History taking	Take a comprehensive neurological history, including onset, progression, associated symptoms, risk factors, and functional impact.
M1-019	Clinical examination	Perform clinical examination of I–XII cranial nerves, motor

		<p>and sensory systems, cerebellar tests, higher mental functions, meningeal irritation signs, and raised intracranial pressure.</p> <p>Demonstrate approach to assessing and stabilizing an acute stroke patient.</p> <p>Interpret common lab investigations (CBC, electrolytes, renal and liver function tests, coagulation profile, CSF analysis and CNS imaging (CT, MRI), correlating findings with clinical presentation to support diagnosis and management.</p>
M1-020	Counselling	Counsel patients and families with professionalism, empathy, and cultural sensitivity.

CARDIOVASCULAR DISEASES

Theory		
Code	Topic	Specific Learning Objective
M1-021	Hypertension	<ul style="list-style-type: none"> • Classify hypertension. • Identify clinical features. • Enlist the risk factors. • List appropriate investigations. • Outline management plans. • Assess prognosis, complications, and preventive measures.
M1-022	Coronary Artery Disease (CAD)	<ul style="list-style-type: none"> • Describe clinical features of angina, myocardial infarction, and acute coronary syndromes. • Enlist risk factors and preventive strategies. • Formulate differential diagnoses for ischemic chest pain. • Enlist important investigations for diagnosis and severity assessment • Outline the management plans including medical therapy, PCI, and CABG • Anticipate prognosis and long-term follow-up.
M1-023	Heart Failure	<ul style="list-style-type: none"> • Classify types of heart failure. • Identify clinical features of heart failure.. • Explain underlying etiology, predisposing factors, and pathophysiology. • Formulate differential diagnoses for dyspnea, edema, and exercise intolerance. • Enlist relevant investigations to confirm diagnosis. • Outline management plan. • Discuss prognosis, complications, and long-term monitoring.

M1-024	Cardiac Arrhythmias	<ul style="list-style-type: none"> • Classify arrhythmias • Explain pathophysiology and clinical features of tachy- and brady-arrhythmia. • Formulate differential diagnoses. • Enlist investigations for diagnosis and monitoring. • Develop a management plan. • Assess prognosis and potential complications.
M1-025	Cardiac arrest	<ul style="list-style-type: none"> • Describe pathophysiology. • Identify immediate assessment priorities. • Enlist potential underlying causes. • Assess prognosis and outcome determinants.
M1-026	Diseases of Heart Valves	<ul style="list-style-type: none"> • Identify clinical features of mitral, aortic, tricuspid, and pulmonary valve diseases. • Explain pathophysiology and potential complications. • Outline management plan.
M1-027	Infective endocarditis	<ul style="list-style-type: none"> • Describe clinical features. • Describe diagnostic criteria. • Outline investigations and management plan.
M1-028	Rheumatic Fever and Rheumatic Heart Disease	<ul style="list-style-type: none"> • Identify clinical features of rheumatic fever and heart disease. • Explain the pathophysiology and progression • Diagnostic criteria for RF • Identify the complications.
		<ul style="list-style-type: none"> <input type="checkbox"/> Formulate differential diagnoses for suspected cases. <input type="checkbox"/> Enlist appropriate investigations to confirm diagnosis and assess severity. <input type="checkbox"/> Outline medical and surgical management strategies. <input type="checkbox"/> Discuss prognosis and long-term follow-up considerations

M1-029	Diseases of Myocardium	<ul style="list-style-type: none"> <input type="checkbox"/> Identify clinical features of myocarditis, cardiomyopathy, and cardiac tumors. <input type="checkbox"/> Differentiate dilated from hypertrophic cardiomyopathy. <input type="checkbox"/> Formulate differential diagnoses. <input type="checkbox"/> Enlist investigations to confirm diagnosis. <input type="checkbox"/> Outline management plans. <input type="checkbox"/> Assess prognosis and follow-up.
M1-030	Diseases of Pericardium	<ul style="list-style-type: none"> <input type="checkbox"/> Identify clinical features of acute pericarditis, constrictive pericarditis, and cardiac tamponade. <input type="checkbox"/> Explain etiology and pathophysiology. <input type="checkbox"/> Enlist investigations for diagnosis. <input type="checkbox"/> Outline management plans. <input type="checkbox"/> Assess complications and prognosis
M1-031	Diseases of Aorta	<ul style="list-style-type: none"> <input type="checkbox"/> Identify clinical features of aortic aneurysm, dissection, coarctation, and Marfan syndrome. <input type="checkbox"/> Explain risk factors and underlying etiology. <input type="checkbox"/> Formulate differential diagnoses. <input type="checkbox"/> Enlist investigations for diagnosis and risk stratification. <input type="checkbox"/> Develop management plans including medical, interventional, and surgical approaches. <input type="checkbox"/> Describe complications and prognosis
M1-032	Congenital Heart Disease (CHD)	<ul style="list-style-type: none"> <input type="checkbox"/> Identify clinical features of cyanotic and acyanotic CHD. Explain pathophysiology. <input type="checkbox"/> List investigations. <input type="checkbox"/> <input type="checkbox"/> Plan management strategies. <input type="checkbox"/> Assess long-term outcomes and prognosis

M1-033	Peripheral Vascular Disease	<ul style="list-style-type: none"> Describe clinical features of peripheral vascular disease. List risk factors. Formulate differential diagnoses for limb pain, swelling, or ulceration. Outline investigations and management plans with prognosis and follow-up.
M1-034	Cardiogenic Shock	<ul style="list-style-type: none"> Identify clinical features and hemodynamic changes. Describe the underlying pathophysiology. Formulate differential diagnoses for hypotension and shock state. Enlist important investigations. Plan emergency management. Assess prognosis and factors affecting outcomes
Clinical Skills		
Code	Topic	Clinical Methods/Skills
M1-035	History taking	<p>Take a focused history of chest pain, dyspnea, palpitations, syncope, edema, and functional limitations.</p> <p>Record past medical, surgical, drug, allergy, personal, and social history relevant to cardiovascular conditions.</p>

M1-036	Clinical examination	<p>Assess general appearance, hands (color, temperature, clubbing, splinter hemorrhages, Janeway lesions, Osler's nodes, and tendon xanthomas).</p> <p>Measure and interpret pulse, blood pressure, and JVP</p> <p>Inspect the precordium for scars, pacemaker sites, and visible pulsations.</p> <p>Palpate apex beat, parasternal heave, and thrills.</p> <p>Auscultate heart sounds and murmurs, pericardial rub, lungs for fine crackles or pleural effusion at bases.</p> <p>Palpate abdomen for hepatosplenomegaly or pulsatile liver and check for ascites, ankle, and sacral edema.</p> <p>Auscultate for bruits over the abdomen and femoral arteries.</p>
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		<p>Inspect lower limbs for temperature, color, capillary refill, ulceration, varicosities, and scars.</p> <p>Perform ECG with correct lead placement and interpret the findings.</p> <p>Observe and assist in echocardiography and interpret the report.</p> <p>Interpret laboratory investigations, including cardiac enzymes, lipid profile, coagulation profile, electrolytes, renal function tests, thyroid function tests, and inflammatory markers, in relation to common CVS conditions.</p>
M1-037	Counselling	Counsel patients and families with professionalism, empathy, and cultural sensitivity.

RESPIRATORY DISEASES

Theory

Code	Topic	Specific Learning Objective
M1-038	Common respiratory symptoms	<ul style="list-style-type: none"> • Explain the pathophysiological basis of cough, sputum, dyspnea, hemoptysis, and chest pain. • Describe their clinical significance.

M1-039	Pneumonia	<ul style="list-style-type: none"> • Describe etiology and risk factors of community- and hospital-acquired pneumonia. • Diagnose based on characteristic clinical features. • Enlist potential complications. • Outline essential investigations and their diagnostic value. • Plan management and indications for hospitalization. • Discuss preventive measures.
M1-040	Tuberculosis	<ul style="list-style-type: none"> • Identify typical and atypical clinical presentations. • Explain diagnostic criteria. • Outline standard treatment regimens and principles of drug-resistant TB management.

		Discuss major preventive strategies.
M1-041	Bronchial Asthma	<ul style="list-style-type: none"> • Explain pathophysiology, triggers, and classification. • Identify features of stable disease and acute exacerbation. • Outline acute and chronic management plan using step-wise therapy. • Discuss preventive approaches and patient education.
M1-042	Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> • Identify risk factors. • Explain underlying pathophysiology. • Describe common clinical features and complications. • Outline diagnostic evaluation. • Plan management of stable COPD and acute exacerbations including preventive care.
M1-043	Pleural Effusion	<ul style="list-style-type: none"> • Enlist causes of transudative and exudative effusions. • Describe characteristic clinical features and radiographic findings. • Outline diagnostic work-up including thoracentesis. • Plan management according to underlying cause.

M1-044	Pneumothorax	<ul style="list-style-type: none"> • Describe types and mechanisms of pneumothorax. • Identify hallmark clinical findings and life-threatening features. • Outline emergency and definitive management, including indications for chest tube insertion.
M1-045	Lung Cancer	<ul style="list-style-type: none"> • Identify major risk factors. • Describe typical clinical presentations. • Summarize the diagnostic approach. • Outline general management principles for major tumor types. • Discuss preventive strategies including screening.
M1-046	Occupational Lung Diseases	<ul style="list-style-type: none"> • Identify common occupational exposures and associated lung disorders. • Interstitial lung disease
		<ul style="list-style-type: none"> • Recognize early symptoms and diagnostic features. • Describe preventive strategies and workplace safety measures.
M1-047	Pulmonary Embolism	<ul style="list-style-type: none"> • Enlist major risk factors. • Describe clinical presentations. • Outline diagnostic evaluation. • Summarize initial stabilization, treatment principles, and prevention.
M1-048	Respiratory failure and ARDS	<ul style="list-style-type: none"> • Define respiratory failure and acute respiratory distress syndrome (ARDS). • Describe the key clinical features of respiratory failure and ARDS. • Enlist investigations used in the evaluation of respiratory failure and ARDS. • Outline the principles of management of respiratory failure and ARDS.

M1-049	Bronchiectasis Lung abscess	<ul style="list-style-type: none"> Describe the key clinical features of bronchiectasis. Enlist investigations used in the evaluation of bronchiectasis. Outline the principles of management of bronchiectasis. Identify potential complications. Enlist the causes of lung abscess. Diagnose based on clinical presentations and investigations. Outline the management plan.
M1-050	Pulmonary Hypertension And cor pulmonale	<ul style="list-style-type: none"> Define and differentiate pulmonary hypertension and cor pulmonale. Explain the pathophysiological relationship between pulmonary hypertension and the development of cor pulmonale. Describe the key clinical features of pulmonary
		<ul style="list-style-type: none"> hypertension and cor pulmonale. Enlist investigations used in the evaluation of pulmonary hypertension and cor pulmonale. Outline the principles of management of pulmonary hypertension and cor pulmonale.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
M1-051	History taking	Obtain focused respiratory history (symptom analysis: cough, sputum, dyspnea, chest pain, hemoptysis).

M1-052	Clinical examination	<p>Perform inspection, palpation, percussion, and auscultation of chest.</p> <p>Identify and interpret abnormal breath sounds (rhonchi, crackles, bronchial breathing).</p> <p>Interpret examination findings in pleural effusion, consolidation, pneumothorax, COPD, asthma.</p> <p>Demonstrate correct use of a peak flow meter and incentive spirometer.</p> <p>Interpret spirometry graphs (normal, obstructive, restrictive patterns).</p> <p>Interpret basic chest X-rays (effusion, consolidation, collapse, pneumothorax).</p> <p>Demonstrate steps of oxygen therapy administration and nebulization.</p> <p>Demonstrate use of inhalers and spacers to patients. Observe/assist in initial management of respiratory emergencies (asthma attack, pneumothorax).</p>
M1-053	Counselling	Counsel patients on smoking cessation and lifestyle modifications.

RHEUMATIC DISEASES

Theory

Code	Topic	Specific Learning Objective
M1-054	Introduction to autoimmune diseases	<ul style="list-style-type: none"> Classify major rheumatologic disorders. Describe key immune mechanisms involved in autoimmune and inflammatory joint diseases.

M1-055	Rheumatoid Arthritis	<ul style="list-style-type: none"> Describe etiology and immunopathogenesis. Identify characteristic clinical features and extra-articular manifestations. Outline essential investigations and core management principles.
M1-056	Systemic Lupus Erythematosus (SLE)	<ul style="list-style-type: none"> Describe diagnostic criteria and major organ system involvement. Outline principles of management, including monitoring and prevention of flares.
M1-057	Osteoarthritis	<ul style="list-style-type: none"> Explain the pathophysiology of degenerative joint disease. Identify major risk factors and characteristic clinical presentation. Discuss treatment options for symptom relief and functional improvement.
M1-058	Crystal arthropathies	<ul style="list-style-type: none"> Discuss pathophysiology of hyperuricemia and crystal-induced inflammation. Describe diagnostic features of gout. Differentiate gout from pseudogout. Outline management of acute attacks and long-term urate-lowering therapy.
M1-059	Progressive systemic sclerosis	<ul style="list-style-type: none"> Identify key clinical manifestations. Enlist and interpret essential investigations. Outline management plan.

M1-060	Polymyositis and Dermatomyositis	<ul style="list-style-type: none"> Describe clinical features of inflammatory myopathies. Interpret diagnostic tests. Outline management plan.
M1-061	Mixed connective tissue disorders	<ul style="list-style-type: none"> Define and classify mixed connective tissue disorders. Describe the key clinical features. Enlist appropriate investigations. Outline the principles of management.

M1-062	Seronegative Spondyloarthropathies	<ul style="list-style-type: none"> Classify Seronegative Spondyloarthropathies Identify hallmark clinical features and characteristic radiologic findings of Ankylosing spondylitis. Outline management strategies.
M1-063	Vasculitis Syndromes	<ul style="list-style-type: none"> Classify vasculitides. Describe the diagnostic approach including clinical, laboratory, and imaging components. Summarize general management principles.
M1-064	Juvenile Idiopathic Arthritis	<ul style="list-style-type: none"> Describe major clinical variants and typical presentations in children. Outline management principles.
M1-065	Drugs in Rheumatology	<ul style="list-style-type: none"> Explain mechanisms of action of DMARDs, corticosteroids, and biologic agents. Describe their indications and major adverse effects.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
M1-066	History Taking	Take a detailed history of joint pain, stiffness, swelling, and systemic symptoms
M1-067	Clinical examination	<p>Perform general examination with focus on musculoskeletal system.</p> <p>Conduct systematic examination of small and large joints for tenderness, swelling, and deformity.</p> <p>Assess range of motion and functional status of joints.</p> <p>Identify clinical signs of rheumatoid arthritis, SLE, gout, and</p>
		<p>osteoarthritis.</p> <p>Interpret basic rheumatologic investigations such as ESR, CRP, ANA, RF, anti-CCP.</p>

M1-068	Counselling	<p>Counsel patients empathetically and professionally on following points:</p> <ul style="list-style-type: none"> • chronic and relapsing nature of rheumatic diseases in layman language to patients. • importance of medication adherence, expected benefits, and potential side effects. • lifestyle modifications. • impact of disease on daily activities, work, and mental health, offering appropriate support and referrals. • need for periodic follow-up, laboratory monitoring, and screening for drug toxicity.
RENAL DISEASES		
Theory		
Code	Topic	Specific Learning Objective
M1-069	Glomerular diseases	<ul style="list-style-type: none"> • Discuss etiology and pathophysiology. • Identify clinical presentations. • Outline relevant investigations. <input type="checkbox"/> Summarize management plan.
M1-070	Nephrotic Syndrome	<ul style="list-style-type: none"> • Identify key clinical features. • Enlist complications. • Outline relevant investigations to confirm diagnosis. • Describe treatment strategies.
M1-071	Acute Kidney Injury (AKI)	<ul style="list-style-type: none"> • Define AKI and classify types. • Identify causes of AKI. • Enlist relevant investigations. • Outline management plan.
M1-072	Chronic Kidney	<input type="checkbox"/> Classify CKD.

	Disease (CKD)	<ul style="list-style-type: none"> Describe disease progression and complications. Outline relevant investigations. Explain management principles including indications for dialysis.
M1-073	Renal Tubular Disorders	<ul style="list-style-type: none"> Explain major tubular disorders such as renal tubular acidosis (RTA) and Fanconi syndrome. Diagnose based on key clinical features and laboratory findings. Outline relevant investigations.
M1-074	Hypertension and Kidney	<ul style="list-style-type: none"> Discuss secondary hypertension due to renal causes. Outline relevant investigations. Summarize plan of management.
M1-075	Urinary Tract Infections (UTI)	<ul style="list-style-type: none"> Describe clinical presentations of lower and upper UTIs. Outline relevant investigations. Describe management strategies.
M1-076	Renal Replacement Therapy	<ul style="list-style-type: none"> Outline principles of hemodialysis, peritoneal dialysis, and transplantation. Identify indications. Outline relevant investigations for initiation and monitoring.

Clinical Skills

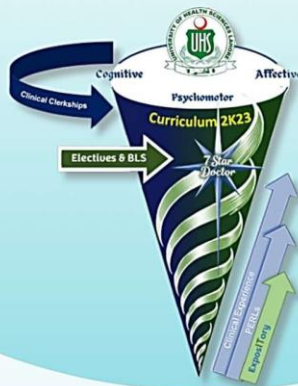
Code	Topic	Clinical Methods/Skills
M1-077	History Taking	Take a structured renal history, focusing on urinary output changes, hematuria, edema, flank pain, dysuria, and relevant systemic or constitutional symptoms.
M1-078	Clinical examination	<p>Perform a general physical examination with emphasis on assessing volume status, pallor, and edema.</p> <p>Examine the abdomen for renal masses, tenderness, and bladder distension.</p> <p>Identify clinical signs of chronic kidney disease such as</p>

		<p>pallor, scratch marks, and edema.</p> <p>Interpret urinalysis results, renal function tests (RFTs), and electrolyte profiles, and renal imaging studies, including ultrasound of kidneys, ureters, and bladder (KUB).</p> <p>Observe/assist in dialysis procedures and indications for initiation.</p>
M1-079	Counselling	<p>Counsel patients and caregivers on following points:</p> <ul style="list-style-type: none"> • chronic nature of renal diseases. • importance of medication adherence, diet, fluid management, and lifestyle modifications. • need for regular follow-up, laboratory monitoring, and timely reporting of warning signs. • understanding dialysis or transplantation options, including indications and expectations.



**Modular Integrated
Curriculum 2K23**
Final Version

MEDICINE-II



ENDOCRINE DISORDERS

Theory

Code	Topic	Specific Learning Objective
M2-001	Diabetes Mellitus and Hypoglycemia	<ul style="list-style-type: none"> • Classify diabetes mellitus into Type 1 diabetes, Type 2 diabetes, MODY, and secondary diabetes. • Explain the pathophysiology of insulin resistance. • Describe the diagnostic criteria and approach for diagnosing a case of diabetes mellitus. • Describe the acute and chronic complications of diabetes mellitus. • Outline the management plan.
M2-002	Thyroid Disorders	<ul style="list-style-type: none"> • Describe the clinical features of hypothyroidism and hyperthyroidism. • Explain the different forms of thyroiditis and their clinical significance. • Classify goiter with causes and clinical implications. • Describe the types, clinical features, and prognosis of thyroid cancers. • Outline the investigations for thyroid disorders. • Discuss disease-specific management approaches, including medical, surgical, and radioactive iodine therapy.
M2-003	Pituitary and Hypothalamic Disorders	<ul style="list-style-type: none"> • Describe the causes, clinical features, and consequences of hypopituitarism and pituitary adenomas. • Explain the clinical features, causes, and complications of acromegaly, gigantism, and prolactinoma. • Describe the types, causes, and clinical presentation of diabetes insipidus. • Explain the pathophysiology, causes, and clinical
		<p>features of SIADH.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discuss hypothalamic syndrome, including its causes, clinical manifestations, and implications.

M2-004	Adrenal Disorders	<ul style="list-style-type: none"> • Describe the causes, clinical features, and investigations for Addison's disease and adrenal crisis. • Describe the etiology, clinical features, and investigations for Cushing's syndrome and Cushing's disease. • Explain the clinical features, diagnosis, and management of pheochromocytoma. • Describe primary hyperaldosteronism (Conn's syndrome), including its causes and clinical manifestations.
M2-005	Disorders of Calcium and Bone Metabolism	<ul style="list-style-type: none"> • Describe the causes and clinical features of hyperparathyroidism and hypoparathyroidism. • Explain the causes, and clinical manifestations of vitamin D disorders, including osteomalacia and rickets. • Describe osteoporosis, including its risk factors, diagnosis, prevention, and management. • Explain the etiology, clinical features, and complications of Paget's disease of bone.
M2-006	Reproductive Endocrinology	<ul style="list-style-type: none"> • Describe the causes and clinical features of precocious and delayed puberty. • Explain the etiology, clinical features, and complications of polycystic ovary syndrome (PCOS). • Describe hypogonadism in males and females, including its causes and clinical manifestations. • Explain the causes and clinical features of gynecomastia. • Discuss the endocrine causes of infertility and their role in reproductive dysfunction.
M2-007	Multiple endocrine neoplasia	<ul style="list-style-type: none"> <input type="checkbox"/> Describe the types, clinical features, and genetic basis of multiple endocrine neoplasia (MEN 1 and MEN 2).

M2-008	Paraneoplastic endocrine syndromes	<input type="checkbox"/> Describe paraneoplastic endocrine syndromes, including their causes and clinical manifestations.
M2-009	Endocrine hypertension	<input type="checkbox"/> Explain the causes, pathophysiology, and clinical features of endocrine hypertension.
M2-010	Endocrine emergencies	<ul style="list-style-type: none"> • Describe the clinical features, precipitating factors, and initial management of thyroid storm. • Explain the presentation, causes, and management of myxedema coma. • Describe adrenal crisis, including its causes, clinical features, and emergency management. • Explain the acute management of diabetic emergencies, including Diabetic ketoacidosis and severe hypoglycemia.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
M2-011	History Taking	Take a focused endocrine history for Diabetes mellitus, Hypothyroidism, Hyperthyroidism, Thyroid nodules, Pituitary adenomas, Cushing's syndrome, Adrenal insufficiency, and Hypogonadism.
M2-012	Clinical examination	<p>Perform general physical examination.</p> <p>Examine:</p> <ul style="list-style-type: none"> • Neck for goiter, nodules, or thyroid enlargement (Thyroid disorders). • Skin for pigmentation changes, stretch marks, hirsutism, edema (Adrenal disorders, Cushing's syndrome, Polycystic Ovary Syndrome). • Musculoskeletal system for bone deformities, muscle weakness, or skeletal abnormalities (Vitamin D disorders, Osteoporosis, Paget's disease of bone).

		<p>□ Genitalia and secondary sexual characteristics (Hypogonadism, Disorders of puberty).</p> <p>Observe/assist in management of acute endocrine emergencies including diabetic ketoacidosis and severe hypoglycemia.</p> <p>Interpret thyroid function tests, thyroid antibodies, and relevant imaging, blood glucose, electrolytes, renal function, and ketones for acute diabetic complications, adrenal function tests, cortisol, and imaging studies, reproductive endocrine investigations, bone metabolism markers, calcium, phosphate, vitamin D, and imaging studies.</p>
M2-013	Counselling	Demonstrate effective patient counselling skills, including explaining the diagnosis, treatment options, lifestyle modifications, medication adherence, and follow-up plans for patients with endocrine disorders.

GASTROINTESTINAL DISEASES

Theory

Code	Topic	Specific Learning Objective
M2-014	Diseases of Oral Cavity	<ul style="list-style-type: none"> Describe the etiology of oral cavity diseases including infective, traumatic, autoimmune, neoplastic, and nutritional causes. Explain the pathophysiology of local tissue damage and immune response in oral diseases. Identify the clinical features of oral cavity disorders. Outline the investigations.
M2-015	Acute Gastroenteritis	<ul style="list-style-type: none"> Explain the pathophysiology acute gastroenteritis. Identify the clinical features and complications. Outline the investigations and management plan.

M2-016	Chronic Diarrhea	<ul style="list-style-type: none"> • Describe the common causes of chronic diarrhea. • Explain the pathophysiology. • Identify the clinical features and complications.
		Outline the investigations and management plan.
M2-017	Dysphagia	<ul style="list-style-type: none"> • Describe the etiology of dysphagia including structural and functional causes. • Explain the pathophysiology of dysphagia. • Identify the clinical features. • Outline the investigations to reach the diagnosis.
M2-018	Gastroesophageal Reflux Disease (GERD)	<ul style="list-style-type: none"> • Describe the etiology of GERD. • Explain the pathophysiology. • Identify the clinical features of GERD. • Outline the investigations and management plan.
M2-019	Peptic Ulcer Disease & Dyspepsia	<ul style="list-style-type: none"> • Describe the etiology of peptic ulcer disease. • Explain the pathophysiology. • Identify the clinical features and potential complications. • Outline the management plan.
M2-020	Irritable Bowel Syndrome (IBS)	<ul style="list-style-type: none"> • Describe the etiology of IBS. • Explain the pathophysiology. • Identify the clinical features. • Outline the investigations and management plan.
M2-021	Malabsorption Syndromes	<ul style="list-style-type: none"> • Describe the etiology of malabsorption syndromes. • Explain the pathophysiology. • Identify the clinical features and complications. • Outline the investigations and management plan.

M2-022	Inflammatory Bowel Disease (IBD)	<ul style="list-style-type: none"> • Define inflammatory bowel disease. • Describe the etiology and pathophysiological mechanisms. • Differentiate between ulcerative colitis and Crohn's disease. • Identify clinical manifestations of IBD and complications. • Formulate differential diagnosis. • Interpret relevant investigations used in the diagnosis.
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		<input type="checkbox"/> Outline management plan.
M2-023	Gastrointestinal Tuberculosis	<ul style="list-style-type: none"> • Explain the pathophysiology. • Identify the clinical features and complications. • Outline the investigations and management plan.
M2-024	Gastrointestinal Malignancies	<ul style="list-style-type: none"> • Enlist common gastrointestinal cancers. • Identify key risk factors and alarm symptoms. • Outline the investigations, basic principles of management, and prognosis of gastrointestinal cancers.

Clinical Skills

Code	Topic	Clinical Methods/Skills
M2-025	History taking	Take focused gastrointestinal history, including pain, diarrhea, dyspepsia, reflux, dysphagia, bleeding, weight loss, chronic illness, and red-flag symptoms.

M2-026	Clinical examination	<p>Examine oral cavity.</p> <p>Assess hydration status using capillary refill time, skin turgor, pulse, and blood pressure, particularly in acute gastroenteritis and chronic diarrhea.</p> <p>Perform a complete abdominal examination (inspection, palpation, percussion, and auscultation).</p> <p>Demonstrate per rectal examination where indicated, including assessment for bleeding, masses, and tenderness. Identify clinical signs of anemia, malnutrition, and vitamin deficiencies during general and gastrointestinal examination. Interpret diagnostic investigations relevant to gastrointestinal diseases, including CBC, stool examination, occult blood testing, and relevant biochemical tests, ultrasound abdomen, and X-ray abdomen.</p>
M2-027	Counselling	Counsel patients regarding disease nature, lifestyle modification, dietary advice, medication adherence, red-flag symptoms, and follow-up care.

HEPATOBIILIARY DISEASES

Theory

Code	Topic	Specific Learning Objective
M2-028	Approach to a Patient with Jaundice	<ul style="list-style-type: none"> Classify jaundice based on pathophysiology. Identify key clinical features associated with jaundice. Formulate differential diagnosis. Interpret investigations of a patient with jaundice. Outline general principles of management.

M2-029	Acute Liver Failure	<ul style="list-style-type: none"> • Identify common causes of acute liver failure. • Explain the pathophysiological basis of acute liver failure. • Identify clinical presentation and potential complications. • Interpret laboratory investigations used in assessment. • Outline initial and definitive management plan. • Describe Paracetamol poisoning
M2-030	Chronic Liver Disease	<ul style="list-style-type: none"> • Enlist etiology leading to chronic liver disease. • Describe the progression from chronic liver injury to cirrhosis. • Describe clinical features and complications of chronic liver disease. • Interpret investigations used in diagnosis and staging. • Plan strategies for management and complication prevention.
M2-031	Hepatitis B and C	<ul style="list-style-type: none"> • Describe the clinical presentation of Hepatitis B and Hepatitis C. • Enlist and interpret laboratory investigations for Hepatitis B and C. • Outline the treatment plan for Hepatitis B and Hepatitis C.
		<input type="checkbox"/> Enlist potential complications of Hepatitis B and Hepatitis C.
M2-032	Portal Hypertension	<ul style="list-style-type: none"> • Explain the pathophysiology of portal hypertension. • Identify causes and clinical manifestations of portal hypertension. • Interpret relevant diagnostic investigations. • Outline medical and interventional management plan.

M2-033	Variceal Bleeding	<ul style="list-style-type: none"> • Describe clinical presentation of variceal bleeding. • Explain the underlying mechanism leading to variceal rupture. • Enlist the diagnostic procedures. • Outline emergency and preventive management plan.
M2-034	Ascites	<ul style="list-style-type: none"> • Identify common causes of ascites. • Explain the pathophysiological mechanisms involved in ascites formation. • Enlist investigations with interpretation. • Plan the management.
M2-035	Hepatic Encephalopathy	<ul style="list-style-type: none"> • Explain the pathophysiology of hepatic encephalopathy. • Identify clinical features and grading of encephalopathy. • Enlist the precipitating factors. • Discuss the principles of management and prevention.
M2-036	Hepatocellular Carcinoma	<ul style="list-style-type: none"> • Identify risk factors for hepatocellular carcinoma. • Describe clinical features suggestive of HCC. • Enlist and interpret screening and diagnostic investigations. • Outline management options with prognosis.
M2-037	Pancreatitis (Acute & Chronic)	<ul style="list-style-type: none"> • Identify etiological factors of pancreatitis. • Explain the underlying pathophysiology. • Describe characteristic clinical features and complications.
		<ul style="list-style-type: none"> • Interpret relevant laboratory and imaging investigations. • Outline management plan.

M2-038	Obstructive and cholestatic jaundice	<ul style="list-style-type: none"> Identify risk factors. Outline differential diagnosis of obstructive jaundice. Describe signs and symptoms. Enlist appropriate diagnostic investigations.
M2-039	Metabolic Dysfunction–Associated Steatotic Liver Disease (MASLD)	<ul style="list-style-type: none"> Explain the pathophysiological basis and clinical features of MASLD . Interpret investigations used for diagnosis and staging. Plan the management.
M2-040	Alcoholic Liver Disease	<ul style="list-style-type: none"> Describe the spectrum of alcoholic liver disease. Identify clinical features. Interpret relevant investigations. Outline principles of management.
M2-041	Autoimmune Hepatitis	<ul style="list-style-type: none"> Identify clinical features of autoimmune hepatitis. Enlist diagnostic investigations with interpretation. Outline principles of management.
M2-042	Wilson’s Disease	<ul style="list-style-type: none"> Describe the pathophysiology. Describe clinical presentation. Outline diagnostic tests with interpretation. Plan management strategies.
M2-043	Hemochromatosis	<ul style="list-style-type: none"> Explain the mechanism of iron overload. Describe clinical presentation. Interpret diagnostic investigations. Outline management principles.
M2-044	Alpha-1 Antitrypsin Deficiency	<ul style="list-style-type: none"> Explain the genetic basis of the disease. Describe clinical presentation. Describe diagnostic investigations with management plan.
M2-045	Congenital	<input type="checkbox"/> Explain the pathophysiology.

	hyperbilirubinemia	<ul style="list-style-type: none"> Describe characteristic clinical presentation. Interpret laboratory findings. Outline plan of patient management.
M2-046	Liver Disease in Pregnancy	<ul style="list-style-type: none"> Identify liver disorders specific to pregnancy. Describe clinical features requiring urgent evaluation. Enlist and interpret appropriate investigations. Outline management plan.
M2-047	Parasitic Infections of the Liver	<ul style="list-style-type: none"> Identify common parasitic liver diseases. Liver abscess Describe clinical presentation. Select relevant diagnostic investigations. Outline principles of treatment.
Clinical Skills (Psychomotor + Affective)		
Code	Topic	Clinical Methods/Skills
M2-048	History taking	Take a focused hepatobiliary history, including jaundice, abdominal pain, pruritus, nausea, vomiting, dyspepsia, weight loss, bleeding tendencies, risk factors, chronic liver disease symptoms, and red-flag features.
M2-049	Clinical examination	<p>Perform abdominal examination including inspection, palpation, percussion, auscultation and document the findings.</p> <p>Interpret relevant tests including LFTs, INR/PT, viral markers, ceruloplasmin, serum ferritin, ultrasound abdomen, Doppler, CT/MRI, MRCP, and liver biopsy where indicated.</p> <p>Communicate disease nature, treatment plan, lifestyle advice, and follow-up requirements to patients and caregivers.</p>
INFECTIOUS DISEASES		
Theory		
Code	Topic	Specific Learning Objective

M2-050	Approach to a Patient with Fever	<ul style="list-style-type: none"> • Define fever and describe its common patterns. • Explain the pathophysiology of fever. • Differentiate between acute, subacute, and chronic fever. • Describe the concept and causes of pyrexia of unknown origin (PUO). • Identify common infectious and non-infectious causes of fever. • Outline diagnostic approach and management of a patient with fever.
M2-051	Malaria	<ul style="list-style-type: none"> • Describe the epidemiology and modes of transmission of malaria. • Differentiate between uncomplicated and severe malaria. • Describe diagnostic methods for malaria. • Outline principles of treatment and prevention of malaria. • Identify complications of malaria.
M2-052	Dengue Fever	<ul style="list-style-type: none"> • Describe the epidemiology and transmission of dengue fever. • Differentiate between dengue fever, dengue hemorrhagic fever, and dengue shock syndrome. • Identify warning signs and complications of dengue. • Outline principles of management of dengue fever.
M2-053	Enteric Fever (Typhoid Fever)	<ul style="list-style-type: none"> • Describe the etiology and transmission of enteric fever. • Describe the clinical features and stages of enteric fever. • Outline the diagnostic approach to enteric fever and principles of antibiotic therapy in enteric fever. • Identify complications and preventive strategies.

M2-054	Amebiasis	<ul style="list-style-type: none"> Describe the etiology. Differentiate between intestinal and extra-intestinal
		<p>manifestations.</p> <ul style="list-style-type: none"> Explain the pathogenesis and complications of amebiasis. Describe diagnostic modalities and treatment of amebiasis.
M2-055	Covid-19	<ul style="list-style-type: none"> Describe the modes of transmission of COVID-19. Explain the pathophysiology and clinical spectrum of COVID-19. Outline diagnostic investigations and management. Describe infection prevention and control measures.
M2-056	HIV / AIDS	<ul style="list-style-type: none"> Describe modes of transmission. Identify common opportunistic infections associated with HIV. Describe diagnostic tests for HIV infection. Outline principles of antiretroviral therapy.
M2-057	Rabies	<ul style="list-style-type: none"> Describe the modes of transmission of rabies. Describe the clinical stages of rabies. Outline principles of post-exposure prophylaxis and preventive strategies for rabies.
M2-058	Tetanus	<ul style="list-style-type: none"> Describe the clinical presentation of tetanus. Enlist and interpret laboratory and diagnostic investigations. Outline the treatment plan. Enlist potential complications.
Clinical Skills		
Code	Topic	Clinical Methods/Skills

M2-059	History taking	Take history in patients with suspected infectious diseases (fever, malaria, dengue fever, enteric fever, amebiasis, COVID-19, HIV/AIDS, rabies).
M2-060	Clinical Examination and Investigations	Perform a thorough general physical examination and system-focused examination relevant to infectious diseases,

	Counseling	<p>including assessment of vital signs, hydration status, respiratory distress, abdominal findings, neurological status, and identification of red-flag signs (severe malaria, dengue warning signs, septic features).</p> <p>Interpret relevant laboratory and diagnostic investigations such as complete blood count, peripheral smear and rapid tests for malaria, platelet trends, liver function tests, blood cultures, stool examination, oxygen saturation, imaging, and HIV diagnostic tests, and monitor disease severity and response to treatment.</p> <p>Counsel patients and attendants empathetically and professionally on the following points:</p> <ul style="list-style-type: none"> • nature and expected course of infectious diseases in simple language. • importance of treatment adherence, completion of prescribed therapy, and potential adverse effects. • preventive measures including hygiene, sanitation, vector control, vaccination, and infection control practices. • indications for urgent review, follow-up planning, and referral when required.
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HEMATOLOGIC DISORDERS

Theory

Code	Topic	Specific Learning Objective
M2-061	Iron Deficiency Anemia	<ul style="list-style-type: none"> • Describe the etiology and risk factors of iron deficiency anemia • Identify the clinical features. • Outline the diagnostic criteria and principles of treatment including prevention of iron deficiency anemia.
M2-062	Megaloblastic Anemia	<ul style="list-style-type: none"> <input type="checkbox"/> Enlist the causes of megaloblastic anemia. <input type="checkbox"/> Identify the clinical features of megaloblastic anemia. <input type="checkbox"/> Outline the diagnostic approach to megaloblastic anemia <input type="checkbox"/> Describe principles of management of megaloblastic anemia
M2-063	Hemolytic Anemia	<ul style="list-style-type: none"> <input type="checkbox"/> Classify hemolytic anemias <input type="checkbox"/> Explain the pathophysiology of hemolytic anemia. <input type="checkbox"/> Identify the clinical features. <input type="checkbox"/> Outline diagnostic investigations and principles of management of hemolytic anemia.
M2-064	Aplastic Anemia	<ul style="list-style-type: none"> <input type="checkbox"/> Describe the etiology and pathogenesis of aplastic anemia <input type="checkbox"/> Identify the clinical features and diagnostic criteria for aplastic anemia. <input type="checkbox"/> Outline management plan of aplastic anemia.
M2-065	Leukemias	<ul style="list-style-type: none"> <input type="checkbox"/> Classify leukemias <input type="checkbox"/> Identify the clinical features. <input type="checkbox"/> Outline the diagnostic approach to leukemias <input type="checkbox"/> Discuss principles of management of leukemias.

M2-066	Hodgkin Lymphoma	<ul style="list-style-type: none"> <input type="checkbox"/> Identify the clinical features of Hodgkin lymphoma. <input type="checkbox"/> Describe staging of Hodgkin lymphoma. <input type="checkbox"/> Outline the diagnostic approach to Hodgkin lymphoma. <input type="checkbox"/> Describe principles of management of Hodgkin lymphoma.
M2-067	Non-Hodgkin Lymphoma	<ul style="list-style-type: none"> <input type="checkbox"/> Identify the clinical features of non-Hodgkin lymphoma. <input type="checkbox"/> Outline the diagnostic evaluation of non-Hodgkin lymphoma. <input type="checkbox"/> Describe principles of management of non-Hodgkin

		lymphoma.
M2-068	Bleeding Disorders	<ul style="list-style-type: none"> • Classify bleeding disorders • Identify the clinical features. • Outline the diagnostic approach to bleeding disorders. • Describe principles of management of bleeding disorders.
M2-069	Platelet Disorders	<ul style="list-style-type: none"> • Describe causes of thrombocytopenia • Explain the pathophysiology of platelet disorders • Identify clinical manifestations of platelet disorders. • Outline the diagnostic approach and management of platelet disorders.
M2-070	Plasma Cell Disorders	<ul style="list-style-type: none"> • Classify plasma cell disorders. • Identify the clinical features of plasma cell disorders • Outline diagnostic criteria and management plan of plasma cell disorders.

Clinical Skills

Code	Topic	Clinical Methods/Skills
M2-071	History taking	Take history of patients with suspected hematological disorders (iron deficiency anemia, megaloblastic anemia, hemolytic anemia, aplastic anemia, leukemias, Hodgkin lymphoma, non-Hodgkin lymphoma, bleeding disorders, platelet disorders, plasma cell disorders).
M2-072	Clinical examination and Investigations Counselling	Perform general physical and system-focused examination, including assessment of pallor, jaundice, lymphadenopathy, hepatosplenomegaly, bone tenderness, petechiae, purpura, and signs of infection or bleeding. Interpret hematological investigations such as complete blood count, peripheral blood smear, reticulocyte count, iron studies, vitamin B12 and folate levels, hemolysis profile,

		<p>coagulation tests, bone marrow examination, and relevant imaging, to assess disease severity and guide management. Counsel patients empathetically and professionally on the following points:</p> <ul style="list-style-type: none"> • nature, chronicity, and prognosis of hematological disorders in simple, lay language. • importance of medication adherence, transfusion safety, and monitoring for treatment-related adverse effects. • dietary advice, infection prevention, bleeding precautions, and lifestyle modifications where relevant. • need for regular follow-up, laboratory monitoring, and timely referral to hematology services when indicated.
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POISONING

Theory

Code	Topic	Specific Learning Objective
M2-073	General Principles of Poisoning Management	<ul style="list-style-type: none"> • Define poisoning and classify its common types. • Describe routes of exposure and mechanisms of toxicity • Outline a clinical approach to a poisoned patient. • Explain risk assessment and triage in poisoning. • Describe decontamination methods and their indications. • Explain the role and limitations of antidotes. • Describe principles of supportive and symptomatic management • Outline medico-legal aspects related to poisoning.
M2-074	Wheat Pills (Aluminum Phosphide) Poisoning	<ul style="list-style-type: none"> □ Describe the sources of aluminum phosphide □ □ Explain the mechanism of toxicity.

	Phosphide) Poisoning	<ul style="list-style-type: none"> • Identify clinical features and progression. • Outline diagnostic considerations and principles of management. • Describe prognosis and preventive strategies.
M2-075	Organophosphate Poisoning	<ul style="list-style-type: none"> • Explain the mechanism of action and cholinergic toxidrome. • Identify clinical features and complications. • Outline diagnostic criteria and principles of antidotal therapy. • Describe preventive measures for organophosphate exposure.
M2-076	Opioid Poisoning	<ul style="list-style-type: none"> • Identify routes of exposure. • Explain the mechanism of toxicity of opioids. • Identify clinical features and complications of opioid poisoning • Outline the diagnostic approach and principles of management and use of reversal agents.

Clinical Skills		
Code	Topic	Clinical Methods/Skills
M2-077	History taking	Take history in patients with suspected poisoning (general poisoning, aluminum phosphide, organophosphate, opioid poisoning).
M2-078	Clinical examination Counselling	<p>Perform a rapid survey and physical examination, including assessment of airway, breathing, circulation, level of consciousness, pupil size, secretions, vital signs, and identification of characteristic toxidromes.</p> <p>Interpret relevant investigations such as arterial blood gases, serum electrolytes, ECG, cholinesterase levels, toxicology screens, and other baseline tests to assess severity, guide antidotal therapy, and monitor response to treatment.</p> <p>Counsel patients and attendants empathetically and professionally.</p>
M2-079	Medico legal aspect of poisoning (integrate with Forensic Medicine)	<p>Identify routes of poison administration.</p> <p>Examine teeth for the effects of poisoning.</p> <p>Examine body orifices for sample collection for traces of poison.</p> <p>Apply law relevant to poisoning.</p>

Integrated Assessment Matrix

Competency Domain	Assessment Method	Assessment Tool	Timing	Weightage
Medical Knowledge	Written Assessment	MCQs	End Rotation	High
Clinical Reasoning	Clinical Case Assessment	Long Case, Short Case, Case Presentation	Throughout Rotation	High
Clinical Skills	Objective Structured Clinical Examination	OSCE	Mid & End Rotation	High
Diagnostic Skills	Clinical Observation	Interpretation of ECG, ABG, X-rays & Laboratory Data	Throughout Rotation	High
Communication Skills	Direct Observation	Patient Counselling, Case Presentation	Continuous	Moderate
Professionalism	Faculty Evaluation	Professional Behaviour Checklist	Continuous	Moderate
Patient Safety	Clinical Observation	Safe Prescribing & Clinical Practice Checklist	Continuous	Moderate
Reflective Practice	Portfolio / Logbook	Reflective Entries	Continuous	Low
Teamwork	Ward Performance	Consultant Evaluation	Continuous	Low

Formative Assessment

Assessment Activity	Frequency	Purpose
Weekly MCQ Quiz	Weekly	Reinforce core medical concepts
Case-Based Discussion	Weekly	Develop diagnostic reasoning
Bedside Clinical Assessment	Weekly	Assess history taking and examination
Clinical Case Presentation	Weekly	Improve communication and management planning
ECG/X-ray Interpretation Exercise	Weekly	Strengthen diagnostic skills
Seminar	Once	Promote evidence-based medicine
Reflective Portfolio	Weekly	Encourage reflective learning
Supervisor Feedback	Weekly	Continuous performance improvement

Summative Assessment

Component	Assessment Tool
Theory Examination	Integrated MCQs
Clinical Examination	Long Case
Clinical Examination	Short Case
Practical Examination	OSCE
Viva Voce	Structured Viva
Clinical Logbook	Clerkship Logbook
End-of-Rotation Assessment	Clinical Performance Evaluation

Assessment Blueprint

Learning Domain	Assessment Methods
Knowledge	MCQs
Clinical Reasoning	Long Case, Short Case, Case Discussions
Clinical Skills	OSCE, Bedside Assessment
Diagnostic Skills	ECG, X-ray, ABG & Laboratory Interpretation
Communication Skills	Patient Counselling, Viva, Case Presentation
Professionalism	Faculty Observation, Clinical Logbook
Patient Safety	Prescription Review, Clinical Observation

E. Assessment Across Clinical Areas

Clinical Area	Assessment Focus
General Medicine Ward	History taking, examination, diagnosis, management
Cardiology	Cardiovascular examination, ECG interpretation
Pulmonology	Respiratory examination, chest X-ray interpretation
Gastroenterology	Abdominal examination, liver disease assessment
Nephrology	Fluid status assessment, renal investigations
Neurology	Neurological examination and localization
Endocrinology	Diabetes and thyroid management
Emergency Department	Initial assessment and stabilization of acute medical conditions
Intensive Care Unit	Monitoring critically ill patients and clinical decision-making

F. Feedback and Continuous Quality Improvement (CQI)

Student learning will be enhanced through:

- Immediate feedback following bedside clinical assessments.
- Weekly consultant feedback during ward rounds.
- Individual feedback after case presentations.
- Mid-rotation performance review with faculty mentor.
- End-of-rotation assessment and feedback.
- Review of clinical logbooks and reflective entries.
- Student evaluation of the clerkship to support Continuous Quality Improvement (CQI).

G. Alignment with PMDC Graduate Competencies

PMDC Graduate Attribute	Assessment Methods
Medical Expert	Written Examination, Long Case, OSCE
Communicator	Patient Counselling, Viva, Case Presentation
Collaborator	Ward Assessment, Team Participation
Leader	Clinical Decision-Making, Emergency Management
Health Advocate	Lifestyle Counselling, Preventive Medicine
Scholar	Seminar, Case Presentation, Reflective Portfolio
Professional	Faculty Observation, Clinical Logbook, Professional Behaviour Checklist

Clinical Skills & Procedures Matrix

The Medicine Clerkship emphasizes the development of essential clinical and bedside procedural skills through supervised patient care. Students are expected to progressively observe, assist, and perform selected procedures under supervision, while adhering to patient safety, infection prevention, and professional standards. The following matrix aligns with the UHS Final Year MBBS Curriculum and PMDC Competency Framework.

A. Core Clinical Examination Skills

Clinical Skill	Observe	Assist	Perform Under Supervision	Assessment Method
Comprehensive medical history	✓	—	✓	Long Case / OSCE
General physical examination	✓	—	✓	Clinical Assessment
Cardiovascular examination	✓	✓	✓	OSCE
Respiratory examination	✓	✓	✓	OSCE
Abdominal examination	✓	✓	✓	Long Case
Neurological examination	✓	✓	✓	OSCE
Musculoskeletal examination	✓	✓	✓	Clinical Assessment
Endocrine examination	✓	✓	✓	Bedside Assessment

B. Bedside Procedures

Procedure	Observe	Assist	Perform Under Supervision
Measurement of vital signs	✓	—	✓
Blood glucose monitoring	✓	✓	✓
Venepuncture	✓	✓	✓
Intravenous cannulation	✓	✓	✓
Arterial blood sampling (ABG)	✓	✓	✓
Urinary catheterization	✓	✓	✓
Nasogastric tube insertion	✓	✓	✓
Oxygen therapy administration	✓	✓	✓
Nebulization	✓	✓	✓
ECG recording	✓	✓	✓

C. Diagnostic Skills

Clinical Skill	Expected Competency
ECG interpretation	Recognize common arrhythmias and ischemic changes
Chest X-ray interpretation	Identify common cardiopulmonary abnormalities
Arterial Blood Gas (ABG) interpretation	Assess acid–base and oxygenation disorders
Complete Blood Count (CBC) interpretation	Identify common hematological abnormalities
Renal function test interpretation	Evaluate kidney function

Clinical Skill	Expected Competency
Liver function test interpretation	Assess hepatobiliary disorders
Electrolyte interpretation	Diagnose common electrolyte disturbances
Interpretation of CT, MRI, and Ultrasound reports	Correlate imaging with clinical findings

D. Emergency Medicine Skills

Clinical Skill	Expected Competency
Initial assessment of critically ill patients	Perform ABCDE approach
Recognition of shock	Early diagnosis and stabilization
Acute coronary syndrome assessment	Initial evaluation and referral
Stroke recognition	Early assessment and referral
Acute asthma/COPD exacerbation	Initial stabilization
Diabetic emergencies	Recognition and initial management
Sepsis recognition	Early identification and management principles
Basic Life Support (BLS)	Demonstrate current BLS protocol

E. Specialty-Specific Clinical Exposure

Specialty	Essential Skills
Cardiology	Cardiovascular examination, ECG interpretation, heart failure assessment
Pulmonology	Respiratory examination, oxygen therapy, nebulization
Gastroenterology	Abdominal examination, liver disease assessment

Specialty	Essential Skills
Nephrology	Fluid assessment, electrolyte interpretation
Neurology	Neurological examination and localization
Endocrinology	Diabetes management, insulin administration principles
Rheumatology	Joint examination, functional assessment
Infectious Diseases	Infection control, antimicrobial stewardship
Emergency Medicine	Acute patient assessment and stabilization

F. Clinical Exposure Requirements

Students should gain supervised exposure to:

- General medical wards
- Medical outpatient clinics
- Cardiology clinics
- Pulmonology clinics
- Gastroenterology clinics
- Nephrology clinics
- Neurology clinics
- Endocrinology clinics
- Emergency Department
- Intensive Care Unit (ICU)
- Radiology review sessions
- Clinical pathology demonstrations

G. Clerkship Competency Checklist

By the end of the rotation, every student should demonstrate competence in:

- Comprehensive medical history taking
- Complete systemic physical examination
- Cardiovascular examination
- Respiratory examination
- Neurological examination
- Abdominal examination
- ECG recording and interpretation
- Chest X-ray interpretation
- Arterial blood gas interpretation
- Venepuncture and IV cannulation
- Blood glucose monitoring
- Oxygen therapy administration
- Initial assessment of medical emergencies
- Patient counselling regarding chronic disease management
- Professional communication and teamwork
- Accurate clinical documentation and maintenance of the clerkship logbook

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07

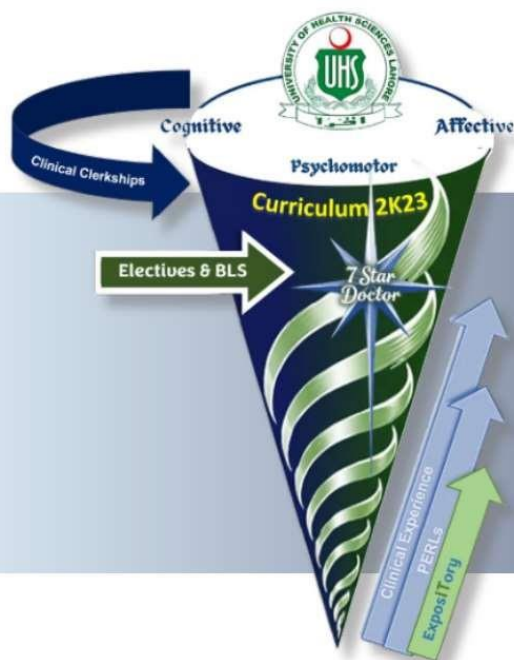
Section



Modular Integrated Curriculum 2K23

Final Version

PEDIATRICS CLERKSHIP



YEAR-05

Curriculum 2k23
Final Year MBBS Clerkship

PAEDIATRICS CLERKSHIP

Learning Outcomes:

By the end of the pediatric clerkship, a student will be able to:

- Identify common pediatric illnesses and formulate the differential diagnoses.
- Obtain a comprehensive history from children and their caregivers.
- Perform a focused and systematic physical examination in infants, children, and adolescents.
- Develop and outline evidence-based management plans for common pediatric conditions.
- Communicate effectively and empathetically with patients and their families.
- Demonstrate professionalism, ethical conduct, and effective teamwork in pediatric healthcare settings.

Curriculum Dashboard – Paediatrics Clerkship

Component	Details
Programme	Final Year MBBS
Clerkship	Paediatrics
Duration	8 Weeks Clinical Rotation
Clinical Departments	General Paediatrics, Neonatology, PICU, Paediatric Emergency, Cardiology, Neurology, Gastroenterology, Nephrology, Nutrition Clinic, Immunization Centre
Major Themes	Growth & Development, Neonatal Care, Infectious Diseases, Nutrition, Child Health, Emergency Paediatrics, Preventive Paediatrics
Teaching– Learning Strategies	Bedside Teaching, Ward Rounds, OPD Clinics, Nursery Posting, CBL, Simulation, Community Activities, Journal Club, SDL
Clinical Learning Areas	Paediatric Wards, OPDs, Neonatal Unit, PICU, Emergency Department, Immunization Clinic, Nutrition Clinic, Skills Laboratory
Assessment Methods	MCQs, SEQs, SBAQs, Long Case, Short Case, OSCE, Structured Viva, Clinical Logbook
Core Clinical Skills	Paediatric Examination, Neonatal Examination, Growth Assessment, Developmental Assessment, Immunization Assessment, IV Cannulation, Oxygen Therapy, Emergency Assessment
PMDC Competencies Addressed	Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, Professional
Professional Skills	Communication with Children & Caregivers, Child Safeguarding, Ethics, Teamwork, Patient Safety, Clinical Documentation
Learning Resources	UHS Final Year MBBS Curriculum, PMDC Competency Framework, Nelson Textbook of Pediatrics, WHO IMCI Guidelines, National EPI Guidelines
Expected Graduate Outcome	A competent graduate capable of providing safe, evidence-based, child- and family-centred care, recognizing and managing common paediatric and neonatal conditions, promoting preventive child health, and working effectively within multidisciplinary healthcare teams.

Clerkship Description

The Paediatrics Clerkship provides comprehensive clinical exposure to the assessment, diagnosis, treatment, prevention, and follow-up of diseases affecting neonates, infants, children, and adolescents. Students participate in inpatient wards, outpatient clinics, neonatal units, emergency services, immunization clinics, and multidisciplinary rounds under close faculty supervision.

The clerkship emphasizes child-centred and family-centred care, growth and developmental assessment, nutritional evaluation, immunization, management of common paediatric illnesses, neonatal care, communication with children and caregivers, professionalism, patient safety, and evidence-based clinical practice. It is structured according to the UHS MBBS Curriculum 2K23 and the PMDC Competency Framework.

Theme-wise Curriculum Mapping

Integrated Clinical Theme	General Paediatrics	Paediatric Subspecialties	Integration Type
Growth & Development	Growth monitoring, developmental milestones	Nutrition & Development Clinic	Horizontal
Neonatal Care	Normal newborn, neonatal jaundice, neonatal sepsis	Neonatology	Horizontal
Nutrition & Child Health	Malnutrition, breastfeeding	Nutrition Clinic	Horizontal
Infectious Diseases	Pneumonia, diarrhoea, meningitis, tuberculosis	Infectious Diseases	Horizontal
Cardiovascular & Respiratory Disorders	Congenital heart disease, asthma	Cardiology, Pulmonology	Horizontal
Neurological Disorders	Seizures, developmental disorders	Paediatric Neurology	Horizontal
Renal & Gastrointestinal Disorders	Nephrotic syndrome, gastroenteritis	Nephrology, Gastroenterology	Horizontal
Emergency & Critical Care	Shock, dehydration, respiratory failure	PICU, Emergency Medicine	Vertical
Preventive Paediatrics	Immunization, child protection, health promotion	Community Paediatrics	Horizontal
Professionalism & Family-Centred Care	Ethics, communication, safeguarding	All Departments	Longitudinal

Weekly Clerkship Plan (8 Weeks)

Week	Clinical Theme	Rotation	Clinical Activities	Teaching–Learning Methods
Week 1	Introduction to Paediatrics		Ward orientation, paediatric history taking, examination	Bedside teaching, CBL
Week 2	Neonatology & Growth		Newborn examination, neonatal care, growth monitoring	Nursery posting, ward rounds
Week 3	Respiratory & Infectious Diseases		Pneumonia, asthma, diarrhoea, meningitis	Ward rounds, OPD clinics
Week 4	Nutrition & Gastroenterology		Malnutrition, feeding disorders, gastroenteritis	Nutrition clinic, case discussions
Week 5	Cardiology & Nephrology		Congenital heart disease, nephrotic syndrome	Specialty clinics
Week 6	Neurology & Emergency Paediatrics		Seizures, developmental disorders, paediatric emergencies	Emergency posting, simulation
Week 7	Preventive Paediatrics		Immunization, developmental assessment, counselling	Immunization clinic, community activities
Week 8	Revision & Assessment		Integrated case presentations, mock OSCE, logbook review	CPC, viva practice, OSCE

Competency Mapping (PMDC Domains)

The Paediatrics Clerkship is mapped to the PMDC Competency Framework, ensuring graduates develop competencies in child health, neonatal care, growth and development, disease prevention, communication with children and families, professionalism, and evidence-based paediatric practice. The clerkship integrates learning across General Paediatrics, Neonatology, Emergency Paediatrics, Paediatric Cardiology, Neurology, Nephrology, Gastroenterology, Infectious Diseases, Nutrition, Radiology, and Pathology.

A. PMDC Competency Mapping

PMDC Competency Domain	Integrated Competencies Achieved	Major Contributing Departments
1. Medical Knowledge	Explain the epidemiology, pathophysiology, diagnosis, management, prevention, and follow-up of common neonatal and paediatric disorders.	General Paediatrics, Neonatology, Infectious Diseases, Cardiology, Neurology
2. Patient Care & Clinical Skills	Obtain comprehensive paediatric history, perform age-appropriate examination, assess growth and development, interpret investigations, recognize emergencies, and formulate evidence-based management plans.	General Paediatrics, Neonatology, Emergency Paediatrics
3. Communication Skills	Communicate effectively with children, parents, caregivers, and multidisciplinary teams; provide counselling regarding nutrition, immunization, child development, breastfeeding, and chronic disease management.	Paediatrics, Nutrition Clinic, Immunization Centre
4. Professionalism & Ethics	Demonstrate ethical practice, empathy, confidentiality, professionalism, child safeguarding, teamwork, and respect for patients and families.	All Departments
5. Health Promotion & Disease Prevention	Promote breastfeeding, immunization, nutrition, growth monitoring, developmental surveillance, accident prevention, and child health education.	Community Paediatrics, Immunization Centre
6. Research & Evidence-Based Practice	Apply evidence-based paediatric guidelines, interpret research findings, and participate in audit and quality improvement activities.	Paediatrics, Radiology, Pathology
7. Leadership & System-Based Practice	Function effectively within multidisciplinary paediatric healthcare teams, utilize referral systems appropriately, prioritize emergencies, and contribute to patient safety and quality improvement.	Paediatrics, Emergency Medicine, PICU

B. Competency Distribution by Department

Department	Knowledge	Clinical Skills	Communication	Professionalism	Patient Safety
General Paediatrics	✓	✓	✓	✓	✓
Neonatology	✓	✓	✓	✓	✓
Paediatric Emergency	✓	✓	✓	✓	✓
PICU	✓	✓	✓	✓	✓
Paediatric Cardiology	✓	✓	✓	✓	✓
Paediatric Neurology	✓	✓	✓	✓	✓
Paediatric Nephrology	✓	✓	✓	✓	✓
Paediatric Gastroenterology	✓	✓	✓	✓	✓
Infectious Diseases	✓	✓	✓	✓	✓
Nutrition & Growth Clinic	✓	✓	✓	✓	✓
Radiology	✓	✓	—	✓	✓
Pathology	✓	—	—	✓	✓

C. Core Clinical Competencies

By the end of the clerkship, students should be able to:

- Obtain comprehensive paediatric and neonatal histories.
- Perform age-appropriate physical examination.
- Assess growth parameters and developmental milestones.
- Interpret growth charts and immunization records.
- Diagnose and manage common paediatric illnesses.
- Recognize and initiate management of neonatal and paediatric emergencies.
- Interpret laboratory investigations and common imaging studies.
- Counsel parents regarding breastfeeding, nutrition, immunization, and developmental care.
- Communicate effectively with children, caregivers, and healthcare professionals.
- Maintain accurate clinical documentation and clerkship logbook.

D. Graduate Attributes Addressed

The Paediatrics Clerkship develops graduates who are able to:

- Integrate biomedical sciences with paediatric clinical practice.
- Deliver safe, evidence-based, child- and family-centred care.

- Diagnose and manage common neonatal and paediatric conditions.
- Demonstrate professionalism, empathy, ethical conduct, and child safeguarding.
- Promote preventive child healthcare and health education.
- Function effectively within multidisciplinary paediatric healthcare teams.
- Apply evidence-based medicine and lifelong learning principles.

E. PMDC Graduate Domains Covered

Graduate Domain Level of Achievement

Medical Expert	✓ Extensive
Communicator	✓ Extensive
Collaborator	✓ Extensive
Leader	✓ Moderate
Health Advocate	✓ Extensive
Scholar	✓ Moderate
Professional	✓ Extensive

F. Entrustable Professional Activities (EPAs)

By the end of the Paediatrics Clerkship, students should be able to perform the following under appropriate supervision:

1. Obtain and present a focused paediatric history.
2. Perform a complete age-appropriate physical examination.
3. Assess growth, nutrition, and developmental milestones.
4. Recognize and initiate management of common paediatric and neonatal emergencies.
5. Interpret common laboratory investigations, growth charts, and imaging studies.
6. Counsel parents regarding breastfeeding, immunization, nutrition, and preventive child healthcare.
7. Participate effectively in ward rounds, outpatient clinics, neonatal care, and emergency services.
8. Document clinical encounters accurately and maintain the clerkship logbook.

Teaching–Learning Matrix

The Paediatrics Clerkship utilizes competency-based, child-centred, and workplace-oriented teaching strategies to develop students' clinical competence in neonatal and paediatric care. Learning takes place in wards, outpatient clinics, emergency departments, neonatal units, and community child health settings under faculty supervision, in accordance with the UHS Final Year MBBS Curriculum and the PMDC Competency Framework.

A. Teaching–Learning Matrix

Integrated Clinical Theme	Teaching–Learning Strategy	Learning Environment	Primary Departments	Expected Competencies
General Paediatric Assessment	Bedside Teaching, Clinical Demonstrations	Paediatric Wards	General Paediatrics	Paediatric history taking, physical examination, clinical reasoning
Neonatal Care	Nursery Teaching, Bedside Demonstrations	Neonatal Unit	Neonatology	Newborn examination, neonatal assessment and stabilization
Growth & Development	Growth Monitoring Clinics, Small Group Discussions	Nutrition & Growth Clinic	General Paediatrics	Growth assessment, developmental screening
Respiratory & Infectious Diseases	Case-Based Learning (CBL), Ward Rounds	Paediatric Wards & OPD	Infectious Diseases	Diagnosis and management of common infections
Cardiology & Nephrology	Clinical Tutorials, Specialty Clinics	Cardiology & Nephrology Clinics	Paediatric Cardiology, Nephrology	Cardiovascular and renal assessment
Gastroenterology & Nutrition	Bedside Teaching, Nutrition Clinics	Gastroenterology Unit	Gastroenterology	Nutritional assessment and GI disorder management
Neurology	Clinical Demonstrations, Case Discussions	Neurology Clinic	Paediatric Neurology	Neurological examination and developmental assessment
Emergency & Critical Care	Simulation-Based Learning, Emergency Posting	Emergency Department, PICU	Emergency Paediatrics	Recognition and initial management of critically ill children
Preventive Paediatrics	Immunization Clinics, Community-Based Learning	Immunization Centre	Community Paediatrics	Health promotion, immunization, preventive child healthcare
Diagnostic Medicine	Radiology Review, Laboratory Interpretation Sessions	Radiology & Pathology Departments	Radiology, Pathology	Interpretation of laboratory investigations and imaging

B. Student-Centred Learning Activities

Activity	Purpose
Bedside Teaching	Develop paediatric history taking, examination, and patient management skills
Ward Rounds	Strengthen clinical reasoning and multidisciplinary care
Outpatient Clinics	Exposure to common paediatric disorders
Neonatal Unit Posting	Develop newborn assessment skills
Case-Based Learning (CBL)	Integrate theory with clinical practice
Clinical Case Presentations	Improve analytical thinking and communication
Simulation Sessions	Practice management of paediatric emergencies
Immunization Clinics	Learn preventive child healthcare
Journal Club	Promote evidence-based paediatric practice
Self-Directed Learning (SDL)	Encourage lifelong learning

C. Longitudinal Themes

The following themes are integrated throughout the clerkship:

- Child- and Family-Centred Care
- Growth and Development Monitoring
- Nutrition and Breastfeeding Promotion
- Immunization and Preventive Child Health
- Professionalism and Medical Ethics
- Communication with Children and Caregivers
- Patient Safety
- Infection Prevention and Control
- Evidence-Based Paediatric Practice
- Interprofessional Teamwork
- Leadership and Quality Improvement
- Reflective Practice and Lifelong Learning

D. Clinical Learning Settings

Students will receive supervised clinical experience in:

- General Paediatric Wards
- Paediatric Outpatient Clinics
- Neonatal Unit
- Paediatric Emergency Department

- Paediatric Intensive Care Unit (PICU)
- Nutrition & Growth Clinic
- Immunization Centre
- Specialty Clinics (Cardiology, Neurology, Gastroenterology, Nephrology)
- Radiology Department
- Clinical Skills & Simulation Laboratory

E. Learning Resources

- UHS MBBS Curriculum 2K23 (Final Year)
- PMDC Competency Framework
- Paediatrics Clerkship Manual
- Clinical Skills Laboratory
- Paediatric Wards and Outpatient Clinics
- Nelson Textbook of Pediatrics
- Illustrated Textbook of Paediatrics (Lissauer & Carroll)
- WHO Integrated Management of Childhood Illness (IMCI) Guidelines
- National Expanded Programme on Immunization (EPI) Guidelines
- Medical Library and E-learning Resources

F. Expected Learning Outcomes from Clinical Posting

By the end of the clerkship, students should be able to:

- Obtain comprehensive paediatric and neonatal histories.
- Perform age-appropriate physical examination.
- Assess growth parameters and developmental milestones.
- Interpret growth charts, immunization records, and common investigations.
- Diagnose and manage common paediatric illnesses.
- Recognize and initiate management of neonatal and paediatric emergencies.
- Counsel parents regarding breastfeeding, nutrition, immunization, and child development.
- Communicate effectively with children, caregivers, and multidisciplinary healthcare teams.
- Demonstrate professionalism, ethical practice, child safeguarding, and patient safety.

FUNDAMENTALS OF PEDIATRICS

Theory

Code	Topics	Specific Learning Objectives
Pe-001	Growth	<ul style="list-style-type: none"> • List key anthropometric measurements used to assess growth. • Interpret growth charts and percentiles. • Identify red flags of abnormal growth. • Discuss common factors influencing growth. • Discuss Tanner staging of female and male puberty
Pe-002	Development	<ul style="list-style-type: none"> • Describe major developmental milestones in gross motor, fine motor, vision, hearing and speech, and social behavior from neonate, 3, 6, 9, 12, 18 months, and 2–5 years. • Identify delays or abnormalities in development. • Describe key factors affecting development. • Discuss counseling points for caregivers on activities that promote age-appropriate cognitive, motor, language, and social development.

Pe-003	Immunization	<ul style="list-style-type: none"> • Differentiate between active and passive immunity. • Explain the concept of herd immunity and its importance in preventing disease outbreaks. • Enlist vaccines available for children other than EPI schedule. • Describe the major types of vaccines live attenuated, killed/inactivated, toxoid, and conjugated and give common examples of each. • Describe the EPI schedule, including vaccines given at birth and at each age-specific visit. • Explain the purpose, target diseases, and key components of the EPI. • Identify indications, contraindications, Adverse effect
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		<p>and precautions for EPI vaccines.</p> <ul style="list-style-type: none"> • Demonstrate correct storage, handling, and administration of EPI vaccines. • Explain counselling points of caregivers on the importance of completing the EPI schedule, vaccine safety, and management of minor post-vaccination reactions.
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NUTRITION AND NUTRITIONAL DISORDERS

Pe-004	Breastfeeding and weaning	<ul style="list-style-type: none"> • Describe the benefits of breastfeeding mother. • Identify indications, contraindications, and techniques for effective breastfeeding. • Discuss factors causing lactation failure • Explain appropriate timing, methods, and types of complementary feeding (weaning). • List age-appropriate weaning foods and feeding practices. • Discuss nutritional requirements during weaning and growth monitoring. • Outline counseling points for caregivers on breastfeeding, weaning, and hygiene. • Explain potential complications of improper breastfeeding or weaning and strategies for prevention
Pe-005	Integrated management of Childhood and Neonatal Illness (IMNCI)	<ul style="list-style-type: none"> • Define IMNCI • Discuss importance and key components of IMNCI • Discuss IMNCI protocol under 2 months age regarding very severe disease, Jaundice, Diarrhea, HIV infection, Feeding problems and Low birth weight • Discuss IMNCI protocol in 2 months age to five-year age regarding Pneumonia, Diarrhea, Fever, Ear problems, acute malnutrition, anemia and HIV infection
Pe-006	Obesity	<ul style="list-style-type: none"> • Define and classify obesity. • Identify clinical features and complication. • Enlist the investigations. • Calculate BMI and describe its role. • Outline management plan (Dietary, pharmacological, prevention).

Pe-007	Rickets	<ul style="list-style-type: none"> • Define and classify rickets. • Describe the etiology and pathogenesis of rickets. • List key clinical features and skeletal deformities. • Identify relevant laboratory and radiological investigations. • Formulate a differential diagnosis for bone deformities and growth disturbances. • Outline management principles, including vitamin D and calcium supplementation and dietary. • Explain potential complications, prognosis, and preventive strategies.
Pe-008	Marasmus/Severe wasting	<ul style="list-style-type: none"> • Define marasmus and distinguish it from other forms of malnutrition. • Identify key clinical features such as severe wasting and muscle loss. • Select appropriate anthropometric and laboratory investigations. • Outline management strategies, including nutritional rehabilitation and supportive care. • Explain potential complications, prognosis, and follow-up care.
Pe-009	Kwashiorkor/Edematous malnutrition	<ul style="list-style-type: none"> • Define kwashiorkor and distinguish it from marasmus. • Identify key clinical features such as edema, hepatomegaly, and skin changes. • Select relevant laboratory investigations. • Outline management strategies, including therapeutic
		<p style="text-align: center;">feeding, micronutrient supplementation, and monitoring.</p> <p><input type="checkbox"/> Explain potential complications, prognosis, and followup care</p>
Clinical Skills		

Code	Topic	Clinical Methods/Skills
Pe-010	History taking	<ul style="list-style-type: none"> • Take a detailed pediatric history covering following points: • presenting illness (time of onset, site, duration, frequency, severity, progression, relieving and exacerbating factors, and any diurnal or seasonal variation). • general symptoms (weight loss, appetite changes, fever, and activity level). • systemic review covering cardiovascular, respiratory, gastrointestinal, central nervous system, genitourinary, hematological, dermatological, and locomotor symptoms. • relevant past medical history, including previous illnesses, hospitalizations, surgeries, allergies, and transfusions. • complete birth history, including antenatal, natal, and postnatal events. • feeding history, including breastfeeding, weaning, and current dietary practices. • vaccination status according to the national EPI schedule. • developmental history across major domains (gross motor, fine motor, language, social). • schooling history, including performance, attendance, and behavioral concerns. • family and social history, including chronic illnesses,
		<p style="text-align: center;">consanguinity, living environment, and caregiver details.</p> <p><input type="checkbox"/> drug history (current medications, supplements, and any previous reactions).</p>

Pe-011	Physical examination	<p>Perform</p> <ul style="list-style-type: none"> • general physical examination in children, assessing appearance, consciousness, hydration, nutrition, vitals, and growth parameters (weight, height/length, head and mid-arm circumference), SMR, BCG Scar mark <input type="checkbox"/> systematic head-to-toe examination, including: • Head, eyes, ears, nose, throat (HEENT) • Cardiovascular system (inspection, palpation, auscultation) • Respiratory system (inspection, palpation, percussion, auscultation) • Abdomen (inspection, palpation, percussion, auscultation) • Central nervous system (higher mental function, motor and sensory system, cerebellum, cranial nerves, • Musculoskeletal system • Skin (rashes, lesions, hydration, capillary refill) • Interpret growth measurements using age-appropriate growth charts. • Identify abnormal findings and red flags requiring urgent evaluation. • Perform the examination in a child-friendly, developmentally appropriate, and safe manner while maintaining infection control.
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NEUROLOGIC DISORDERS

Theory

Code	Topics	Specific Learning Objectives
Pe-012	Pyogenic meningitis	<input type="checkbox"/> Describe the etiology of pyogenic meningitis in different

		<p>pediatric age groups.</p> <ul style="list-style-type: none"> • Explain the pathogenesis, including routes of infection and inflammatory changes in the meninges. • Identify key clinical features in infants, children, and adolescents, including age-specific red flags and differential diagnosis. • Outline the essential investigations, including CSF analysis, indications and contraindications of lumbar puncture, blood tests, cultures, and neuroimaging indications. • Discuss the management, including antibiotic therapy, supportive care, and monitoring along with prevention strategies. • List the potential complications. • Describe factors influencing prognosis in pediatric meningitis.
Pe-013	Tuberculous meningitis	<ul style="list-style-type: none"> • Describe the pathogenesis of tuberculous meningitis. • Identify key clinical features and early warning signs, and outline the three clinical stages of disease progression. • Discuss the diagnostic approach, including characteristic findings and criteria supporting the diagnosis. • List essential investigations with interpretation. • Outline the management plan. • List major complications • Describe prognostic factors.
Pe-014	Encephalitis	<ul style="list-style-type: none"> • Describe the etiology of encephalitis • Explain the pathogenesis with neurological consequences. • Diagnose based on signs and symptoms and interpretation of lab investigations.

		<ul style="list-style-type: none"> • Discuss the management • List major complications and prognosis.
Pe-015	Cerebral malaria	<ul style="list-style-type: none"> • Describe the etiology and pathogenesis of cerebral malaria. • Diagnose based on key clinical features. • Outline the important diagnostic tests. • Identify the diagnostic criteria for cerebral malaria diagnosis. • Outline the management plan. • Identify major complications and factors affecting prognosis. • Explain preventive strategies.
Pe-016	Febrile seizures	<ul style="list-style-type: none"> • Define and classify febrile seizures. • Describe the diagnostic criteria and exclusion conditions for febrile seizures. • Explain the etiology and common triggers in children. • Identify key signs and symptoms. • Outline the necessary investigations, including when evaluation is required. • Discuss the treatment approach, including immediate seizure control and supportive care. • Explain risk factors for recurrence, long-term outlook, and overall prognosis for affected children.
Pe-017	Epilepsy	<ul style="list-style-type: none"> • List the etiology and major risk factors associated with epilepsy in children. • Classify seizures. • Differentiate between generalized seizures, grand mal (tonic-clonic), petit mal (absence), myoclonic, and partial (focal) seizures using a clear tabulated comparison. • Outline the clinical features and diagnostic approach for seizure.

		<ul style="list-style-type: none"> • Discuss the management of epilepsy, including acute seizure control, long-term therapy, and monitoring. • List the commonly used antiepileptic drugs, their indications, and side-effects.
Pe-018	Status epilepticus	<ul style="list-style-type: none"> • Classify the types of status epilepticus. • List the etiology and common precipitating factors in children. • Discuss the pathophysiology, including mechanisms leading to prolonged seizures and neuronal injury. • Outline the emergency management, including airway–breathing–circulation stabilization and stepwise pharmacologic treatment. • Describe post-ictal management. • List factors influencing the prognosis of pediatric status epilepticus.
Pe-019	Cerebral palsy	<ul style="list-style-type: none"> • Define cerebral palsy • Describe the etiology and pathogenesis of cerebral palsy, including prenatal, perinatal, and postnatal causes. • Classify the types of cerebral palsy and patterns of motor involvement. • Identify key signs and symptoms. • Formulate a differential diagnosis, distinguishing cerebral palsy from progressive neuromuscular disorders, metabolic or genetic conditions. • Outline the management plan. • Explain the prevention strategies. • Describe factors affecting prognosis.
Pe-020	Hydrocephalus	<ul style="list-style-type: none"> • Describe the etiology and pathogenesis of hydrocephalus. • Classify the types of hydrocephalus. • Identify the clinical features.

		<ul style="list-style-type: none"> • Formulate a differential diagnosis. • Outline the diagnostic evaluation. • Explain the management, including medical therapy, surgical interventions, and follow-up. • Recognize potential complications and factors affecting long-term prognosis.
Pe-021	Brain abscess	<ul style="list-style-type: none"> • Describe the etiology and pathogenesis of brain abscess, including routes of infection. • Diagnose based on the clinical features and diagnostic evaluation. • Formulate a differential diagnosis. • Discuss the management, including antibiotic therapy, surgical drainage, and supportive care. • List potential complications and factors influencing prognosis.
Pe-022	Microcephaly	<ul style="list-style-type: none"> • Describe the etiology, and pathogenesis of microcephaly. • Identify clinical features. • Formulate a differential diagnosis. • Outline the diagnostic evaluation. • Discuss the management plan and factors affecting prognosis.
Pe-023	Coma in children	<ul style="list-style-type: none"> • Identify the common causes of coma in children. • Discuss the points of clinical evaluation. • List the laboratory and radiological investigations to determine the underlying cause. • Outline the management, including stabilization, treatment of underlying cause, and supportive care. • Describe the factors affecting prognosis.
Pe-024	Cerebellar ataxia	<ul style="list-style-type: none"> □ Describe the etiology and pathogenesis of ataxia in children, distinguishing between cerebellar and noncerebellar causes.

		<ul style="list-style-type: none"> • Identify the clinical features of cerebellar ataxia. • Formulate a differential diagnosis. • Outline the diagnostic evaluation and outline the management plan. • Describe factors affecting prognosis.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
Pe-025	History Taking	<ul style="list-style-type: none"> □ Take a routine pediatric history focusing on CNS-specific points such as fits/seizures, syncope, dizziness, headaches, visual problems, numbness, unpleasant sensations, weakness, frequent falls, and incontinence.
Pe-026	CNS clinical examination	<ul style="list-style-type: none"> • Examine and assess shape of skull, head circumference. • speech and higher mental functions in children. • all cranial nerves, identifying abnormalities. • motor system, including bulk tone, power, reflexes, and involuntary movements. • sensory system, including pain, temperature, touch, vibration, and proprioception. • cerebellar function, including coordination, gait, and balance. • signs of meningeal irritation, including neck stiffness, Kernig and Brudzinski signs. • Identify and grade coma. • Interpret the reports of baseline labs, CSF analysis, cranial CT, and MRI. • Counsel patients/attendants with empathy and respect. • Maintain confidentiality and privacy of the patients • Observe/assist in managing the outdoor, indoor, and emergency cases of neurologic disorders and document in logbook.

NEUROMUSCULAR DISORDERS

Theory

Code	Topics	Specific Learning Objectives
Pe-027	Duchenne muscular dystrophy	<ul style="list-style-type: none"> Describe the pathogenesis of Duchenne muscular dystrophy. Identify important signs and symptoms. Outline diagnostic tests and their interpretation. Discuss management strategies.
Pe-028	Myasthenia gravis	<ul style="list-style-type: none"> Describe the pathophysiology of myasthenia gravis. Identify key signs and symptoms. Outline the diagnostic approach and the management plan. Explain factors affecting prognosis and long-term outcomes in pediatric patients.
Pe-029	Floppy infants	<ul style="list-style-type: none"> Describe the causes of hypotonia in infants, differentiating paralytic and non-paralytic types. Identify key signs and symptoms. □ Outline the diagnostic evaluation.
Pe-030	Guillain - Barré Syndrome	<ul style="list-style-type: none"> Describe the etiology and pathophysiology of GBS. Describe the clinical features and its stages. List and differentiate the major variants of GBS Formulate a differential diagnosis according to Acute Flaccid Paralysis. Outline diagnostic evaluation. Discuss management and factors affecting prognosis.

Clinical Skills

Code	Topic	Clinical Methods/Skills
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Pe-031	Neuromuscular examination	<input type="checkbox"/> Perform a systematic neuromuscular examination in children, assessing muscle tone, strength, bulk, and reflexes.
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		<ul style="list-style-type: none"> • Identify abnormal motor patterns, including hypotonia, hypertonia, weakness, fasciculations, and contractures. • Identify specific clinical signs, such as Gower sign in Duchenne muscular dystrophy or fatigability in myasthenia gravis. • Assess functional abilities, including gait, posture, fine motor skills, and coordination. • Document findings accurately to guide diagnosis, monitoring, and management of neuromuscular disorders. • Counsel patients/attendants with empathy and respect. • Maintain confidentiality and privacy of the patients • Observe/assist in managing the outdoor, indoor, and emergency cases of neuromuscular disorders and document in logbook.
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CARDIOVASCULAR DISORDERS

Theory

Code	Topics	Specific Learning Objectives
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Pe-032	Cyanotic heart disease	<p>Classify cyanotic congenital heart diseases based on anatomical features.</p> <p>Tetralogy of Fallot (TOF)</p> <ul style="list-style-type: none"> • Describe the components and pathophysiology. • Identify clinical features and outline the diagnostic evaluation. • Discuss management, including surgical repair, medical stabilization, and management of hypoxemic (tet) spells. • List potential complications and describe the natural course and prognosis. <p>Transposition of Great Arteries (TGA)</p> <ul style="list-style-type: none"> • Explain the pathophysiology, including parallel
		<p>circulation and dependence on shunts.</p> <ul style="list-style-type: none"> • Describe signs and symptoms. • Outline the diagnostic evaluation and management plan. • Describe factors affecting prognosis and long-term outcomes.

Pe-033	Acyanotic congenital heart disease	<p>Ventricular Septal Defect (VSD)</p> <ul style="list-style-type: none"> • Describe the pathophysiology and hemodynamic consequences based on the size of the defect. • Identify clinical features according to defect size. • Outline the diagnostic evaluation. • List surgical indications. <p>Patent Ductus Arteriosus (PDA)</p> <ul style="list-style-type: none"> • Describe the pathophysiology and its impact on circulation. • Identify clinical features. • Outline diagnostic evaluation and management plan. • List potential complications and describe the prognosis. <p>Atrial Septal Defect (ASD)</p> <ul style="list-style-type: none"> • Classify types of ASD. • Explain pathophysiology and associated hemodynamic changes. • Identify clinical features and relevant diagnostic evaluation. • Discuss management, including indications for surgical or device closure and long-term outcomes.
Pe-034	Congestive cardiac failure (CCF)	<ul style="list-style-type: none"> • Diagnose CCF based on the clinical signs and symptoms in children. • Formulate the differential diagnosis of CCF. • List common causes of CCF in the pediatric age group. • Outline the diagnostic approach and necessary investigations for suspected CCF.
		<ul style="list-style-type: none"> • Plan medical and supportive management of CCF in children. • Identify the complications and indicators of poor prognosis in pediatric CCF. • Explain the preventive strategies and long-term followup care for children with CCF.

Pe-035	Rheumatic fever (RF)	<ul style="list-style-type: none"> • Identify the clinical features and major manifestations of rheumatic fever in children. • Explain the pathophysiology and immunological basis of rheumatic fever. • Apply the modified Jones criteria for the diagnosis of rheumatic fever. • Identify common complications of RF. • Outline the management plan, including secondary prophylaxis. • Discuss preventive strategies to reduce the incidence of RF in pediatric populations.
Pe-036	Infective endocarditis (IE)	<ul style="list-style-type: none"> • Diagnose infective endocarditis in children based on the clinical features and common presentations. • Explain the pathophysiology and risk factors predisposing to infective endocarditis. • Apply Modified Duke Criteria to identify suspected cases. • Outline the investigations for diagnosis, including blood cultures and echocardiography. • Plan the medical and surgical management of patient diagnosed with IE. • Discuss potential complications and strategies for prevention in at-risk pediatric patients.
Pe-037	Myocarditis	<ul style="list-style-type: none"> • Identify clinical features of myocarditis in children. • List its common causes. • Interpret relevant investigations for myocarditis.
		<ul style="list-style-type: none"> • Formulate a management plan. • Describe the complications and long-term follow-up considerations.

Pe-038	Supraventricular Tachycardia	<ul style="list-style-type: none"> Identify clinical features and presentations of pediatric supraventricular tachycardia. List the causes and explain its pathophysiology. Outline diagnostic approach, including investigations, ECG interpretation, and recent advances. Describe pacemaker use and formulate management plan.
Clinical Skills		
Code	Topic	Clinical Methods/Skills
Pe-039	CVS clinical examination	<p>Perform a cardiovascular examination in children, including:</p> <ul style="list-style-type: none"> Inspection: cyanosis, clubbing, chest wall deformities, visible pulsations, precordial bulge, and signs of heart failure. Palpation: apex beat location and character, thrills, heaves, peripheral pulses, pulse volume, and symmetry. Percussion: cardiac size and borders when applicable. Auscultation: heart sounds (S1, S2), additional sounds (S3, S4), murmurs (systolic, diastolic, continuous), rubs, and clicks. Vital signs assessment: heart rate, blood pressure, respiratory rate, and pulse pressure. <p>Demonstrate correct technique for recording a pediatric ECG, including electrode placement, skin preparation, and appropriate lead selection for different age groups.</p> <p>Identify normal pediatric ECG patterns and interpret common ECG abnormalities.</p>

RESPIRATORY DISORDERS

Theory		
Code	Topics	Specific Learning Objectives
Pe-040	Pneumonia	<ul style="list-style-type: none"> • Classify pneumonia based on anatomical involvement and etiology. • Classify according to IMNCI • Describe the etiology of bacterial pneumonia in different age groups. • Identify the clinical features • Outline investigations and management plan. • Identify and describe the management of complications. • Explain the prognosis and factors affecting recovery in pediatric bacterial pneumonia.
Pe-041	Asthma	<ul style="list-style-type: none"> • Identify common triggers and risk factors. • Explain the pathophysiology. • Describe key clinical features. • Outline the diagnostic approach. • List important differential diagnoses. • List complications • Outline the steps of the management of an acute asthma attack. • Outline the management of status asthmaticus as a medical emergency. • Discuss long-term management of chronic asthma. • Explain the prognosis and factors associated with good or poor outcomes. • Describe key preventive strategies.
Pe-042	Croup	<ul style="list-style-type: none"> • Identify the common etiological agents of croup. • Explain the pathophysiology. • Diagnose based on key clinical features. • Select appropriate investigations.

		<ul style="list-style-type: none"> • List differential diagnosis. • Outline management plan. • List possible complications. • Identify warning signs, recurrence, and indications for urgent medical attention.
Pe-043	Acute epiglottitis	<ul style="list-style-type: none"> • Explain the epidemiology and pathogenesis of acute epiglottitis. • List common causative organisms. • Identify clinical features suggestive of bacterial croup. • List investigations with interpretations. • Differentiate bacterial croup from other causes of upper airway obstruction. • Develop a management plan for bacterial croup. • Identify indications for airway intervention and intensive monitoring. • Describe potential complications of bacterial croup.
Pe-044	Acute pharyngitis and tonsillitis	<ul style="list-style-type: none"> • Identify common etiological agents of acute pharyngitis and tonsillitis. • Describe the clinical features that help differentiate viral from bacterial causes. • Select appropriate investigations when indicated. • Formulate a management plan for viral and bacterial pharyngitis/tonsillitis. • List complications associated with untreated streptococcal infection.
Pe-045	Bronchiolitis	<ul style="list-style-type: none"> • Describe the common etiological agents and predisposing risk factors for bronchiolitis in infants and young children. • Explain the pathophysiological changes. • Identify key clinical features, including respiratory distress signs and indicators of severe disease. • List investigations to confirm diagnosis.

		<ul style="list-style-type: none"> • Formulate management plans, including criteria for hospitalization. • Identify complications.
Pe-046	Pleural Effusion	<ul style="list-style-type: none"> • Classify pleural effusions according to type and underlying pathology. • Differentiate between the types of pleural effusion. • Identify common causes of pleural effusion in children. • Explain the impact of pleural effusion on lung function and respiratory physiology. • Discuss the role and interpretation of radiological imaging in the diagnosis of pleural effusion. • Plan the management, including medical and procedural interventions.
Pe-047	Cystic fibrosis	<ul style="list-style-type: none"> • Describe the genetic basis, inheritance pattern, and pathophysiology of cystic fibrosis. • Describe common clinical manifestations. • Describe diagnostic criteria. • Outline principles of multidisciplinary management. • List differential diagnosis. • List complications. • Describe long-term care needs, prognosis, and preventive strategies.
Pe-048	Pneumothorax	<ul style="list-style-type: none"> • Classify pneumothorax. • List two important causes of spontaneous pneumothorax. • Explain the pathophysiology. • Identify key clinical features. • Interpret chest X-ray findings. • Outline definitive management. • List potential complications and indicators for referral or ICU care.

Clinical Skills		
Code	Topic	Clinical Methods/Skills
Pe-049	Clinical examination of respiratory system	<p>Perform clinical examination of respiratory system including</p> <ul style="list-style-type: none"> • Observe and narrate child's general appearance, respiratory rate, pattern, and use of accessory muscles and signs of respiratory distress (nasal flaring, chest indrawing, grunting, cyanosis). • Inspect chest for symmetry, shape, scars, deformities, or tracheal deviation. • Palpate chest for tracheal position, chest expansion bilaterally, tactile vocal fremitus. • Percuss the chest to identify normal, dull, or hyperresonant areas. • Auscultate all lung fields for breath sounds, added sounds, and asymmetry. • Monitor oxygen saturation using pulse oximetry. • Assess upper airway for nasal blockage, throat congestion, stridor, or oral abnormalities, and extrapulmonary signs (clubbing, edema, cyanosis, lymphadenopathy). • Interpret chest X-rays including steeple sign (croup), thumb sign (epiglottitis), silhouette sign (loss of normal cardiac or diaphragm border due to adjacent consolidation), honeycombing (cystic air spaces in interstitial lung disease), ground-glass opacity (ARDS or viral pneumonia), air-fluid level (lung abscess), hyperinflation (asthma, bronchiolitis), pneumothorax signs, tram-track appearance (bronchiectasis), cystic lesions (cystic fibrosis). • Document the indoor, outdoor, and emergency cases in the clinical log book.

ENDOCRINE SYSTEM

Theory

Code	Topic	Specific Learning Objectives
Pe-050	Congenital Hypothyroidism / Cretinism	<ul style="list-style-type: none"> • List common etiological factors. • Describe clinical features and early signs of severe congenital hypothyroidism. • Interpret diagnostic tests, including serum TSH, T4, and confirmatory thyroid imaging. • Formulate treatment plan with follow-up strategies to monitor growth, neurodevelopment, and thyroid function. • Describe prognosis with early versus delayed treatment. • Explain the principles of newborn screening programs for early detection.
Pe-051	Juvenile / Acquired Hypothyroidism	<ul style="list-style-type: none"> • Identify common etiological factors. • Diagnose based on clinical features and interpretation of laboratory investigations. • Outline a management plan and discuss long-term prognosis and potential complications if untreated.
Pe-052	Hyperthyroidism	<ul style="list-style-type: none"> • Identify common etiological factors of hyperthyroidism in children. • Diagnose based on key signs and symptoms and interpretation of diagnostic investigations. • Formulate management plan. • Explain prognosis and follow-up strategies for pediatric hyperthyroidism.
Pe-053	Diabetes Mellitus	<ul style="list-style-type: none"> • Identify the etiological factors and classify types of diabetes mellitus in pediatric age group. • Explain the pathophysiology of insulin deficiency and/or resistance.

		<ul style="list-style-type: none"> • Diagnose based on key clinical features and interpretation of appropriate diagnostic tests. • Develop a management plan, including insulin replacement strategies, diet planning, and individualized monitoring schedules. • Describe insulin regimens, sliding scale protocols, and adjustments based on glucose monitoring. • Outline follow-up care plan, including growth monitoring, glycemic control, and patient/caregiver education. • List acute and chronic complications. • Explain prognosis and long-term outcomes with optimal management.
Pe-054	Diabetic Ketoacidosis (DKA)	<ul style="list-style-type: none"> • Identify common precipitating factors for DKA in children. • Describe clinical features of DKA. • Interpret relevant laboratory investigations. • Formulate treatment plan. • List complications.
Pe-055	Short stature	<ul style="list-style-type: none"> • Classify short stature based on causes. • Describe the signs and symptoms. • Interpret appropriate investigations. • Formulate a management and follow-up plan.
Pe-056	Cushing's disease/ Cushing Syndrome	<ul style="list-style-type: none"> • Identify the common etiological factors leading to Cushing's disease in children. • Explain the pathophysiology of cortisol excess and its systemic effects. • Describe characteristic clinical features. • Interpret relevant investigations. • Formulate a management plan depending on etiology. • List complications.

		<ul style="list-style-type: none"> Plan follow-up strategies for growth, pubertal
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		development, and recurrence monitoring.
Pe-057	Congenital Adrenal Hyperplasia (CAH)	<ul style="list-style-type: none"> Identify key clinical signs and symptoms of CAH. Interpret investigations to confirm diagnosis. Explain principles and indications of prenatal diagnosis for CAH. Formulate a management plan. Describe prognosis based on subtype, severity, and timeliness of treatment.

Clinical Skills

Code	Topic	Clinical Methods/Skills
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Pe-058	Clinical examination of endocrine system	<ul style="list-style-type: none"> • Measure and record anthropometric parameters: height, weight, BMI, head circumference (neonates/infants). • Plot growth parameters on age- and sex-specific growth charts. • Perform general inspection for endocrine-related features: skin, hair, fat distribution, and posture. • Palpate thyroid gland for size, nodules, or tenderness. • Assess vital signs relevant to endocrine health: blood pressure, pulse. • Document normal findings in clinical logbooks.
Pe-059	Diabetes Mellitus	<ul style="list-style-type: none"> • Measure and interpret capillary blood glucose levels. • Observe/assist in administering and adjusting insulin doses as per sliding scale. • Demonstrate proper technique for insulin injection and blood glucose monitoring. • Monitor for hypoglycemia and hyperglycemia, and interpret trends. • Counsel patient/caregiver on diet, insulin
		administration, and management.
Pe-060	Hypothyroidism	<ul style="list-style-type: none"> • Examine for the clinical signs of hypothyroidism: macroglossia, dry skin, hypotonia, growth retardation. • Palpate thyroid gland.
Pe-061	Cushing's Disease	<ul style="list-style-type: none"> • Assess for cushingoid features: moon face, buffalo hump, truncal obesity, striae. • Measure blood pressure and growth parameters. • Document subtle signs such as skin thinning, bruising, and muscle weakness.

GASTROINTESTINAL & LIVER DISORDERS

Theory

Code	Topics	Specific Learning Objectives
Pe-062	Acute Diarrhea	<ul style="list-style-type: none"> • Define acute diarrhea. • Enumerate the common causes and etiologies of acute diarrhea in children. • State common pathogens • Classify severity of dehydration based on clinical assessment and guidelines. • Describe the preventive strategies and outline the management plan of acute diarrhea.
Pe-063	Chronic Diarrhea	<ul style="list-style-type: none"> • Define chronic diarrhea. • Enumerate the common causes and etiologies of chronic diarrhea in children. • List common pathogens. • Classify dehydration based on clinical assessment and guidelines. • State management plan to treat chronic diarrhea.
Pe-064	Celiac disease	<ul style="list-style-type: none"> □ Identify common etiological and predisposing factors, including genetic and environmental triggers. □ Diagnose based on characteristic clinical features
		<p style="text-align: center;">and interpretation of diagnostic tests.</p> <ul style="list-style-type: none"> • Formulate a management plan. • Explain long-term prognosis, potential complications, and strategies for follow-up care.

Pe-065	Inflammatory bowel disease (Crohn's disease and ulcerative colitis)	<ul style="list-style-type: none"> • Identify the types of IBD in children and their etiological factors. • Describe key clinical features of Crohn's disease and ulcerative colitis. • List and interpret appropriate investigations. • Formulate a management plan. • Explain long-term prognosis, monitoring strategies, and potential complications.
Pe-066	Approach to vomiting in children	<ul style="list-style-type: none"> • List common etiologies of vomiting in children. • Identify associated red-flag features requiring urgent attention. • Select and interpret relevant investigations, including basic labs, imaging, and targeted tests based on suspected etiology. • Formulate a systematic differential diagnosis for pediatric vomiting. • Develop a management plan. • Explain strategies for monitoring response to treatment, preventing complications, and follow-up care.
Pe-067	Approach to the child with Hepatosplenomegaly	<ul style="list-style-type: none"> • List common causes of hepatomegaly, splenomegaly and hepatosplenomegaly according to age group (neonates, infancy, early childhood). • Recognize key clinical features associated with hepatomegaly, splenomegaly and hepatosplenomegaly. • Enlist and interpret appropriate investigations. • Formulate a differential diagnosis for hepatomegaly /

		<p>Visceromegaly based on age, clinical features, and investigation findings.</p> <p><input type="checkbox"/> Develop a management and follow-up plan depending on underlying etiology and indication to refer to specialized care.</p>
Pe-068	Acute hepatitis	<ul style="list-style-type: none"> • Identify common etiological factors of acute hepatitis in children. • Describe the key clinical features and interpretation of appropriate laboratory investigations. • Formulate a systematic differential diagnosis for pediatric acute hepatitis. • Develop management plan, including indications for hospitalization or referral. • Explain prognosis, potential complications, and strategies for follow-up and preventive measures, including vaccination and hygiene.
Pe-069	Hepatic encephalopathy in children	<ul style="list-style-type: none"> • Identify common etiological factors leading to hepatic encephalopathy in children. • Recognize key clinical features. • Select and interpret relevant laboratory and imaging investigations. • Formulate a differential diagnosis for altered mental status in pediatric patients. • Develop management plan.
Pe-070	Pediatric Constipation	<ul style="list-style-type: none"> • Identify common etiological factors. • Describe key clinical features. • Select and interpret appropriate investigations. • Formulate a systematic differential diagnosis for chronic or severe constipation. • Develop a management plan, including dietary modifications, behavioral strategies, laxatives or stool softeners, and treatment of underlying conditions.

		<ul style="list-style-type: none"> □ Explain prognosis, prevention strategies, and followup monitoring for recurrent or chronic constipation
Pe-071	Wilson Disease	<ul style="list-style-type: none"> • Describe the etiology and genetic basis of Wilson disease. • List the typical hepatic, neurological, and psychiatric manifestations. • List key diagnostic investigations with interpretation for Wilson disease. • Outline the principles of management, including medical and surgical options. • Explain prognosis and long-term follow-up considerations
Clinical Skills		
Code	System	Clinical Methods/Skills

<p>Pe-072</p>	<p>Clinical examination of GIT system</p>	<ul style="list-style-type: none"> • Inspect abdomen for shape, distension, scars, visible peristalsis, and skin changes. • Palpate the abdomen to assess liver and spleen size, tenderness, masses, and organomegaly. • Percuss to determine liver span, spleen size, and presence of fluid. • Auscultate bowel sounds to assess frequency, character, and presence of abnormal sounds (hyperactive, absent, bruits). • Examine the perianal area for fissures, hemorrhoids, or signs of malformations. • Assess for signs of malnutrition and micronutrient deficiencies (skin, hair, nails). • Interpret key laboratory values in context of pediatric GIT disorders: <ul style="list-style-type: none"> ◦ Liver function (AST, ALT, ALP, bilirubin, albumin, PT/INR) ◦ Pancreatic enzymes (amylase, lipase) ◦ Nutritional markers (CBC, iron studies,
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		<ul style="list-style-type: none"> ◦ Inflammatory markers (CRP, ESR) ◦ Disease-specific tests (anti-TTG, ceruloplasmin, viral serology, fecal calprotectin) ◦ Document and interpret findings in clinical logbooks.
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HEMATOLOGIC DISORDERS

Theory

Code	Topics	Specific Learning Objectives
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Pe-073	Anemia	<ul style="list-style-type: none"> • Define anemia and classify it based on red blood cell morphology and etiology. • Identify common clinical features of anemia in children. • Outline the investigations.
Pe-074	Congenital Hypoplastic Anemia	<ul style="list-style-type: none"> • Define congenital hypoplastic anemia including Diamond-Blackfan anemia. • Explain the pathophysiology leading to reduced red cell production. • Identify characteristic clinical features. • Outline diagnostic evaluation, including bone marrow examination and genetic testing. • Discuss management strategies.
Pe-075	Microcytic Anemias	<p>Iron Deficiency Anemia</p> <ul style="list-style-type: none"> • Describe the etiology. • Explain the pathophysiology of iron deficiency leading to microcytosis. • Diagnose iron deficiency anemia based on clinical features. • Outline diagnostic tests. • Formulate management plan. <p>Beta-Thalassemia</p>

		<ul style="list-style-type: none"> • Define beta-thalassemia and differentiate between major and minor forms. • Explain pathophysiology, including defective hemoglobin synthesis and ineffective erythropoiesis. • Identify clinical features. • Outline diagnostic tests and plan the management strategies. <p>Hereditary Spherocytosis</p> <ul style="list-style-type: none"> • Define hereditary spherocytosis and its genetic basis. • Explain pathophysiology leading to spherocytes and hemolysis. • Recognize clinical features. • Outline diagnostic tests and describe management. <p>Sickle Cell Anemia</p> <ul style="list-style-type: none"> • Define sickle cell anemia and its genetic inheritance pattern. • Explain pathophysiology, including sickling of red cells and vaso-occlusion. • Identify clinical features • Outline investigations and discuss management.
Pe-076	Megaloblastic Anemia	<ul style="list-style-type: none"> • Define megaloblastic anemia and differentiate between vitamin B12 and folate deficiency. • Explain pathophysiology of impaired DNA synthesis leading to macrocytosis. • Identify clinical features. • Outline diagnostic evaluation and formulate management.
Pe-077	Aplastic Anemia	<ul style="list-style-type: none"> • Define aplastic anemia and its classification. • Identify clinical features. • Outline diagnostic tests. • Discuss management strategies.

Pe-078	Enzymatic Defects (Red Cell Enzyme Deficiencies)	<ul style="list-style-type: none"> • Define common enzymopathies causing hemolytic anemia. • Explain pathophysiology of hemolysis due to enzymatic defects. • Identify clinical features. • Outline diagnostic tests. • Discuss the management plan.
Pe-079	Hemophilia A & B	<ul style="list-style-type: none"> • Define Hemophilia A and B and describe their inheritance (X-linked recessive). • Identify the clinical features. • Outline diagnostic tests. • Formulate management strategies. • Discuss genetic counseling and preventive measures.
Pe-080	Vitamin K Deficiency	<ul style="list-style-type: none"> • Define vitamin K deficiency and its role in coagulation. • Identify the clinical features in neonates. • Outline diagnostic evaluation. • Formulate management, including vitamin K supplementation and treatment of bleeding.
Pe-081	Approach to a child with Pancytopenia	<ul style="list-style-type: none"> • Enlist the Causes and recall the pathophysiology of pancytopenia. • Explain the etiological viruses and their role. • Discuss the associated systemic disorders. • Formulate management and identify complications of pancytopenia. • State the role of prophylactic vaccinations.
Pe-082	Leukemia and lymphoma	<ul style="list-style-type: none"> • Describe pathogenesis of malignancy, and tabulate its types. • Enlist risk factors and pathophysiology. • State complications. • Describe signs and symptoms.

		<ul style="list-style-type: none"> • Describe relevant investigations. • Formulate management plan.
Pe-083	Idiopathic thrombocytopenic purpura (ITP)	<p>Classify ITP according to duration (acute, persistent, chronic).</p> <ul style="list-style-type: none"> • Describe the pathophysiology. • List key clinical features and presenting symptoms. • Identify relevant laboratory investigations. • Formulate a differential diagnosis for thrombocytopenia. • Outline management strategies. • Explain prognosis and follow-up considerations.
Clinical Skills		
Code	System	Clinical Methods/Skill

Pe-084	Clinical examination for blood disorders	<ul style="list-style-type: none"> • Perform general physical examination, focusing on pallor, jaundice, petechiae, purpura, and lymphadenopathy. • Examine for hepatosplenomegaly and signs of bleeding (mucosal, skin). • Observe/assist in collection of blood samples for CBC, peripheral smear, and other relevant investigations. • Interpret report of peripheral blood smears and other hematology tests. • Monitor vital signs and clinical status for acute complications like anemia, infection, or bleeding. • Interpret lab results of Complete Blood Count, red cell indices, white cell differential, platelet count, peripheral blood smear, reticulocyte count, iron studies, vitamin B12, folate levels, hemoglobin electrophoresis, PT, aPTT, INR, fibrinogen level, Ddimer, bone marrow aspiration, bone marrow biopsy, blood grouping, crossmatch, and antibody
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		<p>screening.</p> <ul style="list-style-type: none"> • Counsel caregivers regarding warning signs, medication administration, and follow-up monitoring. • Verify patient identity, blood product, and compatibility before transfusion. • Observe or assist in pediatric blood transfusion procedures. • Monitor the patient during transfusion for any adverse reactions.
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RENAL DISORDERS

Theory

Code	Topics	Specific Learning Objectives
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Pe-085	Nephrotic syndrome	<ul style="list-style-type: none"> • Classify nephrotic syndrome into primary and secondary types. • Describe the pathogenesis and underlying pathology. • List key clinical features and presenting signs and symptoms. • Identify common complications. • Select relevant laboratory and imaging investigations. • Outline principles of management, including pharmacologic and supportive care.
Pe-086	Acute renal failure	<ul style="list-style-type: none"> • Define acute renal failure and classify its types (prerenal, intrinsic, postrenal). • Describe the pathophysiology and underlying causes in children. • List key clinical features and presenting symptoms. • Identify common complications. • Enlist relevant laboratory and imaging investigations. • Outline principles of management. • Explain prognosis and follow-up considerations.
Pe-087	Chronic renal failure	<ul style="list-style-type: none"> • Define chronic renal failure with its stages. • Describe the pathophysiology and common causes in children. • List key clinical features and presenting symptoms. • Identify common complications. • List relevant laboratory and imaging investigations. • Outline principles of management. • Explain prognosis, long-term outcomes, and follow-up monitoring.

Pe-088	Urinary tract infection	<ul style="list-style-type: none"> Describe common etiological agents of UTI in different age groups. List key clinical features and presenting symptoms. Identify risk factors and predisposing conditions. List appropriate laboratory and imaging investigations. Formulate a differential diagnosis for pediatric urinary symptoms. Outline principles of management, including antimicrobial therapy and supportive care. Explain potential complications, prognosis, and strategies for prevention and follow-up
Pe-089	Approach to a child with Hematuria	<ul style="list-style-type: none"> List the common causes of hematuria in children. Identify key clinical features and presenting symptoms. Select appropriate laboratory and imaging investigations. Outline principles of management.
Pe-090	Acute post-streptococcal glomerulonephritis	<ul style="list-style-type: none"> Describe the etiology and pathogenesis of APSGN. List key clinical features and presenting symptoms. Identify relevant laboratory and imaging investigations. Formulate a differential diagnosis for glomerulonephritis. Outline principles of management, including supportive care and pharmacologic therapy. Explain potential complications, prognosis, and follow-up considerations
Clinical Skills		
Code	System	Clinical Methods/Skills

Pe-091	Clinical examination of renal system	<ul style="list-style-type: none"> • Perform general physical examination, including assessment of edema, blood pressure, growth parameters, and hydration status. • Examine the abdomen and flanks for renal enlargement or tenderness. • Measure and interpret vital signs, fluid balance, and weight changes. • Demonstrate proper technique for urine dipstick testing and bedside urinalysis. • Interpret lab investigations (renal function tests, serum creatinine, BUN, electrolytes, serum albumin, total protein, urinalysis). • Assist or observe procedures such as catheterization, dialysis access, or renal biopsy. • Educate/counsel caregivers on monitoring urine output, adherence to treatment, and follow-up requirements.
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NEONATOLOGY

Theory

Code	Topics	Specific Learning Objectives
Pe-092	Neonatal Sepsis	<ul style="list-style-type: none"> • Define neonatal sepsis • Enumerate different etiologies of neonatal sepsis • Identify common pathogens & prenatal risk factors • Discuss the complication of neonatal sepsis • Formulate Management

Pe-093	Neonatal jaundice	<ul style="list-style-type: none"> • Define and classify jaundice • List different etiologies of neonatal jaundice • Discuss the common interaction between different blood groups • Tabulate the complication of neonatal jaundice □ Plan management.
Pe-094	Newborn examination and essential care	<ul style="list-style-type: none"> • Identify common signs on newborn examination • Essential newborn care including Vit K administration, cord care, vaccination, breast feeding, kangaroo care.
Pe-095	Common neonatal problems	<ul style="list-style-type: none"> • Define Hypoglycemia, enumerate risk factors and formulate management. • Identify common skin rashes and formulate management • Define prematurity and complications • Birth asphyxia, RDS, IDM, hypocalcemia, Low birth weight, SGA, LGA, and IUGR. • Describe TORCHS infection and effects on newborn.
Pe-096	Newborn resuscitation	<ul style="list-style-type: none"> • Recall transition period at birth • Define essential care and golden minute • Enumerate the steps in newborn resuscitation • Identify theoretical basis for the steps in resuscitation • Enumerate post-resuscitation care

Clinical Skills

Code	System	Clinical Methods/Skills
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Pe-097	Clinical examination of neonate	<ul style="list-style-type: none"> • Perform general inspection: posture, color, activity, and distress signs. • Assess anthropometry & vital signs: heart rate, respiratory rate, temperature, and oxygen saturation. • Examine head, eyes, ears, nose, mouth, and neck for congenital anomalies. • Assess skin: jaundice, cyanosis, pallor, birthmarks, lanugo, mottling, and petechiae. • Examine chest and cardiovascular system, including heart sounds and peripheral pulses. • Palpate liver, spleen, kidneys, and hernias. • Examine genitalia and anus for abnormalities. • Assess musculoskeletal system: limb deformities, joint contractures, hip dysplasia, and clavicle fractures. • Perform neurological assessment, including primitive and postural reflexes: <ul style="list-style-type: none"> o Grasp reflex (palmar and plantar) o Moro reflex o Rooting reflex o Stepping/Walking reflex o Galant reflex o Tonic neck reflex o Glabellar reflex o Landau reflex o Parachute reflex • Examine for spontaneous movements, muscle tone, and alertness.
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INFECTIOUS DISEASES

Theory

Code	Topics	Specific Learning Objectives
Pe-098	Fever of Unknown Origin (PUO)	<ul style="list-style-type: none"> • Define PUO and criteria for pediatric age groups. • Describe clinical features. • Interpret results to narrow differential diagnosis. • Outline management plan and indications for specialist referral.
Pe-099	Cholera	<ul style="list-style-type: none"> • Identify the causative organism and epidemiology. • Describe pathophysiology and mechanism of severe dehydration. • Describe key clinical features. • Interpret laboratory findings. • Outline management plan for dehydration due to cholera. • Discuss preventive measures and vaccination
Pe-100	Bacillary dysentery	<ul style="list-style-type: none"> • Identify the causative organism. • Diagnose based on signs and symptoms and interpretation of stool microscopy and culture results □ Outline management plan. • Explain transmission and preventive strategies
Pe-101	Giardiasis	<ul style="list-style-type: none"> • Identify causative protozoan. • Describe signs and symptoms. • Interpret diagnostic investigations including stool examination for cysts/trophozoites • Plan the treatment with preventive measures
Pe-102	Amebiasis	<ul style="list-style-type: none"> • Identify causative organism. • Describe signs and symptoms. • List the investigations and interpretation to confirm diagnosis. • Interpret imaging for liver abscess □ Outline treatment plan.

Pe-103	Worm Infestation	<p>Roundworm</p> <ul style="list-style-type: none"> • Describe clinical features due to roundworm infestation. • Diagnose based on signs and symptoms and diagnostic test. • Outline treatment plan. <p>Hookworm</p> <ul style="list-style-type: none"> • Describe clinical features due to hookworm infestation. • Diagnose based on signs and symptoms and diagnostic test. • Outline treatment plan. <p>Pinworm</p> <ul style="list-style-type: none"> • Describe clinical features due to pinworm infestation. • Diagnose based on signs and symptoms and diagnostic test. • Outline treatment plan.
Pe-104	Poliomyelitis	<ul style="list-style-type: none"> • Describe transmission routes of polio virus <input type="checkbox"/> Diagnose based on clinical features. • Describe vaccine types and immunization schedule. • Outline supportive management for acute flaccid paralysis surveillance. • List long-term complications and rehabilitation needs.
Pe-105	Diphtheria	<ul style="list-style-type: none"> • Identify causative organism and modes of transmission <input type="checkbox"/> <p>Diagnose based on clinical features.</p> <ul style="list-style-type: none"> • Outline the management plan. • Explain vaccination and preventive strategies.
Pe-106	Tetanus	<input type="checkbox"/> Identify causative organism and explain
		<p>pathophysiology.</p> <ul style="list-style-type: none"> • Recognize clinical features. • Describe wound care, immunization, and antitoxin therapy. • Discuss the management plan.

Pe-107	MMR	<ul style="list-style-type: none"> Recognize characteristic clinical features. Identify complications. List the laboratory investigation to confirm diagnosis. <input type="checkbox"/> <p>Describe treatment plan.</p> <ul style="list-style-type: none"> Explain immunization schedule and outbreak control
Pe-108	Pertussis	<ul style="list-style-type: none"> Identify causative organism. Identify the stages of pertussis. List the diagnostic methods. Plan the management including immunization schedules and prophylaxis.
Pe-109	Chickenpox	<ul style="list-style-type: none"> Identify clinical features. List complications. List the laboratory investigations. Describe management plan with vaccination and prevention.
Pe-110	Malaria	<ul style="list-style-type: none"> Describe transmission of malaria. Identify clinical features. Interpret blood smears or rapid diagnostic tests Discuss treatment plan with preventive measures.
Pe-111	Typhoid	<ul style="list-style-type: none"> Identify causative organism and transmission routes. Recognize clinical features. Describe treatment plan. Explain preventive strategies.
Pe-112	Tuberculosis	<ul style="list-style-type: none"> Identify causative organism and routes of transmission. Describe pulmonary and extrapulmonary features. Interpret investigations to confirm diagnosis. Describe anti-tubercular therapy.
		<input type="checkbox"/> Explain preventive measures.

Pe-113	Dengue Fever	<ul style="list-style-type: none"> • Recognize clinical features with warning signs. • Interpret laboratory tests. • Describe supportive management plan with preventive measures.
Clinical Skills		
Code	System	Clinical Methods/Skills
Pe-114	Clinical assessment for infectious diseases	<ul style="list-style-type: none"> • Perform a focused clinical examination relevant to fever and infectious diseases. • Assess hydration status using clinical markers (skin turgor, pulse, capillary refill, mucous membranes). • Measure and record vital signs. • Prepare and administer oral rehydration therapy (ORS) correctly. • Observe/assist in set up and administer IV fluids according to pediatric protocols for dehydration or shock. • Observe/assist in administering medications safely (antibiotics, antiparasitic, antimalarial, antivirals). • Follow infection prevention and control measures. • Identify and document clinical warning signs. • Provide basic supportive care: tepid sponging, nutritional support, monitoring intake/output. • Assist in administering vaccines according to EPI schedule. • Interpret report of peripheral smear for malaria. • Observe/assist in collection of throat swab or nasal swab correctly (diphtheria, pertussis). • Educate caregivers on home care, hydration, hygiene, and warning signs requiring urgent care. • Maintain proper documentation of clinical findings, management steps, and follow-up plans.

METABOLIC DISORDERS

Theory

Code	Topics	Specific Learning Objectives
Pe-115	Galactosemia	<ul style="list-style-type: none"> • Define galactosemia and its genetic basis. • Identify key clinical features in newborns. • Recognize complications related to liver, CNS, and eyes. • Interpret screening tests and confirmatory investigations. • Outline dietary management and lactose/galactose restriction. • Identify emergency management needs in acute presentation • Explain long-term monitoring and follow-up requirements • Describe the importance of newborn screening and family counseling
Pe-116	Glycogen storage diseases	<ul style="list-style-type: none"> • Define glycogen storage diseases and classify major types • Identify key clinical features such as hypoglycemia, hepatomegaly, and muscle involvement • Recognize type-specific patterns. • Interpret basic investigations suggestive of GSD • Outline principles of dietary and medical management • Identify acute complications requiring urgent intervention • Describe long-term monitoring and follow-up needs • Explain the role of genetic counseling for affected families.

Clinical Skills		
Code	System	Clinical Methods/Skills
Pe-117	Clinical examination for metabolic disorders	<ul style="list-style-type: none"> • Perform a focused clinical examination for dysmorphic features, developmental delay, and organomegaly. • Assess nutritional status, growth parameters, and developmental milestones. • Examine the liver and spleen for enlargement using proper pediatric techniques. • Evaluate muscle tone, strength, and motor function in metabolic/myopathic presentations. • Perform and document a thorough neurologic examination in infants and children. • Assess hydration status and vital signs in acutely ill metabolic patients. • Provide caregiver instructions on feeding techniques, dietary restrictions, and monitoring needs.
BONE AND JOINT DISORDER		
Theory		
Code	Topics	Specific Learning Objectives

Pe-118	Septic arthritis and Osteomyelitis	<ul style="list-style-type: none"> • Define and discuss etiology of septic arthritis and osteomyelitis • Identify key clinical features of septic arthritis and osteomyelitis • Discuss differential diagnosis • Interpret investigations suggestive of Septic arthritis and osteomyelitis • Outline principles of management and monitoring.
		<ul style="list-style-type: none"> <input type="checkbox"/> Describe Prognosis
Pe-119	Juvenile Idiopathic Arthritis	<ul style="list-style-type: none"> <input type="checkbox"/> Define diagnostic criteria and classify JIA. <input type="checkbox"/> Describe etiology and trigger of the disease. <input type="checkbox"/> Discuss its pathophysiology. <input type="checkbox"/> Discuss differential diagnosis <input type="checkbox"/> Interpret base line and confirmatory investigations. <input type="checkbox"/> Outline management plan <input type="checkbox"/> Explain long-term monitoring and follow-up requirements <input type="checkbox"/> Discuss prognosis and counseling of patient and parents
Pe-120	Systemic Lupus Erythematosus	<ul style="list-style-type: none"> <input type="checkbox"/> Define diagnostic criteria of SLE. <input type="checkbox"/> Describe etiology and trigger of the disease. <input type="checkbox"/> Discuss pathophysiology. <input type="checkbox"/> Discuss differential diagnosis <input type="checkbox"/> Interpret baseline and confirmatory investigations. <input type="checkbox"/> Outline management plan <input type="checkbox"/> Explain long-term monitoring and follow-up requirements

		<ul style="list-style-type: none"> □ Discuss prognosis and counseling of patient and parents
Pe-121	Henoch-Schonlein Purpura (HSP)	<ul style="list-style-type: none"> □ Define HSP □ Discuss Pathogenesis and clinical findings. □ Interpret basic investigations for differential diagnosis □ Outline management plan and prognosis □ Identify acute complications requiring urgent intervention □ Discuss prognosis of the disease.

Clinical Skills

Code	Topic	Clinical method /Skill
Pe-122	Clinical examination for Joints and bone	<ul style="list-style-type: none"> • Perform a focused joint and bone clinical examination. • Look sign of discomfort, trauma, bruising, rash • Feel for warmth, swelling and rash □ Check active and passive movements □ Check for joint function. • Evaluate gait and balance. • Perform and document the findings and counsel the patient and parents

GENETIC DISORDER

Theory

Code	Topics	Specific Learning Objectives
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Pe-123	Chromosomal Abnormalities	<ul style="list-style-type: none"> • Discuss chromosomal abnormalities in number and structure • Identify autosomal and sex chromosome abnormalities • List the Single gene defect • Discuss the characteristics of autosomal and Xlinked dominant and recessive disorders • Interpret karyotyping of trisomy 21 and turner syndrome.
Pe-124	Down Syndrome	<ul style="list-style-type: none"> • Discuss types of defect regarding translocation, nondisjunction and mosaicism • Describe its epidemiology and clinical features • Interpret diagnostic and screening investigations • Outline management plan • Explain long-term monitoring and follow-up requirements
		<ul style="list-style-type: none"> □ Discuss prognosis and counseling of the parents
Pe-125	Turner Syndrome	<ul style="list-style-type: none"> • Discuss epidemiology and type of defect • Describe its clinical features and associated diseases • Interpret diagnostic investigations • Explain long-term monitoring and follow-up requirements • Discuss prognosis and counseling of the parents
Clinical Skills		
Code	System	Clinical method /Skill

Pe-126	Clinical examination	<ul style="list-style-type: none"> • Perform examination regarding clinical features of Down and Turner syndrome. • Look for simian crease, cubitus valgus, lymphedema of hand and feet, epicanthic fold, brushfield spots, flat occiput short broad hands, and clinodactyly • Check for hypotonia, thyroid, blood pressure, murmur for aortic stenosis or coarctation of aorta □ Evaluate gait and balance. • Document all findings
CHILD ABUSE AND PEDIATRIC TRAUMA		
Pe-127	Medico legal aspects (integrate with Forensic Medicine)	<ul style="list-style-type: none"> • Estimate the age of child for consent. • Diagnose a case of suspected child abuse and pediatric trauma presenting in the ER or OPD. • Identify the form of abuse (physical, sexual, toxic, chemical/electrical, psychological). • Enlist appropriate investigations to confirm above suspicion. • Interpret lab/radiological findings.
		<ul style="list-style-type: none"> • Refer the case to medical officer for medicolegal certification. • Refer the case to appropriate agency for treatment and rehabilitation.

SPECIALTY SPECIFIC INSTRUMENTS LIST

- Pediatric/infant stethoscope
- Sphygmomanometer (child/infant cuffs)
- Thermometer (digital, tympanic, rectal)
- Otoscope
- Ophthalmoscope
- Tongue depressor
- Pulse oximeter (pediatric probe)
- Infant weighing scale
- Infantometer / length measuring board
- Head circumference tape
- Newborn resuscitation bag and mask (Ambu bag)
- Neonatal stethoscope
- Suction devices (manual or bulb syringe)
- IV cannula (small gauge)
- Butterfly needles
- Pediatric catheters
- Syringes (1–5 mL)
- Nebulizer
- Laryngoscope with pediatric blades
- Endotracheal tubes (infant and child sizes)
- Suction catheters
- Oxygen masks (pediatric sizes)
- Pediatric ear speculum
- Nasal aspirator
- Eye chart for children (Snellen / LEA symbols)
- Pediatric ophthalmic tonometer
- Pediatric scalpel and scissors
- Pediatric forceps
- Needle holders
- Pediatric retractors

- Umbilical clamp

- Suture materials (small sizes)
- Reflex hammer (small)

- Tuning fork (for older children)
- Otolaryngology suction tips (small)
- Glucometer

A. Integrated Assessment Matrix

Competency Domain	Assessment Method	Assessment Tool	Timing	Weightage
Medical Knowledge	Written Assessment	MCQs,	End Rotation	High
Clinical Reasoning	Clinical Case Assessment	Long Case, Short Case, Case Presentation	Throughout Rotation	High
Clinical Skills	Objective Structured Clinical Examination	OSCE	Mid & End Rotation	High
Paediatric Examination Skills	Clinical Observation	Bedside Clinical Assessment	Throughout Rotation	High
Communication Skills	Direct Observation	Parent Counselling, Case Presentation	Continuous	Moderate
Professionalism	Faculty Evaluation	Professional Behaviour Checklist	Continuous	Moderate
Patient Safety	Clinical Observation	Safe Paediatric Practice Checklist	Continuous	Moderate
Teamwork	Ward Performance	Consultant Evaluation	Continuous	Low

B. Formative Assessment

Assessment Activity	Frequency	Purpose
Weekly MCQ Quiz	Weekly	Reinforce paediatric concepts
Case-Based Discussion	Weekly	Develop clinical reasoning
Bedside Clinical Assessment	Weekly	Assess history taking and examination
Clinical Case Presentation	Weekly	Improve communication and management planning
Growth Chart & Development Assessment	Weekly	Strengthen child assessment skills
Seminar	Once	Promote evidence-based paediatric practice
Reflective Portfolio	Weekly	Encourage reflective learning
Supervisor Feedback	Weekly	Continuous performance improvement

C. Summative Assessment

Component	Assessment Tool
Theory Examination	Integrated MCQs,

Component	Assessment Tool
Clinical Examination	Long Case
Clinical Examination	Short Case
Practical Examination	OSCE
Viva Voce	Structured Viva
Clinical Logbook	Clerkship Logbook
End-of-Rotation Assessment	Clinical Performance Evaluation

D. Assessment Blueprint

Learning Domain	Assessment Methods
Knowledge	MCQs,
Clinical Reasoning	Long Case, Short Case, Case Discussions
Clinical Skills	OSCE, Bedside Assessment
Diagnostic Skills	Growth Charts, Developmental Assessment, Laboratory & Radiological Interpretation
Communication Skills	Parent Counselling, Viva, Case Presentation
Professionalism	Faculty Observation, Clinical Logbook
Patient Safety	Safe Prescribing, Clinical Observation

E. Assessment Across Clinical Areas

Clinical Area	Assessment Focus
General Paediatric Ward	History taking, examination, diagnosis and management
Neonatal Unit	Newborn assessment and neonatal care
Paediatric Emergency	Recognition and initial management of emergencies
PICU	Monitoring critically ill children and clinical decision-making
Nutrition & Growth Clinic	Growth monitoring and nutritional assessment
Immunization Centre	Immunization counselling and preventive care
Specialty Clinics	Assessment of cardiology, neurology, nephrology and gastroenterology cases
Outpatient Clinics	Clinical reasoning, communication and follow-up planning

F. Feedback and Continuous Quality Improvement (CQI)

Student learning will be supported through:

- Immediate feedback following bedside clinical assessments.
- Weekly consultant feedback during ward rounds and clinics.
- Individual feedback after case presentations.
- Mid-rotation progress review with faculty mentor.

- End-of-rotation performance review.
- Review of clinical logbooks and reflective entries.
- Student feedback to improve clerkship delivery through the Programme Evaluation Committee.

G. Alignment with PMDC Graduate Competencies

PMDC Graduate Attribute	Assessment Methods
Medical Expert	Written Examination, Long Case, OSCE
Communicator	Parent Counselling, Viva, Case Presentation
Collaborator	Ward Assessment, Team Participation
Leader	Clinical Decision-Making, Emergency Management
Health Advocate	Nutrition, Breastfeeding & Immunization Counselling
Scholar	Seminar, Case Presentation, Reflective Portfolio
Professional	Faculty Observation, Clinical Logbook, Professional Behaviour Checklist

8. Clinical Skills & Procedures Matrix

The Paediatrics Clerkship provides structured clinical exposure to essential paediatric and neonatal skills. Students are expected to observe, assist, and perform selected procedures under direct faculty supervision while maintaining patient safety, infection prevention, and professional standards.

Clinical Skill / Procedure	Observe	Assist	Perform Under Supervision	Assessment Method
Paediatric history taking	✓	—	✓	Long Case / OSCE
Neonatal examination	✓	✓	✓	OSCE
General paediatric examination	✓	✓	✓	Clinical Assessment
Growth measurement	✓	✓	✓	Bedside Assessment
Growth chart plotting	✓	—	✓	OSCE
Developmental assessment	✓	✓	✓	Clinical Assessment
Nutritional assessment	✓	✓	✓	Case Presentation
Immunization assessment	✓	✓	✓	Clinical Assessment

Essential Bedside Procedures

Procedure	Observe	Assist	Perform Under Supervision
Measurement of vital signs	✓	—	✓
Weight, length & head circumference	✓	✓	✓

Procedure	Observe	Assist	Perform Under Supervision
Blood glucose testing	✓	✓	✓
Venepuncture	✓	✓	✓
Intravenous cannulation	✓	✓	✓
Oxygen administration	✓	✓	✓
Nebulization	✓	✓	✓
Fluid therapy calculation	✓	✓	✓

Emergency Skills

Students should demonstrate competence in:

- Initial assessment of a sick child (ABCDE approach)
- Recognition of dehydration
- Recognition of neonatal sepsis
- Recognition of respiratory distress
- Recognition of seizures
- Recognition of shock
- Basic Life Support (BLS)
- Initial stabilization and referral of critically ill children

Clinical Exposure Requirements

Students should receive supervised exposure in:

- General Paediatric Wards
- Neonatal Unit
- Paediatric Emergency Department
- PICU
- Immunization Clinic
- Nutrition & Growth Clinic
- Specialty Clinics
- Community Child Health Activities





FINAL YEAR MBBS

MEDICINE CLERKSHIP						
Theory			Clinical skills			Total Marks
Paper 1 MCQs	100 Marks		OSCE	10 stations x 5 marks= 50 marks		

		200 Marks	OSVE	02 Stations x 10 marks= 20 marks	200 Marks	400 Marks
Paper 2 MCQs	100 Marks		Short case	02 Short case x 30 marks = 60 marks		
			Long case	01 Long case x 70 marks = 70 marks		
Internal assessment (10%) Theory		50 marks	Internal assessment (10%) Practical		50 marks	100 Marks
Total=500 Marks						
SURGERY CLERKSHIP						
Theory			Clinical skills			Total Marks
Paper 1 MCQs	100 Marks	200 Marks	OSCE	10 stations x 5 marks= 50 marks	200 Marks	400 Marks
			OSVE	02 Stations x 10 marks= 20 marks		
Paper 2 MCQs	100 Marks		Short case	02 Short case x 30 marks = 60 marks		
			Long case	1 Long case x 70 marks = 70 marks		
Internal assessment (10%) Theory		50 marks	Internal assessment (10%) Practical		50 marks	100 Marks
Total=500 Marks						
OBSTETRIC & GYNAECOLOGY CLERKSHIP						
Theory			Clinical skills			Total Marks
Obstetri cs MCQs	60 Marks	120	OSCE	08 stations x 5 marks= 40 marks	120 Marks	240 Marks
			OSVE	02 Stations x 10 marks= 20 marks		
Gynaec ology MCQs	60 Marks	Marks	Short case	2 Short case x 15 marks = 30 marks		
			Long case	1 Long case x 30 marks = 30 marks		
Internal assessment (10%) Theory		30 marks	Internal assessment (10%) Practical		30 marks	60 Marks

Total=300 Marks					
PAEDIATRICS CLERKSHIP					
Theory		Clinical skills			Total Marks
MCQs (80)	80 Marks	OSCE	08 stations x 5 marks= 40 marks	80 Marks	160 Marks
		OSVE	02 Stations x 5 marks= 10 marks		
		Short case	1 Short case x 10 marks = 10 marks		
		Long case	1 Long case x 20 marks = 20 marks		
Internal assessment (10%) Theory	20 Marks	Internal assessment (10%) Practical		20 Marks	40 Marks
Total=200 Marks					
GRAND TOTAL=1500 Marks					

INTERNAL ASSESSMENT

It shall constitute 20% of the total assessment at the end of the academic year.

	Scoring Parameter	Weightage (percentage)
Theory 10 %	Attendance	75% attendance -1 % >85% attendance -2 %
	Block Exam	5 %
	Continuous assessment	3 %
Practical 10 %	Attendance	75% attendance -1 % >85% attendance -2 %
	Block Exam	5 %
	Clinical logbooks	3 %

***Remedial / Re-sit Exam Policy**