

STUDY GUIDE

GASTROINTESTINAL TRACT & HEPATOBILIARY MODULE

THIRD YEAR MBBS

IV

20thApril – 13thJune 2020



Extent of jaundice ш ш





Face and neck

Chest and back knees

Arms and legs Abdomen below umbilicus to below knees

Hands and feet



LIAQUAT NATIONAL HOSPITAL AND MEDICAL COLLEGE Institute for Postgraduate Medical Studies & Health Science





STUDY GUIDE FOR GIT & HEPATOBILIARY MODULE

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Module name: GIT & Hepatobiliary Year: Three Duration: 8weeks (April- June 2020)

Timetable hours: Lectures, Case-Based Integrated Learning (CBIL), Clinical Rotations, learning experience in LNH outreach centers, Laboratory, Practical, Demonstrations, Skills, Self-Study

MODULECOORDINATOR:	• Prof. M. Mansoor-ul-Haq (Gastroenterology)		
CO-COORDINATORS:	 Dr. Afifa Tabassum (DHCE) Dr. Shahid Karim (Gastroenterology) 		

MODULE INTEGRATED COMMITTEE

DEPARTMENTS & RESOURCE PERSONS FACILITATING LEARNING

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FORENSIC MEDICINE	GENERAL SURGERY			
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 Dr. Shaheena Akbani, Director A.A&R.T LNH&MC 				
STUDY GUIDE COMPILED BY:• Faiza Ambreen				
Department of Health Professions Education				

INTRODUCTION

WHAT ISA STUDYGUIDE?

Itisanaidto:

- Inform students how student learning program of the semester-wise module has been organized
- Help students organize and manage their studies throughout the module
- Guide students on assessment methods, rules and regulations

THE STUDYGUIDE:

- Communicates information on organization and management of the module. This will help the student to contact the right person in case of any difficulty.
- Defines the objectives which are expected to be achieved at the end of the module.
- Identifies the learning strategies such as lectures, small group teachings, clinical skills, demonstration, tutorial and case based learning that will be implemented to achieve the module objectives.
- Provides a list of learning resources such as books, computer assisted learning programs, web- links, journals, for students to consult in order to maximize their learning.
- Highlights information on the contribution of continuous and semester examinations on the student's overall performance.
- Includes information on the assessment methods that will be held to determine every student's Achievement of objectives.
- Focuses on information pertaining to examination policy, rules and regulations.

CURRICULUM FRAMEWORK

Students will experience *integrated curriculum* similar to previous modules.

INTEGRATED CURRICULUM comprises of system-based modules such as GIT & Hepatobiliary, Renal & Excretory System II and Endocrinology II which links basic science knowledge to clinical problems. Integrated teaching means that subjects are presented as a meaningful whole. Students will be able to have better understanding of basic sciences when they repeatedly learn in relation to clinical examples.

LEARNING EXPERIENCES: Case based integrated discussions, Task oriented learning followed by task presentation, skills acquisition in skills lab, computer-based assignments, learning experiences in clinics, wards.

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INTEGRATING DISCIPLINES OF GIT & HEPATOBILIARY-IIMODULE



*forensic medicine will run parallel in 3rd year

LEARNING METHODOLOGIES

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

- Interactive Lectures
- Small Group Discussion
- Case- Based Discussion (CBD)
- Clinical Experiences
- Clinical Rotations
- Skills session
- Task-Oriented Learning
 - o Task Presentation

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

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

CASE-BASED DISCUSSION (CBD): A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained previously in clinical and basic health sciences during the module and construct new knowledge. The CBD will be provided by the concerned department.

CLINICAL LEARNING EXPERIENCES: In small groups, students observe patients with signs and symptoms in hospital wards, clinics and outreach centers. This helps students to relate knowledge of basic and clinical sciences of the module and prepare for future practice.

 CLINICAL ROTATIONS: In small groups, students rotate in different wards like Medicine, Pediatrics, Surgery, Obs & Gyne, ENT, Eye, Family Medicine clinics, outreach centers & Community Medicine experiences. Here students observe patients, take histories and perform supervised clinical examinations in outpatient and inpatient settings. They also get an opportunity to observe medical personnel working as a team. These rotations help students relate basic medical and clinical knowledge in diverse clinical areas.

SKILLSSESSION: Skills relevant to respective module are observed and practiced where applicable in simulated-learning environment such as skills laboratory.

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

MODULE1:GIT & HEPATOBILIARY

INTRODUCTION

Gastrointestinal and liver diseases impose a substantial burden on health, and are responsible for approximately 8 million deaths per year worldwide. Diarrheal disease is the eight leading cause of death globally and is responsible for 1.4 million deaths in 2015. Pakistan is one of the countries in MENA (Middle East and North Africa) region with the highest overall burden of Gastrointestinal and Liver Diseases including esophageal cancers, diarrheal diseases, hepatitis and cirrhosis.

This module aims to equip medical undergraduates with the essential knowledge and skills required for dealing with prevalent GI disorders in the local context. This is the second module on Gastrointestinal tract in MBBS course. The basics of GI tract including anatomy, physiology, biochemistry, pathology and introduction to clinical presentations have been addressed in the first module. This module will provide an integrative understanding of molecular processes and physiological pathways underpinning healthy and disease states in the gastrointestinal tract and hepatobiliary system. It will focus on common infections of the gastrointestinal tract, molecular factors influencing the host –pathogen interaction, the mode-of-action of common gastrointestinal therapeutics, environmental interactions, including metabolic, genetic and nutritional disorders and cancerous and non-cancerous gastrointestinal diseases.

Reference:

^{1.} Top ten causes of death. WHO. Available from: <u>http://www.who.int/mediacentre/factsheets/fs310/en/</u>

Sepanlou, S. G., Malekzadeh, F., Delavari, F., Naghavi, M., Forouzanfar, M. H., Moradi-Lakeh, M., Pourshams, A. (2015). Burden of Gastrointestinal and Liver Diseases in Middle East and North Africa: Results of Global Burden of Diseases Study from 1990 to 2010. *Middle East Journal of Digestive Diseases*, 7(4), 201–215.

COURSE OBJECTIVES AND STRATEGIES

At the end of the module the students will be able to:

	TOPICS & OBJECTIVES	FACULTY	LEARNING
			STRATEGY
	OVERVIEW OF GIT & NOT	ATTON	
•	Describe the structure of digestive system	Anatomy	Interactive Lecture
•	Perform correct abdominal examination on a patient	Gastroenterology	Hands-on Practical
			session
•	Explain the importance of malnutrition in children.	Pediatrics	Interactive
•	Describe the factors that lead to malnutrition.		Lecture
•	Classify malnutrition according to Gomez and WHO		
	classification		
	List the complications of malnutrition		
	ORAL CAVITY		
•	Perform nasogastric intubation on a mannequin	Skills Lab	Simulation Based
	· • · • · · · · · · · · · · · · · · · ·		Practice
•	Discuss risk factors of oral cancer		
•	Discuss the histo-pathology of tongue including different	Pathology	Interactive
•	List differential diagnosis of white patch / plaque in oral		Lecture
	cavity		
•	Describe precancerous lesion of oral cavity	-	
•	Discuss step by step pathogenesis and morphology of		
-	squamous cell carcinoma	-	
•	gland		Interactive
•	Describe the characteristic features, pathogenesis and		Lecture
	morphology of the most common salivary gland tumors	-	
•	Discuss classification of salivary gland tumor		Small Group
			Discussion
•	Discuss the causes of dysphagia along with the clinical	Gastroenterology	Interactive Lecture
	presentation, investigations and management plan		
•	Explain the clinical manifestations of salivary gland		
	diseases	FNT	
•	Comprehend differential diagnosis of salivary gland		Interactive
	uysiunichion Domonstrato knowlodzo of different strategies for the		Lectures
	treatment of salivary gland disorders		
	treatment of salivary gland disorders		

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•	Classify salivary gland tumors on histopathological ground Describe etiology & clinical presentation of salivary gland		
	neoplasms		
•	Explain the management approach of a patient with		
	salivary gland tumor		
	ESOPHAGUS		
•	Explain esophagitis and barret esophagus	Pathology	Interactive Lecture
•	Explain the etiology and pathogenesis of esophageal		Interactive Lecture
	tumors		
•	Discuss the common clinical features of esophageal		
	malignancies		
•	Identify Tumors of the esophagus on basis of histo-		Practical
	nathological findings		
•	Explain major causes of upper and lower GI bleeding and	Gastroenterology	Interactive Lecture
	important elements of the history		
•	Discuss the guidelines for effective therapeutic strategies		
	STOMACH		
•	Differentiate between acute and chronic gastritis	Pathology	Interactive Lecture
•	Explain the pathology of Peptic ulcer disease	ruthology	
•	Identify the typical clinical presentation and risk factors for	Medicine	Interactive Lecture
	acid peptic disease		
•	Describe appropriate diagnostic plan based on individual		
	risk factors		
٠	Explain a suitable therapeutic regimen for dyspepsia		
•	Discuss common causes of pain affecting upper abdomen	Surgery	Interactive Lecture
•	Explain approach to a patient with upper abdominal pain		
	including history taking and performing physical		
	examination		
•	Recommend a management plan for patient with upper		
	abdominal pain		
•	Discuss the etiology and management of penticulcer	Pharmacology	Case-Based Learning
•	Describe the treatment and discuss nharmacological		
	agents of H nylori infection		
	Discuss principle of infection eradication		
•	Differentiate between normal histology of the stomach	Pathology	Practical
<u> </u>	and gastric adenocarcinoma		
•	Classify gastric tumors		Interactive Lecture
•	Discuss epidemiology, risk factors, pathogenesis,		
	molecular biology, morphology and clinical features of		
	gasuic duenocal cinomia Evaluation the significance of staging in distating treatment		
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	and prognosis of gastric lymphomas		
		Surgony	Intoractivo Locturo
•		Suigery	
•	identify the need for adequate fluid resuscitation and		
	stabilization of electrolytes and acid base		
	balance before surgical treatment		
•	Discuss the management options for pyloric stenosis		
	LIVER		
•	Classify the jaundice along with their causes		Small Group
			Discussion
•	Explain general features of hepatic disease which include		Interactive
	liver failure, liver cirrhosis, portal hypertension, ascites and		Lectures
	porto-systemic shunts	Dathology	
•	Explain the patterns of hepatic injury	Fathology	
•	Differentiate morphologically between acute and chronic		
	hepatitis		
•	Discuss alcoholic liver disease		
•	Explain key morphological features of alcoholic liver		
	disease along with its pathophysiology		
•	Describe morphology Nonalcoholic Fatty Liver		
	Disease (NAFLD)		
•	Discuss metabolic liver disorders		
•	Explain clinical presentation, mode of transhistocyte,		Small Group
	serological features, markers and morphology of viral		Discussions
	hepatitis		
•	Discuss a logical approach for investigations of raised liver		
	function test and or liver disease including lab diagnosis of		
	nepatitis		
•	Discuss the types of storage disorders of liver		
-	Explain circulatory disorders of liver		
•	Describe the nathonhysiology and clinical features of		Interactive
•	Hydatid disease		linteractive
•	Describe benign liver tumors	Pathology	Lectures
•	Describe the risk factors of benign and malignant liver		
	tumors		
•	Discuss diagnosis, type and morphological features of		
	hepatocellular carcinoma		
•	Discuss the sign and symptoms of hepatic disease		Interactive Lecture
•	Discuss the complications of viral hepatitis		
•	Differentiate various stages of hepatitis B virus infection		
•	Summarize the spectrum of clinical manifestations of		
	hepatitis B virus		
•	Explain the basic virological and serological hallmarks of		
	hepatitis B virus infection		
•	Discuss treatment with particular emphasis on choice of		
	agents		

	Describe the etiology, incidence, pathology and clinical manifestations of benatitis C infection		
	Illustrate undated guidelines for screening and		
	evaluating patients for HCV		
	Discuss antiviral therapy for HCV		Interactive
•	Relate the importance of monitoring natients for antiviral		Lectures
	treatment response and toxicities	Gastroenterology	
•	Discuss clinical presentation, relevant investigation.		
	treatment, complications and adverse effect of drugs for		
	fulminant hepatic failure		
٠	Describe the classification, prevalence, and etiology of		
	hepatic encephalopathy		
•	Identify the different categories of diagnostic methods for		
	hepatic encephalopathy		
•	Define Hepatorenal Syndrome		
•	Explain the pathophysiology of hepatorenal syndrome		
•	Recognize the clinical assessment		
•	Demonstrate understanding of basic therapeutic		
	Considerations		
•	Discuss prevention of this syndrome		
•	Discuss the clinical presentation, causes, relevant		
	investigation and management plan for obstructive		
	Jaundice		
•	Explain with examples the pattern of drug or toxin induced	Pathology	Interactive
•	Explain with examples the pattern of drug or toxin induced liver diseases such as autoimmune hepatitis. Drug and	Pathology	Interactive
•	Explain with examples the pattern of drug or toxin induced liver diseases such as autoimmune hepatitis, Drug and Toxins induced hepatitis	Pathology	Interactive Lecture
•	Explain with examples the pattern of drug or toxin induced liver diseases such as autoimmune hepatitis, Drug and Toxins induced hepatitis Discuss logical approach for investigation of raised liver	Pathology	Interactive Lecture
•	Explain with examples the pattern of drug or toxin induced liver diseases such as autoimmune hepatitis, Drug and Toxins induced hepatitis Discuss logical approach for investigation of raised liver function tests and liver diseases	Pathology	Interactive Lecture
•	Explain with examples the pattern of drug or toxin induced liver diseases such as autoimmune hepatitis, Drug and Toxins induced hepatitis Discuss logical approach for investigation of raised liver function tests and liver diseases Discuss hyperbilirubinemia and jaundice in children	Pathology Pediatrics	Interactive Lecture Interactive
•	Explain with examples the pattern of drug or toxin induced liver diseases such as autoimmune hepatitis, Drug and Toxins induced hepatitis Discuss logical approach for investigation of raised liver function tests and liver diseases Discuss hyperbilirubinemia and jaundice in children Explain the causes of jaundice in newborns that is	Pathology Pediatrics	Interactive Lecture Interactive Lecture
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•	Discuss new treatment protocols for viral hepatitis C		
٠	Identify the underlying causes of ascites		Interactive Lecture
•	Describe its pathogenesis		
•	Explain paracentesis		
٠	Discuss management strategies		
•	Discuss the management of acute and chronic hepatitis C.	Pharmacology	Case-Based Learning
٠	Discuss pharmacological agents used for the treatment of		
	Hepatitis B.		
•	Discuss side effects and their management		
•	Discuss the management of hepatitis C with co morbidities		
	e.g cirrhosis, transplantation or HIV		
•	Identify the management strategy for the treatment of		
	partial responders, nonresponders, and relapsers with		
	HCV		
•	Discuss pros and cons of current treatment ontion for		
•	chronic HBV and HCV infection		
•	Discuss liver cirrhosis along with its different types and its	Pathology	Interactive Lecture
	predisposing factors		
•	Explain the patho-physiology and clinical manifestations of		
	liver cirrhosis		
•	Analyze the initial evaluation of a patient with suspected		
	portal hypertension		
•	List common surgical causes of hepatomegaly		
٠	Discuss the clinical features of common surgical diseases		
	causing hepatomegaly		
		Surgery	
•	List the causes of liver abscess		Interactive
•	Discuss the clinical features of liver abscess		Lectures
•	Name the investigations related to liver abscess		
_	Evalain notheleasu of obstructive joundies		
	Explain pathology of obstructive jaundice		
•	Describe management of obstructive jaundice		
•	Discuss the classification, clinical manifestations, and long-		
	term risks associated with acute and chronic pancreatitis		
•	Assess common diagnostic tools used in acute and		
	chronic pancreatitis and evaluate their usefulness		
•	Analyze patient-specific characteristics in determining		
•	Demonstrate an understanding of the role of enteral and		
	parenteral nutrition support in managing acute and		
	chronic pancreatitis		
GA	LL BLADDER & PANCREAS		
•	Classify pancreatic tumors	Pathology	Interactive Lecture
	/ 1	67	

•	Discuss imaging features of tumors of pancreas (Solid and		Small Group
	cystic pancreatic tumors)		Discussion
			Discussion
-	Evaluation the mean hole and pictule sized factures in second		Intoractiva Lactura
•	Explain the morphology and histological features in case of		Interactive Lecture
	cholecystitis, cholilithiasis and carcinoma of gallbladder		
•	Discuss extra-hepatic biliary tract pathology		
•	Describe the morphological features in cases of acute		
	pancreatitis, chronic pancreatitis and pancreatic		
	adenocarcinoma		
•	Identify risk factors that contribute to the development of	Surgery	Interactive
	cholelithiasis		Locture/Case Pased
			Lecture/Case-Daseu
•	Explain various presentations and complications of gall		Learning
	stone disease		
	• Enlist the techniques of removal of gall bladder		
	SMALL INTESTINE		
•	Discuss malabsorption		Small group
•	Identify the major patho-physiological mechanisms		discussion
	responsible for generalized malabsorption and	Pathology	
	malabsorption of specific nutrients		
•	Discuss differential diagnosis for a patient with suspected		
	malabsorntion		
	Identify the most appropriate tests to identify		
•	malaboration of enacific nutrients		
•	Identify the various histo-pathological types of tumors of		Practical
	intestines		
•	Analyze the effect of pilocarpine on rabbit's small	Pharmacology	Practical
	intestine		
•	Analyze the effects of parasympathetic and sympathetic		
	agents on small intestine		
•	Prenare and compose Tyrode Solution along with the role		
	of its different components		
-	Discuss the differential discussion of an abdeminal well or		
•	Discuss the unreferitial diagnosis of an abdominal wall of		
	inguinai mass		
•	Describe the potential sites for abdominal wall hernias		
•	Explain the embryology leading to the development of		
	inguinal hernia and hydrocele		
•	Identify anatomic differences between direct inguinal,		
	indirect inguinal and femoral hernia	<u> </u>	
•	Discuss the management of paraumblical and umbilical	Surgery	Interactive Lecture
	hernia in adults and children		
•	Discuss the clinical conditions that may predictore to		
	development of bornia		
_	Discuss the indications, surgical actions and source to the		
•	Discuss the indications, surgical options, and normal post-		
	operative course for Inguinal and femoral hernia repair		
•	Discuss the clinical significance of incarcerated,		
	strangulated, reducible and Richter's hernias		

LIAQUAT NATIONAL MEDICAL COLLEGE **3RDYEAR MBBS GIT & HEPATOBILIARY MODULE** • Describe clinical factors contributing to the development an incisional hernia and its repair LARGE INTESTINE Describe types of intestinal obstructions • Discuss risk factors and morphology of obstructions Discuss the risk factors for enterocolitis and ischemic • colitis Pathology • Describe the patho-physiology and clinical features of Interactive necrotizing enterocolitis Lectures Differentiate between diarrhea and dysentery along with • the common infective agents causing diarrhea/dysentery Explain pathology of inflammatory bowel disease • Differentiate between ulcerative colitis and Crohn's • disease Classify tumors of the large and small bowel Discuss the pathogenisis and molecular pathway of ٠ colorectal carcinoma Discuss the different Polyposis syndromes List bacterial, viral and parasitic infections of enterocolitis Pathology Small group • discussion Identify the levels of dehydration Pediatrics Interactive Lecture • Recognize clinical signs of dehydration. Assess dehydration in young infants and sick children. Classify diarrhoea and severity of dehydration using IMNCI charts. • Develop a management plan for diarrhoea. Justify selection of plans A, B or C for dehydration based on the patient's condition Medicine Describe various types of acute gastroenteritis Interactive Lecture • Discuss patho-physiology and common organisms responsible for acute gastroenteritis Identify severity of dehydration • Describe management of acute gastroenteritis and associated dehydration Explain rationale behind ORS & its use • Describe preventive measures for acute gastroenteritis Discuss the complications of acute gastroenteritis Discuss the classification, mechanism of action, Pharmacology Interactive Lecture pharmacokinetics, therapeutic uses and adverse effects of laxatives and purgatives Enlist the drugs that promote gastrointestinal motility Classify antiemetic drugs along with their pharmacokinetic

	•		
	profile and adverse effects		
٠	Discuss the causative factors for inflammatory bowel		
	disease (IBD)		
•	Explain importance of endoscopic, histological,		
	radiological and biochemical investigations to finalize the		
	diagnosis of Ulcerative colitis/Crohn's disease		
•	Discuss the complications of chronic diarrhea		
•	Discuss pharmacological and surgical management of IBD		
•	Discuss various complications of IBD	Madiaina	Interactive
•	Discuss the causes and mechanism of malabsorption	Medicine	Lectures
•	Discuss commonest diseases associated with		
	malabsorption such as celiac sprue ,whipples disease,		
	Short Bowel Syndrome, Bacterial overgrowth syndrome		
	and tropical sprue		
٠	Identify the diagnostic tests for celiac disease		
•	Describe how to effectively manage patients with		
	Malabsorption Syndrome and celiac disease		
•	Discuss complications of the disease		
•	Discuss the aetiological factors of Irritable bowel syndrome	Medicine	Interactive
•	Diagnose Irritable bowel syndromewhengivenwritten data		Lecture
•	Justify management plan for the given condition		
•	Discuss complications of the disease		
•	Discuss the treatment of Irritable Bowel Syndrome (IBS)	Pharmacology	Interactive Lecture
	and constipation		
•	Enlist the drugs used in IBS along with their		
	pharmacokinetic profile		
•	List the main types of patho-physiologic mechanisms of		
•	Describe the relative likelihood of common causes of		
•	abdominal nain according to the quadrant in which the		
	pain is located		
•	Discuss the symptoms and signs indicative of an acute		
	abdomen		
•	Describe the key diagnostic criteria for common causes of		
	abdominal pain, based on a history, physical exam and		
	laboratory testing	_	Interactive
•	Discuss the steps in a critical pathway for patients with an	Surgery	Lectures
	acute abdomen		
	Describe the patho physiology of dynamic and adverse		
•	bescribe the patho-physiology of dynamic and adynamic		
	nicesunal obstruction		
•	Discuss the cardinal reatures of intestinal obstruction on		
	ristory and examination		
•	Enlist the causes of small and large bowel obstruction		
•	Recommend and inter laboratory and radiological		
	investigations in a patient with intestinal obstruction		
•	Discuss the basic management principles for intestinal		

obstruction		
Describe surgical anatomy of the anus and anal canal		
List common causes of bleeding per rectum		
• Discuss the important clinical features of different causes		
of bleeding per rectum		
• Outline an investigation plan for a patient with bleeding		
per rectum		
	NE	
Health Policy		
 Describe the Walt and Gilson model of health policy 		
analysis		
 Describe the health policy history of Pakistan 		
 Explain the stages of health policy process 		
 Explain the health policy issues of Pakistan 	Community	Interactive
Discuss how to solve issues related to health	Medicine	Lectures
policy of Pakistan		
Leadership in health		
Discuss the importance of leadership in health system of		
Pakistan		
Describe the concept of leadership		
Explain the leadership quality		
Health Programme in Pakistan		
• Discuss the various health care programs of Pakistan and		
explain their importance in enhancing quality of life		
 identify the issues in health program of Pakistan 		
 discuss how to solve issues related to health programs 		
of Pakistan		
Health Planning		
 Discuss the different steps of the planning cycle 		
• Describe the health planning process of Pakistan,		
Explain the types of health planning,		
• Discuss the planning bodies of Pakistan, Explain the		
nealth planning issues of Pakistan, Discuss how to		
solve issues related to health planning of Pakistan		
Health Sector Reforms	Community	Interactive
• Discuss the main objectives and components of health	Community	Lectures
sector reforms of Pakistan	iviedicine	
• Explain the major weaknesses and challenges of the health		
sector reforms		
Explain health sector reforms of Pakistan		

 Discuss the level of health sector reforms List the recent health sector reforms of Pakistan Identify the components of health sector reforms Health Management Discuss health care management and its basic activities Describe the concept of Administration Quality of Health Care Management Describe the concept of quality Explain the Total Quality Management Collect data for research proposal developed in the previous year. Describe the types of data and variables. Use a statistical package (SPSS) for entering data and later analysis. Display and summarize data sets. Apply the concepts of measures of central tendency and spread. Describe the basic concepts of inferential statistics. Apply the concepts of hypothesis testing (alpa beta errors, 		
confidence interval) FORENSIC MEDICINE		
Head Injuries		Interactive
 Define and classify head injuries Recognize injuries to scalp & face including medicolegal implications 		
Fractures of Skull		Small Group
and spinal cord)		Discussion
• Discuss types and Mechanism of production of fractures of the skull and their medico legal interpretation	Forensic Medicine	
Scene of crime and lie detection		Small Group
 Discuss examination of scene of crime and collection of evidence for crime investigation List uses of Psycho-physiological testing of credibility by polygraph 		Discussion
Intracranial Haemorrhages		Interactive
Evaluate different types of intracranial haemorrhages		Lecture

	along with forensic anatomy of blood vessels commonly involved		
•	Recognize signs and symptoms of different types of		
	intracranial haemorrhages and methods to diagnose them		
•	Discuss medico legal aspects of intracranial hemorrhages		
Bra	in injuries		
•	Appreciate different types of injuries to the brain and		
	spine		
•	Explain mechanism of brain injuries such as		
	Concussion/Contusion/Irritation		
•	Describe Coup and contre coup injuries with their		Interactive
	mechanism		Lectures
•	Recognize brain injuries to boxers		
Inj	uries to spinal cord		
•	Discuss spinal injuries with special emphasis on Railway		
	spine		
•	Analyze Medico legal aspects of brain and spinal injuries		
Inj	uries to Face& Neck		Interactive
•	Recognize common injuries of medico legal significance to		Lecture
	the face,		
•	Demonstrate understanding of different cervical fractures,		
	whiplash injuries, homicidal and suicidal cut throat,		
Inj	uries to thorax & abdomen		Interactive
			Lecture
•	Explain chest injuries including traumatic asphyxia, injuries		
	to ribs, lungs, heart with special emphasis on penetrating		
	injuries and Commotio Cordis.		
•	Discuss abdominal injuries with medico legal aspects of		
	rupture of liver, spieen, injuries to abdominal aorta and		
	Explain polyis injuries of modice legal significance		
Po	ad Traffic Accidents		Interactive Lecture
<u>NO</u>			
•	List Various causes of road traffic accidents.		
•	Identify various types of injuries to pedestrians, driver and		
	passengers,		
•	State complications of run over injuries with their medico	Forensic Medicine	
	legal significance		
•	Explain injuries to motor cyclists with special stress on tail		Interactive
	gating		Lecture
•	Recognize use of air bags and seat belt syndrome		
•	Discuss how to issue fitness certificate for driving license		
Ma	ss Disasters		Interactive
•	Define 'Mass Disasters' according to World Health		Lecture
1	Organization		
•	Describe the various methods of identification of victims		
	Evaluation the process of Triage i.e. how to estagavize visiting		
•	Explain the process of Triage i.e. now to categorize victims		

for treatment		
• Summarize the types of triage i.e. Simple, Advance,		
Reverse		
Define guestioned desuments		Small Crown
 Define questioned documents List examples of questioned documents 		Discussion
		Discussion
Medicolegal report and examination of person who		Small Group
consumes alcohol		Discussion
• Explain how to prepare and set out an expert report to		
ensure compliance with court rules		
Insanity & Forensic psychiatry-I		Interactive Lecture
• Define insane person as per mental health ordinance 2001		
Differentiate between Legal and Medical Insanity		
Explain Procedure of admission in a mental hospital		
Mental disorders		Interactive
 Evalain different subjective disorders as delusions 		Lecture
Explain different subjective disorders as defusions, hallucinations, illusion, obsession, impulse and their		
medico legal significance		
 Define various terms of medico legal significance such as 		
affect, fugue, confabulation, I.Q, psychopath, twilight state		
McNaughton's Rule		Interactive Lecture
Describe Legal test of insanity i.e. McNaughton's Rule	Forensic Medicine	
Discuss Civil and criminal responsibilities of insane		
True &feigned insanity		Interactive
Differentiate between true and feigned insanity		Lecture
Recognize motives of feigned insanity		
POISONS		Small Group
Cannabis indica&Cocaine poisoning.		Discussions
Discuss common preparations of Cannabis, chief		
symptoms of acute and chronic poisoning, run amoke and		
medicolegal aspects		
Discuss signs & symptoms of acute and chronic cocaine		
Intoxication.		
• Explain cocarrie body packers, cocarrie drug addiction		
Kerosene oil poisoning/ dhatura poisoning		
Discuss signs and symptoms of kerosene oil poisoning		
Discuss clinical presentation of dhatura poisoning		
Drug addiction & Drug Dependence		
List the sources of Amphetamine		
 State the dose of amphetamine required for toxicity and far dependence 		
and for dependence		
Describe the signs and symptoms for amprictamine		Dage 10

addiction and toxicity		
• Justify management plan for amphetamine addiction		
and toxicity		
Define questioned documents		
 List examples of Questioned documents in Forensic 		
investigation		
Investigation		
Onium 8 its dovivativas		
Opidin & its derivatives		
List the sources of Oplum		
• State the dose of Opium required for toxicity and for		
dependence		
Describe the Signs and symptoms for Opium addiction		
and toxicity		
• Justify management plan for Opium addiction and		
toxicity		
Injuries and deaths from starvation, cold & heat	1	Interactive Lecture
 Define and describe clinical features of injuries due to 		
• starvation.		
 cold, hypothermia, frost bite, trench foot 		
 heat stroke, exhaustion, cramps 		
• Explain postmortem findings and medicolegal importance		
in deaths due to		
 starvation 		
○ cold		
○ heat		
Thermal Injuries		Interactive Lecture
Define and classify thermal injuries		
Explain types of burns and effects of burns		
Burns		
Calculate the surface area of burns in adults and children		Interactive
Enlist causes of death due to burns	Eoropsic Medicine	Lecture
Differentiate ante mortem and postmortem burning for	Torensic Medicine	
medico legal purposes		
Enlist the postmortem findings and artifacts due to burns		
Differentiate burns due to dry neat, moist neat and showsing a few meeting leader burns and		
chemicals for medico legal purposes		
Energy Control	-	Small Group
Describe features of injuries due to various types of		Discussion
electrical current Causes of death due to electrocution		Discussion
Lightning injuries and lightning deaths		
Paediatric Forensic Medicine	-	Interactive
Discuss the terminologies related to tootus child		Lecture
Discuss the terminologies related to foetus child destruction		Lecture
 Discuss the terminologies related to foetus child destruction Infanticide 		Lecture

 Dead horn/stillborn haby 		
O Dead boll/stillboll baby		
 Concealment of birth 		
Status of Infant		Interactive
Estimate Foetal age		Lectures
Discuss live- born baby		
Analyze Precipitate Jahor/ Unconscious delivery		
Analyze recipitate labory oneonscious derivery		
Discuss criminal causes of death of new born bables i.e.		
Acts of commission and Acts of omission		
Pandiatric death investigation		
• Explain Autopsy on bodies of new born babies		
• How to prepare and set out an autopsy report of cause of		
death to ensure compliance with court rules		
Battered baby Syndrome		Interactive
Define battered Baby Syndrome or Caffey's Syndrome		Lectures
 Explain Etiology of Battered baby Syndrome 		
Recognize Clinical Features of a battered baby		
Shaken baby syndrome		
Discuss injuries seen in Shaken Baby Syndrome with		
mechanism		
Cudden infect death sundrame (CIDC)	Forensic Medicine	
Sudden Infant death syndrome (SIDS)		
- Delete CIDC and various resultilities of death with		
• Relate SIDS and various possibilities of death with		
postmortem findings		
State Medico legal importance of SIDS		
Alcohol intoxication		
• Describe sources, routes of absorption, metabolism and		Interactive
excretion of alcohol		Lectures
• Explain various stages of acute alcohol intoxication		
State selective impairment from alcohol intoxication with		
special reference to human behavior and driving a motor		
Venicle		
ivieuicolegal report and examination for drunkenness		
Describe clinical examination of a drunkard as proof of		
alcoholic intoxication		
List specimens /tests required to diagness		
List specimens/tests required to diagnose		
Prepare medico legal report of alleged alcohol intoxication		
case as a duty medical officer		
Alcoholism		
<u>A de la </u>		
Explain chronic alcoholism, treatment and alcohol		

withdrawal syndrome		
Evaluate postmortem findings of alcoholic intoxication		
• Describe Methyl Alcohol intoxication, its complications and		
postmortem findings		
Medicolegal aspects of virginity		Interactive Lecture
Identify Signs of virginity on medico legal examination		
 Differentiate between true and false virgin on examination 		
Defloration along with causes of rupture of hymen		
Estimate Age of a torn hymen		
Medicolegal aspects pregnancy		Interactive
Calculate EDD (Expected date of delivery)		Locturo
Calculate LDD (Expected date of delivery) Basagniza Signs of programmy (prosumptive probable and		Lecture
definite signs)		
Diagnese program in medice legal cases		
Diagnose pregnancy in medico legal cases		
Explain Motives of reigned pregnancy		
Discuss Abnormal forms of pregnancy		
Define Legitimacy- Legitimate child as per law		
Medicolegal aspects recent delivery		
Recognize Signs of recent delivery in living		
Recognize Signs of recent delivery in dead		
Identify Signs of remote delivery in living		
Inspect Signs of remote delivery in dead		
Relate Medico legal aspects of delivery		
Marriage & Nullity of marriage (Forensic Approach)		
Define Marriage		
• Discuss Consummation of marriage, causes of nullity of		
marriage and divorce from legal aspects		
Artificial insemination and Surrogacy		
Express knowledge about Artificial Insemination, its types		
procedure precautions in selecting a donor and legal		Interactive Lectures
implications	Forensic Medicine	
 Discuss Surrogate mother & Surrogate hirth-legal and 		
ethical issues		
Abortion		
Define Abortion		
Classify its types		
 Discuss grounds for abortion with special emphasis on 		
nregnancy after rane		
 Discuss criminal abortion & its type according to Pakistan 		
nanel code Unskilled semi-skilled and skilled methods of		
criminal abortion		
List the complications of criminal abortion		
List the causes of death in criminal abortion and autonsy		
findings		
i indingo		

Apart from attending daily scheduled sessions, students too should engage in self-study to ensure that all the objectives are covered



LEARNING RESOURCES

SUBJECT	RESOURCES	
COMMUNITYMEDICINE	 TEXTBOOKS 1. CommunityMedicineby Parikh 2. Community Medicine by M Illyas 3. Basic Statistics for the Health Sciences by Jan W Kuzma 	
FORENSIC MEDICINE	 TEXT BOOKS Nasib R. Awan. Principles and practice of Forensic Medicine 1st ed. 2002. Parikh, C.K. Parikh's Textbook of Medical Jurisprudence, Forensic Medicine and Toxicology. 7th ed.2005. REFERENCE BOOKS Knight B. Simpson's Forensic Medicine. 11th ed.1993. Knight and Pekka. Principles of forensic medicine. 3rd ed. 2004 Krishan VIJ. Text book of forensic medicine and toxicology (principles and practice). 4th ed. 2007 Dikshit P.C. Text book of forensic medicine and toxicology. 1st ed. 2010 Polson. Polson's Essential of Forensic Medicine. 4th edition. 2010. Rao. Atlas of Forensic Medicine (latest edition). Rao.Practical Forensic Medicine 3rd ed ,2007. Knight Jimpson's Forensic Medicine 10th 1991,11th ed.1993 Taylor's Principles and Practice of Medical Jurisprudence. 15th ed.1999 CDS: Lectures on Forensic Medicine. Atlas of Forensic Medicine. 	
GENERAL MEDICINE	 REFERENCE BOOKS: Hutchison's Clinical Methods, 23rd Edition MacLeod's clinical examination 13th edition Davidson's Principles and Practice of Medicine Kumar and Clark's Clinical Medicine HCAI guidelines CDC 	

PATHOLOGY/MICROBIOLOGY	TEXTBOOKS Robbins &Cotran,Pathologic BasisofDisease,9thedition. RapidReviewPathology,4theditionbyEdwardF. GoljanMD 		
	WEBSITES:		
	 http://library.med.utah.edu/WebPath/webpath.html http://www.pathologyatlas.ro/ 		
	TEXT BOOK:		
PEDIATRICS	1. Basis of Pediatrics (8 th Edition Pervez Akbar)		
	A. <u>TEXTBOOKS</u>		
PHARMACOLOGY	 Lippincot Illustrated Pharmacology Basic and Clinical Pharmacology byKatzung 		

ADDITIONAL LEARNING RESOURCES

Hands-on Activities/ Practical	Students will be involved in Practical sessions and hands-on activities that link with theCVS IImodule to enhance learning.	
Labs	Utilize the lab to relate the knowledge to the specimens and models available.	
Skills LabProvides the simulators to learn the basic skills and procedures.build confidence when approaching patients in real settings.		
<u>Videos</u>	Familiarize the student with the procedures and protocols to assist patients.	
<u>Computer</u>	To increase knowledge and motivation of students through the available	
Lab/CDs/DVDs/Internet	internet resources and CDs/DVDs. This will be an additional advantage to	
<u>Resources:</u>	meaningful learning.	
Self Learning	Self Learning is when students seek information to solve cases, read through different resources and discuss among peers, and with the faculty to clarify the concepts.	

ASSESSMENTMETHODS:

- Best Choice Questions(BCQs) also known as MCQs (Multiple Choice Questions)
- Objective Structured Practical/Clinical Examination (OSPE or OSCE)

BCQs:

- A BCQ has a statement or clinical scenario of four options (likely answers).
- Correct answer carries one mark, and incorrect 'zeromark'. There is NO negative marking.
- Students mark their responses on specified computer-based sheet designed for LNHMC.

OSCE:

- All students rotate through the same series of stations in the same allocated time.
- At each station, a brief written statement includes the task. Student completes the given task at one given station in a specified time.
- Stations are observed, unobserved, interactive or rest stations.
- In unobserved stations, flowcharts, models, slide identification, lab reports, case scenarios may be used to cover knowledge component of the content.
- Observed station: Performance of skills /procedures is observed by assessor
- Interactive: Examiner/s ask questions related to the task within the time allocated.
- In Rest station, students in the given time not given any specific task but wait to move to the following station.

Internal Evaluation

- Students will be assessed comprehensively through multiple methods.
- 20% marks of internal evaluation will be added to JSMU final exam. That 20% may include class tests, assignment, practicals and the internal exam which will all have specific marks allocation.

Formative Assessment

Individual department may hold quiz or short answer questions to help students assess their own learning.

The marks obtained are not included in the internal evaluation

For JSMU Examination Policy, please consult JSMU website!

More than75% attendance is needed to sit for the internal and final examinations

LNH&MC EXAMINATION RULES & REGULATIONS

- Student must report to examination hall/venue, 30 minutes before the exam.
- Exam will begin sharp at the given time.
- No student will be allowed to enter the examination hall after 15 minutes of scheduled examination time.
- Students must sit according to their roll numbers mentioned on the seats.
- Cell phones are strictly not allowed in examination hall.
- If any student is found with cell phone in any mode (silent, switched off or on) he/she will be not be allowed to continue their exam.
- No students will be allowed to sit in exam without University Admit Card, LNMC College ID Card and Lab Coat
- Student must bring the following stationary items for the exam: Pen, Pencil, Eraser, and Sharpener.
- Indiscipline in the exam hall/venue is not acceptable. Students must not possess any written material or communicate with their fellow students.

SCHEDULE:

WEEKS	3 RD YEAR	MONTH
		2 nd Dec 2019
WEEK 1-5.5	INFECTIOUS DISEASES MODULE	
		7 th Jan 2020
	HEMATOLOGY MODULE	8 th Jan 2020
WEEK 1-4.5		
		4 th Feb 2020
		6 th Feb 2020
WEEK 1-4.5	RESPIRATORY MODULE	
		21 st March 2020
	CVS MODULE	24 th March 2020
WEEK 1-4		
		18 th April 2020
		20 th April 2020
WEEK 1-8	GIT & HEPATOBILIARY MODULE	
		13 th June 2020