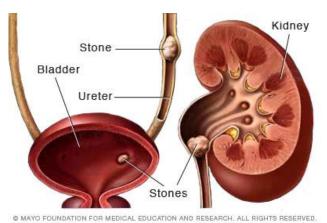


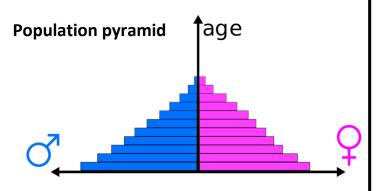
# **STUDY GUIDE**

RENAL & EXCRETORY SYSTEM-II MODULE

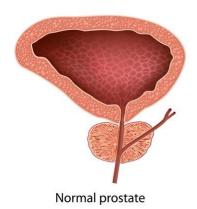
THIRD YEAR MBBS

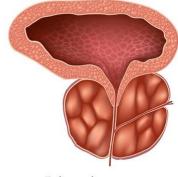
July – August 2020





# Benign Prostatic Hyperplasia

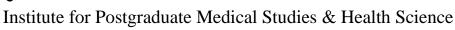




**Enlarged prostate** 



## LIAQUAT NATIONAL HOSPITAL AND MEDICAL COLLEGE





## **STUDY GUIDE FOR RENAL & EXCRETORY SYSTEM-II MODULE**

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Module name: Renal & Excretory System-II Year: Three Duration: 4 weeks (July - August 2020)

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

### **MODULE INTEGRATED COMMITTEE**

MODULE COORDINATOR:	Prof. Kunwer Naveed (Nephrology)	
CO-COORDINATORS:	<ul><li>Dr. Mehnaz Umair (DHCE)</li><li>Dr. Farzana Adnan (Nephrology)</li></ul>	

### **DEPARTMENTS' & RESOURCE PERSONS' FACILITATING LEARNING**

DEPARTMENTS & RESOURCE PERSONS FACILITATING LEARNING			
BASIC HEALTH SCIENCES	CLINICAL AND ANCILLARY DEPARTMENTS		
	NEPHROLOGY		
Prof. Zia-ul-Islam	<ul><li>Prof. Kunwer Naveed</li><li>Dr. Farzana Adnan</li></ul>		
COMMUNITY MEDICINE	RESEARCH & SKILLS DEVELOPMENT CENTER		
Dr. Saima Zainab	Dr. Kahkashan Tahir		
UI. Saima Zamab	Di. Namashan Tahii		
FORENSIC MEDICINE	PEDIATRICS		
Prof. Murad Zafar Marri	Prof. Samina Shamim		
	Dr. Atika Sher		
PATHOLOGY	UROLOGY		
Prof. Naveen Faridi     Dr. Aziz Abdullah			
Dr. Rabia Ali	Dr. Shahab Javid		
PHARMACOLOGY	RADIOLOGY		
Prof. Nazir Ahmad Solangi	Dr. Misbah Tahir		
DEPARTMENT of HE	EALTH PROFESSIONS EDUCATION		
Prof. Nighat Huda     Dr. Sobia	• Dr. Afifa Tabassum		
Dr. Muhammad Suleman     Dr. Meh	Dr. Muhammad Suleman     Dr. Mehnaz Umair		
LNH&MCMANAGEMENT			
<ul> <li>Professor Karimullah Makki, Principal, LNH&amp;MC</li> </ul>			
<ul> <li>Dr. Shaheena Akbani, Director A.A &amp; R.T, LNH&amp;MC</li> </ul>			

**STUDY GUIDE COMPILED BY**: Department of Health Professions Education

### **INTRODUCTION**

### WHAT ISA STUDYGUIDE?

It is an aid to:

- Inform students how student learning program of the 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, weblinks, journals, for students to consult in order to maximize their learning.
- Highlights information on the contribution of continuous 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.

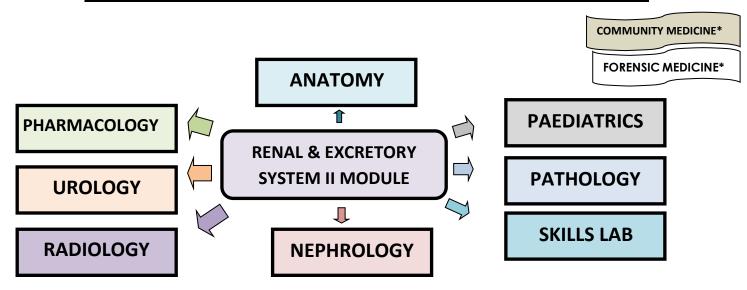
#### **CURRICULUM FRAMEWORK**

Students will experience integrated curriculum similar to previous modules.

INTEGRATED CURRICULUM comprises of system-based modules such as GIT & Liver II, 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, skills acquisition in skills lab. Computer-based assignments, learning experiences in clinics, wards, and outreach centers.

### INTEGRATING DISCIPLINES OF RENAL & EXCRETORY SYSTEM -II MODULE



Note: \*Forensic medicine & Community medicine will run parallel in 3<sup>rd</sup> year

### **LEARNING METHODOLOGIES**

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

- Interactive Lectures
- Small Group Discussion
- Case- Based Integrated Learning (CBIL)
- Clinical Experiences
  - Clinical Rotations
  - Experience in LNH outreach centers
- Practicals
- Skills session
- Self-Directed Study

**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 INTEGRATED LEARNING (CBIL)**: 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 CBIL will be provided by the concern 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.
- EXPERIENCE IN LNH OUTREACH CENTERS: Learning at outreach centers of LNH have been organized and incorporated as part of training of third year medicinal students. The objective is to provide clinical training experiences for students in primary care settings.

**PRACTICAL:** Basic science practicals related to pharmacology, microbiology, pathology, forensic medicine, and community medicine have been schedule for student learning.

**SKILLS SESSION:** Skills relevant to respective module are observed and practiced where applicable in 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 with in the college scheduled hours of self-study.

### **MODULE2: RENAL & EXCRETORY SYSTEM-II**

### **INTRODUCTION**

Kidney disease has an indirect impact on global morbidity and mortality by increasing the risks associated with at least five other major killers: cardiovascular diseases, diabetes, hypertension, infection with human immunodeficiency virus (HIV) and malaria<sup>[1]</sup>. Worldwide, estimated prevalence of Chronic Kidney Disease is 10.4% in men and 11.8% in women<sup>[2]</sup>. In Pakistan common causes of CKD identified in the patients included diabetic nephropathy (28%), glomerulonephritis (22%), hypertension (14.6%), tubulo-interstitial disease (13.4%) and renal stone disease (8%)<sup>[3]</sup>.

This module aims to equip medical undergraduates with the essential knowledge and skills required for dealing with prevalent renal disorders in the local context. This is the second module on renal and excretory system in MBBS course. The basics of renal and excretory system including anatomy, physiology, biochemistry, pathology and introduction to clinical presentations have been addressed in the first module. The module will focus on common diseases of the renal and excretory system, including infections, obstructive, genetics and acquired disorders and cancerous and non-cancerous renal and excretory diseases.

### References:

- 1. Luyckx VA, Tonelli M, Stanifer JW. The global burden of kidney disease and the sustainable development goals. Bulletin of the World Health Organization. 2018 Jun 1;96(6):414.
- 2. Coresh J. Update on the Burden of CKD. Journal of the American Society of Nephrology. 2017 Apr 1;28(4):1020-2.
- 3. Kifayat Ullah, Ghias Butt, Imtiaz Masroor, Kinza Kanwal, Farina Kifayat (2015) Epidemiology of chronic kidney disease in a Pakistani population. Saudi Journal of kidney diseases and transplant, 2015 Nov;26(6):1307-10. doi: 10.4103/1319-2442.168694.

### **COURSE OBJECTIVES ANDSTRATEGIES**

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

TOPICS & OBJECTIVES	FACULTY	LEARNING STRATEGY
OVERVIEW, UTI, UROLITHIASIS		
Describe the gross anatomyof male and female urinary system	Anatomy	Interactive Lectures
<ul> <li>Classify cystic diseases of the kidneys</li> <li>Discuss genetics, pathogenesis, morphology and clinical features of autosomal dominant, autosomal recessive and polycystic kidney disease</li> <li>Describe cystic diseases of renal medulla</li> </ul>	Pathology	Interactive Lecture
<ul> <li>Interpret urine analysis</li> <li>Demonstrate proteinuria in a given sample of urine by Lab/Dipstix Method</li> <li>Describe the procedure of performing urine C/S</li> </ul>		Practical
<ul><li>Explain renal function tests</li><li>Interpret renal function tests (RFT)</li></ul>	Nephrology	Interactive Lecture
Demonstrate steps of Foley's catheterization	Skills Lab	Small Group Discussion with Hands On
<ul> <li>Discuss causes, pathogenesis, morphology and clinical features of Hydronephrosis</li> <li>Describe the four main types of renal stones and their pathogenesis</li> <li>Identify etiologies and patho-physiology for upper and lower urinary tract infections</li> </ul>	Pathology	Interactive Lectures
<ul> <li>Identify treatments and medications used in the management of renal calculus urolithiasis</li> <li>Analyze clinical signs and symptoms of major renal and urinary tract diseases</li> </ul>	Urology	Interactive Lectures
Classify diuretics, mechanism of action, the rapeutic uses, pharmacokinetic profile and adverse effects of diuretics	Pharmacology	Interactive Lecture
<ul> <li>Evaluate a patient with diseases of the kidneys and urinary tract</li> <li>Describe the effects and management of obstructive urinary tract disease</li> </ul>	Urology	Interactive Lecture
<ul> <li>Identify common infectious etiologies for upper and lower urinary tract infections</li> <li>Analyze clinical signs and symptoms of common renal diseases to construct a differential diagnosis</li> </ul>	Pediatrics	Interactive Lecture

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Describe the approach for evaluating and treating common renal diseases		
ACUTE KIDNEY INJURY AND GLOMERULONEPHRITIS		
<ul> <li>Classify specific renal diseases according to three major components on the basis of glomerular, vascular and tubulointerstitial types</li> <li>Discuss pathogenesis of glomerular diseases</li> </ul>	Pathology	Interactive Lecture
<ul> <li>Discuss the etiology and diagnosis of the common renal diseases in children including nephrotic and nephritic syndromes</li> <li>Identify the difference between upper and lower urinary tract hematuria</li> <li>Explain the common causes of proteinuria</li> </ul>	Pediatrics	Interactive Lecture
Discuss diseases associated with nephrotic and nephritic syndrome	Pathology	Interactive Lecture
<ul> <li>Describe the diagnosis and management of</li> <li>Acute kidney injury (AKI)</li> <li>Nephrotic syndrome</li> </ul>	Nephrology	Interactive Lecture
Relate clinical signs and symptoms of renal disease to underlying pathophysiology of Tubulointerstitial disease	Pathology	Interactive Lecture
Discuss rationale of the management of particular clinical conditions with different classes of diuretics along with the pharmacokinetic and dynamics of those classes of drugs	Pharmacology	Small Group Discussion
Describe the pathophysiology, morphology and clinical features in Glomerular conditions associated with systemic disease	Pathology	Interactive Lecture
CHRONIC KIDNEY DISEASES(CKD) and RENAL REPLACEMENT TH	ERAPY(RRT)	
Describe the diagnosis and management of chronic Kidney diseases	Nephrology	Interactive Lecture/Case-Based Discussion
<ul> <li>Describe the major characteristics of the renal replacement therapy RRT modalities</li> <li>Identify indications and contraindications for RRT</li> <li>Compare RRT to intermittent dialysis therapy</li> </ul>	Nephrology	Interactive Lecture
Discuss Acute kidney injury and chronic kidney diseases	Pediatrics	Interactive Lecture
BENIGN PROSTATIC HYPERTROPHY, TUMOURS OF URINARY SYSTEM		
<ul> <li>Discuss Benign Prostatic Hyperplasia and Prostatic carcinoma as a cause of urinary outflow obstruction</li> <li>Explain the genetics, pathogenesis, morphology and clinical features of Prostatic carcinoma</li> </ul>	Pathology	Interactive Lecture
Describe approaches for evaluating and treating diseases of prostate	Urology	Interactive Lecture
<ul> <li>Classify the risk factors, histology, pathophysiology &amp; clinical features of renal cancers</li> <li>Classify Urothelial tumors</li> </ul>	Pathology	Interactive Lecture
2020		Page   9

LIA	QUAI NATIONAL WIEDICAL COLLEGE 3 TEAN	WIDDS NEWAL & EXC	ALTORT STSTEWN IN WIOL
•	Discuss etiology, pathogenesis, morphology and clinical features of urothelial tumors		
•	Describe the evaluation, diagnosis and management of kidney tumors	Urology	Interactive Lecture
•	Interpret imaging modalities including IVP/US/Renal CT and pyelography used in the diagnosis of renal pathologies	Radiology	Small Group Discussion
со	MMNUNITY MEDICINE		
•	Explain the concept of demography in Pakistan		
•	Discuss the determinants of fertility in a population and its concept in health system of Pakistan		
•	Describe the determinants of mortality and its role in		
	demography of Pakistan	Community	Interactive Lectures /
•	Distinguish the various measures of morbidity and its impact on population	Community Medicine	Interactive Lectures/ Tutorials
•	Interpret the population pyramid and its various applications		
•	Explain the balancing equation and its application in		
	different scenarios		
•	Explain demographic transition		
FO	RENSIC MEDICINE		
Ra			
•	Explain Legal definition of rape and its types		
•	Describe procedure of medico-legal examination of rape		
	victim which include:		
	Consent		
	Specific history related to alleged offence		
	General examination  Physical examination		
	Physical examination     Figure in the particular and particu		
	<ul> <li>Examination of genitalia</li> </ul>		
Fxa	amination of Accused in alleged rape		
<u>=/</u>	Describe procedure of medico-legal examination of		
	accused in alleged rape which include:		
	Medicolegal Examination of		
	Consent		
	<ul><li>History</li></ul>		
	General examination		
	Physical examination		
	<ul><li>Examination of genitalia</li></ul>		
Dis	cuss:		Con all Con
•	Sexual offences		Small Group
•	Sexual deviations/ perversions		Discussion
•	Drug-facilitated sexual assault (Date rape)		
So	domy		
•	Describe medicolegal examination of passive and active		
	agents in an alleged case of <i>sodomy</i>		
Fo	ensic specimens collection in sex- offence		
•	Discuss the process of specimen collection which include:		
_			·

### 3<sup>RD</sup> YEAR MBBS RENAL & EXCRETORY SYSTEM II MODULE

0	The purpose of forensic specimens		
0	Specimen collection techniques		
0	Laboratory Diagnostic tests		Interactive Lecture
• St	<ul> <li>Discuss the types, signs &amp; symptoms, treatment, post mortem appearance and medicolegal importance of</li> <li>Organophosphate poisoning</li> <li>Animal poisons</li> <li>Irrespirable gases</li> <li>Spinal poisons (Strychnine)</li> <li>Cardiac poisons (Digitalis, Aconite, Nicotine)</li> <li>Therapeutic poisoning (Paracetamol, Benzodiazipines)</li> </ul>	Forensic Medicine	Small Group Discussion
	are meanaged report in sexual assuant case		

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



### **LEARNING RESOURCES**

SUBJECT	SUBJECT RESOURCES		
ANATOMY	A. GROSSANATOMY  1. K.L. Moore, Clinically Oriented Anatomy  B. EMBRYOLOGY  1. Keith L. Moore. The Developing Human  2. Langman's Medical Embryology		
COMMUNITYMEDICINE	1. CommunityMedicineby Parikh 2. CommunityMedicinebyMillyas 3. Basic Statisticsfor theHealth SciencesbyJanWKuzma		
FORENSIC MEDICINE	TEXT BOOKS  1. Nasib R. Awan. Principles and practice of Forensic Medicine 1st ed. 2002.  2. Parikh, C.K. Parikh's Textbook of Medical Jurisprudence, Forensic Medicine and Toxicology. 7th ed.2005.  REFERENCE BOOKS  3. Knight B. Simpson's Forensic Medicine. 11th ed.1993.  4. Knight and Pekka. Principles of forensic medicine. 3rd ed. 2004  5. Krishan VIJ. Text book of forensic medicine and toxicology (principles and practice). 4th ed. 2007  6. Dikshit P.C. Text book of forensic medicine and toxicology. 1st ed. 2010  7. Polson. Polson's Essential of Forensic Medicine. 4th edition. 2010.  8. Rao. Atlas of Forensic Medicine (latest edition).  9. Rao.Practical Forensic Medicine 3rd ed ,2007.  10. Knight: Jimpson's Forensic Medicine 10th 1991,11th ed.1993  11. Taylor's Principles and Practice of Medical Jurisprudence. 15th ed.1999  CDs:  1. Lectures on Forensic Medicine.  2. Atlas of Forensic Medicine.		
GENERAL MEDICINE	1. Hutchison's Clinical Methods, 23 <sup>rd</sup> Edition 2. MacLeod's clinical examination 13th edition 3. Davidson's Principles and Practice of Medicine 4. Kumar and Clark's Clinical Medicine 5. HCAI guidelines CDC 6. WHO TB guidelines		

PATHOLOGY/MICROBIOLOGY	1. Robbins &Cotran, Pathologic BasisofDisease,9thedition. 2. RapidReviewPathology,4 <sup>th</sup> edition by Edward F. Goljan MD  WEBSITES: 1. http://library.med.utah.edu/WebPath/webpath.html
	2. http://www.pathologyatlas.ro/
PEDIATRICS	TEXT BOOK:  1. Basis of Pediatrics (8 <sup>th</sup> Edition Pervez Akbar)
PHARMACOLOGY	A. TEXTBOOKS     1. Lippincot Illustrated Pharmacology     2.Basic and Clinical Pharmacology byKatzung
PHYSIOLOGY	A. TEXTBOOKS  1. TextbookOfMedicalPhysiologybyGuytonAndHall 2. Ganong'S ReviewofMedical Physiology 3. HumanPhysiologybyLauraleeSherwood 4. Berne&LevyPhysiology 5. Best&Taylor PhysiologicalBasis ofMedicalPractice

### **ADDITIONAL LEARNING RESOURCES**

Hands-on Activities/ Practical	Students will be involved in Practical sessions and hands-on activities that link with the Renal and Excretory module-II to enhance learning.
<u>Labs</u>	Utilize the lab to relate the knowledge to the specimens and models available.
<u>Skills Lab</u>	Provides the simulators to learn the basic skills and procedures. This helps 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
Resources:	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.

#### **ASSESSMENT METHODS:**

- 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 'zero mark'. 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 than 75% 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 <sup>RD</sup> YEAR	MONTH
		2 <sup>nd</sup> Dec 2019
WEEK 1-5.5	INFECTIOUS DISEASES MODULE	
		7 <sup>th</sup> Jan 2020
		8 <sup>th</sup> Jan 2020
WEEK 1-4.5	HEMATOLOGY MODULE	
		4 <sup>th</sup> Feb 2020
		6 <sup>th</sup> Feb 2020
WEEK 1-4.5	RESPIRATORY MODULE	
		21st March 2020
		24 <sup>th</sup> March 2020
WEEK 1-4	CVS MODULE	
		18 <sup>th</sup> April 2020
		20 <sup>th</sup> April 2020
WEEK 1-8	GIT & HEPATOBILIARY MODULE	
	MODULE	13 <sup>th</sup> June 2020
		27 <sup>th</sup> July 2020
\A/FFI/ 1 F	DENIAL & EVEDETODY SYSTEM !!	
WEEK 1-5	RENAL & EXCRETORY SYSTEM II  MODULE	
		26 <sup>th</sup> Aug 2020