DEPARTMENT OF MEDICINE

LUMHS

JAMSHORO

MANUAL OF FINAL YEAR MBBS TEACHING

MANNAUAL FOR FIANL YEAR MBBS TEACHING

DEPARTMENT OF MEDICINE

BY

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LUMHS, JAMSHORO, SINDH PAKISTAN

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ESSENTIAL INSTRUCTIONS FOR STUDENTS

Dear students

You have now reached your final year and will be awarded degree of MBBS in 1 year' time. Our dream is to produce doctors with sound professional knowledge, who can practice ethically, have appropriate leadership and administrative qualities and can serve the community with respect and honor. You need clear learning objectives to achieve these goals, so department f medicine have decided to give you a list of topics and skills you require to learn for passing the exams so that you can organize your time and studies accordingly.

Ward Postings:-

1. All shall wear apron in the ward.
2. Bring you stethoscope, torch, hammer & B.P apparatus to ward every day.
3. Respect you seniors, be courteous with all staff and keep kind & empathetic attitude towards patients.
4. Every student bounds to attend hospital posting with his / her respective group.
5. 75% attendance is compulsory for ward test, so be regular & punctual. If attendance is short due to a genuine reason then student will have to attend with next group to complete 75% attendance for appearing in test.
6. Ward test will be on the last date of posting.

During Ward Postings:

1. Keep a copy / time table of your ward posting.
2. You will most probably have the topics & teaching schedule on first day.
3. Actively participate in case presentations, examination & research projects.
4. All ward tests will be on assessment method of 30% theory 70% clinical.
5. Make sure your objectives are achieved during posting:-
   - History/ Examination
   - Approach to different signs and interpretation

Assignment:

Writing histories

Maintain check lists pf different examinations

EXAM KIT INCLUDES:

- MASKS

GLOVES AND SENITISERS

- Stethoscope
- Inch tape
- Hammer

- Fundoscope
- Monofilament
- Tuning Fork
- Blunt key
- Pin
- Ishihara chart for colour vision
- B.P Apparatus
- Torch
- Gloves
- Mydriatical eye drops (for dilatation of pupil)

LESSONS FOR final YEAR MBBS

- Total duration of posting 1 month (working days 20).
- 5 days a week
- 3 hours a day.
- For 4 weeks/ 60 hrs. 20 days

Each ward: The group will deal 4 systems along with history and general physical examination.

Long & short cases (1-month).

	Every day	Short cases	Long cases	theory
General Physical Examination	Every day	2	-	4
Chest	5 cases	2	5	10
Abdomen	5 cases	3	4	10
CNS	5 cases	2	3	10
CVS	3 cases	2	2	10
Self study	10 topics			6
Ward test	1			50

Ward test

Theory	30%
Clinical Examination	75%

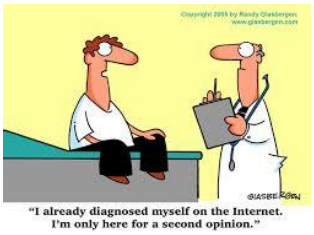
Each lesson will have the **objective** and the **learning outcomes** with assessment tools.
Lessons are divided in to two group, in case of two patient same day , teacher will teach common and important one

In case of no case the another case from list will teach

The time Division will be followed 30 minutes for demonstration, 1 hour for bed side examination and then 1 hour for discussion and feed back

It would better to record daily class on audio or video

Encourage student to speak and do clinical them selves



LESSON PLAN FOR MU-I AND IV

DAY 1

TOPIC: **HISTORY TAKING (GIT)**

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDNT takes the Hx and fill case recording form (journal) under supervision of co-facilitato-01 HR

GROUP DISCUSSION on HX TAKING on the basis of form filled by student----------1HR

LEARNING OBJECTIVES: Students should be able to:

1. Take a medical HX
2. To know ***CARDINAL MANIFESTATIONS*** of GIT AND RS and questions pertaining to each symptom
3. Knows components of HX
4. Fill the case recording form
5. Ask pertinent questions to the patient regarding their symptoms
6. Take a **systemic enquiry**
7. Make differential diagnosis
8. Able to make provisional diagnosis

CLINICAL SKILL LEARNT:

1. Use basic communicating skill to take relevant HX
2. Able to know and enquire about main symptoms of GI AND RS ***(NAUSEA,VOMITING,DYSPHAGIA,JAUNDICE,HEMETEMESIS,APHTHOUS ULCERS,PAIN ABDOMEN,HEMATOCHEZIA,MALENA,DIARRHOEA,TENESMUS***)
3. Able to judge and record **red flag** (danger) symptoms or signs

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

Demonstration of HX taking on a patient

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Introduction of recording form

MATERIAL REQUIRED:

1. HX journal
2. Pen or pencil and eraser
3. Patient
4. Seminar room or bed and examination kit


DAY 2

TOPIC: GPE AND GIT EXAMINATION

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assign practical/clinical tasks to students----30 MIN

Each STUDNT perform GPE AND GIT EXAMINATION and fill case recording form (journal)under supervision of co-facilitator ---------- ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN GPE & GIT EXAM (filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

1. Describe general look of the patient
2. Take vital signs (normal and abnormal)
3. Identify pallor, jaundice, dehydration, cyanosis, edema, koilonychias, lymphadenopathy and any danger sign
4. Perform inspection ,palpation ,percussion and auscultation of abdomen
5. Make differential diagnosis and a provisional diagnosis

CLINICAL SKILL LEARNT:

1. Able to take informed consent
2. Able to Take vital signs (normal and abnormal)
3. Identify pallor, jaundice, dehydration, cyanosis, edema, koilonychias, lymphadenopathy and any danger sign
4. Able to examine liver and its span, spleen, ascites , kidneys, urinary bladder and able to recognize their abnormalities
5. Able to judge and record red flag (danger) symptoms or signs

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

Demonstrate how to take GPE and GIT examination

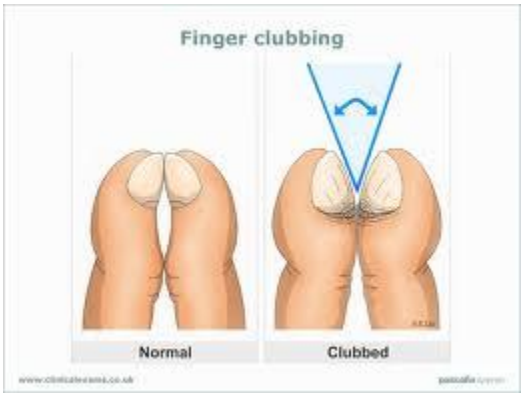
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use information given in history journal

MATERIAL REQUIRED:

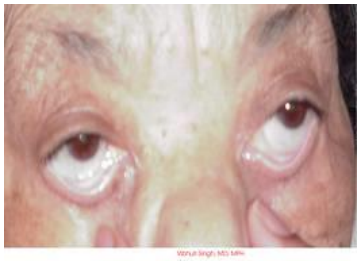
5. HX journal
6. Pen or pencil and eraser
7. Patient
8. Seminar room or bed and examination kit

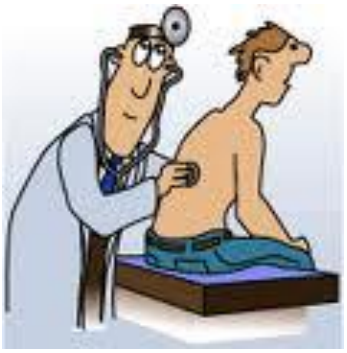
koilonychia



DEHYDRATION

pallor conjunctiva and palm





LESSON PLAN FOR MU-I AND IV

DAY 3

TOPIC: RESPIRATORY SYSTEM EXAMINATION

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDNT perform RESPIRATORY SYSTEM EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN RESPIRATORY SYSTEM EXAM (filled in journal) ----1HR

LEARNING OBJECTIVES: Students should be able to:

1. Describe general look of the patient
2. Take vital signs (normal / abnormal)
3. Identify cyanosis, edema, tachypnoea, dyspnoea, wheeze, stridor, hoarseness and any danger sign
4. Perform inspection .palpation ,percussion and auscultation of RESPIRATORY SYSTEM
5. Make differential diagnosis and a provisional diagnosis

CLINICAL SKILL LEARNT:

1. Able to take informed consent
2. Able to Take vital signs (normal and abnormal)
3. Identify character of cough, different grades of SOB, cyanosis, edema, koilonychias, wheeze, lymphadenopathy and their causes and.
4. Able to check trachea, apex beat, vocal fremitus and resonance, different grades of dullness and to differentiate crepts with rhonchi and their causes
5. Able to judge and record red flag (danger) symptoms or signs

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

Demonstrate how to take RESPIRATORY SYSTEM examination

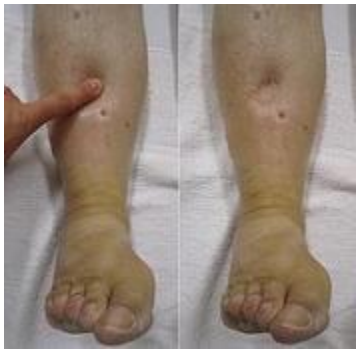
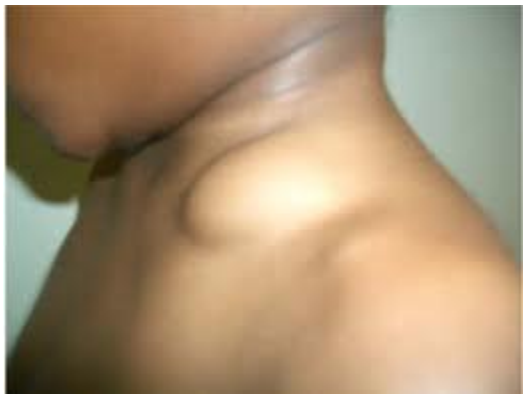
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

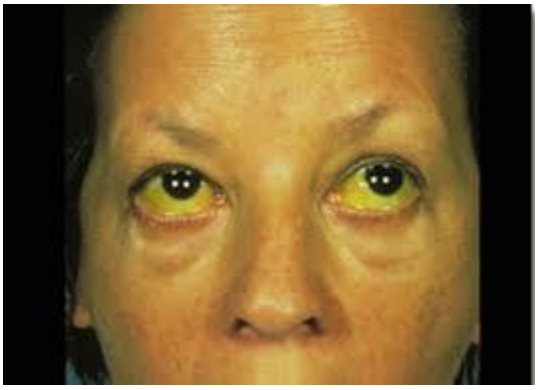
Show student how to use PEF meter, INHALAR AND NEBULIZER.

MATERIAL REQUIRED:

1. HX journal
2. Pen or pencil and eraser

3. Patient, stethoscope, measuring tape, tongue depressor
4. Seminar room or bed AND examination kit
5. INHALAR
6. PEF METER
7. NEBULIZER AND SOLUTIONS USED

DAY 04

TOPIC: **APPROACH TO EVALUATE PATIENT WITH JAUNDICE**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDNT take HX and perform examination of jaundiced pt and fill case recording form (journal)under supervision of co-facilitator ---------- 1 HR

CASE PRESENTATION & GROUP DISCUSSION on findings obtained (filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

1. Take HX,describe general look of the patient, take vital signs (normal and abnormal)
2. Identify jaundice and any other related danger sign (fever,dehydration,drowsiness etc)
3. Know types of jaundice its causes, workup and management.
4. Know DETAILED ***WORKUP AND MANAGEMENT OF CHB, CHC AND IMPORTANCE OF SCREENING*** *AND* ***PREVENTIVE MEASURES***.
5. Able to make differential diagnosis and a provisional diagnosis of causes of jaundice

CLINICAL SKILL LEARNT:

6. Able to take informed consent
7. Able to Take vital signs (normal and abnormal)
8. Identify jaundice, edema, pallor ,fetor hepaticus,hepatosplenomegaly
9. Able to check liver and spleen and stigmata of cirrhosis
10. Able to judge and record red flag (danger) symptoms or signs related to jaundice.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

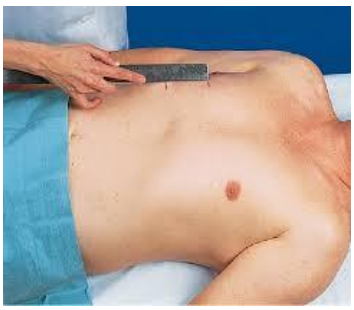
COMMUNICATION SKILLS TO TAKE RELEVANT HX AND PERFORM RELEVANT EXAMINATION (Demonstrate how to examine liver and spleen etc.)

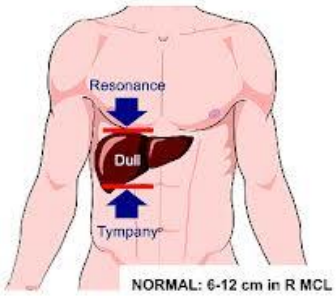
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

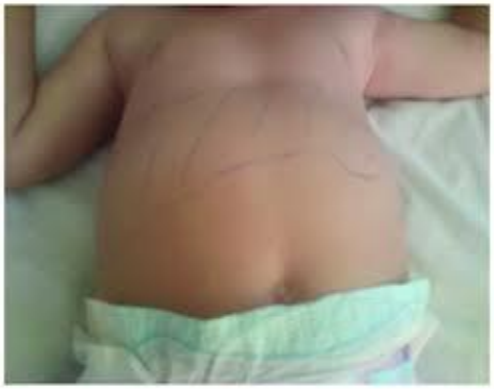
Show student how to use LIVER BX NEEDLE, ascites tap cannula /needle

MATERIAL REQUIRED:

8. HX journal
9. Pen or pencil and eraser
10. Patient
11. Seminar room or bed
12. Liver BX needle, iv cannula /needle
13. Inch tap for liver span AND EXAMINATION KIT







Gynaecomastia with ascites

DAY 5

TOPIC: **HEPATOSPLENOMEGALY**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDNT take Hx and perform related clinical examination and fill case recording form (journal) under supervision of co-facilitator ----------1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN RELATED SYSTEM EXAM AND clinical features OF HEPATOSPLENOMEGALY (filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

- Know how to detect hepatosplenomegaly andPerform inspection .palpation, percussion and auscultation of GIT system.
- Know the causes of hepatosplenomegaly and what questions to be asked relevantly while taking history.
- Perform related clinical examination.
- Identify jaundice, anemia, pain ,fever,ascites,pruritus ,dyspepsia,telangiectasias, gynaecomastia, liver palms and hand changes, hair loss, bone involved or not ,mental status and any related danger sign
- Perform inspection .palpation, percussion and auscultation of GIT system.
- Make differential diagnosis and a provisional diagnosis
- Make decision about investigations to be done.

CLINICAL SKILL LEARNT:

- Able to take informed consent and history.
- Able to know and enquire about main symptoms of hepatosplenomegaly.
- Able to examine liver and its span, spleen, ascites and able to recognize their abnormalities

- Identify: jaundice, anemia, pain(its character, site, radiation),ascites, differentiate between different causes of hepatosplenomegaly
- Able to judge and record red flag (danger) symptoms or signs.
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

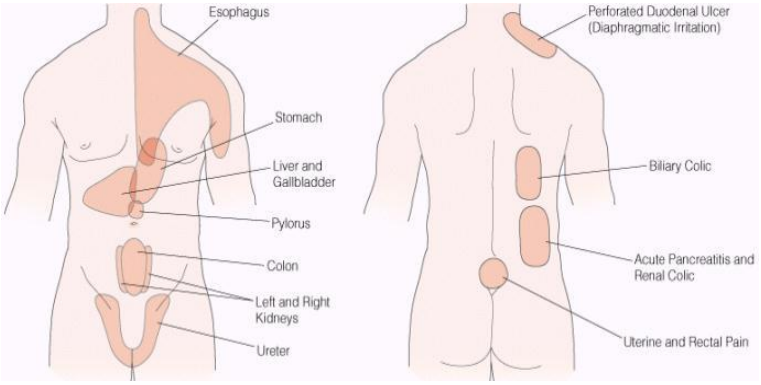
Demonstrate how to take history and perform GPE and relevant clinical examination. Also demonstrate causes along with management of hepatosplenomegaly.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use information given in history journal and how to perform relevant clinical examination.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- Seminar room or bed
- Examination kit



DAY 6

TOPIC: **ABDOMINAL PAIN**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform RELEVANT SYSTEM EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN RELEVANT SYSTEM EXAM (filled in journal) --------1HR

LEARNING OBJECTIVES: Students should be able to:

- Know different causes of abdominal pain on the basis of 9 quadrants
- Know about different types of abdominal pain. {pain type(sharp or stabbing, crampy, colicky or a general dull ache)},pain site, radiation ,Vomiting blood, tender abdomen, dyspnea, bloody stool, exaggerating and relieving factors and any danger sign
- Perform abdominal examination (inspection, palpation, percussion, auscultation and relevant GPE.
- Make differential diagnosis and a provisional diagnosis.
- Make decision about investigations to be done.

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and GPE.
- Able to know and enquire about severity and type of abdominal pain.
- Able to perform relevant examination.
- Identify: pain type(sharp or stabbing, crampy, colicky or a general dull ache),pain site, Vomiting blood, tender abdomen, dyspnea, bloody stool, exaggerated and relieving factors and any danger sign.

- Able to examine liver and its span, spleen, ascites, kidneys, urinary bladder and able to recognize their abnormalities
- Able to differentiate different causes of gut pain.
- Able to judge and record red flag (danger) symptoms or signs.
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

Demonstrate how to take history and perform GPE and relevant clinical examination

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use information given in history journal and how to perform relevant clinical examination.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- Examination kit.

DAY 7

TOPIC: **DYSPHAGIA**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform RELEVANT SYSTEM EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ----------1 HR

GROUP DISCUSSION ON Dysphagia----------1HR

LEARNING OBJECTIVES: Students should be able to:

- Take history of dysphagic patient.
- Examine the neck, mouth, oropharynx, and larynx (indirect).
- Can perform relevant neurological examination.
- Identify: dysphagia type(oral, pharyngeal, esophageal)Coughing or choking with swallowing, Sialorrhea, Recurrent pneumonia, Change in voice or speech (wet voice),Nasal regurgitation ,Sensation of food sticking in the chest or throat, Oral or pharyngeal regurgitation and any danger sign
- Should determine how the swallowing process is impaired and what stage is involved by means of careful clinical assessment or bedside evaluation.
- Make differential diagnosis and a provisional diagnosis.
- Make decision about investigations to be done.

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and GPE.
- Able to know and enquire about main symptoms, types and complications of dysphagia.

- Able to know different causes of dysphagia
- Able to perform relevant examination.
- Identify: dysphasic type(oral, pharyngeal, esophageal)Coughing or choking with swallowing, Sialorrhea, Recurrent pneumonia, Change in voice or speech (wet voice),Nasal regurgitation ,Sensation of food sticking in the chest or throat, Oral or pharyngeal regurgitation and any danger sign
- Able to differentiate about oropharyngeal, esophageal or functional dysphagia.
- Able to judge and record red flag (danger) symptoms or signs
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

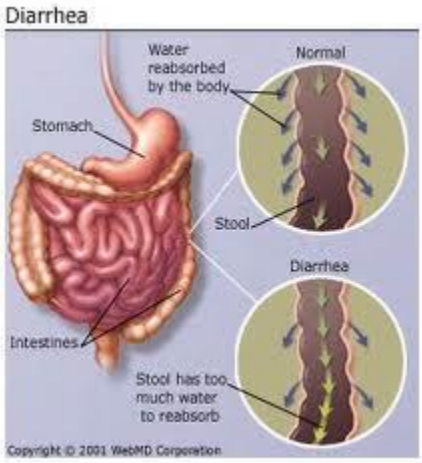
Demonstrate how to take history and perform GPE and relevant clinical examination

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use information given in history journal AND how to perform relevant clinical examination.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- Examination kit.



DAY 8

TOPIC: DIARRHEA & MALABSORPTION

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform RELEVANT SYSTEM EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON DIARRHEA and FINDINGS OBTAINED IN RELEVANT SYSTEM EXAM (filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

- Take history of that patient.
- Perform GPE and relevant (ABDOMEN) examination.
- Differentiate acute diarrhea from chronic one.
- Identify: Signs of dehydration, malnutrition, abdominal pain, borborygmi, any danger sign
- Perform inspection, palpation, percussion and auscultation of ABDOMEN.
- Make differential diagnosis and a provisional diagnosis.
- Make decision about investigations to be done.
- Enlist labs of malabsorption
- Organise treatment options for TB abdomen
- Orgnise treatment plan for IBD

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and GPE.
- Able to know and enquire about main signs and causes of DIARRHEA.
- Able to perform relevant examination.
- Identify: Lethargy, depressed consciousness, dry mucous membranes, sunken eyes, lack of tears, poor skin turgor, and delayed capillary refill, reduced muscle mass, peripheral edema, NUTRIENTS DEFICIENCY SIGNS. any danger sign
- Able to know and enquire about clinical features and complications of Diarrhea.
- Able to judge and record red flag (danger) symptoms or signs
- Able to correlate clinical findings with investigations
- Assess the exocrine pancreatic insufficiency
- Able to do DRE

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

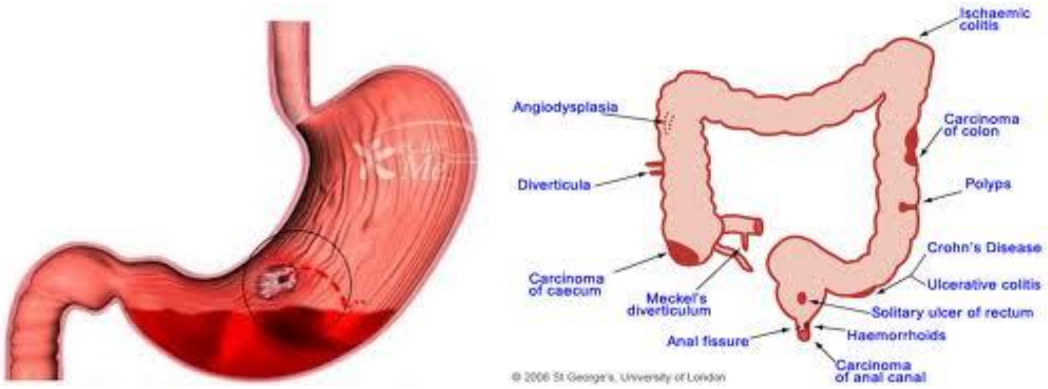
Demonstrate how to take history and perform GPE and relevant clinical examination

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use information given in history journal AND how to perform relevant clinical examination.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- Examination kit



DAY 9

TOPIC: **EVALUATION OF PATIENT WITH UPPER AND LOWER GI BLEEDING**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDNT take HX and perform examination of pt WITH GI BLEEDING and fill case recording form (journal)under supervision of co-facilitator ---------- 1 HR

CASE PRESENTATION & GROUP DISCUSSION on findings obtained (filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

6. Take HX,describe general look of the patient, take vital signs (normal and abnormal)
7. Identify SIGNS AND SYPMTOMS of upper and lower GI bleeding and any other related danger sign (shock,pallor,postural drop,drowsiness etc)
8. Know types of bleeding from gut, its causes, complications, workup and management.
9. ABLE to differentiate between hemetemesis and hemoptysis
10. Able to make differential diagnosis of HEMETEMESIS, HEMATOCHEZIA, MALENA.
11. Able to make differential diagnoses and a provisional diagnosis.

CLINICAL SKILL LEARNT:

11. Able to take informed consent
12. Able to Take vital signs (normal and abnormal)
13. Identify, pallor ,s/s of different grades of bleeding
14. Able to check liver and spleen and stigmata of cirrhosis and APD
15. Able to judge and record red flag (danger) symptoms or signs related to GI bleeding.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

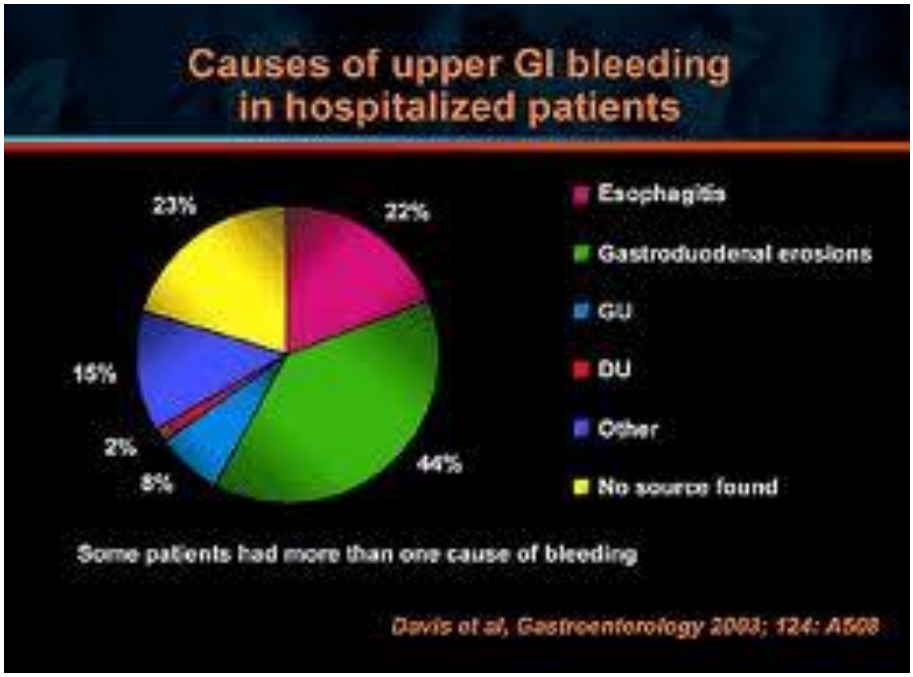
COMMUNICATION SKILLS TO TAKE RELEVANT HX AND PERFORM RELEVANT EXAMINATION (Demonstrate how to examine a GI bleeding patient)

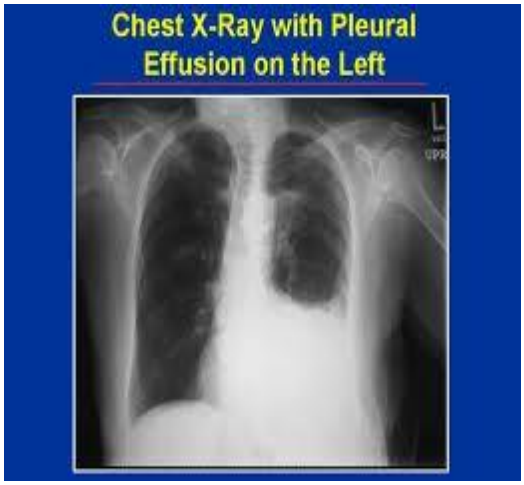
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

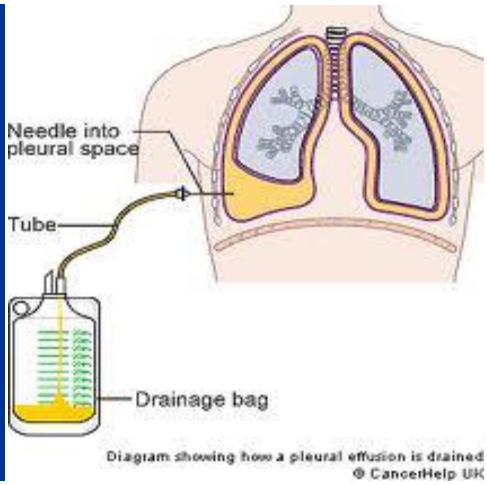
Show student how to use Ryle's tube to assess active bleeding and Foleys catheter to record output

MATERIAL REQUIRED:

14. HX journal
15. Pen or pencil and eraser
16. Patient
17. Seminar room or bed
18. Liver BX needle
19. Inch tap for liver span AND EXAMINATION KIT
20. Foleys catheter and ryles tube







DAY 1O

TOPIC: **PLEURAL EFFUSION**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students-30 MIN

Each STUDNT take Hx and perform related clinical examination and fill case recording form (journal) under supervision of co-facilitator ----------1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN RELATED SYSTEM EXAM AND FEATURES OF PLEURAL EFFUSION (filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

- take history of pt having pleural effusion or SOB or pain chest
- ABLE TO KNOW VARIOUS TYPES & CAUSES OF PLEURAL EFFUSION AND ITS WORK UP
- Able to know the management & complications of PE.
- Perform related clinical examination.
- Identify dry cough, dyspnoea, chest pain type (usually sharp pain that is worse with cough or deep breath), and tachypnea.
- Identify any danger sign
- Perform inspection .palpation ,percussion and auscultation of RESPIRATORY SYSTEM
- Make differential diagnosis and a provisional diagnosis.
- Make decision about investigations to be done.

CLINICAL SKILL LEARNT:

- Able to take informed consent and history.
- Able to perform related clinical examination.
- Identify character of cough, different grades of SOB, cyanosis, chest movements, tracheal position, vocal fremitus, TYPE OF PERCUSSION NOTE and any danger sign
- ABLE TO DIFFERENTIATE VARIOUS CAUSES OF DULLNESS ON PHYSICAL EXAMINATION
- ABLE TO KNOW THE PROCEDURE OF PLEURAL TAP AND ITS COMPLICATIONS
- Able to judge and record red flag (danger) symptoms or signs

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

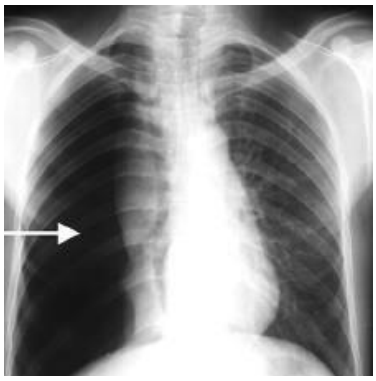
- Demonstrate how to take history and perform GPE and relevant clinical examination(RS).
- DEMONSTRATE HOW TO USE THREE WAY ASPIRATION NEEDLE

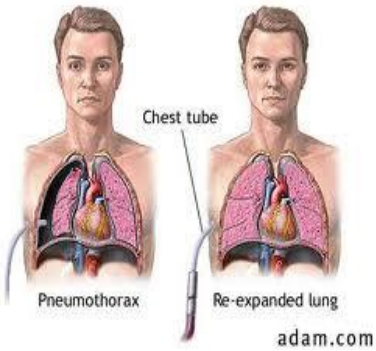
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

- Show student how to use information given in history journal and how to perform relevant clinical examination.
- Show how to do pleural tap for diagnostic purpose
- Show how to use tree way aspiration needle for therapeutic purpose

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- Seminar room or bed
- Examination kit
- THREE WAY ASPIRATION NEEDLE, 50 CC SYRINGE AND A COLLECTION BAG





DAY 11

TOPIC: **PNEUMOTHORAX**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform RELEVANT SYSTEM EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN RELEVANT SYSTEM EXAM (filled in journal) ---------1HR

LEARNING OBJECTIVES: Students should be able to:

- Take history of that patient.
- Perform GPE and relevant examination.
- Identify: cyanosis, mental status of pt. , tachypnoea, tachycardia, vocal fremitus, position of apex beat, position of trachea, percussion note, breath sounds and any danger sign
- ABLE TO KNOW DIFERENT TYPES AND GRADES OF SEVERTY OF PNEUMOTHORAX
- Perform inspection .palpation ,percussion and auscultation of RESPIRATORY SYSTEM
- Make differential diagnosis and a provisional diagnosis
- Make decision about investigations to be done.

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and GPE.
- Able to perform relevant examination.

- Identify: how are chest movements, tracheal position, vocal fremitus, type of percussion NOTE, breath sounds and any danger sign
- Able to differentiate tension pneumothorax with closed and open pneumothorax.
- ABLE TO INVESTIGATE AND MANAGE PNEUMOTHORAX
- Able to judge and record red flag (danger) symptoms or signs and complications of pneumothorax

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

Demonstrate how to take history and perform GPE and relevant clinical examination

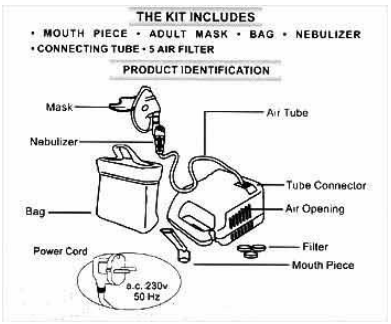
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

- Show student how to use information given in history journal AND how to perform relevant clinical examination.
- SHOW HOW TO USE UNDER WATER SEAL MANAGEMENT OF PEUMOTHORAX (CHEST INTUBATION) AND ITS COMPLICATIONS

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- examination kit.
- CHEST INTUBATION KIT AND UNDER WATER SEAL SYSTEM





DAY 12

TOPIC: **BRONCHIAL ASTHMA &COPD**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform RELEVANT SYSTEM EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN RELEVANT SYSTEM EXAM (filled in journal) --------1HR

LEARNING OBJECTIVES: Students should be able to:

- Take history of THE ASTHMATIC patient.
- Perform GPE and relevant examination.
- Identify: dyspnea, wheeze, dry cough, cyanosis, mental status of pt. , tachypnoea, tachycardia, position of patient, pulse, heart rate and any danger sign
- Perform inspection .palpation ,percussion and auscultation of RESPIRATORY SYSTEM
- Make differential diagnosis and a provisional diagnosis.
- Make decision about investigations to be done.

CLINICAL SKILL LEARNT:

- Able to take informed consent, RELEVENT history and GPE.
- Able to know and enquire about main symptoms of Bronchial Asthma.
- Able to perform relevant examination.
- Identify: respiratory rate, RHONCHI , CREPTS, vocal fremitus, type of percussion NOTE ,breath sounds INTENSITY AND CHARACTER and any danger sign
- CAN DIFFERENTIATE BETWEEN CARDIAC AND BRONCIAL ASTHMA
- Able to differentiate BETWEEN mild, moderate and severe attack.

- ABLE TO MANAGE DIFFERENT TYPES OF BRONCHIAL ASTHMA
- Able to judge and record red flag (danger) symptoms or signs
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

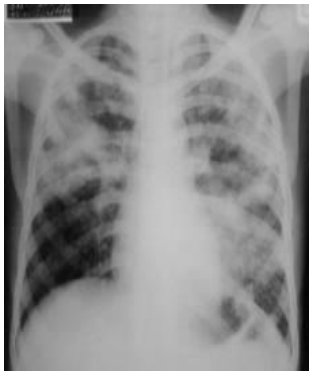
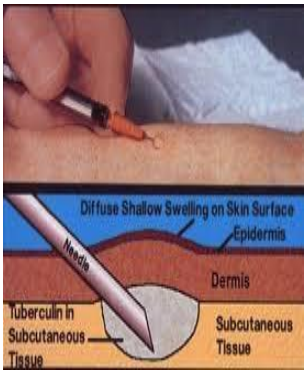
Demonstrate how to take history and perform GPE and relevant clinical examination

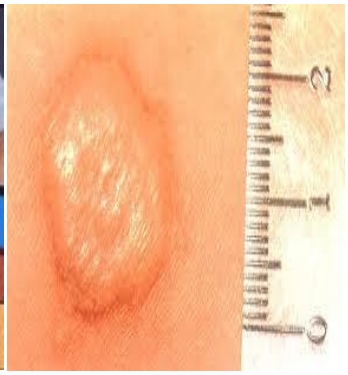
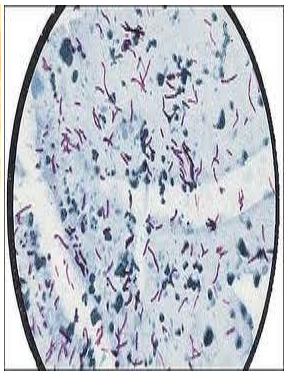
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

- Show student how to use information given in history journal AND how to perform relevant clinical examination.
- SHOW HOW TO USE PEFR,INHALAR WITH SPACER AND NEBULIZER AND SOLUTIONS

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- Examination kit.
- OXYGEN POINT AND MASKS
- PEFR,INHALAR AND SPACER ,NEBULIZER AND DIFFERENT SOLUTIONS

DAY 13

TOPIC: **PULMONARY TB & CHEST XRAY**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform RELEVANT SYSTEM EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN RELEVANT SYSTEM EXAM (filled in journal) --------1HR

LEARNING OBJECTIVES: Students should be able to:

- Take history AND FAMILY HX of that patient.
- Perform GPE and relevant examination.
- Identify: cough(duration, blood, sputum?,) chill, fever, night sweats, weight loss, appetite and any danger sign
- Perform inspection .palpation ,percussion and auscultation of RESPIRATORY SYSTEM
- Make differential diagnosis and a provisional diagnosis.

, Make decision about investigations to be done.

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and GPE.
- Able to know and enquire about main symptoms of Pulmonary TB.
- Able to perform relevant examination.
- Identify: cough, sputum, hemoptysis, dyspnea any danger sign
- Able to know and enquire about main complications with presenting features of Pulmonary TB.

- ABLE TO KNOW DIFFERENT TYPES OF TUBERCULOSIS,MDR AND ITS MANAGENT
- ABLE TO INVESTIGATE,MANAGEMENT AND COMPLICATIONS OF TRAETMENT OF PK
- Able to judge and record red flag (danger) symptoms or signs.
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

Demonstrate how to take history and perform GPE and relevant clinical examination

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

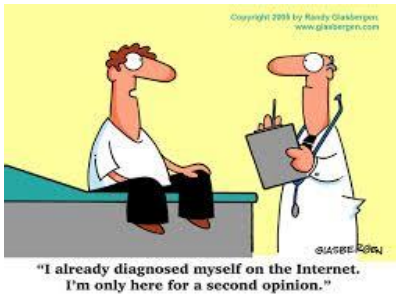
Show student how to use information given in history journal AND how to perform relevant clinical examination.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- Examination kit.

WORKING DAY 21 MUST BE THE

TEST DAY IN ALL WARDS



DAY 14

TOPIC: **HISTORY TAKING (CVS, CNS)**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students- -30 MIN

Each STUDNT takes the Hx and fill case recording form (journal) under supervision of co-facilitator -1 HR

GROUP DISCUSSION on HX TAKING on the basis of form filled by student----------1HR

LEARNING OBJECTIVES: Students should be able to:

1. Take a medical HX
2. To know ***CARDINAL MANIFESTATIONS*** of CVS AND CNS and questions pertaining to each symptom
3. Knows ***COMPONENTS*** of HX
4. Fill the case recording form
5. Ask pertinent questions to the patient
6. Take a systemic enquiry
7. Make differential diagnosis and a provisional diagnosis on the basis of HX

CLINICAL SKILL LEARNT:

4. Use basic communicating skill to take relevant HX
5. Able to know and enquire about main **symptoms and signs of CVS&CNS**(*pain chest, syncope, fever, dyspnea, palpitation, cough, edema AND* ***un- consciousness,*** *vertigo, fits, motor weakness (paralysis),sensory symptoms, headache, ataxia, dysarthria, dysphasia, dysphonia, diplopia, nystagmus, anosmia, involuntary movements, abnormal gait, incoordination, signs of meningeal irritation, signs of root irritations and autonomic dysfunction*.
6. Able to judge and record red flag (danger) symptoms or signs

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

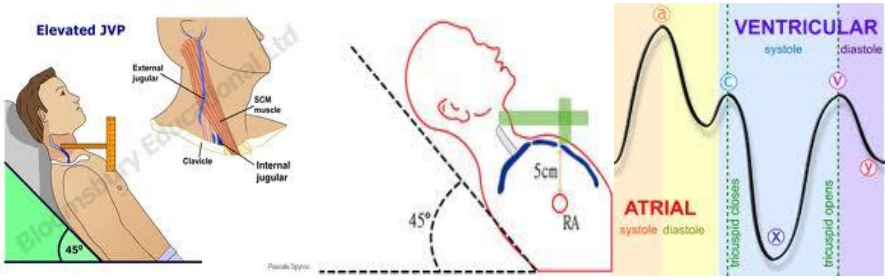
Demonstration of HX taking on a patient

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Introduction of recording form

MATERIAL REQUIRED:

9. HX journal
10. Power-point presentation & Multi-media.
11. Pen or pencil and eraser
12. Patient
13. Seminar room or bed and examination kit



DAY 14

TOPIC: GPE AND CVS EXAMINATION

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students-30 MIN

Each STUDNT perform GPE AND CVS EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN GPE &CVS EXAM (filled in journal)----------1HR

LEARNING OBJECTIVES: Students should be able to:

6. Describe general look of the patient
7. Take vital signs (normal and abnormal)
8. Identify pallor,jvp,dyspnoea,splintershaemorrhage,jaundice,dehydration,cyanosis,edema, koilonychias,lymphadenopathy,clubbing,janewayslesion,oslernode,irregularpulse,hypo or hypertension, basal crepts and any danger sign
9. Perform inspection .palpation and auscultation of CVS
10. Make differential diagnosis and a provisional diagnosis on the basis of examination.

CLINICAL SKILL LEARNT:

6. Able to take informed consent
7. Able to Take vital signs (normal and abnormal)
8. Identify pallor, jvp, dyspnoea, splinter hemorrhage, jaundice, dehydration, cyanosis, edema, koilonychias, lymphadenopathy, clubbing, janeway lesion, Osler node, pulse character and carotids.
9. Able to **INSPECT**precordium (about chest deformity, scars, prominent veins, normal and abnormal pulsations, **PALPATE**precordium (apex beat its location, character, area, LPH, palpable heart sound , thrill and rub) **AUSCULTATE**precordium (heart sounds, added sounds (OS, mid diastolic click, ES click, any murmur (its timing, intensity, site of maximal intensity, character ,radiation, pitch,effect of respiration and posture and different maneuvers , palpate liver, spleen& percuss and auscultate lung bases and able do fundoscopy.
10. Able to judge and record red flag (danger) symptoms or signs

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

Demonstrate how to take GPE and CVS examination

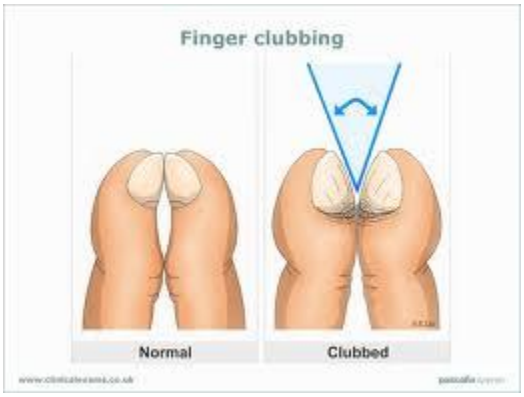
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

- Show student how to use information given in history journal
- Use of pulse oximeter and fundoscope
- Use of electrocardiography and ECG
- **BLS MANEUVER**

MATERIAL REQUIRED:

1. HX journal
2. Power-point presentation & Multi-media
3. Pen or pencil and eraser
4. Patient
5. Seminar room or bed and examination kit

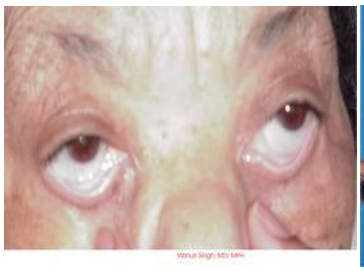
koilonychia

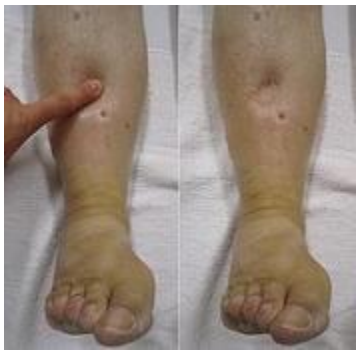


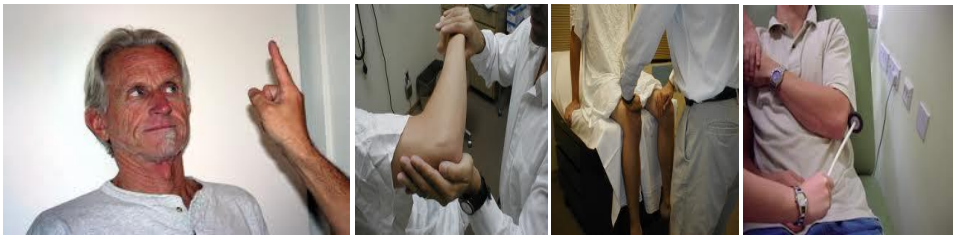
DEHYDRATION

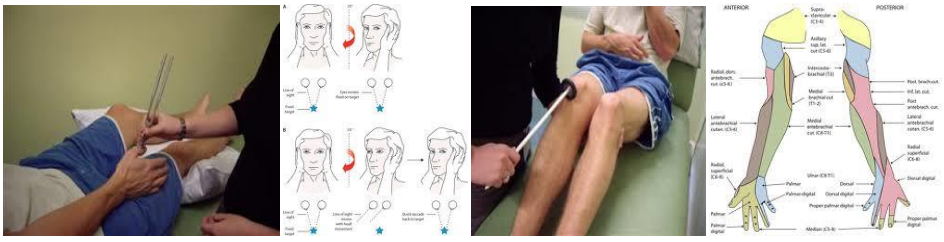
pallor

pallor conjunctiva and palm









DAY 14

TOPIC: **GPE &CNS EXAMINATION**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students----------30 MIN

Each STUDNT perform CNS EXAMINATION and fill case recording form under supervision of co-facilitator----1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN CNS EXAM (filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

6. Describe general look of the patient
7. Take vital signs (normal and abnormal)
8. Identify and judge normal and abnormal **HIGHERMENTAL FUNCTIONS** (appearance,behavior,communication,delusion,hallucination,illusion,orientation,clouding of consciousness and GCS ,intelligence and memory, release reflexes),**SPEECH AND LANGUAGE** (dysarthria, aphasia),apraxia, **CRANIAL NERVES** (I-XII),**MOTOR FUNCTIONS**(power, bulk, tone, reflexes (superficial, deep, clonus),**coordination** in upper and lower limb, gait and squatting, **involuntary movements**) **SENSORY SYSTEM** (light **touch**,pin prick (**pain**),joint **position**sense, **vibration**, recognition of size, shape, weight, and form, temperature sense and other disturbance of sensation, signs of meningeal irritation, **autonomic functions** (bedside assessment of **autonomic function** (standing test for orthostatic hypotension, deep breath test, hand grip test, valsalva),**signs of root irritation** (SLR, bragaard, laseghe, bowstring, flip test),**brain stem reflexes** (dolls eye)and**cerebellum** examination for (nystagmus scanning speech, hypotonia, FNtest, supination pronation test for dysdiadochokinesis, combing for decomposition and rebound, HStest, pendular knee jerk, drunken gait, **fundoscopy** for optic atrophy).any danger sign
9. Perform MENTAL EXAMINATION,SPEECH EXAMINATION,CRANIAL NERVE EXAMINATION,MOTOR AND SENSORY SYSTEMEXAMINATION, EXAMINATION OF ANS,EXAMINATION OF SIGNS OF MENINGEAL IRRITATION AND EXAMINATION OF CEREBELLUM and signs of root irritations.
10. Make differential diagnosis and a provisional diagnosis

CLINICAL SKILL LEARNT:

16. Able to take informed consent
17. Able to Take vital signs (normal and abnormal)
18. Identify vertigo,fits,paralysis,sensory symptoms, headache, ataxia, dysarthria, dysphasia, dysphonia, diplopia,nystagmus,anosmia,involuntary movements, abnormal gait, incoordination, signs of meningeal irritation, signs of root irritations and autonomic and their causes.
19. Able to check/do/interpret HIGHER MENTAL EXAMINATION,SPEECH EXAMINATION,CRANIAL NERVE EXAMINATION,MOTOR AND SENSORY SYSTEM EXAMINATION, EXAMINATION OF ANS,EXAMINATION OF SIGNS OF MENINGEAL IRRITATION AND EXAMINATION OF CEREBELLUM and signs of root irritation.
20. Observe lumber puncture,fundoscopy
21. Able to judge and record red flag (danger) symptoms or signs

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

Demonstrate how to take CNS examination

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

- Show student HOW TO USE FUNDOSCOPE.
- How to fill journal

MATERIAL REQUIRED:

21. HX journal
22. Power-point presentation & Multi-media
23. Pen or pencil and eraser
24. Patient
25. Measuring tape, tongue depressor, fundoscope
26. Seminar room or bed
27. Examination kit

Coma position

DAY 15

TOPIC: **APPROACH TO EVALUATE THE PATIENT WITH COMA**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDNT take HX from friend or relative and perform examination of comapt and fill case recording form (journal)under supervision of co-facilitator ---------- 1 HR

CASE PRESENTATION &GROUP DISCUSSION on findings obtained(filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

12. Take HX,describe general look of the patient, take vital signs (normal and abnormal)
13. Identify coma and any other related danger sign (hyperventilation, hyperpyrexia, etc.)
14. Know types of coma (and differentiate structural causes of diseases from other), its workup and management (Foley`s, NG tube feeding, coma position, I/V LINE etc.)
15. plane investigations like CT scan/MRI to diagnose and treat accordingly
16. Able to make differential diagnosis and a provisional diagnosis of causes of coma

CLINICAL SKILL LEARNT:

22. Able to take informed consent from relatives.
23. Able to take vital signs (normal and abnormal) and knows COMA POSITION.
24. Identify coma, its causes and initial management and differentiate between supra and infra tentorial lesions.
25. Identify focal neurological signs, lateralizing signs, signs of meningeal irritation

26. Able to perform and assess GCS.
27. Able to plan for further investigations.
28. Able to judge and record red flag (danger) symptoms or signs related to coma.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

COMMUNICATION SKILLS TO TAKE RELEVANT HX from relatives AND PERFORM RELEVANT EXAMINATION OF COMATOS PATIENT

Demonstrate how to examine a comatose patient

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use Foley's catheter, airway tubeand NG tube and suction of throat

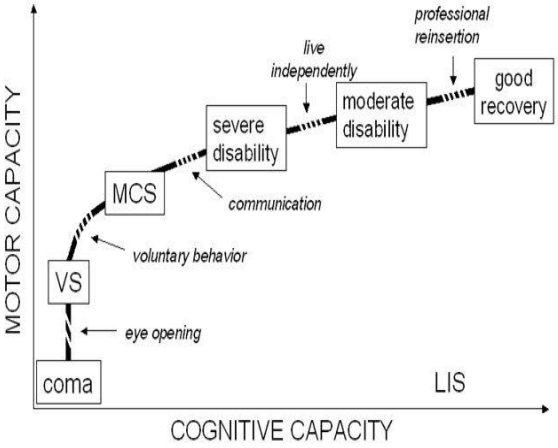
MATERIAL REQUIRED:

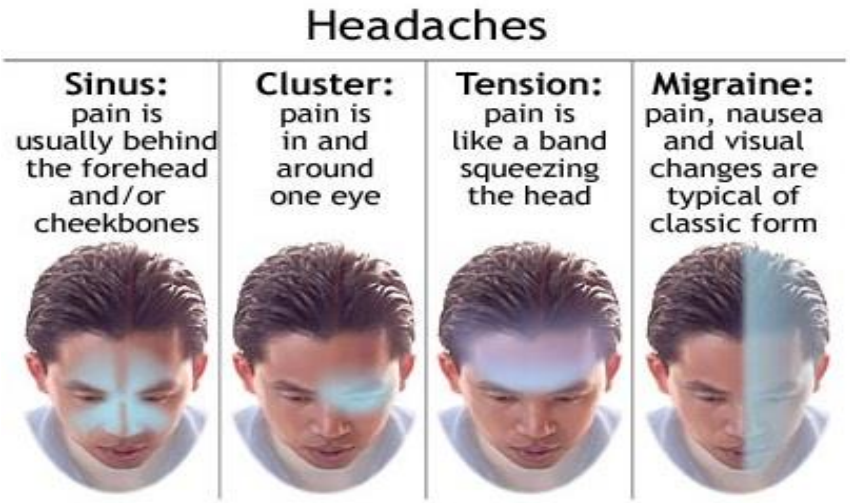
28. HX journal
29. Pen or pencil and eraser
30. Patient
31. Seminar room or bed
32. Liver BX needle
33. Inch tap for liver span AND EXAMINATION KIT

Glasgow Coma Scale

Eye Opening	Points
Eyes open spontaneously	4
Eyes open to verbal command	3
Eyes open only with painful stimuli	2
No eye opening	1
Verbal Response	
Oriented and converses	5
Disoriented and converses	4
Inappropriate words	3
Incomprehensible sounds	2
No verbal response	1
Motor Response	
Obeys verbal commands	6
Response to painful stimuli (UE)	
Localizes pain	5
Withdraws from pain	4
Flexor posturing	3
Extensor posturing	2
No motor response	1

Total score = eye opening + verbal + motor
GCS<5: 80% die or remain vegitative
GCS>11: 90% complete recovery
From Teasdale G, Jennett B: Acta Neurochirurg 34:45, 1976.





DAY 15

TOPIC: **APPROACH TO EVALUATE THE PATIENT WITH HEADACHE**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDNT take Hx and perform related clinical examination and fill case recording form (journal) under supervision of co-facilitator ----------1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN RELATION EITH HEADACHE (filled in journal) ------1HR

LEARNING OBJECTIVES: Students should be able to:

- Know how to take pertinent HX of head ache andwhat questions to be asked relevantly while taking history
- Perform examination of HEENT and related clinical examination.
- Know the causes of HEADACHE.
- Manage a case of headache.
- Make differential diagnosis and a provisional diagnosis of headache.
- Make decision about investigations to be done.

CLINICAL SKILL LEARNT:

- Able to take informed consent and history.
- Able to know and enquire about main symptoms/signs in relation of headache.
- Able to examine CNS
- ABLE TO DO FUNDOSCOPY
- Able to judge and record red flag (danger) symptoms or signs (neck rigidity, vomiting, papilledema etc.)

- Able to correlate clinical findings with investigations and plan further investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

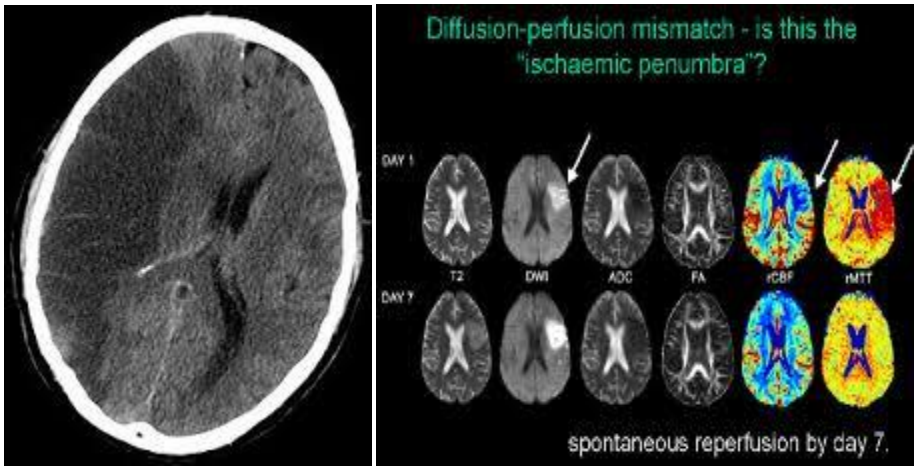
Demonstrate how to take history and perform CNS examination with fundoscopy. Also demonstrate causes along with management of headache.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use information given in history journal and how to perform relevant clinical examination and fundoscopy.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- Seminar room or bed
- Examination kit and fundoscope.



DAY 16

TOPIC: **EVALUATION OF PATIENT OF STROKE**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform RELEVANT SYSTEM EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN RELEVANT SYSTEM EXAM (filled in journal) --------1HR

LEARNING OBJECTIVES: Students should be able to:

- Know definition and different causes of stroke and any danger sign related to stroke.
- Know presentation of stroke, its pathophysiology, risk factors, prognosis, rehabilitation (phsio and speech therapy)and prevention .
- Know various terminology used in stroke (hemiplegia, diaplegia, monoplegia, paraplegia, tetraplagia, aphasia , dysarthria ,crossed and uncrossed hemiplegia, amaurosis fugas, vertigo, TIA,TGA)
- Know various stroke syndromes (cerebral and brain stem syndrome e.g. Lateral medullary, weber, lacunar, watershed, multiinfarct,lockedin,pesudobulbaretc),differentiate between hemorrhagic and ischemic syndrome.
- Perform examination of the stroked patient and differentiate between UMN and LMN lesions.
- To localize the site of lesion.
- Know immediate (general medical measures,antihypertensive,antiplatelets,anticoagulants,thrombolysis,and surgical approaches, and long term management of stroke
- Make decision about investigations to be done (CT,MRI, MRA,CAROTID DUPLX and other relevant investigations).

- Make differential diagnosis and a provisional diagnosis.

CLINICAL SKILL LEARNT:

- Able to take informed consent and HX.
- Able to know and enquire about severity and type of stroke.
- Able to perform relevant examination.
- Identify risk factors, various **stroke syndromes** and their presentations.
- Able to differentiate between **UMN and LMN lesions**
- Able to differentiate different **causes of stroke**.
- Able to judge and record red flag (**danger) symptoms or signs related to stroke**.
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

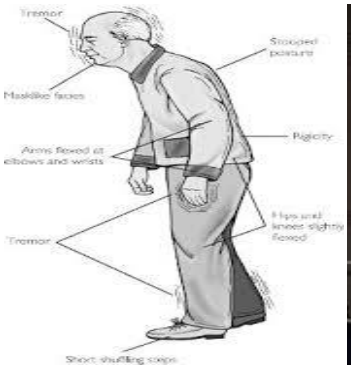
Demonstrate how to take history and perform clinical examination of CNS.

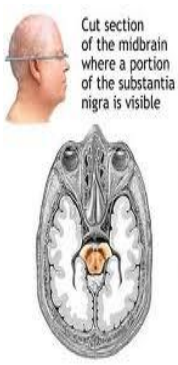
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

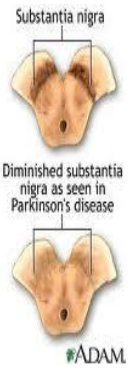
- Show student how to use information given in history journal and how to perform relevant clinical examination.
- use of fundoscope for **papilledema**
- lumber puncture (observation only)

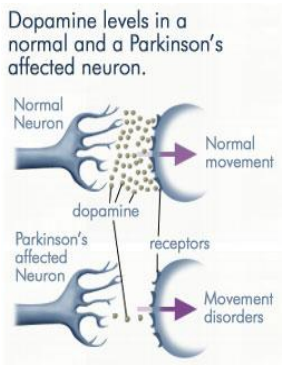
MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- Examination kit fundoscope, lumber puncture needle
- Power point media









DAY 17

TOPIC: **APPROACH TO EVALUATE THE PATIENT WITH PARKINSONISM/INVOLANTARY MOVEMENT**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform RELEVANT SYSTEM EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ----------1 HR

GROUP DISCUSSION ON movement disorders and PARKINSONISM----------1HR

LEARNING OBJECTIVES: Students should be able to:

- Take history of a patient with Parkinsonism.
- Can perform his/her neurological examination.
- Knows various movement disorders (Parkinson and Parkinson plus syndrome (HYDROCEPHALUS,SHYDRAGER,OPCD),various dyskinesias (drug induced parkinsonism,Huntington,essentialtremors,chorea,hemiballismus,myoclonus,tic,torsion dystonia).
- Identify rigidity,tremor,akinesia,postural changes, gait, speech changes or any danger sign
- Know management (drug treatment) of Parkinsonism and complications during treatment.
- Make differential diagnosis and a provisional diagnosis.
- Make decision about investigations to be done.

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and GPE.
- Able to know and enquire about main symptoms of movement disorder/parkinsonism.
- Able to know different causes of parkinsonism and various types of dyskinesia
- Able to perform relevant examination.

- Identify tremor, rigidity, hypokinesia, postural changes and retropulsion and festination phenomenon.
- Able to differentiate between various movement disorders.
- Able to judge and record red flag (danger) symptoms or signs
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

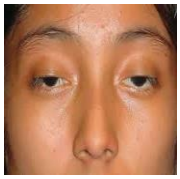
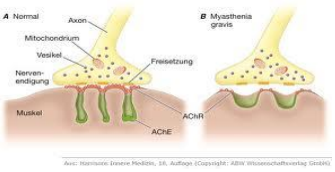
- Demonstrate how to take history and perform GPE and relevant clinical examination
- Use multimedia to show tremor, gait, face and speech of the patient.

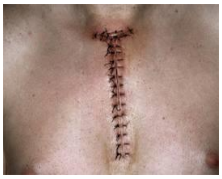
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use information given in history journal AND how to perform relevant clinical examination.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- Examination kit.




Optional

DAY 17

TOPIC: APPROACH TO EVALUATE THE PATIENT WITH MUSCLE WEAKNESS (MYOPATHY-MYASTHENIA GRAVIS)

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform RELEVANT SYSTEM EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON MUSCLE WEAKNESS and FINDINGS OBTAINED IN RELEVANT SYSTEM EXAM (filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

- Take history of that patient.
- Perform GPE and CNS examination.
- KNOW THE TERMS: MYOPATHY(cushing, thyroid,calcium),MYOSITIS(polymyositis and dermatomyositis), MUSCULAR DYSTROPHY(duchenne), MYASTHENIA(myasthenia gravis and LEMS) AND MYOTONIA(dystrophiamyotonica,Thomsen`s,hyperkaelemic,McArdele`s(mitochondrial disease).
- Identify: symptoms and Signs of myasthenia gravis,polymyositis ,DMD,anddystrophiamyotonica and know the value of tensilon test Ach R Ab, serum muscle enzyme, EMG ,muscle BX and MRI in relation with above diseases.
- Make decision about investigations to be done.
- Make differential diagnosis and a provisional diagnosis.
- Know the workup and management of MYASTENIA GRAVIS (pyridostigmine, thymectomy, steroid) and POLYMYOSITIS (steroids, azathioprine, cyclophosphamide).

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and GPE.
- Able to know and enquire about main signs and causes MUSLE WEAKNESS.
- Able to perform relevant examination.
- Identify: POLYMYOSITIS (proximal weakness, difficulty in rising, tender muscle),MYASTHENIA GRAVIS(lethargy, fatigability, ptosis, nasal regurg).

- Able to know and enquire about complicationsof myasthenia gravis.
- Able to judge and record red flag (danger) symptoms or signs
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

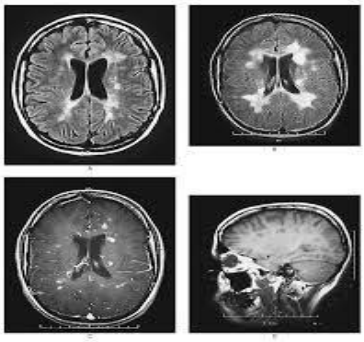
Demonstrate how to take history and perform GPE and relevant clinical examination

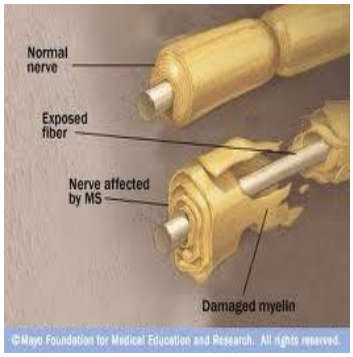
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

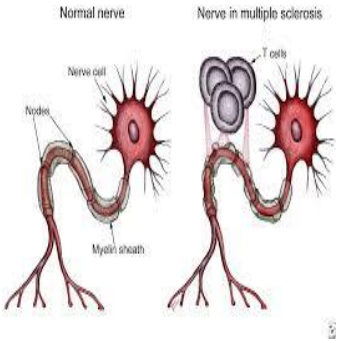
- Show student how to use information given in history journal AND how to perform relevant clinical examination.
- Show student about NCV`S, EMG on multi media.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- Examination kit







DAY 18

TOPIC: **MULTIPLE SCLEROSIS**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDNT take HX and perform examination of pt of MS and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

CASE PRESENTATION & GROUP DISCUSSION on findings obtained (filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

1. Take HX,describe general look of the patient, take vital signs (normal and abnormal)
2. Identify SIGNS AND SYPMTOMSand typesand prognosis of multiple sclerosis. Students will be able to make a diagnosis according to MacDonald's criteria and plane investigations like MRI, Visual and auditory evoke potential, LP (oligoclonal band) and treatment, rehabilitative strategies.
3. Make differential diagnosis of MS.

CLINICAL SKILL LEARNT:

1. Able to take informed consent
2. Able to Take vital signs (normal and abnormal)
3. Identify spasticity,diplopia,opticatrophy,dysarthria,Lhermitte`ssign,dysphagia and nystagmus.
4. Able to judge and record red flag (danger) symptoms or signs related t MS (aspiration pneumonia).

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

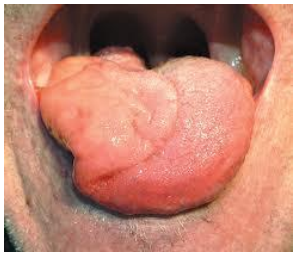
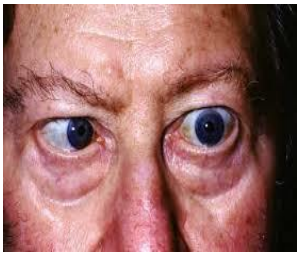
COMMUNICATION SKILLS TO TAKE RELEVANT HX AND PERFORM RELEVANT EXAMINATION (Demonstrate how to examine a patient of MS)

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use FUNDOSCOPE for optic atrophy and LP NEEDLE.

MATERIAL REQUIRED:

34. HX journal
35. Pen or pencil and eraser
36. Patient
37. Seminar room and bed
38. fundoscope

LESSON PLAN FOR MU-II AND III

DAY 19

TOPIC: CRANIAL/PERIPHERAL NEUROPATHY (Diabetic)

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDNT take Hx and perform related clinical examination and fill case recording form (journal) under supervision of co-facilitator ----------1 HR

GROUP DISCUSSION ON cranial/peripheral neuropathy and examination of CNS and PNS (filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

- IDENTIFY CRANIAL NERVE PALSIES AND DIFFERENTIATE BETWEEN SENSORY, MOTOR AND AUTONOMIC NEUROPATHY. TAKE HISTORY OF PT HAVING CRANIAL NERVE PALSY / PERIPHERAL NEUROPATHY
- KNOW COMMON TYPES OF CRANIAL NERVE PALSIES(3^{RD},7^{TH} 6^{TH}) AND PERIPHERAL NEUROPATHIES(CARPAL TUNNEL,GB SYNDROME,DIABETIC N,PORPHYRIA,B1 AND B12) ON THE BASIS OF HX AND CLINICAL EXAMINATION.
- Know the terms mono, mono multiplex, polyneuropathy and radiculopathy and complications of neuropathies.
- Perform related clinical examination.
- Identify any danger sign(signs of cord compression and myelopathy in PID,thoracic outlet syndrome)
- Make differential diagnosis and a provisional diagnosis.
- Make decision about investigations to be done.

CLINICAL SKILL LEARNT:

- Able to take informed consent and history.
- Able to perform related clinical examination(CARPAL TUNNEL,GB SYNDROME,DIABETIC N.& SACD of spinal cord)

- ABLE TO IDENTFY COMMON TYPES OF CRANIAL NERVE PALSIES(3^{RD},7^{TH} 6^{TH}) AND PERIPHERAL NEUROPATHIES(CARPAL TUNNEL,GB SYNDROME,DIABETIC N,PORPHYRIA,B1 AND B12) ON THE BASIS OF HX AND CLINICAL EXAMINATION
- ABLE TO DIFFERENTIATE between MND , Myopathy and neuropathy
- ABLE TO KNOW THE NCV AND EMG findings.
- ABLE TO LOCALIZE THE SITE OF LESION.
- Able to judge and record red flag (danger) symptoms or signs

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

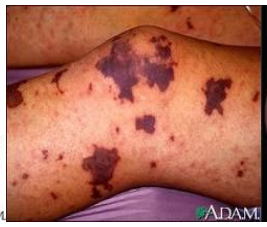
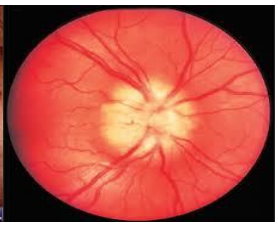
- Demonstrate how to take history and perform GPE and relevant clinical examination.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

- Show student how to use information given in history journal and how to perform relevant clinical examination.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- Seminar room or bed
- Examination kit

DAY 19

TOPIC: **MENINGITIS /ENCEPHALITIS & LP**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform RELEVANT SYSTEM EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN RELEVANT SYSTEM EXAM (filled in journal) ---------1HR

LEARNING OBJECTIVES: Students should be able to:

- Take history of that patient.
- Perform GPE and relevant (CNS) examination.
- Identify: mental status of pt., fever, headache ,photophobia and signs of meningeal irritation and any danger sign
- KNOW DIFERENT TYPES (pyogenic, tuberculous, viral, fungal and protozoal) and causes of meningitis and encephalitis (bacterial, viral protozoal, fungal) and complications.
- MANAGE VIRAL, PYOGENIC (MENINGO, PNEUMO, H INFLUENZE),TUBERCULOUS,FUNGAL MENINGITIS AND VIRAL (RABIES,HERPES) ENCEPHALITIS.
- Make differential diagnosis and a provisional diagnosis
- Make decision about investigations to be done(CSF DR AND C/S,CT SCAN,MRI,PCR FOR VIRAL,BACTERIAL OR MTB DNA,EEG)

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and GPE.
- Able to perform CNS examination.
- Identify: NECK RIGIDITY,PAPILLOEDEMA,RASH,SIGNS OF RAISED ICP,COMA,MENINGOCOSEMIA and any danger sign
- Able to differentiate between different types of meningitis and encephalitis.

- ABLE TO INVESTIGATE AND MANAGE DIFFERENT TYPES OF MENIGITIS/ENCEPHALITIS
- Able to judge and record red flag (danger) symptoms or signs and complications of MENINGITI/ENCEPHALITIS

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

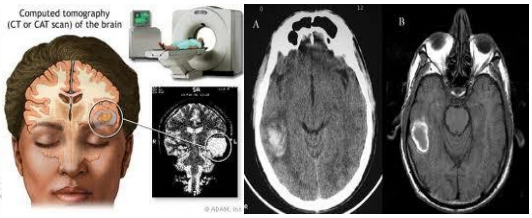
Demonstrate how to take history and perform GPE and relevant clinical examination

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

- Show student how to use information given in history journal AND how to perform relevant clinical examination.
- SHOW HOW TO USE LP NEEDLE AND FUNDOSCOPE.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- Examination kit.
- LP NEEDLE,FUNDOSCOPE

ADDITIONAL ON DAY 15

TOPIC: **EPILEPSY**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform RELEVANT SYSTEM EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN RELEVANT SYSTEM EXAM (filled in journal) --------1HR

LEARNING OBJECTIVES: Students should be able to:

- Take history of THE EPILEPTICpatient (OR FROM RELATIVES).
- Perform GPE and relevant examination.
- make a clinical diagnosis and have a knowledge of various types/causes of epilepsy, plan investigations like EEG/CT/MRI and other to treat accordingly.
- Make differential diagnosis and a provisional diagnosis.

CLINICAL SKILL LEARNT:

- Able to take informed consent, RELEVENT history and GPE.
- Able to know and enquire about main symptoms of epilepsy from patient or relatives.
- Able to perform relevant examination.
- Identify: **tonic-clonic, absence,complexpartial,partial motor and atonic seizures**.
- Able to know anti convulsant drug therapy and manage status epilepticus
- CAN PLAN WITHDRAWAL OF ANTICONVULSANT THERAPY
- Able to differentiate BETWEEN mild, moderate and severe attack AND **KNOW THE INITIAL MANAGEMENT OF AN EPILEPTIC PATIENT DURING AN ATTACK.**

- Able to judge and record red flag (danger) symptoms or signs
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

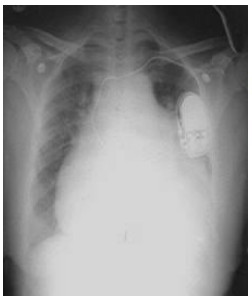
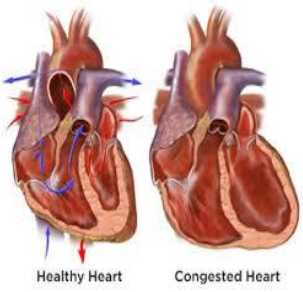
Demonstrate how to take history and perform GPE and relevant clinical examination

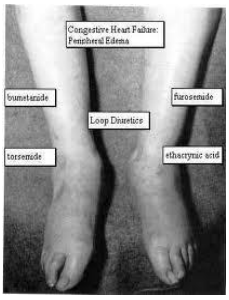
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

- Show student how to use information given in history journal AND how to perform relevant clinical examination.
- SHOW HOW TO USE OF AIRWAY AND AMBO BAG.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- Examination kit.
- OXYGEN POINT AIRWAY TUBE, AMBO BAG AND MASKS



ADDITIONAL ON DAY 5

TOPIC: **CCF**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform CVS EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN CV SYSTEM EXAM (filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

- Take HISTORY and (past HX of HTN,IHD, CMP)of that patient.
- Perform GPE.
- Perform inspection ,palpation ,percussion and auscultation of CVS.
- Identify: cold clammy skin, low BP, dyspnea, orthopnea, PND, oedema, cough, raised JVP, ASCITES,DIAPHORESIS,S3,S4,DISPLACED APEX,PARASTERNAL LIFT,FUNCTIONAL MURMUR OF MR AND TR, tender hepatomegaly.
- Make differential diagnosis and a provisional diagnosis.
- Make decision about **investigations** to be done (CXR, ECG, BNP, FERRITIN, ECHO, ANGIO, THALLIUM)

CLINICAL SKILL LEARNT:

- Able to take informed consent,history and perform GPE.
- Able to know and enquire about main symptoms of CCF.
- Able to perform CVS examination.
- Able to identify cold clammyskin,lowBP,dyspnea,orthopnea,PND,oedema,cough,raised JVP, ASCITES, DIAPHORESIS, S3,S4, DISPLACED APEX, PARASTERNAL LIFT,FUNCTIONAL MURMUR OF MR AND TR,tender hepatomegaly.
- Able to know **NYHA CLASS OF SEVERITY** OF DYSPNOEA IN CCF.
- ABLE TO KNOW DIFFERENT TYPES OF CCF (ACUTE AND CHRONIC)(backward and forward HF)
- ABLE TO INVESTIGATE & MANAGE A PT OF CCF
- Able to judge and record red flag (danger) symptoms or signs.
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

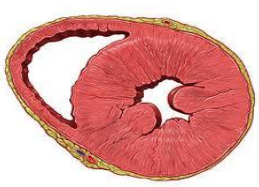
Demonstrate how to take history and perform GPE and relevant clinical examination

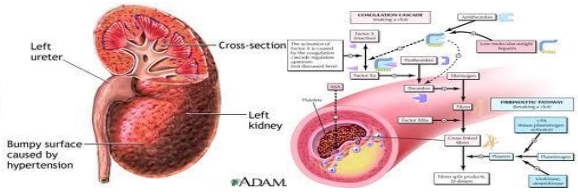
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

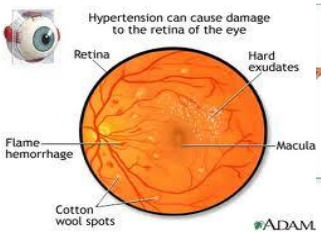
Show student how to use information given in history journal AND how to perform relevant clinical examination.

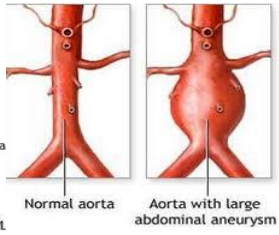
MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- Examination kit.









ADDITIONAL ON DAY 3

TOPIC: HYPERTENSION

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform CVS EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN CV SYSTEM EXAM (filled in journal) ----------1HR

LEARNING OBJECTIVES: Students should be able to:

- Take HISTORY with (past HX & family HX of HTN and PIH) of that patient.
- Able to know CAUSES OF SECONDARY HTN.
- Perform GPE AND look for cushingoidfacies,radiofemoraldelay, BP in both arms
- Perform inspection .palpation, percussion and auscultation of CVS.
- Identify dyspnea,chest pain, LVH by examining apex, signs of CCF,hypertensive retinopathy, and any sign of secondary HTN (renal artery bruit,polycystic palpable kidneys),end organ damage (urine for protein,retinopathy)
- Make differential diagnosis and a provisional diagnosis.
- Make decision about investigations to be done(CXR,ECG,ECHO, urine for DR,BUN,CREATININE,SUGAR,ELECTROLYTES,VMA,FASTING LIPIDS)
- Know anti HTN medicines and BRITISH HTN SOCIETY GUIDELINE FOR INITIATING ANTIHYPERTENSIVE AGENTS AND OPTIMUM TREATMENT TARGET.

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and perform GPE.
- Able to know and enquire about main symptoms of HTN AND CCF.
- Able to perform CVS examination.
- Able to Identify dyspnea, chest pain, LVH by examining apex, signs of ccf, hypertensive retinopathy, and any sign of secondary HTN (renal artery bruit, polycystic palpable kidneys),end organ damage (urine for protein, retinopathy)
- ABLE TO INVESTIGATE & MANAGE A PT OF HTN
- Able to judge and record red flag (danger) symptoms or signs.
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

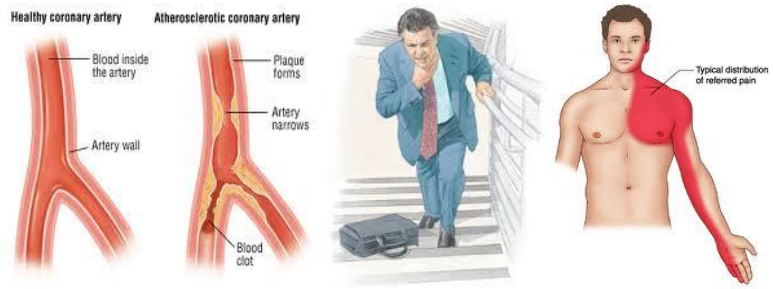
Demonstrate how to take history and perform GPE and relevant clinical examination

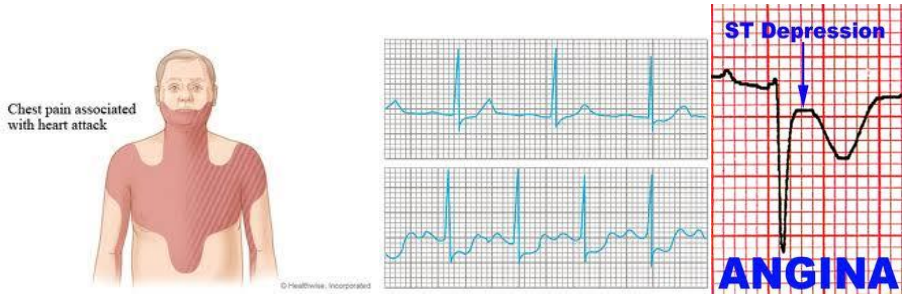
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use information given in history journal AND how to perform relevant clinical examination.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- Seminar room or bed
- Examination kit and fundoscope





LESSON PLAN FOR MU-II AND III

ADDITIONAL ON DAY 11

TOPIC: **ANGINA PECTORIS & ECG reading**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students---30 MIN

Each STUDENT should take history and perform GPE &CVS EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN GPE ANDCV SYSTEM EXAM (filled in journal) -------1HR

LEARNING OBJECTIVES: Students should be able to:

- Take HISTORY and (past HX of HTN,IHD,CMP) of that patient and enquire about main symptoms of ANGINA (pain and discomfort(heaviness, tightness, burning) in the chest on walking at ordinary pace or on uphill, relieving factor(rest or GTN),its radiation, effect of cold weather and food on pain. Ask about risk factors (SMOKING,HTN, DM,FHX OF IHD)
- KNOW TYPES OF ANGINA (STABLE, UNSTABLE, PRINZMETAL ETC) & SYNDROME X
- Perform GPE AND inspection .palpation,percussion and auscultation of CVS.
- EXAMINE FOR THE EVIDENCE OF HTN, HYPERLIPIDEMIAS, DM,AS, HCMP,PREVIOUS MI)
- Make differential diagnosis and a provisional diagnosis AND MAKE GRADING OF ANGINA BY CANADIAN CARDIOVASCULAR SOCIETY
- Make decision about investigations to be done(Hb%, CXR, REST AND EXERCISE ECG, REST AND EXERCISE ECHO,ANGIO,THALLIUM)

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and perform GPE.
- Able to know and enquire about main symptoms of ANGINA (pain and discomfort(heaviness,tightness,burning) in the chest on walking at ordinary pace or on uphill, relieving factor(rest or GTN),its radiation,effect of cold weather and food on pain.Ask about risk factors (SMOKING,HTN,DM,FHX OF IHD).
- Able to perform CVS examination.
- Able to FINDEVIDENCE OF HTN, HYPERLIPIDEMIAS,DM,AS,HCMP,PREVIOUS MI)
- Able to know TYPES AND GRADES OF ANGINA.
- ABLE TO INVESTIGATE ((Hb%,CXR,REST AND EXERCISE ECG,REST AND EXERCISE ECHO, ANGIO,THALLIUM)& MANAGE A PT OF ANGINA
- Able to judge and record red flag (danger) symptoms or signs.
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

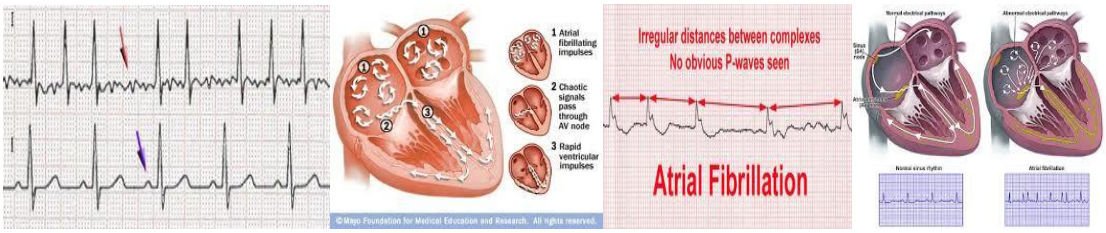
Demonstrate how to take history and perform GPE and relevant clinical examination

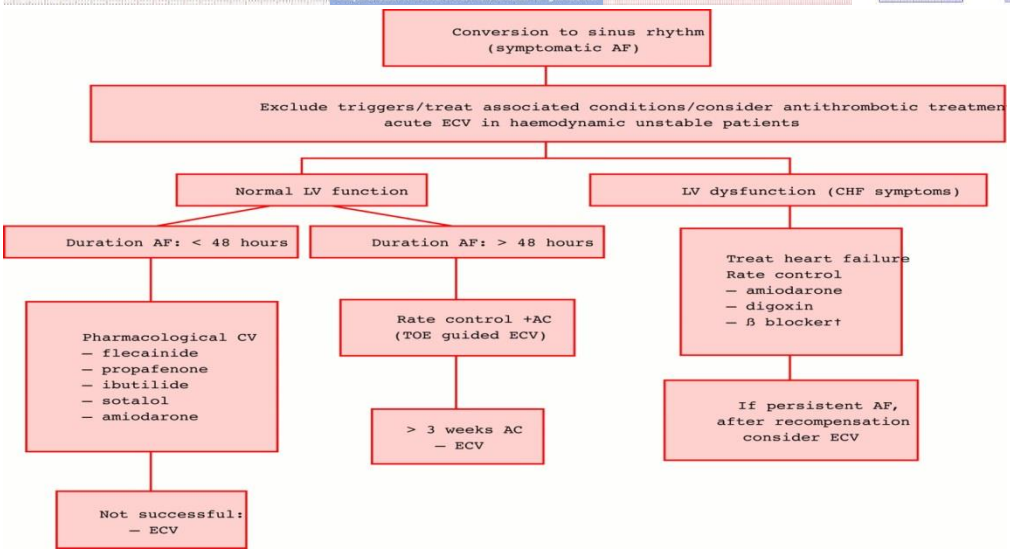
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use information given in history journal AND how to perform relevant clinical examination.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- seminar room or bed
- examination kit.





ADDITIONAL ON DAY 8

TOPIC: **ATRIAL FIBRILLATION**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students----------30 MIN

Each STUDENT should take history and perform CVS EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN GPE ANDCV SYSTEM EXAM (filled in journal) –----1HR

LEARNING OBJECTIVES: Students should be able to:

- Take HISTORY and (past HX of HTN, IHD,CMP) of that patient.
- Perform GPE&inspection .palpation, percussion and auscultation of CVS.
- KNOW COMMON CAUSES OF AF
- Perform inspection .palpation , percussion and auscultation of CVS.
- Identify irregularly irregular pulse, palpitation, dizziness, fatigue, dyspnea, HTN,IHD,CMP,COPD,VALVULAR HEART DISEASE, THYROTOXICOSIS, cold clammy skin, low BP, dyspnea, orthopnea, PND, cough, raised JVP without a wave, malar flush, pulsus deficit, varying intensity of S1.
- Make differential diagnosis and a provisional diagnosis.
- Make decision about investigations to be done(CXR,ECG,ECHO,TFT,EXERCISE TREADMILL,HOLTER MONITOR)
- Can manage af (cardioversion,flecanaid,amiodaroneprocainamide,oralanticoagulant,b-blocker,digoxcin)

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and perform GPE.

- Able to know and enquire about main symptoms of AF.
- Able to perform CVS examination.
- Able to Identify irregularly irregular pulse, palpitation, dizziness, fatigue, dyspnea, HTN,IHD,CMP, COPD, VALVULAR HEART DISEASE, THYROTOXICOSIS,cold clammy skin,low BP, dyspnea, orthopnea, PND,cough,raised JVP without a wave,malarflush,pulsusdeficit,varying intensity of S1.
- Able to know TYPES OF AF (ACUTE, CHRONIC, SLOW AND FAST).
- ABLE TO INVESTIGATE & MANAGE A PT OF AF
- Able to judge and record red flag (danger) symptoms or signs.
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

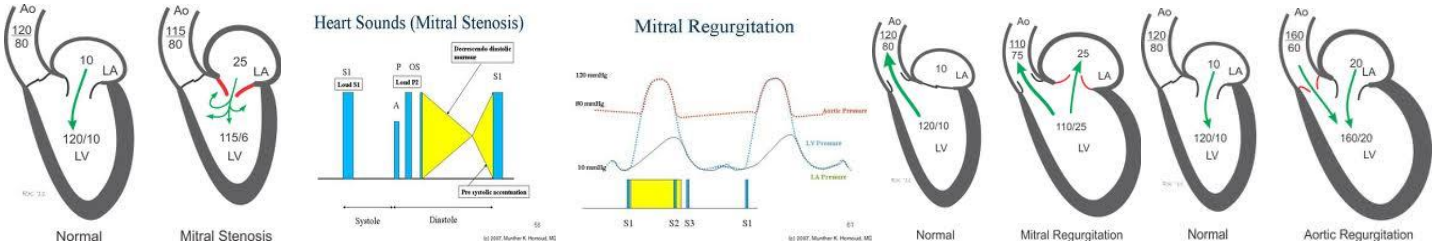
Demonstrate how to take history and perform GPE and relevant clinical examination

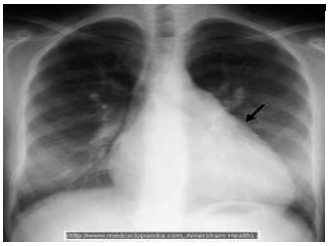
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

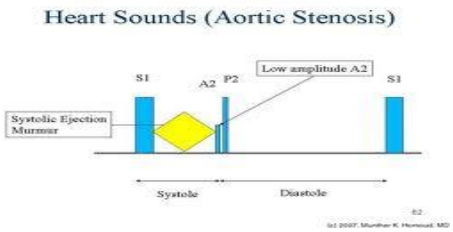
Show student how to use information given in history journal AND how to perform relevant clinical examination.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- Seminar room or bed
- Examination kit.







ADDITIONAL ON DAY 13

TOPIC:**VALVULR HEART DISEASES (MS, MR.AS, AR)**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students----------30 MIN

Each STUDENT should take history and perform GPE &CVS EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN GPE &CV SYSTEM EXAM (filled in journal)-1HR

LEARNING OBJECTIVES: Students should be able to:

- Take HISTORY and (past HX of RHEUMATIC/CONGENITAL valvular disease) of that patient (dyspnea, orthopnea, hemoptysis, palpitation IN MS AND MR) (ANGINA, SYNCOPE,DYSPNEA IN AS.
- Perform GPE (raised JVP, irregular pulse, malar flush for MS
- Perform inspection ,palpation ,percussion and auscultation of CVS(tapping apex, LPH for RVH, loud S1,OS,RUMBLING MID DIASTOLIC MURMUR AND LOUD P2 PHTN DUE TO MS),(JERKY PULSE,SOFT S1, GALLOP S3,PANSYSTOLIC MURMUR,LOUD P2 AND LPH DUE TO MR)(COLLAPSING PULSE,DANCING CAROTIDS,QUINKES SIGN,PISTOL SHOT MURMUR AND DUROZIEZ`S MURMUR ILLSUSTAINED LV HEAVE OF AR)(PULSUS PARVUS ET TARDUS ,ANACROTIC PULSE,SUSTAINED HEAVING APEX,SYSTOLIC THRILL,EJECTION CLICK,ES MURMUR AT BASE OF HEART TOWARDS CAROTIDS IN AS)
- Make differential diagnosis and a provisional diagnosis.
- Make decision about investigations to be done(CXR,ECG,ECHO,CARDIAC CATH)AND KNOW TREATMENT OPTIONS (MEDICAL MANAGEMENT AND MVR,AVR,VAVULOPLASTY)

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and perform GPE.
- Able to know and enquire about main symptoms of VHD
- Able to perform CVS examination.
- Able to IDENTIFY (tapping apex,LPH for RVH,loud S1,OS,RUMBLING MID DIASTOLIC MURMUR AND LOUD P2 PHTN DUE TO MS),(JERKY PULSE,SOFT S1, GALLOP S3,PANSYSTOLIC MURMUR,LOUD P2 AND LPH DUE TO MR)(COLLAPSING PULSE,DANCING CAROTIDS,QUINKES SIGN,PISTOL SHOT MURMUR AND DUROZIEZ`S MURMUR ILLSUSTAINED LV HEAVE OF AR)(PULSUS PARVUS ET TARDUS ,ANACROTIC PULSE,SUSTAINED HEAVING APEX,SYSTOLIC THRILL,EJECTION CLICK,ES MURMUR AT BASE OF HEART TOWARDS CAROTIDS IN AS)
- Able to know GRADES OF MURMUR.
- ABLE TO KNOW DIFFERENT TYPES OF VHD
- ABLE TO INVESTIGATE & MANAGE A PT OF VHD
- Able to judge and record red flag (danger) symptoms or signs.
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

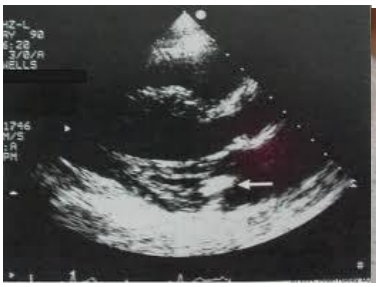
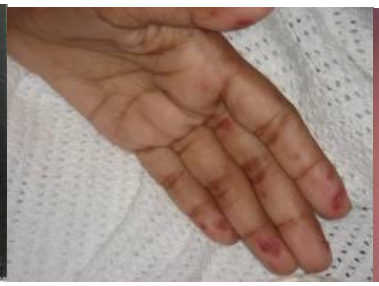
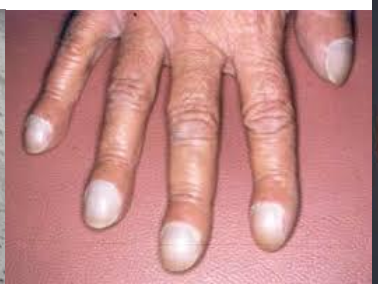
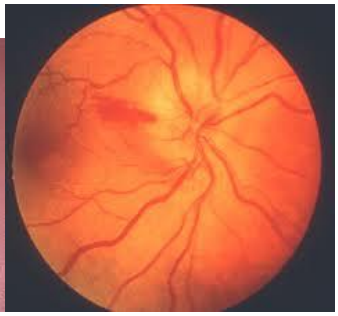
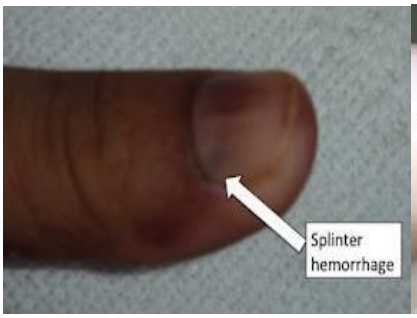
Demonstrate how to take history and perform GPE and relevant clinical examination

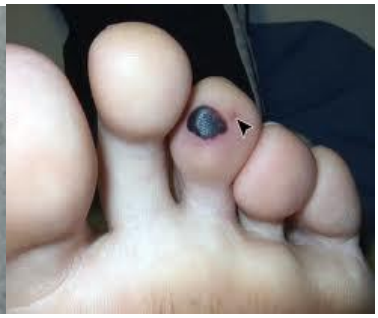
FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use information given in history journal AND how to perform relevant clinical examination.

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- Seminar room or bed
- Examination kit.



DAY 20

TOPIC: **INFECTIVE ENDOCARDITIS**

TIME: 2HRS AND 30 MIN

FASCILITATOR/INSTRUCTOR introduces the topic and assigns practical/clinical tasks to students----------30 MIN

Each STUDENT should take history and perform CVS EXAMINATION and fill case recording form (journal) under supervision of co-facilitator ---------- 1 HR

GROUP DISCUSSION ON FINDINGS OBTAINED IN CV SYSTEM EXAM (filled in journal)-1HR

LEARNING OBJECTIVES: Students should be able to:

- Take HISTORY (FEVER,MALAISE,ANOREXIA,WT LOSSSTROKE,PULSELESS LIMB DUE TO EMBOLSM,ARTHRALGIA,HX RECENT DENTAL PROCEDURE and (past HX of CONGENITAL OR RHEUMATIC VALVULAR DISEASES) of that patient.
- Perform GPE (FEVER, ANEMIA, CLUBBING, SPLINTER HEMORRHAGE, OSLER NODE, JANEWAYS LESIONS, PETECHIEAE),SPLENOMEGALY.FUNDUS FOR ROTH SPOT
- Perform inspection, palpation, percussion and auscultation of CVS (MURMUR).
- LOOK FOR TE SIGNS OF CARDIAC FAILURE
- Make differential diagnosis and a provisional diagnosis.
- Make decision about investigations to be done (CXR, ECG,BLOOD CP AND ESR,ECHO(TEE) FOR VEGETATIONS,BLOOD CULTURE)

CLINICAL SKILL LEARNT:

- Able to take informed consent, history and perform GPE.
- Able to know and enquire about main symptoms of IE.
- Able to perform CVS examination.
- ABLE TO INVESTIGATE & MANAGE (PROLONG ANTIBIOTICS) OF A PT OF IE.
- Able to judge and record red flag (danger) symptoms or signs.
- Able to correlate clinical findings with investigations.

FASCILITATOR/INSTRUCTOR PROCEDURE FOR CLINICAL WORK:

Demonstrate how to take history and perform GPE and relevant clinical examination

FASCILITATOR/INSTRUCTOR PROCEDURE FOR PRACTICAL WORK:

Show student how to use information given in history journal AND how to perform relevant clinical examination /FUNDOSCOPY

MATERIAL REQUIRED:

- HX journal
- Pen or pencil and eraser
- Patient
- Seminar room or bed
- Examination kit AND FUNDOSCOPE

DAY 21

- **RHEUMATOID ARTHRITIS**
- **SLE**
- **OA**
- **VASCULITIDES**
- **OSTEOMALACIA**
- **MALARIA**
- **TYPHOID**
- **DIABETES MELLITUS**
- **COMPLICATIONS OF DM**
- **HYPERTHYROIDISM**
- **HYPOTHYROIDISM**
- **ADDISSON`S DISEASE**
- **CUSHINGS SYNDROME**

WORKING DAY 21 MUST BE THE

TEST DAY IN ALL WARDS

G.P.E

CHECKLIST OF PHYSICAL SIGNS

Medical Unit: _____ Ward: _____

Student's Name: _____ Roll No. _____ Group: _____

Sr. No.	Sign	Can detect / appreciate / elicit				Initials
		Good	Satisfactory	Average	Poor	
01	Pulse:					
	a. Rate					
	b. Rhythm					
	c. Volume					
	d. Paradox					
	e. Collapsing					
	f. R.R delay					
	g. R-F delay					
	h. Vessel Wall (Condition)					
02	Temperature					
03	B.P					
04	Respiration					
05	Clubbing					
06	Cyanosis					
07	Anemia					
08	Jaundice					
09	Koilonychia					
10	Leukonychia					
11	Dehydration					
12	Edema					
13	Palmer Erythema					
14	Lymph Nodes:					
	a. Cervical					
	b. Axillary					
	c. Inguinal					
15	Ptosis					
16	Proptosis					
17	Corneal arcus					
18	Xanthelesma					
19	Wasting of small muscles					
20	Parotid gland					
21	Deformities of RA					

22	Spider Nevei					
23	Striae					
24	Gynecomastia					
25	Purpura / Petechiae					
26	Splinter Hemorrhages					
27	Malar Flush					
28	Flapping Tremors					
29	Angular Stomatitis					
30	Aphthous Ulcers					
31	Nicotine Marks					
32	Smooth Tongue					
33	Goiter					
34	Carotids					

Teacher Name: _____ Signature: _____

Co-Teacher Name: _____ Signature: _____

Medical Unit: I / II / III / IV
Liaquat University of Medical &
Health Sciences, Jamshoro

G.I.T

CHECKLIST OF CLINICAL SIGNS

Medical Unit: _____ Ward: _____

Student's Name: _____ Roll No. _____ Group: _____

Sr. No.	Sign	Can detect / appreciate / elicit				Initials
		Good	Satisfactory	Average	Poor	
01	Cushingoid face					
02	Ecchymosis					
03	Tattoos					
04	Purpura / Petechiae					
05	Pigmentation					
06	Uremic Complexion					
07	Hepatic Fetor					
08	Hyperventilation					
09	Scleroderma Facies					
10	Anemia					
11	Jaundice					
12	Clubbing					
13	Palmer Erythema					
14	Leukonychia					
15	Koilonychia					
16	Flapping Tremors					
17	Join Deformities					
18	Scratch Marks					
19	Insulin Marks					
20	B.P					
21	Parotids					
22	Spider Angiomas					
23	Butterfly rash					
24	Circumoral Pigmentation					
25	Angular Stomatitis					
26	Cheilosis					
27	Telengiectasia					
28	Aphthous Ulcers					
29	Gum Hypertrophy					
30	Dehydration					
31	Oral Thrush					
32	Gynecomastia					

33	L. Nodes					
34	Bone Tenderness					
35	Umbilicus					
36	Epigastric Pulsations					
37	Striae					
38	Spine Tenderness					

Teacher Name: _____ Signature: _____

Co-Teacher Name: _____ Signature: _____

Medical Unit: I / II / III / IV
Liaquat University of Medical &
Health Sciences, Jamshoro

RESPIRATORY EXAMINATION

CHECKLIST OF CLINICAL SIGNS

Medical Unit: _____ Ward: _____

Student's Name: _____ Roll No. _____ Group: _____

Sr. No.	Sign	Can detect / appreciate / elicit				Initials
		Good	Satisfactory	Average	Poor	
01	Posture					
02	Cyanosis					
03	Dyspnea					
04	Purse Lips					
05	Nicotine Marks					
06	Clubbing / HPOA					
07	Wheeze / Hoarseness					
08	Flapping Tremors					
09	Wasting of small muscles					
10	Pallor / Plethora					
11	Parotids					
12	Rash					
13	Horner's					
14	Sputum Mug					
15	O_2 Cylinder					
16	Nebulizer / Inhaler					
17	Radials:					
	a. Rate					
	b. Rhythm					
	c. Volume					
	d. Paradox					
18	Prominent Veins (SVC Obs)					
19	R/R					
20	Type of Resp.					
21	Shape / Symmetry of Chest					
22	Use of accessory Muscles					
23	Indrawing of I/C Spaces					
24	Chest Tenderness					
25	Trachea					
26	Apex beat					
27	Epigastric pulsations					
28	Crico sterna space					

29	Tracheal Tug					
30	S/C Emphysema					
31	Chest Movements					
32	Expansion					
33	V.F					
34	Percussion					
35	Breath Sounds					
36	Added Sounds					
37	V.R					
38	Pleural rub					

Teacher Name: _____ Signature: _____

Co-Teacher Name: _____ Signature: _____

Medical Unit: I / II / III / IV
Liaquat University of Medical &
Health Sciences, Jamshoro

ABDOMEN	Performance / Grade	Suggestion of improvement	Date of next assessment	Cross examined by	Remarks after 2nd test
General Observation					
Inspection: • Shapes & Symmetry Movements • Umbilicus • Prominent Veins • Pulsations • Scars / Striae					
Palpation: • Tenderness • Liver • Spleen • Kidneys • Fluid Thrill • Aorta • Para aortic node • Inguinal nodes • Hernia orifices					
Percussion: • Shifting • Dullness • Percussion for visceras					

Auscultation: • Bowel Sounds • Renal Bruit • Hepatic Bruit					

Key:

Grades of performance: 1 = Average 2 = Satisfactory 3 = Good

2nd Test = Cross Examined by faculty member from other unit: _____

_____ _____ _____

Signature of 1st Assessor Signature of 2nd Assessor Signature of HOD

RESPIRATION	Performance / Grade	Suggestion of improvement	Date of next assessment	Cross examined by	Remarks after 2nd test
General Observation					
Inspection: • Shapes & Symmetry Movements • Prominent Veins / Pulsations • Rate / Type of Resp. • Trachea • Apex beast					
Palpation: • Tenderness • S/C Emphysema • Trachea • Apex beast • Movements • V. Fermitus • Expansion					
Percussion: • Lungs • Upper liver border					
Auscultation: • Breath Sounds					

• Added Sounds • V. Resonance • Pleural Rub					

Key:

Grades of performance: 1 = Average 2 = Satisfactory 3 = Good

Suggestion for improvement:
1 = Reporting for 02 weeks
2 = Reporting for few days for particular mistakes
3 = Single-day posting for rehearsal of all systems
4 = Satisfactory

2nd Test = Cross Examined by faculty member from other unit: _____

Signature of 1st Assessor Signature of 2nd Assessor Signature of HOD

NEUROLOGICAL EXAMINATION

CHECKLIST OF CLINICAL SIGNS

Neurology: _____ Ward: _____

Student Name: _____ Roll No: _____

Group: _____

Sr. No.	Sign	Can detect / appreciate / elicit			
		Good	Satisfactory	Average	Poor
01	Characteristic Facies				
02	Ptosis				
03	Proptosis				
04	Facial Asymmetry				
05	Involuntary Movements				
06	Orientation: a. Time b. Place c. Person				
07	Hallucinations				
08	Delusions				
09	Illusions				
10	GCS				
11	Memory: a. Recent b. Remote				
12	Intelligence				
13	Grasp reflex				
14	Sucking reflex				
15	Snout reflex				
16	Palmomental reflex				
17	Glabellar reflex				
18	Apraxia				
19	Aphasia: Dysphasia: a. Motor (Brocas) b. Sensory (Wernickers) Dysarthria: a. Cortical b. Cerebellar c. Bulbar				

	Dysphonia				
20	Olfactory nerve				
21	Optic: a. Visual acuity b. Color vision c. Field of vision d. Funoscopy				
22	III / IV / VI Nerves: a. Movements b. Nystagmus c. Diplopia d. Squint e. Light reflex f. Accommodation reflex				
23	Trigemial: a. Corneal reflex b. Sensory part c. Motor part d. Jaw jerk				
24	Facial Nerve: a. Inspection b. Motor function c. Taste sensation				
25	Vestibulocochlear: a. Rinnie's Test b. Weber Test c. Doll's Eye d. Positional Vertigo				
26	IX / X Nerves: a. Gag reflex b. Aah Test				
27	Accessory: a. Trapezius b. Sternomastoid				
28	Hypoglossal				
29	Fasciculations in muscles				
30	Measure Bulk				
31	Tone				
32	Power: a. Upper limb b. Lower limb				
33	Knee Jerk				

34	Ankle Jerk				
35	Planter reflex				
36	Biceps, Triceps & Supinator jerk				
37	Abdominal reflex				
38	Ankle clonus				
39	Patellar clonus				
40	Finger-Nose test				
41	Dysdiodokinesia				
42	Heel-Shin test				
43	Giat				
44	Tandem walk				
45	Romberg's Test				
46	Pain sensation				
47	Touch sensation				
48	Temperature				
49	Vibration and position sense				
50	2 Point discrimination				
51	Cortical Functions: a. Localization b. 2 Point discrimination c. Stereognosis d. Graphasthesia e. Sensory inattention				
52	Neck rigidity				
53	Kerning's sign				
54	Brudzinski's sign				

Teacher Name: _____ Signature: _____

CNS	Performance / Grade	Suggestion of improvement	Date of next assessment	Cross examined by	Remarks after 2nd test
General Observation					
Higher Mental Function: • Appearance / Behavior • GCS • Orientation • Memory					
Speech: • Dysphasia • Dysarthia					
Cranial Nerves: • I • II • III / IV / V • VI • VII • VIII • IX / X • XI • XII					
Motor System: • Bulk /Tenderness • Involuntary • Movements					

• Fasciculations • Tone • Power • Reflexes • Co-ordination • Back • Giat					
Sensory System: • Touch • Pain • Temperature • JVS • Vibration					
Signs of Meningeal Irritation: • Neck rigidity • Kerning's signs • Brudzinski's sign					

Key:

Grades of performance:
1 = Poor
2 = Average but not promoted
3 = Satisfactory, needs some improvements but promoted
4 = Good, Grade-1 & Grade-2 achievers will have to retake the test

Suggestion for improvement:
1 = Reporting for 02 weeks
2 = Reporting for few days for particular mistakes 3 = Single-day posting for rehearsal of all systems 4 = Satisfactory

2nd Test = Cross Examined by faculty member from other unit:

_____

Signature of 1st Assessor Signature of 2nd Assessor

Presenting Complain and HOPC:

I. Pain

Onset_____.
Site_____.
Character_____.
Duration_____.
Radiation_____.
Aggravating factor_____.
Relieving factor _____.
Canadian Cardiovascular class_____.
Associated symptoms_____.

II. SOB (Dyspnoea)

Onset_____.
Duration_____.
Progressive or non progressive.
How much exertion precipitates.
H/O Orthopnea_____.
PND_____.
Associated symptoms_____.
NYHA class_____.

iii. **Palpitation:**

Onset_____.
Duration_____.
At rest or exertion_____.
Regular or Irregular_____.
Episodic Yes No.
Associated Symptoms.

Iv Syncope.

Premonitory Symptoms_____.
History of Prolong standing and heavy meals_____.
Recovery time_____.
Neurological Deficit_____.

. 5 **HEMOPTYSIS :**

Onset_____.
Duration_____.
COLOR_____.
AMOUNT_____.
WITH CHEST PAIN OR WITHOUT CHEST PAIN
FREQUENT OR INFREQUNET

. 6 **EDEMA:**

Onset_____.
Duration_____.
ASCENDING OR DESCENDING_____.
PAIN FULL OR PAINLESS_____.
MORNING OR LATE EVENING ___.
Associated Symptoms.

7 FIT

Onset_____.
Duration_____.
LOCALOR GENERAL_____.

WITH OR EITHOUT CONCSCIOUS NESS _____.
RECURRENT OR SINGLE .
Associated Symptom
PRE MONITORY SYMPTOMS
POST FIT SUMPTOMS
SLEEP INDUCED OR NOT
AGGRAVATING FACTORS

8 HEADACHE

Onset_____.
Site_____.
Character_____.
Duration_____.
Radiation_____.
Aggravating factor_____.
Relieving factor _____.
SEVERITY _____.
Associated symptoms_____.

9 WEAKNESS OF LIMB

Onset_____.
AREA_____.
Duration_____.
PROGRESSION _____.
ASCENDING OR DECSENDING
Aggravating factor_____.
Relieving factor _____.
Associated symptoms_____.

10 VERTIGO

Onset_____..
SUBJECTIVE OR OBJECTIVE _____.
Duration_____.
GAIT _____.
Aggravating factor_____.
Relieving factor _____.

Associated symptoms_____.

SEVEIRITY

11 UNCONSCUIOSNESS

Onset_____
TIME _____.
Duration_____.
TRUAM OR INTOXICATION _____.
1ST OR RECURRENT _____.
FIT OR NON FIT _____
Associated symptoms_____

12 JOIN PAIN

Onset_____
SUBJECTIVE OR OBJECTIVE _____.
Duration_____.
AREA _____.
Aggravating factor_____.
Relieving factor _____.

Associated symptoms_____.

SEVEIRITY

BACKACHE

13 BLEEDING

Onset_____.
Duration_____.
COLOR_____.
AMOUNT_____.
FREQUENT OR INFREQUNET
FEVER, FATIGUE, PAIN, WEIGHT LOSS
SKIN LESIONS

VOMITING

DIRRHEA

JAUNDICE

HEMITURIA

POLYURIA

DYSURIA

COLD OR HEAT INTOLEARNCE
IMPOTNCE
MENSTRUAL PROBLEMS
WEIGHT CHANGES
HYPER/ HYPO PIGMENTATION

LIST OF SHORT & LONG CASES

SHORT CASES	**LONG CASES**	**INSTRUMRNTS**	**XRAYS**
INSPECTION OF ABD	CCF	MDI	COPD
AUSCULTATION OF CHEST	PNEUMONIA	DPI	PNUMONIA
PALPATION OF LIVER OR SPLEEN	PLEURAL EFFUSION	NEBULIZER	PNEUMOTHORAX
SHIFTING DULLNESS OR FLUID THRILL	PULMONARY OR ABDO TB	3 WAY CHEST TUBE ASPIRATION	MASS IN LUNG
'ELICIT UPPER MOTOR NEIURON SIGNS	CVA	PARACENTESIS KIT	PLEURAL EFFUSION
DO DTR OF LOWER LIMBS	PARAPRESIS	LP NEEDLE	CCF
DO CEREBERAL SIGNS	CLD ASCITES	PEF METER	FIBROSIS OF LUNG
PALPATE PRECORDUM	PSE		MITRAL STENOSIS
ASCULTATE PRECORDUM	UPPER OR LOWER GIT BLEEDING		
CHECK BP	MITARL STENOSIS		
ASSESS SUBVITALS	DIABETIC FOOT		
	HHS		
	DKA		
	SLE		
	RA		
	CKD		
	CA LUNG		