

Surgical Department

**Final Year MBBS
Surgical Training
Program 2016-2017
Outline of Surgical
Training for Final
Year**

Maj Gen Sohail Hafeez, Prof & DG Surg

Contents

No	Subject	Page
1.	Outline of Surgical Training Program/ Responsibilities/Duties	2
2	Attendance & Discipline	3
3	Organogram of Clinical Training in Surgery & Allied	4
4	Unit Wise Surgical Topic Allocation	5
5	Summary of Daily Training Program	6
6	12 Weeks Trg Program of Surg Deptt	7
7	Yearly Rotation Plan of Students in Surgery	9
8	Composition of Batches in each Group	10
9	List of Morning Surgical Lectures	11
10	List of CBLs in Surgery & Allied	13
11	List of CPC in Surgery	19
12	Surg Unit 1 Subject & Trg Program	20
13	Surg Unit 2 Subject & Trg Program	23
14	Surg Unit 3 Subject & Trg Program	26
15	Surg Unit 4 Subject & Trg Program	29
16	Ortho Subject & Trg Program	31
17	Paed/Plastic/Neuro/Uro Unit 1 Subject & Trg Program	34
18	Surgical Workshops	39
19	Basic Surgical Skills Workshop	41
20	Fracture Management Workshop	42
21	Assessment/Feedback of Training Program	46
22	Annexures	48

Clinical Training for Final Year
Surgery Module

1. Introduction:

- a. Final Year MBBS would follow a modular system in which one clinical subject (theory & clinical) would be taught for 12 weeks to a group of students. The whole class would be divided into three groups for Medicine, Surgery and Gyn/Paeds rotation. At the end of rotation the group would undergo a theory and practical end of module examination on the pattern of final professional.
- b. Each group composed of approximately 75 students would spend four days a week - Mon to Thurs in hospitals from 0815- 1600. Friday would be spent in the College for CPC and other activities.

2. Surgical Training:

- a. At the start of Surgical Rotation, Basic Surgical Skills and Basic Fracture Management Workshops would be held over the weekend as per the attached program. Exact date & time would be intimated by the Trg wing on in consultation with Surg Deptt.
- b. One lecture would be held every day in CMH conference room at 0830 hrs as per the attached list. Exact date, time and lecturer would be communicated in weekly training program.
- c. After the lecture the surgical group would be divided into six batches and would report to respective head of unit.
- d. In each surgical ward every day, two students would be given cases on the topics given in annexure. One student would take history and second would do the physical examination. They would then present their case to the whole batch in front of a faculty member who would rectify their mistakes and discuss the disease with them. The topics of case presentation and PBL in each ward are also attached.
- e. Remaining batch would be incorporated in the routine of the unit including OPD, Ward rounds and surgical procedures in OT.
- f. Each Surgical Unit would prepare weekly training program under intimation to HOD & Trg wing which would be strictly followed. The schedule would include time, location, topic and instructor for the activity. Following clinical activities would be conducted in each ward:
 - (1) Clinical Case Presentation NO. 1 from 1300-1400.
 - (2) Clinical Case Presentation NO. 2 from 1400-1500.
 - (3) PBL from 1500-1600
- g. Each student would write two histories in each unit (one each in vascular, thoracic, paed surg & urology which will be checked and marked by faculty member.
- h. At the end of rotation in each unit, a ward test would be held and students would be given marks out of 100 as per attached format. These marks would be counted in the internal assessment.
- i. At the end of surgical rotation a consolidated end of module exam would be held for the entire batch, which would be counted towards the internal assessment.

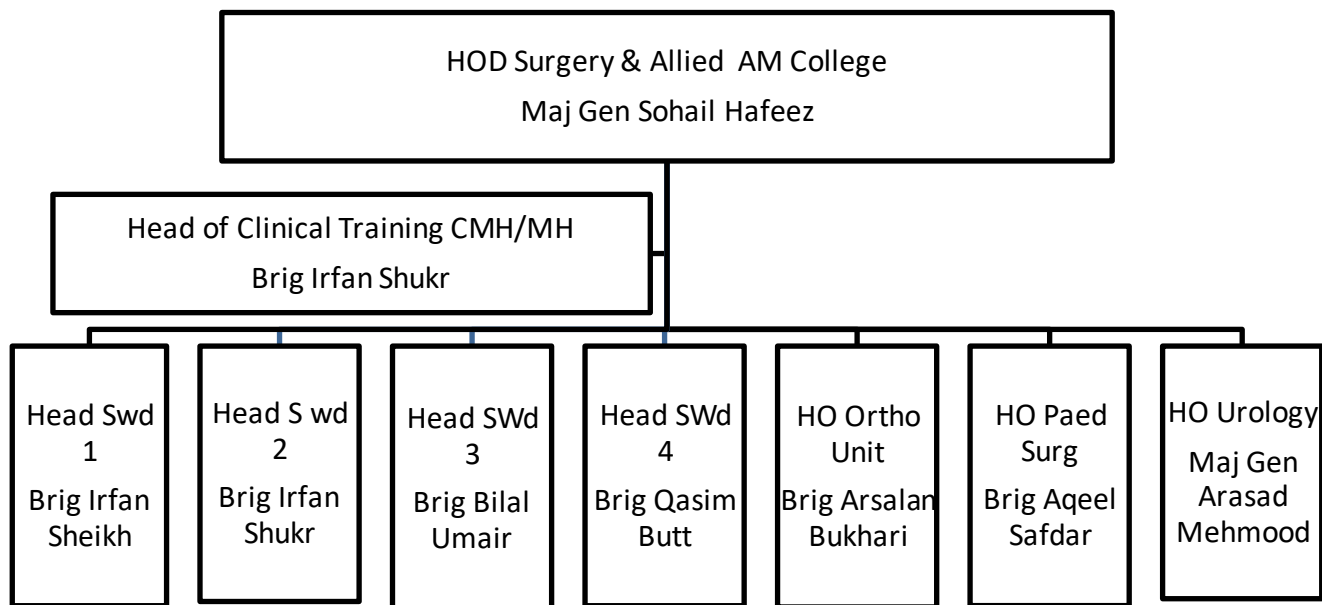
3. Responsibilities:

- a. Maj Gen Sohail Hafeez, Prof/ DG of Surg would supervise the training in Surgical Department.
- b. Brig Irfan Shukr SI(M), Prof/HOD Surg. would be overall responsible for planning, execution & monitoring final year clinical training.

4. **Duties:** Head of each surgical unit would be responsible for making weekly program, assigning instructor, attendance and record keeping. Head of each surgical unit are as under:
- a. Surg Unit 1 - Brig Irfan Sheikh
 - b. Surg Unit 2 - Brig Irfan Shukr
 - c. Surg Unit 3 - Brig Bilal Umair
 - d. Surg Unit 4 - Brig Qasim Butt/ Brig Taseer Ibrahim
 - e. Ortho Unit - Brig Arsalan Bukhari
 - f. Paed Surg - Brig Aqeel Safdar
 - g. Urology - Maj Gen Arshad Mehmood
5. **Attendance & Discipline:**
- a. College would appoint an officer/ NCO for daily attendance of medical students in the morning and various clinical activities.
 - b. HOD Surg clerk would keep a record of attendance of medical students, ward test results, end of module test result, workshop marks which would be updated regularly.
 - c. Each Head of unit would keep a log of all clinical activities which would be discussed in Surgical Department meeting every second month.
 - d. Attendance of each student would be endorsed in his log book as well.
 - e. Every day attendance and clinical activity report would be entered into log book of the unit and would be put up to the HOD at the end of each rotation.
 - f. All SIQs/ leave of medical students would be sanctioned by HOD Surg/Trg after recommendations of HOU.

Maj Gen
Prof & DG Surgery
(Sohail Hafeez)

Organogram of Clinical Training in Surgery & Allied



6. **Unit wise topic allocations:**

Unit wise distribution of Surg lectures, case presentations & PBLs is as under:

Unit	HOU/Snr Instructor	Topics Assigned
Surg 1	Brig Irfan Sheikh	Surg in General, Swelling, Ulcer, Upper GI, Stomach, Ileum, Ac Abdomen and Pancreas
Surg 2	Brig Irfan Shukr	Chronic Abdomen, Colorectal surgery, Hernia, Inguino scrotal swelling
Surg 3	Brig Bilal Umair/ Col Nauman	Chest, Oesophagus and vascular surgery
Surg 4	Brig Taseer/ Brig Qasim Butt	Breast, Thyroid, neck and Hepatobiliary surgery
Ortho	Brig Arsalan Bukhari	Trauma and Elective Ortho
Paed Surg	Brig Aqeel Safdar	Cong deformities and Elective Paed Surg
Urology	Maj Gen Arshad Mehmood	Urology

7. **Summary of Daily Weekly Training Program**

<u>Day</u>	<u>0830-0930</u>	<u>0930-1030</u>	<u>1030-1300</u>	<u>1300-1400</u>	<u>1400-1500</u>	<u>1500-1600</u>
Mon	Lecture 1 CMH	Lecture 2	Ward/OT	CI Case 1	CI Case 2	PBL
Tue	Lecture CMH	Ward/OT		CI Case 1	CI Case 2	PBL
Wed	Lecture CMH	Ward/OT		CI Case 1	CI Case 2	PBL
Thurs	Lecture CMH	Ward/OT		CI Case 1	CI Case 2	PBL
Fri	CPC AM College	CPC AM College				

8. **Morning Surgical Lectures:**

a. Topics of Surgical lectures along with instructor is given below. Brig Irfan Shukr would assign each day lecture in weekly training program which would be published by GII Trg AM College. One lecture per day would be held at CMH conference rooms from 0830-0930 hrs. On Mondays there would be two lectures; Second lecture would be held from 0930-1030 in the same location.

b. PBL for Neuro and plastic surgery would be held in the morning lecture program and would be notified in weekly training program.

No	Key	Topic	Instr	Day
1	Paed1	Undescended testis: Hypospadiasis	BrigAqeel Safdar	Thurs
2	Paed 2	Oesophageal atresia, pyloric stenosis, Hirshprung's	BrigAqeel Safdar	Thurs
3	Paed 3	Cleft Lip & palate	BrigAqeel Safdar	Thurs
4	GS1	Simple goiter	Brig Taseer	Mon
5	GS2	Toxic Goitre	Brig Taseer	Mon
6	GS3	Ca Thyroid	Brig Taseer	Mon
7	GS4	Benign Breast Disease	Brig Taseer	Mon
8	GS5	Ca Breast	Brig Taseer	Mon
9	GS6	Ca stomach	Brig Irfan Sheikh	Wed
10	GS7	Liver – SOL liver- Amoebic liver, Hydatid & Ca	Brig Qasim Butt	Tu/Th
11	GS8	Cholelithiasis	Brig Qasim Butt	Tu/Th
12	GS9	Obstructive jaundice	Brig Qasim Butt	Tu/Th
13	GS10	Ac Pancreatitis	Brig Irfan Sheikh	Wed
14	GS11	Ca Pancreas	Brig Irfan Shiekh	Wed
15	GS12	Ac intestinal obstruction	Brig Irfan Sheikh	Wed
16	GS13	Acute peritonitis	Brig Irfan Sheikh	Wed
17	GS14	Ac Appendicits	Brig Irfan Sheikh	Mon
18	GS15	Inflammatory bowel disease	Brig Irfan Shukr	Mon
19	GS16	Ca Colon/ Diverticulosis	Brig Irfan Shukr	Mon
20	GS17	Ca Rectum	Brig Irfan Shukr	Mon
21	GS18	Hernias	Brig Irfan Shukr	Mon
22	GS19	Anal Abscess	Brig Irfan Shukr	Mon
23	GS20	Haemorrhoids	Brig Irfan Shukr	Mon
24	Thor1	Empyema Thoracis	Brig Bilal	M/W
25	Thor3	Ca Lung	Brig Bilal	M/W
26	Thor4	Ca Oesophagus	Brig Bilal	M/W
27	Thor5	Oesophageal motility disorders	Brig Bilal	M/W
28	Orth1	Knee Injuries	Maj Gen Sohail	Tue
29	Orth 2	Soft tissue & bone tumours	Maj Gen Sohail	Tue
30	Orth 3	Degenerative joint Disease	Maj Gen Sohail	Tue
31	Orth 4	Paed Orthopaedics DDH & TEV	Maj Gen Sohail	Tue
32	Orth 5	Infections of bone & joint	Brig Arsalan	Tue
33	Orth 6	Infections of spine – Tb spine	Brig Asad	Wed
34	Orth 7	Degenerative Spine Disease	Brig Asad	Wed
35	Neuro1	Hydrocephalus & Meningocele	Brig Junaid	Tue
36	Neuro2	SOL Brain & Brain Tumour	Brig Junaid	Tue

37	Neuro3	Spinal Tumour	Brig Junaid	Tue
38	Neuro4	Head Injury	Brig Junaid	Tue
39	Plas1	Peripheral Nerve Injuries	Col Rizwan	Thurs
40	Plas 2	Disorders of salivary glands	Col Rizwan	Thurs
41	Plas3	Burns	Brig Farooq Dar	Thurs
42	Vasc 1	Acute limb Ischaemia	Col Nauman	W/Th/
43	Vasc 2	Ch limb ischaemia & DVT	Col Nauman	W/Th/
44	Vasc 3	Varicose Veins	Col Nauman	W/Th/
45	Uro1	Haematuria	Maj Gen Arshad	Wed
46	Uro2	Bladder Outlet Obstruction	Maj Gen Arshad	Wed
47	Uro3	Urolithiasis	Maj Gen Arshad	Wed
48	Uro4	RCC & TCC	Maj Gen Arshad	Wed
49	Uro 5	Urological Emergencies	Maj Gen Arshad	Wed
50	Ane1	General Anesthesia	Maj Gen Amjad	T/W/T
51	Ane2	Regional & Spinal Anesthesia	Maj Gen Amjad	T/W/T
52	Ane3	Pain Relief	Maj Gen Amjad	T/W/T
53	Radio1	Conventional Radiology	Brig Afshan	
54	Radio2	CT & MRI	Brig Afshan	

The Time table is attached in Annexures.

9. PBLs in Surgery & Allied:

- (1) PBL would be held every day in the evening from 1500 to 1600 as per attached program.
- (2) Head of respective unit would designate one faculty member for PBL.
- (3) Students should come prepared with the scenarios issued for the unit rotation.
- (4) Instructor would discuss the scenario like a clinical problem in which students are expected to participate in the form of a group discussion.

Ser	CBL No	Theme	Scenario	Instructor
2	GS-2	Surg infections – Principles & management	A 60 Yrs old diabetic and obese person reports to the Surg Unit -1, CMH Rwp with pain and swelling over perineal region and scrotum. He is febrile and looks toxic. Treatment has been started on the line of acute infection. What do you understand by the term “Surgical infection”. Discuss the spectrum and pathogenesis of surgical infections with special reference to “infectious agents” and “host immunity”. What are their local complications, SIRS & MOFS? Discuss the principles of treatment of surgical infections.	Brig Irfan Sheikh
3	GS-3	Surgical Complications of DM	A 60 years old diabetic male, who is on oral hypoglycemics has presented with an infective ulcer on right sole. Discuss surgical pathology and management of the this case	Brig Irfan Sheikh
4	GS-4	Obstructive Jaundice	A 60 years old gentleman has been complaining of itching, yellow discoloration of eyes and clay colored stools for last 4-5 months during which he has lost considerable weight. O/E he is deeply jaundiced, Gall bladder is enlarged, ALT and Alkaline phosphatase is raised. Discuss management of the patient.	Brig Qasim Butt
5	GS-5	Perforated DU	A 33 yrs old Naik has reported in Trauma Center with severe pain all over the abdomen for the last two hours. He has been using capsule Omperazole for dyspepsia for last three weeks. Examination of abdomen revealed board like rigidity. Discuss the diagnosis and management of this case.	Brig Irfan Sheikh
6	GS-6	Acute Intestinal Obstruction Diagnosis & management	A 42 years old man has presented to A&E Deptt with 8 hours H/O colicky abdominal pain of sudden onset with vomiting. O/E abdomen is distended, tender and bowel sounds are absent. Discuss D/D, investigations and management.	Brig Irfan Sheikh

7	GS -7	Cholecystitis – Diagnosis & management	A 43 years old lady has been admitted in OFH with H/O repeated episodes of colicky abdominal pain for the last two days. She had silent gall stones for which she never took any treatment. O/E she is having jaundice, is running fever, and is tender in right upper abdomen. Discuss diagnosis, D/D and management of the case.	Brig Qasim Butt
8	GS-8	Pancreatitis- Diagnosis and management	A 45 years old subedar was admitted in Surgical Ward, CMH Rwp with one day H/O pain upper abdomen which was radiating to back accompanied with vomiting. On examination he was found to be toxic and acutely ill. There was tachycardia and hypotension. Abdomen was distended and tender all over. Serum amylase was 3456 U/L. Discuss D/D, investigations, management and complications in this patient	Brig Irfan Sheikh
9	GS-9	Ca Colon & Chronic abdomen	A 50 years old gentleman who had been having regular bowel habits has started passing 3-4 stools per day and had feeling of incomplete evacuation with occasional streaking of blood. He has lost some weight over last 4-5 months. For last 2 days he has experienced severe colicky abdominal pain and has been unable to pass wind. How would you manage this patient?	Brig Irfan Shukr
10	GS-10	Tuberculous intestinal obstruction	A 30 years old sepoy was admitted in surgical ward III via trauma center with H/O generalized abdominal pain, vomiting and failure to pass stool and flatus for last four days. He has been having vague abdominal pain for last one year for which he had been taking medications for local MRC but with little improvement. He also has H/O loss of weight and low grade pyrexia. Discuss D/D and management.	Brig Irfan Sheikh
11	GS-11	Mass abdomen	A 45 years old female wife of a subedar, has presented to surgical unit MH with 3 moths H/O bleeding per rectum and weight loss. Abdominal examination has shown a hard mass in left lower quadrant. Discuss diagnosis, D/D, investigations and management of this patient.	Brig Irfan Shukr
12	GS-12	Inguinal Hernia – Clinical assessment & management	A 55 years old salesman, reports to surgical unit-2 with H/O a progressively enlarging swelling in the right inguino-scrotal area for about a year. It becomes more marked in evening but disappears overnight. Discuss the diagnosis and complications in this case.	Brig Irfan Shukr

			Discuss important clinical points in patient's clinical assessment. How will you treat this patient?	
13	GS-13	Thyrotoxicosis	A 30 years old lady has been complaining of palpitations, sweatiness, and increased appetite and has lost weight recently. On examination she has prominent eyes and has a diffuse swelling in front of her neck. How would you assess and manage this patient?	Brig Taseer Ibrahim
14	GS-14	Ca Thyroid	A 42 years old lady had multinodular swelling in front of neck for last ten years. For last one year she has noticed a sudden increase in size on the Right side and some hoarseness of voice. FNAC report showed suspicious cells. How would further investigate and manage this patient?	Brig Taseer Ibrahim
15	GS-15	Breast	A 35 years old lady has noticed a lump in her right breast 2 months ago. She got FNAC of the lump and histopathologist has given the report of C3. How would you manage her?	Brig Taseer Ibrahim
16	Ortho-1	Supracondylar Fracture in children	An 8 years old boy had a fall from bicycle. He is having pain, swelling and limitation of movements of right elbow joint. Discuss the pathology, complications and management.	Brig Arsalan Bukhari
17	Ortho-2	Fracture Neck of Femur	A 74 years old lady has slipped in her bathroom an hour ago. She is unable to stand and is C/O severe pain in her right groin. On call orthopaedic surgeon has noticed shortening of right lower limb which is externally rotated. Discuss the pathology, emergency management and definitive treatment of this patient.	Brig Arsalan Bukhari
18	Ortho-3	TEV	A 10 days old neonate has been brought to you by her parents for deformity of both feet. On examination heel is high and forefeet are turned medially. How would you proceed with the management of this patient?	Maj Gen Sohail Hafeez
19	Ortho-4	Bone Tumour	A 12 years old boy has reported to Orthopaedic OPD with throbbing pain and warm swelling over the right leg for last three months. There is no history of trauma. X-ray of the right fibula reveals a destructive lesion with onion peel appearance. Blood CP shows raised ESR. Discuss D/D and management of the case	Maj Gen Sohail Hafeez
20	Ortho-5	Acute Lumbago	A 30 years old infantry Naik has presented with severe low back pain for last two weeks. He was initially managed at local MI Room but on worsening pain he was referred to	Brig Asad Qureshi

			CMH. O/E he has limited spinal movements with muscular spasm and SLR is restricted on Rt side. Discuss acute management, D/D, investigations and definitive treatment.	
21	Neuro-1	Head Injury – Diagnosis	A 28 years old Captain has been brought to A&E Deptt after a RTA. He is unconscious, with a small laceration over forehead. How will you assess this patient?	Brig Junaid
22	Neuro-2	SOL Brain	A 48 years old serving subedar has been referred by the unit RMO to the neurosurgical OPD with H/O headache for last four months. It is more marked in the early hours of day and refractory to routinely prescribed analgesics. His CO and other unit fellows have noticed gross change in personality and behavior. He is less attentive during conversations and less responsive to official orders. He looks fatigued and distracted. What more in this history would you like to know? Discuss the pathogenesis of the clinical symptoms, D/D, investigations and definitive management.	Brig Junaid
23	Paed Surg-1	Imperforate anus – Diagnosis & management	A 2 days old male baby boy has been brought to paediatric surgical OPD with the complaints that he has not passed stools since birth. He has developed abdominal distension and is restless. Discuss diagnosis, D/D and management of this patient	Brig Aqeel Safdar
24	Paed Surg-2	Cleft Lip & Palate	A two days old boy has been brought by her parents with a defect in his lip which is extending into roof of mouth. The child regurgitates milk through his nose on every feed. Discuss the pathology and management principles of this patient.	Brig Aqeel Safdar
25	Vasc-1	Acute Limb Ischaemia	A 60 years old man who is a known case of IHD or regular medication presented with H/O pain in both legs on walking. He has to stop and take rest after walking for about 100 meters. O/E he is found to have a small ulcer at the tip of right big toe and posterior tibial arteries are barely palpable bilaterally. How will you further evaluate this patient? Rationalize further lab and imaging investigations. Discuss treatment options.	Col Nauman Imtiaz
26	Vasc-2	Varicose Veins & complications	A 50 year old overweight lady had prominent leg veins for last 7-8 years. For last one year she has developed an ulcer on the medial aspect of her ankle. Discuss management.	Col Nauman Imtiaz

27	Vasc-3	Peripheral Vascular Disease	A 60 years old man who is a known case of IHD on regular medication has presented with H/O pain in both legs on walking. He has to stop and take a rest after walking for about 100 meters. O/E He is found to have a small ulcer at the tip of his right big toe and posterior tibial pulsation are barely palpable bilaterally. How will you further evaluate this patient? Rationalize further lab and imaging investigations. Discuss treatment options.	Col Nauman Imtiaz
28	Uro-1	Haematuria	A 55 years old male was referred to AFIU with three weeks H/O painless haematuria. He is a known smoker who works in a local factory. There is no history of injury. How would you proceed with the case?	Maj Gen Arshad Mehmood
29	Uro-2	BOO	A 70 yrs old male presented with poor stream and obstructive LUTS. He has history of bladder stone in the past. What are the guidelines in management of such a case.	Maj Gen Arshad
30	Uro-3	Obstructive Uropathy	A 26 yrs old female presented with anuria. USG-KUB revealed right ureteric and left PUJ calculus. How will you proceed in such a case? What will the early and late management principles?	Maj Gen Arshad Mehmood
31	Plastic-1	BCC – Diagnosis & management	A 60 years old man has presented with H/O having a nodular swelling over left cheek for last 8 months. It has progressively increased in size and has ulcerated in center. It is not painful but he feels itching and irritation. Discuss D/D, investigations and management.	Col Rizwan
32	Plastic-2	Burns	A 35 years old housewife has sustained 30% burns while working in her kitchen. She was rescued after five minutes. Describe initial management of the patient. How will you calculate body surface area? How would you calculate fluid requirement of this patient? How will you diagnose and treat inhalational injury? Describe the management of burn wounds.	Brig Farooq Dar
33	Thorac-1	Ca Lung	A 45 years old smoker has presented in thoracic OPD with H/O productive cough for last three months. Now for last one week he is having blood stained sputum but today had massive haemoptysis. He has been smoking 15-20 cigarettes per day for last 30 years. X-ray chest showed cavitating lesion in right upper lobe. Discuss the differential diagnosis, investigations and management of the case.	Brig Bilal

34	Thorac-2	Dysphagia – Diagnosis & management	A 45 years old man has presented with progressively increasing difficulty in swallowing. Initially he could manage it by taking small boluses with water but now he is unable to take even small meals. Discuss D/D, investigations and management	LtCol Muhammad Imtiaz Khan
35	Thorac-3	Mediastinal masses	A 50 year old man has presented with swelling of face and neck on getting up in the morning. He has mild cough and shortness of breath. On examination he has plethora of face, conjunctival congestion and distended neck and upper chest veins. On chest X ray there is mediastinal widening of 10 cm. What is the differential diagnosis? How will you investigate the case? What is the management plan of the case?	LtCol Mujahid Zulifqar Ali
36	Thorac-4	Chest Trauma	A young soldier sustained GSW to his right chest half an hour ago. On examination he is dyspneic, hypotensive and has tachycardia. Breath sounds are diminished on right side and trachea is shifted to left. How would you manage this patient?	Brig Bilal

10. **Clinico-Pathological Conference**

- a. One CPC would be held every Friday in the College.
- b. Two medical students would prepare a case and present in front of the whole class.
- c. One faculty member would moderate the session.
- d. List of CPC in Surgery & Allied is attached, the exact date, subject and faculty would be scheduled by training wing.

S No	Topic	Supervisor
1	Abdominal Injury	Brig Irfan Shukr
2	Head Injury	Brig Junaid Mushtaq
3	Burns	Brig Farooq Dar
4	Acute Appendicitis	Brig Irfan Sheikh
5	Upper GI bleed	Brig Irfan Sheikh
6	Lower GI Bleed	Brig Irfan Shukr
7	Inguinal Hernia	Brig Irfan Shukr
8	Evaluation and diagnosis of mass abdomen	Brig Irfan Shukr
9	Varicose Veins	Col Nauman Imtiaz
10	Evaluation of mass neck	Brig Taseer Ibrahim
11	Benign breast disease	Brig Taseer Ibrahim
12	Carcinoma Breast	Brig Taseer Ibrahim
13	Dysphagia	Brig Bilal Umair
14	Carcinoma Lung	Brig Bilal Umair
15	Ranal Stones	Maj Gen Arshad Mehmood
16	Bladder outlet obstruction	Maj Gen Arshad Mehmood
17	Osteomyelitis	Brig Arsalan Bukhari
18	Open Fracture	Brig Arsalan Bukhari
19	Fracture Femur	Maj Gen Sohail Hafeez
20	Dislocation Joints	Brig Arsalan Bukhari
21	Hand Injury	Col Rizwan Aslam
22	Diabetic Foot	Brig Irfan Sheikh
23	Neonatal intestinal obstruction	Brig Aqeel Safdar

11. Distribution of Surgical topics in different Surgical wards

Surg Unit 1 wise topic allocations:

Unit wise distribution of Surg lectures, case presentations & PBLs is as under:

Unit	HOU/Snr Instructor	Topics Assigned
Surg 1	Brig Irfan Sheikh	Surg in General, Swelling, Ulcer, Upper GI, Stomach, Ileum, Ac Abdomen and Pancreas

Morning Surgical Lectures:

Topics of Surgical lectures is given along with instructor is given below. G2 would assign each day lecture in weekly training program. One lecture per day would be held at CMH conference room from 0830-0930 hrs.

No	Key	Topic	Instr	Day
1	GS	Ca stomach	Brig Irfan Sheikh	Wed
2	GS	Ac Pancreatitis	Brig Irfan Sheikh	Wed
3	GS	Ca Pancreas	Brig Irfan Shiekh	Wed
4	GS	Ac intestinal obstruction	Brig Irfan Sheikh	Wed
5	GS6	Acute peritonitis	Brig Irfan Sheikh	Wed
6		Acute Appendicitis	Brig Irfan Sheikh	Wed

PBLs in Surgery & Allied:

PBL would be held every day in the evening from 1500 to 1600 as per attached program.

Head of respective unit would designate one faculty member for PBL.

Students should come prepared with the scenarios issued for the unit rotation.

Instructor would discuss the scenario like a clinical problem in which students are expected to participate in the form of a group discussion.

Ser	CBL No	Theme	Scenario	Instructor
			Surg Unit 1 Brig Irfan Sh	
1	GS-2	Surg infections – Principles & management	A 60 Yrs old diabetic and obese person reports to the Surg Unit -1, CMH Rwp with pain and swelling over perineal region and scrotum. He is febrile and looks toxic. Treatment has been started on the line of acute infection. What do you understand by the term “Surgical infection”. Discuss the spectrum and pathogenesis of surgical infections with special reference to “infectious agents” and “host immunity”. What are their local complications, SIRS & MOFS? Discuss the principles of treatment of surgical infections.	Brig Irfan Sheikh
2	GS-3	Surgical Complications of DM	A 60 years old diabetic male, who is on oral hypoglycemics has presented with an infective ulcer on right sole. Discuss surgical pathology and management of the this case	Brig Irfan Sheikh

3	GS-5	Perforated DU	A 33 yrs old Naik has reported in Trauma Center with severe pain all over the abdomen for the last two hours. He has been using capsule Omperazole for dyspepsia for last three weeks. Examination of abdomen revealed board like rigidity. Discuss the diagnosis and management of this case.	Brig Irfan Sheikh
4	GS-6	Acute Intestinal Obstruction Diagnosis & management	A 42 years old man has presented to A&E Deptt with 8 hours H/O colicky abdominal pain of sudden onset with vomiting. O/E abdomen is distended, tender and bowel sounds are absent. Discuss D/D, investigations and management.	Brig Irfan Sheikh
5	GS-8	Pancreatitis- Diagnosis and management	A 45 years old subedar was admitted in Surgical Ward, CMH Rwp with one day H/O pain upper abdomen which was radiating to back accompanied with vomiting. On examination he was found to be toxic and acutely ill. There was tachycardia and hypotension. Abdomen was distended and tender all over. Serum amylase was 3456 U/L. Discuss D/D, investigations, management and complications in this patient	Brig Irfan Sheikh

Surg Unit II wise topic allocations:

Unit wise distribution of Surg lectures, case presentations & PBLs is as under:

Unit	HOU/Snr Instructor	Topics Assigned
Surg 2	Brig Irfan Shukr	Chronic Abdomen, Colorectal surgery, Hernia, Inguino scrotal swelling

Morning Surgical Lectures:

Topics of Surgical lectures along with instructor is given below. G2 would assign each day lecture in weekly training program. One lecture per day would be held at CMH conf rooms from 0830-0930 hrs.

No	Key	Topic	Instr	Day
1	GS	Inflammatory bowel disease	Brig Irfan Shukr	Mon
2	GS	Ca Colon/ Diverticulosis	Brig Irfan Shukr	Mon
3	GS	Ca Rectum	Brig Irfan Shukr	Mon
4	GS	Hernias	Brig Irfan Shukr	Mon
5	GS	Anal Abscess	Brig Irfan Shukr	Mon
6	GS	Haemorrhoids	Brig Irfan Shukr	Mon

PBLs in Surgery & Allied:

Ser	CBL No	Theme	Scenario	Instructor
			Surg Unit 2 Brig Irfan Shukr	
1	GS-9	Ca Colon & Chronic abdomen	A 50 years old gentleman who had been having regular bowel habits has started passing 3-4 stools per day and had feeling of incomplete evacuation with occasional streaking of blood. He has lost some weight over last 4-5 months. For last 2 days he has experienced severe colicky abdominal pain and has been unable to pass wind. How would you manage this patient?	Brig Irfan Shukr
2	GS-10	Tuberculous intestinal obstruction	A 30 years old sepoy was admitted in surgical ward III via trauma center with H/O generalized abdominal pain, vomiting and failure to pass stool and flatus for last four days. He has been having vague abdominal pain for last one year for which he had been taking medications for local MRC but with little improvement. He also has H/O loss of weight and low grade pyrexia. Discuss D/D and management.	Brig Irfan Shukr
3	GS-11	Mass abdomen	A 45 years old female wife of a subedar, has presented to surgical unit MH with 3 moths H/O bleeding per rectum and weight loss.	Brig Irfan Shukr

			Abdominal examination has shown a hard mass in left lower quadrant. Discuss diagnosis, D/D, investigations and management of this patient.	
4	GS-12	Inguinal Hernia – Clinical assessment & management	A 55 years old salesman, reports to surgical unit-2 with H/O a progressively enlarging swelling in the right inguino-scrotal area for about a year. It becomes more marked in evening but disappears overnight. Discuss the diagnosis and complications in this case. Discuss important clinical points in patient's clinical assessment. How will you treat this patient?	Brig Irfan Shukr

Surg Unit 3:

Unit wise distribution of Surg lectures, case presentations & PBLs is as under:

Unit	HOU/Snr Instructor	Topics Assigned
Surg 3	Brig Bilal/Col Nauman	Chest, Oesophagus and vascular surgery

Morning Surgical Lectures:

Topics of Surgical lectures along with instructor is given below. G2 would assign each day lecture in weekly training program. One lecture per day would be held at CMH conf room from 0830-0930 hrs.

No	Key	Topic	Instr	Day
1	Thor1	Empyema Thoracis	Brig Bilal	M/W
2	Thor3	Ca Lung	Brig Bilal	M/W
3	Thor4	Ca Oesophagus	Brig Bilal	M/W
4	Thor5	Oesophageal motility disorders	Brig Bilal	M/W
5	Vasc 1	Acute limb Ischaemia	Col Nauman	W/Th/
6	Vasc 2	Ch limb ischaemia & DVT	Col Nauman	W/Th/
7	Vasc 3	Varicose Veins	Col Nauman	W/Th/

CBLs in Surgery & Allied:

PBL would be held every day in the evening from 1500 to 1600 as per attached program.

Head of respective unit would designate one faculty member for PBL.

Students should come prepared with the scenarios issued for the unit rotation.

Instructor would discuss the scenario like a clinical problem in which students are expected to participate in the form of a group discussion.

Ser	CBL No	Theme	Scenario	Instructor
			Surg Unit 3 Brig Bilal Umair	
1	Vasc-1	Acute Limb Ischaemia	A 60 years old man who is a known case of IHD on regular medication presented with H/O pain in both legs on walking. He has to stop and take rest after walking for about 100 meters. O/E he is found to have a small ulcer at the tip of right big toe and posterior tibial arteries are barely palpable bilaterally. How will you further evaluate this patient? Rationalize further lab and imaging investigations. Discuss treatment options.	Col Nauman Imtiaz
2	Vasc-2	Varicose Veins & complications	A 50 year old overweight lady had prominent leg veins for last 7-8 years. For last one year she has developed an ulcer on the medial aspect of her ankle. Discuss management.	Col Nauman Imtiaz
3	Vasc-3	Peripheral Vascular Disease	A 60 years old man who is a known case of IHD on regular medication has presented with H/O pain in both legs on walking. He has to stop and take a rest after walking for	Col Nauman Imtiaz

			about 100 meters. O/E He is found to have a small ulcer at the tip of his right big toe and posterior tibial pulsation are barely palpable bilaterally. How will you further evaluate this patient? Rationalize further lab and imaging investigations. Discuss treatment options.	
4	Thorac-1	Ca Lung	A 45 years old smoker has presented in thoracic OPD with H/O productive cough for last three months. Now for last one week he is having blood stained sputum but today had massive haemoptysis. He has been smoking 15-20 cigarettes per day for last 30 years. X-ray chest showed cavitating lesion in right upper lobe. Discuss the differential diagnosis, investigations and management of the case.	Brig Bilal
5	Thorac-2	Dysphagia – Diagnosis & management	A 45 years old man has presented with progressively increasing difficulty in swallowing. Initially he could manage it by taking small boluses with water but now he is unable to take even small meals. Discuss D/D, investigations and management	LtCol Muhammad Imtiaz Khan
6	Thorac-3	Mediastinal masses	A 50 year old man has presented with swelling of face and neck on getting up in the morning. He has mild cough and shortness of breath. On examination he has plethora of face, conjunctival congestion and distended neck and upper chest veins. On chest X ray there is mediastinal widening of 10 cm. What is the differential diagnosis? How will you investigate the case? What is the management plan of the case?	LtCol Mujahid Zulifqar ALi
7	Thorac-4	Chest Trauma	A young soldier sustained GSW to his right chest half an hour ago. On examination he is dyspneic, hypotensive and has tachycardia. Breath sounds are diminished on right side and trachea is shifted to left. How would you manage this patient?	Brig Bilal

Surg Unit 4 topic allocations:

Unit wise distribution of Surg lectures, case presentations & PBLs is as under:

Unit	HOU/Snr Instructor	Topics Assigned
Surg 4	Brig Taseer Ibrahim	Breast, Thyroid, neck
ALTU	Brig Qasim Butt	Hepatobiliary surgery

7. **Morning Surgical Lectures:**

Topics of Surgical lectures along with instructor is given below. G2 would assign each day lecture in weekly training program. One lecture per day would be held at CMH conference room from 0830-0930 hrs.

No	Key	Topic	Instr	Day
1	GS1	Simple goiter	Brig Taseer	Mon
2	GS2	Toxic Goitre	Brig Taseer	Mon
3	GS3	Ca Thyroid	Brig Taseer	Mon
4	GS4	Benign Breast Disease	Brig Taseer Ibrahim	Mon
5	GS5	Ca Breast	Brig Taseer Ibrahim	Mon
6	GS	Liver – SOL liver- Amoebic liver, Hydatid & Ca	Brig Qasim Butt	Tu/Th
7	GS	Cholelithiasis	Brig Qasim Butt	Tu/Th
8	GS	Obstructive jaundice	Brig Qasim Butt	Tu/Th

PBLs in Surgery & Allied:

PBL would be held every day in the evening from 1500 to 1600 as per attached program.

Head of respective unit would designate one faculty member for PBL.

Students should come prepared with the scenarios issued for the unit rotation.

Instructor would discuss the scenario like a clinical problem in which students are expected to participate in the form of a group discussion.

Ser	CBL No	Theme	Scenario	Instructor
			Surg Unit 4 Brig Taseer Ibrahim	
1	GS-13	Thyrotoxicosis	A 30 years old lady has been complaining of palpitations, sweatiness, and increased appetite and has lost weight recently. On examination she has prominent eyes and has a diffuse swelling in front of her neck. How would you asses and manage this patient?	Brig Taseer
2	GS-14	Ca Thyroid	A 42 years old lady had multinodular swelling in front of neck for last ten years. For last one year she has noticed a sudden increase in size on the Right side and some hoarseness of voice. FNAC report showed suspicious cells. How would further investigate and manage this patient?	Brig Taseer
3	GS-4	Obstructive Jaundice	A 60 years old gentleman has been complaining of itching, yellow discoloration	Brig Qasim Butt

			of eyes and clay colored stools for last 4-5 months during which he has lost considerable weight. O/E he is deeply jaundiced, Gall bladder is enlarged, ALT and Alkaline phosphatase is raised. Discuss management of the patient.	
4	GS-15	Breast	A 35 years old lady has noticed a lump in her right breast 2 months ago. She got FNAC of the lump and histopathologist has given the report of C3. How would you manage her?	Brig Taseer Ibrahim
5	GS -7	Cholecystitis – Diagnosis & management	A 43 years old lady has been admitted in OFH with H/O repeated episodes of colicky abdominal pain for the last two days. She had silent gall stones for which she never took any treatment. O/E she is having jaundice, is running fever, and is tender in right upper abdomen. Discuss diagnosis, D/D and management of the case.	Brig Qasim Butt

Ortho Unit wise topic allocations:

Unit wise distribution of Surg lectures, case presentations & PBLs is as under:

Unit	HOU/Snr Instructor	Topics Assigned
Ortho	Maj Gen Sohail Hafeez	Trauma and Elective Ortho

Morning Surgical Lectures:

Topics of Surgical lectures is given along with instructor is given below. G2 would assign each day lecture in weekly training program. One lecture per day would be held at CMH/AFID class rooms from 0800-0850 hrs.

1	Orth1	Knee Injuries	Maj Gen Sohail	Tue
2	Orth 2	Soft tissue & bone tumours	Maj Gen Sohail	Tue
3	Orth 3	Degenerative joint Disease	Maj Gen Sohail	Tue
4	Orth 4	Paed Orthopaedics DDH & TEV	Maj Gen Sohail	Tue
5	Orth 5	Infections of bone & joint	Brig Arsalan	Tue
6	Orth 6	Infections of spine – Tb spine	Brig Asad	Wed
7	Orth 7	Degenerative Spine Disease	Brig Asad	Wed

PBLs in Surgery & Allied:

PBL would be held every day in the evening from 1500 to 1600 as per attached program.

Head of respective unit would designate one faculty member for PBL.

Students should come prepared with the scenarios issued for the unit rotation.

Instructor would discuss the scenario like a clinical problem in which students are expected to participate in the form of a group discussion.

Ser	CBL No	Theme	Scenario	Instructor
			Ortho Surg Unit Maj Gen Sohail Hafeez	
1	Ortho-1	Supracondylar Fracture in children	An 8 years old boy had a fall from bicycle. He is having pain, swelling and limitation of movements of right elbow joint. Discuss the pathology, complications and management.	Brig Arsalan Bukhari
2	Ortho-2	Fracture Neck of Femur	A 74 years old lady has slipped in her bathroom an hour ago. She is unable to stand and is C/O severe pain in her right groin. On call orthopaedic surgeon has noticed shortening of right lower limb which is externally rotated. Discuss the pathology, emergency management and definitive treatment of this patient.	Maj Gen Sohail Hafeez
3	Ortho-3	TEV	A 10 days old neonate has been brought to you by her parents for deformity of both feet. On examination heel is high and forefeet are turned medially. How would you proceed with the management of this patient?	Maj Gen Sohail Hafeez
4	Ortho-4	Bone Tumour	A 12 years old boy has reported to Orthopaedic OPD with throbbing pain and	Maj Gen Sohail

			warm swelling over the right leg for last three months. There is no history of trauma. X-ray of the right fibula reveals a destructive lesion with onion peel appearance. Blood CP shows raised ESR. Discuss D/D and management of the case	Hafeez
5	Ortho-5	Acute Lumbago	A 30 years old infantry Naik has presented with severe low back pain for last two weeks. He was initially managed at local MI Room but on worsening pain he was referred to CMH. O/E he has limited spinal movements with muscular spasm and SLR is restricted on Rt side. Discuss acute management, D/D, investigations and definitive treatment.	Brig Asad Qureshi

Plastic/ Paed/Neuro/ Uro Unit wise topic allocations:

Unit wise distribution of Surg lectures, case presentations & PBLs is as under:

Unit	HOU/Snr Instructor	Topics Assigned
Plastic	Brig Farooq Dar	Plastic & Burns
Neuro	Brig Junaid Mushtaq	Neurosurgery
Paed Surg	Brig Aqeel Safdar	Cong deformities and Elective Paed Surg
Urology	Maj Gen Arshad Mehmood	Urology

Morning Surgical Lectures:

Topics of Surgical lectures is given along with instructor is given below. G2 would assign each day lecture in weekly training program. One lecture per day would be held at CMH conference rooms from 0830-0930 hrs.

No	Key	Topic	Instr	Day
1	Paed1	Undescended testis: Hypospadiasis	BrigAqeel Safdar	Thurs
2	Paed 2	Oesophageal atresia, pyloric stenosis, Hirshprung's	Brig Aqeel Safdar	Thurs
3	Paed 3	Cleft Lip & palate	BrigAqeel Safdar	Thurs
4	Neuro1	Hydrocephalus & Meningocele	Brig Junaid	Tue
5	Neuro2	SOL Brain & Brain Tumour	Brig Junaid	Tue
6	Neuro3	Spinal Tumour	Brig Junaid	Tue
7	Neuro4	Head Injury	Brig Junaid	Tue
8	Plas1	Peripheral Nerve Injuries	Col Rizwan	Thurs
9	Plas 2	Disorders of salivary glands	Col Rizwan	Thurs
10	Plas3	Burns	Brig Farooq Dar	Thurs
11	Uro1	Haematuria	Maj Gen Arshad	Wed
12	Uro2	Bladder Outlet Obstruction	Maj Gen Arshad	Wed
13	Uro3	Urolithiasis	Maj Gen Arshad	Wed
14	Uro4	RCC & TCC	Maj Gen Arshad	Wed
15	Uro 5	Urological Emergencies	Maj Gen Arshad	Wed

PBLs in Surgery & Allied:

PBL would be held every day in the evening from 1500 to 1600 as per attached program.

Head of respective unit would designate one faculty member for PBL.

Students should come prepared with the scenarios issued for the unit rotation.

Instructor would discuss the scenario like a clinical problem in which students are expected to participate in the form of a group discussion.

Ser	CBL No	Theme	Scenario	Instructor
			Surg Unit Neuro/Plastic/Paed/Uro	
1	Neuro-1	Head Injury – Diagnosis	A 28 years old Captain has been brought to A&E Deptt after a RTA. He is unconscious, with a small laceration over forehead. How will you assess this patient?	Brig Junaid Mushtaq

2	Neuro-2	SOL Brain	A 48 years old serving subedar has been referred by the unit RMO to the neurosurgical OPD with H/O headache for last four months. It is more marked in the early hours of day and refractory to routinely prescribed analgesics. His CO and other unit fellows have noticed gross change in personality and behavior. He is less attentive during conversations and less responsive to official orders. He looks fatigued and distracted. What more in this history would you like to know? Discuss the pathogenesis of the clinical symptoms, D/D, investigations and definitive management.	Brig Junaid
3	Paed Surg-1	Imperforate anus – Diagnosis & management	A 2 days old male baby boy has been brought to paediatric surgical OPD with the complaints that he has not passed stools since birth. He has developed abdominal distension and is restless. Discuss diagnosis, D/D and management of this patient	Brig Aqeel Safdar
4	Paed Surg-2	Cleft Lip & Palate	A two days old boy has been brought by her parents with a defect in his lip which is extending into roof of mouth. The child regurgitates milk through his nose on every feed. Discuss the pathology and management principles of this patient.	Brig Aqeel Safdar
5	Uro-1	Haematuria	A 55 years old male was referred to AFIU with three weeks H/O painless haematuria. He is a known smoker who works in a local factory. There is no history of injury. How would you proceed with the case?	Maj Gen Arshad Mehmood
6	Uro-2	BOO	A 70 yrs old male presented with poor stream and obstructive LUTS. He has history of bladder stone in the past. What are the guidelines in management of such a case.	Maj Gen Arshad
7	Uro-3	OBSTRUCTIVE UROPATHY	A 26 yrs old female presented with anuria. USG-KUB revealed right ureteric and left PUJ calculus. How will you proceed in such a case? What will the early and late management principles?	Maj Gen Arshad Mehmood
8	Plastic-1	BCC – Diagnosis & management	A 60 years old man has presented with H/O having a nodular swelling over left cheek for last 8 months. It has progressively increased in size and has ulcerated in center. It is not painful but he feels itching and irritation. Discuss D/D, investigations and management.	Col Rizwan

9	Plastic-2	Burns	A 35 years old housewife has sustained 30% burns while working in her kitchen. She was rescued after five minutes. Describe initial management of the patient. How will you calculate body surface area? How would you calculate fluid requirement of this patient? How will you diagnose and treat inhalational injury? Describe the management of burn wounds.	Brig Farooq Dar
---	-----------	-------	--	-----------------

TOPICS FOR PBL

Ser	CBL no	THEME	SCENARIO	INSTRUCTOR
28	Uro-1	HEMATURIA	A 55 yrs old smoker presented with gross painless hematuria. He is a diabetic and takes anticoagulant for his heart problem. How will you proceed for his management?	Maj Gen ARSHAD
29	Uro-2	BOO	A 70 yrs old male presented with poor stream and obstructive LUTS. He has history of bladder stone in the past. What are the guidelines in management of such a case.	Maj Gen ARSHAD
30	Uro-3	OBSTRUCTIVE UROPATHY	A 26 yrs old female presented with anuria. USG-KUB revealed right ureteric and left PUJ calculus. How will you proceed in such a case? What will the early and late management principles?	Maj Gen ARSHAD

TOPICS FOR MORNING LECTURES

45	Uro 1	HEMATURIA	Maj Gen ARSHAD	Wednesday
46	Uro 2	BLADDER OUTLET OBSTRUCTION	Maj Gen ARSHAD	Wednesday
47	Uro 3	UROLITHIASIS	Maj Gen ARSHAD	Wednesday
48	Uro 4	RCC and TCC	Maj Gen ARSHAD	Wednesday
49	Uro 5	UROLOGICAL EMERGENCIES	Maj Gen ARSHAD	Wednesday

Surgical Workshops

(1) **Structured Training Program Surgical Workshops**

- (a) Four surgical workshops have been arranged for medical students which include Basic Surgical Workshop and Fracture Management Workshop.
- (b) The medical students starting their rotation in Surgical wards would attend these workshops which are mandatory.
- (c) These workshops would be held on weekends and the program would be issued by the Trg wing.
- (d) A certificate of attendance would be issued at the end of the workshop.
- (e) The structure of workshop is attached below:

Basic Surgical Skills Workshop for Medical Students

This one day basic surgical skills workshop is designed to introduce basic skills and practice of surgery to final year medical students.

Course Objectives:

At the end of one-day workshop the final year student would be able to:

- a. Understand principles of post op infection. and aseptic techniques.
- b. Recognize surgical instruments which would be shown to them in final prof exam.
- c. Learn common surgical skills like airway maintenance, IV cannulation, Foley catheterization, NG intubation, knot tying etc.
- d. Be able to assist in Operation Theater during surgical procedures.

Course Content

Time	Activity	Detail	Duration	Faculty
0745	Assembly	Attendance	15min	
0800	Inaugural	Recitation from Holy Quran	05 min	
0805	Intro	Introduction to Surgical Skills Workshop	15 min	Maj Gen Sohail Hafeez
		<u>Session 1</u>		
0830	Lecture	Surgical infection/OT routine	20 min	Maj Gen Sohail Hafeez
0850	Video	Surgical infection/OT routine	15 min	Maj Gen Sohail Hafeez
0905	Practice	Masking/Gowning/ Gloving	25 min	All faculty
		<u>Session 2</u>		
0930	Lecture	Maintenance of Airway	10 min	Brig Liaquat Ali
0940	Video	Maintenance of Airway	10 min	Brig Liaquat Ali
0950	Practice	Maintenance of Airway	30 min	Anesthesia faculty
1020		<u>TEA BREAK</u>		
1045	Lecture	IV line	10 min	Brig Irfan Sheikh
1055	Practice	IV line	30 min	Faculty
1115	Lecture	Foley Catheterization	10 min	MGen Arshad Mehmood
1130	Practice	Foley Catheterization	30 min	AFIU Faculty
1200	Lecture	NG Intubation	10 min	Brig Qasim Butt
1215	Practice	NG Intubation	20 min	Faculty
		<u>Session 3</u>		
1240	Lecture	Common Surgical Instruments	10 min	Brig Irfan Sheikh
1255	Demo	Common Surgical Instruments	30 min	Faculty
1330	Lecture	Types of Sutures/needles	15 min	Col Nauman Imtiaz
1345		<u>LUNCH/PRAYERS</u>		
1415	Video	Simple/Double handed/Surgical Knots	10 min	Brig Bilal Umair
1425	Practice	Tying Surgical Knots	30 min	Faculty
1500	Video	Instrument Handling/Art to assist	6 min	Brig Bilal Umair
1510	Video	Simple suturing	3 min	Brig Bilal Umair
1515	Practice	Interrupted & continuous suture	30 min	All faculty
1600	Test	Post Workshop Test	10 min	Participants

Fracture Management Workshop for Medical Students

This fracture management workshop for medical students is designed to provide the participants with a fundamental knowledge of the operative and non-operative treatments of fractures.

Course Objectives:

At the end of two days course medical student would be able to:

1. Review the syllabus of fracture management enabling them to pass the final professional exam.
2. Understand principles of non-operative management of fractures.
3. Understand the biology & mechanics of fracture healing.
4. Learn the techniques of Fracture Reduction & Fixation using Nail, Plate, Screw and Traction or Plaster.
5. Understand management of commonly occurring fractures.
6. Understand basic principles of treatments of open fractures, nonunion, infection and paediatric fractures.

Course Director

Maj Gen Sohail Hafeez

Faculty

Brig M Salim

Brig Arsalan Bukhari

Col Waseem Afzal

Maj Nadeem

Maj Wajahat

Fracture Management Workshop for Medical Students -Course Program

DAY I

Module I : First Aid / Conservative Treatment of Fractures

Time	Activity	Detail	Duration	Faculty
0745-0800		Assembly/Attendance	15 min	
0800 -0810	Intro	Introduction Fracture Management Workshop	10 min	Maj Gen Sohail Hafeez
0810-0830	Lecture2	Fracture Basics – Clinical Features & Principles of Treatment	20 min	Maj Gen Sohail Hafeez
0830-0845	Lecture3	Classification of fractures & Soft Tissue injuries	15 min	Brig Arsalan Bukhari
0845-0900	Lecture4	First aid of closed fractures and dislocations	15 min	Brig Salim
0900-0930	Practical	Application of Crammer wire/ Triangular bandage	30 min	Faculty
0930-0945	Lecture5	Principles of closed method of treatment - POP; traction & splints	15 min	Maj Gen Sohail Hafeez
0945-1000	Video 1	Application of POP	12 min	Faculty
1000-1045	Practical	POP application – Below Knee/ Below elbow POP	45 min	Faculty
1045-1100		Tea Break	15 min	
1100-1110	Video 2,3	Skeletal traction/skin traction/Thomas Splint	10 min	Faculty
1110-1145	Practical	Application of skeletal & skin traction; Thomas Splint	35 min	Faculty
1145-1200	Lecture6	Management of Open Fractures	15 min	Brig Salim

Module II: Fracture Basics & Absolute Stability

Time	Activity	Detail	Duration	Faculty
1200-1215	Lecture7	Fracture healing – Primary & Secondary Bone healing	15 min	Maj Gen Sohail Hafeez
1215-1230	Lecture8	Indications of Open Vs Closed reduction	15 min	Brig Salim
1230-1245	Lecture9	Biomechanics & Biology of Absolute Stability	15 min	Maj Gen Sohail Hafeez
1245-1300	Lecture10	Types of Screws & Lag screw function	15 min	Brig Arsalan Bukhari
1300-1310	Video 4	Lag Screw fixation	5 min	Faculty
1310-1340	Practical	Lag Screw fixation	30 min	Faculty
1340-1415		Lunch/ Prayers Break	35 min	
1415-1430	Lecture11	Tension Band	15 min	Maj Gen Sohail Hafeez
1430-1440	Video5	Tension Band	10 min	Faculty
1440-1510	Practical	Tension Band Fr Olecranon	30 min	Faculty
1510-1525	Lecture12	Type of Plates & Plate functions	15 min	Brig Arsalan Bukhari
1525-1535	Video 4	DCP	5 min	Faculty
1535-1600	Practical	Application of DCP	30 min	Faculty

Day 2

Module III: Fracture Mechanics: Relative Stability (Fracture shaft of Long Bones)

Time	Activity	Detail	Duration	Faculty
0800-0815	Lecture13	Biology & Biomechanics of Relative Stability	15 min	Maj Gen Sohail Hafeez
0815-0830	Lecture14	Intramedullary nail	15 min	Brig Salim
0830-0840	Video 6	IL IM Nail	10 min	Faculty
0840-0910	Practical	IL IM Nail	30 min	Faculty
0910-0925	Lecture15	External Fixator	15 min	Brig Arsalan Bukhari
0925-0935	Video7	Ex Fix	10 min	Faculty
0935-1000	Practical	Ex Fix	30 min	Faculty
1000-1015		Tea Break	15 min	

Module IV : Specific Fractures :

Time	Activity	Detail	Duration	Faculty
1015-1030	Lecture16	Fractures Around Hip	15 min	Brig Salim
1030-1040	Video8	DHS	10 min	Faculty
1040- 1110	Practical	DHS	30 min	Faculty
1110-1125	Lecture17	Supra condylar Fracture in children	15 min	Maj Gen Sohail Hafeez
1125-1145	Lecture18	Fracture distal radius	15 min	Brig Salim
1145-1200	Lecture19	Ankle Fractures	15 min	Brig Arsalan Bukhari
1200-1210	Video9	Ankle Fracture	10 min	Faculty
1210-1245	Practical	Ankle Fractures	30 min	Faculty
1245-1315	Lectur 20	Principles of Diaphyseal and articular fractures	30 min	Brig Arsalan Bukhari
1315-1330	Lecture21	Complications of Fractures	15 min	Maj Gen Sohail Hafeez
1330-1345		Closing & Post Workshop Test	15 min	Maj Gen Sohail Hafeez
1345-1415		Lunch/Prayers		

Assessment/ Feedback of Training Program

5. Assessment/ Feedback of Training Program

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

(1) Attendance:

- (a) A consolidated attendance format would be used which would be kept in the surgical department.
- (b) An electronic database has been designed in which all activities including attendance would be marked immediately on occurrence.
- (c) Attendance of College based activities including lectures, CBL and CPC would be entered in the database on the same day.
- (d) Attendance during wards would be marked on a consolidated attendance form one of which would be used for each ward rotation. Sample consolidated attendance form is attached as per annex D. Attendance would be signed by supervisor on the same day, countersigned by HOU at the end of rotation and submitted to the Head of Clinical Training.

(2) Feedback:

- (a) Student feedback performa is attached as per annex B. The feedback form would be filled by the batch senior and sent to Head of Clinical Training at the end of each ward rotation.
- (b) Faculty feedback performa is attached as per annex C. The feedback form would be filled by the HOU of each ward and sent to Head of Clinical Training at the end of each ward rotation.

(3) Log Book:

Each student would complete his log book and get it countersigned from HOU at the end of each rotation.

(4) PBL performance:

Performance of each student would be marked on the prescribed form as per annex and sent to Head of Clinical Training.

(5) Examination:

- (a) End of Surg rotation Exam: At the end of surgical rotation the whole group would have a clinical exam on the pattern of final professional exam. A theory exam would be held concurrently for the entire class from the syllabus covered during this period.
- (b) Pre-Annual Exam: At the end of final year training a sent up exam would be held both in theory and practical on the pattern of final professional examination.

Annexures

Annex A**CBL Student Assessment Form**

(To be filled by Faculty conducting the CBL and returned to PA to Maj Gen Sohail Hafèez on the same day)

Date: _____

Batch No _____

Scenario

College No	Name	Atn P/A	Preparation 10	Participation (10)	Communication (10)	Test (20)	Total

Name of faculty

Annex B**Student Feedback Performa**

(To be filled in by Batch senior and handed over to PA to Maj Gen Sohail Hafeez at the end of each 2 wk rotation)

Surg Ward_____

Batch No_____

Starting Date_____

End Date _____

1. Were you given the training program on the first day of your rotation? Yes/No
2. How many sessions were done out of scheduled 16 activities? _____
3. Did the instructor reach in time and finish the subject? Yes/No
4. Did the batch understand and follow the subject taught? Yes/No
5. Were the students punctual and regular? Yes/No
6. Any other comments_____

Name of Batch Sr

Number

Annex C**Faculty Feedback Performa**

(To be filled by HOU for each batch at the end of 2 wk rotation- To be handed over to PA to

Maj Gen Sohail Hafeez on Friday of 2nd week of rotation)

Surg Ward_____

Batch No_____

Starting Date_____

End Date _____

1. Did you prepare the training program before start of training? Yes/No
2. Did the student report on Monday in time? Yes/No
3. Did you hand over the program on the first day of rotation? Yes/No
4. Did your faculty member conduct the session as per instructions? Yes/No
5. How many sessions were done out of scheduled 16 activities? _____
6. Were the students punctual and attentive? Yes/No
7. Any other comments_____

Head of Unit/Snr Instr

Date_____

Annex D

Time table of Final Year Surgery Lectures

Venue: Conference Hall, opening in the tea bar, OPD Complex CMH Rwp.

Faculty list (Lectures)

- | | | |
|---------------------------|--------------------------|----------------------|
| 1. Maj Gen Sohail | 2. Maj Gen Amjad | 3. Maj Gen Arshad |
| 4. Brig Dar | 5. Brig Irfan Ali Sheikh | 6. Brig Qasim Butt |
| 7. Brig aqel Aqeel Safdar | 8. Brig Taseer | 9. Brig Asad |
| 10. Brig Bilal | 11. Brig Junaid | 12. Brig Afshan |
| 13. Col Rizwan | 14. Col Nauman | 15. Brig Irfan Shukr |

Week 1					
Day	Date		Time	Topic	Instructor
Mon	19	Sep	0830 – 100	Welcome & Introduction.	Brig Irfan Shukr HOD Surg
Tues	20	Sep	0830 – 0930	Liver – SOL liver- Amoebic liver, Hydatid & Ca	Brig Qasim Butt
Wed	21	Sep	0830 – 0930	Ca stomach	Brig Irfan Sheikh
Thurs	22	Sep	0830 – 0930	Undescended testis: Hypospadiasis	BrigAqeel Safdar
Week 2					
Day	Date		Time	Topic	Instructor
Mon	26	Sep	0830 – 0930	Hernia	Brig Irfan Shukr
Mon	26	Sep	0930 – 1030	Toxic Goitre	Brig Taseer
Tues	27	Sep	0830 – 0930	Cholelithiasis	Brig Qasim Butt
Wed	28	Sep	0830 – 0930	Ac Pancreatitis	Brig Irfan Sheikh
Thurs	29	Sep	0830 – 0930	Oesophageal atresia, pyloric stenosis, Hirschsprung's	BrigAqeel Safdar
Week 3					
Day	Date		Time	Topic	Instructor
Mon	3	Oct	0830 – 0930	Inflammatory Bowel disease / Diverticulosis	Brig Irfan Shukr
Mon	3	Oct	0930 – 1030	Ca Thyroid	Brig Taseer
Tues	4	Oct	0830 – 0930	Obstructive jaundice	Brig Qasim Butt
Wed	5	Oct	0830 – 0930	Ca Pancreas	Brig Irfan Shiekh
Thurs	6	Oct	0830 – 0930	Cleft Lip & palate	BrigAqeel

					Safdar
Week 4					
Day	Date		Time	Topic	Instructor
Mon	10	Oct	0830 – 0930	Colo - rectal cancer Rectum	Brig Irfan Shukr
Mon	10	Oct	0930 – 1030	Benign Breast Disease	Brig Taseer
Tues	11	Oct	0830 – 0930	Degenerative Spine Disease	Brig Asad
Wed	12	Oct	0830 – 0930	Ac intestinal obstruction	Brig Irfan Sheikh
Thurs	13	Oct	0830 – 0930	Peripheral Nerve Injuries	Col Rizwan
Week 5					
Day	Date		Time	Topic	Instructor
Mon	17	Oct	0830 – 0930	Anal Abscess	Brig Irfan Shukr
Mon	17	Oct	0930 – 1030	Ca Breast	Brig Taseer
Tues	18	Oct	0830 – 0930	Knee Injuries	Maj Gen Sohail
Wed	19	Oct	0830 – 0930	Acute peritonitis	Brig Irfan Sheikh
Thurs	20	Oct	0830 – 0930	Disorders of salivary glands	Col Rizwan
Week 6					
Day	Date		Time	Topic	Instructor
Mon	24	Oct	0830 – 0930	Haemorrhoids	Brig Irfan Shukr
Mon	24	Oct	0930 – 1030	Conventional Radiology	Brig Afshan
Tues	25	Oct	0830 – 0930	Soft tissue & bone tumours	Maj Gen Sohail
Wed	26	Oct	0830 – 0930	Ac Appendicitis	Brig Irfan Sheikh
Thurs	27	Oct	0830 – 0930	Burns	Brig Farooq Dar
Week 7					
Day	Date		Time	Topic	Instructor
Mon	31	Oct	0830 – 0930	Empyema Thoracis	Brig Bilal
Mon	31	Oct	0930 – 1030	CT & MRI	Brig Afshan
Tues	1	Nov	0830 – 0930	Degenerative joint Disease	Maj Gen Sohail
Wed	2	Nov	0830 – 0930	Infections of spine – Tb spine	Brig Asad
Thurs	3	Nov	0830 – 0930	Acute limb Ischaemia	Col Nauman
Week 8					
Day	Date		Time	Topic	Instructor
Mon	7	Nov	0830 – 0930	Ca Lung	Brig Bilal
Mon	7	Nov	0930 – 1030	Spinal infections	Brig Asad
Tues	8	Nov	0830 – 0930	Paed Orthopaedics DDH &TEV	Maj Gen Sohail
Wed	9	Nov	0830 – 0930	Urological Emergencies	Maj Gen Arshad
Thurs	10	Nov	0830 – 0930	Ch limb ischaemia & DVT	Col Nauman
Week 9					
Day	Date		Time	Topic	Instructor
Mon	14	Nov	0830 – 0930	Ca Oesophagus	Brig Bilal
Mon	14	Nov	0930 – 1030	Brain infections & abscess	Brig Junaid
Tues	15	Nov	0830 – 0930	Infections of bone & joint	Brig Arsalan

Wed	16	Nov	0830 – 0930	Haematuria	Maj Gen Arshad
Thurs	17	Nov	0830 – 0930	Varicose Veins	Col Nauman
Week 10					
Day	Date		Time	Topic	Instructor
Mon	21	Nov	0830 – 0930	Oesophageal motility disorders	Brig Bilal
<i>Mon</i>	<i>21</i>	<i>Nov</i>	<i>0930 – 1030</i>	<i>Ca stomach</i>	<i>Brig Irfan Sheikh</i>
Tues	22	Nov	0830 – 0930	Hydrocephalus & Meningocele	Brig Junaid
Wed	23	Nov	0830 – 0930	Urolithiasis	Maj Gen Arshad
Thurs	24	Nov	0830 – 0930	General Anesthesia	Maj Gen Amjad
Week 11					
Day	Date		Time	Topic	Instructor
Mon	28	Nov	0830 – 0930		
<i>Mon</i>	<i>28</i>	<i>Nov</i>	<i>0930 – 1030</i>	<i>Liver – SOL liver- Amoebic liver, Hydatid & Ca</i>	<i>Brig Qasim Butt</i>
Tues	29	Nov	0830 – 0930	SOL Brain & Brain Tumour	Brig Junaid
Wed	30	Nov	0830 – 0930	Bladder Outlet Obstruction	Maj Gen Arshad
Thurs	1	Dec	0830 – 0930	Pain Relief	Maj Gen Amjad
Week 12					
Day	Date		Time	Topic	Instructor
Mon	5	Dec	0830 – 0930		
Mon	5	Dec	0930 – 1030		
Tues	6	Dec	0830 – 0930	Spinal Tumour	Brig Junaid
Wed	7	Dec	0830 – 0930	RCC & TCC	Maj Gen Arshad
<i>Thurs</i>	<i>8</i>	<i>Dec</i>	<i>0830 – 0930</i>	<i>Undescended testis: Hypospadiasis</i>	<i>Brig Aqeel Safdar</i>

Consolidated Attendance Form Surgery

Batch No. _____

Surg Wd _____

Starting Date _____ Ending Date _____

S NO	College No	Name	Mon		Tue		Wed		Thurs		Mon		Tue		Wed		Thurs	
			Date		Date		Date		Date		Date		Date		Date		Date	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
		Instructor Signature																

HOU
Name
Date _____

