

# KHYBER MEDICAL UNIVERSITY

# **HEALTH TECHNOLOGY CURRICULUM**

# **STUDY GUIDE SEMESTER 5**

16 Weeks Activity Planner

2024-25

CENTRAL CURRICULUM & ASSESSMENT COMMITTE FOR NURSING, REHABILITATION SCIENCES & ALLIED HEALTH SCIENCES

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# **Team for TOS Development**

S.NO	NAME OF THE FACULTY	DESIGNATION/CAMPUS
1.	Dr. ZIA UREHMAN FAROOQI	Director KMU-IHS Swabi
2.	Mr. NASIB UR RAHMAN	Team Leader IBOS / Coordinator Health Technology KMU-IPMS Peshawar

S.NO	Reviewed By	DESIGNATION
1.	Dr. ZIA UREHMAN FAROOQI	Director KMU-IHS Swabi

S.NO	Final Reviewed By	DESIGNATION
1.	Mr. Muhammad Asif Zeb	Lecturer MLT KMU-IPMS Peshawar
2.	Mr. Baber Ali	Demonstrator cardiac Perfusion technology KMU-IPMS Peshawar

# **Vision & Mission**

#### **Khyber Medical University (KMU) Vision:**

Khyber Medical University will be the global leader in health sciences academics and research for efficient and compassionate health care.

#### **Khyber Medical University (KMU) Mission:**

Khyber Medical University aims to promote professional competence through learning and innovation for providing comprehensive quality health care to the nation.

#### Institute of Paramedical Sciences Peshawar (IPMS-PESH) Mission:

To produce allied health professionals who excel in their skills, research, compassionate care, and community involvement, thereby enhancing the healthcare system

## **Program Introduction**

The BS Health Technology is a rigorous four-year degree program designed to equip students with the expertise required to excel in the dynamic healthcare industry. this program integrates fundamental Basic medical sciences, clinical medicine, and surgical subjects to provide a comprehensive education. Curriculum begins with essential Basic medical sciences, including anatomy, physiology, biochemistry, microbiology, etc., forming a solid foundation for understanding human health and disease. Progressing into clinical medicine, students acquire in-depth knowledge and practical skills in diagnostics, patient care, and therapeutic interventions through hands-on clinical practicums. Combining theoretical instruction with practical training, the BS Health program ensures graduates are well-prepared to meet the challenges of the healthcare industry. Graduates will be proficient in the latest health technologies and capable of providing high-quality support in clinical and surgical settings.BS in Health Technology paves the way for diverse career opportunities across various sectors, including hospitals, clinics, research institutions, and healthcare technology firms. Furthermore, this degree provides a strong foundation for those seeking to pursue advanced studies and specialization in health sciences, ensuring a broad spectrum of professional growth and development possibilities.

## **Objectives**

By the end of the BS Health Degree, the students will be able to:

#### **Cognitive Domain**

- 1. The cognitive learning domain of BS Health Technology focuses on creating mental skills to enable a Students to acquire knowledge.
- 2. The learning process assumes a hierarchical structure in the cognitive domain that entails information processing, comprehension, applying knowledge, problem-solving, and undertaking research.
- 3. Students will get the theoretical underpinnings, analytical skills, and creative thinking required to succeed in the fast-paced industry of health technology.
- 4. By means of demanding academic programs and hands-on training, they will be equipped to assess intricate medical data, incorporate multidisciplinary expertise, and make knowledgeable choices that improve patient care and healthcare results.

#### **Psychomotor Domain**

- 1. Psychomotor Encourage students to precise for physical movement and the use of motor skills like coordination and posture.
- 2. This area entails the development of practical technical skills that allow students to perform clinical and surgical operations accurately and proficiently.
- 3. Students will gain confidence and proficiency in operating sophisticated medical equipment, performing delicate surgical procedures, and providing direct patient care via comprehensive hands-on training and simulation exercises.
- 4. Mastery of these skills ensures that graduates are well-prepared to meet the high standards of clinical practice and contribute effectively to patient health and safety.

#### **Affective Domain**

- 1. Include the critical attitudes, values, and professional behaviors that students are supposed to develop during the program are included in the emotional domain.
- 2. This domain focuses on developing students' interpersonal, ethical, and emotional intelligence—all of which are critical for providing patient-centered and compassionate care. Students' empathy, cultural sensitivity, and ethical responsibility will grow through immersive learning experiences and reflective practice.
- 3. They will get knowledge on how to properly communicate with patients, families, and medical teams. They will also learn how to stand out for patient rights and make a

4.	commitment to their professional and lifetime learning.  This all-encompassing development guarantees that graduates not only possess superior technical skills but also exhibit the humanistic traits essential to the provision of excellent healthcare.

# **5th Semester Subjects for BS Health Technology**

S. No	Subjects	Course code	Credit Hrs.	Duration
1	Cardio - Pulmonary Disease	BHS-602	3 (2+1)	16 weeks
2	Gastrointestinal and Hepatobiliary Disease	BHS-603	3 (2+1)	16 weeks
3	First Aid	BHS-604	3 (2+1)	16 weeks
4	Critical care	ANS-609	3 (2+1)	16 weeks
5	Leadership and Management	ANS-610	2 (2+0)	16 weeks
6	Burns & Toxicology	ECT-605	3 (2+1)	16 weeks

# **BHS-602 Cardio - Pulmonary Disease 3(2+1)**

## **Course Description**

This course has been designed to equip the students with professional knowledge, skills, techniques, and ethical values to enable them to apply their acquired expertise in primary health care units and also in hospital wards and minor OT as well, and to know the basic principles of skin incision, wound closure, drainage, diathermy, a handheld scalpel machine, aseptic technique, etc.

### **Learning Objectives**

# Cognitive Domain By the end of this course, students should be able to

- 1. Obtained relevant information through effective history-taking and physical examination techniques.
- 2. Analyzing and synthesizing data to know patterns and make relationships between symptoms and underlying conditions.
- 3. identifying treatment plans that are needed for each individual patient.
- 4. Evaluating the effectiveness of interventions and adjusting treatment plans as needed.

# Psychomotor Domain By the end of this course, students should be able to

- 1. To identify various structures through models and charts
- 2. To perfom Operating Cardiac Monitring
- 3. To perform Clinical Examination
- 4. To perform Phlebotomy, Iv Canula

# Affective Domain By the end of this course, students should be able to

- 1. comply to SOP for various models and charts
- 2. comply to SOPs for Operating Cardiac Monitring
- 3. comply to SOPs for Clinical Examination
- 4. comply to SOPs for Phlebotomy, Iv Canula and Capnography.

## **TABLE OF SPECIFICATIONS**

TOS- CARDIO- PULMONARY DISEASE 3(2+1)

S.No	Weeks	Contents	Learning Outcome	Domain		in	MIT's	Time/Hours	Assessment	No of
				С	Р	Α				Items
			TOPIC: COMPLETE HISTORY TAKING							
1	Week-1	Definition	Define history taking	C1			Interactive	2	MCQs	_
2		Importance	Identify the importance of history-taking.	C2			Lecture/SGD			5
3		General approach	Approach for history-taking with a better outcome	C2						
4		Component	Enlist different components of history taking	C1						
5		Data and Sources of the history	Explain the data and different sources of history	C2						
6		History taking in respiratory diseases	Discuse history-taking in respiratory diseases	C2						
7		History taking in gastrointestinal diseases	Discuse hisory-taking in gastrointestinal diseases	C2						
8		History taking in nerve system diseases	Discuse hisory-taking in nervous system diseases	C2						
9		History taking in genitourinary system diseases	Discuse hisory taking in genitourinary system diseases	C2						
10		History taking in obstetrical conditions	Discuse hisory taking in obstetrical conditions	C2						
11		Practical performance	Step by step process of collecting information by asking questions		P4		Demo	1	OSPE/OSCE	
12		Counseling	Counseling of patient for History taking			A4	Role Play			
			TOPIC: GENERAL PHYSICAL EXAMINATION	١						
13	Week-2	Definition	Define general physical examination	C1			Interactive	2	MCQs	_
14		Principles	Discuss the general principles of physical examination	C1			Lecture/SGD			5
15		Components	Describe the components of a physical examination	C2						
16		Preparation	Enlist steps for preparing for the physical examination	C2						
17		Comprehensive approach systemic-wise	Recognize general physical examination of the respiratory, gastric, cardiovascular, nervous, and geniturinary systems	C2						
18		Practical performance	Practical demonstration on general physical examination		P4		Demo	1	OSPE/OSCE	
19		Counseling	Communicate the process before going to examine physically			A4	Role Play			
			TOPIC: SYSTEMIC HYPERTENSION							
20	Week-3	Definition	Define Hypertension	C1			Interactive	2	MCQs	
21		Types	Enlist different types of Hypertension	C1	]		Lecture/SGD			5
		· · · · · · · · · · · · · · · · · · ·								

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22		Etiology	Enlist causes of Hypertension	C2						
23		Pathogenesis	Discuss Pathogenesis of Hypertension	C3						
24		Clinical feature	Explain Clinical feature of Hypertension	C2						
25		Management	Build a treatment plan for Hypertension	C4						
26		Practical performance	Practical Demonstration of Sphygmomanometer for BP Recording		P4		Demo	1	OSPE/OCE	
27		Comply to SOPs	Comply to SOPs for the use of Sphygmomanometer		A4		Role Play			
			TOPIC: CORONARY ARTERY DISEASE ,ANGINA PECTO	ORIS AI	ND MI					
28	Week-	Definition	Define Coronary artery disease (CAD)	C1			Interactive	2	MCQs/SEQs	
29	4-5	Pathophysiology	Describe Pathophysiology of CAD	C2			Lecture/SGD			8
30		Risk factors	Explain risk factors of CAD	C1						
31		Definition	Define Angina Pectoris	C1						
32		Types	Enlist different types of Angina Pectoris	C1						
33		Clinical feature	Describe the clinical features of Angina Pectoris	C2						
34		Diagnosis	Advise various investigations for the diagnosis of Angina pectoris	C3						
35		Management	Build a treatment plan for the management of Angina pectoris	C4						
36		Definition	Define Myocardial infarction	C1						
37		Pathophysiology	Discuse Pathophysiology of MI	C2						
38		Risk factors	Explain risk factors for MI	C2						
39		Diagnosis	Advise an investigation for the evaluation of MI	С3						
40		Management	Build a treatment plan for MI	C4						
41		Complications	Enlist complication of MI	C2						
42		Practical performance	Practical demonstration for Obtaining an ECG paper Using an ECG Machine		P4		Vedio	1	OSPE/OSCE	
43		Comply to SOPs	Adopt how to take care of cardiac monitor			A4	Role Play			
		, ,	TOPIC: HEART FAILURE							
44	Week-6	Introduction	Understand various terms related to heart failure	C1			Interactive	2	MCQs/SEQs	5
45		Clinical feature	Describe the clinical features of heart failure	C1			Lecture/SGD			
46		Causes	Enlisted causes of heart failure	C1						
47		Pathophysiology	Explain the pathophysiology of heart failure	C2						
48		Classification	Classify heart failure into various types	C1						
49		Diagnosis	Advise various investigations for the diagnosis of heart failure	C3						
50		Management	Build a treatment plan for heart failure	C4						
51		Complications	Enlist various complications associated with heart failure.	C4						
52		Practical performance	Practical demonstration of cardiomegaly using chest X-rays		P4		Demo	1	OSPE/OSCE	
53		Comply to SOPs	comply to SOPs for X- ray illuminator			A4	Role Play			
		1	1		I	1				

			TOPIC: Acute Myocardritis , pericardritis & Infective	Endoc	ardriti	S				
54	Week-	Basic definition	Define acute myocarditis, pericardritis, and endocarditis	C1			Interactive	2	MCQs/SEQs	
55	7-8	Clinical features	Describe the clinical features of acute myocarditis, pericardritis, and endocarditis	C2			Lecture/SGD			5
56		Causes	Enlist causes of acute myocarditis, pericardritis, and endocarditis	C2						
57		Pathophysiology	Explain the pathophysiology of acute myocarditis, pericardritis, and endocarditis	C3						
58		Diagnosis	Advise various investigations for the diagnosis of acute myocarditis, pericardritis, and endocarditis	C4						
59		Management	Build a treatment plan for acute myocarditis, pericardritis, and endocarditis	C4						
60		Practical performance	Practical demonstration on interpretation of ECG changes of Myocarditis patients		P4		Demo	1	OSPE/OSCE	
61		Ethical norms	Maintain the ethical norms of patients			A4	Role Play			
			TOPIC: CARDIAC ARRHYTHMIA							
62	Week-9	Definition	Define Cardiac Arrhythmia	C1			Interactive	2	MCQs/SEQs	
63		Types	Enlist defferent types of Cardiac Arrhythmia	C1			Lecture/SGD			5
64		Pathophysiology	Explain Pathophysiology of Cardiac Arrhythmia	C2						
65		Clincal features	Discuss clinical feature of Cardiac Arrhythmia	C2						
66		Diagnosis	Advise investigation for Arrhythmia	C3						
67		Management	Build a treatment plan for the management of Arrhythmia	C4						
68		Practical performance	Practical Demonstration of Different Types of Cardiac Arrhythmias Using ECG Paper		P4		Demo	1	OSPEOSCE	
69		Counseling	Counseling of patient for prioritize deep breathing as a primary technique for managing stress			A4	Role Play			
			TOPIC: UPPER RESPIRATORY TRACT INFECT	IONS						
70	Week- 10	Anatomy and physiology	Explain the functional anatomy and physiology of the respiratory system	C1			Interactive Lecture/SGD	2	MCQs/SEQs	5
71		Definition	Define acute coryza, sinusitis, rhinitis, Phyringitis, and laryngitis	C1						
73		Clinical feature	Discuss the clinical features of rhinitis, sinusitis, Phyringitis, and laryngitis	C2						
74		Pathogenesis	Explain the pathogenesis of upper respiratory tract disease	С3						
75		Diagnosis	Advise various investigations for the diagnosis of acute coryza, sinusitis, rhinitis, Phyringitis and laryngitis	C4						
76		Management	Build a treatment plan for the management of acute coryza, sinusitis, rhinitis, Phyringitis and laryngitis	C4						
77		Practical performance	Practical demonstration of phlebotomy and IV cannula insertion		P4		Demo	1	OSPE/OSCE	
78		Counseling	Counseling of patient for Iv cannulation			A4	Role Play			
			TOPIC: OBSTRUCTIVE LUNG DISEASE ( ASTH	MA)						

79	Week-	Definition	Define asthma and status asthmaticus	C1			Interactive	2	MCQs/SEQs	
80	11	Precipitating factors	List the precipitating factors for asthma	C2			Lecture/SGD			4
81		Types	Discuss the types of asthma	C3						
82		Etioloy	Outline various causes of asthma and status asthmaticus	C2						
83		Pathophysiology	Illustrate the pathophysiology of asthma	C4						
84		Clinical manifestations	Interpret the clinical features of asthma	C4						
85		Investigations	Interpret investigations for the diagnosis of asthma	C4						
86		Management	Recommend stratagies of the management of asthma	C4						
87		Practical performance	Perfrom the procedure of spirometry independently		P4		Demo	1	OSPE/OSCE	
88		Comply to SOPs	Comply to SOPs for the Spirometry			A4	Role Play			
			TOPIC: OBSTRUCTIVE LUNG DISEASE (COP	D)						
89	Week-	Introduction	Define chronic obstructive pulmonary disease	C1			Interactive	2	MCQs/SEQs	
90	12	Pathophysiology	Explain the pathophysiology of chronic obstructive pulmonary disease	C2			Lecture/SGD			5
91			Discuss the clinical manifestations of chronic obstructive pulmonary							
<u> </u>		Clinical manifestations	disease	C2						
92		Diagnostic studies	interpret various investigations for the diagnosis of chronic obstructive pulmonary disease	СЗ						
93		3	Recommend treatment stratagies for the management of asthma and							
		Treatment	status asthmaticus	C4	D4		Davis	1	OCDE (OCCE	
94		Practical performance	Perfom the procedure of pulmonary function test independently		P4		Demo	1	OSPE/OSCE	
95		Comply to SOPs	Comply to SOPs for the application of pulmonary function test			A4	Role Play			
			TOPIC: PULMONARY TUBERCULOSIS							
96	Week-	Definition	define Pulmonary Tuberculosis	C1			Interactive	2	MCQs/SEQs	4
97	13	Pathophysiology	Discuss pathophysiology of Pulmonary Tuberculosis	C2			Lecture/SGD			
98		Clinical manifestations	Discuss the clinical manifestations of Pulmonary Tuberculosis	C2						
99		Diagnostic studies	interpret various investigations for the diagnosis of Pulmonary Tuberculosis	СЗ						
100		Treatment	Recommend treatment stratagies for the management of Pulmonary Tuberculosis	C2						
101		Practical performance	Practical demonstration for their identification of Pulmonary TB using Chest X-ray		P4		Demo	1	OSPE/OSCE	
102		Comply to SOPs	Comply to SOPs for X- ray illuminator			A4	Role Play			
		. ,	TOPIC: PULMONARY EMBOLISM							
103	Week-	Definition	Define pulmonary thromboembolism	C1			Interactive	2	MCQs/SEQs	4
104	14	Origin of the embolus	Enlist various origin sites for pulmonary thromboembolism	C2	†		Lecture/SGD			
105		Risk factors	Describe the risk factors for pulmonary embolism	C3	1					
106		Pathophysiology	Explain the pathophysiology of pulmonary embolism	C3	1					
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107		Clinical manifestations	Discuss the clinical manifestations of pulmonary embolism	C2						
108		Diagnostic studies	Advise the investigations for the diagnosis of pulmonary embolism	C4						
109		Management	Build management strategies for pulmonary embolism	C4						
110		Practical performance	video demonstration on a CT pulmonary angiogram for the diagnosis of pulmonary embolism		P4		Demo	1	OSPE/OSCE	
111		Comply to SOPs	Comply to SOPs for the observation of CT pulmonary angiogram for the diagnosis of pulmonary embolism			A4	Role Play			
			TOPIC: PNEUMONIA							
112	Week-	Introduction	Define pneumonia	C1			Interactive	2	MCQs/SEQs	4
113	15	Classification	Classify pneumonia into various types	C2			Lecture/SGD			
114		Clinical presentation	Describe the clinical features of pneumonia	С3						
115		Diagnostic studies	Advise various investigations for the diagnosis of pneumonia	C4						
116		Treatment	Build treatment strategies for the management of pneumonia	C4						
117		Complications	Evaluate the various complications of pneumonia	C5						
118		Practical performance	Demonstrate a chest x-ray for the diagnosis of pneummonia independently		P4		Demo	1	OSPE/OSCE	
119		Comply to SOPs	Comply to SOPs for the observation of chest X- ray for the diagnosis of pneumonia			A4	Role Play			
			TOPIC: HEMOTHORAX & PNEUMOTHORA	X						
120	Week-	Definition	Define Hemothorax and Pneumothorax	C1			Interactive	2	MCQs/SEQs	6
121	16	Etiology	Explain causes of Hemothorax and Pneumothorax	C2			Lecture/SGD			
122		Classification	Classify Pneumothorax							
123		Clinical presentation	Describe the clinical features of Hemothorax and Pneumothorax	С3						
124		Diagnostic studies	Advise various investigations for the diagnosis of Hemothorax and Pneumothorax	C4						
125		Treatment	Build treatment strategies for the management of Hemothorax and Pneumothorax	C4						
126		Complications	Evaluate the various complications of Hemothorax and Pneumothorax							
127		Practical performance	Vedio Demonstration on chest tube insertion		P4		Demo	1	OSPE/OSCE	
128		Ethical norms	Maintain the ethical norms of patients during procedure			A4	Role Play			

#### **Recommended Books:**

- 1. Kumar and Clark's Clinical Medicine 10th edition
- 2. Davidson's Principals and practice of medicine 22nd edition
- 3. Mohammad Inam Danish-Short Textbook Of Medica Diagnosis And Treatment
- 4. Rosen's emergency medicine; concepts & clinical practice John. A Marx.2005

	ASSESSMENT BREAKDOWN										
S.No	Topics	No of MCQs	No of OSPE / OSCE Stations	Static / Interactive							
1	Complete History Taking	5	1	Static							
2	General Physical Examination	5	2	Static and Interactive							
3	Systemic Hypertension	5	1	Static							
4	Coronary Artery disease ,Angina Pectoris	4	1	Static							
5	MI	4	1	Static and Interactive							
6	Heart Failure	5	1	Static							
7	Acute Myocardritis , pericardritis & Infective Endocardritis	5	1	Static							
8	Cardiac Arrhythmia	5	1	Static							
9	Upper respiratory tract Infections	5	1	Static							
10	Obstructive Lung disease ( Asthma )	4	1	Static							
11	Obstructive Lung disease (COPD)	5	1	Static							
12	Pulmonary Tuberculosis	4	1	Static							
13	Pulmonary Embolism	4	1	Static							
14	Pneumonia	4	1	Static							
15	Hemothorax	3	1	Static							
16	Pneumothorax	3	1	Static							
Total	16	70	14	14							

# BHS – 603 Gastrointestinal and Hepatobiliary Disease 3(2+1)

#### **Course Description**

This course has been designed to equip the students with professional knowledge, skills, techniques, and ethical values to enable them to apply their acquired expertise in primary health care units and also in hospital wards, to assess gastrointestinal disease, liver disease, and bladder disease, and to also understand the functional anatomy of the GIT and liver

### **Learning Objectives**

#### **Cognitive Domain**

#### By the end of this course, students should be able to

- 1. Obtained relevant functional anatomy and Physiology of the Alimantory canal, liver, and bilary tract.
- 2. identifying treatment plans that are needed for each individual patient.
- 3. Evaluating the effectiveness of interventions and adjusting treatment plans as needed

## **Psychomotor Domain**

By the end of this course, students should be able to

- 1. Assess and monitor the patients Gasterointestinal disease
- 2. Assess and differentiate different liver and bilary tract disease
- 3. Understand basic physiology and anatomy of GIT and Liver

Affective Domain
By the end of this course, students should be able to

- 1. Comply to SOP for various GI proedure
- 2. Comply to SOPs for NG tube
- 3. Comply to SOPs for Clinical Examination

## **TABLE OF SPECIFICATIONS**

TOS-GASTROINTESTINAL AND HEPATOBILIARY DISEASE 3(2+1)

S.No	Weeks	Contents	Learning Outcome	C	omai	n	MIT's	Time/Hours	Assessment	No of
				С	Р	Α				Items
		TOPIC: F	FUNCTINAL ANATOMY, PHYSIOLOGY OF THE GASTROINTESTINAL TRACT, AN	D INV	ESTIG	ATIOI	N OF GIT DISEAS	E		
1	Week-	Introduction	Introduce GIT System	C1			Interactive	2	MCQs	
2	1	Anatomy of the Gasteroitestinal Tract	Explain the Anatomy and Physiology of the Gasteroitestinal Tract	C2			Lecture/SGD			6
3		Physiology of the Gasterointestinal Tract	Explain the Physiology of the Gasterointestinal Tract	C2						
4		Nerve supply of the gastro- intestinal tract	Explain the nerve supply of the gastrointestinal tract	C2						
5		Investigation of Gastrointestinal Disease	Advise an investigation for the diagnosis of gastrointestinal disease	C3						
6		Practical performance	Practical demonstration of the GI tract through models /charts		P4		Demo	1	OSPE/OSCE	
7		comply to SOPs	comply to SOPs for use of models/charts			A4	Role Play			
			TOPIC: PRESENTING PROBLEMS IN GASTROINTESTINAL D	ISEAS	E					
8	Week-	Definition	Define dysphagia, dyspepsia, and vomiting	C1			Interactive	2	MCQs	
9	2	Causes	Enlist causes of dysphagia, dyspepsia, and vomiting	C1			Lecture/SGD			6
10		Clinical feature	Describe clinical feature of dysphagia, dyspepsia, and vomiting	C2						
11		Diagnosis	Advise an investigation for the diagnosis of dysphagia and dyspepsia	СЗ						
12		Management	Build a treatment plan for the management of dysphagia, dyspepsia, and vomiting	C4						
13		Practical performance	Practical demonstration of gastrointestinal physical examination		P4		Demo	1	OSPE/OSCE	
14		Counseling	Communicate the process before going to examine physically			A4	Role Play			
			TOPIC: APHTHOUS ULCERATION							
15	Week-	Definition	Define Aphthous ulcer	C1			Interactive	2	MCQs	
16	3	Causes	Enlist causes of Aphthous ulcer	C1			Lecture/SGD			4
17		Clinical Feature	Describe the clinical features of an Aphthous ulcer	C1						
18		Differential diagnosis	Discuss Differential diagnosis of the Aphthous ulcer	C2						
										-

				1	1	1			1	
19		Diagnosis	Advise an investigation for the diagnosis of Aphthous ulcer	С3						
20		Management	Build a treatment plan for Aphthous ulcer	C4						
21		Practical performance	Vedio demonstration of Aphthous ulceration		P4		Demo	1	OSPE/OSCE	
22		Ethical norms	Maintain the ethical norms of patients in order to asses Aphthous ulceration			A4	Role Play			
			TOPIC: GASTRO-OESOPHAGEAL REFLUX DISEASE (GEF	RD)						
23	Week-	Definition	Define gastro-oesophageal reflux disease (GORD)	C1			Interactive	2	MCQs	
24	4	Pathophysiology	Explain the pathophysiology of GERD	C3			Lecture/SGD			4
25		Clinical feature	Describe the clinical features of GERD	C2						
26		Diagnosis	Advise various investigations for the diagnosis of gastroesophageal reflux disease	C4						
27		Management	Build a treatment plan for gastroesophageal reflux disease	C4						
28		Complications	Enlist various complications associated with gastroesophageal reflux disease.	C2						
29		Practical performance	Vedio demonstration of the barium swallow test		P4		Demo	1	OSPE/OSCE	
30		Comply to SOPs	comply to SOPs for the use of X-ray in Barium swallow test			A4	Role Play			
			TOPIC: UPPER & LOWER GI BLEED							
31	Week-	Introduction	Introduce GI Bleed	C1			Interactive	2	MCQs	
32	5	Etiology	Enlist causes of upper and lower GI bleed	C2			Lecture/SGD			5
33		Causes	Enlisted causes of Lower and Upper GI bleed	C2						
34		Clinical Feature	Discuss the clinical features of upper and lower GI bleed	C2						
35		Initial assesment	Examine the initial bleeding from the GI tract	С3						
35		Diagnosis	Advise various investigations for the diagnosis of upper and lower GI bleeds	C3						
36		Management	Build a treatment plan for the treatment of upper and lower GI bleeds	C4						
37		Complications	Enlist various complications associated with upper and lower GI bleeding	С3						
38		Practical performance	Practical Performance of the Nasogastric Tube		P4		Demo	1	OSPE/OSCE	
39		Counseling	Communicate the process before going to insert NG tube			A4	Role Play			
			TOPIC: GASTRITIS							
40	Week-	Definition	Define Gastritis	C1			Interactive	2	MCQs	4
41	6	Clinical features	Describe the clinical feature of Gastritis	C1			Lecture/SGD			
42		Causes	Enlist causes of Gastritis	C1						
43		Pathophysiology	Explain the pathophysiology of Gastritis	C2						
44		Diagnosis	Advise various investigations for the diagnosis of Gastritis	СЗ						
45		Management	Build a treatment plan for Gastritis	C4						
46		Practical performance	Vedio demonstration of gastroscopy		P4		Demo	1	OSPE/OSCE	

47		SODs compliance	Comply Cons for Vodio domonstration of gostroscopy			۸.4	Polo Dlav			
47		SOPs compliance	Comply Sops for Vedio demonstration of gastroscopy  TOPIC: PEPTIC ULCER DISEASE			A4	Role Play			
			TOPIC: PEPTIC OLCER DISEASE		1					
48	Week-	Definition	Define peptic ulcer disease	C1			Interactive Lecture/SGD	2	MCQs/SEQs	5
49	,	Clinical features of peptic ulcer disease	Describe the clinical features of peptic ulcer disease	C2			Lecture/30D			5
50		Causes	List the causes of peptic ulcer disease	C2						
51		Pathophysiology	Explain the pathophysiology of peptic ulcer disease	С3						
52		Diagnosis	Advise various investigations for the diagnosis of peptic ulcer disease	C4						
53		Management	Build a treatment plan for peptic ulcer disease	C4						
54		Practical performance	Vedio demonstration of colonoscopy		P4		Demo	1	OSPE	
55		Comply to SOP	comply to SOPs for Colonoscopy			A4	Role Play			
			TOPIC: MALABSORPTION							
56	Week-	Definition	Define Malabsorption	C1			Interactive	2	MCQs/SEQs	4
57	8	Causes	Explain different cause of Malabsorption	C1			Lecture			
58		Pathophysiology	Explain the pathophysiology of Malabsorption	С3						
59		Clinical Feature	Discuss the clinical features of Malabsorption	C2						
60		Diagnose	Advise various investigations for the diagnosis of Malabsorption	С3						
61		Treatment	Build a treatment plan for Malabsorption	C4						
62		Practical performance	Demonstrate the process of conducting a health screening, in order to assess nutritional deficiencies due to malabsorption		P4		Demo	1	OSPE	
63		Counseling	Counseling of the patients for prioritizing regular health screenings routine			A4	Role Play			
			TOPIC: JAUNDICE							
64	Week- 9	Anatomy and physiology	Explain the functional anatomy and physiology of the liver and bilary tract	C1			Interactive Lecture/SGD	2	MCQs/SEQs	5
65		Definition	Define Jaundice	C1						
66		Causes	Enlist causes of jaundice	C1						
67		Clinical feature	Describe the clinical features of jaundice	C2						
68		Pathogenesis	Explain the pathogenesis of jaundice	С3						
69		Diagnosis	Advise various investigations for the diagnosis of jaundice	С3						
70		Management	Build a treatment plan for the management of jaundice	C4						
71		Practical performance	Practically demonstrate jaundice by inspecting the sclera and skin under natural light		Р	4	Demo	1	OSPE/OSCE	
72		Ethical norms	Maintain the ethical norms of patients in order to asses Jaundice		А	4	Role Play			
			TOPIC: ACUTE LIVER FAILURE							
73	Week-	Definition	Define acute liver failure	C1			Interactive	2	MCQs/SEQs	4
74	10	Classification	Classify acute liver failure	C1			Lecture/SGD			

<u> </u>										
75		Pathophysiology	Explain the pathophysiology of acute liver failure	C3		ľ				
76		Clinical manifestations	Discuss the clinical manifestations of acute liver failure	C2	1	ľ			/	
77		Diagnostic studies	Advise various investigations for the diagnosis of acute liver failure	C3	1	ľ				
78		Treatment	Build a treatment plan for the treatment of acute liver failure	C4	1	ľ				
79		Complications	Enlisted complications of acute liver failure	C4	4					
80		Practical Performance	Video demonstration on ascitic tap		P4		Demo	1	OSPE/OSCE	
81		Comply to SOPs	Comply to SOPs for the observation of asctic tap			A4	Role Play		<u> </u>	
			TOPIC: ACUTE APPENDICITES							
82	Week-	Definition	Define Acute Appendicitis	C1			Interactive	2	MCQs/SEQs	
83	11	Causes	Explain the different causes of Acute Appendicitis	C2	1	ľ	Lecture/SGDs			4
84		Clinical feature	Explain the clinical features of acute appendicitis	C3	1	ľ				
85		Pathogenesis	Explain the pathogenesis of Appendicitis	C2	1	ľ				
86		Diagnosis	Advise various investigations for the diagnosis of Appendicitis	C4	1	ľ				
87		Management	Build a treatment plan for the management of Appendicitis	C4	<b>1</b> _	_/				
88			Perfrom the practical demonstration on the palpation method use for		P4		Demo	1	OSPE/OSCE	
89		Practical performance Ethical norms	Diagnosis of Appendicitis  Maintain the ethical norms of patients in order to asses appendicitis			0.4	Polo Play		/	
89		Etnical norms	TOPIC: ACUTE PANCREATITIS			A4	Role Play			
									- /270	
90	Week- 12	Definition	Define acute Pancreatitis	C1	4	ľ	Interactive Lecture/SGD	2	MCQs/SEQs	3
91	12	Causes and Classification	write the causes and Classify Acute Pancreatitis	C2	4	ľ	Lecture/305			
92		Pathophysiology	Explain the pathophysiology of acute Pancreatitis	С3	4	ľ				
93		Clinical manifestations	Discuss the clinical manifestations of acute Pancreatitis	C2	4	ľ				
93		Diagnostic studies	Advise various investigations for the diagnosis of acute Pancreatitis	C4	4	ľ				
94		Treatment	Build a treatment plan for the treatment of acute Pancreatitis	С3	4	ľ				
95		Complications	Enlisted complications of acute Pancreatitis	C4		/				
96		Practical performance	Demonstrate RDT for the diagnosis of acute pancreatitis		P4		Demo	1	OSPE/OSCE	
97		Comply to SOPs	Comply to SOPs for the observation of RDT in order to diagnosis of acute pancreatitis			A4	Role Play		/	
		Comply to sors	TOPIC: HEMORRHOIDS							
98	Week-	Definition	Define Hemorrhoids	C1			Interactive	2	MCQs/SEQs	
99	13	Etiology	Enlist causes of the Hemorrhoids	C1	1	ľ	Lecture/SGD		WICCOJULGO	4
100		Clinical Features	Discuss the clinical features of Hemorrhoids	C2	1	ľ				
101		Pathophysiology	Expain pathophysiology of Hemorrhoids	C3	4	V				
102			Advise the investigation for the diagnosis of Hemorrhoids	C2	1	V				
102		Diagnosis		C4	4	ľ				
103		Management	Build a treatment plan for Hemorrhoids	C4						
i										

TOPIC: Non-ALCOHILIC FATTY LIVER DISEASE  TOPIC: Non-ALCOHILIC FATTY LIVER DISEASE  Clinical Features Define Non-Alcohilic fatty liver disease C1 Pathophysiology Expain pathophysiology of non-alcoholic fatty liver disease C2 Diagnosis Advise the investigation for the diagnosis of non-alcoholic fatty liver disease C3 Pathophysiology Expain pathophysiology of non-alcoholic fatty liver disease C4 Pathophysiology Expain pathophysiology of non-alcoholic fatty liver disease C4 Pathophysiology Expain pathophysiology of non-alcoholic fatty liver disease C3 Diagnosis Advise the investigation for the diagnosis of non-alcoholic fatty liver disease C4 Practical performance Perform an abdominal examination, focusing on palpation and percussion techniques to assess liver size, tenderness, Ethical norms Maintain the chical norms of patients in order to examine Pathophysiology Explain the pathophysiology of Viral Hepatitis B & C C1 C											
TOPIC: NON-ALCOHUC FATTY LIVER DISEASE  Definition Define Non-Alcholic Fatty Liver Disease Clinical Features Discuss the clinical features of non-alcoholic fatty liver disease. Clinical Features Discuss the clinical features of non-alcoholic fatty liver disease. Clinical Features Discuss the clinical features of non-alcoholic fatty liver disease. Clinical Features Discuss the clinical features of non-alcoholic fatty liver disease. Clinical Features Discuss the clinical features of non-alcoholic fatty liver disease. Clinical Features Diagnosis Advise the investigation for the diagnosis of non-alcoholic fatty liver disease. Clinical Features Diagnosis Advise the investigation for non-alcoholic fatty liver disease. Clinical Features Diagnosis Advise the investigation for non-alcoholic fatty liver disease. Clinical Features Diagnosis Advise the investigation for the diagnosis of Honeyattis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clinical feature Discuss the clinical feature of Viral Hepatitis B & C Clini	103		Practical performance	Vedio demonstration of Auscultaion of Bowel sound		P4		Demo	1	OSPE	
Management   Definition   Define Non-Alcohiic Fatty Liver Disease   C1	104		Counseling	Counseling of the patients for bowel sound Ascultation			A4	Role Play			
Clinical Features   Discuss the clinical features of non-alcoholic fatty liver disease.   C1				TOPIC: NON-ALCOHLIC FATTY LIVER DISEASE							
Clinical reatures   Discuss the clinical features of non-alcoholic fatty liver disease   C2	105		Definition	Define Non-Alcohlic Fatty Liver Disease	C1						4
Etiogy Enlist the causes of non-alcoholic fatty liver disease  Management Build a treatment plan for non-alcoholic fatty liver disease  Management Build a treatment plan for non-alcoholic fatty liver disease  Management Build a treatment plan for non-alcoholic fatty liver disease  Management Build a treatment plan for non-alcoholic fatty liver disease  Management Build a treatment plan for non-alcoholic fatty liver disease  Management Build a treatment plan for non-alcoholic fatty liver disease  Management Build a treatment plan for non-alcoholic fatty liver disease  Management Build a treatment plan for choslevystitis Cates and season and percentage and provided by the prevention Build a treatment plan for cholecystitis Cates and plan for cholecystitis Cates and provided proformance Perform the practical demonstration of the Morphy sign for cholecystitis Cates and provided by the process of t	106	14	Clinical Features	Discuss the clinical features of non-alcoholic fatty liver disease.	C1						
Diagnosis Advise the investigation for the diagnosis of non-alcoholic fatty liver disease  Management Build a treatment plan for non-alcoholic fatty liver disease  Practical performance Perform an abdominal examination, focusing on palpation and percussion techniques to assess liver size, tenderness, percussion techniques assess liver size, tenderness, percussion techniques assess to assess the size, tenderness, percussion techniques assess to the discardinal technical size as a percussion techniques as	107		Pathophysiology	Expain pathophysiology of non-alcoholic fatty liver disease	СЗ						
Diagnosis   disease   C3	108		Etiogy	Enlist the causes of non-alcoholic fatty liver disease	C2						
Practical performance Perform an abdominal examination, focusing on palapation and percussion techniques to assess liver size, tenderness, Ethical norms Maintain the ethical norms of patients in order to examine ToPic: VIRAL HEPATITIS B & C C C C Etiology Enlist the causes of Viral Hepatitis B & C C C Ethical feature Discuss the clinical feature of Viral Hepatitis B & C C C Ethical feature Discuss the clinical feature of Viral Hepatitis B & C C C Ethical feature Discuss the clinical feature of Viral Hepatitis B & C C C Ethical feature Discuss the clinical feature of Viral Hepatitis B & C C C Ethical feature Discuss the clinical feature of Viral Hepatitis B & C C C Ethical feature Discuss the clinical feature of Viral Hepatitis B & C C C C Ethical feature Discuss the clinical feature of Viral Hepatitis B & C C C C Ethical feature Discussion of the diagnosis of Hepatitis B & C C C C C Ethical feature Maintain the ethical norms of patients in order to examine Spleen	109		Diagnosis		СЗ						
Ethical norms   Maintain the ethical norms of patients in order to examine   Maintain the et	110		Management	Build a treatment plan for non-alcoholic fatty liver disease	C4						
TOPIC: VIRAL HEPATITIS B & C    113   Week   15	111		Practical performance	= , ,		P4		Vedio Demo	1	OSPE/OSCE	
Week 15   Introduction   Introduce Viral Hepatitis B & C   C1   Clinical feature   Discuss the clinical feature of Viral Hepatitis B & C   C2   Etiology   Enlist the causes of Viral Hepatitis B & C   C3   Diagnosis   Advise the investigation for the diagnosis of Hepatitis B & C   C4   Prevention   B & C   Practical performance   Practical performance   Spleen enlargement   Ethical norms   Maintain the ethical norms of patients in order to examine Spleen   P4   Demo   1   OSPE/OSCE      10	112		Ethical norms	Maintain the ethical norms of patients in order to examine			A4	Role Play			
15 Clinical feature Discuss the clinical feature of Viral Hepatitis B & C C2 Etiology Explain the pathophysiology of Viral Hepatitis B & C C2 Pathophysiology Explain the pathophysiology of Viral Hepatitis B & C C3 Diagnosis Advise the investigation for the diagnosis of Hepatitis B & C C4 Prevention Outline the preventive measures and vaccination strategies for Hepatitis B & C C4 Prevention Practical Perform an abdominal examination, focusing on the liver and Ethical norms Maintain the ethical norms of patients in order to examine Spleen A4 Role Play  TOPIC: CHOLECYSTITIS    Definition   Define Cholecystitis   C1   Etiology   Enlist the causes of Cholecystitis   C2   Pathophysiology   Explain the pathophysiology of Cholecystitis   C3   Diagnosis   Advise the investigation for the diagnosis of Cholecystitis   C4   Practical performance   Perfrom the practical demonstration of the Morphy sign for cholycistitis   P4   Demo   1   OSPE/OSCE      Demo				TOPIC: VIRAL HEPATITIS B & C							
Etiology Enlist the causes of Viral Hepatitis B & C C2 Pathophysiology Explain the pathophysiology of Viral Hepatitis B & C C3 Diagnosis Advise the investigation for the diagnosis of Hepatitis B & C C4 Prevention B & C C4 Practical performance Spleen enlargement Ethical norms Maintain the ethical norms of patients in order to examine Spleen Spleen Spleen Spleen Clinical feature Discuss the clinical diagnosis of Cholecystitis C1 Etiology Enlist the causes of Cholecystitis C2 Pathophysiology Explain the pathophysiology of Cholecystitis C3 Diagnosis Advise the investigation for the diagnosis of Cholecystitis C3 Management Build a treatment plan for Cholecystitis C4 Practical performance Perfrom the practical demonstration of the Morphy sign for cholycistitis P4 Demo 1 OSPE/OSCE	113		Introduction	Introduce Viral Hepatitis B & C	C1				2	MCQs/SEQs	4
Pathophysiology Explain the pathophysiology of Viral Hepatitis B & C C3 Diagnosis Advise the investigation for the diagnosis of Hepatitis B & C C4 Prevention Outline the preventive measures and vaccination strategies for Hepatitis B & C C4 Practical performance Spleen enlargement Spleen enlargement Ethical norms Maintain the ethical norms of patients in order to examine Spleen A4 Role Play  TOPIC: CHOLECYSTITIS    Definition   Define Cholecystitis   C1   Etiology   Enlist the causes of Cholecystitis   C2   Pathophysiology   Explain the pathophysiology of Cholecystitis   C3   Diagnosis   Advise the investigation for the diagnosis of Cholecystitis   C3   Diagnosis   Advise the investigation for the diagnosis of the Morphy sign for cholycistitis   P4   Demo	114	15	Clinical feature	Discuss the clinical feature of Viral Hepatitis B & C	C2			Lecture/SGD			
Diagnosis Advise the investigation for the diagnosis of Hepatitis B & C  Prevention Practical performance Spleen enlargement  Ethical norms Maintain the ethical norms of patients in order to examine Spleen  TOPIC: CHOLECYSTITIS     Definition   Define Cholecystitis   C1   Etiology   Enlist the causes of Cholecystitis   C2   Pathophysiology   Explain the pathophysiology of Cholecystitis   C3   Diagnosis   Advise the investigation for the diagnosis of Cholecystitis   C4   Practical performance   Perfrom the practical demonstration of the Morphy sign for cholycistitis   P4   Demo   1   OSPE/OSCE      Demo   1   OSPE/OSCE   OSPE/OSCE	115		Etiology	Enlist the causes of Viral Hepatitis B & C	C2						
Prevention  Outline the preventive measures and vaccination strategies for Hepatitis B & C  Practical performance Ethical norms  Maintain the ethical norms of patients in order to examine Spleen  TOPIC: CHOLECYSTITIS   Definition  Define Cholecystitis  C1  Clinical feature  Discuse the clinical diagnosis of Cholecystitis  C2  Etiology Enlist the causes of Cholecystitis  Diagnosis Advise the investigation for the diagnosis of Cholecystitis  Diagnosis  Management  Build a treatment plan for Cholecystitis  C4  Demo  1  OSPE/OSCE  MCQs/SEQs  Lecture/SGD  Advise the investigation for the diagnosis of Cholecystitis  C3  Management Build a treatment plan for Cholecystitis  Practical performance  Perfrom the practical demonstration of the Morphy sign for cholycistitis  P4  Demo  1  OSPE/OSCE	116		Pathophysiology	Explain the pathophysiology of Viral Hepatitis B & C	СЗ						
Prevention  B & C  Practical Perform an abdominal examination, focusing on the liver and spleen enlargement  Ethical norms  Maintain the ethical norms of patients in order to examine Spleen  TOPIC: CHOLECYSTITIS     P4	117		Diagnosis	Advise the investigation for the diagnosis of Hepatitis B & C	C4						
Practical performance spleen enlargement Ethical norms Maintain the ethical norms of patients in order to examine Spleen A4 Role Play  TOPIC: CHOLECYSTITIS    121	118		Prevention		C4						
TOPIC: CHOLECYSTITIS    121	119		Practical performance			P4		Demo	1	OSPE/OSCE	
Definition   Define Cholecystitis   C1   Clinical feature   Discuse the clinical diagnosis of Cholecystitis   C2   Etiology   Enlist the causes of Cholecystitis   C3   Diagnosis   Advise the investigation for the diagnosis of Cholecystitis   C3   Management   Build a treatment plan for Cholecystitis   C4   Practical performance   Perfrom the practical demonstration of the Morphy sign for cholycistitis   P4   Demo   1   OSPE/OSCE   O	120		Ethical norms	Maintain the ethical norms of patients in order to examine Spleen			A4	Role Play			
122   16   Clinical feature   Discuse the clinical diagnosis of Cholecystitis   C1   Etiology   Enlist the causes of Cholecystitis   C2   Pathophysiology   Explain the pathophysiology of Cholecystitis   C3   Diagnosis   Advise the investigation for the diagnosis of Cholecystitis   C3   Management   Build a treatment plan for Cholecystitis   C4   Practical performance   Perfrom the practical demonstration of the Morphy sign for cholycistitis   P4   Demo   1   OSPE/OSCE   OSPE/OSCE   OSPE/OSCE   C1   C2   C2   C3   C4   C4   C4   C5   C6   C6   C6   C6   C6   C6   C6				TOPIC: CHOLECYSTITIS							
Etiology Enlist the causes of Cholecystitis C2 Pathophysiology Explain the pathophysiology of Cholecystitis C3 Diagnosis Advise the investigation for the diagnosis of Cholecystitis C3 Management Build a treatment plan for Cholecystitis C4 Practical performance Perfrom the practical demonstration of the Morphy sign for cholycistitis P4 Demo 1 OSPE/OSCE	121		Definition	Define Cholecystitis	C1				2	MCQs/SEQs	
Pathophysiology Explain the pathophysiology of Cholecystitis C3  Diagnosis Advise the investigation for the diagnosis of Cholecystitis C3  Management Build a treatment plan for Cholecystitis C4  Practical performance Perfrom the practical demonstration of the Morphy sign for cholycistitis P4 Demo 1 OSPE/OSCE	122	16	Clinical feature	Discuse the clinical diagnosis of Cholecystitis	C1			Lecture/SGD			4
Diagnosis Advise the investigation for the diagnosis of Cholecystitis  Management Build a treatment plan for Cholecystitis  Practical performance Perfrom the practical demonstration of the Morphy sign for cholycistitis  P4 Demo 1 OSPE/OSCE	123		Etiology	Enlist the causes of Cholecystitis	C2						
Management Build a treatment plan for Cholecystitis  Practical performance Perfrom the practical demonstration of the Morphy sign for cholycistitis  P4 Demo 1 OSPE/OSCE	124		Pathophysiology	Explain the pathophysiology of Cholecystitis	СЗ						
Practical performance Perfrom the practical demonstration of the Morphy sign for cholycistitis P4 Demo 1 OSPE/OSCE	125		Diagnosis	Advise the investigation for the diagnosis of Cholecystitis	СЗ						
Factor of the practical definition of the worphy sign of chorycistus	126		Management	Build a treatment plan for Cholecystitis	C4						
Ethical norms Maintain the ethical norms of patients in order to asses Morphy sign A4 Role Play	127		Practical performance	Perfrom the practical demonstration of the Morphy sign for cholycistitis		P4		Demo	1	OSPE/OSCE	
	128		Ethical norms	Maintain the ethical norms of patients in order to asses Morphy sign			A4	Role Play			

#### **Recommended Books:**

- 1. Kumar and Clark's Clinical Medicine 10th edition
- 2. Davidson's Principals and practice of medicine 22nd edition
- 3. Mohammad Inam Danish-Short Textbook Of Medica Diagnosis And Treatment
- 4. Rosen's emergency medicine; concepts & clinical practice John. A Marx.2005

	ASSESSMENT BREAKDOWN											
S.No	Topics	No of MCQ	No of OSPE / OSCE Stations	Static / Interactive								
1	Functinal Anatomy, Physiology of the Gastrointestinal Tract, and Investigation of GIT Disease	6	1	Static								
2	Presenting problems in gastrointestinal disease	6	2	Static and Interactive								
3	Aphthous Ulceration	4	1	Static								
4	Gastro-oesophageal reflux disease (GERD)	4	1	Static								
5	Upper & Lower GI bleed	5	1	Static								
6	Gastritis	4	1	Static								
7	Peptic ulcer disease	5	1	Static								
8	Malabsorption	4	1	Static								
9	Jaundice	5	1	Static								
10	Acute liver failure	4	1	Static								
11	Acute Appendicitis	4	1	Static								
12	Acute Pancreatitis	3	1	Static								
13	Hemorrhoids	4	1	Static								
14	Non-Alcohlic Fatty liver Disease	4	1	Static								
15	Viral Hepatitis B & C	4	1	Static								
16	Cholecystitis	4	1	Static								
Total	16	70	14	14								

# BHS-604 First Aid 3(2+1)

## **Course Description**

This course has been designed to Understand the fundamental concepts of First Aid, including its importance and the scenarios where it is applicable. Develop the ability to quickly assess emergencies and determine the appropriate First Aid measures. Learn and practice essential First Aid techniques, such as CPR, wound care, and stabilization of injuries and certain medical emergencies.

## **Learning Objectives**

#### **Cognitive Domain**

#### By the end of this course, students should be able to

- 1. Comprehend the basic principles and objectives of First Aid, including the priorities in emergency care
- 2. Analyze various emergency scenarios and determine the most effective First Aid interventions
- 3. Evaluate the severity of injuries or conditions and decide on the appropriate First Aid actions or whether further medical assistance is needed

#### **Psychomotor Domain**

#### By the end of this course, students should be able to

- 1. Demonstrate proficiency in performing CPR and other life-saving techniques
- 2. Apply correct procedures for cleaning, dressing, and bandaging wounds
- 3. Effectively immobilize fractures and other injuries to prevent further harm
- 4. Properly utilize tools and First Aid instruments and equipment

#### **Affective Domain**

### By the end of this course, students should be able to

- 1. Recognize the responsibility of providing First Aid and ensuring the safety and well-being of those in need
- 2. Adhere to ethical standards in emergencies, respecting the dignity and rights of all individuals
- 3. Display confidence in taking initiative during emergencies, ensuring prompt and appropriate action

## **TABLE OF SPECIFICATIONS**

TOS-FIRST AID 3(2+1)

TOPIC: INTRODUCTION TO FIRST AID  Topic Process and Control of First Aid Aid, emergency and safety procedure  Importance and General Principles  Discuss the importance of First Aid and the general principles guilding Canada Principles  First Aid Box/Nat  Aid  Responsibilities of a First Aid Discuss the importance of First Aid and the general principles guilding Canada Principles  Responsibilities of a First Aider, emphasizing the importance of professionalism in First Aider emphasizing the importance of professionalism in Explain methods for conducting a thorough risk assessment to ensure the Safety Protocol safety of both the First Aider emperators  Recogniting the Emplain methods for conducting a thorough risk assessment to ensure the SoPs compliance  Explain methods for conducting a thorough risk assessment to ensure the SoPs compliance  Explain the clue that can help recognizing the emergency situation Recognizing the Emergency Explain the clue that can help recognizing the emergency situation Recognizing the Emergency Explain the due that can help recognizing the emergency situation Recognizing the Recognizing the Recognizing the Recognizing the Aid Role Play  Fractical Practical Practical Practical Practical Practical Practical promounts at the proper uses and contents of a first aid bit Topic: Primary Survey Component of Primary Secondary survey Component of Primary Survey (PRABC) Describe the components of the DRABC protocol used in the primary survey Component of Primary Survey (PRABC) Describe the components of the Secondary survey, focusing on Secondary survey Second	S.No	Weeks	Contents	Learning Outcome		Domai	n	MIT's	Time/Hours	Assessment	No of
Week   1					С	Р	Α				Items
Importance and General Principles   Discuss the importance of First Aid and the general principles guiding   C2				TOPIC: INTRODUCTION TO FIRST AID							
Secondary Survey Components of Primary and Secondary Survey and Secondary Survey Component of Primary Survey (Component of Primary and Secondary Survey) Secondary Survey (Component of Primary and Secondary Survey) Secondary Survey (Components of Early Ledge representation.)   13	1	Week-	Definition	Define First Aid, emergency and safety procedure	C1				2	MCQs	3
Role and Discribe a detailed description of the roles, responsibilities, and limitations of a First Aider emergencies  Risk Assessment and Safety Protocols Recognizing the Explain methods for conducting a thorough risk assessment to ensure the Safety Protocols askety of both the First Aider and the victim Recognizing the Explain methods for conducting a thorough risk assessment to ensure the Safety Protocols askety of both the First Aider and the victim Recognizing the Explain the clue that can help recognizing the emergency situation  7 Practical Practically demonstrate the proper uses and contents of a first aid kit Development of Practically demonstrate the proper uses and contents of a first aid kit Development of Practically demonstrate the proper uses and contents of a first aid kit Role Play  8 Veek SoPs compliance Adopt how to take care of first aid kit Development of Primary and Identify role in assessing and managing immediate life-threatening Conditions C2 Component of Primary Survey (DRABC) Describe the components of the DRABC protocol used in the primary survey C1 Describe secondary survey and explain its purpose in providing a more detailed assessment of the patient. C1 Components of Sops compliance of primary Discuss the significance of conducting both primary and secondary survey and secondary survey C2 Definition Construct knowledge to recognize early signs of sepsis and initiate appropriate interventions C3 Described appropriate interventions C3 Described C5 Definition Define Basic Life Support C1 Define C1 Definition Define Basic Life Support C1 Define Basic Life Su	2	1		Discuss the importance of First Aid and the general principles guiding	C2			Lecture/SGD			
Responsibilities of a First Aider, emphasizing the importance of professionalism in emperancies  Risk Assessment and Safety Protocols Recognizing the Explain methods for conducting a thorough risk assessment to ensure the Recognizing the Explain methods for conducting a thorough risk assessment to ensure the Recognizing the Explain the clue that can help recognizing the emergency situation C3  Practical Practical Practically demonstrate the proper uses and contents of a first aid kit  SOPs compliance Adopt how to take care of first aid kit  TOPIC: PRIMARY AND SECONDARY SURVEY  Particular Introduction Introduce the concept of a primary Introduction Recognizing and managing immediate life-threatening Canditions  Roles of Primary Survey Component of Primary Survey (DABC) Describe the components of the DRABC protocol used in the primary survey of taking a more detailed assessment of the patient.  Components of Secondary survey and explain its purpose in providing a more detailed assessment of the patient.  Components of Secondary survey and explain its purpose in providing a more a systematic head-to-toe examination.  Camponents of Secondary survey and explain its purpose in providing a more a systematic head-to-toe examination.  Camponents of Secondary survey of the patient.  Components of Secondary survey of the patient.  Camponents of Secondary survey of the patient of the secondary survey of the patient of t	3		First Aid Box/kit	• • • =	C2						
Safety Protocols safety of both the First Aider and the victim  Recognizing the Emergency Explain the clue that can help recognizing the emergency situation  Practical Practically demonstrate the proper uses and contents of a first aid kit  Pa Demo 1 OSPE/OSCE  TOPIC: PRIMARY AND SECONDARY SURVEY    Introduction   Introduce the concept of a primary   C1   Interactive   C2   Component of Primary and Secondary survey   C3   Secondary survey   C4   Secondary survey   C4   Components of Frimary   C1   Secondary survey   C4   Components of   List and explain the major components of the secondary survey   C2   Early recognition   C2   Components of   C3   C3   C4   C4   C4   C4   C4   C4	4		Responsibilities of a	of a First Aider, emphasizing the importance of professionalism in	C2						
Emergency Explain the clue that can help recognizing the emergency situation C3  Practical Practically demonstrate the proper uses and contents of a first aid kit SOPs compliance Adopt how to take care of first aid kit Agole Play  TOPIC: PRIMARY AND SECONDARY SURVEY  Part Roles of Primary and Identify role in assessing and managing immediate life-threatening Canditions  Candi	5				C2						
SOPs compliance Adopt how to take care of first aid kit  TOPIC: PRIMARY AND SECONDARY SURVEY    10	6			Explain the clue that can help recognizing the emergency situation	C3						
TOPIC: PRIMARY AND SECONDARY SURVEY    9	7		Practical	Practically demonstrate the proper uses and contents of a first aid kit		P4		Demo	1	OSPE/OSCE	
Meek   10   2   2   MCQs   6   McQs	8		SOPs compliance	Adopt how to take care of first aid kit			A4	Role Play			
10   2   Roles of Primary and Secondary survey   Conditions   C2   Component of Primary   Survey (DRABC)   Describe the components of the DRABC protocol used in the primary survey   C1   C1   Secondary Survey   detailed assessment of the patient.   C1   C1   C1   C2   Importance of primary   C2   Importance of primary   C3   Importance of primary   C4   Early recognition   C3   Early recognition   C3   C2   Early recognition   C4   C3   C4   C4   C4   C4   C4   C4				TOPIC: PRIMARY AND SECONDARY SURVEY							
Roles of Primary and Secondary survey. Component of Primary Survey (DRABC) Describe the components of the DRABC protocol used in the primary survey. Component of Primary Survey (DRABC) Describe the components of the DRABC protocol used in the primary survey. C1 Define secondary survey and explain its purpose in providing a more detailed assessment of the patient. C1 Components of secondary survey a systematic head-to-toe examination. C2 Importance of primary and secondary survey. Discuss the significance of conducting both primary and secondary surveys in providing comprehensive emergency care. Early recognition Practical performance Vedio Demonstration on initial management such as fluid resuscitation and immobilization SOPs compliance Adopt how to take care of blood born disease transmission  TOPIC: BASIC LIFE SUPPORT (BLS)  Lecture/SGD	9	Week-	Introduction	Introduce the concept of a primary	C1				2	MCQs	6
Component of Primary Survey (DRABC)  Describe the components of the DRABC protocol used in the primary survey  Define secondary survey and explain its purpose in providing a more detailed assessment of the patient.  Components of Secondary Survey  List and explain the major components of the secondary survey, focusing on secondary survey a systematic head-to-toe examination.  Ca  Importance of primary and secondary survey in providing comprehensive emergency care.  Early recognition  Construct knowledge to recognize early signs of sepsis and initiate appropriate interventions  Practical performance  Vedio Demonstration on initial management such as fluid resuscitation and immobilization  SOPs compliance  Adopt how to take care of blood born disease transmission  TOPIC: BASIC LIFE SUPPORT (BLS)  Interactive  Linteractive 2 MCQs  4	10	2		Identify role in assessing and managing immediate life-threatening				Lecture/SGD			
Define secondary survey and explain its purpose in providing a more detailed assessment of the patient.  Components of Secondary survey a systematic head-to-toe examination.  Importance of primary and secondary survey in providing comprehensive emergency care.  Early recognition Construct knowledge to recognize early signs of sepsis and initiate appropriate interventions C3  Practical performance Vedio Demonstration on initial management such as fluid resuscitation and immobilization SOPs compliance Adopt how to take care of blood born disease transmission A4 Role Play  TOPIC: BASIC LIFE SUPPORT (BLS)  Between Definition Define Basic Life Support C1  Interactive 2 MCQs 4	11		Component of Primary								
Components of secondary survey a systematic head-to-toe examination.  Importance of primary and secondary survey in providing comprehensive emergency care.  Early recognition construct knowledge to recognize early signs of sepsis and initiate appropriate interventions  Practical performance Vedio Demonstration on initial management such as fluid resuscitation and immobilization  SOPs compliance Adopt how to take care of blood born disease transmission  Poffice BASIC LIFE SUPPORT (BLS)  TOPIC: BASIC LIFE SUPPORT (BLS)  Interactive 2 MCQs 4  Interactive 2 MCQs 4	12			Define secondary survey and explain its purpose in providing a more							
Importance of primary and secondary survey in providing comprehensive emergency care.  Early recognition construct knowledge to recognize early signs of sepsis and initiate appropriate interventions  Practical performance Vedio Demonstration on initial management such as fluid resuscitation and immobilization  SOPs compliance Adopt how to take care of blood born disease transmission  TOPIC: BASIC LIFE SUPPORT (BLS)    Interactive   2   MCQs   4   MCQs   MCQs	13		Components of	List and explain the major components of the secondary survey, focusing on							
Early recognition	14		Importance of primary	Discuss the significance of conducting both primary and secondary surveys							
immobilization  SOPs compliance Adopt how to take care of blood born disease transmission A4 Role Play  TOPIC: BASIC LIFE SUPPORT (BLS)  18 Week- Definition Define Basic Life Support C1 Interactive Lecture/SGD	15		•	construct knowledge to recognize early signs of sepsis and initiate							
TOPIC: BASIC LIFE SUPPORT (BLS)  18 Week- Definition Define Basic Life Support C1 Interactive 2 MCQs 4	16		Practical performance	=		P4		Demo	1	OSPE/OSCE	
18 Week- Definition Define Basic Life Support C1 Interactive 2 MCQs 4	17		SOPs compliance	Adopt how to take care of blood born disease transmission			A4	Role Play			
lecture/SGD				TOPIC: BASIC LIFE SUPPORT (BLS)							
19 Key Components Identify the key components of BLS, including chest compressions, airway C1 Lecture/SGD	18		Definition	Define Basic Life Support	C1				2	MCQs	4
	19	3	Key Components	Identify the key components of BLS, including chest compressions, airway	C1			Lecture/SGD			

		management, and rescue breathing							
	Indications for BLS	Describe situations where BLS is required, such as cardiac arrest, drowning,	C2						
	BLS Protocol			-					
	Equipment and	Discuss essential equipment for BLS, such as Automated External							
		Explain the C-A-B (Circulation-Airway-Breathing) sequence recommended in							
			C2						
	Adults, Children, Infants and Pregnancy	including compression depth and breath ratio	C2						
	Automated External Defibrillator (AED)	Discribe the steps for using an AED, including when and how to apply it, and safety precautions during its use	C2						
	Errors and Precautions	Identify common errors in performing BLS, such as incorrect hand							
	Practical			P4		Demo	1	OSPE/OSCE	
	Ethical norms	Maintain the ethical norms of patients in order to perform CPR			A4	Role Play			
		TOPIC: DRESSINGS, PADS AND BANDAGES							
Week-	Definition	Define dressings, pads, and bandages	C1			Interactive	2	MCQs	4
4	Types of Dressings, Pads, and Bandages	Describe various types of dressings, pads, and bandages, including their specific clinical indications	C1			Lecture/SGD			
	Clinical significance	Discuss the clinical significance of dressings, pads, and bandages in							
	Application Techniques	Explain the correct application techniques for different types of dressings							
	Complications and Management	Identify potential complications associated with improper use of dressings and bandages, such as infection, pressure ulcers, and impaired circulation, and discuss management strategies.	C3						
	Practical	Demonstrate various dressing techniques in the skill lab on manikin		P4		Demo	1	OSPE/OSCE	
	Comply to SOPs	Adopt how to take care of dressing tray and manikin			A4	Role Play			
		TOPIC: FIRST AID FOR FRACTURES AND WOUND	S						
Week-	Definition	Define fractures and wounds	C1			Interactive	2	MCQs	5
5	Types	Enlist various types of fractures and wounds	C1			Lecture/SGD			
	Assessment and Diagnosis	Discuss the clinical assessment and diagnostic approach for identifying fractures and wounds, including signs and symptoms to look for.	C2						
	Initial Management of Fractures	Explain the initial steps for managing fractures, including immobilization, elevation, and pain management.	C3						
	Initial Management of Wounds	Outline the initial care for wounds, including wound cleaning, dressing, and infection prevention.	C4						
	Complications and Management	Identify potential complications associated with fractures (e.g., compartment syndrome, infection) and wounds (e.g., tetanus, delayed healing) and discuss their management.	C4						
	4	BLS Protocol Equipment and Resources  BLS Sequence (C-A-B)  CPR Techniques for Adults, Children, Infants and Pregnancy Automated External Defibrillator (AED)  Errors and Precautions  Practical Ethical norms  Week- 4 Definition Types of Dressings, Pads, and Bandages  Clinical significance  Application Techniques  Complications and Management  Practical Comply to SOPs  Week- 5 Definition  Types Assessment and Diagnosis Initial Management of Fractures Initial Management of Wounds Complications and	Indications for BLS  Describe situations where BLS is required, such as cardiac arrest, drowning, and respiratory failure  Explain the basic BLS protocol  Equipment and Resources  BLS Sequence (C-A-B)  BLS Sequence (C-A-B)  CPR Techniques for Adults, Children, Infants and Pregnancy  Automated External  Defibrillator, BLD)  Defibrillator, BLD)  Errors and Precautions  Practical  Ethical norms  Definition  Define dressings, pads, and bandages  Clinical significance  Application Techniques  Complications and Management  Application Techniques  Erractical  Complications and Management  Describe various during its use  Definition  Define dressings, pads, and bandages in promoting wound healing, protecting wounds, and preventing infection  Application Techniques  Describe various types of dressings, pads, and bandages in promoting wound healing, protecting wounds, and preventing infection  Application Techniques  Demonstrate various dressing techniques for adults, children, and infants, including when and how to apply it, and safety precautions during its use  Identify common errors in performing BLS, such as incorrect hand placement or compression depth, and precautions to ensure effective care practical  Ethical norms  Maintain the ethical norms of patients in order to perform CPR  TOPIC: DRESSINGS, PADS AND BANDAGES  TOPIC: DRESSINGS, PADS AND BANDAGES  Clinical significance  Describe various types of dressings, pads, and bandages, including their sade, and Bandages  Complications and Management and bandages in promoting wound healing, protecting wounds, and preventing infection  Discuss the clinical indications  TOPIC: PREST AID FOR FRACTURES AND WOUND  Week-  Demonstrate various dressing techniques in the skill lab on manikin  TOPIC: PREST AID FOR FRACTURES AND WOUND  Define fractures and wounds  Types  Enlist various types of fractures and wounds  Discuss the clinical assessment and diagnostic approach for identifying fractures and wounds, including signs and symptoms to look for.  Explain the initial steps for	Indications for BLS and respiratory failure  BLS Protocol Explain the basic BLS protocol C2  Equipment and Resources Defirillators etc. Explain the C-A-B (Circulation-Airway-Breathing) sequence recommended in BLS Sequence (C-A-B) BLS Sequence (C-A-B) Explain the C-A-B (Circulation-Airway-Breathing) sequence recommended in BLS Sequence (C-A-B)	Indications for BLS  BLS Protocol  Explain the basic BLS protocol  Equipment and Resources  BLS Sequence (C-A-B)  BLS Sequence recommended in glass of the sequence recommende	Indications for BLS   Describe situations where BLS is required, such as cardiac arrest, drowning, and respiratory failure   Explain the basic BLS protocol   Equipment and   Discuss essential equipment for BLS, such as Automated External   C2   Defibrillators etc.   Explain the C-A-B (Circulation-Airway-Breathing) sequence recommended in BLS   C2   Describe the differences in CPR techniques for Adults, Children, infants and Pregnancy   Discribe the steps for using an AED, including when and how to apply it, and periphrillator (AED)   Describe the steps for using an AED, including when and how to apply it, and periphrillator (AED)   Describe the steps for using an AED, including when and how to apply it, and periphrillator (AED)   Describe the steps for using an AED, including when and how to apply it, and periphrillator (AED)   Describe the steps for using an AED, including when and how to apply it, and placement or compression depth, and precautions to ensure effective care   Practical   Conduct a CPR demonstration on a manikin in the skill lab   P4   A4	Indications for BLS  Describe situations where BLS is required, such as cardiac arrest, drowning, and respiratory failure  BLS Protocol  Equipment and Discuss essential equipment for BLS, such as Automated External Defibrillators etc.  Explain the C-A-B (Circulation-Airway-Breathing) sequence recommended in BLS  CPR Techniques for Adults, Children, Infants and Pregnancy Automated External Defibrillator (AED) Describe the differences in CPR techniques for adults, children, and infants, including compression depth and breath ratio C2  Errors and Precautions Defibrillator (AED) Practical Defibrillator (AED) Describe the steps for using an AED, including when and how to apply it, and safety precautions during its use Identify common errors in performing BLS, such as incorrect hand plotement or compression depth, and precautions to ensure effective care Defibrillator (AED) Defib	Indications for BLS  Describe situations where BLS is required, such as cardiac arrest, drowning, and respiratory failure  BLS Protocol  Explain the basis BLS protocol  Equipment and  Resources  BLS Sequence (C-A-B)  BLS Sequence (C-A-B)  BLS Sequence (C-A-B)  Explain the C-A-B (Circulation-Airway-Breathing) sequence recommended in BLS  CPR Techniques for Adults, Children, Infants and Pregnanty  Automated External  Debriblator (AED)  Describe the differences in CPR techniques for adults, children, and infants, including compression depth and breath ratio  Infants and Pregnautions  Describe the steps for using an AED, including when and how to apply it, and Debriblator (AED)  Errors and Precautions  Joseph Land Conduct a CPR demonstration on a manikin in the skill lab  Ethical norms  Maintain the ethical norms of patients in order to perform CPR  Practical  Conduct a CPR demonstration on a manikin in the skill lab  TOPIC: Dessings, PADS AND BANDAGES  Types of Dressings,  Pads, and Bandages  Clinical significance  Clinical significance  Discuss the clinical significance of dressings, pads, and bandages in gromoting wound healing, protecting wounds, and preventing infection  Complications and Management  Adoptive to SoPs  Adopt how to take care of dressing tray and manikin  Comply to SOPs  Adopt how to take care of dressing tray and manikin  Definition  Define fractures and wounds  TOPIC: PIRST AID FOR FRACTURES AND WOUNDS  Topics (First various types of fressings tray and manikin  Define fractures and wounds (seg., tetanus, delayed  Pads, and Bandages  Topics (First and Fractures, and wounds)  Explain the correct application techniques in the skill lab on manikin  Pad Demo  1  Ad Role Play  Lecture/SGD  And Role Play  Lecture/SGD  And Role Play  Lecture/SGD  And Role Play  Lecture/SGD  And Role Play  L	Indications for BLS  BLS Protocol  Equipment and Discuss essential equipment for BLS, such as Automated External Resources  BLS Sequence (C-A-B)  CPR Techniques for Adults, Children, infants and Pregnancy  Automated External Defibrillator and Discuss sensitial equipment and to perform the C-A-B (Circulation-Airway-Breathing) sequence recommended in Infants, including compression depth and breath ratio  CPR Techniques for Adults, Children, infants and Pregnancy  Automated External Discribe the steps for using an AED, including when and how to apply it, and safety precautions during its use  Errors and Precautions  Practical Conduct a CPR demonstration on a manikin in the skill lab Demo I adentify commen errors in performing BLS, such as incorrect hand placement or compression depth, and precautions to ensure effective care Practical Conduct a CPR demonstration on a manikin in the skill lab Demo I Define dressings, pads, and bandages  TOPIC: DRESSINGS, PADS AND BANDAGES  Week*  Definition Define dressings, pads, and bandages in Conduct a CPR demonstration on a manikin in the skill lab Demo I Define dressings, pads, and bandages in Conduct a CPR demonstration on a manikin in the skill lab Demo I Define dressings, pads, and bandages in Conduct a CPR demonstration on a manikin in the skill lab Demo I Describe various types of dressings, pads, and bandages in Conduct a Specific United Indications Specific Clinical Indications Spec

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42		Monitoring and Follow-	Describe the clinical procedures for monitoring fractures and wounds,	C3						
43		Up Practical	including signs of complications and the need for follow-up care.	C3	P4		Demo	1	OSPE/OSCE	
44			Practical demonstration on the application of slings and splints  Adopt how to take care of slings and splints			A4	Role Play		,	
		Comply to SOPs	TOPIC: CHOKING							
4.5	M/aal.	- 6		1	1		la ta un ationa	2	NACOs	4
45	Week- 6	Definition	Define choking and its clinical significance in First Aid	C1			Interactive Lecture/SGD	2	MCQs	4
46		Causes of Choking	Identify common causes of choking	C1			20000. 0, 0 0 2			
47		Types of Airway Obstruction	Discuss the types of airway obstruction	C2						
48		Assessment and Diagnosis	Explain the clinical assessment of choking, including signs such as inability to speak, cyanosis, and use of accessory muscles	C3						
49		Immediate Management	Discribe immediate steps for managing choking, including back blows, abdominal thrusts (Heimlich maneuver), and chest thrusts for different age groups and scenarios.	C2						
50		Airway Management Techniques	Discuss advanced airway management techniques if initial interventions fail, such as the use of laryngoscopy, suction, or cricothyrotomy in a clinical setting.	C2						
51		Complications and Management	Identify and manage complications of choking, such as aspiration pneumonia, rib fractures, and hypoxic brain injury.	C3						
52		Practical	Practical demonstartion on choking maneuvers ((Heimlich maneuver)	-	P4		Demo	1	OSPE/OSCE	
53		Ethical norms	Maintain the ethical norms of patients in order to perform choking			A4	Role Play			
			maneuvers							
			TOPIC: HEAT STROKE AND FROSTBITE							
56	Week-	Definition	Define heat stroke and frostbite	C1			Interactive	2	MCQs	5
57	7	Causes and Risk factors	Identify causes and risk factors for heat stroke and frostbite	C1			Lecture/SGD			
58		Clinical Presentation	Describe the signs and symptoms of heat stroke and frostbite	C2						
59		Assessment & Diagnosis	Explain the clinical assessment for diagnosing heat stroke and frostbite	C3						
60		Management of Heat Stroke & Frostbite	Outline the immediate management of heat stroke, including rapid cooling techniques, hydration & frostbite including gradual rewarming, pain management	C4						
62		Complications	Identify potential complications such as organ failure and tissue necrosis	C4						
63		Practical performance	Practical perform cold sponging technique to reduce body temperature		Р	4	Demo	1	OSPE/OSCE	
64		Comply to SOPs	Adopt how to take care of empathetic approach during cold sponging		А	4	Role Play			
		. ,	TOPIC: ANAPHYLACTIC REACTION							
63	Week-	Define	Define allergic reactions	C1			Interactive	2	MCQs	4
64	8	Signs and symptoms	Identify the common signs and symptoms associated with allergic reactions	C1	1		Lecture/SGD			
CF		Anaphylaxis	Describe anaphylaxis and its causes	C2	1					
65		Aliabiliviaxis								
66		Differntial	Explain clinical features of anaphylaxis and differentiate it from other types of allergic reactions	C3						

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68		Medical decision	Explain the decision-making process in diagnosing and managing							
		making	anaphylaxis, including when to escalate care	C3						
69		First and second line Treatment	Describe the first-line and second-line treatments for anaphylaxis, including the use of epinephrine and other medications.	C4						
70		Practical performance	the use of epinephinie and other medications.	C4	Р	4	Demo	1	OSPE/OSCE	
		Practical performance	Counsel the patients to encourage their active participation in tetanus		А		Role Play		,	
71		Counselling	vaccine				,			
			TOPIC: SEIZURES AND STROKE							
72	Week-	Definition	Define seizures and stroke.	C1			Interactive	2	MCQs	5
73	9	Types	Enlist different types of seizures and Stroke.	C1			Lecture/SGD			
74		Causes & Risk Factors	identify common causes and risk factors for seizures and Stroke.	C2						
75		Clinical Presentation	Describe the signs and symptoms of seizures and stroke	C2						
76		Assessment and Diagnosis	Explain the clinical assessment for diagnosing seizures and stroke, including the use of the FAST etc.	C3						
77		First Aid in Seizures	Outline the immediate management of seizures, including protecting the patient from injury, maintaining airway patency etc.	C4						
78		First Aid in Stroke	Explain the immediate management of stroke, including maintaining airway, breathing, and circulation (ABCs), positioning the patient.	C4						
79		Referral	Determine when to refer patients with seizures or stroke for advanced care.	C3						
80		Practical performance	Vedio demonstration to Defferentiate pseudo seizure from epilepsy		Р	4	Demo	1	OSPE/OSCE	
81		Comply to SOPs	Comply sops for Vedio demonstartion		А	4	Role Play			
			TOPIC: ROADSIDE ACCIDENTS AND PATIENT TRANSPOR	RTATIC	N					
82	Week-	Definition	Define roadside accidents and patient transportation	C1			Interactive	2	MCQs	4
83	10	Types	Enlist common types of roadside accidents	C1			Lecture			
84		Causes & Risk Factors	Identify causes and risk factors for roadside accidents	C2						
85		Assessment	Explain the clinical assessment of accident victims, including primary and secondary surveys	C3						
86		Management	Recognize the management steps for roadside accident injuries	СЗ						
87		Patient Transportation	Describe safe patient transportation methods	C2						
88			Vedio Demonstration Perform different techniques of Casualty		P4		Demo	1	OSPE	
		Practical	Transportation							
90		Comply to SOPs	Comply to SOPs for the Vedio demonstration			A4	Role Play			
			TOPIC: FEVER AND ABDOMINAL PAIN							
91	Week-	Definition	Define fever	C1			Interactive	2	MCQs	4
92	11	Causes	Identify the common and significant causes of fever	C1			Lecture			
93		Adverse effect of fever	Describe the potential adverse effects of fever	C2						
94		General first aid	Outline the general principles of first aid management for fever	C2						
95		Introduce abdominal	Provide an overview of abdominal pain, its significance	C1						
				•	•	Į.				

		pain								
96		Causes of abdominal	List and explain the potential causes of abdominal pain, ranging from	C2						
		pain	benign to life-threatening conditions							
97		Emergency sign and symptoms	Identify the emergency signs and symptoms of abdominal pain in adults and children that require immediate attention	C2						
98		Key components of	Explain the key components of medical evaluation for abdominal pain,							
		medical evaluation	using frameworks like OLD CHART, SOAP, and PQRST	C2						
99		First aid management	Discuss the first aid management strategies for abdominal pain in adults	СЗ						
100		in adults and children	and children, including when to refer to a physician.		D4		Domo	1	OSDE	
100		Practical	Practical demonstration of temperature measurement by Thermometer		P4		Demo	1	OSPE	
101		Counselling	Counsel the patients to check their temperature			A4	Role Play			
			TOPIC: NEAR DROWNING, DIARRHEA AND VOMIT	ING						
102	Week-	Definition of drowning	Define drowning	C1			Interactive	2	MCQs	6
103	12	Type of drowning	Enlist different types of drowning	C1			Lecture			
104		First aid management	Outline the first aid management steps for a drowning victim	C2						
105		Diarrhea and causes of	Define diarrhea and discuss its major causes, including infections, dietary							
		diarrhea	factors, and medical conditions.	C2						
106		Consequences and	Describe the adverse effects of diarrhea, with a focus on dehydration, and	Ca						
107		signs of dehydration vomiting and its causes	list the signs and symptoms of dehydration.  Explain the mechanism of vomiting and identify the primary causes	C2						
108		First aid management	Explain the mechanism of vorniting and identity the primary causes	C2						
		of diarrhea & vomiting	Describe the management of diarrhea and vomiting	С3						
109		Practical	Practical Demonstration of ORS preparation		P4		Demo	1	OSPE	
110		Comply to SOPs	Comply to SOPs for the preparation of ORS			A4	Role Play			
			TOPIC: SPORTS INJURIES AND EPISTAXIS							
111	Week-	Definition	Define sports injuries	C1			Interactive	2	MCQs	4
112	13	Factors	Explain the factors contributing to the occurrence of sports injuries	C1			Lecture			
113		Classification	Enlist sports injuries	C1						
114		Causes	Identify the common causes of sports injuries	C2						
115		First aid	Outline the first aid management steps for common sports injuries	C3						
116			Define epistaxis and explain the physiological mechanisms that lead to	- 65						
		Define Epistaxis	nosebleeds.	C1						
117		causes of Epistaxis	Identify the common causes of epistaxis.	C2						
118		First aid	Outline the first aid management steps for common epistaxis	С3						
119		Practical performance	Vedio demonstration of different techniques used for epistaxis		P4		Demo	1	OSPE/OSCE	
120		Comply to SOPs	Comply to SOPs for the techniques			A4	Role Play			
			TOPIC: FIRST AID OF HYPOGLYCEMIA AND HYPOTEN	SION						
121	Week-	Definition	Define hypoglycemia	C1			Interactive	2	MCQs	4
			110.1	CI	I					

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122	14	Causes	Identify the common causes of hypoglycemia	C2			Lecture			
123		Signs and symptoms	Describe the signs and symptoms of hypoglycemia	C1						
124		First aid management	Outline the first aid management steps for hypoglycemia	С3						
125		Hypotension	Define hypotension	C1						
126		Causes	Identify and explain the causes of hypotension	C2						
127		First aid management	Describe the first aid management plan for hypotension	С3						
128		Practical	Practical demonstration on blood glucose Level Checking with help of glucometer		P4		Demo	1	OSPE/OSCE	
129		Comply to SOPs	Comply to SOPs for the Glucometer			A4	Role Play			
			TOPIC: Bites and Sting							
130	Week-	Bee, Wasp, Hornet	Describe the effects of stings from bees, wasps, and hornets, including	C1			Interactive	2	MCQs/SEQs	4
131	15	sting Scorpion sting and	common symptoms and potential allergic reactions.  Identify the symptoms and risks associated with scorpion stings and spider				Lecture			
131		spider bite	bites.	C2						
132		Snake bite	Explain the different types of snake bites (venomous vs. non-venomous) and their clinical presentations.	C2						
133		Dog bite	Discuss the risks associated with dog bites, including infection and rabies transmission, and recognize signs of severe bites.	C2						
134		cat bite	Describe the unique risks of cat bites, including infection	C2						
135		First aid managements of mentioned cases	Outline the first aid management steps for each of the mentioned cases, including wound care, symptom monitoring, and when to seek professional medical care.	C3						
136		Practical	Demo on Dog bite vaccinations schedule		P4		Demo	1	OSPE	
137		Comply to SOPs	Comply to SOPs for the vaccination			A4	Role Play			
			TOPIC: ALTERED MENTAL STATUS AND COMA							
138	Week-	Introduction	Introduce Altered Mental Status (AMS) and coma	C1			Interactive	2	MCQs/SEQs	4
139	16	Causes	Discuss the common causes of AMS and coma	C2			Lecture			
140		Vital signs and rapid neurological examination	Explain the importance of assessing vital signs and performing a rapid neurological examination in patients with AMS or coma	C2						
141		General examination and ancillary history	Describe the process of conducting a general examination and obtaining ancillary history to identify underlying causes	C2						
142		Emergency management	Outline the emergency management steps for patients with AMS or coma	C3						
143		Practical	Practical demonstartion of GCS		P4		Demo	1	OSPE	
144		Ethical norms	Maintain the ethical norms of patients in order to check GCS			A4	Role Play			
l										

#### **Recommended Books:**

- 1. Kumar and Clark's Clinical Medicine 10th edition
- 2. Davidson's Principals and practice of medicine 22nd edition
- 3. Mohammad Inam Danish-Short Textbook Of Medica Diagnosis And Treatment
- 4. Rosen's emergency medicine; concepts & clinical practice John. A Marx.2005

	ASSESSMENT BREAKDOWN									
S.No	Topics	No of MCQ	No of OSPE / OSCE Stations	Static / Interactive						
1	Introduction to First Aid	3	1	Static						
2	Primary and Secondary Survey	6	2	Static and Interactive						
3	Basic Life Support (BLS)	4	1	Static and Interactive						
4	Dressings, Pads and Bandages	4	1	Interactive						
5	First Aid for Fractures and Wounds	5	1	Interactive						
6	Choking	4	1	Static and Interactive						
7	Heat Stroke and Frostbite	5	1	Interactive						
8	Anaphylactic Reaction	4	1	Interactive						
9	Seizures and Stroke	5	1	Interactive						
10	Roadside Accidents and Patient Transportation	4	1	Interactive						
11	Fever and Abdominal Pain	4	1	Interactive						
12	Near Drowning, Diarrhea and Vomiting	6	1	Interactive						
13	Sports Injuries and Epistaxis	4	1	Interactive						
14	First aid of Hypoglycemia and Hypotension	4	1	Interactive						
15	Bites and Sting	4	1	Interactive						
16	Altered Mental status and Coma	4	1	Interactive						
Total	16	70	14	14						

# ANS-609 Critical Care 3(2+1)

#### **Course Description**

This course provides undergraduate anesthesia students with foundational knowledge and essential skills in critical care.

It focuses on managing critically ill patients, emphasizing pathophysiology, monitoring techniques, life-support measures, and pharmacological interventions in the intensive care unit (ICU). Students will learn to assess and respond to emergencies, interpret critical care data, and apply evidence-based practices in collaboration with multidisciplinary teams.

The course aims to prepare students to play a proactive role in ICU settings.

### **Learning Objectives**

#### **Cognitive Domain**

#### By the end of this course, students should be able to

- 1. Explain the various levels of critical care units and their functions
- 2. Identify the different steps of BLS and ACLS
- 3. Explain the different modes of mechanical ventilation.
- 4. Discuss Respiratory and Metabolic Problems that can affect ABG's interpretations.
- 5. Identify clinical signs of electrolyte and fluid imbalances

#### **Psychomotor Domain**

### By the end of this course, students should be able to

- 1. Demonstrate different ICU zones and their functions.
- 2. Demonstrate placement of ECG electrodes, CVP line placement, and Arterial line.
- 3. Operate the ventilator (settings) based on patient-specific conditions.
- 4. Insert an enteral feeding tube.

#### **Affective Domain**

#### By the end of this course, students should be able to

- 1. Develops a personal routine for the timely checking of monitored parameters.
- 2. Operate the ventilator (settings) based on patient-specific conditions.
- 3. Respond to ventilator alarms, assisting in troubleshooting.
- 4. Show attentiveness in monitoring patients' fluid and electrolyte balance.

5. Acknowledge the potential for post-traumatic stress in thoracic trauma survivors.

## **TABLE OF SPECIFICATION**

TOS-CRITICAL CARE 3(2+1)

S.N	Mooke	eeks Content	Learning Outcome	Domain			MIT's	Tim	Assessm	No
0	weeks			С	Р	А	IVIII S	e/ Hou rs	ent	of Ite ms
			TOPIC: INTRODUCTION TO CRITICAL	CARE		'				
1		Introduction	Define Critical care	C1			Interactive	2	MCQS	3
2	Week-1	Types of ICU	Explain the various levels of critical care units and their functions	C2			Lecture/SGD	2	IVICQ3	3
3		Admission criteria	Identify the criteria for admitting a patient to the ICU	C3						
4		The equipment	Identify basic equipment's use in critical care	С3						
5		Admission to critical care	Discuss the indications for admission to the ICU	C6						
6		Practical performance	Demonstrate different ICU zones and their functions.		Р3		Demo	1	OSPE	2
7		Sop compliance	Commitment to respecting patients' dignity and rights while providing care in the ICU.			А3	Role Play			
			TOPIC: INFECTION CONTROL IN THE	ICU						
8	Week-2	Definition	Define Nosocomial infection	C1			Interactive Lecture/SGD	2	MCQS	3
9		Causes	Enlist Common infection occurs in critical care	C1						
10		Infection control	Apply infection control protocols in critical care	С3						
11		Infection Control in Critical Care	Differentiate between cleaning, Disinfection, and sterilization.							
12		Protocol	Develop infection control protocol for ICU patients	C6						
13		Practical performance	Observe different isolation rooms in the critical care area.		P1		Demonstratio n	1	OSPE/OSCE	
14		Practical	Demonstrate proper Hand hygiene techniques		Р3		Demonstratio n			
15		Sop compliance	Display a commitment to maintaining hygiene standards in the ICU.			A2	Role play			
			TOPIC: MONITORING IN THE ICU	J						
17		Monitoring in the	Enlist the types of monitoring used in the ICU	C1			Interactive	2	MCQS	4

		ICU					Lecture/SGD			
10	Week-3	Vital Monitoring	Explain Different basic ICU monitoring (B.P., ECG,	C2						
18		_	CVP, SPO2, Arterial line)	C2						
19		Techniques	Explain the invasive and noninvasive monitoring techniques	C2						
20		Trouble shooting	Identify equipment errors and errors related to the patient	C3						
21		Errors	Identify factors that can interfere with pulse oximetry, ECG, and CVP readings.	С3						
22		Check list	Design a checklist for assessment based on daily ICU monitoring data.	C6						
23		Practical performance	Demonstrate placement of ECG electrodes, CVP line placement, and Arterial line.		Р3		Demo	1	OSPE/O	3
24		Sop compliances	The student develops a personal routine for the timely checking of monitored parameters.			A3	Role Play		SCE	
			TOPIC: CARDIOPULMONARY RECUSATION	(BLS, A	ACLS)		)			
25		Definition	Define cardiopulmonary resuscitation (CPR)	C1				2	MCQS	6
26	Week-4	Types of CPR	Briefly Explain Basic life support and advanced cardiac life support	C2			Interactive Lecture/SGD			
27		Chain of survival	Explain the chain of survival	C2						
28		Protocol	Identify the indications for initiating CPR.	C3						
29		Steps in CPR	Identify the different steps of BLS and ACLS	C3						
30		Protocol	Identify situations that tend to stop CPR	С3						
31		Post care	Formulate a post-cardiac arrest care protocol	C6						
32		Practical performance	Demonstrate proper chest compression technique, including rate, depth, and recoil.		P3		Demonstratio n	1	OSPE/OSCE	
33			Responds positively to instructor feedback regarding accurate chest compression and demonstrates willingness to improve.			A2	Role play			
			TOPIC: SHOCK							
34		Definition	Define shock and list its different types	C1			Interactive Lecture/SGD	2	MCQS	5
35	Week-5	pathophysiology	Explain the pathophysiology of each type of shock	C2			,			
36		Signs and symptoms	Identify the causes, signs, and symptoms of each type of shock	С3						
37		Management	Discuss the initial management strategies for shock including ABCDE protocols.	C6						
38		Practical performance	Observe the assessment of a patient in shock,		P1		Demonstra	1	OSPE/OSCE	3

			including vital signs.				tion			
39		Sop compliances	Becomes a role model for colleagues by promoting rapid response and focused care for patients in shock.			A5	Role Play			
			TOPIC: MECHANICAL VENTILATION	NC						
40		Definition	Define mechanical ventilation and its types	C1			Interactive Lecture/SGD	2	MCQS	7
41	Week-6	Indication	Enlist the indications and contraindications of mechanical ventilation	C1						
42		Types of ventilation	Explain the difference between invasive and non-invasive ventilation	C2						
43		Mode	Explain the different modes of mechanical ventilation.	C2						
44		Complication	Identify potential complications associated with mechanical ventilation.	СЗ						
45		Setting	Formulate a step-by-step approach to troubleshooting ventilator alarms	C6						
46		Weaning	Develop a weaning protocol for a patient recovering from mechanical ventilation.	C6						
47		Practical performance	Operate the ventilator (settings) based on patient-specific conditions.		P2		Demonstra tion	1	OSPE/O SCE	4
48		Sop compliances	Operate the ventilator (settings) based on patient- specific conditions.			A4	Role play			
			TOPIC: ABG'S INTERPRETATION	IS						
49		Definition	Define arterial blood gas (ABG)	C1			Interactive Lecture/SGD	2	MCQS	6
50	Week-7	Normal values	Explain the components of ABGs and their normal values.	C1						
51		Interpretation	Repeat the stepwise approach to interpreting ABG reports	C1						
52		Simple collection	Explain how to take a sample for ABG's Report	C2						
53		Respiratory disorder	Discuss Respiratory and Metabolic Problems that can affect ABG's interpretations and their management	C2						
54		ABGS in ventilated patients	Demonstrate the interpretation of ABG values in a ventilated patient.	С3						
55		Practical performance	Perform an arterial puncture to obtain an ABG sample.		P2		Demo	1	OSPE	2

56		Sop compliances	Makes ABG interpretation a consistent part of clinical decision-making			A5	Role Play			
			TOPIC: NUTRITION IN THE ICU							
57	57	Definition	Define enteral and parenteral nutrition	C1			Interactive	2	MCQS	3
58		Macronutrients and micronutrients	Enumerate the essential macronutrients and micronutrients required in ICU patients.	C1			Lecture/SGD			
59	Week-8	Administration	Demonstrate the proper administration of enteral nutrition via NG/PEG tube.	C2						
60		Signs and symptoms	Identify signs of nutritional deficiencies in critically ill patients.	C2						
61		Complication	Discuss complications related to enteral and parenteral nutrition	C2						
62		Plan for nutrition	Develop a nutritional plan for a ventilated ICU patient	C6						
63		Practical performances	Insert an enteral feeding tube under supervision.		Р3		Demo	1	OSPE	2
64		Sop compliances	Display sensitivity towards patients' nutritional needs and preferences.			A2	Role Play			
			TOPIC: CARE OF PATIENTS ON A VENT	ILATOF	₹					
65		Complication	Enumerate complications associated with long-term mechanical ventilation	C1			Interactive Lecture/SG	2	MCQS	4
66	Week-9	Care of a patient on a ventilator	Explain the importance of maintaining airway patency in ventilated patients.	C2			D			
67		Pneumonia	Identify early signs of ventilator-associated pneumonia (VAP) and barotrauma.	С3						
68		Ulcers	Demonstrate the correct method of repositioning a bedridden patient to prevent pressure ulcers.	С3						
69		Practical performances	Demonstrate proper suctioning techniques to maintain airway clearance and to prevent airway injury.		Р3		Demo	1	OSPE	1
70		Sop compliances	Respond to ventilator alarms, assisting in troubleshooting			A2	Role play			
			TOPIC: FLUIDS AND ELECTROLYTES BAL	ANCE						

71		Plasma electrolytes	Enlist the major electrolytes and their normal	C1						
71		,	ranges	C1						
72		IV fluids	Classify different IV fluids and their use in the ICU	C2						
73	Week-10	Fluids and Electrolytes balance	Explain the physiological mechanisms that regulate fluid and electrolyte balance.	C2						
74		Clinical signs	Identify clinical signs of electrolyte and fluid imbalances	C3						
75		Management	Discuss management of dehydration vs. fluid overload	C3						
76		Practical performances	Arrange IV fluids, administration sets, and necessary medications for fluid therapy.		P2		Demo	1	OSPE	2
77		Sops compliances	Show attentiveness in monitoring patients' fluid and electrolyte balance.			A2	Role play			
			TOPIC: MASSIVE BLOOD TRANSFUSI	ON						
78		Definition	Define massive blood transfusion	C1			lata a ation	2	MCQS	4
79		Blood product	Enlist blood products for a massive blood transfusion	C1			Interactive Lecture/SGD			
80	Week- 11	Massive Blood Transfusion	Discuss the importance of the Massive Transfusion Protocol (MTP) in critically ill patients.	C2						
81		Complication	Identify potential complications associated with massive blood transfusion	С3						
82		Management	Formulate strategies for managing transfusion- related	C6						
83		Practical performances	Practice to regulate blood transfusion speed using infusion pumps and blood warmers		P2		Demo	1	OSPE	2
84		Sop compliances	Demonstrate a commitment to minimizing transfusion-associated risks.			A3	Role play			
			TOPIC: SEDATION IN ICU				į į vai y			
85		Definition	Define sedation and its use in the ICU.	C1			Interactiv	_		_
86		Drugs for sedation	Enlist commonly used sedative drugs in Critical care	C1			е (66	2	MCQS	4
87	Week- 12	Sedation in the ICU	Explain different challenges for sedation in critical care	C2			Lecture/SG D			
88		Types of sedation	Classify deep sedation, light sedation, and minimal sedation	C2						
89		Sedation in ventilated patients	Contrast sedation strategies for mechanically ventilated vs. non-ventilated ICU patients	C4						
90		Complication	Assume possible complications that may arise due to prolonged sedation	C4						
91		Practical performances	Observe protocols for administering sedation in critical care.		P1		Demo		OSPE/OSCE	
92		Sop compliances	Respond to changes in the patient's condition by adjusting sedation levels as needed.			А3				

			TOPIC: PAIN MANAGEMENT IN IC	CU						
93		Definition	Define pain and its significance in critically ill patients	C1			Interactive Lecture/SGD	2	MCQS	5
94	Week- 13	Signs and symptoms	What are the common signs of pain in a critically ill patient	C1						
95		Pain Management in the ICU	What are the signs of pain in non-communicative ICU patients	C1						
96		Mechanism of pain	Explain the physiological mechanisms of pain in ICU patients.	C2						
97		Drugs used for pain	Describe the pharmacological and non- pharmacological options for pain management in the ICU.	C2						
98			Discuss the potential side effects of pain medications and their Management.	C2						
99		Practical performances	Demonstrate the use of a pain assessment scale in ICU patients		Р3		Demo	1	OSPE	2
100		Sop compliances	Demonstrate a commitment to minimizing pain and discomfort for ICU patients by giving a timely and effective analgesia dose.			А3	Role play			
			TOPIC: MANAGEMENT OF THORACIC TR	RAUMA	1					
101		Definition	Define thoracic trauma and its common causes.	C1			Interactiv	2	MCQS	4
102		Causes	Discuss Different types of thoracic trauma	C2			е (5.6			
103	Week-14	Complication	Discuss the complications associated with thoracic trauma and their management.	C2			Lecture/SG D			
104		Management of thoracic trauma	Identify the management strategies for specific thoracic injuries (e.g., pneumothorax, Hemothorax).	С3						
105		Treatment	Develop a treatment plan for a patient with penetrating thoracic trauma	C6						
106		•	Observe the intercostal chest tube insertion and secure it properly		P1		Demo	1	OSPE	1
107		Sop compliances	Acknowledge the potential for post-traumatic stress in thoracic trauma survivors.			A1	Role Play			
			TOPIC: DIABETIC KETOACIDOSIS (DKA) AND M	ANAGI	EMENT					
108		Definition	Define diabetic ketoacidosis (DKA) and its precipitating factors	C1			Interactiv e	2	MCQS	3
109	Week- 15	Clinical presentation	Describe the clinical presentation and diagnosis of DKA.	C2			Lecture/SG D			
110		Pathophysiology	Explain its pathophysiology	C2						
111		Diabetic Ketoacidosis (DKA) and Management	Discuss the potential complications of DKA and their management.	C2						
112		Prevention	Formulate a strategy to prevent recurrent DKA in diabetic patients	C6						

113		SOP compliances	Demonstrate attentiveness in monitoring DKA patients' glucose levels.			А3	Role play	1	OSPE	1			
	TOPIC: COMMON DRUGS USED IN THE ICU												
114		Drugs in the ICU	Enlist the most commonly used drugs in ICU settings.	C1			Interactiv e	2	MCQS	4			
115	Week-	Pharmacokinetics	Explain the pharmacokinetics and pharmacodynamics of common drugs used in the ICU.	C2			Lecture/SG D						
116	16	Common Drugs Used in the ICU	Describe the dosing and administration protocols of these drugs.	C2									
117		Side effect	Identify potential side effects of these drugs	С3									
118		Practical performances	Perform accurate calculations for drug dosages and infusion rates		P2		Demo	1	OSPE	2			
119		Sop compliances	Recognize the critical importance of understanding drug indications, dosages, and side effects.			A1	Role play						

#### **Recommended Books:**

- 1. Oxford Handbook of Critical Care by Mervyn Singer, Andrew R. Webb
- 2. The Washington Manual of Critical Care, 3rd edition by Marin H. Kollof.
- 3. Marino's ICU book, 4th edition by Paul L. Marino, MD, PhD, FCCM.
- 4. Clinical anesthesiology. Morgan & Mikhail's,  $\mathbf{5}^{\mathsf{TH}}$  edition.
- 5. Textbook of Anesthesia. Aitkenheads, Alan, R., 6<sup>TH</sup> edition.

	ASSESSMENT BREAKDOWN											
S.No	Topics	No of MCQ	No of OSPE / OSCE Stations	Static / Interactive								
1	Introduction to Critical Care	3	0	Static								
2	Infection control in the ICU	3	1	Static and Interactive								
3	Monitoring in the ICU	4	1	Interactive								
4	Cardiopulmonary resuscitation (BLS, ACLS)	6	2	Interactive								
5	Shock	5	1	Interactive								
6	Mechanical Ventilation	7	2	Interactive								
7	ABG's Interpretations	6	2	Interactive								

8	Nutrition in the ICU	3	0	Interactive
9	Care of patients on a ventilator	4	0	Interactive
10	Fluids and Electrolytes balance	5	1	Interactive
11	Massive Blood Transfusion	4	1	Interactive
12	Sedation in the ICU	4	0	Interactive
13	Pain Management in the ICU	5	1	Interactive
14	Management of Thoracic Trauma	4	1	Interactive
15	Diabetic Ketoacidosis (DKA) and Management	3	0	Interactive
16	Common Drugs Used in the ICU	4	1	Interactive
Total	16	70	14	14

## **ANS-610 Leadership and Management 2(2+0)**

#### **Course Description**

The purpose of this course is to equip students with essential knowledge and understanding of leadership and management principles in healthcare. It aims to develop professional competence by exploring leadership theories, emotional intelligence, communication, motivation, and resource management. Students will gain insight into planning, policymaking, organizational structures, and ethical leadership practices. Designed to integrate theoretical foundations with real-world applications, this course prepares learners to lead effectively and manage resources efficiently in diverse healthcare settings.

#### **Learning Objectives**

#### **Cognitive Domain**

#### By the end of this course, students should be able to

- 1. Discuss the foundational concepts of leadership and management in healthcare.
- 2. Describe various leadership theories, including trait, behavioural, contingency, and transformational approaches, and their relevance to clinical practice.
- 3. Explain the core functions of management, such as planning, organizing, leading, and controlling, within the context of healthcare organizations.
- 4. Identify different organizational structures and managerial hierarchies, analysing their roles and interrelationships in healthcare delivery.
- 5. Discuss key concepts of emotional intelligence, motivation, communication, and professionalism as they apply to effective leadership.
- 6. Describe essential aspects of policymaking, financial management, and human resource practices in healthcare leadership and administration

#### **Affective Domain**

By the end of this course, students should be able to

- 1. Demonstrate a positive attitude towards leadership responsibilities and teamwork.
- 2. Respect diverse perspectives and communicate professionally in group discussions and collaborative tasks.
- 3. Uphold ethical principles, accountability, and integrity in leadership and managerial roles within healthcare settings

#### **TABLE OF SPECIFICATION**

## **TOS-LEADERSHIP AND MANAGEMENT 2(2+0)**

S.No	Weeks	Contents	Learning Outcome	Domain		MIT's	Time/Hours	Assessment	No of	
				С	P	Α				Items
			TOPIC: INTRODUCTION TO LEADERSHIP							
1	Week-	Introduction	Define leadership	C1						
2	1	Roles of leader	List of roles of a leader	C1						
3		Importance in healthcare	Describe importance in healthcare	C2			Interactive lecture	2	MCQs/SEQs	4
4		Differences in contexts	Explain how leadership roles, styles, or effectiveness may change based on the environment	C2						
5		SOPs compliance Demonstrate willingness to listen during leadership discussions.				A1	Role Play			
			TOPIC: LEADERSHIP THEORIES							
6	Week-	Key Theories	Identify key leadership theories	C1						
7	2	Trait and Behavioral								
8		theories Contingency and	Describe traits and behavioral theories	C2			Interactive lecture			
٥		transformational	Compare contingency vs transformational	C2			lecture	2	MCQs/SEQs	3
9		Situational and charismatic theory	Explain the situational and charismatic theory of leadership	C2						
10		Great man theory	Explain the great man theory	C2						
11		SOPs compliance	Respond with interest to theoretical frameworks			A2	Role Play			
			TOPIC: LEADERSHIP STYLES							
12	Week-	Introduction	Define different leadership styles used in healthcare settings.	C1						
13	3	Directive styles	Explain Directive Styles (Autocratic, Authoritative, Transactional, Bureaucratic)	C2			Interactive			
14		Collaborative and	Collaborative and Supportive Styles (Democratic, Laissez-faire, Transformational,				lecture			
		supportive styles	Servant, Coaching)	C2				2	MCQs/SEQs	3
15		Application of autocratic style	Describe the circumstances where an autocratic style would be effective (e.g., during a medical emergency, code blue).	C2						
16		SOPs compliance	Accept the value of diverse leadership styles and demonstrate openness to adapting one's own approach in collaborative healthcare settings	O.L.		A3	Role Play			
			TOPIC: PROFESSIONALISM IN LEADERSHIP							

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17	Week-	Definition	Define Professionalism and Ethics	C1		Interactive			
18	4	Key components	Recall key components of effective communication, teamwork, and conflict resolution	C1		lecture			
19		Importance of professionalism healthcare	Explain the importance of professionalism in maintaining patient trust and ensuring quality care	C2			2	MCQs/SEQs	3
20		Conflict resolution	Apply conflict resolution skills to manage disagreements among team members	C4					
21		SOPs compliance	Willingly engage in respectful dialogue to resolve conflicts, valuing diverse perspectives and teamwork		A4	Role Play			
			TOPIC: EMOTIONAL INTELLIGENCE						
22	Week-	Definition & its							
	5	Components	Define emotional intelligence and its key components	C1					
23		Role in leadership	Explain the role of emotional intelligence in effective leadership.	C2		Interactive			
24		Applying EI Strategies in Workplace Scenarios	Apply appropriate emotional intelligence strategies to manage common workplace scenarios such as conflict resolution, feedback response, motivation, and stress management	C3		lecture	2	MCQs/SEQs	4
25		SOPs compliance	Accept responsibility in collaborative leadership tasks		A4	Role Play			
		·	TOPIC: PROCESS MODELS AND CORE SKILLS						
26	Week-	Introduction	Recall core leadership skills	C1					
27	6	Leadership models	Explain Kouzes and Posner's Leadership Practices and Dunham and Pierce's Leadership Process Model	C2					
28		Decision making process	Illustrate decision-making processes	C2		Interactive Lecture	2	MCQs	4
29		Team based task	Apply skills to team-based tasks	C2					
30		The 5 Es of Leadership	Explain the 5 Es of leadership	C2					
31		SOPs compliance	Advocate regular practice of intubation techniques to ensure competency.		A4	Role Play			
			TOPIC: INTRODUCTION TO MANAGEMENT						
32	Week-	Introduction	Discuss the 4 core functions of management	C2					
33	7	Types of management	Discuss Macro and Micromanagement	C2		Interactive			
34		Differences with leadership	Describe differences between leadership and management	C2		Lecture	2	MCQs	7
35		Difference between leader	Explain in detail the differences between manager and leader	C2					
		and manager	Explain in detail the differences between manager and leader						

36		SOPs compliance	Demonstrate curiosity about managerial roles		A2	Role Play			
			TOPIC: MANAGERIAL HIERARCHY						
37	Week-	Level of		C1					
	8	management	Enlist the levels of management						
38		Responsibilities	Describe responsibilities of each level	C2		Interactive			
39		Upward and				Lecture	2	MCQs/SEQs	7
		downward communication	Explain upward and downward communication	C2					
40		Decision flow in	Illustrate how decisions flow through different levels of the managerial hierarchy in						
		hierarchy	healthcare setting	C3					
41		SOPs compliance	Show respect for the roles of all levels of management		A1	Role Play			
			TOPIC: COMMUNICATION IN MANAGEMENT						
42	Week-	Introduction	Recall the types of communication used in management	C1					
43	9	Communication models	Describe communication models in details	C2					
44		barriers to communication	Explain barriers to communication in healthcare management settings	C2		Interactive	2	MCQs/SEQs	4
45		Cultural differences influence	Explain how cultural differences influence communication styles in a diverse healthcare team	C2		Lecture/SGD			4
46		SOPs compliance	Participate actively in team discussions, demonstrating attentive listening and respectful engagement		А3	Role Play			
			TOPIC: CONTROLLING IN MANAGEMENT						
47	Week-	Definition	Define controlling	C1					
48	10	Span of control	Define span of control – how many people a manager can effectively supervise	C2					
49		Controlling tools	Describe common control tools and techniques used in management, such as Key Performance Indicators (KPIs), audits, budgets, and performance appraisals	C2		Interactive Lecture/SGD	2	MCQs/SEQs	4
50		Patient feedback as controlling tool	Describe how feedback from patients and staff can be used as a control tool to improve healthcare services	C2		Lecture/30D			
51		SOPs compliance	Recognize the importance of accountability and consistent monitoring in delivering safe and effective patient care		А3	Role Play			
			TOPIC: HR MANAGEMENT						
52	Week-	Definition	Define Human resources management	C1					
53	11	Function of HR	List down the functions and responsibilities of HR	C1					
54		Recruitment process	Discuss the recruitment and selection process in public and private sector	C2		Interactive Lecture	2	MCQs/SEQs	8
55		Handling	Explain grievance handling in healthcare management	C2		Lecture			
1			4.4			-		·	

		grievances							
56		SOPs compliance	Appreciate the role of HRM in team well-being.		A3	Role Play			
			TOPIC: FINANCIAL MANAGEMENT						
57	Week- 12	Introduction	Define financial management and financial terms used in healthcare, such as revenue, expenses, cost, and profit	C1					
58		Importance of financial management	Explain why financial management is important in ensuring quality patient care and sustainability of healthcare services	C2		Interactive Lecture/SGD	2	MCQs/SEQs	5
59		Decision making and financial management	Discuss how financial management supports decision-making in healthcare organizations	C2			2	WICQS/3EQS	3
60		SOPs compliance	Demonstrate willingness to participate in discussions about the importance of financial responsibility in healthcare settings		A2	Role Play			
			TOPIC: BUDGETING						
61	Week-	Introduction	Define budgeting in the context of healthcare management.	C1					
62	13	Types	Define the types of budgets used in healthcare (e.g., operating, capital, cash, departmental)	C1					
63		Basic steps of the budgeting	Discuss the basic steps of the budgeting process	C2		Interactive			
64		Purpose of budgeting	Explain the purpose of budgeting in healthcare organizations	C2		Interactive Lecture	2	MCQs/SEQs	3
65		Fixed and flexible budgets	Describe the differences between fixed and flexible budgets in a healthcare setting	C2					
66		SOPs compliance	Demonstrate willingness to engage in discussions on the role of budgeting in ensuring effective healthcare delivery		A2	Role Play			
			TOPIC:PLANNING						
67	Week-	Introduction	Define planning in the context of healthcare management and List types of planning	C1		Interactive	2	MCQs/SEQs	
68	14	planning steps	Describe planning steps in details	C2		Lecture/SGD			6
69		strategic and operational planning	Explain the strategic and operational planning in a hospital setting	C2					
70		Influence on planning	Explain how external factors (e.g., government policy, epidemics, outbreaks and pandemics) influence healthcare planning	C2					
71		SOPs compliance	Participate actively in group activities and discussions related to healthcare planning scenarios		A4	Role Play			
			TOPIC: MOTIVATION AND THEORIES						
72	Week-	Definition	Define motivation in the context of healthcare work environments and key terms	C1					

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	15		such as intrinsic motivation, extrinsic motivation, job satisfaction, hygiene factors, and incentives			Interactive	2	MCQs/SEQs	3
73		Maslow's	Explain Maslow's Hierarchy of Needs and how it applies to healthcare professionals	C2		Lecture		OSPE	
		Hierarchy of				Demo			
		Needs							
74		Herzberg's Two-	Describe Herzberg's Two-Factor Theory	C2					
		Factor Theory							
75		Vroom's	Discuss Vroom's Expectancy Theory and its implications for performance and	C2					
		Expectancy	reward systems in healthcare						
76		SOPs compliance	Show interest in understanding what motivates oneself and others in clinical		A2	Role Play			
			practice						
			TOPIC: POLICY						
77	Week-	Definition	Define policy in the context of healthcare systems.	C1					
78	16	Types of policies	Explain types of healthcare policies, such as institutional policies, government	C2					
			health policies, and clinical practice guidelines						
79		Differences	Describe the difference between a policy, a procedure, and a protocol in simple terms	C2		Interactive Lecture	2	MCQs/SEQs	3
80		Health policies	Discuss how health policies are made	C2					
		making							
81				C4					
82		MTI	Discuss how MTI reforms affect hospital staff, such as changes in hiring,	C2	A3	Role Play			

#### **Recommended Books:**

- 1. The art of medical leadership. Suzan Oran. Scott Conrad
- 2. Strategic management. Ritson, Neil
- 3. Management basics. Quinn, Susan,
- 4. Emotional intelligence. MTD training
- 5. On Becoming a Leader. Bennis, Warren, 4th edition.
- 6. How to Win Friends & Influence? Kouzes, M. James. & Posner, Z, Barry, 5th edition

### ECT – 605 BURNS & TOXICOLOGY

#### **COURSE DESCRIPTION**

This course provides an in-depth understanding of the pathophysiology, assessment, and management of burns and toxicological emergencies. It covers the classification of burns, fluid resuscitation, wound care, and complications associated with burn injuries. Additionally, the course explores various toxicological emergencies, including poisoning, overdose, and hazardous material exposure. Emphasis is placed on pre- hospital and hospital interventions, critical decision-making, and patient safety in burn and toxicology management.

#### **LEARNING OBJECTIVES**

#### **Cognitive Domain**

#### By the end of this course, students should be able to:

- 1. Explain the pathophysiology, classification, and severity of burn injuries.
- 2. Identify the principles of burn management, including fluid resuscitation, wound care, and pain control.
- 3. Describe common toxicological emergencies, their mechanisms of action, and clinical manifestations.
- 4. Discuss the principles of decontamination, antidote administration, and supportive care in toxicology cases.

#### **Psychomotor Domain**

#### By the end of this course, students should be able to:

- 1. Demonstrate empathy and compassion when managing burn and poisoning patients.
- 2. Exhibit professionalism and ethical decision-making in pre- hospital and hospital burn/toxicology cases.
- 3. Develop effective communication skills when educating patients and families on burn prevention and poison control

#### Affective Domain

#### By the end of this course, students should be able to:

- 1. Perform accurate assessment and triage of burn injuries based on severity and extent.
- 2. Demonstrate proper techniques for burn wound care, dressing application, and pain management.
- 3. Execute airway management and fluid resuscitation in critically burned patients.
- 4. Apply appropriate decontamination procedures for toxic exposures, including chemical and biological agents.
- 5. Administer antidotes and supportive treatments for specific poisoning cases, following established protocols.

# TABLE OF SPECIFICATIONS BURNS & TOXICOLOGY

S. No	week	Content	Learning Outcome	Dom	Domain		MIT'S	Time/ Hour	Assessment	No items
				C	Р	Α				
			TOPIC: INTRODUCTION TO BURN	S						
1.	Week-1	Introduction	Introduction to burns	C1			Interactive	2	MCQs	
2.		Causes	Enlist causes of burn injuries	C3			lecturer/			
3.		Pathophysiology	Explain pathophysiology of burn injuries	C3			SGDs			
4.		Circulatory changes	Discuss the circulatory changes occurring due to burn injuries	C4						
5.		Mechanical block	Explain mechanical block occurring due to burn injuries	C3						
6.		Practical demonstration	Practical demonstration on Identification of different types of burns		P4			1	OSPE/ OSCE	
7.		comply to SOPS	comply to SOPS for the identification of various degree of burns			A4	Practical Demo			
			TOPIC: IMMEDIATE CARE OF BURN PA	TIENTS						
8.	Week-2	Introduction	Introduction to the immediate care of burn patients	C1			Interactive	2	MCQs	
9.		Classification	Discuss the classification of immediate care into pre hospital and hospital care	C3			lecturer/ SGDs			
10.		Recognition	Explain the recognition of a potentially burned airway	C3						
11.		Clinical features	Discuss the clinical features of inhalational injury	C3						
12.		Management	Explain the immediate management of an inhalational injury	C4						
13.		Video demonstration	Video demonstration on the utilization fire extinguisher and fire blankets in fire hazards		P4			1	OSPE/ OSCE	
14.		comply to SOPS	Comply to SOPs for utilization fire extinguisher and fire blankets			A4				
			TOPIC: BURN CLASSIFICATION AND ASSE	SSMEN	Т					
15.	Week-3	Introduction	Introduction to classification of burn injuries	C1			Interactive	2	MCQs	
16.		Types	Discuss the classification on basis of types	C3			lecturer/			
17.		Depth	Explain the classification on basis of depth of burn injuries	C3			SGDs			
18.		Electric burns	Explain the mechanism of burn injuries due to electrical burns	C3						
19.		Chemical burns	Explain the mechanism of burn injuries due to chemical burns	C3						

20.		Assessment	Explain the assessment of burn injury size through palm method and Rule of 9	C3						
21.		Practical demonstration	Practical demonstration on the application of rule of nine for assessment of total body surface area Burn		P4			1	OSPE/ OSCE	
22.		comply to SOPS	Comply to SOPs for the application of rule of nine for assessment of total Body Surface area burn independently			A4				
			TOPIC: FLUID RESUSSCITATION AND ENERGY BALANCI	E IN BL	JRN PA	ATIENT	rs			
23.	Week-4	Introduction	Introduction of different types of fluids that can be given to burn patients	C1			Interactive lecturer/	2	MCQs	
24.		Principle	Explain the principles for fluid resuscitation	С3			SGDs			
25.		Indications	Discuss the indications for fluid resuscitation	C2						
26.		Parkland formula	Explain the parkland formula for crystalloid resuscitation	С3						
27.		Muir and Barcley formula	Explain Muir and Barcley formula for colloid resuscitation	C4						
28.		Monitoring	Discuss the monitoring of fluid resuscitation	С3						
29.		Definition	Define energy balance	C1						
30.		Assessment	Explain the assessment of energy requirement	C2						
31.		Objectives	Discuss the objectives of nutritional management	С3						
32.		Goals	Explain the goals of nutritional management	С3						
33.		Curreri formula	Explain Curreri formula for daily caloric requirement of burn patients	С3						
34.		Devies formula	Explain Devies formula for daily caloric requirement of burn patients	С3						
35.		Practical performance	Video demonstration on escharotomy in patients with		P4		Practical	1	OSPE/ OSCE	
			circumferential full thickness burns				Demo			
36.		Comply to SOP	Comply to SOPs for escharotomy			A4				
			TOPIC: TREATING THE BURN WOUN	1	1	1				
37.	Week-5	Introduction	Introduction to treatment options of burns	C1			Interactive	2	MCQs	
38.		Escharotomy	Discuss escharotomy procedure	C4			lecturer/ SGDs			
39.		Key features	Explain key features for escharotomy placement	C3			3005			
40.		Dressing	Explain the types of dressings used for burn wounds	C3						
41.		Contaminated burn wound	Discuss the management of contaminated burn wound	C4						
42.		Additional aspects	Describe the additional aspects of treating the burn patient	C4						
43.		Practical performance	Practical/Video demonstration on various pharmacological dressings in burn		P4			1	OSPE/ OSCE	
44.		Comply to SOP	Comply to sops for pharmacological dressings in burn			A4				

			TOPIC: SURGERY FOR THE ACUTE BURN V	NOUNI	D					
45.	Week-6	Indications	Discuss the indications for surgery of burn wounds	C1			Interactive	2	MCQs	
46.		Indications	Discuss the criteria for surgical treatment of burn wounds	C3			lecturer/ SGDs			
47.		Deep burn wounds	Explain the surgery for deep burn wounds	C4						
48.		Cosmetic surgeries	Explain Z-plasty ,free flaps and tissue expansion	C3						
49.		Hypertrophic scars	Explain the use pressure garments for hypertrophic scars	C3						
50.		Practical performance	Video demonstration on dressing and debridement in full thickness burns		P4			1	OSPE/ OSCE	
51.		Comply to SOP	Comply to SOPs for dressing and debridement			A4	Practical Demo			
			TOPIC: NON THERMAL BURN INJUR	IES						
52.	Week-7	Definition	Define non thermal burn injuries	C1			Interactive	2	MCQs	
53.		Electric Injuries	Explain electrical injuries	C2			lecturer/			
54.		High tension Electric burns	Explain the classification of high tension electric burns	C3			SGDs			
55.		Low tension Electric burns	Explain the classification of low tension electric burns	C3						
56.		Chemical burns	Explain chemical injuries	C3						
57.		Classification	Discuss the classification of chemical injuries	C4						
58.		Management	Explain the management of non-thermal burn injuries	C3						
59.		Ionizing radiation injury	Explain the types and management of ionizing radiation injury	C4						
60.		Practical performance	Practical/Video demonstration on ECG monitoring in electrical burns		P4		Demonstration	1	OSPE/ OSCE	
61.		Comply to SOP	Comply to SOPs for ECG monitoring			A4				
			TOPIC: INTRODUCTION TO TOXICOLO	OGY						
62.	Week-8	Introduction	Introduction of toxicology	C1			Interactive	2	MCQs	
63.		Routes of poisoning	Discuss different routes of poisoning	C3			lecturer/			
64.		Causes	Explain the causes of drug overdose	C3			SGDs			
65.		Investigation	Discuss the investigations performed for patients with poisoning	C4						
66.		Differential diagnosis	Explain the differential diagnosis related to poisoning	C3						
67.		Management	Explain the general and immediate management of cases with poisoning	C4						
68.		Practical performance	Video demonstration on identification and differentiation of common toxidromes		P4			1	OSPE/ OSCE	
69.		Ethical considerations	Maintain ethical considerations while assessing toxidromes			A4				
			TOPIC: INTRODUCTION TO TOXICOLO	OGY						
70.	Week-9	Decontamination	Explain different procedures used for decontamination	C4			Interactive	2	MCQs	

71.		Management	Discuss the management of patients with special case	C3			lecturer/			
72.		Antidotes	Discuss the antidotes specific to poisons	C3			SGDs			
73.		Legal pitfalls	Discuss legal pitfalls of patients with poisoning	C2						
74.		Practical performance	Practical demonstration on gastric decompression in		P4			1	OSPE/ OSCE	
			patients with acute poisoning							
75.		Informed consent	Obtain informed consent before gastric decompression			A4				
	TOPIC: ORGANOPHOSPHATE POISONING									
76.	Week- 10	Definition	Define organophosphates	C1			Interactive lecturer/	2	MCQs	
77.		Mechanism	Explain the mechanism of toxicity of organophosphates	C3			SGDs			
78.		Modes		C2						
			Discuss modes of toxicity							
79.		Clinical factures	Explain the clinical features of patients with	62						
80.		Clinical features Presentation and	organophosphate poisoning  Discuss the presentation and assessment of patients	C3						
80.		assessment	with organophosphate poisoning	C3						
81.		45555	Discuss the investigations performed for patient with							
		Investigations	organophosphate poisoning	C4						
82.			Discuss the diagnosis of patient with organophosphate							
		diagnosis	poisoning	C3						
83.			Explain the management of patients with	64						
84.		Management	organophosphate poisoning  Practical demonstration on the application activated	C4	P4		Domonstration	1	OSPE/ OSCE	
84.		Practical performance	charcoal in acute poisoning		P4		Demonstration	1	USPE/ USCE	
85.		Tractical performance	Comply to SOPs for application activated charcoal in			A4				
		Comply to SOP	acute poisoning independently							
			TOPIC: ANTICONVULSANTS DRUGS TO	XICITY						
86.	Week-	Definition	Define Anticonvulsants	C1			Interactive	2	MCQs	
87.	11	Mechanism	Explain the mechanism of action of anticonvulsants	C3			lecturer/			
88.		Etiology	Discuss the etiology of anticonvulsants overdose	C3			SGDs			
89.		Pathophysiology	Explain the pathophysiology of anticonvulsants toxicity	C3						
90.		diagnosis	Discuss the laboratory diagnosis of anticonvulsants toxicity	C4						
91.		Management	Explain the management of patients with anticonvulsants toxicity	С3						
92.		Practical performance	Identification of specific antidotes for various poisoning		P4			1	OSPE/ OSCE	
93.		comply to SOP	Comply to SOPs for identification of antidotes			A4				
			independently							
	TOPIC: BETA BLOCKER AND CALCIUM CHANNEL BLOCKER TOXICITY									

94.	Week-	Definition	Define Beta blocker and Calcium channel blockers	C1			Interactive	2	MCQs	
95.	12	Mechanism	Explain the mechanism of action of beta blockers and calcium channel blockers	C3			lecturer/ SGDs			
96.		etiology	Discuss the etiology of beta blockers and calcium channel blockers	C2						
97.		Presentation and assessment	Discuss Presentation and assessment of patients with beta blockers and calcium channel blockers	C3						
98.		pathophysiology	Explain the pathophysiology of beta blockers and calcium channel blockers	С3						
99.		laboratory diagnosis	Discuss the laboratory diagnosis of beta blockers and calcium channel blockers overdose	C4						
100		Management	Explain the management of patients with beta blockers and calcium channel blockers overdose	C4						
101		Practical performance	Practical demonstration on preparation of first aid kit for poisoning patients		P4			1	OSPE/ OSCE	
102		comply to SOP	Comply to SOPs for preparation of first aid kit for poisoning patients independently			A4	Roll Play			
			TOPIC: BENZODIAZEPINES TOXICIT	Υ						
103		Definition	Define Benzodiazepines	C1			Interactive	2	MCQs	
104	13	Mechanism	Discuss the mechanism of action of benzodiazepines	C2			lecturer/			
105		Etiology	Discuss the etiology of benzodiazepines overdose	C3			SGDs			
106		Pathophysiology	Explain the pathophysiology of benzodiazepines toxicity	C3						
107		Presentation and assessment	Discuss Presentation and assessment of patients with benzodiazepines toxicity	C3						
108		laboratory diagnosis	Discuss the laboratory diagnosis of benzodiazepine toxicity	C4						
109		Management	Explain the management of patients with benzodiazepines toxicity	C4						
110		Practical performance	Practical demonstration on application of urinary catheterization		P4		Demonstration	1	OSPE/ OSCE	
111		Comply to SOPS	Comply to SOPs for application of urinary catheterization independently			A4	Roll Play			
			TOPIC: ASPIRIN TOXICITY							
112		Definition	Define Aspirin	C1			Interactive	2	MCQs	
113	14	Mechanism	Discuss the mechanism of action of aspirin	C3			lecturer/			
114		Etiology	Discuss the etiology of aspirin overdose	C3			SGDs			
115		Pathophysiology	Explain the pathophysiology of aspirin toxicity	C4						
116		Presentation and assessment	Discuss Presentation and assessment of patients with aspirin toxicity	C3						

117		Jahoratory diagnosis	Discuss the laboratory diagnosis of aspirin toxicity	C3						
117		laboratory diagnosis	, , , , , , , , , , , , , , , , , , , ,							
118		Management	Explain the management of patients with aspirin toxicity	C4						
119		Practical performance	rical performance Practical demonstration of application of NG tube P4 Demonstration independently		Demonstration	1	OSPE/ OSCE			
120		Comply to SOPs	Comply to SOPs for application of NG tube effectively			A4				
	TOPIC: NSAIDS AND ALCOHOL TOXICITY									
121	Week-	Introduction	Give introduction about NSAIDs and alcohol	C1			Interactive	2	MCQs	
122	15	Mechanism	Discuss the mechanism of action of NSAIDs and alcohol	C3			lecturer/			
123		Etiology	Discuss the etiology of NSAIDs overdose	C3			SGDs			
124.		Pathophysiology	Explain the pathophysiology of NSAIDs and alcohol toxicity	C4						
125		Presentation and assessment	Discuss Presentation and assessment of patients with NSAIDs and alcohol toxicity	C3						
126		laboratory diagnosis	Discuss the laboratory diagnosis of NSAIDs and alcohol toxicity	C3						
127		Management	Explain the management of patients with NSAIDs and alcohol toxicity	C4						
128		Practical performance	Practical demonstration on application of endotracheal tube for metabolic poisoning independently		P4			1	OSPE/ OSCE	
129		Comply to SOPs	Comply to SOPs for application of endotracheal tube for metabolic poisoning effectively			A4				
			TOPIC: MANAGEMENT OF SNAKE AND SCOP	RPION	BITE					
130	Week-	Introduction	Give introduction about snake and scorpion bite	C1			Interactive	2	MCQs	
131.	16	Sign and symptoms	Discuss the sign and symptoms of snake and scorpion bite	С3			lecturer/ SGDs			
132		Types	Discuss the types of snake venom	C3						
133		Toxic effect	Explain the toxic effect of snake and scorpion bite	C4						
134		Diagnosis	Discuss the lab diagnosis of snake and scorpion bite	C3						
135		Management	Explain the management for snake and scorpion bite	C3						
136		Practical performance	Practical demonstration on assessment of urine output for monitoring toxicity in Poisoning Patients independently		P4		Demonstration	1	OSPE/ OSCE	
137.		Comply to SOPs	Comply to SOPs for assessment of urine output for monitoring toxicity in Poisoning Patients effectively			A4				

## **Recommended Books**

- 1. Baily & Love Short Practice of Surgery
- 2. ABC of Burns
- 3. Emergencies in critical care
- 4. ABC of Emergency Medicines
- 5. First Aid for the Emergency Medicines Board

	ASSESSMENT BREAKDOWN									
S.No	Topics	No of MCQ	No of OSPE / OSCE Stations	Static / Interactive						
1	Introduction to burns	5	1	Static						
2	Immediate care of burn patients	2	1	Static and Interactive						
3	Burn classification and assessment	7	1	Interactive						
4	Fluid resuscitation in burn patients	4	1	Static						
5	Energy balance in burn patients	3	1	Interactive						
6	Treating the burn wound	3	1	Static						
7	Surgery for the acute burn wound	4	1	Static						
8	Non thermal burn injuries	6	1	Static						
9	Introduction to toxicology	9	1	Static						
10	Organophosphate poisoning	5	1	Static						
11	Anticonvulsants drugs toxicity	4	1	Static/ Interactive						
12	Beta blocker and calcium channel blocker toxicity	5	1	Interactive						
13	Benzodiazepines toxicity	3	-	-						
14	Aspirin toxicity	3	-	-						
15	Nsaids and alcohol toxicity	5	1	Interactive						
16	Management of snake and scorpion bite	2	1	Static						
Total	16	70	14	14						

# THE END