SAHARA MEDICAL COLLEGE

A Project of SAHARA for life trust

DEPARTMENT OF PAEDIATRICS

Sahara Medical College
Sughra Shafi Medical Complex

Study Guide

Our Commitment

"Department of Paediatrics is committed to facilitate our student both in their academics & characterization to become a doctor who is competent enough, to Provide Health care to Children locally as well as globally & is Research oriented."

Table of Conntents

University of Health Sciences

VisionStatement

UHS is a leading University aiming to keep its graduates apt with the ever emerging global health challenges evolving educational methodologies and emerging technological advancements to maintain its distinguishable position as a Medical University.

Mission Statement

UHS shall continue to strive for producing a human resource par at excellence to cater for the health needs of the people of Puniab and Pakistan.

SAHARA MEDICAL COLLEGE, NAROWAL

MISSION

Sahara Medical College, Narowal has set its mission to produce Medical

graduates who abide by the rigor of scientific discipline and are

altruistic, humane, knowledgeable, through research and evidence- based medicine, skillful and dutiful to their profession and the society at large.

VISION

"Qualitative and Quantitative Revolution in Medical Education and

Research through Evolution and thereby improve Health Care Delivery to Populace."

OUTCOMES OF MBBS PROGRAM

(Revised Dated Thurseday December 31st 2021)

It is expected that the MBBS graduates, by the end of their program, will be able to:

1. Attain sufficient medical knowledge.
2. Exhibit excellent clinical skills
3. Manage critical or non-critical patients independently or as ateam
4. Demonstrate professional, ethical and culturally appropriate behavior
5. Work effectively as a team leader in a healthcare setting
6. Demonstrate clear and efficient writing and verbal communication abilities
7. Be a good researcher and lifelong learner
8. Serve the ailing humanity in rural areas of Pakistan.

Introduction

Paediatrics Medicine SMC/SSMC

Term of References:

Mission Statement (Paediatrics):

The Department of Pediatric Medicine, seeks to continually improve the quality of care for pediatric patients advocacy for and recognition of the unique needs of sick children presenting to department.

- ## Objectives & Goals;

1. To, provide optimum care of patient, at every level. (Treatment, Psychological, Emotional & Social Support).
2. To facilitate our student both in their academics & characterization to become a doctor who is competent enough, to Provide Health care to patient locally as well as globally & is Research oriented.

• Divisions & Staff of Department;

To, provide optimum care of Childrens of every level of sickness & Age (0 day to 17 year).

• Divisions;

- EmergencySection: Operational (Beds(5), Emergency trolley, Ventilators, Defibrillator, Warmer) & easily accessible to Critical patients.
- General Ward with functional 45 Beds.
- PaediatricsIntensiveCareUnit(10Bed) with Resuscitation Room;
- Neonatal Intensive Care Unit (10 Bed) with Resuscitation room.

- OutPatientDepartment.
-

- Teaching of Under & Post Graduate.

  - TutorialRoom.
  - LectureTheater.
  - Tutorial/ Morning Conference Room.

Staff:

- Doctors;

1. Professor. (1)
2. Associate Professor (1)
3. Assistant Professor (3)
4. Senior Registrar (4)
5. Medical Officer/RMO/Post Graduate Residence (5-10)
6. House Officer (5)

- Nursing Staff;

1. Emergency (4)
2. General Ward (4)
3. PICU (4)
4. NICU (4)

- Janitorial Staff (10)

Staff Rooms.

1. Professor (1)
2. Associate Professor (1)
3. Assistant Professor & Senior Registrar (1)
4. MO/ HO/PGR (male 7 Female) (2)
5. Nursing Staff (2)

- Equipment:

1. WeighingScale(Older&Infants) 3 2. BPApparatus(neonatal,infant,Child)5 3. 3. Thermometer(rectal,Armpit) 6 4. 4. PulseOximeter 4 5. 5. DisposableTDepressor 6. NasalSpeculum 2 7. Fundoscope. 1 8. Otoscope 2 9. Stadiometer. 1 10. Infantometer 1 11. Infusion Pump 3	12. Suction Machine 13. Infusion Pump 3 14. Ultrasonic Nebulizer 2 15. Monitors 4 16. Neonatal Ventilator 2 17. Infant Ventilator. 18. NeonatalResuscitator 19. Radiant Warmer 1 20. Incubators 3 21. Transport Incubator 1 22. Resuscitator (infant, Child, neonate) 3 23. Phototherapy Machine 2

Patient Rights and Education (PRE)

1. Documented process for obtaining patient and / or family consent exists for informed decision making about their care.

2. *General consent for treatment is obtained when the patient enters the organization. Patient and/ or their family members are informed of the scope of such general consent.*
3. *Patient and families have a right to information on expected costs.*

Indicators.

4. *There is uniform pricing policy in a given setting (out-patient and ward category).*
5. ***Patients and family are informed about the financial implications when there is a change in the patient condition or treatment setting.***
6. ***The organization informs the patient of his/her right to express his/her concern or complain either verbally or in writing.***

Job Summary:

The Professor & Head of Department is responsible for the development/ planning and delivery of UHS /PM&DC accredited undergraduate medical education programme. The Head of Department contributes to the achievement of the institution and faculty strategic plans by providing effective management and academic leadership within the department. The Head of Department will demonstrate vision, management skills, the ability to acquire resources and the skills to empower and influence others to contribute to getting the job done. The methods, by which the Head of Department carries out his /her duties, and the extent of delegation, will depend on factors such as the size and nature of the department and the personal approach of the individual Head of Department. Whilst academic leadership will often be shared, particularly through the support of the department's professors, the Head is ultimately accountable for the management of the department.

Role & Responsibilities

- Actively assisting the Principal in ensuring the good professional practice, standards, and quality of teaching and learning of subject/s through proper dialogue with the class teachers and, under the direction of the UHS/PMC&DC criteria, promotes a healthy process of reciprocal informal observation of class teaching practices.
- Encourage and support the contributions of academic staff by developing/sustaining appropriate structures for consultation, decision-making and communication with all staff.
- Develop and promote the internal and external profile of the department.
- Oversee, organize and develop the core activities of teaching, research, examining, advising and other service activities and of commercial exploitation and knowledge transfer, consulting with all departmental colleagues, where appropriate
- Ensure that the department's responsibilities to students in respect of admission, teaching, progress and pastoral care are met.

- Facilitate and promote the development of intra- and inter-disciplinary academic activity (in teaching and research).
- Ensure that the quality and standards of programs within the department's remit are maintained and enhanced.
- Support innovation in course design and delivery, learning, teaching and assessment methods.
- Contribute to the teaching under taken within the faculty/department.
- Manage all staff within the department, including performance management, staff development, appraisal, induction and succession planning.
- Review,verifyandapprovetheAcademicActivityProfileforeachmemberof academic staff in your department.

- Plan and manage the use of all resources (including programme-planning and sickness-absence monitoring) associated with the department.
- Contribute to the recruitment and retention of staff in accordance with University policies.
- Establish appropriate management structures, allocate work and promote flexible staff deployment and working practices so as to enhance effectiveness and efficiency.
- Monitorandregularlyreviewtheperformanceofthedepartmentagainstagreed objectives, and report regularly to the Principal.
- Ensurethatappropriatearrangementsareinplacetoaccountforandmaintain the physical assets and resources of the department, e.g. manage the departmental asset register, allocated space, equipment/buildings.
- Have knowledge of and be responsible for promoting diversity and equal opportunities within the department in accordance with University policies.
- Ensure compliance with HR policies and procedures within the department.
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- Safety & Quality Assurance of Patient Care;

Department shall maintain Safety & Quality Assurance Care of the Patients by;

a. Introduction of evidence-based treatment & procedures, , providing care that is unique to a patient, but at the same time, avoid overuse and misuse of care and reducing wait times and harmful delay and elaboration of risks maps;
b. The presentation of a *Report System* and *Quality Improvementplans;*
c. Explanation of evidence-based safe practices, such as identifying patients correctly, hand-hygiene, the safe use of medicines, and avoiding medical errors and falls.

Teaching Activities:

Teaching Program (Lecture- Ward rotation-Procedures & Skill Labs), of Students (3rd year- 4th year & Final Year), will be Scheduled according to Guidance Lay down by University of Health Sciences. Not only in reference to Syllabus but also Time frame, recommended by the University.

Student Assessment.

- Students shall be assessed At 4 Level.

1. Attendance
    a. Lecture
    b. Ward Rotation.
    c. Skill Lab.
2. At the End of Module.
    a. SEQ & MCQ (Pre & Post Test)
3. At the end ward Rotaion.
    a. Long Case
    b. Short Case
    c. Instruments/Proceadures.
    d. Radiology.
    e. Skill Lab
4. At the end of Session.
    a. Send Up Examination.

Paeds Deprtment *(Standard Operating Procedures):*

Paediatrics Department of Sahara Medical College/ Sughra Shafi Medical Complex is a 76 bedded Department.

1. Emergency Section. = 07
2. Paediatrics Intensive Care Unit =08
3. General Ward. = 14
4. Isolation =10
5. Neonatal Unit (In-patient & Out-Patient) (37)
    a. *Icubators.* = *20*
    b. *Warmers.* = *12*
    c. *Baby Cort.* = *05*

- Out Patient Deprtment.

❖Staff.

Department is run by following Staff.

1. Dr. Emran Roshan (Professor & HOD).
2. Dr. Muhammad Ali (Professor).
3. Dr Khuram Sha Nawaz (Associate Professor)
4. Dr. Mohammad Uzair (Assistant Professor).
5. Dr. Rizwan Mehmood. (Assistant Professor)
6. Dr. Khizer (Senior Registrar).
7. Dr. Asma Arif (Senior Registrar).

Post Graduate R	House Officers	Medical Officers
1. Dr Nida 2. Dr Aqsa Faiz 3. Dr. Maria Aftab 4. Dr. Maryam Mateen 5. Dr. Sundus. 6. Dr. Abdul Rehman 7. Dr. Atiqa. 8. Dr. Akasha. 9. Dr. Ahmed 10. Dr. Basit. 11. Dr. Kaleem. 12. Dr. Asim	6	1. Dr. Hassan Jawad

Biomedical Equipment (*Department Is Equipped with*).

NICU (Inborn & Outborn)	PICU	General Ward	Emergency
1. Incubator. 20 2. Warmer 13 3. Phototherapy unit. 07 4. Ventilators. 03 5. ECG Machine. 01 6. Infusion Pump. 02 7. Pulse Oximetery 05 8. Nebulizer. 02 9. Boiler. 02 10. Weighing Scale. 01 11. Infantometer 12. Transport Incubator	1. Ventilator 2. Pulase Oximeter 3. Cardiac Monitor. 4. Suction Machine. 5. Ambu Bag 6. Infusion Pump 7. Ophthalmoscope	1. Stadiometer. 2. Weighing Scale 3. Pulse Oximeter 4. Thermometer	

ORGANOGRAM OF PEDIATRIC DEPARTMENT

Paediatrics department is providing following Services.

1. Out Patient Services. (6 days a Week).
2. Emergency Services (24/7)
3. Indoor (Ward, NICU, PICU) (24/7)
4. Gynae. / Obs. (Neonatal Services). (24/7)
5. Teaching of 3rd, 4th & Final Year Class. (5 days / Week)
6. Teaching of Post Graduates. (6 Days/ week)

Department of Paediatrics, providing optimum care of

- *General Paediatrics patients.*
- *Paediatrics Endocrine & Diabetes, Neurology, Newborn.*

Access of Patients to Paediatrics Department

1. Outdoor (1st & Follow-up visit)

1. *Pt. seen by Consultant /Senior Registrar On call, after preliminary history by Medical Office/ House Officer.*
2. *Treatment & Investigations Advised as the case may be.*
3. *Nutritional, Vaccination and Hygienic measured advised as the case may be.*
4. *Pt. counseled about treatment and follow-up visits.*
5. *Documentation done on Outdoor Register.*
6.

2.Indoor (Emergency- ICU-NNU-Ward)

- *Pt. admitted as advised by consultant/ Senior Registrar /PGR, on call via Outdoor or Emergency as the case may be.*

From Outdoor

- *As advised by consultant /Senior Registrar on call.*
- *Patient referred directly to General Ward or PICU/ NICU as the case may be.*

Emergency;

- *Critical patient entertained directly in Emergency Deprtment Round the clock.*
- *1st 2- 4 hours pt. will stay in the emergency for Initial stabilization/Treatment, Paper work. But no longer than 12 hour.*
- *During stay in Emergency Pt. will remained under care of PGR/M.O. /H.O, to execute the written treatment plan and to send investigations, as advised by Consultant / Senior Registrar.*
- *After 2-4 hours pt. will be reevaluated by consultant / Senior Registrar /PGR & Instruction given according to condition of pt. (Advised & Discharged/ ICU / Ward/ NNU).*

- *All documentation will be duly stamped & signed by PGR/ MO/ HO on call.*
- *Shifting of Pt. (ward/ ICU/NNU) will be done with written shifting notes with time & date, duly signed & stamped by MO/HO on call.*
- *OnshiftingPt.willbereceivedbyMO/HOofrespectivesectionandHe/ She will be bound to wright down receiving notes, with sign & stamp.*

General ward

- *Patient admitted. History examination and charting carried out by Medical Officer/House Officer and treatment Ticked placed & flow sheet maintained.*
- *Nursing staff carried out orders written on treatment ticket.*
- *Daily Pt. will be evaluated 3 times or as per requirement by MO/HO with written documentation by date and time.*
- *Daily ward round carried out by consultant /SR and executed by Medical & Nursing staff on duty, with documentation duly signed & stamped.*

- *Pt. discharged from section on consultant advice, will be Counseled & provided comprehensive discharge Slip by MO/HO on duty.*
- *Documentation by nursing Staff, done Emergency / Indoor Register.*
- *Variable stay accordingly.*
- *On discharge (Discharge Slip) Patient and their attended counseled about treatment, Nutrition, preventive measure to be carried out at home and when to come back immediately & when to come for Follow-up.*

PICU

- *After triage Patient needed Intensive care (Shock, Respiratory Failure, CCF, DKA, Meningitis/ Encephalitis, Unconscious), shifted immediately to PICU along with Doctor.*
- *Emergency Management instituted, Investigation send, History sheet with Flow sheet & Treatment Ticket maintained.*
- *Daily PICU round carried out by consultant and executed by Medical & Nursing staff on duty, with documentation duly signed & stamped.*
- *After variable time of stabilization patient shifted to General Ward.*

NICU

- *Newborn from Obstetrical Department admitted for observation.*
- *Infants from Out Door & Emergency admitted in NICU.*
- *Daily NNU round carried out by consultant and executed by Medical & Nursing staff on duty, with documentation duly signed & stamped.*
- *On discharge (Discharge Slip) Patient and their attended counseled about treatment, Breast Feeding, Vaccination & preventive measure to be carried out at home and when to come back immediately & when to come for Follow-up.*

3. Obstetric Call:

1. *As per requirement of Gynae. Obs. Department, all the high risk Deliveries will be attended by Paediatrition.*
2. *In order to do appropriate preparation, it is required from attending Obstetrician, to inform and have discussion about the case with Paediatrition, well in time before Procedure.*
3. *Newborn will be received and resuscitated (inj. Vitamin k) by attending Paediatrition.*

After resuscitation.

i. *Counselingofparents/attendantsabout,gender,conditionofthebaby,newborncare, Mother Feed & Vaccination.*
ii. *Baby handed over to attending Nurse, who will be responsible for Entry of Biodata (Parents name, CNIC of either parent, gender of baby, GA), and issue the parents identification Card and placed identification Bracelet on wrist of baby.*
iii. *NewbornwillbeadmittedinFunctionalNeonatalUnit,ifneeded.*
iv. *AsecurityguarddeputedroundtheclockatNeonatalUnit.*
v. *Babywillbehandedovertothemother/Parentsaftertakingidentificationmeasures.*
vi. *Motherfeedstartedassoonaspossible. s*

Teaching Activities.
(2024-2025)

- *Course (Objectives & Curriculum).*
- *Teaching Road Map.*

INTRODUCTION

Medical Education is a life-long process and MBBS curriculum is a part of the continuum of education from pre-medical education, MBBS, proceeding to house job, and post-graduation. PM&DC outlines the guiding principles for undergraduate medical curriculum and has defined the generic competencies and desired outcomes for a medical graduate to provide optimal health care, leading to better health outcomes for patients and societies. These generic competencies set the standards of care for all physicians and form a part of the identity of a doctor. Each competency describes a core ability of a competent physician. This study guide will give an insight to the students about all these competencies and how to plan their educational activities in the subject of surgery for the three years period.

TARGET AUDIENCE.

1st, 2nd, 3rd, 4th & 5th year MBBS students

DURATION OF COURSE.

Five years.

COURSE TO BE STUDIED (SYLLABUS)

PAEDIATRICS PERFORMANCE OBJECTIVES:

General AIMS & Objectives Of Department

Sahara Medical College/ Sughra Shafi Medical Complex is Running Its Academic Programs according to the Guidance Lay out by University of Health Sciences & PMC & CPSP. College/Hospital & Its Staff is committed to provide quality Education and critical insight to confront not only local challenges but also the world around. We Help Students to become thoughtful and resilient Doctors & leaders to serve the Ailing Humanity.

We particularly put emphasis on

- *Skillful learning*
- *Participatory learning.*
- *Collaboration*
- *Innovation inside & Outside the Classroom & Clinical Department.*

General Objectives / Vision & Learning Outcomes

At the End of Session Students Will be Able

1. to provide optimum care of patient at every level. (Treatment, psychological, emotional & Social Support).
2. to provide an excellent *clinical experience* in the management of pediatric patients of all ages with a broad spectrum of illnesses and injuries.
3. to immediate recognise and treat the *life-threatening illnesses* including medical, surgical, and psychiatric emergencies.

4. to be competent enough to perform Emergency *Invasive procedures* (IV-line, Lumber Punctures, Intubation, Blood sampling, Liver Biopsy etc.)
5. to be competent enough in skills necessary to meet the *emotional needs* of patients, their families, during stressful events such as sudden illness, injury and death.
6. in oral *presentation, medical writing, and research design.*
7. to cope with their *Exams*, of, Students life and also life after Graduation from College.

Specific Clinical Objectives & Learning Outcomes

At the end of *Clinical Rotation* each student 3rd yr, 4th yr & Final yr. should achieve

Core Knowledge & Able to:

1. Take Focused Paediatrics History.
2. Do Physical Exam accordingly (Clinal Methods, Vital Signs, Anthropometric Measurements).
3. Make Provisional Diagnosis or Give D/D with Justifications.
4. Order Appropriate Investigations.
5. Perform necessary procedures with the consent of Parents and/or patient.
6. Discuss Treatment modalities.
7. Wright Management/ Treatment Outline.
8. Ensure infection control in clinical techniques, blood transfection, blood samples.
9. Nebulization, Oxygen, ECG recording, Spirometry, Blood Sugar (glucometer), Urinary catheterization (INFECTION CONTROL).

- Understands the social problems & concerns.
- Counselling & education about disease.
- Explain the prescription of drugs to the patient.

❖Medical Knowledge:

At the end of Paediatrics rotation, students will be equipped with the Knowledge of

1. Vaccination Schedule.
2. Vaccine Preventable Diseases.
3. Development Assessment.
4. Common Viral Exanthemas'.
5. Common CVS, Blood, CNS, Respiratory, GIT, Renal, Bone, Endocrine & Paediatric Malignancies.
6. RIMNCH.
7. Age Dependent Nutritional requirements.
8. Recognition & Management Of Common Paediatrics Emergency.
    a. NRP
    b. BLS
    c. Shock
    d. Cardiac Arrest.
    e. Respiratory Failure.
    f. Status Epilepticus.
    g. Status Asthemeticus.
    h. Common Poisonings.
    i. Anaphylactic Reaction.
    j. DKA

COURSE CONTENT-(Final Year MBBS)

List of suggested topics for teaching the undergraduates Of SAHARA MEDICAL COLLEGE is given below:

The course outline is as follows:

I. Lecture
II. Clinical / Ward Rotation.
III. Skill Lab
IV. Workshops
V. CPC/CME

I-Curriculum / Lecture Final Year

(Total hours = 56)

SOP

- Teaching will be conducted on the Following Steps.
  1. Pretest before Each Module.
     - *To sensitize the learner About the Topic*
     - *To Know The Zone of Proximal Development.*
  2. Teaching on The Basis of Adult Learning (Andragogy).
  3. Formative Assessment:
  4. Summative Assessment:
     - *These Test will be Comprised of 4 SEQ, each SEQ of 5 no.*
     - *Test will be conducted according to prior announced Schedule.*
  5. At the End of 1 year session a Send Up Exam will be conducted, comprising of 10 SEQ & OSPE.
  6. Feed Back from Students and to the Student from Teachers

1. Common Problems of children

in Pakistan and statistics of Pakistani Children

2. Nephrology.

1. Renal Functions (Acid Base, Water & Electrolytes)
2. Proteinuria (Nephrotic Syndrome).
3. Hematuria & Hypertension (AGN, Renal Vascular Disease, Wilms Tumor etc.).
4. UTI (Pyelonephritis, Posterior Urethral Valve, Hydrocephalus).

3. Endocrinology

1. Short Stature (FSS, CSS, GH, Hypothyroidism, Turner, Bone Dysplasia)
2. Disorder of Sex Disorder (CAH, Delayed Puberty, Precocious Puberty).
3. Obesity (Simple Obesity, Cushing's syndrome).
4. Type 1 Diabetes (DKA, Insulin, Nutrition, Hypoglycemia).

4. Neonatology

1. Neonatal Jaundice (Physiological, Pathological, Persistent) & HDN.
2. Sepsis (Bronchopneumonia etc.)
3. Birth Trauma (ANN, Caphelohaematoma, Erb,s & Klempke,s Paralysis).
4. Malformations (Telipes Equinovarus, Spinal Dyspharism, CDH, Diaphragmatic Hernia).

5.GI-Tract

1. Acute & Chronic Diarrhea (IMNCI. Rehydration Fluids & Electrolytes, PDD, Malabsorption Syndromes, Dysentry).
2. Jaundice (Acute Hepatitis & Chronic Liver Disease (Infective & Metabolic Disorders/ Wilson Disease).
3. Bleeding Per Rectum (Intussusception etc.).

6.Respiratory System

1. Upper Respiratory Tract (IMNCI/ Streptococcal Sore Throat, Croup, Epiglottitis, Diphtheria, Otitis Media)
2. Lower Respiratory Tract {Bronchopneumonia, Wheezy Chest (Bronchiolitis, Bronchial Asthma).
3. Lower Respiratory Tract {Pleural Effusion, Pneumothorax).
4. Tuberculosis (Diagnosis & Management)
5. Respiratory Failure (Causes, Recognition and Resuscitation)

7.Cardiology

1. Congenital Heart Disease (A cyanotic).
2. Congenital Heart Disease (Cyanotic).
3. Rheumatic Fever (RHD, Infective Endocarditis).
4. CCF

8.Hematology

1. Pallor/Anaemia (Iron Deficiency, Megaloblastic, Thalassemia)
2. Bleeding Disorders (ITP, Aplastic Anemia, Thrombocytopenia, and Hemophilia).
3. Malignancy (ALL, Lymphoma).

9.CNS

1. Convulsion (ABM, Encephalitis, Brain Tumors).
2. Convulsion (Febrile Fits, Epilepsy)

3. Development Delay (CP, Craniocynostosis, Hydrocephalus)
4. Paralysis (GBS & Poliomyelitis, Transverse Myelitis, MS).

10.Infectious Diseases

1. IMNCI
2. Febrile Illnesses (Enteric Malaria, Dengue Fever).
3. Rashes (Measles, Rubella, Chicken Pox etc.).
4. Vaccine preventable Infections (Tetanus, Mumps, Whooping Cough, Tuberculosis).
5. Arthritis (JIA, Septic Arthritis, RF, SLE).

11.Genetic Disorderss

1. Dysmorphysim (Down's syndrome, Turner, Achondroplasia)

12.Social Paediatrics:

1. Right of child,
2. child abuse,
3. Enuresis, encoparesis,
4. Hyperactivity,
5. Attention Deficit disorder.

13.Miscellaneous/ Preventive Paeds:

- Growth & Development
- Poisoning, prevention of home accidents.
- Nutrition (Breast feeding, infant feeding, Weaning) and Nutritional Disorders: (PCM, Rickets, Vitamin A Deficiency, iodine deficiency, Iron Deficiency).

14.Paediatric Surgery:

Hernia, Intussusseption, Intestinal obstruction, Tallipes, congenital Dislocation of Hip, Vesico ureteral reflux.

Teaching Road Map (Guidance)

Final Year -Yearly Planner (2022-23) Lecture

{(Thursday (8- 8.50am) (Monday 10am to 10.50)

Topic	Mar/ April	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
CVS				SUMMER VACATION						SEND UP EXAM	PREP LEAVE	FINAL EXAM
CNS												
Renal												
ID												
Neonatology												
GIT & Poison												
Endocrine												
Genetics Misceqllaneous/ Preventive Paeds												
Haem. & Resp												
Social Paeds												

II. Indoor / Clinical Curriculum 32 Days

(6 week Schedule) Clinical/Indoor **Total = 18 hours/ weeks**

SOP

- *Every Student will take/ Perform History & Examination Individually.*
- *Who will present & which Part of History & Examination will be the Discretion of the Teacher /Facilitator.*

1st Week.

History & Examination/Clinical Methods Only.

(C1=Recognition)

➢ Introduction/ Orientation Of 6 Week Agenda.

1. GPE, Hematology & GIT (Abdomen)
2. CVS & Respiratory System.
3. CNS.
4. Neonatal Examination & Resuscitation.
5. Renal & Endocrine.
6. IMNCHI & Malnutrition.

2nd Week

Interpretation of Data, D/D, Investigations & Treatment

(C2, C3, Pi, P2, P3)

1. GPE
2. CVS (CHD, Rheumatic Feve/RHD, CCFEndocarditis).
3. InfectiousDiseas.
4. EPI

3rd Week

Interpretation of Data, D/D, Investigations & Treatment

1. Respiratory
2. GIT
3. Hematology
4. Endocrinology

4th Week

Interpretation of Data, D/D, Investigations & Treatment

1. CNS
2. Renal
3. Skil Lab (BLS)

5th Week

1. Radiology
2. Instruments.
3. Procedures & Investigation
4. Skil Lab (NRP)

6th Week

1. Rashes.
2. Fluid & Electrolytes.
3. Emergency.
4. OSPE

Assessment

- Formative: (Daily Direct Observation & Presentations).
- Summative: (Test (last Day) Based on (long / Short cases. Radiology, Instruments & OSPE)

COURSE CONTENT-(4th- Year MBBS)

Topics To be Covered

Introduction to Paediatrics

IMNCHI

Neonatology

Malnutrition

Growth & Development

4th Year lecture on Tuesday (8am to 8.40 am)

Topic	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
Introduction				Summer Vacation						PREP LEAVE	FINAL EXAM
IMNCI											
Neonatal											
Malnutrition											
Growth & Development											
Preventive/ Miscellaneous											

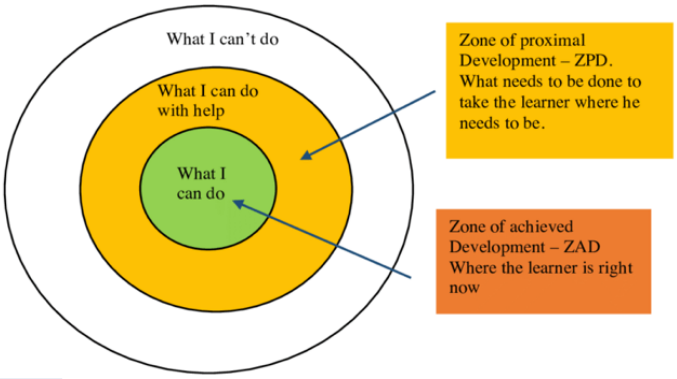
CLinical / Ward Rotation Course Contents (4th Year).

- *History taking*
- *General Physical Examination*
- *Growth & Development.*
- *Examination of Abdomen. Respiratory System, Cardiovascular System*

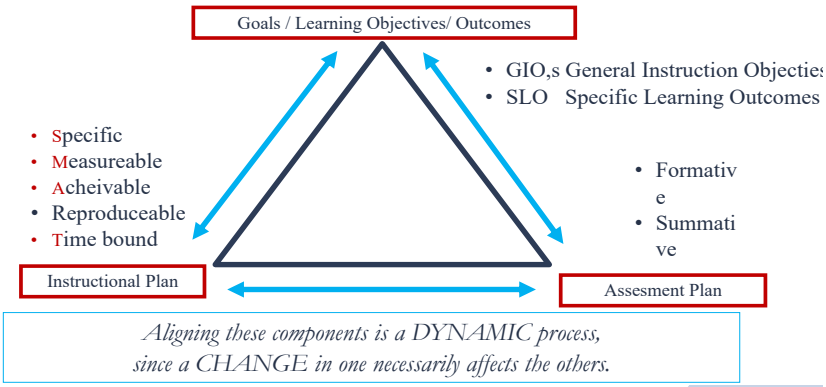
TEACHING METHODOLOGIES FOR PAEDIATRICS:

Pedagogy → Andragogy

Zone Of Proximal Development



Educatinal / Learning Cycle



Delivery Strategies

2. Interactive Lectures
3. Tutorials
4. Case based learning(CBL)
5. Essential Skills to be learned in the skills lab
6. Power point presentations by students
7. Small group discussions
8. Teaching of surgical procedures in Operation theatres
9. Clinical ward rotations, bed side classes
10. CPC's – using modern audio-visual techniques, distant learning using electronic devices and current Information technology facilities
11. Self-directed learning is the most vital part of this module to solve problematic cases, go through different learning resources and discuss with peers and the faculty to clarify difficult concepts

ATTENDANCE REQUIREMENT FOR PAEDIATRICS

1. Students are expected to attend all scheduled teaching sessions and examinations
2. Attendance in lectures, tutorials, and wards is mandatory. Absence from these sessions will make the students ineligible to sit the final summative assessment.
3. A minimum of 75 % attendance in the lectures, wards is mandatory to appear in the Summative UHS examination
4. Attendance will be recorded through a log-in/log-out biometrics system
5. Absence due to illness must be certified appropriately by the General Physician.

Tbale of Specifications- Final Year (SEQ)

MBBS FINAL PROFESSIONAL EXAMINATION 2007
PAEDIATRIC MEDICINE

Table of Specifications

SHORT ESSAY QUESTIONS

Total Marks : 30 **Time Allowed: 2 hours and 15 min.**

No. of SEQs: 10
03 marks for each question.

Sl. No.	Contents	No. of SEQs
1.	Endocrinology	1
2.	Cardiology	2
3.	Respiratory Diseases (ARI)	1
4.	Gastrointestinal Tract Diseases (AWD)	1
5.	Meningitis	1
6.	Vaccinology – EPI Schedule	1
7.	Oncology	1
8.	Neurology	1
9.	Nephrology	1
Total SEQs		**10**

Tbale of Specifications- Final year (MCQ)

MBBS FINAL PROFESSIONAL EXAMINATION 2007
PAEDIATRIC MEDICINE

Table of Specifications

MULTIPLE CHOICE QUESTIONS

Total Marks: 40 **Time Allowed: 45 Minutes**

No. of MCQs: 40
Note: One best answer to be chosen from 5 options

Sl. No.	Contents	No. of MCQs
1.	Disorders of Blood	4
2.	Heart Diseases	4
3.	Infectious Diseases	5
4.	Neurological Diseases	4
5.	Diseases of Gastrointestinal Tract and Liver	5
6.	Respiratory Tract Diseases	1
7.	Oncological Diseases in Children	1
8.	Renal Disorders	1
9.	Rheumatic Diseases	1
10.	Endocrine Problems	2
11.	Neonatology	5
12.	Immune Diseases	2
13.	Genetics	1
14.	Miscellaneous Diseases	4
Total MCQs		**40**

Final Year
Alignment of Tutors, Topics & Study Hours

Sr. No	Theme	Sub Theme	Tutor	Methodolgy	Lectures	Study Time	Assessment
1.	**Introduction/ common Problems**	Introduction to Subject. Teaching Road map. Assessment Methodology Common problems	Prof Emran Roshan	Lecture	**1**	**50 mnts**	
2.	**CVS**	• Congenital Heart Disease • Rheumatic Fever (RHD, Infective Endocarditis). • CCF	Prof M. Ali	Lectures/ Small Group Discussions	**6**	**200 mnts**	MCQ SEQ Ward Test
3	**CNS**	• Convulsion (ABM, Encephalitis, B Tumors). • Convulsion (Febrile Fits, Epilepsy) • Development Delay (CP, Craniocynostosis, Hydrocephalus) • Paralysis (GBS & Poliomyelitis, Transverse Myelitis, MS).	Dr M. Uzair	Lectures/ Small Group Discussions	**6**	**300 mnts**	MCQ SEQ Ward Test
4	**Renal**	• Renal Functions (Acid Base, Wate Electrolytes) • Proteinuria (Nephrotic Syndrome) • Hematuria & Hypertension (AGN Renal Vascular Disease, Wilms Tu etc.). • UTI (Pyelonephritis, Posterior Ure Valve, Hydrocephalus).	Prof M. Ali	Lectures/ Small Group Discussions	**4**	**200 mnts**	MCQ SEQ Ward Test
5	**Infectious diseases**	• IMNCI • Febrile Illnesses (Enteric Malaria, Dengue Fever). • Rashes (Measles, Rubella, Chicken etc.). • Vaccine preventable Infections (T Mumps, Whooping Cough, Tuberculosis). • Arthritis (JIA, Septic Arthritis, RF,	Dr. M. Uzair	Lectures/ Small Group Discussions	**6**	**300 mnts**	MCQ SEQ Ward Test
6	**Neonatology**	• Neonatal Jaundice (Physiological, Pathological, Persistent) & HDN. • Sepsis (Bronchopneumonia etc.) • Birth Trauma (ANN, Caphelohaematoma, Erb,s & Kler Paralysis).	Prof Emran Roshan	Lectures/ Small Group Discussions	**6**	**300 mnts**	MCQ SEQ Ward Test

		• Malformations (Telipes Equinovar Spinal Dyspharism, CDH, Diaphragmatic Hernia).					
7.	**GIT**	• Acute & Chronic Diarrhea (IMNC Rehydration Fluids & Electrolytes, PDD, Malabsorption Syndromes, Dysentry). • Jaundice (Acute Hepatitis & Chro Liver Disease (Infective & Metabo Disorders/ Wilson Disease). • Bleeding Per Rectum (Intussuscep etc.).	Dr M. Uzair	Lectures/ Small Group Discussions	**4**	**200 mnts**	MCQ SEQ Ward Test
8	**Endocrine**	• Short Stature (FSS, CSS, GH, Hypothyroidism, Turner, Bone Dysplasia) • Disorder of Sex Disorder (CAH, Delayed Puberty, Precocious Pube • Obesity (Simple Obesity, Cushing' syndrome). • Type 1 Diabetes (DKA, Insulin, Nutrition, Hypoglycemia).	Prof M. Ali	Lectures/ Small Group Discussions	**4**	**200 mnts**	MCQ SEQ Ward Test
9	**Genetics**	Dysmorphysim (Down's syndrome, Turner, Achondroplasia)	Prof. Emran R	Lectures/ Small Group Discussions	**1**	**50 mnts**	MCQ SEQ Ward Test
10	**Haematology**	• Pallor/Anaemia (Iron Deficiency, Megaloblastic, Thalassemia) • Bleeding Disorders (ITP, Aplastic Anemia, Thrombocytopenia, and Hemophilia). • Malignancy (ALL, Lymphoma**).**	Prof M. Ali	Lectures/ Small Group Discussions	**4**	**200 mnts**	MCQ SEQ Ward test
11	**Respiratory System**	• Upper Respiratory Tract (IMNCI/ Streptococcal Sore Throat, Croup, Epiglottitis, Diphtheria, Otitis Me • Lower Respiratory Tract {Bronchopneumonia, Wheezy Ch (Bronchiolitis, Bronchial Asthma). • Lower Respiratory Tract {Pleural Effusion, Pneumothorax). • Tuberculosis (Diagnosis & Management) • Respiratory Failure (Causes, Recog and Resuscitation)	Dr, M. Uzair	Lectures/ Small Group Discussions	**4**	**200 mnts**	MCQ SEQ Ward Test
12	**Social Paediatrics**	• Right of child, • child abuse, • Enuresis, encoparesis, • Hyperactivity, • Attention Deficit disorder.	Prof. Emran Roshan	Lectures/ Small Group Discussions	**2**	**100 mnts**	MCQ SEQ Ward Test

13	**Miscel áneos / Preven tive Paeds**	• Growth & Development • Poisoning, prevention of home accidents. • Nutrition (Breast feeding, infant feeding, Weaning) and Nutritional Disorders: (PCM, Rickets, Vitamin A Deficiency, iodine deficiency, Iron Deficiency).	Prof M. Ali	Lectures/ Small Group Discussions	6	**300 mnts**	MCQ SEQ Ward Test

4th Year
Alignment of Tutors, Topics & Study Hours

Sr. No	Theme	Tutors	Lectures	Study Time
1	Introduction	Prof Emran Roshan	1	45 mnts
2	IMNCI	Prof Muhammad Ali	6	270 mnts
3	Neonatology	Dr Imran	8	364 mnts
4	Malnutrition	Prof Muhammad Ali	2	90 mnts
5	Growth & Development	Dr. Imran	4	180 mnts
6	Preventive	Dr Imran	4	180 mnts
7	Miscelaneous	Prof Emran Roshan	4	180 mnts

ASSESSMENT METHODOLOGY

Formate of Final Prof.

- FORMATIVE

  Theory, single best multiple choice question and SEQs test at the end of each topic finished **Clinical ward test:** comprising of one long case and short cases and one OSPE comprising of 8 stations. Ward test to be conducted at the end of Paediatrics rotation of every batch.

- **Summative UHS examination to be held at the end of 5th Year MBBS**

- Internal Assessment = 20 Marks
- SEQs = 50 Marks
- MCQs = 40 Marks
- Long case = 18 Marks
- Short case = 8 (4) = 32 Marks
- OSPE = 40 Marks

200 Marks

LEARNING RESOURCES

Recommended books:

1. 1) Basic of Paediatrics 9th edition by Pervaiz Akbar Khan
2. 2) Textbook of Paediatrics revised 5th edition by Pakistan Paediatric Association
3. 3) Bedside Techniques Methods of Clinical Examination 4th edition
4. 4) Hutchison's Paediatrics 2nd edition by Krishna M Goel, Devendra K Gupta
5. 5) Clinical Skills for Undergraduates by Abdul Majeed Ch. and Aamer Zaman Khan
6. 6) Online Journals and Reading Materials through HEC Digital Library Facility.

Technologies to be used

1. 1) Textbooks are the most important part of student learning for this subject
2. 2) Hands-on activities and practical sessions to enhance the learning.
3. 3) Skills lab will be used for simulated learning of the basic skills related to the gastrointestinal system
4. 4) Videos from different web portals to familiarize the students with the procedures and protocols.
5. 5) Computer and Internet resources are essential to gather the latest information about a specific disease.

MBBS FINAL PROFESSIONAL

Format of OSPE

MBBS Final Professional

PAEDIATRICS

OSPE — **Total Marks 70**

Total Stations 15 (03 Rest Stations)
05 Minutes at Each Station

- Static Stations — **08** (5 Marks at Each Stations)

08 Paediatrics according to the Breakup Provided Below

1. Neonatology (compulsory)
2. Respiratory (compulsory)
3. GIT (compulsory)
4. Nutrition (compulsory)
5. CVS / Hematology (either one or both in combination)
6. Nephrology / Endocrinology (either one or both in combination)
7. CNS / Musculoskeletal / Genetics (either one or both / all three in combination)
8. Preventive / Infectious Diseases (either one or both in combination)

The 08 Static Stations will further be divided as:

1. Lab data x 2
2. Radiographs x 2
3. Pictures x 2
4. Instruments / Procedures x 2

- Interactive / Observed Stations — **04 (Short Cases; at least TWO)**

02 stations on Clinical Skills
(08 Marks at each Station)
02 stations on Viva Voce based on Clinical Cases
(07 Marks at each Station)

Long Case — **Total Marks 20**

10 Internal
10 External

Grand Total — **90**

MODEL PAPER

OSPE (PAEDIATRICS)

FOR FINAL YEAR M.B.B.S.

Q1.



- Identify 3 physical signs in these pictures? [3]
- What is the diagnosis? [2]

Key

- Signs [3]
  - Epicanthic folds
  - Low set ears
  - Simian crease
  - Increased distance between 1st and 2nd toe
- Down syndrome [2]

MBBS FINAL PROFESSIONAL

MODEL PAPER FOR ANNUAL 2009

Paediatrics

(Short Essay Questions)

Max. Marks 50 Time Allowed 2 hours and 15 minutes

1. A 10-years old boy presents with bilateral painless neck swelling for last 3 months. On examination there is bilateral cervical and axillary lymph node enlargement. These lymph nodes are 2-3 cm in size, discrete, non- tender and rubbery. Chest X-ray shows mediastinal mass.
   a) What is the most likely diagnosis? 2
   b) How will you investigate? 3

2. A 4 month old boy is brought to OPD for not gaining weight. He is exclusively breast fed and mother tells that he sweats profusely while taking feed. He was treated for bronchopneumonia at 2 months of age. On examination his weight is 4 Kg, pale looking irritable child with a respiratory rate of 45/min and heart rate 140/min. There is a Grade III pan-systolic murmur at the left lower sternal border with loud 2nd heart sound at pulmonary area.
   a) What is the diagnosis? 2
   b) How will you investigate? 1.5
   c) Enlist THREE complications of this condition. 1.5

3. A two year old child is brought to ER with Cyanosis and dyspnoea of one hour duration.He had recurrent such episodes for the last six months. On examination he is deeply cyanosed, extremely irritable and tachypnoeiac with finger-clubbing. There is an ejection systolic murmur at the pulmonary area.
   a) What is the most likely diagnosis? 1
   b) Give emergency management. 2
   c) Give steps of long term management. 2

4. A six months old child presents to emergency room with fever, cough and dyspnoea of 3 days duration. On examination he is febrile, pulse is 110/min and respiratory rate 60/min with no chest indrawings.
   a) How will you classify his disease according to (WHO) ARI classification? 1
   b) Give steps of management. 4

5. A 2-years old girl is brought to you with complaints of diarrhea and failing to thrive since 8 months of age. She was weaned from breast feeding and started on solid at 7th month of life. She passes 8 –10 stools daily which are bulky, offensive and sticky. On examination weight is 8 kg (<3rd centile). She is pale and irritable with abdominal distension and wasting of buttocks.
   a) What is the diagnosis? 1
   b) How will you confirm the diagnosis? 2
   c) How will you manage her? 2