AVICENNA
MEDICAL COLLEGE

STUDY GUIDE
2025-2026

Program: MBBS
Year: Final Year Professional Year
Subject: Surgery
Batch No: M-21
Session: 2025-2026

Table of Content

About Avicenna Medical College

Avicenna Medical & Dental College is a purpose-built, fully equipped institution with experienced and excellence-driven faculty to train high-quality dental professionals in Pakistan.

Avicenna Medical & Dental College runs under the umbrella of Abdul Waheed Trust. Abdul Wahid Trust is a non-profit social welfare organization and registered under the Societies Act with the Registrar of Societies. The Trust is legalized through a Trust Deed that bears necessary rectifications. The Trust Deed is further supported by its Memorandum and Article of Association that authorizes the establishment and operation of the Medical College, the Dental College, the Nursing College, the Allied Health Sciences College, and other activities in the healthcare sector.

In 2009, Avicenna Medical & Dental College was recognized by the Pakistan Medical & Dental Council. With the advent of advanced tools and technology in every field of health science, medicine today has shot up to the greater end of the gamut with superior choice and promises in medical therapy in the very vicinity of the common man. AVMDC promises to be one such neighborhood.

Message from the Principal

As a Co-Founder and Co-Chairperson, I have been involved in planning, construction and accreditation of Avicenna Medical College by the Pakistan Medical and Dental Council (PM&DC) and its affiliation with the esteemed University of Health Sciences (UHS). It is a pleasure to see Avicenna Medical College develop, progress and achieve maximum academic excellence in a short period since its inception in 2009. The institution has lived up to its mission of training and producing medical graduates of international standards. Three batches have passed out as Doctors, who currently are serving in the country and abroad while several have opted for post-graduation and are on road to progress. We have achieved several milestones since 2009 including the recognition of our College for FCPS training by College of Physicians and Surgeons of Pakistan (CPSP), establishment of College of Nursing and Avicenna Dental College.

Principal
Prof. Dr. Gulfreen Waheed
MBBS, FCPS, MHPE, PhD Scholar - HPE
Avicenna Medical & Dental College

Message from the Chairman

The Avicenna Medical & Dental College is a project of Abdul Waheed Trust which is a Non-profitable, Non-governmental, Non -political & Social organization, working for the welfare of Humanity and based on Community empowerment. Avicenna Medical College has its own 530 bedded Avicenna teaching Hospital (Not for Profit hospital) within the College Campus & 120 bedded Aadil Hospital, at 15 minutes' distance. Separate comfortable hostels for boys & girls are provided on the campus.

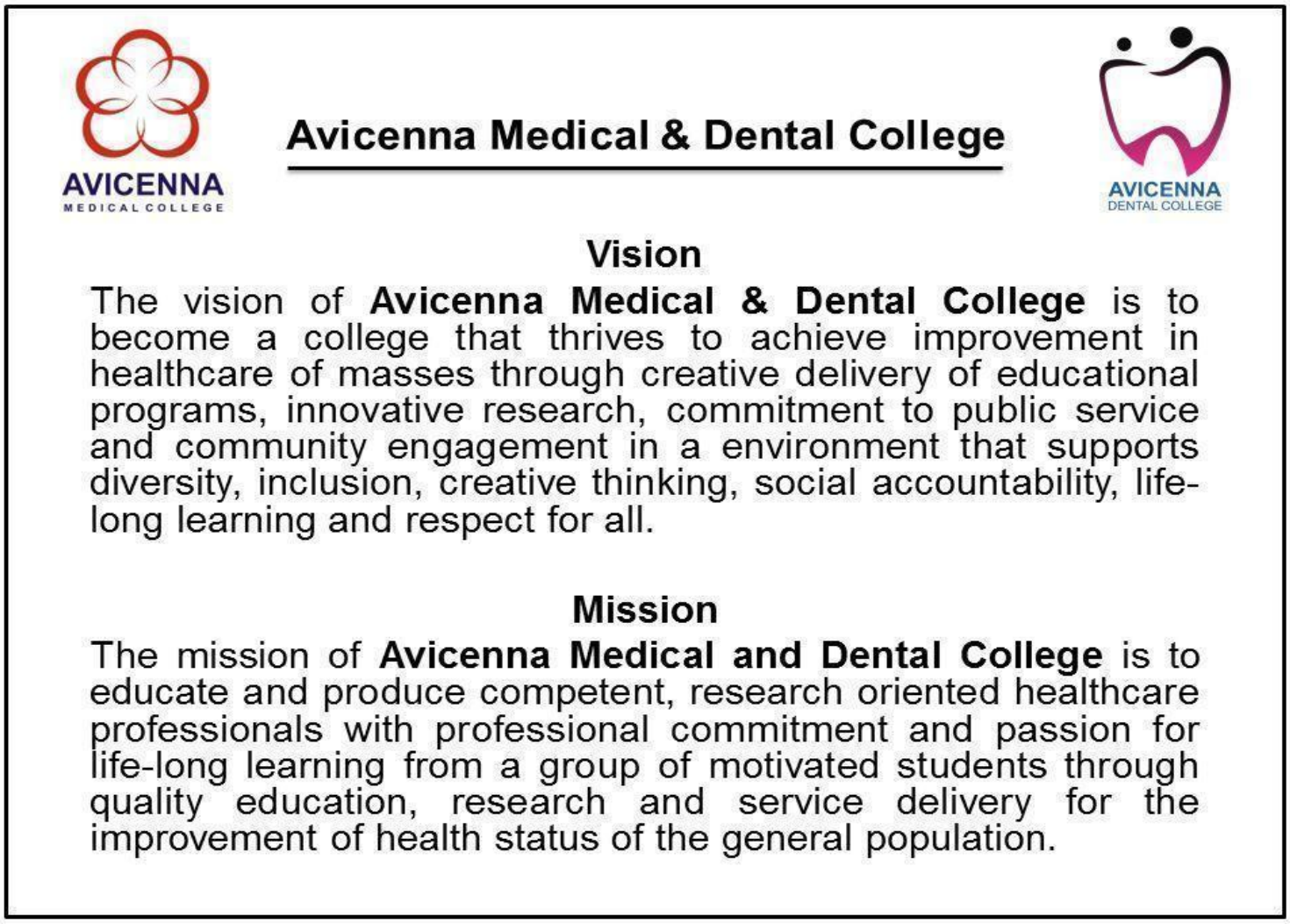
Our students benefit from the state of the art College Library with facilities of Internet & online Journals that remain open 15 hours a day, for our students & faculty members. I am particularly pleased with the hard work by the Faculty and Students in the achievement of historic 100% results for all the classes. It is a rare achievement and speaks of dedication of the Faculty and Staff. Our motto is Goodness prevails and we aim at producing Doctors' who are knowledgeable, competent in clinical skills and ethical values.

Avicenna Medical College & Hospital was founded to provide quality health care services to the deserving patients belonging to the rural areas near Avicenna Hospital as well as to provide quality medical education of international standard to our students. The Hospital provides all medical services and Lab diagnostics to the local population at minimal cost. So far by the grace of Allah Almighty the number of patients being treated and operated upon at our Hospital is increasing every day as there is no other public or charity hospital in the circumference of 20km. We have already established two Satellite Clinics in the periphery which are providing outdoor care while admission cases are brought to the Hospital in Hospital transport.

Following the success of our reputable Medical College and Hospital, we were able to successfully establish Avicenna Dental College which is recognized by the Pakistan medical & Dental Council & University of Health Sciences. To date, we have enrolled five batches in our dental college and we aim to achieve the same level of success for our dental students as our medical students.

Chairman
Abdul Waheed Sheikh
Avicenna Medical & Dental College

Vision & Mission



Introduction to Study Guide

Welcome to the Avicenna Medical & Dental College Study Guide!

This guide serves as your essential resource for navigating the complexities of your general surgery education at Avicenna Medical & Dental College. It integrates comprehensive details on the institutional framework, curriculum, assessment methods, policies, and resources, all meticulously aligned with UHS, PMDC and HEC guidelines.

Each subject-specific study guide is crafted through a collaborative effort between the Department of Medical Education and the respective subject departments, ensuring a harmonized and in-depth learning experience tailored to your academic and professional growth.

Objectives of the Study Guide

1. **Institutional Understanding:**
    - Gain insight into the college's organizational structure, vision, mission, and graduation competencies as defined by PMDC, setting the foundation for your educational journey.
2. **Effective Utilization:**
    - Master the use of this guide to enhance your learning, understanding the collaborative role of the Department of Medical Education and your subject departments, in line with PMDC standards.
3. **Subject Insight:**
    - Obtain a comprehensive overview of your courses, including detailed subject outlines, objectives, and departmental structures, to streamline your academic planning.
4. **Curriculum Framework:**
    - Explore the curriculum framework, academic calendar, and schedules for clinical and community rotations, adhering to the structured guidelines of UHS & PMDC.
5. **Assessment Preparation:**
    - Familiarize yourself with the various assessment tools and methods, including internal exam and external exam criteria, and review sample papers to effectively prepare for professional exams.
6. **Policies and Compliance:**
    - Understand the institutional code of conduct, attendance and assessment policies, and other regulations to ensure adherence to college standards and accrediting body requirements.
7. **Learning Resources:**

- Utilize the learning methodologies, infrastructure resources, and Learning Management System to maximize your educational experience and academic success.

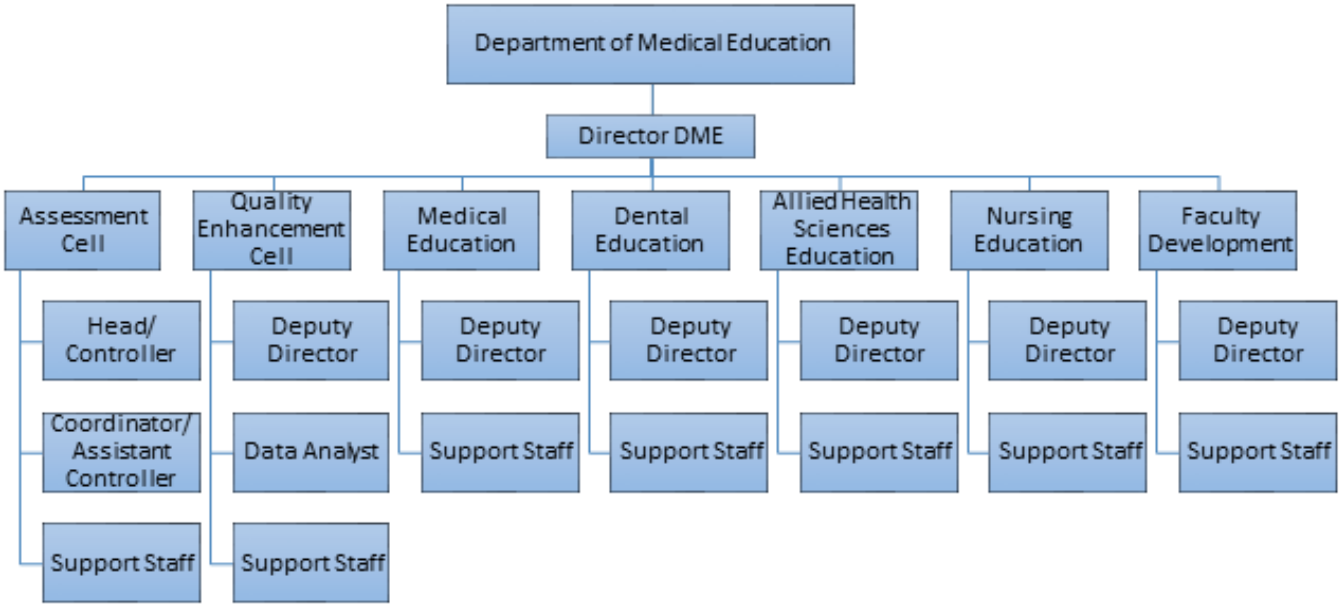
This guide, meticulously developed in collaboration with your subject departments, is designed to support your academic journey and help you achieve excellence in accordance with the highest standards set by PMDC and HEC.

Department of Medical Education

The Department of Medical Education (DME) serves as a cornerstone in delivering effective and high-quality education to both undergraduate and postgraduate medical and dental students. The DME is integral to the implementation and adoption of the latest curriculum provided by UHS and is responsible for organizing and managing related academic activities.

The DME will oversee the spirals of PERLs and C-FRC and monitor students' portfolio development and logbook completion. Additionally, the department is developing a mentoring platform and plans to initiate faculty development training which will focus on mentorship, reflective writing, and portfolio development skills. DME has a duty to collaborate with other disciplines to ensure that AVMDC students are not only competent in their respective fields but also well-trained in affective domains such as professionalism, ethics, research, and leadership.

A key responsibility of the DME is to plan and implement an effective training competency acquisition framework in collaboration with the academic council.



General Responsibilities of DME include:

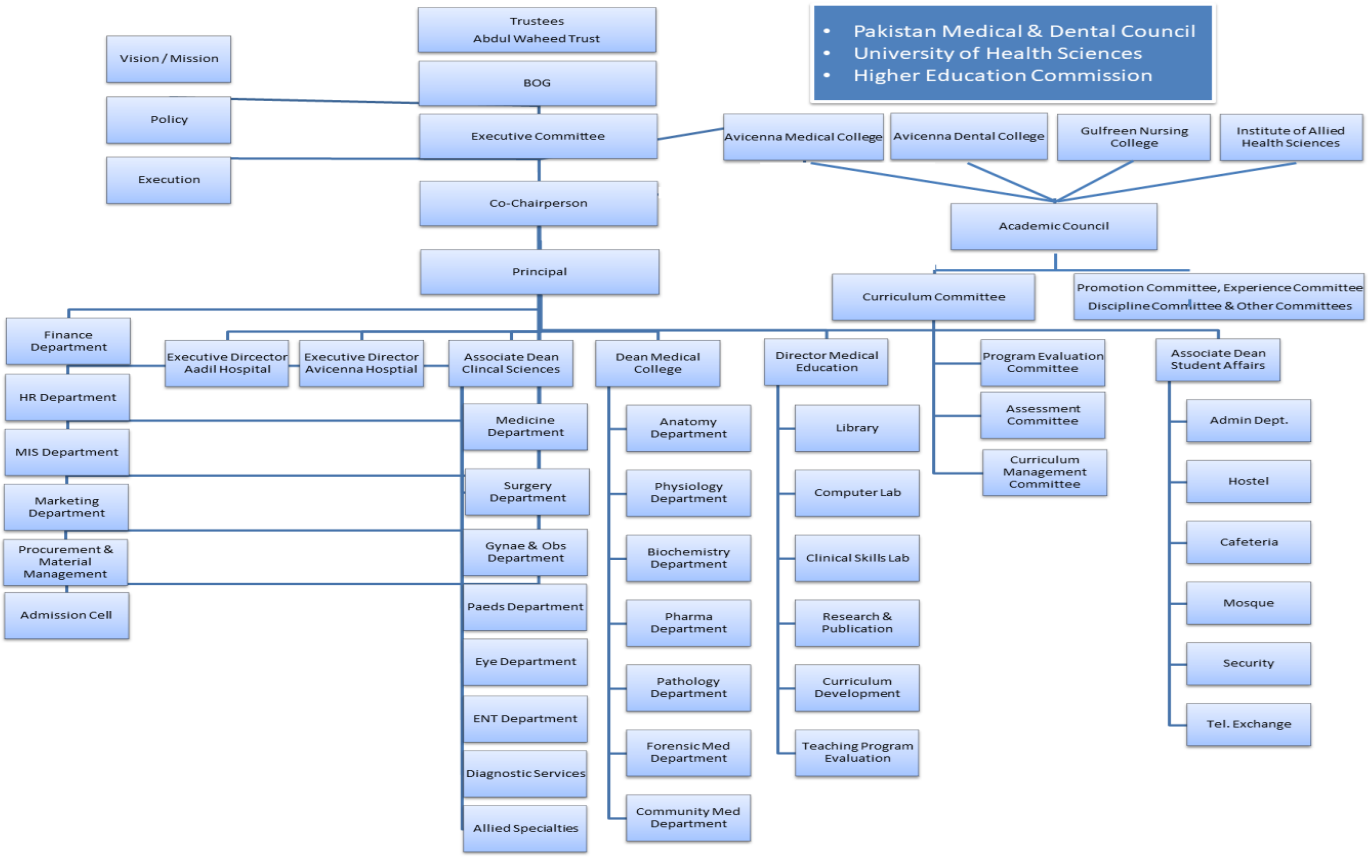
- Contribute and design, train the trainer activities which fulfill the need for undergraduate and postgraduate training.
- Shape and develop medical education research activities of the college.
- Facilitating & organizing workshops, seminars, symposia & conferences.

- Conducting CME activities to leverage culture of awareness, journal club.
- Networking by representing the college, when needed, in national /international meetings or conferences.
- Student counseling.
- Supervising students' academic progress.
- Academic Committees Development and Support.
- Staff Support and Development.
- Curriculum development and reform.
- Collaborate with curriculum committee and faculty members to develop quality instructional material such as modules, lecture, or study guides.
- Standard Operating Procedures for DME development.
- Skill lab management.
- Assessment analysis which includes blue printing, pre-exam review, item analysis and standard setting and provides feedback to concerned faculty and students on the learning outcome achievement.
- Develop and conduct periodical review of process of the program, learning and teaching activities, and assessment process.
- Identify opportunities for use of IT in teaching and learning, assessment and faculty development activities.
- Exam Cell management.
- Quality Assurance Cell management.
- Record keeping of departmental data.
- Leadership and management.
- Participation in overall planning and management of teaching in liaison with the departments.

Faculty	**Department**
Head Of Department / Associate Professor Medical Education	Dr. Saba Iqbal
Assistant Professor Medical Education	Dr. Hussain Raza
Coordinator Medical Education	Dr. Javaid Shabkhaiz Rab
Demonstrator Dental Education	Dr. Salar Arsalan
Demonstrator Nursing Education	Dr. Huma Fatima
Demonstrator Allied Sciences	Dr Shadab Arshad

Avicenna Medical & Dental College Overview

Institutional Organogram



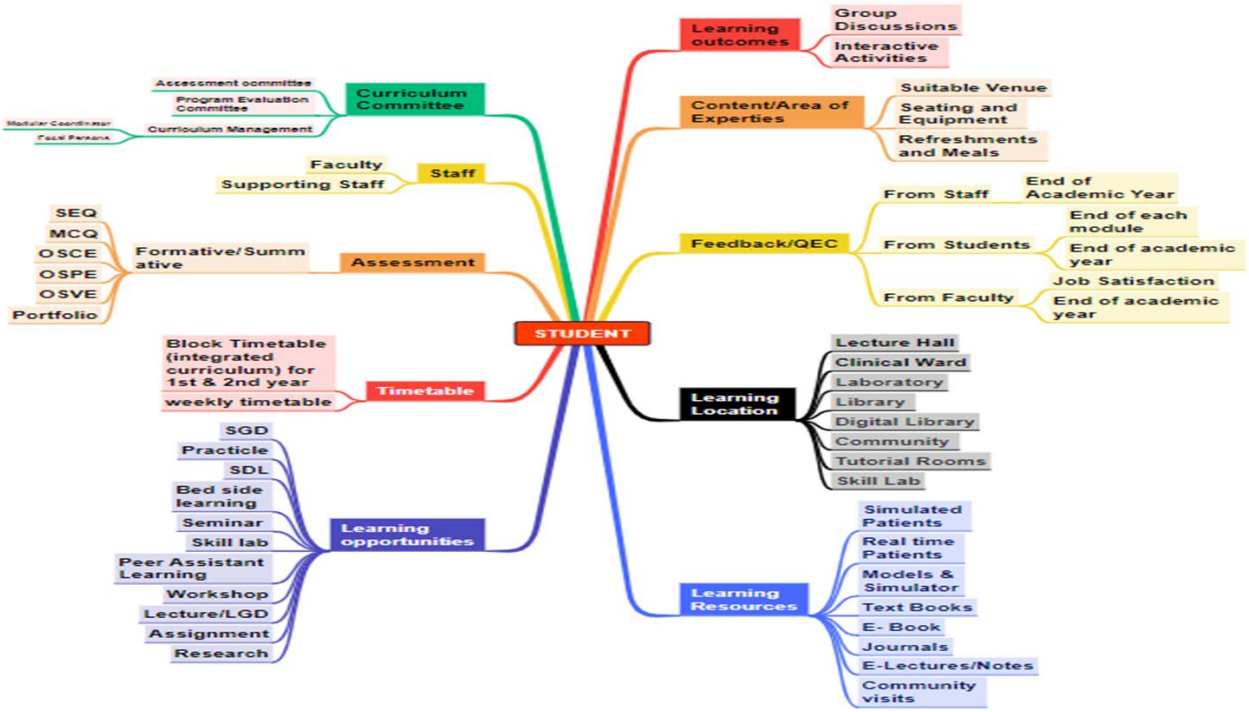
7-Star Doctor Competencies (PMDC)

According to national regulatory authority PMDC, a Pakistani medical/dental graduate who has attained the status of a 'seven-star doctor' is expected to demonstrate a variety of attributes within each competency. These qualities/ generic competencies are considered essential and must be exhibited by the individual professionally and personally.

1. Skillful / Care Provider.
2. Knowledgeable / Decision Maker.
3. Community Health Promoter / Community Leader.
4. Critical Thinker / Communicator
5. Professional / Lifelong learner.
6. Scholar / Researcher
7. Leader/ Role Model / Manager

Curricular Map

This pictorial, vertical and horizontal presentation of the course content and extent shows the sequence in which various systems are to be covered. Curricular map to cover all the subjects and modules and the time allocated to study of the systems for the undergraduate programs offered at four colleges at campus are as follows:



Note from the Head of Department

Professor Khalid Nizami

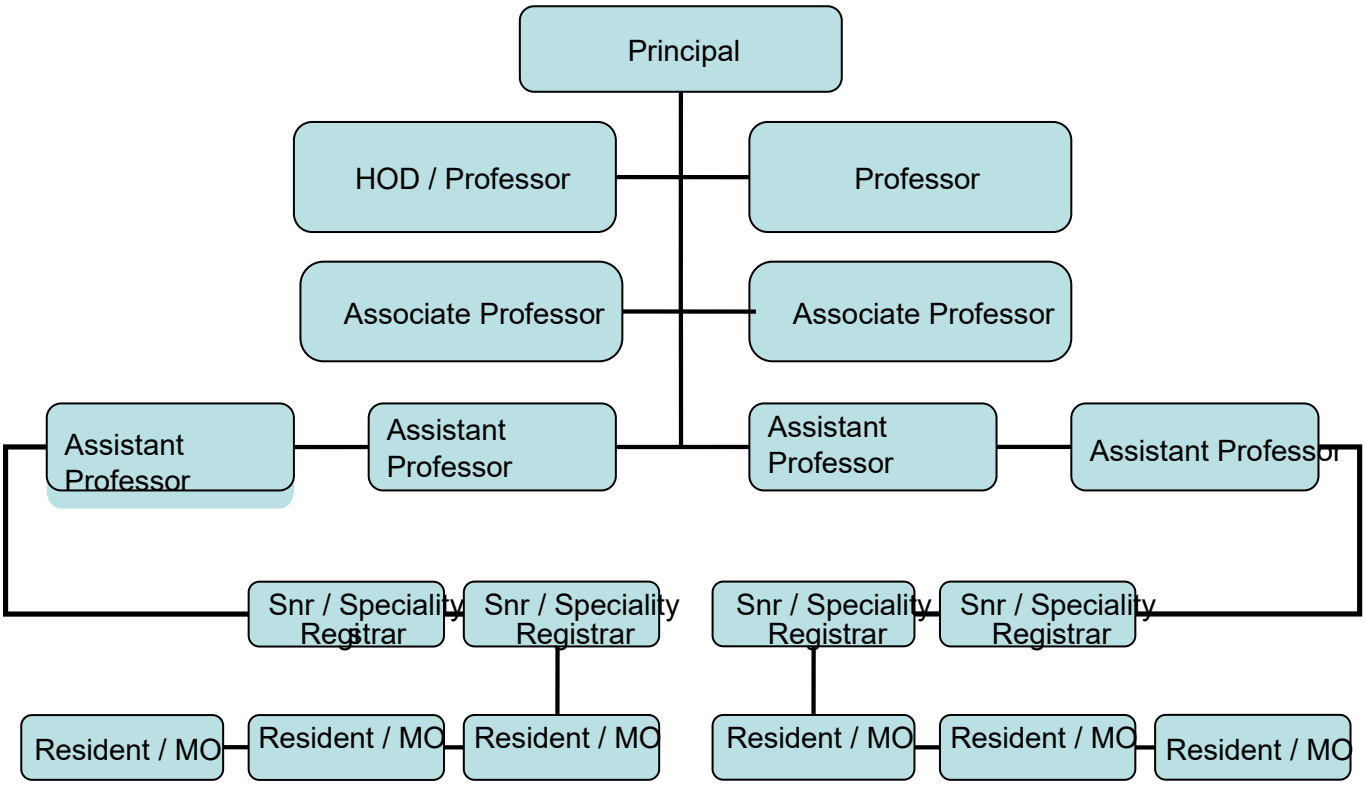
Head of Surgery Department

MBBS FCPS

To lead the surgical departments in surgical excellence through innovative research, compassionate patient care, and exceptional education, transforming the future of surgery and improving health outcomes. To Train the next generation of surgeons and healthcare professionals and provide patient-centered care with empathy and respect.

The department of Surgery consists of 2 surgical units. Each unit has male and female wards with a total of 120 beds. There are 8 state of the art Operation Theatres. They are fully equipped for all types of surgical operations i.e., laparoscopic surgery, vascular surgery, thoracic surgery, neurosurgery & Urology. The surgical ICU has ventilators and dialysis units. All types of endoscopes are also available including cystoscopes, gastroscopes, and colonoscopies. Additionally, the department also caters for surgical emergencies and elective surgery is being performed by a team of highly professional surgeons.

Departmental Organogram (As per PMDC Guidelines)



Faculty Members

Name	Designation	Qualification
Professor Khalid Nizami	Professor and Head of Department	MBBS FCPS
Dr Hassan Khan	Professor	MBBS FRCS
Dr Zulfiqar Saleem	Professor	MBBS FCPS
Dr Fatima Ahmad	Associate Professor	MBBS FCPS FRCS
Dr Mohammad Basil Rizvi	Associate Professor	MBBS FRCS
Dr Usman Khan	Senior Registrar	MBBS MRCP

Goal of the Department

The goals of our surgical department mainly focus on providing high-quality patient care, advancing medical knowledge, and fostering a supportive environment for staff and students. Here are some common goals:

- **Patient Care**: Delivering the best possible surgical care to patients, ensuring safety, and improving health outcomes.
- **Education**: Providing comprehensive training and educational programs for medical students, residents, and fellows.
- **Research**: Conducting innovative research to advance surgical techniques and improve patient care.
- **Quality Improvement**: Continuously improving surgical practices and patient care through quality assurance programs.
- **Collaboration**: Promoting interdisciplinary collaboration within the hospital and with other institutions to enhance patient care and research.
- **Community Engagement**: Engaging with the community to provide education and support on surgical health issues.
- **Resource Management**: Efficiently managing resources to provide cost-effective care without compromising quality

Workshop Schedule for MBBS students

Sr. No	Course Name
1	Cardiac First Response (CFR) /Basic Life Support (BLS)
2	Care Cardiac (ICC) / Advanced Life Support Cardiac (ALSC)
3	Immediate Care Trauma (ICT) / Advanced Life Support Trauma (ALST)
4	Immediate 3rd Year 1 day 4. Emergency Triage and Assessment (ETAT)
5	Emergency Neonatal Care (ENC)/ Neonatal Resuscitation (NR)
6	Emergency Obstetrics and Neonatal Care (EMONC)

Attendance Requirement & Internal Assessment Criteria

The institution follows the regulations for examinations of the UHS in letter and spirit. The students require **75% attendance** in all academic sessions and **50% marks** in internal assessments and send-up examinations to be eligible for the UHS Professional Examinations.

Learning Resources & Pedagogy

Book Recommendations

Sr.	Book Name	Author	Latest Editions
1.	Short Practice of Surgery	Bailey And Love's	28th Edition
2.	Text Book Of Surgery	By Ijaz Ahsan	3rd Edition
3.	General Surgery (Lecture Notes Series)	Harold Ellis, Roy Calne, Chris Watson	13th Edition
4.	An Introduction to the Symptoms and Signs of Surgical Disease	Norman Browse	6th Edition
5.	Current Surgical Practice	Norman L. Browse, Alan G. Johnson, and Tom.	Volume 6
6.	Schwartz's Principles of Surgery	F. Charles Brunicardi, Dana K. Andersen, Timothy R. Billiar, and David L. Dunn	10th Edition
7.	Online Journals and Reading Materials	Avicenna Medical and Dental College and HEC Digital Library	Online
8.	Textbook of Anaesthesia	G. Smith and A.R. Aitkenhead	7th Edition
9.	Short Practice of Anaesthesia	M. Morgan, G. Hall	1st Edition
10.	A Synopsis of Anaesthesia	J.Alfred Lee	4th Edition

Traditional & Innovation Teaching Methodologies

Sr.	Pedagogical Methodologies	Description
1.	Lectures	In the traditional method, an instructor presents information to a large group of students (large group teaching). This approach focuses on delivering theoretical knowledge and foundational concepts. It is very effective for introducing new topics.
2.	Tutorial	Tutorials involve small group discussions (SGD) where students receive focused instruction and guidance on specific topics.
3	Demonstrations	Demonstrations are practical displays of techniques or procedures, often used to illustrate complex concepts or practices, particularly useful in dental education for showing clinical skills.
4	Practicals	Hands-on sessions where students apply theoretical knowledge to real-world tasks. This might include lab work, clinical procedures, or simulations. Practicals are crucial for developing technical skills and understanding the application of concepts in practice.
5.	Student Presentations	Students prepare and deliver presentations on assigned topics. This method enhances communication skills and encourages students to explore issues in depth. It also provides opportunities for peer feedback and discussion.
6.	Assignment	Tasks are given to students to complete outside of class. Assignments can include research papers, case studies, or practical reports. They are designed to reinforce learning, assess understanding, and develop critical thinking and problem-solving skills.
7.	Self-directed Learning	Students take initiative and responsibility for their own learning process. Students are encouraged to seek resources, set goals, and evaluate their progress. This is a learner-centered approach where students take the initiative to plan, execute, and assess their own learning activities. This method promotes independence, critical thinking, and lifelong learning skills.
8.	Flipped Classroom	In this model, students first engage with learning materials at home (e.g., through videos, readings) and then use class time for interactive activities, discussions, or problem-solving exercises.

		This approach aims to maximize in-class engagement and application of knowledge.
9.	Peer-Assisted Learning (PAL)	A collaborative learning approach where students help each other understand course material. PAL involves structured peer tutoring, study groups, or collaborative tasks. It enhances comprehension through teaching, reinforces learning, and builds teamwork skills.

10	Team-based Learning (TBL)	A structured form of small group learning where students work in teams on application-based tasks and problems. Teams are responsible for achieving learning objectives through collaborative efforts, promoting accountability, and deeper understanding of the material.
11	Problem-based Learning (PBL)	Students work on complex, real-world problems without predefined solutions. They research, discuss, and apply knowledge to develop solutions. PBL fosters critical thinking, problem-solving skills, and the ability to integrate knowledge from various disciplines.
12	Academic Portfolios	A collection of student's work that showcases learning achievements, reflections, and progress over time. Portfolios include assignments, projects, and self-assessments. They provide a comprehensive view of student development, highlight strengths and areas for improvement, and support reflective learning (experiential learning)

Flipped Classroom

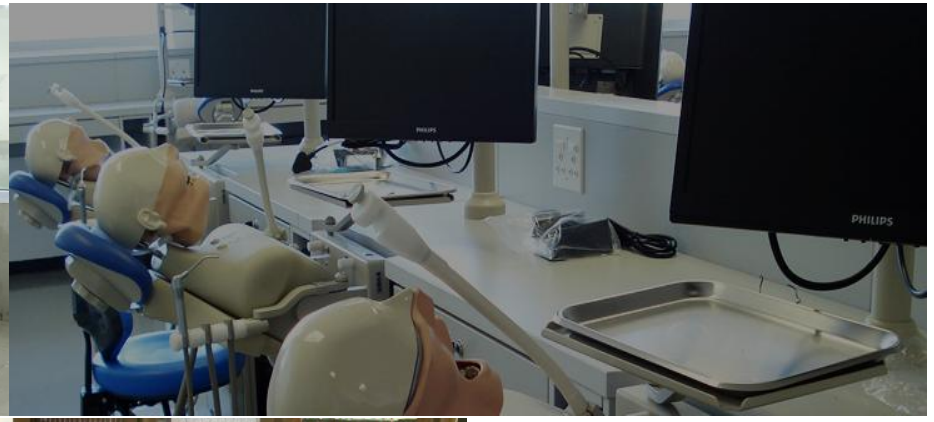
Infrastructure Resources

Sr.	Infrastructure Resources	Description
1.	Lecture Hall	Each year has a dedicated lecture hall, totaling five lecture halls for the five professional years. These halls are equipped with modern audiovisual aids to support effective teaching and learning.
2.	Tutorial Room	The college's tutorial rooms, each with a capacity of 30, are specifically designed to support small group discussions and interactive sessions. These rooms facilitate personalized instruction, enabling more engaged and effective learning through direct interaction between students and instructors.
3.	Lab	The college is equipped with state-of-the-art laboratories for practical and clinical work. Each lab is designed to support various disciplines, to facilitate hands-on learning.
4.	Library on campus	A huge library occupies full floor has 260 seats including study carrels and group-discussion tables. Latest reference books, of Basic and Clinical Sciences along with national & international journals are available in the library.

5.	Digital Library	The digital library offers access to a vast collection of e-books, online journals, research databases, and other digital resources. It supports remote access and provides tools for academic research and learning.
6.	Learning Management System (LMS)	The LMS is a comprehensive online platform that supports course management, content delivery, student assessment, and communication. It provides tools for tracking progress, managing assignments, and facilitates ongoing academic activities.
6.	Phantom Labs	Specialized Phantom Labs are available for advanced simulation and practice in procedures. These labs provide high-fidelity simulators that help students refine their clinical skills in a controlled environment.
7.	Mess & Cafeteria	The College has its own on-campus Mess which caters to 600 students. All food items including dairy, meat, and vegetables are sourced organically and bought in at the time of cooking, to ensure that students get freshly cooked meals at all times Students form the Mess committee which decides the mess menu in consultation with other students. The Mess offers fresh food to all residents three times a day. However, day scholars are also welcome to use the Mess facility at a reasonable cost. Two 50- inch LCD screens provide students an opportunity to get entertained during their meal times.
9.	IT Lab	The IT Lab is equipped with modern computers and software available for students who need access for academic purposes.

10	Auditorium	The college has a spacious auditorium equipped with advanced audio-visual facilities. It is used for large-scale lectures, guest presentations, and academic conferences, providing a venue for students to engage with experts and participate in important educational events.
11	Examination Halls	The college provides dedicated examination halls that are designed to accommodate a large number of students comfortably. These halls are equipped with necessary facilities to ensure a smooth and secure

		examination process, including proper seating arrangements, monitoring systems, and accessibility features.



Digital Library & Learning Management System (LMS)

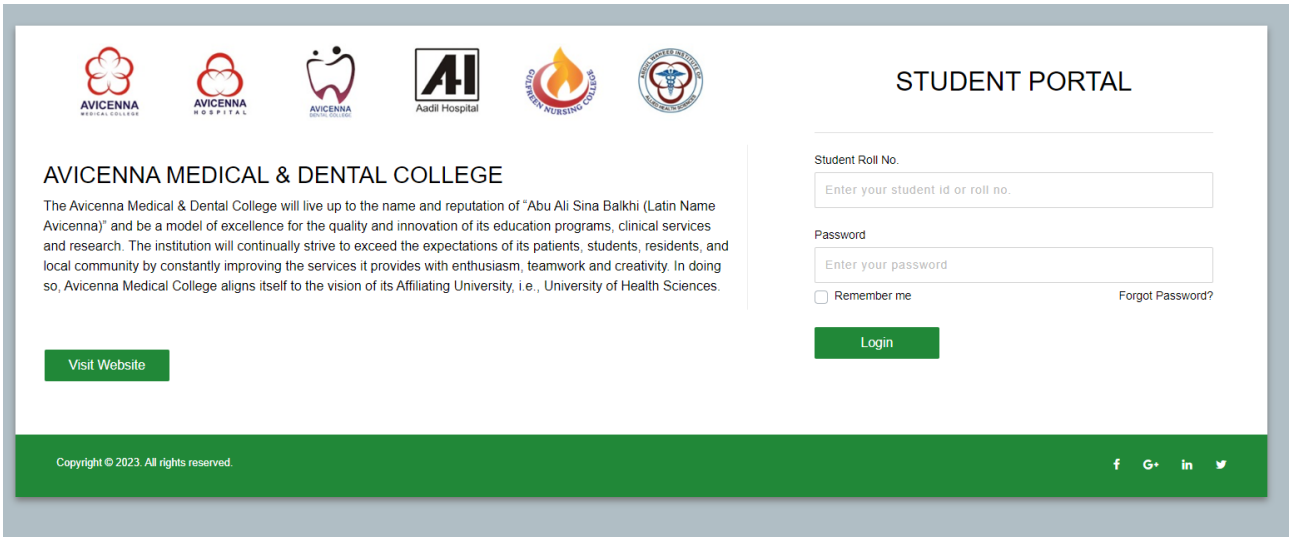
1. The COVID-19 pandemic highlighted the necessity of interactive online teaching for better retention of topics by students. Strategies like online learning management system (LMS), online discussions, online quizzes, assignment design, and flipped learning enhance student engagement in online education when needed.

2. Avicenna Medical & Dental College lays emphasis on the provision of learning material and online video lectures, video tutorials in the e-library and learning resource center, which has a dedicated website of Avicenna Medical College to enable the students to develop concepts and clarify their doubts, if they have not been able to do so in the teaching sessions during college hours. The digital library can be approached on http://digital.avicennamch.com/.

3. The institution has also endeavored to link itself with the digital libraries and e-library of the University of Health Science (UHS) and Higher Education Commission (HEC) to enable the students to benefit from the valuable resource material, lectures and knowledge bank at these sites. The links are available with the HEC http://www.digitallibrary.edu.pk/ and learning management system of UHS http://lms.uhs.edu.pk .

4. The Learning Management System (LMS) at Avicenna Medical & Dental College is a comprehensive platform managed by the Department of Student Affairs. It is designed to facilitate effective communication and information exchange between students, parents, faculty, and administrative staff. The LMS portals are specifically tailored to meet the needs of the following stakeholders:
   a. **Students**: For academic resources and scheduling.

b. **Parents:** For monitoring academic progress and other relevant information.
c. **Faculty:** For managing course content and academic activities.
d. **Department of Student Affairs:** For overseeing administrative functions.
e. **Department of Medical/Dental Education:** For overseeing academic functions.



5. Students can access a comprehensive range of academic resources and information through the student portal. By logging in with their roll number and password, students can:

- Look at their attendance and results.
- Review academic activities and weekly timetables/schedules.
- Access rotation planners and test schedules.
- Check for any notification, assignment or resource material from their teachers.

6. The information to the parent is duplicated by the issuance of the password and login to the Students Learning Management System which is dedicated to the Academic Program of the students. The parents can view the following by logging in to the mobile app of Avicenna Student Management System:

a) Syllabus
b) Table of specifications
c) Annual Planner
d) Synopsis
e) Block Time Table
f) Weekly training program
g) Allocation of Marks
h) Assessment calendar
i) Results of tests / exams*
j) Students' attendance record
k) Fees & fines

Assessment Guidelines

Assessment in medical & dental education is a critical component designed to ensure that medical & dental students acquire the necessary knowledge, skills, and competencies required for effective medical & dental practice.

Assessment drives learning! – George E. Millar

You will encounter a variety of assessment methods, each serving a specific purpose.

- Written examinations, including multiple-choice and essay questions, will test your grasp of theoretical concepts and subject matter.
- Practical assessments will require you to demonstrate your clinical skills and ability to apply knowledge in real-world scenarios.
- Clinical exams will evaluate your communication skills and reasoning abilities through case discussions and problem-solving exercises.
- Clinical skills and work-place based assessments will observe your hands-on proficiency and patient management capabilities.

At Avicenna Medical & Dental College, internal assessments are systematically conducted throughout each academic year of the MBBS program, as per the guidelines established by the University of Health Sciences (UHS). These assessments, overseen by the Assessment Cell, adhere to either the Annual Subject-Based System or the Integrated/Modular System, depending on the curriculum structure.

Notably, beginning with the 2024-25 academic year, the weightage of internal assessments will be increased from 10% to 20%. The UHS administers professional examinations independently, organizing them at designated neutral sites and appointing external examiners to ensure objectivity and fairness.

Internal Assessment Weightage	20%	100 %
External Assessment Weightage	80%	

External Assessment

Surgery & Allied

Subject	Theory	Practical	Total Marks
Surgery & Allied	**<u>Paper I</u>** **Part I MCQs: 45 Marks** **Part II SEQs: 45 Marks** **<u>Paper II</u>** **Part I MCQs: 45 Marks** **Part II SEQs: 45 Marks** **Internal Assessment: 25 Marks**	**Oral & Practical: 65 Marks** **Clinical Examination: 210** **Internal Assessment: 25 Marks**	**500**
	200	**300**	

Sample Paper

MCQ

AUTHOR: Professor Khalid Nizami
DATE: 26th August 2024
DISCIPLINE/SUBJECT: General Surgery
TOPIC: Basic Surgical Skills
LEVEL OF STUDENT: Final year MBBS
AREA: Treatment

Item Writing Template

A 40-year-old man came to the emergency department after sustaining a laceration on her left index finger while using a kitchen knife 4 hours ago. On examination, there was a gaping wound on the base of his left index finger, which was 3 cm in size. After initial wound care, you decide to close the wound with prolene suture. **The characteristics of prolene suture are:**

Option:

a. easier to knot
b. high tissue reaction
c. multifilament
d. non-absorbable *
e. tensile strength is 50 % at 6 months

Mark the key with an Asterix*

COGNITIVE LEVEL: Application
DIFFICULTY LEVEL: Moderate
IMPORTANCE: Need to Know
REFERENCE: Bailey and Love's Short Practice of Surgery Edition 28

SEQ/SAQ

AUTHOR: Professor Khalid Nizami
DATE: 26th August 2024
DISCIPLINE/SUBJECT: General Surgery
TOPIC: Laparoscopic Surgery
LEVEL OF STUDENT: Final Year MBBS
AREA: Basic Principles of Laparoscopic Surgery

Scenario You were asked to see a patient by the in-charge nurse in the medical ward who has been listed for cholecystectomy for biliary colic due to gallstones. He is on the next day morning list. The patient is unsure whether to undergo open or laparoscopic procedure and wants to discuss the options

Question	**Marks**
a) Which one of the two methods of cholecystectomy is better open or laparoscopic and why	2
b) Name 3 limitations of laparoscopic procedure	2
c) Name 2 methods of creating pneumoperitoneum. Which is safer 1)	1

Key	Marks
a) Laparoscopic method Decreased wound size, decreased wound pain, reduced wound infection, reduced dehiscence, reduced bleeding, reduced heat loss, improved mobility and improved vision.	2
b) 1. Reliance on remote vision 2. Loss of tactile sensation 3. Dependence on hand-eye coordination 4. Difficulty in haemostasis 5. Reliance on new techniques 6. Extraction of large specimen	2
Open (Hasson's) and closed (verress needle). Open method is safe.	1

COGNITIVE LEVEL: Recall

DIFFICULTY LEVEL: Moderate

IMPORTANCE: Must Know

REFERENCE: Bailey and Love's Short Practice of Surgery Edition 28
Principles of laparoscopic and robotic surgery
Chapter 8 Page 105

OSCE COVER SHEET

Station Title: Suturing **Type of Station**: Observed

Specialty: General Surgery **Marks**: 5

Class Level: 5th Year MBBS **Time:** 5 minutes

Estimated difficulty: Moderate **Exam:** Early Session

Taxonomy level: Understanding & Application (Applying Knowledge in Practical Situations)

List of resources required: 2 chairs, 1 table/desk

Instructions for the Candidate: Your task is to read the provided scenario below thoroughly and then provide answers to the questions listed for the examiner.

Scenario: **A 25 years woman came to emergency after sustaining a laceration on her left index finger while doing her kitchen work. On examination, there was a gaping wound on the base of her left index finger, which was 4 cm in size. After initial management, you decide to close the wound with prolene suture**

Demonstrate
Vertical mattress suture in the given suturing pad

Key: (in the form of rubric) You may use a rating scale. (binary/global/analytical/holistic)

Academic Planner

Avicenna Medical & Dental College
Calendar 2025- 2026
5th Year MBBS

January 2026

	Su	Mo	Tu	We	Th	Fr	Sa
week 1					1	2	3
week 2	4	5	6	7	8	9	10
week 3	11	12	13	14	15	16	17
week 4	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

February 2026

	Su	Mo	Tu	We	Th	Fr	Sa
week 5	1	2	3	4	i-5	6	7
week 6	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
Week 7	22	23	24	25	26	27 GT Med 1	28
week 8							

March 2026

	Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6GT Sur:1	7
	8	9	10	11	12	13 GWT 1	14
	15	16	17	18	19	20	ii-21
	22	iii-23	24	25	26	27 GT Gyn	28
	29	30	31				

April 2026

	Su	Mo	Tu	We	Th	Fr	Sa
week 8				1	2	3 GT	4
week 9	5	6	7	8	9	10 GT Med:2	11
week 10	12	13	14	15	16	17 GT S2	18
week 11	19	20	21	22	23	24 GT Obs	25
week 12	26	27	28	29	30 GWT 2		

May 2026

	Su	Mo	Tu	We	Th	Fr	Sa
week 12						iv-1	2
week 13 E-S-Exam	3	E-4 Pediatrics	E-5 Medicine	E-6 Medicine 2	E-7 Surgey 2	8	9
week 14 E-S-Exam	10	E-11 Surgery 1	E-12 Obstetrics	E-13 Gynecology	14	15	16
week 15	17	18	19	20	21	22 GT Paeds	23
week 16	24	25	26	v-27	vi-28	29	30
	31						

June 2026

	Su	Mo	Tu	We	Th	Fr	Sa
week 16		1	2	3	4	5 GT M1	6
week 17	7	8	9	10	11	12 GT Sur-I	13
week 18	14	15	16	17	18	19 GWT 3	20
week 19	21	22	23	24	vii-25	vii-26	27
week 20	28	29	30				

July 2026

	Su	Mo	Tu	We	Th	Fr	Sa
week 20				1	2	3 GT GYN	4
week 21	5	6	7	8	9	10 GT S-2	11
Summer Vacations	12	13	14	15	16	17	18
Summer Vacations	19	20	21	22	23	24	25
Summer Vacations	26	27	28	29	30	31	

August 2026

	Su	Mo	Tu	We	Th	Fr	Sa
week 25							1
week 26 M-S-exam	2	3	4	5	6	7	8
week 27 M-S-exam	9	10	11	12	13 Gt Obs	viii-14	15
week 28 M-S-exam	16	17	18	19	20	21 GT M-2	22
week 29	23	24	ix-25	26	27	28 GWT 4	29
week 30	30	31					

September 2026

	Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4	5
	6	7 Med 1	8	9 Med 2	10	11 S-2	12
	13	14 S 1	15	16 Obs	17	18 GYNAE	19
	20	21 Peads	22	23	24	25 GYN	26
	27	28	29	30			

October 2026

	Su	Mo	Tu	We	Th	Fr	Sa
week 29					1	2 GT S-2	3
week 30	4	5	6	7	8	9 GWT 5	10
week 31	11	12	13	14	15 GT OBS	16 Sports Day	17
week 32	18	19	20	21	22	23 GT Med 1	24
week 33	25	26	27	28	29	30 GT Gynae	31

November 2026

	Su	Mo	Tu	We	Th	Fr	Sa
Week 34	1	2	3	4	5	6 GT Paeds	7
Week 35	8	9	10	11	12	13 GT Med 2	14
Week 36	15	16	17	18	19	20 GWT	21
Week 37	22	23	24	25	26	27 GT Sur 1	28
Week 38 L-S-Exam	29	30 Med 1					

December 2026

	Su	Mo	Tu	We	Th	Fr	Sa
Week 38 L-S-Exam				2 Med 2	3	4 Sur 2	5
Week 39 L-S-Exam	6	7 E- Sur 1	8	9 E- Obs	10	11 E- GYN	12
Week 40 L-S-Exam	13	14 E- Pediatric	15	16	Send-ups 17 Med 1	18	19
Winter Vacations	20	21	22	23	24	x-25	26
Send-ups-Exam 41	27	S 28 S- Med 2	29	30	S 31 S 1		

January 2027

	Su	Mo	Tu	We	Th	Fr	Sa
41						1	2
Send-ups-Exam 42	3	4 S 2	5	6	7 S- Gyn	8	9
Send-ups-Exam 43	10	11 S- Obs	12	13	14 S- Peads	15 FCA	16
44	17	18 FCA	19 FCA	20 FCA	21 FCA	22 FCA	23

February 2027

	Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27

March 2027

	Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27

SESSION START: 2nd February 2026

Gazetted Holidays

i- Kashmir Holiday - 5th Feb, 2026

ii- Eid- ul- Fitr- 21st March - 23rd March, 2026

iii - Pakistan Day -23rd March, 2026

iv- Labor Holiday- 1st May, 2026

v- Eid- Ul- Adha- 27th May - 29th May, 2026

vi- Youm-e-Takbeer Holiday - 28th May, 2026

vii- Ashura- 25th & 26th June, 2026

viii- Independence Day- 14th Aug, 2026

ix- Milad un Nabi- 25th Aug, 2026

x- Quaid-e-Azam Day/Christmas- 25th Dec, 2026

xVacations

Spring Vacations - 19th March - 23rd March, 2026

Summer Vacations - 13th July -9th Aug, 2026

Winter Vacations - 20th Dec-27th Dec, 2026

Events

Annual Dinner 9th April 2026

Sports Week 2nd -15th Oct 2026

Sports Day 16th Oct 2026

Wellness Week 14-21 Nov 2026

Session Exam

a-Early Session : 4th May 2026 - 13th May 2026

b-Mid Session :7th Sep 2026 - 25th September 2026

c-Late Session/Send-Up- 30th November 2026 - 14th January

Fainal Clinical Assessment

15th January,2026 - 22nd January 2026

ALLOCATION OF CURRICULUM HOURS – 5th Year MBBS				
Subject	Lectures	CFRC / Clinical Rotations & Skills	Clinical Clerkship	Total
Psychiatry	10			10
Gen Medicine	132	198	165	495
Radiology	15	9	7	31
Emergency Medicine	5	9	7	21
Pulmonology	13	9	7	29
Cardiology	12	9	7	28
Dermatology	15	9	7	31
Nephrology	12	9	7	28
Gastroenterology	10	9	7	26
Rheumatology		9	7	16
Endocrinology	5			5
Neurology	5			5
Critical Care	10	9	7	26
Family Medicine	34	5	7	46
Oncology				0

Gen Surgery	132	198	165	495
Orthopaedics	33	9	7	49
Anaesthesia	18	9	7	34
Neurosurgery	15	9	7	31
Urology	18	9	7	34
Plastic Surgery	15			15
Infection Control	7	8		15
Patient Safety	11			11
Paeds	99	99	82	280
Gynae	132	99	83	314
Islamiyat				0
Spare				0

Total Hours: Lectures = 758 | CFRC = 724 | Clinical Clerkship = 593 | Grand Total = 2075

Table of Specification

Sr#	CODE	SUBJECT	TOPIC	LEARNING OBJECTIVES	KNOWLEDGE Cognitive Domain			SKILL Psychomotor Domain	ATTITUDE Effective Domain	Mode of Information Transfer MIT			TOTAL HOURS	References
					C1	C2	C3	P	A	Lecture (hours)	Practical (hours)	Clinical Rotation (hours)		
1	AVMC1	Surgery	Introduction to surgery and the Department of surgery and Allied	The student should be able to: 1. Discuss the definition of surgical diseases. 2. Describe the role of surgery and allied subjects in MBBS cours	✓	✓	✓	✓	✓	1				
2	AVMC2	Surgery	PRINCIPLES OF SURGERY	To understand:classical concepts of homeostasis •Mediators of the metabolic response to injury •Physiological and biochemical changes during injury and recovery •Avoidable factors that compound the metabolic response to injury	✓	✓	✓	✓	✓	1				
3	AVMC3	Surgery	Metabolic response to injury	To understand: • Classical concepts of homeostasis •Mediators of the metabolic response to injury •Physiological and biochemical changes during injury and recovery •Avoidable factors that compound the metabolic response to injury	✓	✓	✓	✓	✓	1				
4	AVMC4	Surgery	Shock and blood transfusion	To understand: • The pathophysiology of shock and ischaemia–reperfusion injury• The different patterns of shock • Appropriate monitoring and end points of resuscitation • Use of blood and blood products, the benefits and risks of blood transfusion	✓	✓	✓	✓	✓	1		1		
5	AVMC5	Surgery	Wounds, healing and tissue repair	To understand: • Normal healing and how it can be adversely affected • How to manage wounds of different types. •Aspects of disordered healing that lead to conic wounds •The variety of scars and their treatment •How to differentiate between acute and conic wounds	✓	✓	✓	✓	✓	1		1		
6	AVMC6	Surgery	Surgical infection	To understand: • The characteristics of the common surgical pathogens and their sensitivities •The classification of sources of infection • The clinical presentation of surgical infections • The indications for and choice of prophylactic antibiotics To learn: •The management of abscesses To appreciate: • The importance of aseptic and antiseptic techniques and delayed primary or secondary closure in contaminated wounds To be aware of: •The causes of reduced resistance to infection (host response) To know: •The definitions of infection, particularly at surgical sites •What basic precautions to take to avoid surgically relevant hospital acquired infections	✓	✓	✓	✓	✓	1				

7	AVMC7	Surgery	Tropical infections and infestations	• The common surgical infections and infestations that occur in the tropics To appreciate: • That many patients do not seek medical help until late in the course of the disease because of socioeconomic reasons To be able to describe: • The emergency presentations of the various conditions, as patients may not seek treatment until they are very ill To be able to: • Diagnose and treat these conditions, particularly as emergencies. The ease of global travel has connected areas where tropical infections are common to areas where they are not. Patients with such an infection who are recently returned from the tropics will mostly present as emergencies	✓	✓	✓	✓	✓	1				
8	AVMC8	Surgery	Basic surgical skills and anastomoses	To understand: • The principles of patient positioning and operating theatre safety •The principles of skin and abdominal incisions • The principles of laparoscopic trocar insertion • The principles of wound closure To know the principles in performing: • Bowel anastomoses • Vascular anastomoses To be aware of: •The principles of drain usage •The principles of diathermy and advanced energy devices	✓	✓	✓	✓	✓	1		1		
9	AVMC9	Surgery	Principles of laparoscopic and robotic surgery	To understand: • The principles of laparoscopic and robotic surgery • The advantages and disadvantages of such surgery •The safety issues and indications for laparoscopic and robotic surgery •The principles of postoperative care	✓	✓	✓	✓	✓	1		1		
10	AVMC10	Surgery	Principles of paediatric surgery	Be able to: • Describe clinically important differences between adults and children • Explain the principles of trauma management in children • Safely prescribe perioperative fluids in children • Avoid the pitfalls that often delay the diagnosis of common emergency conditions • Outline some congenital malformations managed by neonatal surgeons that may present later to general surgeons • Recognise common safeguarding issues in children and know how to proceed if abuse is suspected	✓	✓	✓	✓	✓	1			24	
11	AVMC11	Surgery	Principles of oncology	To understand: • The biological nature of cancer • That treatment is only one component in the overall management of cancer • The principles of cancer prevention and early detection • The principles underlying non-surgical treatments for cancer To appreciate: • The principles of cancer aetiology and the major known causative factors • The likely shape of future developments in cancer management • The multidisciplinary management of cancer • The distinction between palliative care and end-of-life care • The principles of palliative care	✓	✓	✓	✓	✓	1				

12	AVMC12	Surgery	Gastrointestinal endoscopy	To gain an understanding of: • The role of endoscopy as a diagnostic and therapeutic tool • The basic organisation of an endoscopy unit and its equipment • Consent and safe sedation • Special situations: the key points in managing endoscopy in at-risk patients • The indications for diagnostic and therapeutic endoscopic procedures including endoscopic ultrasound • The recognition and management of complications • Novel techniques for endoscoping the small bowel • Advances in diagnostic ability	✓	✓	✓	✓	✓	1		1		
13	AVMC13	Surgery	Preoperative care including the high-risk surgical patient	To be able to organise the preoperative care and the operating listTo understand preoperative preparation for surgery: • Surgical, medical and anaesthetic aspects of assessment • How to optimise the patient's condition• How to identify and optimise the patient at higher risk • Importance of critical care in management• How to take consent • How to organise an operating list	✓	✓	✓	✓	✓	1				
14	AVMC14	Surgery	Anaesthesia and pain relief	To gain an understanding of: • Techniques of anaesthesia and airway maintenance • Methods of providing pain relief • Local and regional anaesthesia techniques • The management of conic pain and pain from malignant disease	✓	✓	✓	✓	✓	1		1		
15	AVMC15	Surgery	Nutrition and fluid therapy	To understand: • The causes and consequences of malnutrition in the surgical patient • Fluid and electrolyte requirements in the pre- and postoperative patient • The nutritional requirements of surgical patients and the nutritional consequences of intestinal resection • The different methods of providing nutritional support and their complications	✓	✓	✓	✓	✓	1				
16	AVMC16	Surgery	Postoperative care	Pre-op care	✓	✓	✓	✓	✓	1		1		
17	AVMC17	Surgery	Day case surgery	To understand: • The concept of the day surgery pathway • The importance of patient selection and preoperative assessment • Basic principles of anaesthesia for day surgery • The spectrum of surgical procedures suitable for daysurgery • Postoperative management and discharge arrangements	✓	✓	✓	✓	✓	1				

1	AVMC18	Surgery	Introduction to trauma	History taking in orthopaedics	✓	✓	✓	✓	✓	1				
2	AVMC19	Surgery	Early assessment and management ofsevere trauma	Learning objectives • How to identify and assess the severely injured patient • Early treatment goals for multiply injured patients • Understand therole of permissive hypotension, tranexamic acid and massivetransfusion protocols • Understand the principles of damage control surgery(DCS) versus earlytotal care (ETC)	✓	✓	✓	✓	✓	1		1		
3	S2-001	Surgery	Head injuries	• Outline the principles of management of head injuries.	✓	✓	✓	✓	✓	1		1		
4				• Enlist the common complications of head injuries.	✓	✓	✓	✓	✓	1		-		
5	AVMC20	Surgery	Traumatic brain injury	To understand: • The physiology of cerebral bloodflow and thepathophysiology ofraised intracranial pressure • The classification and assessment of head injury • Management and sequelae of minor and mild traumaticbrain injury • Medical and surgical management of moderate andsevere traumatic brain injury	✓	✓	✓	✓	✓	1 1		1		
6	AVMC21	Surgery	Neck and spine	To be familiar with: • The accurate assessment of spinal trauma • The basic management of spinal trauma and the majorpitfalls • The pathophysiology and types of spinal cord injury • The prognosis of spinal cord injury, factors affectingfunctional outcome and common associatedcomplications	✓	✓	✓	✓	✓	1		1		
7	AVMC22	Surgery	Maxillofacial trauma	To be able to:• Identify and understand the significance of potentially life-teatening injuries to the face, head and neck To have:• A systematic methodology for examining facial injuries To know:• The classification of facial fracturesTo understand:• The diagnosis and management of fractures of themiddlethird of the facial skeleton and the mandible• The principles of the diagnosis and management offacial soft tissue injuriesTo appreciate	✓	✓		✓	✓	1		-	18	
8	AVMC23	Surgery	Torso trauma	To understand: • That the management of trauma is based onphysiologyas well as anatomy (as in general surgery) • The gross and surgical anatomy of the chestand abdomen • The pathophysiology of torso injury • The strength and weaknesses of clinical assessment inthe injured patient • The use of special investigations and their limitations • The operative approaches to the thoracic cavity • The special features of an emergency room thoracotomyfor haemorrhage control • The indications for and techniques of the traumalaparotomy	✓	✓	✓	✓	✓	1		1		

9	AVMC24	Surgery	Extremity trauma	To gain an understanding of: • How to identify whether an injury exists • The important injuries not to miss • The principles of the description and classification offractures • The range of available treatments • How to select an appropriate treatmen	✓	✓	✓	✓	✓	1 1		1		
10	AVMC25	Surgery	Disaster surgery	To recognise and understand: • The common features of various disasters • The principles behind the organisation of the relief effortand of triage in treatment and evacuation • The role and limitations of field hospitals in disaster • The features of conditions peculiar to disaster situationsand their treatment	✓	✓	✓	✓	✓	1		-		
HEAD & NECK															

1	AVMC26	Surgery	Cleft lip and palate: developmental abnormalities of theface, mouth and jaws	To understand: • The aetiology and classification of developmental abnormalities of the face, mouth and jaws • Perinatal and early childhood management •The principles of reconstruction of cleft lip and palate • The key features of perioperative care • The management of complications associated with cleft lip and palate	✓	✓	✓	✓	✓	1		1		
2	AVMC27	Surgery	Pharynx, larynx andneck	To understand: • The relevant anatomy, physiology, disease processesand investigations of the pharyngolarynx and neck • The diagnosis and emergency treatment of airwayobstruction • The aetiology, natural history, management andprevention of squamous cell carcinoma of the upper aerodigestive tract	✓	✓	✓	✓	✓	1		-		
3	S2-002	Surgery	Diseases of oral cavity	• Identify leukoplakia, erythroplakia, and oral lichen planus. • Outline the risk factors associated with these oral premalignant lesions. • Describe the clinical features of oral cavity malignancies. • Explain the investigations used for diagnosis and assessment. • Outline the staging systems for oral cavity cancers. • Discuss the treatment options, including surgical, radiotherapy, and multidisciplinary approaches • Discuss etiology, clinical features, investigations, and management of tongue ulcer	✓	✓	✓	✓	✓	1		1		
4	S2-003	Surgery	Salivary gland disorders	• Differentiate benign and malignant diseases of parotid, submandibular, sublingual glands.	✓	✓	✓	✓	✓	1		1		
				• Identify lymph node enlargements in the neck. • Differentiate common surgical causes of cervical	✓	✓	✓	✓	✓	1		1		
					✓	✓	✓	✓	✓	1		-		
5	S2-004	Surgery	Neck lumps	lymphadenopathy. • Outline the principles of surgical evaluation of cervical lymph nodes. • Classify thyroid swellings. • Identify clinical features suggestive of benign and malignant thyroid disease. • Outline indications for surgical management of thyroid disorders. • Describe causes of parathyroid enlargement. Recognize clinical features of hyperparathyroidism relevant to surgery. • Outline indications for surgical management of parathyroid disease.	✓	✓	✓	✓	✓	-		-		
6	S2-005	Surgery	Clinical examination- Head,face, and neck	• Take a focused history for oral/tongue ulcers and suspicious lesions. • Examine oral cavity, lips, and palate for lesions. • Examine salivary glands through inspection, palpation, and functional tests. • Perform head and neck lymph node examination. • Perform clinical examination of thyroid gland (inspection, palpation, auscultation). • Assist in biopsy specimens' collection and ensuring proper labeling. • Counsel patients about risk factors (tobacco, alcohol, poor oral hygiene).	✓	✓	✓	✓	✓	1		2	19	

7	S2-006	Surgery	Surgical anatomy	• Describe surgical anatomy and lymphatic drainage of breast.	✓	✓	✓	✓	✓	-		1		
8	S2-007	Surgery	Triple assessment	• Describe the signs and symptoms assessed during clinical examination of the breast in suspected malignancy. • Explain the role of imaging, including ultrasound and mammography, in breast evaluation. • Discuss tissue sampling techniques such as fine-needle aspiration and core biopsy for diagnosis	✓	✓	✓	✓	✓	1		-		
9	S2-008	Surgery	Benign breast diseases	• Describe the signs and symptoms assessed during clinical examination of the breast in suspected malignancy. • Explain the role of imaging, including ultrasound and mammography, in breast evaluation. • Discuss tissue sampling techniques such as fine-needle aspiration and core biopsy for diagnosis.	✓	✓	✓	✓	✓	1		-		
10	S2-009	Surgery	Malignant breast disease	• Describe the clinical signs and symptoms of malignant breast disease. • Explain the staging systems used for breast cancer. • Discuss prognostic factors influencing outcomes. • Outline the treatment options, including surgical, medical, and radiotherapy approaches. • Outline indications and types of breast reconstruction. • Identify features, staging, and treatment of male breast carcinoma.	✓	✓	✓	✓	✓	1		-		
11	S2-010	Surgery	Nipple and areola diseases	• Identify common nipple and areola pathologies, including eczema, duct ectasia, and Paget's disease. • Describe the clinical features of these conditions. • Outline management strategies for each pathology.	✓	✓	✓	✓	✓	-		-		
12	S2-011	Surgery	Clinical examination of breast	• Demonstrate breast examination through inspection, palpation, and lymph node exam. • Observe/assist in fine-needle aspiration cytology (FNAC) and core biopsy. • Interpret mammography and ultrasound reports under supervision. • Counsel patients regarding benign vs malignant breast conditions. • Practice communication skills for delivering sensitive information. • Follow OT protocols for breast surgery and specimen labeling.	✓	✓	✓	✓	✓	-		2		
BREAST SURGERY															

1	S2-006	BREAST SURGERY	Surgical anatomy	Describe surgical anatomy and lymphatic drainage of breast.	✓	✓	✓	✓	✓			1		
2	S2-007	BREAST SURGERY	Triple assessment	Describe the signs and symptoms assessed during clinical examination of the breast in suspected malignancy. Explain the role of imaging, including ultrasound and mammography, in breast evaluation. Discuss tissue sampling techniques such as fine-needle aspiration and core biopsy for diagnosis.	✓	✓	✓	✓	✓	1				
3	S2-008	BREAST SURGERY	Benign breast diseases	Tabulate benign breast diseases to compare clinical presentation, common age group, investigations, and management for fibroadenoma, breast cysts, mastitis, and gynecomastia.	✓	✓	✓	✓	✓	1				
4	S2-009	BREAST SURGERY	Malignant breast disease	Describe the clinical signs and symptoms of malignant breast disease. Explain the staging systems used for breast cancer. Discuss prognostic factors influencing outcomes. Outline the treatment options, including surgical, medical, and radiotherapy approaches. Outline indications and types of breast reconstruction. Identify features, staging, and treatment of male breast carcinoma.	✓	✓	✓	✓	✓	1			6	
5	S2-010	BREAST SURGERY	Nipple and areola diseases	Identify common nipple and areola pathologies, including eczema, duct ectasia, and Paget's disease. Describe the clinical features of these conditions. Outline management strategies for each pathology.	✓	✓	✓	✓	✓					
6	S2-011	BREAST SURGERY	Clinical examination of breast	Demonstrate breast examination through inspection, palpation, and lymph node exam. Observe/assist in fine-needle aspiration cytology (FNAC) and core biopsy. Interpret mammography and ultrasound reports under supervision. Counsel patients regarding benign vs malignant breast conditions. Practice communication skills for delivering sensitive information. Follow OT protocols for breast surgery and specimen labeling.	✓	✓	✓	✓	✓			2		
ENDOCRINOLOGY															

1	Avmc28	ENDOCRINOLOGY	Thyroid Gland Benign diseases	To understand the development and anatomy of the thyroid gland To know the physiology and investigation of thyroid function To know when to operate on a thyroid swelling To describe thyroidectomy To know the risks and complications of thyroid surgery	✓	✓	✓	✓	✓	1		1		
2	AVMC29	ENDOCRINOLOGY	Thyroid Gland Malignant Diseases	To understand the development and anatomy of malignant thyroid diseases To know when to operate on a thyroid swelling To describe thyroidectomy To know the risks and complications of thyroid surgery	✓	✓	✓	✓	✓	1			4	
3	AVMC30	ENDOCRINOLOGY	Parathyroid Gland	To understand the development and anatomy of the parathyroid gland To know the physiology and investigation and function To be able to diagnose primary secondary and tertiary hyperparathyroidism To have basic knowledge of hypoparathyroidism To know the risks and complications of surgery	✓	✓	✓	✓	✓	1				
THORACIC DISEASES															

1	S2-012	THORACIC DISEASES	Surgical Anatomy	Identify critical structures to preserve during thoracic surgery, such as the phrenic and vagus nerves, recurrent laryngeal nerves,	✓	✓	✓	✓	✓	1			9hr	
2	S2-014	THORACIC DISEASES	Lung Abscess	Enlist common causes and risk factors of lung abscess. Describe clinical features and basic diagnostic approach. Outline principles of medical and surgical management. Identify possible complications and their prevention.	✓	✓	✓	✓	✓	1		1		
3	S2-013	THORACIC DISEASES	Blunt and Penetrating Injuries	Differentiate between blunt and penetrating injuries. Outline initial assessment and stabilization. Identify common complications and their basic management.	✓	✓	✓	✓	✓	1				
4	S2-015	THORACIC DISEASES	Empyema Thoracis	Enlist common causes and predisposing conditions of empyema. Describe clinical presentation and diagnostic methods. Outline principles of management, including drainage and supportive care. Enlist the complications.	✓	✓	✓	✓	✓	1		1		
5	S2-016	THORACIC DISEASES	Lung Tumors	Describe the clinical features, diagnostic evaluation, and general management of common benign thoracic tumors. Explain the staging, prognostic indicators, and treatment modalities for malignant thoracic tumors, including primary lung cancer and mediastinal masses. Outline the indications, operative techniques, and postoperative complications associated with lung-resection procedures.	✓	✓	✓	✓	✓	1				
6	S2-017	THORACIC DISEASES	Respiratory system examination and surgical skills	Perform a structured respiratory examination, including inspection, palpation, percussion, and auscultation. Interpret findings on chest X-rays and CT scans relevant to common thoracic conditions. Observe/Assist in thoracocentesis and chest-drain insertion under supervision. Observe and record key steps of bronchoscopy procedures. Monitor post-thoracotomy care, including chest-drain function, pain control, and respiratory physiotherapy. Counsel patients on smoking cessation and risks associated with lung cancer. Follow ICU postoperative protocols for patients afterthoracic surgery.	✓	✓	✓	✓	✓			2		
VASCULAR														

1	AVMC32	VASCULAR	Venous disorders	To understand: Venous anatomy and the physiology of venousreturn The pathophysiology of venous hypertension The clinical significance and management of superficialvenous reflux The management of venous ulceration Venous tomboembolism	✓	✓	✓	✓	✓	1		1	4hr	
2	AVMC33	VASCULAR	Lymphatic disorder	To understand: The main functions of the lymphatic system The development of the lymphatic system The various causes of limb swelling The aetiology, clinical features, investigations and treatment of lymphoedema	✓	✓	✓	✓	✓	1		1		
				GASTROINTESTINAL SURGERY										

1	S2-018	GASTROINTESTINAL SURGERY	Surgical Anatomy	• Identify key structures that must be preserved during gastrointestinal surgery.	✓	✓	✓	✓	✓					
2	S2-019	GASTROINTESTINAL SURGERY	Esophageal obstruction	Enlist common benign and malignant causes of esophageal obstruction. Describe clinical features and basic diagnostic approach. Outline principles of surgical and non-surgical management Identify possible complications and basic preventive measures. Discuss causes, clinical signs, and surgical management of esophageal perforation.	✓	✓	✓	✓	✓	1				
3	S2-020	GASTROINTESTINAL SURGERY	Peptic Ulcers	Identify clinical features, diagnostic methods, complications, and treatment options. Describe the role of H. pylori in gastritis and peptic ulcer disease.	✓	✓	✓	✓	✓	1				
4	S2-021	GASTROINTESTINAL SURGERY	Gastric volvulus and perforation	Diagnose gastric volvulus through clinical signs and imaging findings. Describe the causes, presentation, and diagnosis of gastric perforation. Plan the surgical management for gastric volvulus and perforation.	✓	✓	✓	✓	✓	1				
5	S2-022	GASTROINTESTINAL SURGERY	Gastric tumors	Explain classification, staging, prognosis, and surgical management. Outline GIST, lymphomas, and benign gastric and duodenal tumors, with surgical relevance.	✓	✓	✓	✓	✓	1				
6	S2-023	GASTROINTESTINAL SURGERY	Inflammatory bowel disease	Describe the anatomical involvement, pathological features, and complications of Crohn's disease relevant to surgery. Discuss the diagnostic approaches, including imaging and endoscopic findings, that guide surgical decision- making. Outline the indications, principles, and techniques of surgical management, including resection, stricturoplasty, and management of fistulas or abscesses.	✓	✓	✓	✓	✓	1				
7	S2-024	GASTROINTESTINAL SURGERY	Tuberculosis	Describe the clinical presentation and imaging features of intestinal tuberculosis. Discuss surgical principles, including indications for resection or stricturoplasty.	✓	✓	✓	✓	✓	1				
8	S2-025	GASTROINTESTINAL SURGERY	Diverticula	Differentiate congenital (Meckel's) and acquired diverticula. List the complications. Discuss surgical management strategies for complicated diverticula.	✓	✓	✓	✓	✓	1				
9	S2-026	GASTROINTESTINAL SURGERY	Intestinal Obstruction	List the common causes of intestinal obstruction. Define intussusception and volvulus. Explain the pathophysiology of obstruction and potential progression to strangulation. Identify key clinical features. List the investigations required to reach the diagnosis. Outline initial management including resuscitation, NG decompression, fluid and electrolyte replacement, and antibiotics.	✓	✓	✓	✓	✓	1				

10	S2-027	GASTROINTESTINAL SURGERY	Stomas	Describe types of stomas (ileostomy, jejunostomy) and indications. List common complications and principles of stoma	✓	✓	✓	✓	✓	1				
11	S2-028	GASTROINTESTINAL SURGERY	Fistulas	Identify causes and clinical presentation of enterocutaneous fistulas. Discuss diagnostic approaches and surgical	✓	✓	✓	✓	✓	1				
12	S2-029	GASTROINTESTINAL SURGERY	Short Bowel Syndrome	Describe etiologies and nutritional consequences of short bowel syndrome. Outline medical, nutritional, and surgical management strategies.	✓	✓	✓	✓	✓	1				
13	S2-030	GASTROINTESTINAL SURGERY	Small Intestinal Tumors	Differentiate benign (adenomas, lipomas) from malignant (adenocarcinoma, lymphoma, sarcoma) small intestine tumors.	✓	✓	✓	✓	✓	1				
14	S2-031	GASTROINTESTINAL SURGERY	Ulcerative colitis	Describe pathological features, extent of disease, and mucosal involvement. Describe clinical features, complications (toxic megacolon, bleeding), and indications for surgery. Outline the management plan including surgical options, including colectomy and ileal pouch-anal anastomosis.	✓	✓	✓	✓	✓	1				
15	S2-032	GASTROINTESTINAL SURGERY	Vascular lesions	Diagnose angiodysplasia and ischemic colitis clinically and on imaging. Discuss plan of surgical and endoscopic management.	✓	✓	✓	✓	✓	1				
16	S2-033	GASTROINTESTINAL SURGERY	Large Intestine Tumors	Differentiate benign polyps/adenomas from malignant adenocarcinoma. Discuss staging, prognosis, and surgical management options.	✓	✓	✓	✓	✓	1				
17	S2-034	GASTROINTESTINAL SURGERY	Acute and chronic Appendicitis	Identify classical signs of acute appendicitis. Describe atypical presentations. Differentiate acute from chronic appendicitis based on symptom duration, severity, and presentation. Outline differential diagnoses including mesenteric adenitis, Meckel's diverticulitis, gynecological, and urinary conditions. List the investigations to reach diagnosis. Identify complications of appendicitis.	✓	✓	✓	✓	✓	1		1		
18	S2-035	GASTROINTESTINAL SURGERY	Appendix Tumors	Differentiate benign (mucinous cystadenoma) and malignant (carcinoid, adenocarcinoma) tumors. Describe surgical approaches and extent of resection based on tumor type and size.	✓	✓	✓	✓	✓			1	35hr	
19	S2-036	GASTROINTESTINAL SURGERY	Appendectomy		✓	✓	✓	✓	✓	1				
20	S2-037	GASTROINTESTINAL SURGERY	Hemorrhoids	Explain pathophysiology and classification. Diagnose hemorrhoids based on clinical features, complications, and indications for surgery.	✓	✓	✓	✓	✓	1				
21	S2-038	GASTROINTESTINAL SURGERY	Anal Fissure	Differentiate acute and chronic fissures. Discuss conservative and surgical treatment (lateral internal sphincterotomy).	✓	✓	✓	✓	✓	1				

22	S2-039	GASTROINTESTINAL SURGERY	Fistula-in-Ano	Describe etiology and common classification (Park's classification). Describe etiology and common classification (Park's classification). Outline surgical plan including fistulotomy, seton placement, and sphincter preservation.	✓	✓	✓	✓	✓	1				
23	S2-040	GASTROINTESTINAL SURGERY	Pilonidal Sinus	Describe the clinical features and differentiate from sebaceous cyst, gluteal/perianal abscess, dermoid cyst. List common complications.	✓	✓	✓	✓	✓	1				
24	S2-041	GASTROINTESTINAL SURGERY	Anal Canal Tumors	Differentiate benign (papilloma, adenoma) and malignant tumors (squamous cell carcinoma adenocarcinoma). Discuss staging, prognosis, and surgical or oncological management options.	✓	✓	✓	✓	✓	1				
25	S2-042	GASTROINTESTINAL SURGERY	Small Intestine	Take detailed history for dyspepsia, hematemesis, and melaena. Perform clinical examination for anemia, abdominal mass, and peritonitis. Perform focused abdominal examination to assess obstruction, masses, and tenderness Observe/assist in inserting nasogastric tube. Counsel patients on H. pylori eradication therapy and lifestyle modifications. Interpret imaging studies (X-ray, CT, enteroclysis) for small bowel obstruction and other small intestine lesions. Observe/assist in biopsy procedures and ensure proper specimen handling and labeling. Follow ICU and OT protocols in the management of small bowel emergencies.	✓	✓	✓	✓	✓	1		1		
26	S2-043	GASTROINTESTINAL SURGERY	Large Intestine	Take focused history for altered bowel habits, rectal bleeding, and abdominal pain. Demonstrate thorough abdominal and per rectal examination, including digital rectal exam. Interpret colonoscopy and barium enema findings. Observe/assist in colonoscopy or biopsy procedures and ensure proper specimen labeling. Assist in providing pre- and post-operative care for patients undergoing colectomy or other colorectal surgeries. Counsel patients regarding IBD management, colorectal cancer, and lifestyle modifications. Follow OT protocols for bowel preparation, sterile technique, and specimen handling	✓	✓	✓	✓	✓	1		1		
27	S2-044	GASTROINTESTINAL SURGERY	Intestinal Obstruction	Take focused history for bowel obstruction, including abdominal pain, vomiting, and constipation. Perform abdominal examination to assess distension, peristaltic activity, and tenderness. Interpret imaging studies, including X-rays, for air- fluid levels and obstruction patterns. Observe/assist in NG tube insertion for decompression and monitor its effectiveness. Assist in initiating IV fluid resuscitation and monitor electrolytes and hemodynamic status. Observe/assist in laparotomy or other surgical interventions for intestinal obstruction. Counsel patients and attendants regarding the risks and postoperative expectations of emergency surgery. Follow ICU protocols for postoperative care, monitoring for	✓	✓	✓	✓	✓	1		1		

28	S2-045	GASTROINTESTINAL SURGERY	Appendicitis	Take focused history for acute abdominal pain suggestive of appendicitis. Perform McBurney's point tenderness, Rovsing's sign, and Psoas sign. Interpret imaging findings from ultrasound and CT to confirm diagnosis. Observe/assist in openand laparoscopic appendectomy, ensuring safe operative technique. Assist in post-operative care, including wound care and drain monitoring. Counsel patients regarding the procedure, post- operative recovery, and follow-up. Follow OT protocols and ensure proper specimen handling and labeling.	✓	✓	✓	✓	✓			2		
29	S2-046	GASTROINTESTINAL SURGERY	Anal canal	Take history for rectal pain, bleeding, discharge, or perianal swelling. Perform clinical examination, including inspection, digital rectal exam, and proctoscopy. Observe/assist in procedures such as hemorrhoid banding, sclerotherapy, and surgical hemorrhoidectomy. Observe/assist in fistula-in-ano and pilonidal sinus surgeries, ensuring safe operative technique. Assist in providing post-operative care, including wound care, dressing changes, and monitoring for complications. Counsel patients on hygiene, diet, and long-term follow-up to prevent recurrence. Ensure proper handling and labeling of surgical specimens for biopsy.	✓	✓	✓	✓	✓	1		1		
HERNIA														

1	S2-047	Hernia	Hernia formation	Explain the mechanical and biological processes that weaken the abdominal wall and lead to hernia formation. Describe the rectus sheath, linea alba, inguinal canal, and weak areas important in hernia formation and repair.	✓	✓	✓	✓	✓	1		1	13hr	
2	S2-048	Hernia	Inguinal hernia	Identify the clinical signs and symptoms of inguinal hernia. Differentiate between direct and indirect inguinal hernias. Explain possible complications. Describe surgical and non-surgical management.	✓	✓	✓	✓	✓	1		1		
3	S2-049	Hernia	Femoral hernia	Identify the clinical features of femoral hernia. Explain the risks and potential complications associated with femoral hernia. Describe the principles of surgical and non-surgical management.	✓	✓	✓	✓	✓			1		
4	S2-050	Hernia	Ventral hernias	Identify types of ventral hernias. Describe the clinical features of each type of ventral hernia (umbilical, incisional, parastomal, and traumatic hernias). Explain the risks and potential complications associated with ventral hernias. Outline the principles of surgical management for ventral hernias.	✓	✓	✓	✓	✓	1		1		
5	S2-051	Hernia	Peritonitis	Enlist the etiology of peritonitis. Outline the clinical features and diagnostic evaluation, including laboratory tests and imaging. Outline the surgical and supportive management plan in acute peritonitis. Discuss the prognosis and factors influencing patient outcomes in peritonitis. Identify the major complications associated with untreated or severe peritonitis.	✓	✓	✓	✓	✓	1		1		
6	S2-052	Hernia	Intraperitoneal abscess	Describe the clinical presentation and common sites of intraperitoneal abscesses. Describe the diagnostic role of laboratory tests and imaging modalities. Explain the procedure of abscess drainage, including percutaneous and surgical approaches.	✓	✓	✓	✓	✓					
7	S2-053	Hernia	Adhesions & torsion	Explain the pathophysiology of intra-abdominal adhesions and torsion. Describe the clinical presentation and complications associated with adhesions and torsion. Plan the surgical management for adhesions and torsion.	✓	✓	✓	✓	✓	1				
8	S2-054	Hernia	Clinical examination of hernia	Perform clinical examination of the abdominal wall and common hernia sites. Examine groin of a patient to distinguish inguinal from femoral hernias through inspection, palpation, cough impulse, deep ring and femoral canal palpation, Valsalva maneuver, and assessment of reducibility. Identify the signs of obstruction and strangulation during patient assessment. Assist in open and laparoscopic hernia repair procedures. Observe and assist in handling and fixing surgical mesh safely. Counsel patients regarding elective versus emergency hernia surgery. Follow operating theatre protocols, including proper handling of specimens from strangulated bowel.	✓	✓	✓	✓	✓			2		

9	S2-055	Hernia	Peritonitis	Perform abdominal examination for guarding, rigidity, ascites, masses. Observe/assist in ascitic tap. s in post-op care for peritonitis and septic patients in ICU.	✓	✓	✓	✓	✓			1		
PANCREAS															
1	S2-056	PANCREAS	Pancreatitis (acute and chronic)	Identify the major etiological factors contributing to pancreatitis. Explain the pathophysiological mechanisms leading to pancreatic inflammation. Identify the key clinical features and diagnostic criteria of pancreatitis. Outline essential investigations used to confirm diagnosis and assess severity. Discuss potential complications and their clinical implications. Plan medical and supportive management.	✓	✓	✓	✓	✓	1		1		
2	S2-057	PANCREAS	Pancreatic cancer	Identify the major risk factors associated with pancreatic cancer. Describe its clinical presentation. Discuss the factors influencing prognosis in pancreatic cancer. Outline the main treatment modalities, including surgical, medical, and palliative options. Identify important neighbouring structures at surgical risk during pancreatic procedures.	✓	✓	✓	✓	✓	1			4hr	
3	S2-058	PANCREAS	Clinical skills-pancreatic diseases	Perform focused history-taking for abdominal pain, jaundice, and weight loss. Conduct abdominal examination to assess epigastric tenderness, masses, and ascites. Interpret CT and USG findings related to pancreatitis and pancreatic tumors. Observe/assist in biopsy procedures and ensure accurate specimen labeling. Manage the initial care of acute pancreatitis, including fluids, analgesia, and monitoring. Assist in providing post-operative care for pancreatic surgery patients, with emphasis on drain monitoring and nutritional support.	✓	✓	✓	✓	✓			1		
SPLEEN															

1	S2-059	Spleen	Splenic trauma & rupture	• Identify the common mechanisms of splenic injury. • Identify the clinical features and complications associated with splenic trauma. • Outline investigations for diagnosis and assessment of splenic injury.	✓	✓	✓	✓	✓	1		1	5	
2	S2-060	Spleen	Splenomegaly & hypersplenism	• Identify the common causes and systemic effects of splenomegaly and hypersplenism. • Outline the appropriate investigations for diagnosis and assessment	✓	✓	✓	✓	✓	1				
3	S2-061	Spleen	Neoplasms	• Differentiate between benign and malignant tumors of the spleen based on clinical and pathological features. • Recognize the key diagnostic approaches, including imaging and laboratory evaluation. • Discuss the principles of management for splenic neoplasms, including surgical options.	✓	✓	✓	✓	✓	1				
4	S2-062	Spleen	Splenectomy	• List the common indications for splenectomy. • Identify the major structures at risk during splenic surgery. • Describe the surgical procedure and important operative considerations. • List the potential complications. • Describe overwhelming post-splenectomy infection (OPSI). • Outline preventive measures. • Perform abdominal examination for splenomegaly. • Interpret USG and CT findings for splenic trauma, enlargement, or pathology	✓	✓	✓	✓	✓					
5	S2-063	Spleen	Clinical skills-splenic diseases	• Assist in providing initial care of splenic trauma. • Observe/assist in splenectomy and ensure proper specimen handling and labeling. • Counsel patients on appropriate vaccinations and preventive care post-splenectomy. • Follow ICU and OT protocols in the management of splenic emergencies.	✓	✓	✓	✓	✓			1		
GALLBLADDER AND BILE DUCTS														

1	S2-064	Ilbladder And Bile Du	Cholelithiasis	• Identify major risk factors contributing to gallstone development. • Describe the common complications, including cholecystitis and choledocholithiasis.	✓	✓	✓	✓	✓	1		1		
2	S2-065	Ilbladder And Bile Du	Acute and chronic cholecystitis	• List common causes and risk factors of cholecystitis • Describe clinical features and basic diagnostic evaluation • Outline principles of medical and surgical management, including cholecystectomy • Identify potential complications and basic preventive measures • Identify the indications for cholecystectomy	✓	✓	✓	✓	✓	1				
3	S2-066	Ilbladder And Bile Du	Cholecystectomy	• Describe the surgical anatomy relevant to cholecystectomy, including Calot's triangle and variations of the cystic duct and artery. • Outline the steps of open and laparoscopic cholecystectomy. • List intraoperative and postoperative complications. • Identify key structures to preserve during cholecystectomy.	✓	✓	✓	✓	✓	1		1		
4	S2-067	Ilbladder And Bile Du	Tumors of biliary tree	• Differentiate between benign and malignant tumors of the biliary tree based on clinical and pathological features. • Describe the staging systems and their relevance to prognosis and treatment planning. • Discuss the principles of management, including surgical resection and palliative options.	✓	✓	✓	✓	✓	1			8hr	
5	S2-068	Ilbladder And Bile Du	Clinical Skills - Gallbladder and Bile Duct Surgery	• Take focused history for biliary colic, jaundice, pruritus, and weight loss. • Perform abdominal examination to assess gallbladder disease and signs of obstructive jaundice. • Interpret imaging findings from USG, MRCP, and ERCP for biliary pathology. Observe/assist in laparoscopic cholecystectomy and ensure proper specimen handling. • Assist in providing initial management for post-cholecystectomy complications. • Counsel patients regarding gallstone prevention, lifestyle modifications, and risks of malignancy. • Follow OT and ICU protocols during management of obstructive jaundice and biliary surgery.	✓	✓	✓	✓	✓			2		
Liver														

1	S2-069	Liver	Liver Trauma	• Enlist common causes and types of liver injury. • Describe clinical features and initial assessment (including hemodynamic status). • Outline principles of management, including conservative and surgical approaches. • Identify possible complications and basic preventive measures.	✓	✓	✓	✓	✓	1				
2	S2-070	Liver	Obstructive jaundice	• Diagnose obstructive jaundice based on clinical presentation and investigations. • List the investigations (LFTs, USG, MRCP, and ERCP) in diagnosis and evaluation. • Outline the management plan.	✓	✓	✓	✓	✓	1		1		
3	S2-071	Liver	Liver abscess	• Differentiate amoebic and pyogenic liver abscesses. • List the investigations to reach the diagnosis. • Outline the management plan.	✓	✓	✓	✓	✓	1				
4	S2-072	Liver	Hydatid disease	• Explain the life cycle, clinical features, imaging findings, and surgical management of hydatid secondary disease.	✓	✓	✓	✓	✓					
5	S2-073	Liver	Liver malignancies	• Describe clinical features and basic diagnostic evaluation, including imaging and tumor markers. • Outline principles of surgical and non-surgical management • Identify potential complications and basic preventive measures	✓	✓	✓	✓	✓	1			6	
6	S2-074	Liver	Management principles	• Discuss the role of investigations such as LFTs, USG, CT, MRI, and tumor markers (AFP) in liver pathology. • Outline management principles, including indications for surgery, drainage, resection, and palliative care.	✓	✓	✓	✓	✓					
7	S2-075	Liver	Clinical examination-liver	• Take focused history for fever, jaundice, abdominal pain, and weight loss. • Perform abdominal examination to assess hepatomegaly, tenderness, and palpable masses. • Interpret imaging findings from USG and CT for liver abscesses, hydatid cysts, and tumors. • Observe/assist in percutaneous drainage of liver abscesses. • Observe/assist in surgical procedures for hydatid cyst removal and liver resection. • Counsel patients regarding prevention of hydatid disease and lifestyle modifications in liver malignancy. • Follow OT and ICU protocols for safe perioperative care in liver surgery.	✓	✓	✓	✓	✓			1		
ORTHOPEDIC AND TRAUMA														

1	S2-076	THOPEDIC AND TRAU	Bone Fractures and Complications	• Describe the types and classification of bone fractures. • Explain the pathophysiology and healing of fractures. • Discuss the clinical features, diagnosis, and complications of fractures. • Explain basic principles of fracture management, including conservative and	✓	✓	✓	✓	✓	1 1				
2	S2-077	THOPEDIC AND TRAU	Injuries of Tendons and Bursae	• Describe common tendon and bursal injuries. • Explain their clinical presentation and evaluation. • Discuss principles of management, including conservative and surgical treatment.	✓	✓	✓	✓	✓	1				
3	S2-078	THOPEDIC AND TRAU	Arthritis	• Describe the types of arthritis affecting joints. • Explain clinical features, basic investigations, and radiological findings. • Discuss principles of medical and surgical management of arthritis.	✓	✓	✓	✓	✓	1				
4	S2-079	THOPEDIC AND TRAU	Spinal Trauma Spinal Deformities	• Describe types and mechanisms of spinal injuries. • Explain clinical features and neurological assessment. • Discuss imaging modalities used in spinal trauma. • Explain basic principles of management, including immobilization and surgery. • Describe common spinal deformities (scoliosis, kyphosis, lordosis). • Explain their clinical assessment and radiological evaluation. • Discuss management options, including conservative and surgical approaches.	✓	✓	✓	✓	✓	1 1			10	
5	S2-080	THOPEDIC AND TRAU	Bone and Cartilage Tumors Spinal Tumors	• Classify bone and cartilage tumors into benign and malignant • Describe clinical features and basic diagnostic approach. • Discuss general principles of management and complications of bone and cartilage tumors. • Classify spinal tumors. • Describe clinical presentation and neurological signs. • Explain diagnostic approach, including imaging. • Discuss principles of management and potential complications.	✓	✓	✓	✓	✓	1				
6	S2-081	THOPEDIC AND TRAU	Medico legal aspects of trauma	See annexure-II (Forensic Medicine)	✓	✓	✓	✓	✓	1				
7		ORTHOPEDIC AND TRAU	Clinical Skill ORTHOPEDIC AND TRAUMA	• Take focused history from patients with bone fractures, tendon/bursa injuries, arthritis, bone/cartilage tumors, spinal trauma, spinal tumors, and spinal deformities. • Perform clinical examination, including inspection, palpation, range of motion, neurovascular assessment, and special tests for joints, bones, and spine. • Interpret X-rays of fractures, joint diseases, bone/cartilage tumors, and spinal deformities.	✓	✓	✓	✓	✓	1 1				
				Eletive Orthopedics										

1	AVMC34	Eletive Orthopedics	History taking and clinical examination in musculoskeletal disease	To understand how to: • Take a comprehensive musculoskeletal history • Perform a structured and systematic musculoskeletalexamination • Use and interpret special tests • Use findings to understand the impact on a patient'spain and function	✓	✓	✓	✓	✓	1		1		
2	AVMC35	Eletive Orthopedics	Sports medicine and sports injuries	To understand the important issues behind a patient'ssporting injury in the context of taking a history • To know the common sports injuries • To know the appropriate ways of imaging to confirm orrefute a diagnosis • To assess the patient and offer treatment andrehabilitation plans	✓	✓	✓	✓	✓	1				
3	AVMC36	Eletive Orthopedics	The spine	To learn: • The salient features relating to the history andexamination of the spine • The investigations commonly used in the field of spinaldisorders • The treatment principles for common conditionsaffecting the spine • The global issues in spinal surgery	✓	✓	✓	✓	✓	1		1		
4	AVMC37	Eletive Orthopedics	Upper limb	To understand: • Anatomy and physiology relevant to upper limbpathology To be able to explain: • The diagnosis and treatment of common upper limb condition	✓	✓	✓	✓	✓	1		1		
5	AVMC38	Eletive Orthopedics	Hip and knee	To understand: • The anatomy and biomechanics of the hip and knee andtheir clinical implications • The clinical presentation, aetiology and management ofcommon hip and knee pathologies • The principles of joint replacement including importantcomplications • The advances in surgical practice in this field	✓	✓	✓	✓	✓	1		1	14	
6	AVMC39	Eletive Orthopedics	Foot and ankle	To understand: • The basic anatomy and biomechanics of the foot andankle • The common problems affecting the foot and ankle ineach age group • The principles behind the treatment of each condition,be it conservative or surgical • The significance of progressive neurological diseases	✓	✓	✓	✓	✓	1		1		
7	AVMC40	Eletive Orthopedics	Musculoskeletal tumours	Learning objectives • List the symptoms and signs associated with amusculoskeletal tumour • Understand why a patient with a suspectedmusculoskeletal tumour should be referredto a specialist centre for staging, biopsy andmultidisciplinary management • Understand why staging should be completed beforebiopsy • Explain why a diagnosis is required before treatment • Understand the principles of biopsy • Describe the principles of surgical treatment	✓	✓	✓	✓	✓			1		

8	AVMC41	Eletive Orthopedics	Infection of the bones and joints	To understand: • Characteristic features in the history and examination ofinfection of bone and joint • Diagnostic principles in bone and joint infection • Treatment of infection of native bone and joint • Treatment of implant-associated orthopaedic infection	✓	✓	✓	✓	✓	1		1		
Plastic surgery															
1	AVMC42	Plastic surgery	Skin and subcutaneous tissue	To understand: • The structure and functional properties of skin • The classification of vascular skin lesions • The cutaneous manifestations of generalised disease asrelated to surgery • The management of malignant skin tumours• The classification of benign skin tumours	✓	✓	✓	✓	✓	1			4	
2	AVMC43	Plastic surgery	Burns	• To assess: • The area and depth of burns To understand: • Methods for calculating the rate and quantity of fluids tobe given • Techniques for treating burns and the patient • The pathophysiology of electrical and chemical burns	✓	✓	✓	✓	✓	1		1		
3	AVMC44	Plastic surgery	Plastic and reconstructive surgery	To understand: • The spectrum of plastic surgical techniques used to restore bodily form and function • The relevant anatomy and physiology of tissues used in reconstruction • The various skin grafts and how to use themappropriately • The principles and use of flaps • How to use plastic surgery to manage difficult andcomplex tissue loss	✓	✓	✓	✓	✓	1				
Urology															

1	AVMC45	Urology	Urinary symptoms and investigations	To understand the significance of pain relating to urinary tract pathology • To understand the difference between renal pain andureteric colic • To understand the definitions of common lower	✓	✓	✓	✓	✓	1		1		
2	AVMC46	Urology	Kidneys and ureters	To recognise and understand: • Important congenital abnormalities of the upper urinarytract • Important cystic diseases of the kidney • The management of sepsis in the upper urinary tract • The pathophysiology of renal stone formation • The management of urinary tract calculi • The aetiology, presentation and surgical managementof obstruction to the upper urinary tract • The management of open and closed trauma to thekidney and ureter • Important renal neoplasms and their presentation • Surgery of upper urinary tract tumours	✓	✓	✓	✓	✓	1				
3	AVMC47	Urology	The urinary bladder	To understand: • The anatomy, vascular supply and innervation of thebladder in relation to function and disease • The principles of management of bladder trauma,incontinence and fistulae	✓	✓	✓	✓	✓	1			6	
4	AVMC48	Urology	Urethra and penis	To recognise and understand: • The common congenital abnormalities of the ureta • The diagnosis and management of uretal trauma • The diagnosis and management of uretal stricture • The diagnosis and management of phimosis • The principles of management of a man with erectiledysfunction • The common diseases of the penis and ureta and the principles of their surgical management	✓	✓	✓	✓	✓	1				
5	AVMC49	Urology	Testis and scrotum	• To recognise testicular maldescent and to appreciatethe reasons for intervention • To recognise and manage testicular torsion • To be able to recognise and understand themanagement of the common scrotal swellings(varicocoele, hydrocoele and epididymal cysts) • To recognise and understand the management oftesticular tumours • To understand the treatment options for infertile men	✓	✓	✓	✓	✓	1				
Neurosurgery														

1	AVMC50	Neurosurgery	Traumatic Brain Injury	To understand: To be familiar with: • The physiology of cerebral blood fow and the pathophysiology of raised intracranial pressure • The resuscitation, assessment, investigation and	✓	✓	✓	✓	✓	1 1		1		
2	AVMC51	Neurosurgery	Cranial Surgery	to understand To understand the physiology of raised intracranial pressure, cerebrospinal fuid circulation and intracranial blood fow • To recognise central nervous system infection, and understand the acute management • To be familiar with causes of spontaneous intracranial haemorrhage and the principles of management of subarachnoid haemorrhage • To recognise common intracranial tumours, their presentation, investigation and treatment	✓	✓	✓	✓	✓	1			5	
3	AVMC52	Neurosurgery	SOL	To recognise common intracranial tumours, their presentation, investigation and treatment	✓	✓	✓	✓	✓	1				
Anesthesia															
Sr#	CODE	SUBJECT	TOPIC	LEARNING OBJECTIVES	KNOWLEDGE Cognitive Domain			SKILL Psychomotor Domain	ATTITUDE Effective Domain	Mode of Information Transfer MIT			TOTAL HOURS	References	
					C1	C2	C3	P	A	Lecture (hours)	Practical (hours)	Clinical Rotation (hours)			
1	AVMC53	Anesthesia	Anesthesia and pain relief	To gain an understanding of: • Techniques of anaesthesia and airway maintenance • Methods of providing pain relief Local and regional anaesthesia techniques • The management of chronic pain and pain from malignant disease	✓	✓	✓	✓	✓	1			3		
2	AVMC54	Anesthesia	Post op care	To understand: • What is required to deliver immediate postoperative care • What are the common postoperative problems seen in the immediate postoperative period • How to predict and prevent common postoperativecomplications• How to recognise and treat common postoperativecomplications • The principles of enhanced recovery	✓	✓	✓	✓	✓	1		1		
Patient Safety															

1	AVMC55	Patient Safety	Patient Safety	Human factors, patient safety and quality improvement To learn: • The importance of understanding human behaviour, quality and value in healthcare delivery	✓	✓	✓	✓	✓	1		1	3	
2	AVMC56	Patient Safety	Patient Safety	• Medical error and its defnitions, including adverse events and near misses • The importance of patient safety, strategies and	✓	✓	✓	✓	✓	1				
Infection Control															
Sr#	CODE	SUBJECT	TOPIC	LEARNING OBJECTIVES	KNOWLEDGE Cognitive Domain			SKILL Psychomotor Domain	ATTITUDE Effective Domain	Mode of Information Transfer MIT			TOTAL HOURS	References	
					C1	C2	C3	P	A	Lecture (hours)	Practical (hours)	Clinical Rotation (hours)			
1	AVMC57	Infection Control	Infection Control	To understand: • The characteristics of the common surgical pathogens and their sensitivities • The factors that determine whether a wound will become infected • The classifcation of sources of infection and their severity • The clinical presentation of surgical infections • The indications for and choice of prophylactic antibiotics • The spectrum of commonly used antibiotics in surgery and principles of therapy • The misuse of antibiotic therapy with the risk of resistance to antibiotics (such as methicillin-resistant Staphylococcus aureus [MRSA]) and emergence of resistant strains (such as Clostridium diffcile enteritis)	✓	✓	✓	✓	✓	1			2	
2	AVMC58	Infection Control	Infection Control	To learn: • Koch's postulates • The management of abscesses • The Surviving Sepsis Campaign, sepsis bundle and Sepsis Six • Surgical implications of the COVID-19 pandemic To appreciate: • The importance of aseptic and antiseptic techniques and delayed primary or secondary closure in contaminated wounds	✓	✓	✓	✓	✓	1				
GRAND TOTAL					✓	✓	✓	✓	✓	128		70	198		

Assessment Schedule

Avicenna Medical College
5thYear MBBS (M-21)
1st Term Test Schedule

Week	Date	Day	Subject	Test	Topic	Reference
1st	6-Feb-26	Fri	All Subjects	Lecture	Lecture Time Divided	
2nd	13-Feb-26	Fri	All Subjects	Lecture	Lecture Time Divided	
3rd	20-Feb-26	Fri	All Subjects	Lecture	Lecture Time Divided	
4th	27-Feb-26	Fri	Medicine-I	Grand Test	Pulmonology	Davidson 24th Edi
5th	6-Mar-26	Fri	Sur-1	Grand Test	Skin & subcutaneous tissue. (Paples 2) Liver (Benign), Acute limb ischemia, chronic limb ischemia Venous disorders, Lymphatic disorders, Thorax, Cardiac Surgery, Cleft lip & Palate, Plastic & reconstructive surgery, Liver-2, Cranial neurosurgery, Burns, Pharynx & larynx	Bailey & love 28 Ed. Ch # 45, 61,69 Bailey & love 28 Ed. Ch# 61,62A, 60, 59,50,47,48,46,52
6th	13-Mar-26	Fri	GRAND WARD TEST -1			
Eid-ul-Fitr/Pakistan Day,21st-23rd March,2026						
					Physiology of pregnancy, Antenatal	

Avicenna Medical College
5thYear MBBS (M-21)
2nd Term Test Schedule

Week	Date	Day	Subject	Test	Topic	Reference
15th	22-May-26	Fri	Paeds	Grand test	pervaiz akbar 11th Edn.	
16th	5-Jun-26	Fri	Medicin-1	Grand test	Central nervous system & Endocrinology	Davidson 24th Edi
17th	12-Jun-26	Fri	SURGERY -I	Grand test	Aneurysms, Abdominal wall & hernias, Umbilical diseases, Peritoneum & Omentum, Mesentery and Retroperitoneal space, Esophagus. Stomach, Duodenum, Thyroid Parathyroid gland, ilium, Bariatric surgery , Metabolic Surgery	Bailey & love 28th Ed. Ch#55 56, 64, 65, 66, 67, 68, 74
18th	19-Jun-26	FRI	GRAND WARD TEST 3			
19th	25-Jun-26	Thu	Ashura- 25th & 26th June, 2026			
19th	26-Jun-26	Fri				
20th	3-Jul-26	FRI	OBS	Grand Test	Medical disorder in Pregnancy, Perinatal infection & Infections In pregnancy	Ten Teachers Obs 21 st Edition

Avicenna Medical College
5thYear MBBS (M-21)
3rd Term Test Schedule

Week	Date	Day	Subject	Test	Topic	Reference
28th	25-Sep-26	Fri	All Subjects	Lecture	Lecture Time Divided	
29th	2-Oct-26	FRI	SURGERY -1I	Grand test	Spine trauma, Traumatic Brain injury 1,Pediatric surgery Laparoscopic surgery, Principle of Oncology. Dignostic Imaging in Surgery, Gastrointestinal endoscopy, Nutrition and fluid therapy, Pre-operative assessment in high sick patient, Pain relief, Post operative care	Bailey & love 28th Ed. Ch#30, 28. 17,12,8,9,25,21,23
30th	9-Oct-26	Fri	GRAND WARD TEST 5			
31st	15-Oct-26	Thu	Obs	Grand Test	Normal & Abnormal Lab,Operative Obstet,Obs Emerg,Puerperium,Neonatology	Ten Teachers Obs 21 st Edition
31st	16-Oct-26	Fri	*SPORTS DAY*			
32nd	23-Oct-26	Fri	Medicin-1	Grand test	Cardiovascular system	Davidson 24th Edi
33rd	30-Oct-26	Fri	Gynae	Grand Test	Benign & Malignant Disorders of Female Genital Tract, Ethics & Gender Based Violence	Ten Teachers Gynae 21 st Edition
34th	6-Nov-26	Fri	Paeds	Grand Test	Neonatology, infectious diseases, Rheumatology	pervaiz akbar 11th Edn.
35th	13-Nov-26	Fri	Medicine-II	Grand Test	Nephrology, Rheumatology, Poisoning	Davidson 24th Edi
36th	20-Nov-26	Fri	GRAND WARD TEST 6			

Timetable/Clerkships

AVICENNA MEDICAL & DENTAL COLLEGE

TIME TABLE M-21		5TH YEAR MBBS	SESSION 2025-2026						BASIC BLOCK=1
DATE	DAY	8.00-9.00	9.00-11.00	11.00-12.00	12.00-1.00	1.00-1.30	1.30-2.30	2.30-4.30	4.30-5.00	5.00-8.00
2-Feb-26	MON	Surgery LECTURE Code:AVMC-1 Topic: Introduction to surgery and the Department of surgery and Allied LECTURE HALL 5 Prof.Hassan khan	CLINICAL ROTATION Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE	Paeds LECTURE Code:;Code:005 Topic: Integrated management of Childhood and Neonatal Illness (IMNCI) Facilitator: Professor Dr.Anecla Zareen LECTURE HALL 5	Medicine LECTURE Code: M1-038 Topic: Common respiratory symptoms Facilitator: Prof. Dr. Shamshad LECTURE HALL 5	Break	OBS/Gynae LECTURE Topic: Introduction to OBS Care and Gynaecology Facilitator: Dr. Uzma LECTURE HALL 5	CLINICAL SKILL/ CLINICAL ROTATION Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE	BREAK	CLINICAL ROTATION / CLERKSHIP Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE
3-Feb-26	TUE	8.00-9.00 Medicine LECTURE Code: M1-039 Topic: Pneumonia Facilitator: Prof. Dr. Shamshad LECTURE HALL 5	9.00-11.00 CLINICAL ROTATION Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE	11.00-12.00 Surgery LECTURE Code:AVMC-2 Topic:PRINCIPLES OF SURGERY LECTURE HALL 5 Prof.Khalid nizami	12.00-1.00 OBS/Gynae LECTURE Code: Obs-001 Topic: Physiology of Pregnancy Facilitator: Prof. Dr. Nadia LECTURE HALL 5		1.30-2.30 Paeds LECTURE Code:Pe-006 Topic: Obesity Facilitator: Dr. Maryam LECTURE HALL 5	2.30-4.30 CLINICAL SKILL/ CLINICAL ROTATION Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE		5.00-8.00 CLINICAL ROTATION / CLERKSHIP Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE
4-Feb-26	WED	8.00-9.00 Paeds LECTURE Code:Pe-001 Topic: Growth in Children Facilitator: Dr. Sabeen Jamal LECTURE HALL 5	9.00-11.00 CLINICAL ROTATION Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE	11.00-12.00 OBS/Gynae LECTURE Code: Obs-002 Topic: Introduction Facilitator: Prof Gulfreen Waheed LECTURE HALL 5	12.00-1.00 Medicine LECTURE Code: M1-040 Topic: Tuberculosis Facilitator: Prof. Dr. Shamshad LECTURE HALL 5		1.30-2.30 Surgery LECTURE Code: AVMC-26 Topic:Cleft lip and palate: developmental abnormalities of the face, mouth and jaws Prof. zulfiqar saleem LECTURE HALL 5	2.30-4.30 CLINICAL SKILL/ CLINICAL ROTATION Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE		5.00-8.00 CLINICAL ROTATION / CLERKSHIP Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE
5-Feb-26	THU	5th February 2026 (Kashmir Day)								
6-Feb-26	FRI	8.00-09.00 Paeds LECTURE Code:Pe-002 Topic: Development in Children Facilitator: Dr.Husn-ul-hayat LECTURE HALL 5	09:00-10:00 Surgery LECTURE SURGERY Metabolic response to injury 1 Bailey & Love Prof Khalid Nizami LECTURE HALL 5	10.00-11.00 ALLIED LECTURE Code: Code: AVmc-Endo Topic:hypothyroidism Facilitator: PROF DR. WAHEED LECTURE HALL 5	11.00-12.00 LECTURE SUB-SPECIALTY History taking in orthopaedics 1 Bailey & Love Prof Faisal Nazir LECTURE HALL 5	12.00-1.00 LECTURE SURGERY History & examination Bailey & Love Dr Basil Rizvi LECTURE HALL 5	1.00-2.30 *JUMAA BREAK*	2.30-4.30 CLINICAL SKILL/ CLINICAL ROTATION Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE	BREAK	5.00-8.00 CLINICAL ROTATION / CLERKSHIP Ward Round /OPD/OT/CBD INDOOR Batch A: MEDICINE -I Batch B:MEDICINE-II Batch C:PAEDS Batch D:SURGERY-I Batch E:SURGERY-II Batch F:OBG.GYNAE
7-Feb-26	SAT	8.00-9.00 ALLIED LECTURE Code: AVC-FM-001 Topic:Healthy Living Facilitator: DR. SADIA LECTURE HALL 5	9.00-11.00 CLINICAL ROTATION Ward Round /OPD/OT/CBD INDOOR MEDICINE & ALLIED SURGERY & ALLIED (14 Departments)	11.00-12.00 Surgery SUB-SPECIALTY History taking in orthopaedics 2 Bailey & Love Prof Faisal Nazir LECTURE HALL 5	12.00-1.00 ALLIED LECTURE Code:Code: AVMC Radiology 001 Topic:Introduction to Radiology and Imaging modalities Facilitator: DR. SABA MAQSOOD LECTURE HALL 5	1.00-1.30 Break	1.30-2.30 LECTURE Surgery Prostate and seminal vesicles 1 Dr Hassan Raza LECTURE HALL 5	2.30-4.30 CLINICAL ROTATION Ward Round /OPD/OT/CBD INDOOR MEDICINE & ALLIED SURGERY & ALLIED (14 Departments)	BREAK	5.00-8.00 CLINICAL ROTATION Ward Round /OPD/OT/CBD INDOOR MEDICINE & ALLIED SURGERY & ALLIED (11 Departments)


AVICENNA MEDICAL COLLEGE