FINAL YEAR PEDIATRICS STUDY GUIDE 2023 KHYBER GIRLS MEDICAL COLLEGE



By Medical Education Department KGMC

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PEDIATRIC Department

MTI/ Khyber Girls Medical College

Hayatabad Medical Complex, Peshawar

PREFACE

I am thankful to Allah for enabling me to write study guide. The basis for writing this study guide stemmed from my passion for teaching medical students which will help them in their studies throughout the year. It contains information not only regarding the syllabus but venue, source for study material and assessment methods etc.

However, it was team work and my colleagues also supported me.

I am thankful to Dr. Naveed (Assistant Director DME Deptt) and Mr. Khalid Clerk in Paeds Deptt in helping me completing this task.

I hope my students of 4th and final year Professional MBBS will enlighten their way with the use of this guide.

Best of luck

Regards

Associate Prof Dr. Rahida Karim

Pediatric Department Hayatabad Medical Complex, Peshawar.

WELCOME ADDRESS

Ву

Head of Pediatric Department

- Pediatrics Department orientation
- Student's Log Book

Welcome Address

We welcome you on behalf of Pediatric department HMC/KGMC.



Vision and Mission of KGMC

Khyber Medical University: Vision



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

Khyber Girls Medical College: Vision



"Excellence in health care, research, teaching and training in the service of Humanity"

Khyber Girls Medical College: Mission



The mission of KGMC is to promote compassionate and professional health care leaders Who are knowledgeable, skillful, and community oriented lifelong learners serving humanity through evidencebased practices.

Outcomes of the curriculum:

The Curricular Outcomes of the MBBS Program for a Graduating Doctor according to the PMDC are as follows:

1. Knowledgeable

Knowledgeable about the diseases and health conditions prevalent in the population of Pakistan and use Evidence-based medicine to provide best possible cost-effective care.

2. Skillful

Skillful in History taking and Physical examination to compassionately deal with a patient.

3. Community health promoter

Take appropriate decisions and actions for protecting and promoting the health of their community.

4. Critical Thinker

Evaluate critically the patient data to effectively deal with complexity of medical decisions for the best possible outcomes using evidence-based practices in service of humanity.

5. Professional

Display professional values (honesty, accountability, cultural and religious sensitivity), attitudes and behaviors (empathy, ethics, good communication skills and lifelong learner) that embody good medical practice.

6. Researcher

Exhibit a spirit of inquisitiveness, inventiveness, and ethical conduct while carrying out research in accordance with the prescribed guidelines.

7. Leader and role Model

Demonstrate exemplary conduct and leadership in Advancing healthcare, enhancing medical education, and enhancing the trust of the public in the medical profession by being exceptional role models.

LEARNING OBJECTIVES OF PEDIATRIC CURRICULUM

At the end of session, MBBS students shall be able to:

COGNITIVE DOMAIN

- 1. Discuss pathophysiology of Pediatric presentation.
- 2. Identify symptoms of Pediatric disease.
- 3. Prescribe relevant investigations.
- 4. Interpret laboratory data to arrive at diagnosis.
- 5. Compose management plan of pediatric diseases.

PSYCHOMOTOR DOMAIN

- 1. Examination of a newborn baby (normal) and healthy child
- 2. Demonstrate the ability to perform disease specific relevant examination independently (can pick red flags)
- 3. Anthropometric measurements independently and can plot them on growth chart.
- 4. Measure blood pressure, using age specific cuff
- 5. Observe relevant procedure done in a pediatric Unit.

AFFECTIVE DOMAIN

- 1. Acquire a high level of proficiency in history taking from a parent or child.
- 2. Demonstrate empathy and care to patients.
- 3. To advise appropriate nutritional measures for healthy and sick children (Breast feeding, avoidance of bottle, proper weaning).
- 4. To counsel the parents on health promotion and disease preventive strategies for the child e.g. immunization procedures; hand washing.
- 5. Counsel the patient and parents regarding disease, its complication and management.
- 6. To recognize the danger signs of the disease and be able to appropriately refer children with severe disease to appropriate specialist/ hosp

Themes

S. No	Theme
	Foundation System
1.	The in-patient
	Blood and Immunology System
2.	Pallor
3.	Fever
4.	Bleeding
	Musculoskeletal System
5.	Joint pains
6.	Aching bones
7.	Muscle weakness
	Cardiopulmonary System
8.	Chest Pain and Palpitations
9.	Shortness of breath
10.	Fever and Cough
	Renal System
11.	Facial Swelling
12.	Scanty Urine
	Endocrine and Reproduction System
13.	Tall / short stature
14.	Neck swelling and muscle cramps
15.	Excessive thirst and urination
16.	Breast feeding
	Nervous System
17.	Loss of consciousness and Fits
18.	Headache
19.	Lower limb weakness
	GIT and Hepatobiliary System
20.	Difficulty in swallowing and Epigastric Pain
21.	Yellow discoloration of the sclera
22.	Pain Abdomen and Diarrhea
	Multisystem System
23.	Weight loss/gain

24.	The abnormal baby
25.	Rash and joint pains

*A minimum of 4 hours daily must be allocated for clinical teaching and training at the bedside in different units as specified by the Pakistan Medical Commission

Specific learning objectives

	Fo				
Subject	Торіс	S.	Domain of	Learning objective: At	Assessment
		No	learning	the end of this session,	
				the students of year 5	
				will be able to:	
	Ther	ne-1:	The in-patient	I	
Pediatrics	Paediatric history	1	Psychomotor	Take history from	MCQ
	taking and physical			parents from neonatal	
	examination			age to pediatric age	
		2	Psychomotor	Perform physical	
				examination in a neonate	
				and pediatric age group	
				patient including growth	
				parameters	
	Developmental	3	Cognitive	Perform development	MCQ
	assessment			assessment of a child	
		4	Cognitive	Explain the components	
				of developmental	
				assessment in children of	
				different age groups	
	Blood ar	nd Imr	nunology Modul	<u>e</u>	
	٦	Them	e-2: Pallor		
Pediatrics	Anemia	5	Cognitive	Evaluate a neonate,	MCQ
				infant and child with	
				anemia	
				(congenital/acquired)	
		6	Cognitive	Explain the diagnostic	
				workup needed for	
				different age group in	
				Pediatric patients with	
				anemias of inadequate	
				production and	
				hemolytic anaemia.	
		7	Cognitive	Classify anemias based	МСО
				on history, physical	
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			examination and	
			relevant investigations	
			considering different age	
			groups	
	8	Cognitive	Manage an infant and	
			child with iron deficiency	
			anemia and	
			megaloblastic anemia	
	9	Cognitive	Manage a neonate and	MCQ
			infant with hereditary	
			anemias	
	10	Cognitive	Manage a child with	MCQ
			hemolytic anemias:	
			• 7Thalassemia	
			Sickle cell	
			anemia	
			Hereditary	
			spherocytosis	
			G6PD deficiency	
	11	Cognitive	Manage a child with	
			anemia resulting from	
			bone marrow failure	
			(Aplastic anemia)	
	12	Psychomotor	Perform physical	МСQ
		skills	examination of a	
			neonate, infant and child	
			with anemia	
	13	Psychomotor	Perform general physical	MCQ
		skills	and systemic	
			examination keeping in	
			mind the hematological	
			problem for a specific	
			Pediatric age group	
	14	Affective	Counsel a parent of a	
		domain	neonate, infant and child	
			with Thalassemia major	
		-	-	-

Pediatrics	Leukopenia	15	Cognitive	Evaluate a report of	
				peripheral blood film	
		16	Cognitive	Explain the diagnostic	MCQ
				approach to a child with	
				Leukopenia	
		17	Psychomotor	Take a history of a	
				child/infant with	
				leukopenia / aplastic	
				anemia	
	Leukemias	18	Cognitive	Explain the diagnostic	MCQ
				approach to a child with	
				leukocytosis	
		19	Cognitive	Classify Leukemias	
		20	Cognitive	Explain the diagnostic	
				approach to a patient	
				with suspected leukemia	
		21	Cognitive	Explain the management	
				of a child with acute	
				Leukemias	
		22	Psychomotor	Take history and perform	
				physical examination of a	
				patient with leukocytosis	
		23	Affective	Counsel a parent with a	
				child with ALL.	
	Splenomegaly	24	Cognitive	Classify the causes of	
				splenomegaly in	
				Paediatric age group	
		25	Cognitive	Explain the diagnostic	
				approach to a child with	
				splenomegaly	
	TI	neme-	4: Bleeding		
Pediatrics	Definition of terms	26	Cognitive	Define Petechae,	
				purpura, ecchymosis	
	Bleeding and	27	Cognitive	Explain the diagnostic	МСQ
	clotting disorders			approach to a	

			child/infant with	
			bleeding disorder	
	28	Cognitive	Classify clotting disorders	
			and explain their	
			etiologies	
	29	Cognitive	Explain the coagulation	
			screen	
	30	Cognitive	Interpret the common	MCQ
			hematological	
			parameters in a child	
			with bleeding disorder	
			(Platelets count, BT, CT,	
			PT, APTT, Fibrinogen	
			levels, FDPs)	
	31	Cognitive	Explain the management	
			of Von Willebrand	
			disease	
	32	Cognitive	Explain the management	
			of a child with	
			Hemophilia A	
	33	Cognitive	Explain the management	
			of a child with Idiopathic	
			Thrombocytopenic	
			Purpura	
	34	Cognitive	Explain the dosage and	
			administration of factor	
			VIII in a child/infant in	
			different situations like	
			accidents, fall of	
			deciduous teeth, surgery	
			etc.	
	35	Psychomotor	Take history and perform	
			physical examination of a	
			child with history of	
			bleeding disorder	
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	Musculoskeletal Module							
	Then							
Pediatrics	Orthopedic	36	Cognitive	Perform orthopedic				
	evaluation of a child			evaluation of a				
				neonate and child				
	Management of	37	Cognitive	Explain the differential	МСО			
	pediatric arthritides			diagnosis, diagnostic				
				workup, and				
				therapeutic				
				approaches to a				
				pediatric patient with				
				mono-arthritis				
		38	Cognitive	Explain the differential				
				diagnosis, diagnostic				
				workup and				
				therapeutic				
				approaches to a				
				pediatric patient with				
				symmetrical				
				polyarthritis				
		39	Cognitive	Explain the differential				
				diagnosis, diagnostic				
				workup, and				
				therapeutic				
				approaches to a				
				pediatric patient with				
				oligoarticular arthritis				
	Management of	40	Cognitive	Discuss the	МСQ			
	common arthritic			management of patient				
	disorders in children			and complications with				
				Juvenile idiopathic				
				arthritis				
		41	Psychomotor	Take history and				
				perform a physical				
				examination of a child				
				with Arthritis				
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		42	Affective	Counsel a child and his	
				parents with new onset	
				Juvenile Chronic	
				arthritis	
	Them	e-6: A	Aching bones		
Pediatrics	Rickets and	43	Cognitive	Discuss the diagnostic	MCQ
	Osteomalacia			approach to a child	
				with Rickets	
		44	Cognitive	Discuss the etiology,	
				clinical, radiological,	
				and laboratory features	
				of Rickets and	
				Osteomalacia and their	
				treatments	
		45	Psychomotor	Take history and	MCQ
				perform a physical	
				examination of a	
				patient with Rickets	
	Theme-2	7: Mu	iscle weakness		
Pediatrics	Muscular dystrophies	46	Cognitive	Classify muscular	
				dystrophies	
		47	Cognitive	Explain the	
				pathogenesis, clinical	
				features, differential	
				diagnosis, management	
				and prognosis of	
				Duchenne muscular	
				dystrophy	
		48	Cognitive	Explain the	MCQ
				pathogenesis, clinical	
				features, differential	
				diagnosis, management	
				and prognosis of	
				myotonic dystrophy	
		49	Cognitive	Compare the clinical	
				features and prognosis	

[of Dockor limb girdlo			
				or becker, inno-girule,			
				facioscapulohumeral			
				dystrophies			
		50	Psychomotor	Take history and			
				perform a physical			
				examination of a child			
				with muscular			
				dystrophy			
		51	Affective	Counsel the parents of			
				a child suffering from			
				Muscular dystrophy			
	<u>Cardio</u>	respir	atory Module				
	Theme 8: Chest Pain and Palpitations						
Pediatrics	Supraventricular	52	Cognitive	Discuss the clinical		MCQ	
	tachycardia			presentation and the	2		
				diagnostic workup ne	eded		
				for Supraventricular			
				tachycardia in Pediat	ric		
				patients			
		53	Affective	Counsel a parent of a)	MCQ	
			domain	neonate, infant and c	hild with		
				Supraventricular tach	iycardia		
	Them	e 9: 9	Shortness of	breath			
Pediatrics	Acyanotic heart	54	Cognitive	Discuss the clinical			
	disease		_	presentation and the			
				diagnostic workup ne	eded for		
				Acyanotic heart disea	ase		
				in Pediatric patients			
		55	Cognitive	Discuss the managem	nent of	MCQ	
				an infant and child wi	th		
				Acyanotic heart disea	ise		
	Ventricular Septal	56	Cognitive	Discuss the diagnosti	с		
	Defect (VSD)			workup and manager	ment for		
				Ventricular Septal De	fect		
<u> </u>	Atrial Septal	57	Cognitive	Discuss the diagnostic	C	МСQ	
		1					

	Defect (ASD)			workup and management for	
				Atrial Septal Defect	
	Aortic stenosis	58	Cognitive	Discuss the diagnostic and	
				management workup for	
				Aortic stenosis	
	Coarctation of	59	Cognitive	Explain the etiology clinical	
	aorta			presentation of Coarctation	
				of aorta	
		60	Cognitive	Discuss the diagnostic	
				workup and management for	
				Coarctation of aorta	
	Cyanotic heart	61	Cognitive	Discuss the clinical	
	disease			presentation and the	
				diagnostic workup needed for	
				Cyanotic heart disease	
				in Pediatric patients	
		62	Cognitive	Discuss the management of	
				an infant and child with	
				Cyanotic heart disease	
		63	Psychomoto	Perform physical examination	MCQ
			r skills	of a neonate and infant with	
				Cyanotic heart disease	
		64	Affective	Counsel a parent of a	
			domain	neonate, infant and child with	
				Cyanotic heart disease	
	Tetralogy of	65	Cognitive	Explain the etiology and	
	Fallot (TOF)			clinical presentation of	
				Tetralogy of Fallot	
		66	Cognitive	Discuss the diagnostic	MCQ
				workup and management for	
				Tetralogy of Fallot	
	Transposition of	67	Cognitive	Explain the etiology and	
	Great Arteries			clinical presentation of	
	(TGA)			Transposition of Great	
				Arteries	
		68	Cognitive	Discuss the diagnostic	
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			workup and management for	
			Transposition of Great	
			Arteries	
Ebstein anomaly	69	Cognitive	Explain the etiology and	
			clinical presentation of	
			Ebstein anomaly	
	70	Cognitive	Discuss the diagnostic	MCQ
			workup and management for	
			Ebstein anomaly	
Total Anomalous	71	Cognitive	Explain the etiology and	
Pulmonary			clinical presentation of TAPVC	
Venous Drainage				
or Connections				
(TAPVC)				
	72	Cognitive	Discuss the diagnostic	MCQ
			workup and management for	
			ТАРVС	
Truncus	73	Cognitive	Explain the etiology and	
arteriosus			clinical presentation of	
			Truncus arteriosus	
	74	Cognitive	Discuss the diagnostic	
			workup and management for	
			Truncus arteriosus	
Tricuspid atresia	75	Cognitive	Explain the etiology and	MCQ
			clinical presentation of	
			Tricuspid atresia	
	76	Cognitive	Discuss the diagnostic	
			workup and management for	
			Tricuspid atresia	
Congestive	77	Cognitive	Discuss the clinical	
Cardiac Failure			presentation and the	
(CCF)			diagnostic workup and	
			management needed for	
			Congestive Cardiac Failure in	
			Pediatric patients	
	78	Psychomoto	Take history and perform	MCQ
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			r skills	physical examination of a	
				neonate, infant and child with	
				Congestive Cardiac Failure	
		79	Affective	Counsel the parents of a	
			domain	neonate, infant and child with	
				Congestive Cardiac Failure	
	Cardio-	80	Cognitive	Discuss the management	MCQ
	myopathy			algorithm of an infant and	
				child with Cardiomyopathy	
	Cystic fibrosis	81	Cognitive	Explain the etiology and	
				clinical presentation of Cystic	
				fibrosis	
		82	Cognitive	Discuss the diagnostic	
			-	workup and management for	
				Cystic fibrosis	
	Thom	10· Ec	wer and Cou	Ind	
	men	ne-10. Fe		,811	
Pediatrics	Rheumatic fever	83	Cognitive	Discuss the clinical	MCQ
				presentation and the	
				diagnostic workup needed for	
				Rheumatic fever	
				in Pediatric patients	
		84	Cognitive	Discuss the management of	
				an infant and child with	
				Rheumatic fever	
		85	Psychomoto	Perform physical examination	MCQ
			r skills	of a neonate, infant with	
				Rheumatic fever	
		86	Affective	Counsel a parent of a	
			domain	neonate, infant and child with	
				Rheumatic fever	
	Acute Respiratory	87	Cognitive	Explain the clinical	
	Infections (ARI)		000,000	presentation and diagnostic	
1		1		presentation and diagnostic	

				workup needed for Acute Respiratory Infections	
		88	Cognitive	Discuss the management of an infant and child with Acute Respiratory Infections	
		89	Psychomoto r skills	Perform physical examination of a neonate, infant with Acute Respiratory Infections	
		90	Affective domain	Counsel a parent of a neonate, infant and child with Acute Respiratory Infections	MCQ
	Croup	91	Cognitive	Explain the clinical presentation and diagnostic workup needed for Croup	
		92	Cognitive	Discuss the management of an infant and child with Croup	MCQ
	Pneumonia	93	Cognitive	Explain the clinical presentation and diagnostic workup needed for Pneumonia	
		94	Cognitive	Discuss the management of an infant and child with Pneumonia	MCQ
Pediatrics	Rheumatic fever	95	Cognitive	Discuss the clinical presentation and the diagnostic workup needed for Rheumatic fever in Pediatric patients	
		96	Cognitive	Discuss the management of an infant and child with Rheumatic fever	

	97	Psychomoto	Perform physical examination	
		r skills	of a neonate, infant with	
			Rheumatic fever	
	98	Affective	Counsel a parent of a	MCQ
		domain	neonate, infant and child with	
			Rheumatic fever	
Infective	99	Cognitive	Discuss the clinical	
endocarditis			presentation and the	
			diagnostic workup needed for	
			Infective endocarditis	
			in Pediatric patients	
	100	Cognitive	Discuss the management of	ΜርQ
		0	an infant and child with	
			Infective endocarditis	
	101	Psychomoto	Perform physical examination	
	101	r skills	of a neonate infant with	
			Infective endocarditis	
	102	Affective	Councel a parent of a	
	102	demain	Counsel a parent of a	
		uomam		
			Infective endocarditis	
Myocarditis	103	Cognitive	Discuss the clinical	
			presentation and the	
			diagnostic workup needed for	
			Myocarditis	
	104	Cognitive	Discuss the management of	
			an infant and child with	
			Myocarditis	
	105	Psychomoto	Perform physical examination	MCQ

			r skills	of a neonate, infant with	
				Mvocarditis	
		106	Affective	Counsel a parent of a	
			domain	neonate, infant and child with	
				Myocarditis	
		Renal	Module		
	Т	heme 11: F	acial Swelling		
Podiatrics	Nonbrotic	107	Cognitivo	Discuss the clinical	MCO
reulatiles		107	Cognitive		
	Syndrome			presentation, the diagnostic	
				workup and management for	
				suspected GN and Nephrotic	
				Syndrome in Pediatric	
				patients	
		108	Psychomoto	Take a history from a patient	
			r	with Nephrotic Syndrome.	
		109	Psychomoto	Perform physical examination	MCQ
			r	of a patient with suspected	
				GN and Nenhrotic Syndrome	
		110	Affective	Effectively counsel a child and	
				his/her parents with	
				nephrotic syndrome	
			<u> </u>		
		Theme-12:	Scanty Urine		
Pediatrics	Acute Kidney	111	Cognitive	Discuss the clinical	MCQ
	Injury (AKI)			presentation, the diagnostic	
				workup and management for	
				Acute Kidney Injury in	
				Pediatric patients	
	Chronic Renal	112	Cognitive	Discuss the clinical	
	Failure (CKD)			presentation, the diagnostic	
				workup and management for	
				Chronic Renal Failure in	
		1			

				Pediatric patients	
	Endocr	ine and Re	production Mo	dule	
	Theme	- 13: Tall / s	hort stature		
Pediatrics	Short stature	113	Cognitive	Discuss the diagnostic	MCQ
				approach and management	
				of a child with short stature	
	Theme- 14	Neck swel	ling and muscle	e cramps	
Pediatrics	Thyroid disorders	114	Cognitive	Explain the neonatal	
				screening for hypothyroidism	
		115	Cognitive	Explain the diagnostic	
				approach and management	
				of a child with suspected	
				Cretinism	
		116	Cognitive	Discuss the complications of	
				Cretinism	
		117	Psychomoto	Take history and perform	MCQ
			r	physical examination of a	
				child with	
				hypothyroidism/cretinism	
	Theme- 1	15: Excessiv	e thirst and uri	nation	
Pediatrics	Type-1 DM	118	Cognitive	Explain the diagnostic	
				approach, screening and	
				management of a Child With	
				Molliture	
		110	Baychamata	Take history and perform	MCO
		119	r	nhysical examination of a	MCQ
				patient with Type 2 DM	
		120	Affective	Counsel a newly diagnosed	
		120		patient and parents with type	
				1 DM	
Pediatrics	The neonate	121	Cognitive	Discuss the types and	MCQ
				management of common	
				problems of preterm and	
				term babies	

		122	Cognitive	Discuss the principles of	
				neonatal care	
		123	Psychomoto	Observe the care of a	MCQ
			r	neonate in nursery	
		124		Take history and perform	
				physical examination of a	
				neonate	
		Neuroscie	nces Module		
	Theme-1	17: Loss of c	onsciousness a	nd Fits	
Pediatrics	Epilepsy	125	Cognitive	Discuss the diagnostic work	MCQ
				up and management for	
				children with seizures and	
				Epilepsy	
		126	Psychomoto	Perform a consultation with a	MCQ
			r Skills	child having epilepsy under	
				supervision emphasizing	
				history and examination.	
		127	Psychomoto	Write a prescription for a	
			r Skills	child with Tonic-Clonic and	
				Petit-mal epilepsy	
		128	Affective	Counsel and educate the	
			Domain	Parents/guardian of a child	
				with epilepsy.	
		Theme 18	: Headache		
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Pediatrics		129	Cognitive	Discuss the diagnostic work	MCQ
				up and management for	
				children with Headache	
	Meningitis	130	Cognitive	Discuss the diagnostic work	
				up and managements for	
				children suspected of	
				Meningitis	
		131	Cognitive	Explain the short term and	
				long term sequelae of	
				meningitis	
		132	Psychomoto	Describe assessing the initial	MCQ
1	1	1	1		1

			r	triad symptoms of meningitis	
			Skills	in children	
	Big head	133	Cognitive	Explain the diagnostic and	
				therapeutic approach to a	
				child with big head	
	Then	ne-19: Low	er limb weakne	ess	
Pediatrics	Hereditary	134	Cognitive	Classify hereditary	
	neuropathies			neuropathies and discuss	
				their clinical features,	
				investigations and	
				management	
Pediatric	Congenital	135	Cognitive	Explain the clinical features,	
surgery	malformations-			investigations, and	
	Spina			management of a pa child	
	Bifida/myelomeni			with Spina	
	ngocele			Bifida/Myelomeningocele	
		136	Affective	Discuss and counsel the pts	MCQ
			Domain	regarding the changes in the	
				lifestyle of patients with	
				congenital malformations	
	Theme-20: Diffi	culty in sw	allowing and Ep	oigastric Pain	
Pediatrics	Vomiting	137	Cognitive	Explain the diagnostic and	MCQ
	C C		U	therapeutic approach to a	
				neonate and infant with	
				persistent vomiting	
	Theme-21:	Vellow dis	coloration of th	ne sclera	
Pediatrics	Hyperbilirubinem	138		Discuss the diagnostic	
	ias	130	COBINING	approach and management	
				of a poppato and infant with	
		420			
		139	Psychomoto	Take history and perform	MCQ
			r	physical examination of a	

				child with jaundice			
		140	Affective	Counsel a child and his			
				parents with Gilbert			
				syndrome			
	Theme-22: Pain Abdomen and Diarrhea						
Pediatrics	Malabsorption	141	Cognitive	Explain the diagnostic workup	MCQ		
	and celiac disease			and management of a patient			
				with Malabsorption due to			
				celiac disease			
		142	Affective	Counsel a child and his/her			
				parents regarding dietary			
				advice regarding celiac			
				disease			
	Acute diarrhea	143	Cognitive	Explain the diagnostic workup			
				and management of a patient			
				acute watery diarrhea			
		144	Psychomoto	Assess the state of hydration	MCQ		
			r	in a child with acute diarrhea			
	Chronic diarrhea	145	Cognitive	Explain the diagnostic workup			
				and management of a patient			
				with chronic diarrhea			
Pediatrics	Hirschsprung's	146		Explain the etiology, clinical	MCQ		
surgery	disease			features, investigations,			
				treatment of a child with			
				Hirschsprung's disease			
		Multisyst	em Module				
	Th	eme-23: W	eight loss/gain				
Pediatrics	Protein calorie	147	Cognitive	Discuss the causes of	MCQ		
	malnutrition			malnutrition in developing			
				countries			
				- Describe the different forms			
				of protein-energy			
				malnutrition			
				- Describe the symptoms of			
				severe protein-energy			
				malnutrition in children			
	1	1	1				

				- Outline the treatment	
				needed to treat a	
				malnourished child	
				- Define the criteria that	
				classifies protein-energy	
				malnutrition	
				Discuss the causes of	
				malnutrition in developing	
				countries	
				- Describe the different forms	
				of protein-energy	
				malnutrition	
				- Describe the symptoms of	
				severe protein-energy	
				malnutrition in children	
				- Outline the treatment	
				needed to treat a	
				malnourished child	
				- Define the criteria that	
				classifies protein-energy	
				malnutrition	
				Explain the different causes,	
				forms, classification, clinical	
				features and management	
				of PMC	
	The	me-24: The	e abnormal bab	У	
Pediatrics	Porphyria	148	Cognitive	Classify porphyria	
		149	Cognitive	Explain the etiology,	MCQ
				pathogenesis, clinical	
				features and treatment of	
				different types of porphyria	
	Down syndrome	150	Cognitive	Explain the risk factor,	
				chromosomal aberrations,	
				clinical features and	
				complications of Down	
				Syndrome	
	Collagen	151	Cognitive	Classify collagen disorders	MCQ

	disorders			and their clinical features	
	Glycogen storage	153	Cognitive	Classify glycogen storage	
	diseases			disease and their clinical	
				features	
	Mucopolysachari	154	Cognitive	Describe the clinical features	
	dosis			and complications of	
				mucopolysaccharidosis	
	Galactosemia and	155	Cognitive	Describe the clinical features,	
	Phenylketonuria			investigations and	
				complications of	
				Galactosemia and	
				Phenylketonuria	
Pediatrics	Kawasaki disease	156		Explain the clinical features,	MCQ
				investigations, management,	
				prognosis and complications	
				of Kawasaki syndrome	
		157		Explain the clinical features,	MCQ
				investigations, management,	
				prognosis and complications	
				of SLE in children	

Assessment tools:

Theoretical knowledge is tested by a written examination system constituted by multiple choice questions (MCQs). The assessment of practical knowledge involves oral, spot, or objective structured practical examinations (OSPE).

Multiple Choice Questions (MCQs):

- Multiple choice questions (MCQs) are a form of assessment for which students are asked to select the best choice from a list of answers.
- MCQ consists of a stem and a set of options. The stem is usually the first part of the assessment that presents the question as a problem to be solved; the question can be an incomplete statement which requires to be completed and can include a graph, a picture or any other relevant information. The options are the possible answers that the student can choose from, with the correct answer called the key and the incorrect answers called distractors.
- Correct answer carries one mark, and incorrect 'zero mark'. There is NO negative marking.
- Students mark their responses on specified computer-based sheet designed for the college.
- The block exam will comprise of 120 MCQs and will be compiled according to the shared blueprint.

Short Essay Questions (SEQ)

Short answer questions generally ask for brief, text-based responses and may also be referred to as *fill-in-the-blank*; or *completion* questions.

Variations of the short answer question may request a list of terms or rules in which the order is not important, or may require a numerical or formula response.

Here is some general information about short answer questions:

- Does not measure interpretation.
- Can be used to check for preciseness such as correct spelling (good when using computer grading), proper or specific names of things, especially factual knowledge, and proper creation of formulas.
- Requires specific, definite, exact information.
- Can be used to discriminate whether errors can be detected in a diagram, for example.

Advantages of Short Answer Questions

- Easy to write.
- Reduces possibility of guessing.
- Can have a lengthy stem such as a paragraph. (Caution: You generally should not expect an exact answer character-by-character.)
- May be easy to score if the required answer is short.

Disadvantages of Short Answer Questions

- It can take time to create items with complex formulas.
- Can be turned into a measure of memorization ability.
- Grading can be subjective.
- Correct responses may appear incorrect due to minor errors such as misspellings, order of words, etc.
- Difficult to machine score. Much work is being conducted in this area, but it is still in early stages of development.

Objective Structured Practical Examination (OSPE)

- The content may assess application of knowledge, or practical skills.
- Student will complete task in define time at one given station.
- All the students are assessed on the same content by the same examiner in the same allocated time.
- A structured examination will have observed, unobserved, interactive and rest stations.
- Observed and interactive stations will be assessed by internal or external examiners.
- Unobserved will be static stations in which students will have to answer the questions related to the given pictures, models or specimens the provided response sheet.

- Rest station is a station where there is no task given, and in this time student can organize his/her thoughts.
- The Block OSCE will be comprise of 20 stations, some are viva stations others are observed and static stations. The stations will be assigned according to the shred blueprint.

Attendance Requirement:

More than 75% attendance is mandatory to sit for the examinations.

Time Table Final Year MBBS Pediatric Curriculum

Date	Teacher	Торіс
Week 1	Dr. Ibrahim Dr. Ansar Dr. Islam Gul Dr. Ibrahim	Foundation Module Neonatal history and examination Pediatric history and examination Communication with colleagues Developmental assessment
Week 1	Dr. Ibrahim	Theme- 16: Breast Feeding Common problems of preterm and term babies Principles of neonatal care
Week 1	Dr. Ibrahim	Neonatal Resuscitation (Skill Lab)
Week 1	Dr. Aqeel	Blood and immunology Module Theme: Pallor Classify anemias Clinical and lab evaluation of Anemia Iron deficiency anemia Megaloblastic anemia Hereditary anemias Hemolytic anemias Aplastic anemia
Week 1	Dr. Aqeel	Blood and immunology Module Theme: Fever Leukopenia Leukemias Splenomegaly
Week 2	Dr. Aqeel	Blood and immunology Module Theme-4: Bleeding Definition of terms Approach to a child/infant with bleeding disorder Von Will brand disease Hemophilia Idiopathic Thrombocytopenic Purpura
Week 2	Dr. Samin/ Dr. Ansar	Renal Module Theme 11: Facial Swelling Nephrotic Syndrome Nephritic Syndrome

Week 2	Dr. Samin/ Dr. Ansar	Renal Module Theme-12-a: Scanty Urine Acute Nulley Injury (ANI) Chronic Renal Failure (CRF)
Week 2	Dr. Samin/ Dr. Ansar	Renal Module Theme-12-b: Polyuria Barter SynDr.ome Renal tubular Acidosis Diabetes Insipidus
Week 2	Dr. Samin/ Dr. Ansar	Renal Module Theme-12-c: Polyuria Urinary Tract Infections
Week 3	Dr. Jahanzeb	GIT and Hepatobiliary Module Theme-20: Difficulty in swallowing and Epigastric Pain Vomiting
Week 3	Dr. Jahanzeb	GIT and Hepatobiliary Module Theme-21: Yellow discoloration of the sclera Hyperbilirubinemia
Week 3	Dr. Jahanzeb	GIT and Hepatobiliary Module Theme-22: Pain Abdomen and Diarrhea Malabsorption and celiac disease Acute diarrhea Chronic diarrhea Chronic diarrhea
Week 3	Dr. Jahanzeb	Multisystem Module Theme-23: Weight loss/gain Protein calorie malnutrition
Week 3	Dr. Jahanzeb	Musculoskeletal Module Theme-6: Aching Bones Rickets and Osteomalacia
Week 3	Dr. Samina Shams	Multisystem Module Theme-24: The abnormal baby Porphyria Collagen disorders Glycogen storage diseases Mucopolysacharidosis

		Galactosemia and Phenylketonuria
Week 4	Dr. Rahida	Musculoskeletal Module Theme- 5: Joint pains Orthopedic evaluation of a child Management of pediatric arthritides Management of common arthritic disorders in Children
Week 4	Dr. Rahida	Musculoskeletal Module Theme-7: Muscle weakness Muscular dystrophies
Week 4	Dr. Rahida	Neurosciences Module Theme-17: Loss of consciousness and Fits Epilepsy
Week 4	Dr. Rahida	Neurosciences Module Theme 18: Headache Headache Meningitis Big head
Week 1	Dr. Rahida	Neurosciences Module Theme-19: Lower limb weakness Hereditary neuropathies Congenital malformations Spina Bifida/Myelomeningocele
Week 1	Dr. Islam Gul	Cardiorespiratory Module Theme-10-a: Fever and Cough Acute Respiratory Infections (ARI) Croup Epiglottitis
Week 1	Dr. Islam Gul	Cardiorespiratory Module Theme-10-b: Fever and Cough Pneumonia Cystic fibrosis
Week 1	Dr. Islam Gul	Endocrine and Reproduction Module Theme- 13: Tall and short stature Short stature Tall stature
Week 1	Dr. Islam Gul	Endocrine and Reproduction Module Theme- 14: Neck swelling and muscle cramps Thyroid disorders
Week 1	Dr. Islam Gul	Endocrine and Reproduction Module Theme- 15: Excessive thirst and urination Type-1 DM Diabetic Keto Acidosis
Maak 2		Cardiorespiratory Module
Skill Lab	Dr. Ambreen	Supraventricular tachycardia
Week 2	Dr. Ambreen	Cardiorespiratory Module

		Theme 9: Shortness of breath Acyanotic heart disease
Week 2	Dr. Ambreen	Cardiorespiratory Module Theme 9: Shortness of breath Cyanotic heart disease
Week 2	Dr. Ambreen	Cardiorespiratory Module Theme 9: Shortness of breath Congestive Cardiac Failure (CCF) Cardiomyopathy
Week 2	Dr. Ambreen	Cardiorespiratory Module Theme 9: Shortness of breath Rheumatic fever Infective endocarditis
Week 2	Dr. Ambreen	Multisystem Module Theme-25: Rash and joint pains Kawasaki disease



Assessment Plan Final Year MBBS

KMU (IHPER) – Central Curriculum Committee

Assessment Plan - Final Year MBBS

The year-5 will be assessed in 4 blocks

- 1) Block-1 (Foundation-3, Blood and Immunology-3, and MSK-3) will be assessed in paper-N.
- 2) Block-2 (Cardiorespiratory-3) will be assessed in paper-O.
- 3) Block-3 (Renal-3 and Endocrine and Reproduction-3) will be assessed in paper-P.
- 4) Block-4 (Neurosciences-3, GIT and Hepatobiliary-3 and Multisystem-2) will be assessed in **paper-Q**.
- 5) Each written paper consists of 120 MCQs.
- 6) Internal assessment will be added to final marks in KMU as shown in table below.
- 7) In OSCE, each station will be allotted 6 marks, and a total of 120 (+10% marks of internal assessment (18 marks) marks are allocated for each OSCE examination.
- 8) Any content of the subjects (medicine and allied, Surgical and allied, Gynecology and pediatrics) already covered in the previous years will be included in the final year assessments (both written and practical).
- Practical assessment will be in the form of OSCE (+embedded short cases and Objective Structured Long Examination Record.
- 10) The details of each section are given in the tables below

Section-A

Total Marks Distribution Scheme

Table 1: Distribution of marks in the final year professional examination

	Assessment Plan of Year 5 MBBS							
Theory paper	Modules	Theory marks	Internal assessment theory	OSCE	Structured	Internal assessment OSPE/OSPE	TOTAL MARKS	
Paper	Foundation-3	120	12	120	30	18	300	
N	Blood-3							
Paper O	Cardiopulmonary- 3	120	12	120	30	18	300	
Paper	Renal-3	120	12	120	30	18	300	
Р	Endocrine and							
	Reproduction-3							
Paper	Neurosciences-3	120	12	120	30	18	300	
Q	GIT-3							
	Multisystem-2							
	Total Marks	480	48	480	120	72	1200	

Section-B

Theory Examination Scheme

Table-2: Paper-N (Foundation-3, Blood-3 and MSK-3)

Block	Module	Subject hours	Subject	Total	Paper
			MCQs	MCQs	MCQs
N	Foundation-3	PRIME	5	25	120
		Medicine	3		
		Surgery	10		
		Psychiatry	3		
		Pediatrics	3		
		Radiology	1		
	Blood-3	Pediatrics	17	35	
		Medicine	16		
		Gynecology	2		
	MSK-3	Medicine	21	60	
		Orthopedics	12		
		Paediatrics	7		
		Dermatology	14		
		Surgery/plastic surgery	5		
		Psychiatry	1		

Block	Module	Subjects hours	Subject	Total	Paper
			MCQs	MCQs	MCQs
0	Cardiopulmonary-	CVS-	.3		120
	2	Medicine/cardiology	45	70	
	5	Pediatrics	25		
		Respirat	ory-3		
		Medicine/pulmonology	25	50	
		Pediatrics	20		
		Surgery	5		

Table-3: Paper-O (CVS-3 and Respiratory-3)

Table-4: Paper-P (Renal-3 and Endocrine and Reproduction-3)

Block	Module	Subjects hours	Subject	Total	Paper
			MCQs	MCQs	MCQs
Р	Renal-3	Medicine/Nephrology	22	40	120
		Surgery/Urology	10		
		Pediatrics	6		
		Pediatric surgery	2		
	Endocrine and	Medicine/ Family	12	80	
	Reprouction-3	medicine			
	Reproduction-5	Obstetrics	56		
		Surgery	8		
		Paediatrics	4		

Block	Module	Subjects hours	Subject	Total	Paper
			MCQs	MCQs	MCQs
Q	NS-3	Medicine/ Family medicine	24	45	120
		Psychiatry	5		
		Pediatrics	8		
		Neurosurgery/surgery	4		
		Pediatrics surgery/Surgery	2		
		Orthopedics	2		
	GIT-3	Medicine	9	35	
		Surgery/ Pediatric surgery	17		
		Pediatrics	8		
		Gynaecology	1		
	Multisystem-2	Medicine/Nephrology	22	40	
		Paediatrics	11		
		Surgery	5		
		Psychiatry	1		
		Gynaecology	1		

Table-5: Paper-Q (Neurosciences-3, GIT-3 and Multisystem-3)

Section-C

Practical Examination Scheme

Table 6: OSCE station distribution of different subjects

BLOCK-N (TOTAL STATIONS=20 and 6 marks/station)							
Subjects	OSCE stations		OSCE stations		Viva stations	Logbook and	Structured
			Stations	history	Long case		
	Static/			DOOK2	=30 marks)		
interactive		cases		(1-			
				station)			
Medicine+	2	2	1	General	General		
Rheumatology				Surgerv	Surgery		
Surgery	2	0	1				
Paediatrics	2	2	1	and allied			
Orthopedics	1	1	1				
Dermatology	2	0	1				
Total	9	5	5	1	1		

Table 7: OSCE station distribution of different subjects

BLOCK-	BLOCK-O (TOTAL STATIONS=20 and 6 marks/station)							
Subjects	OSCE stations		Viva stations	Logbook and history books	Structured Long case = 30 marks)			
	Static/ Short			(1-				
	interactive	Lases		station)				
Medicine	2	1	1	General	General			
Cardiology	3	1	1	medicine	Medicine			
Paediatrics	2	2	1	and				
Pulmonology	3	1	1	allied				
Total	10	5	4	1	1			

Table 8: OSCE station distribution of different subjects

BLOCK-P (TOTAL STATIONS=20 and 6 marks/station)							
Subjects	OSCE SLALIOTIS	Viva stations	Short cases	Logbook and history books (1-station)	Structured Long case -30 marks)		
Gynaecology	7	1	2	Gynaecology	Gynaecology		
Medicine+	2	1	1	And	And		
Endocrinology					ODSIGUIUS		
Paediatrics	1	1	0				
Surgery	1	1	1				
Total	11	4	4	1	1		

Table 9: OSCE station distribution of different subjects

BLOCK-Q (TOTAL STATIONS=20 and 6 marks/station)							
Subjects	OSCE stations	Viva stations	Short cases	Logbook and history books (1-station)	Structured Long case- 30 marks)		
Medicine/neurology/ Gastroenterology	4	1	2	Paediatrics	Paediatrics		
Paediatrics	1	1	1				
Surgery/neurosurgery/ Paediatric surgery	5	1	1				
Psychiatry	1	1	0				
Total	11	4	4	1	1		

References

- Nelson Textbook of Pediatrics, & Zitelli and Davis' Atlas of Pediatric Physical diagnosis
- Textbook of Neonatal Resuscitation (2011) ...
- American Academy of Pediatrics
- PG Textbook of Pediatrics: Volume 2: Infections and Systemic Disorders
- 100 Cases in Pediatrics.
- Clinical Decision Making: Case Studies in Pediatrics
- Textbook of Neonatal Resuscitation, 8th Edition