

# Gastro-intestinal-II and Hepatobiliary-II Module Study Guide

This Study guide of the module/course outlines the key components and areas for the facilitation of the students.

Department of Medical Education

## **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 evidence based practices.

## **Curriculum Committee KGMC**

#### Chair:

Professor Dr.Zahid Aman, Dean KGMC.

#### Co-Chair:

Dr. Ameer Mohammad, Associate Dean KGMC.

#### **Clinical Sciences:**

- Prof. Dr. Bushra Rauf Department of Gynae KGMC/HMC.
- Prof. Dr. Samia Tabassum Department of Gynae KGMC/HMC.
- Dr. Jahanzeb Khan Associate Professor Department of Pediatric A KGMC/HMC.
- Dr. Siddique Ahmad Associate Professor Department of Surgery A KGMC/HMC.
- Dr. Muhammad Iftikhar Assistant Professor Department of Surgery A KGMC/HMC.
- Dr. Fawad Rahim Assistant Professor Department of Medicine KGMC/HMC.

#### **Behavioral Sciences:**

• Dr. Ameer Abbas Department of Psychiatry KGMC/HMC.

#### **Medical Education**

• Dr. Naheed Mahsood, Department of Medical Education, KGMC.

- Dr. Naveed Afzal Khan, Department of Medical Education, KGMC.
- Dr. Khurram Naushad, Department of Medical Education, KGMC

#### **Basic Sciences:**

- Dr. Ayesha Jamil Associate Professor Department of Pharmacology KGMC.
- Dr. Naheed Siddiqui Assistant Professor Department of Forensic Medicine KGMC.
- Dr. Saima Nadeem Assistant Professor Department of Pathology KGMC.
- Dr. Noreen Shah Senior Lecturer Department of Community Medicine KGMC.
- Dr. Ghazala Zarin Lecturer Department of Pathology KGMC.
- Dr. Shahnaz Rehman Senior Lecturer Department of Community Medicine KGMC.
- Dr. Fahad Falah Lecturer Department of Pharmacology KGMC.

## 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.

#### **KNOWLEDGE**

By the end of five year MBBS program the KGMC student should be able to;

- 1. Acquire a high level of clinical proficiency in history taking, physical examination, differential diagnosis, and the effective use of medicine's evolving diagnostic and procedural capabilities including therapeutic and palliative modalities
- 2. Manage the common prevalent diseases in community
- 3. Identify the common medical emergencies
- 4. Develop plan for prevention of common community diseases
- 5. Formulate a referral plan
- 6. Compose a prescription plan

#### **PSYCHOMOTOR**

By the end of five year MBBS program the KGMC student should be able to;

- 1. Demonstrate the ability to perform the disease specific relevant examination
- 2. Respond to common medical emergencies
- 3. Master the skill of first aid
- 4. Perform BLS
- 5. Apply the best evidenced practices for local health problems

## **AFFECTIVE**

By the end of five year MBBS program the KGMC student should be able to

- 1. Relate to patient and careers vulnerability
- 2. Demonstrate ethical self-management
- 3. Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.
- 4. Display compassion with patient and colleagues
- 5. Demonstrate in clinical care an understanding of the impact of psychological, social, and economic factors on human health and disease

## Introduction to Module

Gastro-intestinal-II and Hepatobiliary-II Module is designed to provide both basic, clinical knowledge and skills to the medical students. The modules include sessions on important pathological diseases of gastrointestinal system and hepatobiliary system. The relevant clinical subjects are also taught under the shared themes with pharmacological explanation. The medical and surgical management and preventive aspect of the diseases is also addressed.

Table 1: Themes

S. No	Themes	Duration Weeks
1	Difficulty in swallowing	1
2	Pain epigastrium	1/02
3	Pain right upper abdomen	2
4	Diarrhea and constipation	3
5	Bleeding Per Rectum	/13/
	$N \rightarrow TO V$	/()/

# **Teaching Hours Allocation**

Table 2: Total hours distribution of each subject

S. No	Subject	Hours
1	Pathology	49
2	Pharmacology	20
3	Forensic medicine	22
4	Community medicine	23
5	Medicine	13
6	Surgery	14
7	Pediatrics	4
8	Family medicine	3
9	Anatomy	1
10	PRIME	1
11	Research*	16**
	Total hours	153

## **General Learning Objectives**

## By the end of GIT-II Module, 4th year MBBS students will be able to:

- 1. Describe the etiology, pathogenesis, morphology, clinical features, laboratory diagnosis, medical and surgical management of diseases of GIT & hepatobiliary system.
- 2. Interpret the liver function tests in different hepatic diseases.
- 3. Describe the basic and clinical pharmacology of drugs used in GIT & hepatobiliary diseases.
- 4. Write prescriptions for common GIT & hepatobiliary disorders.
- 5. Describe medico legal aspects of abdominal trauma.
- 6. Describe medico legal aspects of vegetable acid, corrosive and irritants poisoning.
- 7. Describe the epidemiology and prevention of malnutrition and viral hepatitis.
- 8. Analyze demographic processes in context of public health care.

# **Specific Learning Objectives**

Table 3: Theme wise learning objectives

Theme-1 (Difficulty in swallowing)							
Subject	Topic	Hours	S#	Learning objective			
Pathology	Pathology Salivary Gland (Inflammation and tumors)	\$\frac{1}{2}\text{\tint{\text{\tin}\tint{\text{\tinit}\\ \tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \text{\texi}}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\}\text{\text{\text{\texi}\text{\text{\text{\text{\texi}\text{\texi}\tint{\text{\texi}\ti}\text{\ti}\tinttitex{\texi}\tint{\text{\texi}\text{\texi}\text{\texi}\tin	1	Classify the inflammatory and neoplastic diseases of salivary gland.			
			2	Describe the etiology, morphology and clinical presentation of inflammatory and neoplastic diseases of salivary gland.			
Esophagus	Esophagus	2	3	Classify esophagitis.			
	THE WAY		4	Describe the etiology, pathophysiology, morphology, clinical presentation and complications of esophagitis			
	12/ 12		5	Classify esophageal tumors.			
	GIE	V	6	Describe the etiology, pathogenesis, morphology, clinical presentation, diagnosis and complications of esophageal tumors			
Medicine	Oral Cavity Diseases	45 N	7	Discuss the etiology of stomatitis and Aphthous ulcers			

			8	Discuss the clinical features of stomatitis and Aphthous ulcers
			9	Discuss the investigations of stomatitis and Aphthous ulcers
			10	Devise a management plan for stomatitis and Aphthous ulcers
	Esophagus:  1) Esophageal motility	1 311	11	Discuss the causes of esophageal motility disorders
	disorders		12	Discuss the clinical features of esophageal motility disorders
			13	Discuss the relevant investigations of esophageal motility disorders
	F) / SE		14	Devise a management plan of esophageal motility disorders
	2) Esophagitis	1	15	Discuss the etiology of esophagitis
	12110		16	Discuss the clinical features of esophagitis
	TOP TOP TO THE PARTY OF THE PAR	, T	17	Discuss the appropriate diagnostic testing for esophagitis
			18	Devise a management plan for esophagitis
	3) Cardia achalasia	L3	19	Discuss the etiology, clinical features, investigations and management of Cardia achalasia

	4) Gastro Esophagea reflux disease (GERD)		20	Discuss the risk factors, etiology, clinical features, investigations, complications and management of GERD
ENT	Cleft lip and palate	1	21	Discuss the etiology, clinical features, investigations, complications and management of cleft lip and palate
	Pharyngitis and Tonsillitis	1	22	Discuss the etiology, clinical features, investigations, complications and management of Pharyngitis and acute Tonsillitis
			23	Explain the clinical features, and management of peritonsillar abscess
			24	Discuss the classification, etiology, clinical features, investigations, and management of Chronic Tonsillitis
	Oropharyngeal cancer	1	25	Discuss the classification, etiology, clinical features, investigations, and management of oropharyngeal cancers
	Salivary glands	1	26	Classify diseases of the salivary glands
	GII	GIRLS	27	Explain the etiology, clinical features, investigations and management of Mumps, and Sialadenitis

			28	Explain the etiology, clinical features, investigations and management of salivary ducts stones
	Dysphagia	1	29	Explain the types, etiology, clinical features, investigations and management of a patient with dysphagia
Surgery	Tumors of the esophagus	1	30	Discuss the classification, etiology, clinical features, investigations, staging and management of Esophageal cancers
	Para-esophageal hiatus hernia	6	31	Explain the etiology, clinical features, investigations and management of Paraesophageal hiatus hernia
PRIME/Medical Education	Social accountability	1	32	Explain the concept of social accountability
	THE BELL OF		33	Differentiate between different social accountability issues
	LGIR	LSI	/ED	ICAL

	Then	ne-2 (E	pigast	cric pain)
Pathology	Gastritis	1	34	Explain the types, etiology, microscopic morphology and clinical features of Gastritis
	Peptic ulcers	2	35	Discuss the etiology, pathophysiology, morphology, complications and lab. diagnosis of peptic ulcer disease
		311	36	Discuss the role of H.Pylori & campylobacter in the causation of Peptic ulcer disease
		30	37	Discuss the morphology, virulence factors and lab diagnosis of H. Pylori & campylobacter
	Gastric polyps and tumors	1	38	Classify gastric polyps and tumors
	EX SER		39	Describe the pathogenesis, morphology, lab diagnosis and complications of gastric polyps and tumors.
Medicine	Gastritis	1	40	Explain the types, etiology, clinical features, investigations, management and complications of Gastritis
	Peptic ulcer disease	Z LSI	41   ED	Explain the types, etiology, clinical features, investigations, management and complications of Gastritis

			42	Describe H.pylori eradication therapy protocols in the treatment of peptic ulcer disease
	Upper GI Bleeding	1	43	Explain the etiology, clinical features, investigations and management of a patient with upper GI bleeding
			44	Describe the indications and procedures of pharmacological and endoscopic treatment of variceal bleeding
Pharmacology	Anti-emetics	2	45	Classify anti-emetic drugs
			46	Describe the mechanism of serotonin antagonists as anti-emetic agents.
			47	Enlist the clinical uses (anti-emetic) and adverse effects of serotonin antagonists.
			48	Describe the pharmacological basis of serotonin antagonists in chemotherapy induced vomiting
			49	Describe the mechanism of H1-antagonists as anti-emetic agents.
	10 Th		50	Enlist the clinical uses (anti-emetic) of H1-antagonists.
	GIR	RLSI	51	Describe the mechanism of anticholinergic drugs as anti-emetic agents.

	52	Enlist the clinical uses (anti-emetic) of anticholinergic drugs.
	53	Describe the pharmacological basis of scopolamine in motion sickness
	54	Describe the anti-emetic mechanism of D2-receptor blockers (Metoclopramide & Domperidone).
311	55	Enlist the clinical uses (anti-emetic) and adverse effects of D2-receptor blockers.
	56	Compare the pharmacological features of metoclopramide & Domperidone.
	57	Describe the drug interaction of metoclopramide with levodopa.
	58	Describe the mechanism of neuroleptics as anti- emetic agent.
1 <u>3</u> /1/3	59	Enumerate the clinical uses (anti-emetic) of neuroleptic drugs.
	60	Describe the antiemetic mechanism of benzodiazepines.
LGIRLSI	61	Describe the antiemetic mechanism of glucocorticoids.

		62	Enumerate the indications (anti-emetic) of glucocorticoids.
		63	List anti-emetic drugs used in morning sickness.
		64	List anti-emetic drugs used in chemotherapy
			induced vomiting.
Drugs used in the treatment		65	Enlist the drugs used in variceal hemorrhage
of variceal bleeding		66	Describe the mechanism of somatostatin and octreotide in variceal hemorrhage
		67	Describe the mechanism of Vasopressin & Terlipressin in variceal hemorrhage
		68	Describe the mechanism of beta-blockers in variceal hemorrhage
Drugs used in the treatment	2	69	Classify the drugs used in Peptic ulcer disease
of Peptic ulcer disease and Gastritis		70	Describe the mechanism of action, indications and adverse effects of proton pump inhibitors (PPIs).
13/ 16		71	Describe the pharmacokinetics of PPIs with special emphasis on time of administration
1665		72	Describe the drug interaction of Omeprazole & H2 blockers with Sucralfate
LG/R	LSN	73	Describe the drug interaction of Omeprazole with Clopidogrel

	74	Describe the mechanism of action, indications and
		adverse effects of H-2 blockers.
	75	Compare/differentiate H2-blockers in terms of
		bioavailability and involvement in drug
		interactions
	76	Describe the mechanism of action, indications and
	¥-	adverse effects of Antacids.
	77	Enumerate the properties of an ideal antacid.
	78	Describe the pharmacokinetics of antacids with
		special emphasis on time of administration
	79	Describe the drug interactions of antacids with
A manual control of the control of t		tetracyclines, iron and fluroquinolones.
	80	Describe the mechanism of sucralfate in the
	- 3	treatment of peptic ulcer
12/12	81	List the indicationsof sucralfate.
12/10	82	Discuss the drug interaction of sucralfate with
	77	digoxin, ketoconazole and tetracyclines.
183	83	Describe the pharmacokinetics of sucralfate with
No.		special emphasis on time of administration.
LOIRLS	84	Describe the mechanism, indications and adverse
		effects of bismuth compounds.

			85	Describe the role of anticholinergic drugs in peptic ulcer.
			86	List the indications (anti-peptic ulcer) of anticholinergic drugs.
			87	Discuss the pharmacological basis for the use of prostaglandin analogues (Misoprostol) in the treatment of peptic ulcer.
		20	88	List the contraindications of misoprostol.
		= 1	1 1	·
		20	89	Describe triple therapy for the eradication of H.pylori infection.
			90	Describe quadruple therapy for the eradication of H.pylori infection
Forensic medicine	Common house-hold poisons	1	91	Enlist, domestic, medicinal and garden poisons commonly used
	Corrosives/ Mineral acids		92	Enlist different commonly used mineral acids
	13/16		93	Enumerate physical appearance and uses of Sulphuric acid
	1665		94	Describe mechanism of action, fatal dose & period of Sulphuric acid
	LGIR	LS	95	Describe clinical features and treatment of Sulphuric acid burns

			96	Describe postmortem appearance and forensic importance of Sulphuric acid burns
			97	Enumerate physical appearance and uses of nitric acid
			98	Describe mechanism of action and fatal dose & period of nitric acid
		30	99	Describe clinical features and postmortem appearance of nitric acid burns
		30	100	Enumerate physical appearance and uses of hydrochloric acid
			101	Describe clinical features and postmortem appearance of hydrochloric acid burns
	Corrosives/ Alkali	1	102	Enlist different commonly used alkali
	77/10		103	Enumerate physical appearance and uses of alkali
	Corrosive/ organic acid		104	Describe mechanism of action, clinical features and treatment of alkali burns
			105	Describe postmortem appearance and forensic importance of alkali burns
		1	106	Enlist different commonly used organic acids
		RLS	107	Enumerate physical appearance and uses of carbolic acid

			108	Describe mechanism of action, fatal dose & period
			100	·
				of carbolic acid
			109	Describe clinical features and treatment of
				carbolic acid poisoning
			110	
			110	Describe postmortem appearance and forensic
				importance of carbolic acid poisoning
		111	Enumerate physical appearance and uses of oxalic	
			111/2	acid
			112	Describe mechanism of action, fatal dose & period
			112	
				of oxalic acid
			113	Describe clinical features and treatment of oxalic
	\		200	acid poisoning
			114	Describe postmortem appearance and forensic
			117	
			7	importance of oxalic acid poisoning
	Corrosive/ vegetable acid	1	115	Enumerate physical appearance, sources and uses
	and cyanides		1)	of cyanides
	1011		116	Describe mechanism of action, fatal dose & period
	1500		110	
	( P )		0	of cyanides
	Val		117	Describe clinical features and treatment of
	LG/R		En	cyanide poisoning
			118	Describe postmortem appearance and forensic
				importance of cyanide acid poisoning

Surgery	Gastric cancer	1	119	Describe the types, etiology, risk factors, lab diagnosis and management of a patient with gastric cancer
	Gastric outlet obstruction	1	120	Describe the etiology, diagnosis and management of a patient with gastric outlet obstruction
Community	Health system of Pakistan:	2	121	Describe health care system of Pakistan using
medicine and	Introduction			WHO Health system frame work
public health	Primary health care (PHC)	-2,	122	Define PHC
	EX SER		123	Describe the history of development of PHC
			124	Describe the concepts and components of PHC
			125	Describe comprehensive & selective PHC
			126	Describe reasons for failure of PHC
			127	Describe Health Systems before & after PHC
			128	Describe district health care system
			129	Enumerate indicators for assessing PHC
	Health education	3	130	Define health education
			131	Describe objectives and functions of health education
	Va		132	Describe the components of health education
	LGI	LSI	133	Describe the methods of health education

			134	Describe the communication channel in health education
			135	Describe the constraints in health education
			136	Describe classification of theories of health
				education
		137	Describe the stages in health education	
			138	Describe the principles of health education
			139	Describe the strategies for an effective health education program
		E	140	Explain the methods of evaluation and effectiveness of a health education project
	Health management	- 7	141	Define concept of HMIS
	information system (HMIS)		142	Enumerate the components of HMIS
	ETTE		143	Describe its importance in health care delivery system
	12116		144	Enumerate the principles of HMIS
			145	Give the causes of failure of HMIS
	Hospital administration	1	146	Define health care delivery system
	GIR	ISI	147	Describe the need of a specialized hospital administration
		-01	148	Describe the attributes of a good hospital administrator

			149	Describe functions involved in hospital administration
			150	Describe the levels of hospitals and management levels in a hospital
	Health plans - Longitudinal,	1	151	Describe different health plans
	horizontal, integrated, 5		152	Describe characteristics of health plans
	year, ADP, SAP, Short term, long term		11/2	
	Health plans - MDGs	1 ()	153	Enumerate MDGS
			154	Describe targets & indicators of various health related MDGs
			155	Describe reasons for failure to achieve MDGS
	Health plans - SDGs	1	156	Enumerate SDGs related to health
	THE THE		157	Describe targets & indicators of various health related SDGs
		. (	158	Describe Pakistan progress on set targets
	Health planning	1	159	Define health planning
	11:507	T	160	Describe importance & use of planning in health
			161	Explain the reasons for ineffective health
	LG/R	ISN	En	planning in Pakistan
			162	Describe health planning cycle
			163	Describe the types of health planning

	Health economics	1	164	Define Health economics
	Health policy		165	Explain the importance of economic studies in health
			166	Describe different tools used in economic evaluations
		1	167	Define health policy
			168	Describe its role in health system
			169	Describe different stages in policy making
			170	Describe the different types of policies
		311	171	Describe the constraints in policy making
		= 6	172	Describe health policy of Pakistan.
	Role of international health	1	173	Enumerate international health agencies working in health sector.
	agencies in public health		174	Discuss structure and function of WHO & UNICEF
			175	Explain the roles of WHO & UNICEF in Pakistan.
	Theme-3 (P	ain rig	ht up	per abdomen)
Anatomy	Gross anatomy	1	176	Explain the lobes and segments of the liver
	13/16		177	Discuss the gross structure of gall bladder and biliary channels
	11.65		178	Explain the gross and microscopic structure of the pancreas
	Liver histology	LSI	179	Explain the microscopic structure of the liver and gall bladder

Pathology	Liver Function Tests	1	180	Enumerate the functions of the liver.
				Explain the significance of different liver function
				tests.
				Interpret the Liver function tests in different
				diseases.
	Mechanisms of liver injury	1	181	Describe the etiology and morphology of liver
	and repair			injury and repair
	Acute Liver failure	311	182	Describe the etiology, pathogenesis, clinical and
		E. (		biochemical and other features of acute liver
				failure
	Chronic Liver disease and	1	183	Describe the etiology,
	liver cirrhosis	-	65	pathogenesis, clinical and biochemical and other
	10			features of chronic liver disease
	27/10		184	Explain the complications of liver cirrhosis
	Portal hypertension		185	Describe the etiology,
	13/15		(1)	pathogenesis, clinical features and complication
	12/1 //		TY.	of portal hypertension
	Viral hepatitis A and E	1	186	Explain the Etiology, pathogenesis, morphology
	1/2			and clinical features of Acute viral hepatitis A and
	1 GIB	101	IFR	E infection

	Viral hepatitis B	2	187	Explain the Etiology, risk factors, pathogenesis,
				morphology and clinical features of Acute viral
				hepatitis B infection
			188	Explain the pathogenesis, morphology and clinical
				features of Chronic viral hepatitis B infection
			189	Discuss the stages of viral hepatitis B infections
			190	Discuss the complications of chronic Hepatitis B
		2111	11/4	virus infection
		= 4	191	Discuss the serological markers of hepatitis B
				Virus infection
		-	192	Explain the preventive strategies of Hepatitis B
			03	virus infection
	Viral Hepatitis C	1	193	Explain the Etiology, risk factors, pathogenesis,
	27/10			morphology and clinical features of viral hepatitis
	\%\\%		7	C infection
	12/16	. (	194	Discuss the complications of chronic Hepatitis C
	13/1 /		Ν.,	virus infection
	Autoimmune hepatitis	1 1	195	Define autoimmune hepatitis
	GIR		196	Explain the serological and morphological
		101	En	features of autoimmune hepatitis
	Toxin and Drug induced	-0 IV	197	Explain the etiology and morphological features
	hepatitis			of toxins and drug induced hepatitis
	-			·

Alcoholic liver disease	1	198	Discuss the morphology, pathogenesis and complications of Alcoholic liver disease
Metabolic liver diseases  • Non-Alcoholic liver	1	199	Describe the morphology, clinical features and complications of NAFLD, Hemochromatosis,
disease (NAFLD)  • Hemochromatosis			Wilson`s disease and Alpha-1 Anti-Trypsin deficiency
<ul><li>Wilson`s disease</li><li>Alpha-1 antitrypsin</li></ul>	211	200	Describe the etiology, morphology, clinical features and complications of Hemochromatosis
deficiency		201	Describe the etiology, morphology, clinical features and complications of Wilson's disease
		202	Describe the etiology, morphology, clinical features and complication of Alpha-1 Anti-Trypsin deficiency
Liver abscess	1	203	Describe the etiology, pathogenesis, morphology, clinical presentation, complications and lab diagnosis of Liver abscess
Tumors of the liver	1	204	Classify liver tumors
1007		205	Explain the benign tumors of the liver
GIR	LSI	206	Discuss the risk factors, etiology, morphology, clinical features, staging and complications of hepatocellular carcinoma

Gall bladder	1	207	Discuss the types, risk factors, etiology,
Gall stones			morphology, clinical features and complications
			of gall stones
Cholecystitis		208	Discuss the risk factors, etiology, morphology,
			clinical features and complications of acute cholecystitis
		209	Discuss the risk factors, etiology, morphology,
		4	clinical features and complications of Chronic cholecystitis
Gall bladder cancer	1	210	Discuss the risk factors, etiology, morphology,
			clinical features, staging and complications of carcinoma gall bladder
Pancreas	2	211	Enlist and define the congenital anomalies of pancreas
TE   12		212	Discuss the risk factors, etiology, morphology, clinical features and complications of acute pancreatitis
100 P		213	Discuss the risk factors, etiology, morphology, clinical features and complications of chronic
LGI	KLSI	/FD	pancreatitis
	-011	214	Describe the pathogenesis and complications of pancreatic pseudocyst

			215	Discuss the risk factors, etiology, morphology, clinical features, staging and complications of carcinoma of pancreas
Pediatrics	Hereditary	1	216	Classify hereditary hyperbilirubinemias
	hyperbilirubinemias		217	Explain the types, clinical features, investigations and management of different hereditary hyperbilirubinemias
Ac	Acute hepatitis A	100	218	Explain the Etiology, pathogenesis, clinical features, investigations and treatment of Acute viral hepatitis A infection
Medicine	Hepatitis B virus infection		219	Explain the Etiology, pathogenesis, clinical features, investigations and treatment of Acute viral hepatitis B infection
	THE TREE		220	Explain the Etiology, pathogenesis, clinical features, investigations and treatment of chronic viral hepatitis B infection
	Hepatitis C virus infection	1	221	Explain the Etiology, pathogenesis, clinical features, investigations and treatment of chronic viral hepatitis C infection
	1.G/	RLS	222	Explain the clinical features, investigations, management and complications of liver cirrhosis

			223	Explain the treatment of a patient with hepatic encephalopathy
Metabolic liver diseases 1	1	224	Discuss the management of a patient with Wilson's disease	
		225	Discuss the management of a patient with Hemochromatosis	
		31	226	Discuss the management of a patient with primary biliary cirrhosis
		3,	227	Discuss the management of a patient with autoimmune hepatitis
	Hepatic vein obstruction		228	Discuss the etiology, clinical features, investigations and management of a patient with hepatic vein obstruction
	Hepatocellular carcinoma	1	229	Explain the etiology, clinical features, investigations, treatment and complications of hepatocellular carcinoma
Carcinoma of the pancre	Carcinoma of the pancreas		230	Discuss the risk factors, etiology, clinical features, staging and complications of carcinoma of pancreas
Surgery	Gall bladder and pancreas	2	231	Explain the etiology, clinical features, investigations, treatment and complications of gall stones

			232	Explain the etiology, clinical features, investigations, treatment and complications of acute and chronic cholecystitis
			233	Explain the etiology, clinical features, investigations, treatment and complications of acute and chronic pancreatitis
	Carcinoma of the gall bladder		234	Discuss the risk factors, etiology, clinical features, staging and complications of carcinoma of gall bladder
	Liver abscess	1	235	Explain the etiology, clinical features, investigations, treatment and complications of liver abscesses
	Hydatid liver cysts		236	Explain the etiology, clinical features, investigations, treatment, and complications of Hydatid liver cysts.
Pharmacology	Hepatotoxic drugs	1	237	Describe first pass hepatic metabolism
	121 10		238	Enlist common hepatotoxic drugs
	100		239	Explain the drug treatment of paracetamol poisoning.
	Drugs used in the treatment	1	240	Classify the drugs for hepatitis B virus infection.
	of hepatitis B	LSI	241	Describe the duration and adverse effects of drugs used in the treatment of chronic hepatitis B.
		1	242	Classify the drugs for hepatitis C virus infection.

	Drugs used in the treatment		243	Describe the duration and adverse effects of drugs
	of hepatitis C			used in the treatment of chronic hepatitis C.
Community medicine	Viral Hepatitis	1	244	Describe the epidemiological determinants of Hepatitis B & C.
			245	Describe the prevalence and incidence with reference to local context.
		211	246	Describe the preventive & control measures for Hepatitis B & C.
Family Medicine	Acute and chronic hepatitis		247	Explain the etiology and clinical features of acute hepatitis.
			248	Explain the management strategies of acute hepatitis in family practice.
			249	Explain the etiology, clinical features and complications of Chronic hepatitis.
			250	Explain the management strategies of chronic hepatitis in family practice.
			251	Describe the red flags in a patient with acute and chronic hepatitis for referral to specialty care.

Theme-4: (Diarrhea and Constipation)							
Pathology	Intestinal obstruction	1	252	Define hernia, adhesions, volvulus, and intussusception			
	Ischemic bowel disease		253	Describe the etiology, pathogenesis, morphology, and complications of small bowel ischemia			
	Diarrheas	1	254	Define malabsorption syndrome			
		30	255	Classify diarrheas			
		30	256	Explain the etiology, morphology, clinical features and complications of Celiac disease			
	Bacterial enterocolitis	2	257	Explain the etiology, pathogenesis, and clinical features of bacterial enterocolitis			
			258	Explain the etiology, pathogenesis, morphology and clinical features of Salmonellosis			
	Parasitic enterocolitis	1	259	Classify the parasites invading the small gut			
	Entamoeba histolytica	1	260	Discuss the life cycle, morphology, pathogenesis, clinical features and complications of Amebiasis			
	Giardia lamblia	1	261	Discuss the life cycle, morphology, pathogenesis, clinical features and complications of Giardiasis			
	Hymenolepis nana	4	262	Discuss the life cycle, morphology, pathogenesis, clinical features and complications of H. nana infestation			

Diphyllobothrium latu	m	263	Discuss the life cycle, morphology, pathogenesis, clinical features and complications of Diphyllobothrium latum
Schistosoma hemai	tobium,	264	Enlist physical characteristics of Trematodes
		265	Classify Schistosoma on the basis of organ systems affected
		266	Describe the routes of infection, pathophysiology life cycle, clinical features and lab diagnosis of Schistosoma hematobium, mansoni and japoncum
		267	Compare the morphological characteristics of eggs of different species of Schistosoma.
Ascaris lumbricoides	4	268	Discuss the life cycle, morphology, pathogenesis, clinical features and complications of Ascaris lumbricoides
Strongyloides	16	269	Discuss the life cycle, morphology, pathogenesis, clinical features and complications of Strongyloides
Ankylostoma duodena	le G/RLS I	270	Discuss the life cycle, morphology, pathogenesis, clinical features and complications of Ankylostoma duodenale

	Enterobius vermicularis		271	Discuss the life cycle, morphology, pathogenesis, clinical features and complications of Enterobius vermicularis
Medicine	Intestinal tuberculosis	1	272	Discuss the etiology, pathogenesis, clinical features, investigations, treatment and complications of intestinal tuberculosis
Surgery	Acute appendicitis	1	273	Discuss the etiology, risk factors, pathogenesis, clinical features, differential diagnosis, investigations, treatment and complications of acute appendicitis
	Intestinal obstruction	1	274	Discuss the etiology, clinical features, investigations, management and complications of intestinal obstruction
Pharmacology	Antidiarrheal agents	1	275	Define and classify antidiarrheal agents
	(Opioids, Colloidal bismuth compounds, Kaolin & Pectin, etc		276	Describe the mechanism of action of different antidiarrheal agents
La	Laxatives (Bulk-forming,	1	277	Define and classify laxative drugs
	stool softners, osmotic laxatives, stimulant laxatives, etc.	LSI	278	Describe the mechanism of action of different laxatives

Lactulose		279	Describe the pharmacological basis of Lactulose in
Anti-amoebic drugs	1	280	the treatment of hepatic encephalopathy  Classify anti-amoebic drugs
		281	Describe mechanism of actions of Metronidazole & Dialoxanide Furoate
		282	Enlist indications and adverse effect of  Metronidazole & Dialoxanide Furoate.
		283	Describe the drug interaction of Metronidazole with Alcohol.
Anthelmintics	1	284	Classify Anti-Helminthic drugs
FR SE		285	Enumerate clinical use(s), adverse effects and contraindications of Albendazole, Mebendazole, Pyrantal Pamoate, Ivermectin, Praziquantel & Niclosamide
		286	Describe mechanism of action of Albendazole, Mebendazole, Pyrantal Pamoate, Ivermectin, Praziquantel & Niclosamide
Anti-Salmonellosis drugs	1	287	List the drugs used in enteric fever
LGI	LSI	288	Describe the basis for selection of antibiotics in enteric fever based on age, pregnancy and resistance

			289	Describe the clinical applications of fluroquinolones in the treatment of gastrointestinal disorders
Forensic	Irritants	3	290	Classify irritants poisons
medicine	Irritants:		291	Enlist common metallic irritant poisons
	Metallic poisons		292	Describe physical appearance, uses, mechanism,
Irritants /mechan		311		fatal dose, fatal period and signs and symptoms of Copper and Mercury poisons
			293	Describe the treatment, postmortem appearance and medicolegal importance of common Copper and Mercury poisons
	ER SE		294	Describe the signs and symptoms, treatment, postmortem appearance and medicolegal importance of acute and chronic Arsenic poisoning
	1 Topical Co		295	Describe the signs and symptoms, treatment, postmortem appearance and medicolegal importance of acute and chronic Lead poisoning
	Irritants /mechanical	1	296	Enlist commonly encountered mechanical poisons
	poisons/ powder glass	LSI	297	Enumerate symptoms and signs, treatment, postmortem appearance and forensic importance of powder glass

	Irritants/ nonmetallic poisons	4	298	Enlist commonly encountered inorganic elements poisoning
			299	Enumerate physical appearance and uses of phosphorus
			300	Describe mechanism of action, fatal dose & period of phosphorus
		311	301	Describe clinical features and treatment of phosphorus poisoning
			302	Describe postmortem appearance and forensic importance of phosphorus poisoning
	SA SE		303	Describe physical appearance, uses, mechanism of action, clinical features, treatment, postmortem appearance and forensic importance of aluminum phosphide
	THE BRIDE	6.	304	Describe physical appearance, uses, mechanism of action, clinical features, treatment, postmortem appearance and forensic importance of chlorine
		LSN	305	Describe physical appearance, uses, mechanism of action, clinical features, treatment, postmortem appearance and forensic importance of iodine

	Irritants/ vegetable poisons	2	306	Enlist commonly encountered inorganic elements poisoning.
			307	Describe characteristics, active principles, and clinical features of vegetable poisons.
			308	Enumerate uses, fatal dose and fatal periods of vegetable poisons.
		3111	309	Describe treatment, postmortem appearance, and forensic importance of vegetable poisons.
	Irritants/ animal poisons	2	310	Differentiate between poisonous and non- poisonous snakes
		-	311	Classify snakes on the basis of their venom.
			312	Describe the characteristics of snake venoms
	10	Thái:	313	Classify different snakes venoms
	27/10		314	Describe steps of management of snake bite
	\\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		315	Describe post mortem appearance and medico legal aspects of venomous snake bite
	10/1		316	Describe sign and symptoms of scorpion bite
Community medicine			317	Describe the common intestinal worm infestation in our local context
			318	Describe the epidemiological determinants of common worm infestation with reference to local context

			319	Describe the preventive & control measures for common worm infestation
	Control of dysentery	1	320	Describe the epidemiology of Dysentery.
			321	Describe the prevention & control measures of
Food hygiene			Dysentery.	
	1	322	Describe the term food Hygiene	
			323	Describe the importance of food hygiene
		3	324	Describe the process of Food hygiene
Family medicine	Enteric infections	1	325	Classify enteric infections
			326	Describe the etiology, clinical features,
			15	investigations and management of Salmonellosis
		14	327	Describe the red flags in a patient with Salmonella infections for referral to specialty care.
	ETTE	1	328	Explain the etiology, and management of acute gastroenteritis.
Top!			329	Discuss the primary and secondary prevention of acute gastroenteritis in a primary healthcare setting.
	GIR	LSN	330	Describe the red-flags in a patient with acute gastroenteritis for referral to specialty care.

Pediatrics	Lactase deficiency	1	331	Describe the clinical features, investigations, complications, and management of Lactase deficiency.
	Infectious diarrhea		332	Describe the etiology, clinical features, investigations, complications, and management of infectious diarrheas in children.
	Celiac disease	1	333	Describe the etiology, clinical features, investigations, complications, and management of Celiac disease.



	Theme- 5	(Blee	ding p	per Rectum)
Pathology	Inflammatory bowel disease	2	334	Classify IBD
	(IBD)		335	Discuss the risk factors and etiology of IBDs
			336	Explain the pathogenesis clinical presentation of IBD
			337	Differentiate between Ulcerative colitis and Crohn`s disease
			338	Discuss the investigations and management of IBDs
			339	Explain the intestinal and extra-intestinal manifestations/complications of IBDs
	0/0	TH	340	Explain the role of surveillance colonoscopy in patients with Ulcerative colitis
	Diverticular disease	1	341	Explain the etiology, pathogenesis, morphology and clinical features of Colonic diverticulosis
	Colonic polyps	1	342	Classify colonic polyps.
	Hemorrhoids		343	Describe the pathogenesis, morphology, clinical presentation, complications and diagnosis of different types of colonic polyps
		101	344	Define hemorrhoids
		-01	345	Explain the morphology, pathogenesis and clinical features of Hemorrhoids
	Colorectal carcinoma	1	346	Describe the adenoma carcinoma sequence

			347	Describe the pathogenesis, morphology, clinical presentation, complications and staging of colorectal Carcinoma
Surgery	Ulcerative colitis	1	348	Explain the etiology, pathogenesis, clinical features, complications and surgical management of Ulcerative colitis
Crohn`s disease  Diverticular disease	1	349	Explain the etiology, pathogenesis, clinical features, complications and surgical management of Crohn's disease	
	Diverticular disease	1	350	Explain the etiology, pathogenesis, clinical features, complications and management of Diverticulosis and Diverticulitis
	Anal diseases:     fistula     fissures	1	351	Define perianal fistula and anal fissure
			352	Explain the risk factors and management of anal fistula and anal fissures
	<ul> <li>hemorrhoids</li> </ul>	0	353	Explain the risk factors and management of hemorrhoids
	Colorectal cancers	1	354	Classify colorectal cancers
	1183		356	Describe the staging of colorectal cancers
	10	15	357	Explain the pathogenesis, risk factors and clinical
	10	IKLSI	WED	features of colorectal cancers
			358	Explain the complications, management and prognosis of colorectal cancers

	Ischemic Colitis	1	359	Explain the etiology, pathogenesis, clinical features, complications and management of Ischemic colitis
Medicine	Irritable bowel syndrome	1	360	Explain the risk factors, clinical features, and management of Irritable bowel syndrome
	Ulcerative colitis	1	361	Explain the etiology, pathogenesis, clinical features, complications and surgical management of Crohn`s disease
	Crohn`s disease	1	362	Explain the etiology, pathogenesis, clinical features, complications and management of Crohn's disease
	Ano-rectal infections	1	363	Classify anorectal infections
			364	Explain the risk factors, clinical features and management of anorectal infections including sexually transmitted infections
Pharmacology	Drugs used in the treatment	1	365	Enlist the drugs used in IBS
	of Irritable Bowel Syndrome (IBS)		366	Describe the mechanism of action of antispasmodics (anticholinergics), 5-HT receptor antagonisms (Alosetron) in IBS
	Drugs used in the treatment	2	367	Classify the drugs used in IBD
	of IBD	LSI	360	Describe the mechanism of actions of aminosalicylates, glucocorticoids, purine analogues, methotrexate, monoclonal antibodies and anti-integrin in IBDs

			369	Explain the adverse effects of drugs used in the
				treatment of IBD
Forensic	Abdominal injuries	1	370	Describe injuries to abdominal wall
medicine			371	Describe injuries to esophagus, intestine and
				stomach
			372	Describe injuries to liver and spleen



		Practi	ical wo	ork	
Pathology	Ascaris Lumbricoides	6	373	Identify the important morphological and staining characteristics of the ova	
	Enterobius vermicularis		374	Identify the important morphological and staining characteristics of the ova	
	Ankylostoma duodenale		375	Identify the important morphological and staining characteristics of the ova	
	Liver Function Tests		376	To interpret normal and abnormal liver function tests in different clinical scenarios	
Pharmacology	Peptic ulcer disease	5	377	construct prescription for Helicobacter- associated peptic ulcer disease (Triple therapy & Quadruple therapy)	
	Anti-emetics		378	construct prescriptions for motion sickness, morning sickness, post-operative patient	
			379	construct prescriptions for cancer chemotherapy-induced vomiting	
	199		380	construct a prescription for a patient suffering from amoebic dysentery	
	Enteric fever	RIS	381	construct a prescription for a patient suffering from Enteric fever	
			382	Write a prescription for a patient suffering from Ascariasis	

Forensic	Poisons	5	383	Identify corrosives		
medicine	Corosives		384	Case presentation of vitriolage		
	Irritants		385	identify common irritant poisons		
	Metallic poisons		386	identify common Metallic and non-metallic poisons		
	Vegetable and animal poisons		387	identify common Vegetable and animal poisons		
Community	Protein calorie malnutrition	1.5	388	Identify the model		
medicine			389	Differentiate between the clinical features of 2 models		
			390	Justify its public health importance		
			391	Signify the concept of food fortification and food adulteration		
	My food plate/ The pyramid	1.5	392	Identify the model		
	24/10		393	Describe different components of the model		
	Health education	1.5	394	identify a health education message on the problem/scenario provided		
			395	Formulate a health education message on the problem/scenario provided		
	House fly /arthropods	1.5	396	Identify the model		
	LGIR	LSI	397	Explain the disease caused by this vector and its control		

Aedes Egypti	1.5	398	Identify the model
		399	Explain the disease caused by this vector and its
			control
Autoclave	1.5	400	Identify the model
		401	Explain the types of items for which autoclaves are used
		402	Explain the steps of instruments sterilization



# **Learning Resources**

**Table 4: Reference Textbooks** 

S#	Subjects	Resources
1.	Anatomy	A. Gross Anatomy 1. K.L. Moore, Clinically Oriented Anatomy B. Embryology 1. KeithL. Moore. The Developing Human 2. Langman's Medical Embryology
2.	Community Medicine	Community Medicine by Parikh     Community Medicine by M Ilyas     Basic Statistics for the Health Sciences by Jan W Kuzma
3.	OBGYN	<ol> <li>Obstetrics by Ten Teachers, Louise C. Kenny, Jenny E. Myers</li> <li>Gynaecology by Ten Teachers, Louise Kenny, Helen Bickerstaff</li> <li>Hacker &amp; Moore's Essentials of Obstetrics and Gynecology</li> <li>Textbook of Gynecology, Rashid Latif Khan</li> <li>Fundamentals of Gynaecology, Dr Arshad Chohan</li> </ol>
4.	Pathology	<ol> <li>Robbins &amp; Cotran, Pathologic Basis of Disease, 9 th edition.</li> <li>Rapid Review Pathology, 4 th edition by Edward F. Goljan MD</li> </ol>
5.	Physiology	<ol> <li>Textbook Of Medical Physiology by Guyton And Hall</li> <li>Ganong's Review of Medical Physiology</li> <li>Human Physiology by Lauralee Sherwood</li> <li>Berne &amp; Levy Physiology</li> <li>Best &amp; Taylor Physiological Basis of Medical Practice</li> </ol>
6.	Paeds	Basis of Pediatrics (8th Edition Pervez Akbar)

## Assessment Plan - 4<sup>th</sup> Year MBBS

### The year-4 will be assessed in 4 blocks

- 1) Block-1 (Neurosciences-2 module) will be assessed in paper-J
- 2) Block-2 (GIT and hepatobiliary module) will be assessed in paper-K
- 3) Block-3 (Renal-2, Endocrine & Reproduction-2 module) will be assessed in paper-L
- 4) Block-4 (ENT and EYE modules) will be assessed in paper-M
- 5) Each written paper consists of 120 MCQs.
- 6) Internal assessment will be added to final marks in KMU as shown in below table.
- 7) In OSPE, each station will be allotted 6 marks, and a total of 120 (+10% marks of internal assessment) marks are allocated for each OSPE/OSCE examination.

4 <sup>th</sup> Year MBBS Modules Assessment Plan							
Theory paper	Modules	Theory marks	Internal assessment theory (10%)	OSPE/OSPE	Internal assessment OSPE/OSPE (10%)	Total Marks	
Paper J	Neurosciences-2	120	13	120	13	266	
Paper K	GIT & Hepatobiliary-2	120	13	120	13	266	
Paper L	Renal-2, Endocrine & Reproduction-2	120	14	120	13	267	
Paper M	ENT and EYE	120	13	120	13	266	
Research*				20	15	35	
Total Marks		480	53	500	67	1100	

<sup>\*</sup>Research viva of 20 marks will be conducted in paper-L. However, the rest of 15 marks will be decided by the concerned department internally for the contribution of the students in research project/thesis.

# **Assessment Blueprints**

Table 5: Paper K (GIT & Hepatobiliary - II Module)

Subject	Total MCQs		
Pharmacology	16		
Pathology	41		
Forensic medicine	16		
Community medicine	18		
PRIME	01		
Medicine	11 11 11		
Surgery	12		
Pediatrics	03		
Family medicine	02		
Total	120		

Table 6: OSPE/OSCE Distribution

Subject	Viva stations	OSPE/OSCE stations	Total
Pharmacology	2	2	4
Pathology	2	2	4
Forensic medicine	2	2	4
Community medicine	2	4	6
Medicine (GIT examination)	X	1	1
Surgery (GIT/local	X	1	1
examination)		1 2/0	3
Total	8	12	20

<sup>\*</sup> A minimum of 20 stations will be used in final exams. Total marks will be 120 (6 marks for each station).

### aching and learning strategies:

The following teaching learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital Clinic visits
- Small Group Discussion
- Skills session
- Self-Directed Study

#### Interactive lectures:

An interactive lecture is an easy way for instructors to intellectually engage and involve students as active participants in a lecturebased class of any size. Interactive lectures are classes in which the instructor breaks the lecture at least once per class to have students participate in an activity that lets them work directly with the material.

- The instructor might begin the interactive segment with an engagement trigger that captures and maintains student attention.
- Then the instructor incorporates an activity that allows students to apply what they have learned or give them a context for upcoming lecture material.
- As the instructor feels more comfortable using interactive techniques he or she might begin to call upon a blend of various interactive techniques all in one class period.

Hospital / Clinic visits:

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical sciences of the relevant module.

Small group discussion (SGD):

The shy and less articulate are more able to contribute. Students learn from each other. Everyone gets more practice at expressing their ideas. A two way discussion is almost always more creative than individual thoughts. Social skills are practiced in a 'safe' environment e.g. tolerance, cooperation. This format helps students to clarify concepts acquire skills or attitudes. Students exchange opinions and apply knowledge gained from lectures, tutorials and self-study. The facilitator role is to ask probing questions, summarize, or rephrase to help clarify concepts.

Skills/Practical session:

Skills relevant to respective module are observed and practiced where applicable in skills laboratory or Laboratories of various departments.

Self-Directed learning (SDL):

Self-directed learning, which involves studying without direct supervision in a classroom/Library, is a valuable way to learn and is quickly growing in popularity among parents and students. Students' assume responsibilities of their own learning through individual

study, sharing and discussing with peers, seeking information from Learning Resource Centre, teachers and resource persons within and outside the college. Students can utilize the time within the college scheduled hours of self-study.



#### Time tables:

The timetables for the module will be shared via Edmodo and the notice boards in advance.

#### 1. 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.

#### 1. 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.

#### 2. 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 OSPE will be comprise of total 20 stations, 8 viva stations and rest mix of static and observed stations. The stations will be assigned according to the blueprint.

## Attendance Requirement:

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