STUDY GUIDE

FINAL YEAR MBBS

GIT III Module, Block Q

Abbottabad International Medical Institute

Abbottabad

Contents

Overview

GIT III Module, Block Q

Final Year MBBS

Year: The module shall be part of Block Q and taught in up to 22 hours of lectures. In addition to lectures, the students shall also be attending 4 hours daily of clinical learning.

Module Name: GIT III Module

Contact Hours: Total hours allocated shall be 22. The hours shall be divided into 4 different themes, as detailed in another section. However, it is stressed at the cost of repetition that students must allocate more hours for SDL and Clinical Learning. We expect the students to be fully versed with this relatively important module. The themes covered in this module are both common and important.

Block Q: Teaching Hours Distribution		
Discipline	**Affiliated Disciplines**	**Total Hours**
Medicine		4
	Family Medicine	1
Surgery		10
	Paediatric Surgery	1
Paediatrics		5
Gynae		1
	Total	**22**

Pre-requisites of the course: The module shall be offered to Final Year MB BS students ONLY. Therefore, as a pre-requisite, we expect all the students to have cleared their first, second, third and fourth year University examinations.

Infrastructure Requirements: The module faculty shall utilize lecture rooms, but some teaching may be scheduled around smaller group learning, depending on the faculty decision. However, any change in the lecture room shall be communicated in

advance to the students. Students are expected to use all the other relevant and available resources on need basis, including the library, skills lab, hostel, wards, OTs and all the other facilities.

Block Q: **GIT Module Committee**

Block Co-Ordinator: Professor Irfan U Khattak		
1	**Professor Sajjad Ahmed (General Surgeon)**	**Module Co-ordinator**
2	Dr. Sumera Kazmi Associate Professor (Medicine)	Member
3	Dr. Muhammad Adnan, Assistant Professor (Paeds)	Member
4	Dr. SayemaAltaf, Assistant Professor (Gynae/Obs)	Member

Note for Students: Students are expected to go through the syllabus of the module, and come prepared for the lectures. Additionally, students must appreciate that the recent knowledge explosion prohibits the provision of a comprehensive, all-encompassing lecture program: the lectures will provide only guidelines on the scope and the breadth and depth of the study. Students have to complete the study on their own.

Every student must attend all the lectures.

In order to learn well, students are expected to take active part in discussions in the class and ensure their completion of assignments and reflective reports. Students have to appreciate that internal assessment is based on a continuous formative assessment and presence and participation of students in the learning activities.

2. INTRODUCTION

The Need for this Study Guide?

This study guide is intended to help the students learn what is important for them to learn, but limited to this block ONLY, and the methodology to learn it. With the growth of medical literature and text books and the availability of a large amount of information on the internet, it is now very important that the students are provided with guidance to direct their learning efforts.

This guide will provide some basic information regarding LOs, text books, faculty, focal persons and internal and university assessments, pertaining to this module. However, students are reminded that their clinical placements in the wards, their attendance at lectures and their appearance in internal examinations are the experiences that are never covered by reading passive texts. Therefore, students must ensure their presence in all the academic activities arranged for them, and complete all the tasks allocated for them.

The Table of Specifications annexed herein is a guide to our curriculum, and in line with the KMU guidelines, but because curriculum is a living document, things may change after dissemination of this document. For authentic, up-to-date information, students are directed to KMU website and to check the information directly from there. Students are also encouraged to visit the PMDC website to ensure that their expectations are catered for.

There are references to other documents, and it has been ensured that all those documents are uploaded on college website. Students are directed to those to read a detailed account of the particular part of curriculum they intend to re-confirm.

Interactive Lectures:

Read the provided lecture schedule carefully. Do not miss even a single lecture. If you miss a lecture, the learning loss is enormous, because the following lectures may have been designed to build on top of the previous lecture.

To get the most benefit from interactive lectures, especially in your modular system, students are reminded that they benefit the most when they come fully prepared. Students are encouraged to read the syllabus and LOs of the session before-hand, to go through the subject matter, and try to make a note of what difficulties they are facing. Once they have

read the lecture subject matter, attending the lecture will provide all the answers and students will benefit the most. When students don't come prepared, their gain from lectures is still appreciable, but not equal to when they come fully prepared.

Students are also advised to read their notes from the previous lecture, and to revisit the previous sessions' subject matter. In many instances, the lectures are integrated so that the lecture builds on the scaffolding provided by the earlier lecture

Students must abstain from any attention-diverting activities, like attending to their telephones or reading or writing subject other than the present lecture.

Students are encouraged to listen attentively, and to write down the ambiguities, and to ask questions when the lecturer allows questions to be asked. Interaction always leads to a deeper comprehension. Taking notes is allowed by some teachers, not by others. Follow the instructions of the lecturer. If you are taking notes, the following may help:

- Take concise notes of the major philosophical and broad concepts, do not try to record every single word.
- Organize the notes such that they can be effective consulted later for a review
- If there is any vague area, put a question mark, so as to identify a subject area that needs clarification, either by self-study or by asking for help and clarification, later on in the same lecture or on any of the subsequent lectures.
- Always date and identify your notes with a subject heading

If a question is posed by the lecturer, students are encouraged to raise their hands and to try to answer to the best of their ability. Unless, they attempt, they won't be able to identify their weaknesses.

Assignments:

Students shall be given various assignments. Teachers will usually arrange assignments in such a way that the important learning points are re-inforced, that the students are able to demonstrate their learning, that the students may prove their ability to respond to a clinical inquiry appropriately and intelligently, to integrate the knowledge gained in the lectures with theoretical application scenarios, to get a tangible record of a student's involvement in the learning process over the full academic year, and also to get assistance in formative assessment. Students also gain by discussing their assignments with their faculty.

Students are strongly advised to complete all the assignments, fulfilling all the requirements that are given to them. And to complete and return those well in time.

Recommended books: the following books areconsidered standard texts for learning subject matter:

I. Browse's Introduction to Symptoms and Signs of Surgical Disease. Text Book
II. Demonstration of Physical Signs in Clinical Surgery, by Hamilton Bailey. 19th edition or newer. Text Book
III. Pye's Surgical Handicraft. This is a classical text dealing with minor procedures and other duties of HOs. (Text Book, but with limited topics to be studied from this book)
IV. Davidson's Principles and Practice of Medicine
V. Kumar& Clark's Clinical Medicine
VI. Nelson textbook of Paediatrics
VII. Textbook of Paediatrics, Pakistan Paediatrics Association

Assessment: Daily formative assessment, and end of rotation ward test, including OSCE & simulated patients

Your focal person is Dr. Nadia Qaiser (Assistant Professor). Please do not hesitate to contact her in case of need. If you are unable to contact Dr. Nadia, then do not hesitate to contact any of the faculty members and they will guide you.

3. CURRICULUM FRAMEWORK

OUR CURRICULAR FRAMEWORK

At AIMC, in line with the KMU directions, and the PMDC guidelines, we are following a Hybrid Curriculum, where our teaching has already shifted over to the Modular System, and the summative, end-of-the-year, university examinations are conducted as per the specified blocks, but conducted at the end of the year rather than at the end of a module or a block.

The teaching, again, is integrated, and all the relevant disciplines teach their specified facets of the same subject matter during a given time slot. For example, the anatomy, physiology, pharmacology, surgery and medicine will teach the topics relevant to their specialty during module on various related themes during this module of GIT III.

4. LEARNING METHODOLOGIES

During this module, faculty may employ the following teaching modalities:

1. Interactive Lectures (IL)
2. Assignments and Reflective Reports
3. Self-Directed Learning (SDL) and Directed Self Learning (DSL)
4. Team Based Learning (TBL)
5. Small Group Discussions

5. OBJECTIVES & LEARNING STRATEGIES

In line with PMDC and KMU directions, we shall strive for our doctors to achieve the capabilities of a 7 Star Doctor. Details are posted on college website.

GENERAL LEARNING OBJECTIVES

1. Explain diagnostic workup and management of with dysphagia.
2. Discuss diagnosis & management of obstructive jaundice.
3. Counsel standardized patient with newly diagnosed Ca head of Pancreas.
4. Discuss diagnosis/ management of pain RIF due to suspected Appendicitis.
5. Discuss diagnosis/ management of acute/chronic onset pain abdomen.
6. Elicit signs of Acute appendicitis in a child.
7. Counsel the parents of a child with acute appendicitis
8. Discuss aetiology, diagnosis/management of suspected Intestinal Obstruction.
9. Discuss aetiology, diagnosis/management of suspected intestinal perforation/peritonitis.
10. Discuss aetiology, anatomy, management, complications of Inguinal Hernia.
11. Perform trans-illumination test for Inguinal Hernia.
12. Discuss diagnosis/management of constipation and lower GI bleeding.
13. Discuss management of Ulcerative Colitis, short/long-term complications, and role of surveillance colonoscopies in the prevention of colorectal malignancies.
14. Discuss management of Crohn`s Disease, short and long-term complications, and extra intestinal manifestations.
15. Discuss staging/management of suspected colorectal cancer,
16. Treatment of Hirschs prung's Disease.
17. Explain the approach to the management of a patient with pain epigastrium.
18. Discuss the management of a patient with acute and chronic hepatitis, liver cirrhosis, and encephalopathy.
19. Explain the management of a patient with acute and chronic diarrheas.
20. Take history and perform a physical examination of a patient with GI diseases.
21. Counsel patients and their families with common GI diseases.

SPECIFIC LEARNING OBJECTIVES

Theme-1: Difficulty in swallowing and epigastric pain					
Subject	**Topic**	**Hours**	**Methodology of learning**	**Domain of learning**	**Learning objectives**
Surgery	Dysphagia	1	IL	Cognitive	Explain the diagnostic workup and management of a patient with dysphagia.
Medicine	Upper GI bleeding	1	IL	Cognitive	Explain the diagnostic workup and management and complications of a patient with Upper GI bleeding
			SGD	Psychomotor	Take history and perform a physical examination of a patient with an upper GI bleed.
			SGD	Psychomotor	Observe upper GI endoscopy.
			SGD	Psychomotor	Observe NG tube insertion.
Pediatrics	Vomiting	1	IL	Cognitive	Explain the diagnostic and therapeutic approach to a neonate and infant with persistent vomiting.
Gynaecology	Hyperemesis gravidarum	1	IL	Cognitive	Discuss the management of a patient with vomiting of pregnancy.
			Role play	Affective	Counsel a patient with hyperemesis gravidarum.

Theme-2: Yellow discoloration of the sclera					
Subject	**Topic**	**Hours**	**Methodology of learning**	**Domainof learning**	**Learning objectives**
Medicine	Investigations of liver diseases	1	IL	Cognitive	Elaborate on the investigations used for the diagnosis of hepatobiliary disorders and their interpretations.
			SGD	Psychomotor	Take history and perform physical examination of a patient with liver cirrhosis.
			SGD	Psychomotor	Observe Ascitic fluid paracentesis.
			SGD	Psychomotor	Interpret Ascitic fluid report.
			Role play	Affective	Counsel a patient with Liver cirrhosis due to Hepatitis B/C.
	Acute fulminant hepatitis and acute liver failure	1	IL	Cognitive	Discuss the diagnostic approach and management of a patient with suspected acute fulminant hepatitis/acute liver failure.
	Hepatic encephalopathy		IL	Cognitive	Explain the grading system, etiology, diagnostic approach, management, and prevention of hepatic encephalopathy.
			SGD	Psychomotor	Elicit Asterixis/ hepatic flap.
Surgery	Obstructive	1	IL	Cognitive	Discuss the diagnostic approach and management of a

	jaundice				patient with suspected obstructive jaundice.
			Role play	Affective	counsel a standardized patient with newly diagnosed Carcinoma head of the Pancreas.
Pediatrics	Hyperbilirubinemias	1	IL	Cognitive	Discuss the diagnostic approach and management of a neonate and infant with jaundice.
			SGD	Psychomotor	Take history and perform physical examination of a child with jaundice.
			Role play	Affective	Counsel a child and his parents with Gilbert syndrome.
Theme-3: Pain Abdomen and Diarrhea					
Subject	**Topic**	**Hours**	**Methodology of learning**	**Domain of learning**	**Learning objectives**
Surgery	Acute appendicitis	1	IL	Cognitive	Discuss the diagnostic approach and management of a patient with pain in the right iliac fossa due to suspected appendicitis.
	Pain abdomen		IL	Cognitive	Discuss the diagnostic approach and management of a patient with pain in the abdomen of acute onset and chronic onset.
			SGD	Psychomotor	Illicit signs of acute appendicitis in a child.
			Role play	Affective	Counsel the parents of a child with acute appendicitis

	Intestinal obstruction	1	IL	Cognitive	Discuss the etiology, diagnostic approach, and management of a patient with suspected intestinal obstruction.
	Intestinal perforation	1	IL	Cognitive	Discuss the etiology, diagnostic approach, and management of a patient with suspected intestinal perforation/peritonitis.
	Hernias	1	IL	Cognitive	Discuss the etiology, anatomical concepts, management, and complications of a patient with inguinal hernias .
			SGD	Psychomotor	Perform transillumination test for inguinal hernias.
Pediatrics	Malabsorption and celiac disease	1	IL	Cognitive	Explain the diagnostic workup and management of a patient with Malabsorption due to celiac disease.
			Role play	Affective	Counsel a child and his/her parents regarding dietary advice regarding celiac disease
	Acute diarrhea	1	IL	Cognitive	Explain the diagnostic workup and management of a patient acute watery diarrhea
			SGD	Psychomotor	Assess the state of hydration in a child with acute diarrhea
	Chronic diarrhea	1	IL	Cognitive	Explain the diagnostic workup and management of a patient with chronic diarrhea.
Family medicine/ Medicine	Approach to a patient with Abdominal Pain in a primary health care	1	IL	Cognitive	Explain the approach, differential diagnosis, investigations, initial management, and indications for referral of a patient with Abdominal Pain in a primary health care setting.

Theme-4: Constipation and bleeding per rectum					
Subject	**Topic**	**Hours**	**S. No**	**Domain of learning**	**Learning objectives**
Medicine	Approach to a patient bleeding Per rectum	1	36	Cognitive	Discuss the diagnostic workup and management approach for a patient with bleeding per rectum.
Surgery	Constipation	1	37	Cognitive	Discuss the diagnostic workup and management approach for a patient with constipation
	Ulcerative colitis	1	38	Cognitive	Discuss the approach to the management of a patient with ulcerative colitis, its short and long-term complications, and the role of surveillance colonoscopies in the prevention of colorectal malignancies.
	Crohn's Disease	1	39	Cognitive	Discuss the approach to the management of a patient with Crohn`s disease, its short and long-term complications, and extra intestinal manifestations.
	Colorectal cancer	1	40	Cognitive	Discuss the approach to the management of a patient with suspected colorectal cancer and its staging
Pediatrics surgery	Hirschsprung's disease	1	41	Cognitive	Explain the etiology, clinical features, investigations, treatment of a child with Hirschsprung's disease.

6. LEARNING RESOURCES

Text Books

1. Bailey & Love's Short Practice of Surgery 27th edition (a new edition is expected shortly. Keep a look out for the new one

2. Demonstration of Physical Signs in Clinical Surgery, by Hamilton Bailey. 19th edition or newer. Text Book

3. Browse's Introduction to Symptoms and Signs of Surgical Disease. Text Book Davidson's Principles and Practice of Medicine
4. Kumar& Clark's Clinical Medicine
5. Nelson textbook of Paediatrics
6. Textbook of Paediatrics, Pakistan Paediatrics Association

Reference Books

1. Reference Book: Ackerman's Surgical Pathology. Latest Edition. (For reference only. Read only very important pathological conditions for deeper understanding)

2. Reference Book. Kirk's General Surgical Operations, 6th edition or newer. (For reference only. Read only very important and commonly performed procedures from this book. Will enable you to assist better)

3. British Journal of Surgery (Reference and Research ONLY)

4. Recent Advances in Surgery (Reference and Research ONLY)
5. Oxford textbook of Medicine
6. Harrison's Principles of Internal Medicine
7. Current Paediatrics

Video Links/Journals/ Websites

1. This weblink will take you to a library of animated videos on various aspects of pathologies

   https://www.medindia.net/animation/specialty.asp?c=General%20Surgery

Students are encouraged to use various net-based learning resources, and learn. Some websites are very interesting and students, we expect, will enjoy the learning environment

Additional Learning Resources

Hands on	Students will be involved in practical performance by using models. This will be in addition to their direct patient experiences
Skills Lab	Acquiring of skills in a simulated environment i.e. skills lab involving experiential learning ensures patient safety and confidence building in approaching and treating the patients.
Videos	Students are encouraged to watch videos in order to familiarizethemselves with the procedures and protocol which they can watch at any time as per their own convenience, as part of Self-DirectedLearning.
Internet Resources	Students are encouraged to use accessible internet resources for clarity of their concepts and update their knowledge.

7. ASSESSMENT METHODS

7.1 **Multiple Choice Questions**

I. Single best type MCQs havingfive options with one correct answer and four distractors are part of assessment.

II. Correct answer carries one mark, and incorrect will be marked zero. Negative marking is not applicable.

III. Students mark their responses on specified computer-based sheet designed by Khyber Medical University.

7.2 **Structured Answer Questions**

I. Short-answer questions are structured way of asking open-ended questions that require students to create their answers based on their knowledge.

II. Commonly used in examinations to assess the depth of knowledge and understanding.

7.3 **Objective Structured Clinical Examination**

I. Nine OSCE stations are used for formative as well as summative assessment.

II. Time allocated for each station is five minutes as per Examination rules of Khyber Medical University, Peshawar.

III. All students are rotated through the same stations.

IV. Stations used are unobserved,observed, interactive and rest stations.

V. On unobserved stations, models, lab reports, radiographs, flowcharts, case scenarios may be used to assess cognitive domain.

VI. On observed station,examiners don’t interact with candidate and just observe the performance of skills/procedures.

VII. On interactive station,examiner asks questions related to the task within the allocated time.

VIII. On rest station, students are not given any task. They just wait to move to the next station.

7.4 Directly Observed Procedural Skills

The Direct observation of procedural skills (DOPS) is a tool used for workplace-based assessment. The aim of this strategy is to promote learning for students where teacher provides structured feedback on performance.

The purpose of the DOPS is to enable examiners to provide structured feedback.Few of the examples are:

Communication skills

Demonstrate knowledge of procedure

Organisation, time management and documentation

7.5 Presentation

Students are given topics for presentation either individually or in groups. They are encouraged to prepare presentations on power point to enhance their understanding of the topic and IT Skills. These presentations are assessed on pre-designed rubrics.

8. INTERNAL ASSESSMENT CRITERIA

10% weightage of Internal Assessment in professional exam is policy of Khyber Medical University.

Internal Assessment is a very important component of the curriculum. In line with LOs of the surgical curriculum, and institutional vision, our department uses internal assessment as a very valuable tool, and marks are awarded on the following principles:

Formative Internal Assessment Formative Assessment evaluates the knowledge, skills and attitude of the students, and generates feedback. Assessment criteria include:	
Attendance	(5 %)
Dress up and the way the student carries herself/himself	(5 %)
Group dynamics and performance as a team player	(5 %)
Contribution to discussion	(5 %)
Qualification and ingenuity of assignments and log records	(5 %)

Presentations in CPCs, workshops, conferences, research, publications	(5 %)

Summative Internal Assessment End of rotation/End of year assessment:	
Attendance/contribution to group dynamics and peer learning	(5 %)
Life Saving Skills, through BLS Plus course during clinical years	(5 %)
Theoretical knowledge assessed by end of placement test	(5 %)
Mid-term test	(5 %)
Pre-Prof examination (MCQ, SAQ OSCE, Short & Long Cases	(5 %)
	(5 %)

The following **assessment methods** shall be used to assess the theoretical knowledge of the students, during all their years of clinical placements:

I. MCQs
II. SAQs
III. OSCEs
IV. DOPs
V. Quality of assignments and log records

Marks awarded during placement of student at General Surgery and Allied Specialties are all considered, and weightage as per time allocation. Allied Specialties compile their own results and these are communicated to the office of Head of Department Surgery & Allied who finalizes the results and forward these to the University.

Results are communicated to students, with feedback aimed at encouraging improvement on learning and performance. Weak students are preferentially targeted to ensure that they receive support to improve their performance. Students who fail to appear in summative assessment, especially the Pre-Prof examination are given a chance to appear in second ward test as a group. The marks of second chance test are treated as Pre-Prof exam marks.

The finalized results are also forwarded to the college administration to ensure that they are aware of the performance of individual students in discipline of Surgery. If any student has a poor performance, it is recommended to be communicated to the parents through the college administration, to ensure their involvement in this important aspect of a student’s career.

9 EXAMINATION RULES & REGULATIONS

University Examination:

(Ref: https://kmu.edu.pk/storage/app/uploads/public/640/57c/de3/64057cde33fa8344367635.pdf, accessed on 14/06/2023)

At the end of the final year, GIT III Module shall be assessed as part of Block Q. Summative Block Q Assessment shall include the following:

Block-Q (Neurosciences-3, GIT and Hepatobiliary-3 and Multisystem-2) will be assessed in Paper-Q. Written paper consists of 120 MCQs.

Internal assessment will be added to final marks in KMU as shown in table- .

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. Practical assessment will be in the form of OSCE (+embedded Short cases and OSLER (Objective Structured Long Examination Record). The details of each section are given in the tables below:

Theory Marks	OSCE	Structured Long Case	Internal Assessment Theory Marks	Internal Assessment OSCE	Total
120	120	30	12	18	300

Block Q: Paper Details					
Block	**Module**	**Discipline**	**Subject MCQs**	**Total MCQs**	**Block MCQs**
Q	NS-III	*	*	45	120
	GIT-III	Medicine	9	35	
		Surgery / Paediatric Surgery	17		
		Paediatrics	8		
		Gynaecology	1		
	MultiSystem II	**	**	40	
Legend: * & ** Relevant Module Guides or KMU Website for further details					

Block Q: OSCE Station Distribution					
Discipline	OSCE Stations	Viva Stations	Short Cases	Logbook & History books	Structured Long Case
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

10.FEEDBACK ON EXAMINATION

1. Students' feedback on assessment strategies will be taken in a preformed proforma for feedback twice a year i.e., Mid-term and pre-prof exams.
2. Feedback of theory as well as OSPE/OSCE & Viva will be taken.
3. Department of Medical Education & Quality Enhancement Cell in collaboration with Exam Cell of AIMI is responsible to conduct this exercise.

11.ACADEMIC CALENDAR

Sr. No	**Events**	**Dates**
1	Commencement of Classes	20th February 2023
2	Eid-ul-Fitr	29th April- 8th May, 2023
3	Mid Term	
4	Eid-ul-Azha/Summer Vacation	29th June to 15th July , 2023
5	Course Completion	
6	Practical Note book/ Clinical Log book Completion	All students must complete their history books and log books at the end of their clinical rotation
7	Extension of Clinical Rotation	
8	Pre-Prof	
9	Prep Leaves	
10	Annual Professional Exam	

More than 75% attendance is mandatory as per Khyber Medical University Examination policy to sit in the pre-prof and Final Professional Examination

In case of Medical Leave or any other unforeseen situation, refer to Exam Policy.

12. MODEL QUSETIONS

Multiple Choice Question

A 60 years old male tells you in your evening round that he has been experiencing severe headache which didn't improve by using oral analgesics. He further explains that he had an inguinal hernia repair under spinal anesthesia in the morning. What can be the most probable cause of headache in this case?

a. Cluster headaches
b. Migraine
c. Post-dural puncture headache
d. Side effects of anesthetic medication
e. A common phenomenon, reassurance needed.

Structured Answer Question

A 30 years old lady has reported to Surgical OPD with a painless lump in her right breast during self-examination. There is no history of nipple discharge and has breast feed her three daughters. There is no family history of breast disease. On examination a 3 cm lump is found in the upper outer quadrant. It is rubbery in consistency, mobile, and non-tender. There is no skin change or change in the shape of the breast. No evidence of lymph adenopathy and her left breast is normal.

a. What is the possible diagnosis? 1

b. How should this be confirmed? 0.5

c. What is meant by 'Triple Assessment' as regard breast lump? 3.5

OSCE STATION NO. ___

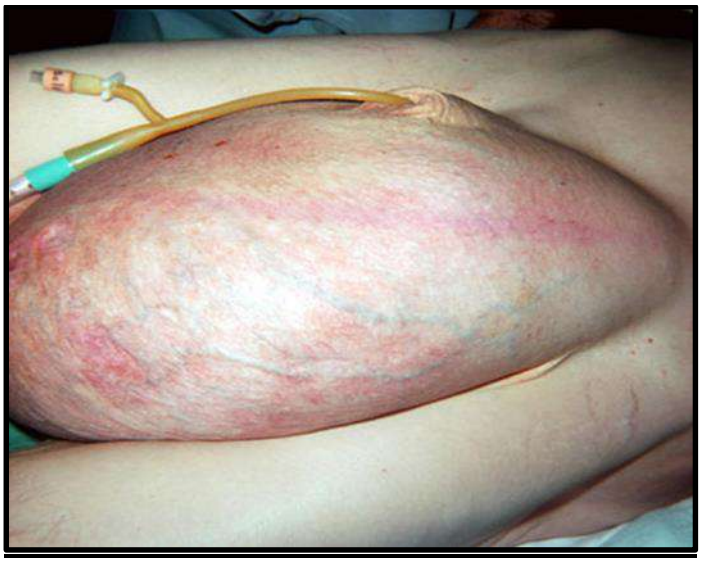
EXAMINEE COPY

SCENARIO:

A 30 years old, 65 kg male patient, has presented to the surgical emergency with an irreducible left inguinal swelling which was present for 5 years and was reducible, but for the last 8 hours, has become irreducible and painful. Patient has vomited several times during this period and has severe abdominal pain as well. Pulse is 105 beats per minute, blood pressure is 110/ 80 mm Hg. The swelling isin the left inguinal and scrotal area and is tense and tender. (picture below)

1. What is your diagnosis? (2)

2. The principles of management include (mark each item as True or False): (4)
    a) Nil per oral and pass NG tube
    b) IV line+ fluids +electrolytes correction
    c) Broad spectrum antibiotics
    d) Attempt manual reduction under analgesia
3. When will you operate this patient? (Circle one)? (2)
    a) On the next available elective OT list
    b) On Casualty OT list after you have done the appendicectomies
    c) Immediately, after fastest possible resuscitation
4. Name two post-operative complication of this condition. (1)
    a. _____
    b. _____
5. Name two complications if we don't operate upon this patient. (1)
    a) _____
    b) _____



ANSWER SHEET

Roll no: _____ OSCE Station No: _____

1 **Question 1:** What is your diagnosis? (2)

_____

2 **Question 2:**Principles of management include (mark each item as True or False): (4)

a) _____ (True/False)

b) _____ (True/False)

c) _____ (True/False)

d) _____ (True/False)

3 **Question 3:** When will you operate this patient? (**Circle one**)? (2)

a) On the next available elective OT list

b) On Casualty OT list after you have done the appendicectomies

c) Immediately, after fastest possible resuscitation

4 **Question 4:** Name two post-operative complication of this condition. (1)

a) _____

b) _____

5 **Question 5:** Name two complications if we don't operate upon this patient. (1)

a) _____

b) _____

EXAMINER COPY (Key & Marks distribution)

SCENARIO:

A 30 years old, 65 kg male patient, has presented to surgical emergency with irreducible left inguinal swelling for 5 years, was reducible.For 8 hours, has become irreducible, painful. Patient has vomited several times during this period, has severe abdominal pain as well. Pulse is 105 bpm, BP is 110/ 80 mm Hg. Swelling in left Inguino-Scrotal area is tense and tender.

1. What is your diagnosis? (2)
   Intestinal obstruction secondary to strangulated inguinal hernia
2. The principles of management include (mark true /false): (4)
   a) Nil per oral and pass NG tube (T)
   b) IV line + fluids +electrolyte correction (T)
   c) Broad spectrum antibiotics(T)
   d) Attempt manual reduction under analgesia (F)
3. When will you operate this patient? (Encircle one)? (2)
   a) On the next available elective OT list
   b) On Casualty OT list after you have done the appendectomies
   c) Immediately, after fastest possible resuscitation
4. Two post-op complication. (1)Urinary retention, infection,Scrotal hematoma, recurrence
5. Two complications if not operated. (1)Gut Ischemia, Gangrene, Perforation, Peritonitis, Bacteraemia, Septicaemia

Abbreviations & Acronyms

BP: Blood Pressure

bpm: beats per minute

IL: Interactive Lectures

SGD: Small Group Discussion

MCQ: Multiple Choice Question

SAQs: Structured Answer Questions

Demo: Demonstration

BST: Bed Side Teaching

SL: Skills Lab

Ward: Surgical & Allied Specialty Wards

OT: Operation Theatres

OPD: Out Patient Department or Clinics

PMDC: Pakistan Medical & Dental Council

KMU: Khyber Medical University