

Guideline for Final Year MBBS

by

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(Aimc Batch 2k20)

Dedicated to *My Parents*



Do remember them in your prayers 🙏

Preface

I am thankful to Almighty Allah who blessed me with ability and courage to compile study guidelines for MBBS. Alhamdulillah , guidelines pdfs for third year and fourth were made and shared in different medical colleges. This pdf contains study guidelines for final year. Final year is different as we have to cover multiple subjects and course is too extensive and we need to work on our clinical skills too. So smart work is really important . Preferred books for each topic has been mentioned along with all the important seqs and i have classified topics in three catagories (A-Imp topics . B-Topics for mcqs. C-Topics you may leave) so you guys dont have to go through the drill of sorting everything out and everything is explained in summarized way alhamdulillah. Clinical exam is the real deal so i have explained in detail the basic methodology of clinical exam along with guideline for ward tests , ospes , short case and long case. Learning objectives during wards have also been explained so you can utilize your time during clinical rotations in most effective way. InshaAllah , this pdf will prove to be a guiding light for final year students and inshaAllah it will enable you to get through your final professionals with flying colours. Special Thanks to “Aimc Batch 2k21 “ for their continuous encouragement and appreciation as all these guidelines were primarily made for them ❤️ .

You may join my guideline group too “Guideline for aimc batch 2016-2021”

Link: <https://www.facebook.com/groups/1760775387509244/>

About the Author



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He made a guideline group for his immediate juniors in 2016 and since then guidelines were made on each and every topic of Mbbs. Do remember him and his family in your prayers.

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WELCOME TO FINAL YEAR !

If you are reading this post and done with fourth proff then there is no doubt that you are capable enough to be a great doctor someday...

I understand it was not easy to adapt in medical world.

If you remember there was a time when we used to study bones and studying clavicle and hip bone for our first substage used to give us doctor vibes.

Slides and drawings in histo labs and practicals of biochem..

While studying guyton, it felt as if we are acquiring whole medical knowledge now..

And then the night before 2nd year's anatomy exam uff ..

Then pharma and microbiology gave us chills and we happened to believe that we have finally entered the clinical world and nothing gonna stop us noww 😎..

We were forced to study dry subjects like forensic and Community..

Eye & ENT gave us reflection of clinical world..

And special pathoo has formed the foundation for what you will be facing nowww -THE FINAL YEAR..

But one thing is for sure that nothing can stop you guys noww

Coz the destination is almost here.

If you ask mee if you haven't been able to study well till fourth year , You have got this final chance..Coz Final year is what you need to be good doctors..

There are three pillars (the 3 "P"s

Physioo Pharmaaa Pathooo).Trust me other subjects wont matter this much now

And if you have pharma kaplan and pathoma special patho by your side

Your artillery is complete , and you are ready for this war..

You dont need to worry for the past..

But yea if someone has studied well in past , He will have definite advantage.The information you need from previous years will be reviewed in your books (dogar and step up).

So what matters is are you ready for final year ?

Coz trust me preparing final year well will be defining your capability

You need to excel both in knowledge and clinical skills..

There are many shortcuts..

But you should opt the hard way..

With hardwork and Preseverance...

And inshaAllah your hardwork will pay you back in ways you cant imagine..

FEW IMP THINGS ABOUT FINAL YEAR

1-Unlike other years in which written exams were the real deal , **viva and practical exams will be testing your patience in exams** because writtens will carry 700 marks but vivaz and ospe will constitute 800 marks and teachers will be having like upto 90 marks and this is significant..

And you have to pass two writtens for each subject collaboratively so it gets much easier and stress level is low but its a two edged sword because at times then you dont give your best as you know you have already done great in first written and you will easily manage to pass now..

On the other hand , in viva exam you will be taking short case/long case and ospe on same day-300 marks in single day (in medicine and surgery)and you have to pass short case and long case seperatively so the pressure is real especially if you havent been able to attend wards properly..

Though you dont need to worry as i will be mentioning all the necessary facts so you can tackle any examiner and your final year is my responsibility now inshaAllah

2-Wards and clinical rotations are imp

There will be marked difference in clinical orientation and skills of those who will attend wards regularly and will learn actively in wards and those who will be having casual attitude and looking for proxies.

Active learning is important because no one will be spoon feeding you now

I have explained in detail in this pdf how you can utilize your time in wards and improve your clinical skills exponentially.

3-This year ,we will be preparing for clinical exam and ospe during our clinical rotations

We study 3-4 months to prepare for medicine written and it will be having only 175 marks in written.

Clinical books like bedside will be covering your short cases (120 marks) and students prepare it in a day or two before proff clinical exam.

Thats not smart work..

So we will be preparing it during our clinical rotations so we can apply it in our wards and improve our clinical skills.

4-There will be no tests , no terms nothing (if you studying in aimc).

Only ward tests (some ward tests will be non serious too)

and then sendups

7 subjects and many books

I have tried my best to mention preferred books for each topic along with all the imp seqs.

5-Ward attendance and ward test result will be integral part of your internal assessment**6-Luck matters alot..**

Students taking exams in lenient wards will have obvious advantage and will be the one scoring distinctions and getting positions.

But always do remember that hardwork never goes unrewarded ..😊

GUIDELINE FOR CLINICAL EXAM

These posts! , some may even think its too early for such posts , and some may plan to read these posts before final practical exam , but i think one should know all the facts before attending wards. I wish k kash mjhe ye sb year k start se pta hota..

Unfortunately, our teachers dont bother to explain exam format and we dont know how to utilize our ward time and we waste it away and happen to suffer in proff exams.

So i will be discussing everything in detail..

You people should give it a read before attending wards , while preparing for your ward tests & before going for your proff exams

Unfortunately , dont know why no body guides about clinical exam

We even dont know about the basic methodology of short case and long case and literally have no idea how to tackle them

And then we do blunders..

I will share things i have learnt after getting through all those ward tests & practical exams and some tips learnt after listening to exam stories of my colleagues & observing system thoroughly coz i always knew at the back of my mind that i wont let you people suffer inshaAllah

i will be sharing my personal experiences too so that you can better understand the system and have basic idea of how examiners direct your vivas based on your findings and how to deal with them

One thing should be kept in mind , my guidelines arent perfect

There is always room for improvement .

You can always do better .

Aim is to provide baseline guide so that you guys can easily pass inshaAllah

OK lets proceed with the clinical Exam Guide

There will be three parts of your clinical exam (applicable to all subjects)

1-SHORT CASES

2-LONG CASES

3-OSPE

A-SHORT CASES

If you ask me short cases are the “Heart of your clinical exam”

Its the trickiest and most high yield part of your clinical exam that is frequently neglected though its a real test of your nerves.

In medicine they will constitute 120 marks and you have to get 60 ,otherwise you will be doomed to reappear in two written exams and viva practical exam.

In surgery they will constitute 100 marks , and in paed 30 marks.

No short cases for gynae.

In short cases , skills and practise are more important than knowledge..

SHORT CASES?

You will be given commands and you will have to perform methods on patients (like palpate spleen of the patients /examine the pulses/ Exam inguinoscrotal swelling etc)

In paediatrics and surgery , there will be certain time limit too like you have to perform particular command in certain time limit and then you have to summarize your findings and tell them to your examiner and he will ask you few questions

In medicine , there will be no time limit

Examiner can ask you to perform as many commands as he likes and can ask as many questions as he wants

HOW TO PREPARE FOR SHORT CASES?

Practise , practise & practise

I am telling you again

You must know how to perform a method

Lemme share my personal experience

We had medicine ward of only 15 days after quarantine in 2k20 , we people were motivated , and grip on medicine subject wasnt that bad either. We thought the teachers will teach us methods and we will learn from them but unfortunately most of the times that wont be the case.

They wont be spoonfeeding you.

Anyhow time guzr gya, humne bedside prhi b kafi and theory ka b itna itna bura haal ni

Methods us trh se practise ni kie patients pe

Unfortunately i was asked to give ward tests to a distinguished assistant professor (cant tell his name) , and he failed all four students jinka unk pas exam ta (giving them zero/100)

I was disappointed coz itni buri b tiari ni ti or na hi itni buri performance ti and we kept requesting them to teach us before ward tests.

That day i learnt dat no one gonna spoonfed us. Bedside covers your short case viva -Correct

But bedside dont teach you how to perform methods in a proper way.

Some senior suggested us to watch “macleod” videos on youtube

They are good but again teachers demand us to perform methods by “pakistani way” lol

Later i kept looking for more and more video but then i finally i came across “Dr Adil Mahmood” videos on clinical exam

They are THE BEST

He tells everything (how to perform each command , what examiner expects from us and how to deal with various challanges we encounter)

my friends and i watched those clips during our proff prep and was able to do brilliant in proffs

alhamdulillah

They will suffice for paediatrics short cases too

Similarly we have videos for surgery exam by S das and they are equally good

So how to prepare short cases ?

i guess we should watch those videos and make our own notes

We should know to perform each step

You should know all the acting - to be precise

“acting “ apki finger tips pe honi chahie and jb ap patients pe krein ge tw findings khud ba khud milna start hojayein gi

Examiners dont demand you to pick up each finding

they just demand that you pick major findings

Like in paed's when i asked my patient to open mouth during GPE there was an obvious cleft palate

When i palpated liver in medicine exam , i was able to pick up enlarged liver easily coz it was obviously enlarged

So now you guys know how to pick up findings and how to learn methods right ?

Next step

You should be able to present your findings to the examiner

That will tell the examiner that you have performed all the steps and you know what to look for.

In Bedside and TOACS surgery(dogar), case presentations are given and you can read them

(this thing is very important coz exam stress may cause you to forget some steps but if you present your case correctly then it will conceal your negligence.

Viva

Each line of bedside is your viva question

Tables are very important...

If you know how to perform steps, how to present your case and you have prepared bedside well you will be unparalleled.

Similarly we have toacs dogar for surgery but in surgery we have to prepare certain topics from theory too (subject oriented details will be posted later)

IMP POINTS FOR SHORT CASES

1- You should be having all the medical gadgets with you

Lethal external in medicine exam was humiliating students real bad and failing them if they dont happen to have any gadget.

You people should buy them before going for wards so that your reflexes can get better with each passing day.

Students who werent able to perform simple commands like BP measurement were bistified.

2-There is a proper way to approach patients (right side , introduce, consent, ensure proper position for given command , proper exposure and end pe cover and thanks)

InshaAllah i will try to make two or more audios so you people can have basic idea

3-You will often come to know about the findings before your turn(from colleagues /HO/ PGRs etc)

You people should have them in your mind before going for exam but they shouldnt cloud your intellect

You always perform each step and examiners will be clever enough and they may even keep changing commands

For example if a patient has enlarged liver , he may ask you to palpate kidney

and if apko finding ni mili tw apne ni btani

Sirf wohi btana jo apko finding mili ho

Apko justfy krni ani chahie apni finding

Examiner wont mind if you miss minor findings

but they wont like it if you tell them some finding that is not present

4-Last thing , again luck matters alot

Some teachers may be giving lots of marks but most of them will give you average marks.

And its totally luck that which commands you get

For example during our exam , some students were getting commands like check optic nerve / olfactory nerve (obv you dont think that you will be getting such commands in medicine)

and everyone was preparing cranial nerves

External mam asked me to check for edema and cerebellum (easiest commands)

B-LONG CASE

LONG CASE?

Long cases are relatively easier as compared to short cases. You get time to calm your nerves, you can work out the situation and unlike short cases, long case will be test of your knowledge

WHAT DO WE MEAN By LONG CASE?

there will be draws (like quran dazi 😂) and they will note down your bed number. You will be asked to go to that particular bed number. Two people may be having same patient. It depends upon the number of patients in the ward on that particular day

Unlike short cases, examiner won't be present ..

You are supposed to take complete history, perform general physical exam and then RELEVANT clinical examination (like if Chronic liver disease ka patient tw ap Abdomen examine kro gey and if stroke ka patient tw neurological examination) and then you formulate MOST LIKELY DIAGNOSIS and differential diagnosis

After an hour or so, examiner will come to your bed and will ask you to present your case (in gynae and paed's exam, we were asked to present long cases in examiner's office but in medicine & surgery, examiners came to wards)

Examiners usually ask about diagnosis, differential diagnosis, investigation & treatment

Unlike previous four years, there will be no formal vivas in which examiners ask random questions from different topics

so you don't need to revise all the theory. He will ask you questions relevant to your case.

Unlike short cases, you will have ample time. You can even tell the examiner k sir mje proper time ni mila kindly ap thora sa or time dedein

Apparently it seems k yawr ye tw bara tough sa scene hey long case ka hum kese diagnose bnalein

But trust me

Long case is easiest part of your clinical exam. If you know how to tackle it.

There will be one long case in medicine -90 marks

One long case in surgery-70 Marks

2 long cases in Gynae obs-30 plus 30-60 Marks

and 1 long case in paediatrics-20 marks

HOW TO PREPARE LONG CASES?

1-WARD Objectives?

During ward days, you make it your habit to visit ward daily before going back to your homes and read files of the patients

Observe how different patients presented and how they were taken care of

Try to take history of one patient daily and perform relevant examination

and then compare your findings with those written in their files

By the end of the year you will realize that you can take much better history than those written in files coz they just mention the imp stuff

2--PREPARATION FOR LONG CASES for Ward test/ Proff?

First you revise how to take history

how to cover all the the necessary points

Then you prepare theory of most common long cases for the given subject (Like 5C's for medicine, cases like fibroids, anemia etc for gynae -Details of each subject will be posted in upcoming posts -these posts are just to explain basic methodology of clinical exam)

I will suggest that you should visit wards one day before your exam and keenly read files of the patients, obv those patients will be presented to you next day.

CONCEPT OF "GOLDEN HOUR "

If you ask me

As soon as you are allocated your patient - Clock starts ticking

You have to utilize each second

Be super active

In some wards like gynae 3 and paed's, files of the patients are there and many students copy paste

But I won't ever recommend it

What if files are not present?

The first thing you should do is to ask

HOs and PGs around for diagnosis

in 99% cases, you will get to know the diagnosis

Then you ask HOs and PGRs, if examiner will be coming to patient's bed or you will be going to their office

If you will be going to their office then you can manipulate history by intentional concealment of certain details to steer your viva (like in gynae my patient had dysmenorrhea and HMB, but I knew that external examiner doesn't know about patients in our wards and he will be taking exam in office so I prepared my case for HMB (didn't mention dysmenorrhea) and prepared all the relevant details from book and alhamdulillah I did well in viva alhamdulillah

but if examiner is going to come to your bed, don't manipulate facts

Ball is in your own court now

You start your history

While taking history, your focus should be on presenting complaints and HOPI

HOPI is "heart of history"

all other components are mere wastage of time (I learnt this after my gynae proff exam)

So you should ask for presenting complaint, take HOPI in detail and for other parts of history you ask all the questions briefly but note only key findings

Don't waste time on other parts

Time is important

Remember-Golden hour

As soon as you are done with history taking, perform GPE and relevant exam (again note only positive findings)

Now you make your diagnosis and differential diagnosis. Ask PGRs around for possible differentials of your case. Now you open your books and prepare your case from your text books. Read investigations & treatment.

this part is very important

Becoz examiner may only ask you k “han bae kia presenting complaints ti and kia diagnosis bnaya and agey us topic ka viva”

So i repeat dont waste your time on other parts of history. Mostly they listen to your histories till HOPI and then ask for positive findings on examination and then diagnosis

ART OF HISTORY TAKING IS VERY IMP

Aim is to prove your diagnosis on basis of history and to rule out differential diagnosis in your HOPI

Once you are able to prove your diagnosis , examiner will be impressed

Soo when you are preparing your case your mind should be working as computer that how will you prove your diagnosis

Like in paed's exam , External Asked me about my diagnosis

I told him “most likely diagnosis is Pneumonia”. He asked for my differentials!

I told him asthma , bronchiolitis. He asked why not bronchiolitis? I told him sir high grade fever , no history of similar disease in family. He asked why not asthma? I told him sir there was no family history for asthma , no personal history for hay fever , eczema , similar attacks , high grade fever

Then he asked me if i performed examination

i told him that there were only occasional crepts on chest auscultation coz patient has been receiving treatment for 10 days and he is recovered

Then he asked for organisms of pneumonia , investigations , organisms specific treatment (i had already prepared that topic during “golden hour”)

Purpose of sharing my experience is so you guys may have general idea of possible questions that may be asked from your case

IMP POINTS FOR LONG CASE***1-What if you fail to give single answer ?***

Dont let the examiners go. They will be having like 70 to 90 marks. You may be doomed to reappear in exams. Request them nicely “ sir i got confused i am so sorry, i wasnt able to prepare well. Can you plz ask more question?”

InshaAllah He will ask easier questions from some other topics and inshaAllah you will answer them. Even if you fail to answer , it wont make a difference coz your viva was already screwed up and examiner may think that you got confuse and may even pass you.

2-Ask HOs and PGRs around for marks ?

Most of the times they are conducting exams and are accompanying examiners

So they will be having idea if examiners are failing students

Like we came to know that lethal external in medicine was failing students badly so some of the students requested Dr Tanvir. He said “dont worry i am here for you people” and then later we came to know that Sir passed everyone. Plus you will be ready to prepare for next exam with clear mindset

3-Dont trigger your examiners

you may have requested your examiners for high marks in previous years. But final year isnt right time to make such requests i guess. A student from our batch requested dr tanvir to ask more questions and give her distinction. Dr tanvir already gave her 70% marks

But when she made that request sir asked more questions and she ended up with 55%

4-What If your patient is recovered and doing well

You should be presenting your case as if he presented to you with similar complaints (like jin complaints k sath wo hospital present kia ta and HOPI k end pe apne examiner ko btana k she received medicines /injections and now he is doing fine (Dont mention drug names or injection names -cause examiner will know that you have cheated from file)

5-What if you happen to get some weird case ? How to present your diagnosis ?—

Very important .Lemme share my experience

Like in medicine PGRs were telling diagnosis to each student.PGR asked for my bed number and told me that your patient has PUO (pyrexia of unknown origin) and then he was like ohh you are screwed man.

PUO is one of the rarest case in wards (means patient is having fever but doctors are unable to diagnose the cause of fever).70-80% students usually case from the 5 “C”s (CKD, CLD, CCF, CVA & COPD) and they are well prepared for it.Obv i am no alien so i started nauseating coz it was at the back of my mind too that i am suppose to present this case to lethal external and it carries 90 marks.And i have to pass it seperately

Some of my fellows came and ask k “ Afaq konsa case mila “and when i told them

They were like ye tw bad scene hogya apk sath

anyhow i calmed myself k inshaAllah deikha jaye ga

now the patient had PUO

but obv we have to show the examiner that we dont know anything from the file and we have prepared our own case

Mene tsali se sari history li usk patient ki.There were definite presenting complaints (Epigastric pain , fever and vomiting).I was happy that certain differentials can be made

So imp thing to learn here is -you dont need worry about the case

Its the patient.What patient tells you is important

and may be file is having different diagnosis made after detailed investigations

Anyhow i took detailed history .One other fellow received the same case too(cant tell name)

We prepared the case

Now when the external came - my beloved fellow escaped silently though his roll number was before me.

I was alone there

External asked for differentials

i told him Pancreatitis , hepatitis, cholecystitis , gastritis ,Typhoid and some other diagnosis

He said why didnt you go for typhoid first

I told him that there was no history of constipation , diarrhea , step ladder fever etc

Then simililary i ruled out hepatitis and cholecystitis

Lethal external asked “so what is your diagnosis”

i said pancreatitis

He said “ are you insane , do you even know how the patient of pancreatitis presents?”

i replied humbly “ yes sir i know how patient presents and this patient presented in emergency with pain radiating to back and tense rigid abdomen “

and then lethal external started taking history from the patient himself as If i was telling lies

Alhamdulillah patient supported each and every word i said

Now external was satisfied

He started his viva

He asked patient presented to you with these symptoms how will you investigate (now me gonna tell you why step up is amazing book)

i told him i will get baselines with serum amylase and lipase

then i I will obtain Xray chest erect and Xray abdomen supine

He said Xray isnt a good investigation for pancreatitis

i told him yea sir it isnt. But i will rule out other pathologies like perforation and obstruction first with cheap investigation

He said ok next

I said USG abdomen to rule out cholecystitis and other pathologies and gall stones may be cause of pancreatitis

He appreciated my answer and asked if USG is useful for pancreatitis

I told him that bowel air will conceal pancreas and so its not a good investigation for pancreatitis but we will be following stepwise approach

then he asked for definite imaging and i told him contrast enhanced CT abdomen

Examiner was happy with my viva but he made me drop two to three questions

Now my beloved fellow came to me and asked about my viva
He started preparing pancreatitis from the book
After lethal external was done with other students he came back to him
He asked for his diagnosis
My beloved fellow replied “ Acute pancreatitis”
Sir asked if he has prepared the case himself or if he cheated
Sir took whole viva from typhoid
And he ended up with 20/90 marks
But inshaAllah inshaAllah Dr tanvir wont let anyone fail
Point to learn is
Never ever tell exact diagnosis
Always use the word “most likely diagnosis”
and tell examiner that you will need investigations to confirm
bchay ye mistake krte k examiner se kehdeite patient ko cancer hey
Examiners then claim dat how the hell on earth you happen to know without biopsy if its cancer
6-HOPI Should cover risk factors of the disease , systemic inquiry and must rule out differentials
As i said HOPI is “heart of history”
InshaAllah i will make one or two recordings on history taking.

Medicine

Guideline by

Afaq Naeem

(Aimc Batch 2k20)



Do remember me in your prayers 🙏

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OVERVIEW OF MEDICINE

If you ask me “Afaq bhae! which subject are we supposed to study as well as we can during our mbbs?”

My answer will be “Medicine “

Even in your daily life , 90% of the health issues that we encounter in our families/friends come under the domain of medicine.

Even if you plan to become a surgeon /gynaecologist /radiologist /histopathologist or you want to opt any other field , your basic knowledge of medicine will be defining your capability as a doctor.

Moreover medicine will be covering 70-80% of your paed's course and 20-30% of your surgery course too.

Medicine is like a sea..

there is no limit

you can study as extensive as you can

Students who have studied pathology and pharma well will fall in love with medicine

Honestly speaking, medicine was one of my favourite subjects of mbbs.

BOOKS ? Way too much confusion?

There will be a lot of talk over the variety of books that you may choose for medicine

There are over dozen books of medicine studied in different colleges

Everyone will try to persuade you to study particular book

lets discuss them one by one

so you can make a right decision and then you will be able to study medicine with clear mindset.

BIG DAVIDSON -If someone has really good speed and is capable of summarizing knowledge well , only then you may consider preparing whole medicine from davidson

We usually prepare only psychiatry from this book as 25 pages of big davidson will guarantee you 20 marks.

You can prepare some very important topics like CLD,CKD,CCF ,CVS & COPD from this book.

But i wont recommend this book at final year level becoz we are supposed to prepare 7 subjects and it will be very difficult to revise this much knowledge and to improvise this knowledge in summarized form in your written exams.

KAPLAN vs STEP UP

its like aus vs england ashes cricket series /pakistan vs india or djokovic vs roger federer

There will be a lot of talk about these two books

In our college , students tend to choose kaplan and most of the students in our college didnt even try step up once

Kaplan plus past papers will guarantee that you will pass the exam inshaAllah

But i loved step up

Good thing about step up is that it beautifully reviews pathophysio and clinical findings (unlike kaplan) and you are able to make correct diagnosis for most of the questions

And then it explains investigations so well in the form of flow sheets that you learn stepwise approach that helps you score well.

BUT

Kaplan explains treatment in more detail and step up focuses more on key points in management

But i think for 2-3 marks marks treatment question , step up will suffice inshaAllah.

I will be asking you to prepare important topics from irfan masood too so inshaAllah it will create a perfect combo.

You guys remember when we went against our college norms and decided to study kaplan and mini katzung combo for pharma and alhamdulillah it worked so well.

I studied three books for medicine to be honest

Step up plus mini plus irfan masood

Alhamdulillah i ended up with silver medal in medicine in our college.

So you can totally rely on my guidelines and inshaAllah you will be able to score good.

If you just intend to pass the exam - then only step up will suffice

I will be mentioning some topics from mini davidson or irfan masood along with page numbers so you can easily study important topics from different books.

So in short

you have two choices

1-Only kaplan/step up plus past papers (that will suffice too)

2-Step up plus mini davidson/irfan masood (in short you will study acc to my guidelines and inshaAllah it will help you study medicine really well)

Past papers are must

HOW TO PREPARE A TOPIC?

You will read my guidelines and will mark imp topics on your books

Then you will read that topic.

You will be having pathoma and kaplan pharma by your side so you may review any topic if you find it difficult to remember.

Try to summarize information you study from other books on your main book so you will be having one book in proffs.

Honestly speaking , its very tough to guide study methodology of medicine.

Coz there are way too many books

I read step up, Irfan masood & mini

Step up will be our main book

And inshaAllah it will be enough

Though i will tell some topics from mini or irfan too (topics that are really important so that you can add up to your knowledge)-Only for those who wanna study medicine well (buy irfan masood too)

I understand studying different books is tough so i will try my best to summarize as well as i can

For those who intend to read other books-

I will be stratifying topics in three groups

A-Imp topics (imp for seqs and clinical exam)

B-Topics for Mcqs (Not that imp - but you can be tested and you should give them a read)

C-Topics that you can leave

WHEN TO STUDY MEDICINE ?

All the time lol 😂😂

I recommend you prepare gynae and surgery during their wards

Try to study medicine with minor wards, and during medicine and paediatrics ward

MEDICINE 1 ? MEDICINE 2 ?

There will be two written exams of medicine

Medicine 1 is a tough nut to crack

It includes Cardiology, neurology, GIT, Respiratory system, Rheumatology, Haematology & Hepatology.

Your first written exam will be medicine 1

and it will be the most lengthy subject of your final year.

Medicine 2 includes allied domains of medicine like nephrology, endocrinology, Psychiatry, Dermatology & Infectious disease.

Medicine 2 is relatively easy with less course as compared to medicine 1.

Medicine 1 written -45 mcqs plus 9 seqs of 5 marks each -90 Marks

Medicine 2 Written -40 mcqs plus 9 seqs of 5 marks each -85 marks

25 marks of internal assessment

MEDICINE VIVA & PRACTICAL exam

Practical exam day will be the most high yield day of your final professional exam.

300 marks in one day...

I will be explaining it in detail in practical exam guideline.

**UHS M.B.B.S. FINAL PROFESSIONAL
EXAMINATION****MEDICINE – I****TABLE OF SPECIFICATIONS (MCQs)**

Sr. No.	Topics	MCQs Total MCQs: 45 Total Marks: 45
01	Cardiovascular System	07
02	Pulmonary Medicine	07
03	Central Nervous System	07
04	Gastrointestinal Tract	07
05	Liver, Pancreas, Gallbladder	06
06	Blood	05
07	Rheumatology	06

TABLE OF SPECIFICATIONS (SEQs)

Sr. No.	Topics	SEQs Total SEQs: 09 Total Marks: 45
01	Cardiovascular System	02
02	Pulmonary Medicine	01
03	Central Nervous System	01
04	Gastrointestinal Tract	02
05	Liver, Pancreas, Gallbladder	01
06	Blood	01
07	Rheumatology	01

**UHS M.B.B.S. FINAL PROFESSIONAL
EXAMINATION**

MEDICINE - II

TABLE OF SPECIFICATIONS (MCQs)

Sr. No.	Topics	MCQs Total MCQs: 40 Total Marks: 40
	Endocrines (05)	05
01	Diabetes Mellitus	01
	Thyroid	01
	Adrenals	01
	Misc. / Others	02
02	Kidneys, Water, Acid-Base Balance, Electrolytes, Metabolism	10
03	Infection/Tropical Diseases	07
	Neuropsychiatry	10
04	Signs and Symptoms in Psychiatric Patients	1 MCQ from each topic
	Patients Presenting with Fear and Panic	
	Persistent Complainer and Somatization	
	The Depressed Patient	
	Patient brought with Features of Psychosis (odd, excited, aggressive)	
	Conversion States	
	Mental Handicap	
	Confused and Disorientated Patients	
	Substance Abuse Disorder	
	Obsessional States	
	Dermatology	06
05	Eczema	06 MCQs from mentioned topics
	Papulosquamous Dermatitis	
	Drug Eruptions	
	Bullous Dermatitis	
	Bacterial Infections of Skin	
	Cutaneous Infestations	
	Sexually Transmitted Infections	
	Skin Manifestations of Systemic Disorders	
06	Nutrition: Data/Photo	02

TABLE OF SPECIFICATIONS (SEQs)

Sr. No.	Topics	SEQs Total SEQs: 09 Total Marks: 45
01	Endocrines	02
02	Kidney, Water, Acid-Base Balance, Electrolytes, Metabolism	02
03	Infection/Tropical Diseases	02
04	Neuropsychiatry	02
05	Dermatology	01

1-PULMONOLOGY

There will be one seq and 7 mcqs from this section (12 marks)

Lengthy topic but with relatively less weightage.

Imp for clinical exam (as you often get relevant commands in short cases and may have COPD, pneumonia etc patient in long case)

Plus there is atleast one Xray in your ospe exam and you need your pulmo knowledge to attempt that station

Dean of medicine (AIMC) Dr tanvir is pulmonologist and he often asks questions from pulmo regardless of your long case

Moreover, there is marked overlap between pulmonology topics of medicine and paediatrics , so much of your paed's pulmo will be covered too inshaAllah.

If you read respiratory system from bedside (wont take more than one day) before preparing pulmo, you will be able to understand this chapter in best possible way and you will be done with relevant short cases too.

HOW TO STUDY PULMONOLOGY?

you will be preparing step up

Some topics are better written in other books

TOPICS FROM OTHER BOOKS

1-Asthma (complete topic from irfan masood page 226 onwards (for medicine & paed's) plus pervez akbar page 263 (investigatons , D/D, management of acute asthma attack for paed's)

-You may leave this topic from step up

2-TB (irfan masood page 250 - Will cover both medicine and paediatrics) -No need to prepare this topic from step up or pervez akbar paediatrics

3-Pneumonia and lung abscess (Step up page 365 (for medicine) , you will be preparing it from pervez for paediatrics coz organisms , findings and treatment are somewhat different)

4-Pneumothorax (pervez akbar page 259) - you may leave this topic from step up but it will be better to read from step up too

5-Pleural effusion (pervez akbar page 256 plus tables of this topic from step up and you may leave rest of this topic from step up)

A-IMP TOPICS- COPD (vvv.imp), Asthma (vvvv.imp) , bronchiectasis(v.imp), Pleural effusion, empyema, pneumothorax, Sarcoidosis, hypersensitivity pneumonitis, Pulmonary embolism / DVT ,Pneumonia (vvvvvv.imp), TB (vvvvv.imp)

B-TOPICS for MCQS- Cystic fibrosis , lung cancer, Interstitial lung diseases, Wegener, Churg Strauss , environmental lung diseases, Respiratory failure, ARDS, Pulmonary HTN, dyspnea, hemoptysis,

C-TOPICS YOU MAY LEAVE- Pulmonary nodule, mediastinal mass, Histiocytosis, Alveolar filling diseases, miscellaneous ILD, Oxygen delivery systems, mechanical ventilation, pulmonary aspiration, Imp pulmonary studies

IMP SEQs

1-COPD (imp- Triggering factors? Investigations ? Staging ? Management of acute exacerbation? Risk of giving high flow oxygen?)

- 2-Asthma (vvvvvv.imp-Triggering factors ? Investigations? Diagnostic criteria ? Management of acute exacerbation? Findings on arterial blood gase? Steps of management with preferred drugs ?)
- 3-Bronchiectasis (vvv.imp-Investigations ? Management ?)
- 4-Bronchogenic Carcinoma (Cause and symptomatology of pancoast tumour ? Investigations ? Management?)
- 5-Spontaneous pneumothorax (v.imp-etiology? investigation ? Treatment?)
- 6-Sarcoidosis (investigations ? Treatment?)
- 7-Hypersensitivity pneumonitis (Investigations ? management?)
- 8-Pulmonary HTN (physical signs ? Complications ?)
- 9-Pulmonary Embolism/DVT(v.imp-D/D? investigations ? Treatment?)
- 10-Pleural Effusion (Management ?)
- 11-Pneumonia (vvvv.imp- Organisms? Causes of bronchial breathing?complications ? Investigations ? Management?)
- 12-TB (vvvvvv.imp-complications ? Extrapulmonary findings ? Investigations ? Management plan ? Antituberculous drugs with side effects ?)

2-CARDIOLOGY

there will be 2 seqs and 7 mcqs from this topic (17 marks)

Most high yield topic of medicine 1 exam written exam

Most extensive topic of medicine

You may take 8-14 days to prepare cardio

Imp for clinical exam too

Myocardial infarction, angina and heart failure are imp long cases and students are frequently tested on their cardio knowledge .

Unfortunately , students find it quite tough and cardio frightens them by the end of academic year

There are certain reasons why students find cardio perplexing

A-First of all , it demands you to review some of your physio and pharma knowledge that is often buried forgotten in our memory zone and we need to shake our hippocampus a bit (like you need to review ECG , heart sounds etc first in order to better grasp the concept

Bedside helps alot

Students keep on cramming books without even knowing how things are actually happening and often ends up having zero concept

I will tell you how to approach cardio

B-Secondly , 4th year patho doesnt cover your final year cardio course objectives

Books like kaplan etc havent explained cardio well

C-There are many topics like congenital heart diseases, vascular diseases etc that arent part of cardio medicine course and those topics will be prepared in other books while preparing other subjects We realize it at the end of the year when it was too late and we came to know that we wasted our time when we prepared these topics in medicine.

If you ask me , cardiology was one of my favourite topics in medicine and inshaAllah you will find it interesting

One thing , my guideline will be quite different from other guidelines and you may even feel reluctant following my guidelines .I will be channeling knowledge from different domains of medicine so you can better understand the concept. I will ask you to prepare some topics from pervez akbar paediatrics and dogar surgery so that you dont have to prepare same topic differently in different subjects. Some may find it insane.

But you have to keep believing and inshaAllah you wont be disappointed.

I have carefully evaluated everything as much as i can and i am just trying my best that you people study as well as you can with maximum time conservation.

the way i wish i had known at the beginning of my final year..

HOW TO STUDY CARDIOLOGY?

Cardio is beautifully explained in step up

I will proceed topic by topic

and i suggest you prepare this topic exactly how i explain

you first need to review ECG & Heart sounds (irfan masood page 125 for ECG and irfan masood page 181 for heart sounds).You will watch 5-6 minutes video on cardiac cycle on youtube.

Now you are ready to go

While preparing HTN, Arythmia, Angina , Heart failure you will be opening your kaplan pharma and will review drugs (mainly side effects and mechanisms linking your knowledge to maximize learning efficacy)

One thing must be kept in mind that you wont be taking physio or pharma exam, its medicine we are dealing with so all this side knowledge should be reviewed for concept building and you dont need to waste much time on them.

A-ISCHEMIC HEART DISEASES (vvvvvvv.imp topic)

You will be preparing it from step up

Angina is best written in step up

Acute coronary syndrome (unstable angina and MI) are best written in irfan masood (page 159-169) plus fig 8.16 from mini (page 236-Summary of treatment of ACS)

B-CONGESTIVE HEART FAILURE (vvvv.imp)

Complete topic from step up

C-ARYHTMIAS

Read from step up

not that imp for your written exam

Atrial fibrillation & heart blocks may be asked in your written exam

One confirm ospe station from arhythmias

D-DISEASES of HEART MUSCLE

prepare from pervez akbar page 327

Not that imp for medicine

Key points are written in pervez and will cover your paed's course too

E-MYOCARDITIS

Not imp for medicine (read from step up)

For paed's(imp)-Prepare from pervez akbar page 328

F-PERICARDIAL DISEASES (vvvvv.imp)

Prepare from Step up

G-VALVULAR HEART DISEASES (vvv.imp)

Complete from step up

H-INFECTIVE ENDOCARDITIS & RHEUMATIC FEVER

Vvvvvv.imp for medicine & paed

Best written in irfan masood page 183-186 (RF) and irfan masood page 197-201 (IE)

Will cover both medicine and paed

No need to read it from step up or pervez

I-HYPERTENSION (vvvvv.imp)

Step up page 436-441-vvv.imp -prepare whole topic

Hypertensive emergency -step up page 52)

J-OTHER TOPICS

1-Congenital heart diseases (no need to prepare it for medicine , you will be preparing it for paed) ,

2-Aortic dissection and abdominal aortic aneurym (you will be preparing these topics in surgery and you can leave them for now- you should give them a read from your surgery books before your final medicine proff)

3-PVD, Acute arterial occlusion, DVT and chronic venous insufficiency(not imp for medicine - Dont waste time on them- you will prepare them well in general surgery for surgery)

4-Cardiac neoplasm (you can leave them)

5-Shock (not imp for medicine - leave this topic-It will be prepared in general surgery and imp for surgery)

6-Hyperlipidemia (step up page 441-Read this topic for knowledge -you may leave this topic in proffs)

IMP SEQS

- 1-Stable angina (vvvvv.imp-Stress tests? Investigations? 5 antianginal drug groups with one example each, Treatment modalities?)
- 2-Unstable angina (investigations ? Treatment?) Prinzmetal angina (investigation ? Treatment?)
- 3-Myocardial infarction (vvvvvv.imp-coronary artery involved ? other acute coronary syndromes? Risk factors? Complications and their management ? Emergency treatment? Treatment steps?)
- 4-CHF with pulmonary edema (vvvvvvvv.imp- Immediate investigations ? Emergency Management ?)
- 5-CCF (Investigations ? Drugs used in heart failure ?)
- 6-Atrial Fibrillation (Causes ? Management?)
- 7-Acute pericarditis (investigation , management?)
- 8-Constrictive pericarditis(imp-Cause ? Characteristic sign in JVP? Treatment?)
- 9-Cardiac tamponade (v.imp- investigation? Treatment?)
- 10-Acute rheumatic fever (Vvvvvv.imp-criteria for diagnosis? Investigations? Management?)
- 11-Infective endocarditis (vvvvv.imp-Duke criteria ? investigations? Management ?)
- 12-Mitral regurgitation (investigation ? Treatment?) 3 causes of pansystolic murmur?
- 13-Mitral stenosis (Xray finding? Clinical findings? Treatment options?)
- 14-Aortic regurgitation (Causes ? Signs?) treatment?)
- 15-Aortic stenosis (investigation ? Management of choice ?)
- 16-Hypertension (vvvvv.imp-4 causes ? Bed side clinical signs to evaluate target organ damage ? Investigations for secondary HTN? 4 classes of antihypertensive drugs ? Life style changes that patient should follow ? Pharmacological steps acc to UK guidelines? if >55year old patient -main difference in treatment? Routine tests while he is on treatment? Investigations to evaluate risk of Cardiovascular disease?)

3-GASTROENTOLOGY

There will be 2 seqs and 7 mcqs from this chapter in your proff (17 marks)

GIT will be carrying 46 marks in surgery written exam too.

so instead of preparing same topics from different books ,we will be preparing majority of your GIT topics from Dogar surgery

If you follow my guidelines ,it may take upto two weeks to prepare GIT but you will be done with major section of your Surgery GIT too.

Moreover, it will be really helpful for course coverage during your systemic surgery written exam when you will be getting only 2 days and you will be already done with majority of GIT during your medicine exam prep.

One thing must be kept in mind that when you are preparing for medicine your focus should be on medical management of diseases and only names of surgeries will suffice. You dont need to study anatomical details ,details of surgeries and staging etc type stuff for medicine.

When you are preparing for surgery then surgical treatments will be more important.

HOW TO STUDY

It is an extensive chapter so i will be writing topic wise guidelines

1-GIT BLEED

Very imp-Prepare from step up page 144

Also read its management from mini page 416

2-ESOPHAGOUS

Prepare whole topic from dogar .

GERD, achlasia, hiatal hernia & CA esophagous are imp for medicine

You may leave other topics if facing time deficit during your proffs .

3-STOMACH

You can prepare stomach from step up because details mentioned in dogar are irrelevant for medicine

PUD is important

4-INTESTINE

Prepare malabsorption syndromes from irfan masood page 391

Celiac disease is very important for medicine & paediatrics (prepare from pervez page 280)

Prepare IBD from dogar page 132.

Prepare IBS (imp) from irfan page 402.

You may prepare colorectal CA from stepup because details mentioned in dogar wont be necessary

Read colonic polyps, diverticulosis, mesenteric ischemia, pseudomembranous colitis & volvulus from Step up.

Read carcinoid syndrome

5-PANCREAS

Acute pancreatitis is imp for medicine

Prepare acute pancreatitis, chronic pancreatitis & Pancreatic CA from dogar

IMP SEQS

1-GERD (Investigations? Management? Complications?)

2-Hiatal hernia (types ? Management?)

3-Progressive dysphagia/ Esophageal CA (D/D? How will you investigate and treat?)

4-Achlasia (vvv.imp-Investigation? Treatment ?)

- 5-H.Pylori associated PUD (Vvvvvv.imp-Investigations ? Triple regime? Management plan? Follow up?)
- 6-NSAIDS induced gastritis (investigations? Treatment?)
- 7-PUD with Upper GIT bleed (management ? Causes of upper GIT bleed ?)
- 8-Zollinger ellison syndrome (Investigation? Treatment?)
- 9-Gastric outlet obstruction (Biochemical anomalies ? Investigations? Treatment?)
- 10-Management plan for Upper GIT bleed
- 11-Celiac disease (vvvvvvv.imp-Investigations? Dietary advice? Management plan? Complications? Associations? D/D? Pathophysio of rash and anemia in celiac disease?)
Enumerate 4 diseases causing chronic diarrhea
- 12-Crohn's disease (vvvv.imp-Management ? Complications? Types of renal stones formed?)
- 13-Ulcerative colitis (vvvv.imp- Features of severe disease ? Drugs used ? Management plan?)
- 14-IBS (vvvvvvv.imp-alarming features ? investigations? Diagnostic criteria ? Treatment?)
- 15-Pseudomembranous colitis (imp-Investigations ? Treatment?)
- 16-Carcinoid Syndrome (pathophysio? Investigations?)
- 17-Acute pancreatitis(imp-Investigations? Management?)

4-HEPATOLOGY

There will be one seq and 6 mcqs from this topic (11 marks)

There are two parts of this section

A-LIVER

Unfortunately this topic is insufficient in step up and kaplan

So we will be preparing it from irfan masood.

We will be preparing some topics from surgery dogar too.

B-GALL BLADDER

We will preparing some topics from surgery Dogar.

HOW TO PREPARE HEPATOLOGY?

FOR LIVER-Read whole topic from irfan masood

Prepare Hepatocellular Carcinoma , pyogenic liver abscess , amoebic liver abscess and hydatid disease from dogar surgery.

FOR GALL BLADDER- Prepare investigations of biliary tree , cholelithiasis (no need to learn surgical procedure for medicine), cholecystitis, Complications of cholelithiasis(page 99 of dogar) , Choledocholithiasis & cholangitis from Dogar

A-IMP TOPICS -Cholelithiasis, acute cholecystitis, choledocholithiasis, cholangitis, Pyogenic liver abscess , amoebic liver abscess, Cirrhosis & complications (vvv.imp), Hepatitis, NAFLD, Intrahepatic biliary tract diseases,

B-TOPICS FOR MCQS-Investigations of biliary tree, HCC, hydatid liver disease, Jaundice, Acute hepatic failure, alcoholic liver disease, Inherited liver diseases,

C-TOPICS YOU MAY LEAVE- Hepatic vascular disorders

IMP SEQS

- 1-Jaundice (D/d of hemolytic jaundice and how will you investigate ? Causes of intraheptic jaundice?)
- 2-Spontaneous Bacterial Peritonitis (Vvv.imp- Investigations ? Treatment?)
- 3-Hepatic Encephalopathy (Imp-Investigations? Treatment? Precipitating factors?)
- 4-Cirrhosis/Decompensated liver disease (investigations? Complications?)
- 5-Acute Viral Hepatitis (Investigations? Treatment? Prevention? Investigations & Treatment for HCV hepatitis?)
- 6-Investigations and management of Acute liver failure ?
- 7-Hemochromatosis (Investigations? management ? Dietary advice?)
- 8-NAFLD (imp-Causes? Investigations? Treatment options?)
- 9-Primary Biliary Cirrhosis (vvv.imp-Investigations? Treatment ? Complications?)
- 10-Pyogenic liver abscess (imp-Investigations? Management?)
- 11-HCC (D/D? Investigations? Management?)
- 12-Acute cholecystitis (imp-Investigations? treatment ? Complications?)
- 13-Choledocholithiasis (imp- Investigations ? Management?)
- 14-Acute cholangitis (Investigations ? Management ?)

5-HEMATOLOGY

There will be one seq and 5 mcqs from this topic (10 marks)

Easy topic -Flashback of your 4th year pathology but better explained

We will be preparing hematology of medicine & paediatrics collaboratively.

Like once you will be done with hematology in medicine , your paediatrics blood section (10 marks in paediatrics) objectives will also be achieved.

Though for your convenience i will write separate post for paediatrics hema too (so that you may have an idea of topics that are important for paediatrics and topics that you may leave in paediatrics)

HOW TO STUDY HEMATOLOGY?

RBC & Platelets from Step up

WBC (best written in Irfan Masood page 503-525)-You can leave WBC from step up

Try to prepare macrocytic anemia from Irfan too (page 479 Irfan Masood)

TOPICS FROM OTHER BOOKS (you can leave these topics from step up/Irfan)

1-Iron deficiency anemia (Pervez Akbar page 398)

2-Aplastic anemia (Pervez Akbar page 406)

3-ITP (Pervez Akbar page 414)

4-Acute lymphoblastic leukemia (Pervez Akbar page 421)

A-IMP TOPICS-Iron deficiency anemia ,thalassemia, aplastic anemia (imp),Megaloblastic anemia(vvv.imp), ITP (vvvv.imp), Thrombotic thrombocytopenic purpura, Hemophilia, von Willebrand disease , leukemias, lymphomas, Multiple myeloma

B-TOPICS For MCQS-Hemolytic anemia, sickle cell anemia, Hereditary spherocytosis, G-6-P deficiency anemia, autoimmune hemolytic anemia, PNH, DIC, vit K deficiency , Coagulopathy of liver disease

C-TOPICS you may leave-Inherited hypercoaguable states, anticoagulation, oncology, breast cancer, myeloproliferative disorders, MGUS, Waldenstrom macroglobulinemia

IMP SEQS

RBC

1-iron deficiency anemia (investigations , treatment)

2-Thalasemia (investigations? Complications? Risk to baby?)

3-Megaloblastic anemia (vvvvvvv.imp-How will you differentiate between its 2 causes ? Which micronutrient you will replace first? Causes of raised MCV? Pathophysio of neurological symptoms? Investigations? Treatment?)

4-Aplastic anemia (v.imp- causes ? investigations? Management? D/D of pancytopenia?)

WBC

5-ALL (investigations? Management?)

6-CML (vvv.imp-Chromosomal anomaly? Treatment? Causes of splenomegaly?)

7-Multiple myeloma (vvvvvvv.imp-4 causes of renal failure ? investigationsv Treatment?)

PLATELETS

8-ITP (vvvvvvv.imp-investigations? Management? Findings on bone marrow biopsy?

Immediate therapeutic measures ?)

9-Von Willebrand disease (investigations ? Treatment?)

6-RHEUMATOLOGY

There will be one seq and 6 mcqs from rheumatology in your proff (11 Marks).

Rheumatology is relatively easier, takes fewer days and same topics are repeatedly asked in your exams.

HOW TO STUDY RHEUMATOLOGY?

This topic is best written in irfan masood.

Some topics are better written in step up.

I read both books so you can prepare this topic by following guidelines mentioned below.

First of all prepare osteoarthritis and rheumatoid arthritis from irfan masood page 527-537 (try to read rheumatoid arthritis from step up too -Page No 250-255)

Then prepare crystal deposition diseases from irfan masood 544-549.

Infectious arthrtitis from irfan masood page 550-553.

Connective tissue disorders from irfan masood page 554-567 (Try to read SLE from step up too -Page No 244-247)

Seronegative spondyloarthropathies and vasculitis from step up page 263-268 (you dont need to prepare these topics from irfan masood coz they arent that important)

No need to prepare bone diseases either.

Try to prepare table 6.6 -step up page 257 (Major arthritides)

Table 6.5 -step up page 255.(Synovial fluid analysis)

Table 6.3 given on step up page 248.(Diffuse vs limited Scleroderma)

Flow sheet on step up page 259 (Evaluation of joint pain)

A-IMP TOPICS-Osteoarthritis, Rheumatoid arthritis, Ankylosing spondylitis, reactive arthritis, gout, pseudogout, septic arthritis, SLE, Scleroderma, dermatomyositis,

B-TOPICS FOR MCQS-Juvenile rheumatoid arthritis, osteomyelitis, Mixed connective tissue disorders, Sjogren's syndrome, fibromyalgia, Vasculitis

C-TOPICS YOU MAY LEAVE- Diseases of bone.

IMP SEQS

1-Osteoarthritis (Investigations? Treatment?)

2-Rheumatoid arthritis (vvvvv.imp-D/D? Complications? Investigations? Xray findings? Management plan? Drugs used to relieve symptoms and stop progression?)

3-Gout (vvvv.imp-D/d? investigations? Treatment? Furosemide triggering acute attack?)

4-Septic arthritis (vvvv.imp-D/D? Investigations with interpretation? Management?)

5-SLE (vvvvv.imp-Complications? Investigations? Diagnostic criteria? Cutaneous features? Measures for photosensitivity? Management plan?)

6-Systemic Sclerosis (imp-Complications? Investigations ? Management? How will you treat Raynaud's phenomena?)

7-Ankylosing spondylitis (Extraarticular manifestation? Risk of transmission to children? Investigations? Management)

7-NEUROLOGY

There will be 7 mcqs and 1 seqs from this topic (12 marks)

This topic is adjustable as you can study neuro as extensive as you can.

But i recommend you dont invest more than 4-5 days for neuro.

Because many topics come under the domain of neuroanatomy and neurosurgery and you wont be tested on those topics in your medicine exam.

So be smart..

It will be more than enough if you happen to prepare topics that i will be mentioning

HOW TO STUDY NEUROLOGY?

First of all prepare stroke from step up (also try to read stroke from irfan masood page 587 as stroke is one of the most important topic of your final year medicine)

Read movement disorders, dementia, demyelinating diseases, neuromascular diseases,spinal cord diseases from step up.

You may leave dizziness, vertigo & syncope.

Seizures are very important (try to prepare from both step up and irfan page 598)

Read test of the chapter from step up.

Meningitis & encephalitis from step up page 375.

headache from step up page 444.

TOPICS FROM OTHER BOOKS

Gullain barre syndrome -Pervez 387 (v.imp for both medicine & paediatrics)

Duchenne muscular dystrophy-pervez 378 (imp for paed)

A-IMP TOPICS-Migraine, meningitis, Stroke, parkinson disease, dementia and alzheimer, multiple sclerosis, GBS, myasthenia gravis, seizures, motor neuron disease, bell palsy, trigeminal neuralgia, localization of a neurological lesion

B-TOPICS FOR MCQS-Tension & cluster headache? Encephalitis, huntington chorea, duchenne muscular dystrophy, spinal cord diseases, aphasia

C-TOPICS YOU MAY LEAVE-ataxia, tourette syndrome, delirium, coma, neurocutaneous syndromes, dizziness, syncope

IMP SEQs

- 1-Stroke (vvvv.imp-Risk factors ? Investigations? Management plan? prevention? Cerebral arteries involved ? Time limit for giving thrombolytic therapy?)
- 2-Subarachnoid haemorrhage (investigations? Management?)
- 3-Seizures (vvv.imp-Causes ? Investigation? Emergency treatment? Management plan?)
- 4-Meningitis (v.imp-Investigations? CSF findings ? Treatment plan?)
- 5-Migraine (4 triggering factors? Management plan?)
- 6-Bells palsy(management?) Treatment of trigeminal neuralgia
- 7-Motor neuron disease (different variants? Management?)
- 8-Multiple sclerosis (imp-investigations ? Management?)
- 9-Parkinson disease (causes ? treatment options?)
- 10-GBS (vvvvvvv.imp-CSF findings? Investigations? Treatment options?)

8-NEPHROLOGY

There will be ten mcqs and 2 seqs from nephrology (20 Marks)

One of the most high yield topic of medicine (luckily well written in step up and you dont need much aid from other books)

Plus its relatively easy to understand and you have read most of the diseases in nephro section in your 4th year Pathology.

There are two parts of this section

A-Kidney

B-Fluids, electrolytes & Acid base disorders

1-HOW TO STUDY NEPHROLOGY?

You will prepare whole topic from step up

(you may review topic from pathoma before studying it from step up)

A-IMP TOPICS-AKI, CKD, Proteinuria, Hematuria ,glomerular diseases , renal cystic diseases , nephrolithiasis

B-Topics for mcqs (not that imp)-Dialysis, tubuloinsterstitial diseases, Renal vascular diseases , Urinary Tract obstruction ,RCC

C-Topics you can leave-Bladder cancer, testicular cancer, penile cancers, miscellaneous conditions

TOPICS FROM OTHER BOOKS

CKD is one of the most imp topic of medicine (often you get long case of CKD)-So you should prepare it from mini too (it will be much better if you prepare it from big davidson)

Also read AKI from mini davidson

Table 7.8 from mini (stages of CKD)

Table 7.6 from mini (investigation of patient with AKI)

Nephrotic syndrome (from pervez Akbar(paeds)-nephrotic syndrome is one of the most imp topics in paed and frequently tested topic in medicine too .Beautifully written in pervez akbar page 522)

UTI(from perveiz akbar(paeds)-Very imp for paed , sometimes asked in medicine too)

You may think why he is telling topics from paed

As i said in my introductory posts , it will be needless to waste your time to prepare same topic in three different subjects

It will waste your time

So we will be preparing subjects simultaneously

Like if something is well written in dogar and topic is imp for both medicine and surgery - we will prepare it from either dogar surgery or step up for both subjects

So that when you will be preparing same topic in surgery , you just have to revise it.

I think its the best way to study final year

and linking subjects will help you best understand the topic inshaAllah.

And inshaAllah you will see ,you will be done with 60-70% of your paed course when you will be done with medicine.

2-FLUIDS , ELECTROLYTE & ACID BASE

This section isn't that imp

Step up will suffice.

You can leave some topics from step up too

A-Imp topics-Hyponatremia, hypernatremia , hypokalemia, hyperkalemia(vvvv.imp), hypocalcemia & hypercalcemia, Metabolic acid base disorders

B-Topics for mcqs-Approach to volume disorders, volume replacement, hypo & hypervolemia, Respiratory acid base disorders

C-topic you can leave- Magnesium disorders, phosphate disorders

I will suggest as soon you are done with this chapter in step up, you read acid base chapter in general surgery book(dogar-only 2-3 pages) and it will hardly take 30 minutes and you will be done with one chapter of general surgery too.

IMP QUESTIONS

1-Acute Kidney Failure (imp-causes? lab anomalies? Investigations & therapeutic measures)

2-Chronic kidney disease (vvvvv.imp- Signs? Complications? Explain cause of low calcium?

Which factors cause anemia? Biochemical tests? management, indications for dialysis, treatment option other than dialysis

3-Nephrotic syndrome (vvv.imp-causes ? Investigations, Management? investigations for post streptococcal GN(will be prepared in paed), diseases with crescentic lesions, Henoch schonlein purpura complications and finding on biopsy? Good pasture syndrome (antibody test ? modalities of treatment?) Membranous Glomerulopathy (risk of CVS complications? curative drugs? Drugs that reduce proteinuria)

- 4-Adult polycystic kidney disease (investigations , management, extrarenal manifestations?)
- 5-Renal tubular acidosis (investigation? Treatment?)
- 6-Renal stones (investigation? Treatment options?)
- 7-Renal cell carcinoma(cause of fever & abnormal Hb level? primary treatment?
Investigation to visualize lung and why we visualize lung?)
- 8-Calculate anion gap ,base deficit & classify metabolic acidosis on anion gap
- 9-Hyponatremia (principle of management ? Management of hypernatremia)
- 10-Hyperkalemia (vvvvvvv.imp-Management?)
- 11-Metabolic acidosis(v.imp- Causes ? management?)
- 12-Metabolic alkalosis (causes? Management

9-ENDOCRINOLOGY

ENDOCRINOLOGY

There will be two seqs and 5 mcqs from endo (15 marks)

Easy topic - as we have been studying endo since second year and treatments are straightforward (like usually you replace the deficient hormone & if there is hormone excess ,you either remove the source of excess hormone production and replace hormone or give some hormone antagonist)

Now as you know most of the patients with endocrine Diseases will be presenting in OPDs and there are specialized endo units to manage such patients -we usually dont get these patients in long and short cases.

But about 90% patient in wards may have diabetes or some complication of diabetes - so diabetes is important

You can divide this topic in two parts

1-Diabetes

2-Other endocrine disorders

HOW TO STUDY ENDOCRINOLOGY

DIABETES

Diabetes is very important

Usually one seq is from diabetes

Its beautifully written in step up - so prepare this topic from step up

Whole topic is very important

You can leave/read obesity, insulinoma, zollinger-ellison syndrome ,glucagonoma , somatostatinoma
DKA & hyperosmolar hyperglycemic state are very important (imp for paedts too and inme se aek ospe station lazmi aye ga kisi na kisi subject me)-Well written in irfan

For thyroid disorders , pituitary disorders, diseases of parathyroid gland and adrenal gland - step up

Hypo and hypercalcemia will be covered in nephrology section

TOPICS from OTHER BOOKS

Cushing syndrome -irfan masood/mini

Addison disease-Mini

Treatment of hypothyroidism-mini/irfan

Treatment of hyperthyroidism (best written in dogar surgery-you will prepare in surgery)

DKA/HHS-Irfan masood

For topics from other books, you should write additional points on step up so you will be having one book in proff

Plus if you wanna read single book - you may add additional points from past papers on your step up

A-IMP TOPICS-Diabetes(complete),Grave disease, hypothyroidism, hyperprolactinoma,acromegaly, diabetes insipidus, SIADH, Primary hyperparathyroidism, Hyper & hypocalcemia, cushing syndrome, pheochromoma, adrenal insufficiency(Addison disease),

B-TOPICS FOR MCQS-thyroiditis, thyroid nodule, thyroid cancer(imp for surgery), hypopituitarism, hypoparathyroidism, hyperaldosteronism, congenital adrenal hyperplasia

IMP SEQS

- 1-Diabetes (WHO diagnostic criteria? 4 pharmacological groups of oral hypoglycemic drugs with one example? Management? Complications and how to prevent them? Investigation to rule out diabetic nephropathy at earliest stage and antihypertensive drug advised? Blood tests to determine cardiovascular risk? 2 Drugs to treat proteinuria?)
- 2-Prediabetes(modifiable factors to improve prognosis? Drugs to prevent progression? Management of drug induced hypoglycemia?)
- 3-Non ketotic hyperosmolar coma (vvvv.imp-4 precipitating factors, management steps?)
- 4-Diabetic ketoacidosis(vvvvv.imp-which Acid base anomaly is present? Emergency and long term management? Investigations?)
- 5-Thyrotoxicosis(vvv.imp-which Heart rhythm anomaly may be present and its associated risk? One dermatological finding? physical signs? investigations? drugs to treat thyrotoxicosis and management ?)
- 6-Hypothyroidism (vvv.imp- 3 signs? complications? Blood tests? Associations? Treatment?)
- 7-Hypocalcemia (clinical signs? management?)
- 8-Hyperparathyroidism(vvv.imp-Causes of hypercalcemia? Investigations & Emergency management of hypercalcemia?)
- 9-Cushing Syndrome (vvvv.imp-Clinical findings? Complications? Investigations ?)
- 10-Addison Disease(vvvv.imp-Causes?Screening test ? Investigations? Treatment, Advice for future ?)
- 11-Pheochromocytoma(imp-Investigation? Treatment?)
- 12-Prolactinoma(investigation? Treatment?)
- 13-Acromegaly (vvv.imp-Investigations? Treatments? Signs?)
- 14-SIADH (investigation? Management?)
- 15-Sheehan Syndrome (management?)

10-INFECTIOUS DISEASES

There will be two seqs and 7 mcqs from this chapter (17 Marks)

Unfortunately , students remain confused about this topic and some students even come to know few days before proff that this topic is important.

Then students are baffled becoz they dont know how to prepare this topic as this topic isnt properly given in your step up/kaplan.

Most students happen to prepare it from past papers etc.

But if you ask me this topic is really important and there is proper way of studying it.

Secondly, most of us didnt happen to prepare communicable diseases in community medicine and there wasnt any such topic in special pathology too so studying infectious diseases is really important.

Moreover , preparing this topic can guarantee you 6-8 marks in paediatrics too coz we will be preparing this topic from pervez akbar and it will be beautifully covering your academic objectives of both medicine and paed.

Sometimes you get long case like typhoid, malaria, dengue, PUO in medicine or paed too.

HOW TO STUDY INFECTIOUS DISEASES?

You will be preparing this topic from pervez akbar.

Then you will be preparing Sexually transmitted diseases from step up page 384-393

Pyrexia of unknown origin -step up page 407

Then you should go through past papers of both medicine and paediatrics

You may get question from topics like pneumonia, meningitis, septic arthritis, shingles etc but they will be well prepared in their respective chapters so you dont need to worry about them.

A-IMP TOPICS-Acute diarrhea(v.imp for paedes , not imp for medicine), shigellosis, giardiasis, amebiasis, Typhoid (vv.imp), infectious mononucleosis(v.imp), malaria (v.imp), TB (imp for pulmonology), Rheumatic fever (imp for cardiology), dengue (vv.imp) , covid (v.imp-asked in our proffs), HSV , brucellosis(past papers) , leptospirosis (past papers)

B-TOPICS FOR MCQS- Cholera, diphtheria, tetanus, botulism, measles, mumps, chicken pox, worm infestation, Syphilis, HIV, PUO

C-TOPICS YOU MAY LEAVE-Persistant diarrhea, polio, pertussis(v.imp for paedes but not for medicine), leishmaniasis, rabies, naegleria,

IMP SEQs

1-Typhoid (vvvv.imp-Complications? investigations? Management?)

2-Shigellosis (D/d, investigations? Management?)

3-Leptospirosis (mode of transmission? Investigations ? Management ? Complications?)

4-Dengue (vvv.imp-D/d? pathophysio of dengue shock syndrome? Anomalies in CBC? investigations ? Management? Complications?)

5-Herpes Simplex virus (imp- Treatment?)

6-Shingles (Treatment ? investigations? Ramsay hunt syndrome? D/w upper and lower motor neuron lesion of facial nerve?)

7-Tetanus (Clinical features? Management?)

8-Viral hepatitis? Meningitis? TB? Pneumonia?Hydatid cyst of liver ? Amebic liver abscess
(you will study such topics in their relevant chapters)

9-Infectious mononucleosis (imp- Investigations? Management? Complication?)

10-Malaria (vvvv.imp-Complications? Investigations? Management plan? Treatment of cerebral malaria?)

11-HIV (investigations? Management?)

12-Syphilis (Investigations? Management?)

13-Covid (vvvv.imp-Criteria for hospital admission? Investigations? Treatment? Complications?)

11-DERMATOLOGY

There will be six mcqs and one seq from this chapter (11 Marks)

You can prepare derma in one to two days and it will guarantee you 11 marks.

Same questions are repeatedly asked in your written exam.

Not imp for clinical exam coz such patients arent dealt in medicine ward but in derma ward.

HOW TO STUDY DERMA?

First of all read definitions on mini davidson page 689 so you can have basic idea how different lesions look like and so you can differentiate between different diseases.

Read 19-20 pages of derma given in step up.

Also read Bacterial infections from mini page 701 ,Eczema (mini page 708), Psoriasis (mini page 711)

HSV-Step up page 391

A-IMP TOPICS- Acne vulgaris, rosacea, Dermatitis/Eczema (vv.imp), erythema nodosum, Steven Johnson Syndrome, bullous pemphigoid, Pemphigus vulgaris, Herpes zooster (imp) scabies(imp), psoriasis (vvv.imp),

B-TOPICS FOR MCQS-Tinea versicolor, Wart, dematophytosis, urticaria , angioedema

C -TOPICS YOU MAY LEAVE-molluscum contagiosum, precancerous and cancerous diseases of skin, decubitus ulcers, Drug allergy

IMP SEQS

- 1-Eczema (vvv.imp- Patterns of primary disease ? Blood tests? Communicable? Treatment ? Prevention?)
- 2-Psoriasis (vvvvvvvvv.imp-skin lesions? clinical signs? D/D? treatment options?)
- 3-Scabies (v.imp-Cause ? D/d? Management?)
- 4-Shingles (imp-Management ? Complications?)
- 5-Herpes simplex virus (Sites ? Precipitating factors ? Treatment options?)
- 6-Acne vulgaris (sites ? Treatment?)
- 7-Erythema nodosum (Causes ? Treatment?)
- 8-TEN (investigations? Management ?)
- 9-SLE rash (you will read in rheumatology- Cutaneous lesions? Measures for photosensitivity?)

12-PSYCHIATRY

There will be 10 mcqs and 2 seqs from this topic (20 Marks).

So psychiatry is one of the most high yield topic of medicine 2.

Unfortunately, many students consider it a “side kick” and end up screwing their score real bad.

There will be one ospe station from psychiatry too (usually interactive station)

Psychiatry patients are admitted in psychiatric ward so you wont be encountering any long /short case from this topic.

HOW TO STUDY PSYCHIATRY?

We will be studying it from BIG DAVIDSON.

Only 25 pages of big davidson will guarantee you 20 marks.

They literally give lines of big davidson in mcqs so it will be fruitful preparing it from big.

Unfortunately , this topic is haphazardly given in big davidson and students usually say that it is not explained well in big.

But there is a proper way of preparing it.

I recommend you prepare this topic exactly as i am mentioning below..

You should start this chapter from page 1184 (presenting problems in psychiatric illness and you read this chapter till principles of management of psyhiatric illness (These pages will help you understand presenting problems but they arent imp for seqs so you just read them thoroughly)

From page 1191 onwards (psychiatric disorders) - high yield topic begin and from these 16 pages there will be two seqs.

After you are done with these 16 pages , you read first 4 pages of this chapter and cross all the unnecessary stuff.

Prepare delirium from Big davidson page 209 (vvvv.imp)

A-IMP TOPICS-Delirium (v.imp), Delusions & hallucinations, Low mood, anxiety, alcohol misuse, schizophrenia(vvvv.imp), depression (v.imp) , bipolar disorder (v.imp), OCD (vvv.imp), somatoform disorders (imp), eating disorders (v.imp) , factitious disorders, puerperal psychiatric disorders

B-TOPICS FOR MCQS-Clinical examination, classification, mental state examination, MUS, self harm, principles of management, dementia, substance misuse, anxiety disorders, stress related disorders,

C-TOPICS YOU MAY LEAVE-Functional anatomy & physiology, disturbed and aggressive behaviour, personality disorders, psychiatry and law

IMP SEQS

- 1-Schizophrenia (vvv.imp- D/D? Positive & negative symptoms? Management plan? drugs used ? Side effects of drugs ? Neuroleptic malignant syndromes (Lab anomaly? Treatment?)
- 2-Depression (vvvvv.imp-Investigations? Management plan)
- 3-Bipolar Disorder (imp-D/D? Management plan?)
- 4-OCD (imp- D/D? Clinical findings? Management?)
- 5-Delirium (vvvvv.imp- Causes ? Investigations? Management?)
- 6-Emergency management of alcohol withdrawal? Management of Wernicke korsakoff Psychosis?
- 7-Somatization disorder ? Dissociative disorder ? Munchausen disorder? Indications of Electrical Convulsive therapy?
- 8-Anorexia Nervosa (imp- Physiological consequences ? Treatment options?)
- 9-Bulimia Nervosa (imp- Diagnostic criteria? Management plan?)
- 10-Puerperal psychosis ? Post partum depression?

MEDICINE OSPE & CLINICAL EXAM

(Medicine ward Test/ Learning objectives during medicine ward)

(you guys should read my posts on clinical exam guideline first coz i wont be mentioning those details again and i will assume that you are well aware of short cases/long case format. These posts will be emphasizing more on subject wise approach)

First of all i will try to familiarize you with your proff practical exam setting then i will be discussing each part seperately along with its preparation methodology and important topics , and at the end i will try to summarize ward objectives.

MEDICINE EXAM SETTING

All four batches will be asked to reach Medicine Unit 1 at 8am sharp.

They will ask one student from each batch to come forward and there will be draws

This way each batch will be allocated their ward and you will be asked to go to that particular ward (like adeel was asked to come forward from our batch and after draws we were asked to go to Medicine unit 2)

You people will be having ospe first

and after ospe ,draws will decide your bednumbers and each student will be directed to attend their patient and you will prepare your long case.

At the same time , some of the students (first few roll numbers) will be called for short cases. Each student will be called for short cases on his turn and students will be preparing long case simultaneously.

Now four examiners will be taking your exams.

Two internals (HODs) and two external examiners

By default - One external will be taking 2 short cases (60 marks) and one internal (will be taking 2 short cases (60 marks)

(like Dr Dur muhammad (internal) & external mam took short cases of our batch)

Half of the students will be presenting long case to other external(like i was asked to present my long case to that lethal male external)and half of the students will be presenting their long case to other internal(Dr Tanvir)

MARKS DISTRIBUTION

A-Short case (4 short cases of 30 marks each) = 120 Marks

B-Long case (One long case)-90 Marks

C-Ospe -65 Marks

9 static stations of 5 marks each-45 marks Marks

4 interactive stations of 5 marks each-20 Marks

D-Internal Assesment-25 Marks

A-SHORT CASES

To prepare short cases of medicine you should watch examination videos on youtube and prepare bedside well

Practise methods on patients and colleagues and also practise how to present your findings

Youtube link for examination videos

A-Dr Adil Mehmood

<https://youtube.com/playlist?list=PLJwEtkvDT81d0Wf9NX71uAK5y8fkYfeNG>

B-Macleod Clinical Exam

<https://youtu.be/vreCONISwZs>

While preparing for short cases , keep googling various findings (like how patient with clubbing presents etc) and listen for murmurs and abnormal beath sounds on youtube.

WARD OBJECTIVES?

Try to prepare one examination daily and read bedside as much as you can during ward days

Next day practise methods on patients

It will be okay if it takes you 15-20 days to prepare bedside during ward days.

This way inshaAllah you will do great in ward tests inshaAllah and you will be best prepared for your proff exam too

Bedside is very important. It will cover your viva questions of paed and medicine short cases.

IMP SHORT CASES

In medicine & paediatrics -there are way too many commands that may be given (unlike surgery)

1-General physical examination (they may give commands like check for edema , check for clubbing etc)

2-Cardiovascular system (they may ask you to check for JVP, Blood pressure , examine pulses, palpate apex beat, Examine precordium)

3-Respiratory System (Any command may be given like examine front of chest/back of chest etc)

4-Abdominal examination (vvvvv.imp

Usually they ask you to palpate various viscera)

5-CNS examination (They may ask you to check for any cranial nerve, To examine motor system of lower limb (vvv.imp) , perform tendon reflexes (imp) , to examine sensory system , Cerebellar function)

All the possible commands and way of performing them are beautifully explained in dr Adil videos

B-LONG CASE

I have already explained methodology of long case and significance of “golden hour”

One thing must be kept in mind that if you are facing time deficit during proff prep

Your first priority should be to prepare short cases and bedside well

then ospe

and then long case (coz most of the times you get ample time to prepare long case during golden hour)

and you dont know Which case you will be getting in proffs

Like i got PUO

One student got Chronic myeloid leukemia
so long cases should be prepared at the end

How to prepare long case of medicine?

you should know how to take history

Visit ward one day before exam

And prepare **imp topics for long cases**

5 “C”s

1-CKD (chronic kidney disease)

2-CLD (chronic liver disease)

3-CVA (Cerebrovascular accident/Stroke)

4-CCF (Congestive cardiac failure)

5-COPD

Even if you happen to visit medicine ward right now -70-80% patients in medicine wards
will be having one of the “C”s

So they are most common long cases

You people should prepare these topics well after you are done with ospe and short cases

Some may even suggest preparing them from big davidson

Atleast two of “C”s will be asked in your seq exam too

Other imp topics for long case

Diabetes & HTN coz most of the patients have these diseases too

And you people must be smart
like you tell me ?

Is it possible you will be getting patient with psychiatric disease or skin disease in medicine ?

Ofcourse not

they will be admitted in psychiatry or derma ward (so your two topics are eliminated)

Similarly people who need surgical interventions (like cancer patients) will be admitted in surgery wards (these topics are eliminated)

Patients with arhythmias will be managed in CCU

Neurosurgical trauma will be dealt in neurosurgery departments

Soo you should be smart enough to perceive what cases can be given to you during medicine exam and shortlist your work

WARD OBJECTIVES?

You should take history of one patient daily

Read files and observe what important points were covered in history for that particular case

Observe which cases are common and how they presented and what differentials were made and how patient was investigated and managed

Even if you read two files daily ,your clinical approach will keep getting better

And trust me if your bookish knowledge is strong then long cases are piece of cake.

You will be artist and will be playing your examiners and literally controlling and directing your own vivaz inshaAllah inshaAllah

But you have to utilize “golden hour” properly

C-OSPE

you remember what i taught you during your fourth professional practical exam?

We will be following same fundaa

I have started compiling data for you guys

and will be sharing ospes of last two years

You people will write past ospe questions

I am explaining ospe format and imp ospe stations

You will target those confirm stations

and “wasim akram” has beautifully compiled past ospe questions and i will be sharing that pdf too and i will recommend preparing that pdf

Finally you guys will prepare ANCA ospe book (we used to prepare that book before wasim akram pdf and it covers your ospe too)

FORMAT?

9 Static stations

1- One station will be from Xrays and i believe it will be shameful if we wont be able to interpret Xray by the end of final

year)

imp Xrays for final year medicine

Ospe (Pleural effusion , pneumothorax, hydropneumothorax, abscess, cavity , consolidation, TB xray, heart failure)

2-One station may be from CT scan

You must know how a Normal CT head looks like and how to interpret CT head

Imp CT for final year medicine (Ischemic stroke , haemorrhagic stroke , EDH, SDH ,SOL, SAH, hydrocephlous)

3-One to two stations from ECG

Imp ECG for Final year Exam (A fib(vvv.imp) ,STEMI (vvv.imp) , Atrial flutter, Heartblocks, Supraventricular tachycardia, Ventricular tachycardia & Ventricular Fibrillation)

You people should request your Final year incharge during medicine and paed's ward to teach you how to interpret and write Xray findings, CT scan & ECG

They taught us Xrays soo welll

If no one teaches you then you know who to contact 🙏

and inshaAllah i will try my best to help

4-One station is usually from some drug (given in Wasim akram/Anqa) like heparin , steroid etc (they may ask for uses , side effects, contraindication)

5-One station from derma (usually pic like psoriasis , shingles , scabies etc)

Rest of the static stations will be covered from wasim akram pdf/ ANQA ospe

INTERACTIVE STATIONS

there will be four interactive stations

1-One station is usually about counselling of some disease (like counselling of seizure patient , TB patient , patient education about life style modification in diabetes etc)

2-One station usually from Basic life support and instruments(How to provide BLS ? CPR ? endotracheal tube? Laryngoscope ? CVP line , Ambu bag etc)

3-One station for emergency management like management of DKA, Pulmonary edema seizure , needle prick with needle contaminated with HBC/HVC or Hiv positive blood etc

4-Any other interactive station like management and investigation of any disease , Schizophrenic patient management

That was all about medicine 🙏

Paediatrics

Guideline by

Afaq Naeem

(Aimc Batch 2k20)



Do remember me in your prayers 🙏

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OVERVIEW OF PAEDIATRICS

Paediatrics !

Among the giants like Medicine & Surgery that will remain the centre of your academic prioritization in final year , Paediatrics is usually treated as a “side kick”

But paedics can prove to be the DARK HORSE causing mental distress during proffs , because idea of having not prepared it well can be perplexing ,and we fear that unlike other subjects there will be only one written exam for paedics. Moreover, when the time comes , your energy stores are fully depleted after giving 6 written exams and zinda lashon wala scene bnjataa 😞

Unfortunately , many students failed in paediatrics this year..

WHY PAEDS IS IGNORED?

Actually most people tend to prepare medicine well

And it is true that medicine covers upto 60-70% of your paedics course.

For example topics like Celiac disease, blood cancers etc -Investigations and treatment are going to be the same no matter which subject are you studying.

But some topics are really important for paedics but not given properly in medicine - For example congenital heart diseases , kwashiorker etc

They should be prepared well.

Unfortunately, many seniors will advice you to prepare only past papers for paedics.

And its true many seqs were from past papers.

9/10 seqs were from past papers

But such students experienced a severe blow in mcqs exam and there was marked difference in scores of those who studied just past papers and those who prepared paed's well.

I guess there is a proper way to prepare paed's.

And i still think if i had known it ,i might have been able to do much better.

Unfortunately , i realized it during my proff but then it was too late 🙄

and its ok we all learn from mistakes

I cant travel back in time but i can help you guys do much better

NO?

i guess little hardwork in paed's can dramatically improve outcome

Like if we study surgery for two months and medicine for 2-3 months.

Only 15 days devoted to paediatrics can prove to be game changer and you may end up with distinction in pediatrics inshaAllah.

Its literally impossible to score distinction in surgery and medicine if you are studying in government college like aimc (there was no distinction this year too)

But chances are bright in gynae & paediatrics.

There is **one more issue**

The book we study is for post graduates.

Perveiz akbar...

When we start studying paed's we think its the best book ever

But we dont need to prepare all the topics mentioned in that book.

I always wondered why certain questions were repeatedly in past papers

And there wasnt even a single mcqs from other topics .

So i looked at the uhs course guideline and then i was stunned to see that same specific topics were mentioned in uhs course guideline too.

Then there are over 80 pages for some topics in pervez and there will be only 4-5 mcqs from such topics.

We happened to leave such chapters .

In Short books like irfan masood there are only 4-6 pages for such topics

So right way would have been to prepare topics mentioned in uhs syllabus plus 4-5 pages from a short book .

Second mistake that i made was i studied medicine first and then other subjects.

I did paedS at the end.

Medicine covers 60-70 % of paedS.

But obv if you study the same topic after months from other book , it will be like starting from scratch.

But no one told us to study medicine and paedS together

For example if you studying celiac disease in medicine

it wont take more than ten minutes to read that topic in paedS and summarize that topic on one book

But it will take you one hour if you study celiac after months from other book.

Luckily, for you guys

Its all summarized.

You just have to follow my guidelines.

I have told you to prepare some topics from pervez even for medicine.

We will be doing collaborative study with max time conservation.

You should try to study both subjects together.

Like for Respiration you read my Pulmonology post of medicine and then you prepare pulmo in medicine

After you are done with it

Prepare Respiratory disorders of paed's too after reading guidelines from this pdf.

It won't take more than a day and you will be done with one topic of paed's too.

BOOKS ?

Perveiz plus short book (like irfan masood)

Pervez is an extensive book

But luckily you get three vacations in your paed's exam and there will be ample time to prepare well.

WHEN TO STUDY?

You will be preparing it with medicine

Some paed's specific topics will be left which you can prepare before sendups

EXAM FORMAT?

Written -40 mcqs and 10 seqs of 5 marks each= 90 Marks

VIVA PRACTICAL -40 marks ospe (HOs help alot and inshaAllah we will be there for you guys)

Short case 30 marks (will be covered when you will be preparing short cases of medicine)

long case- 20 marks

PAEDRIATIC MEDICINE
TABLE OF SPECIFICATIONS (MCQs)

Sr. No.	Topics	MCQs Total MCQs: 40 Total Marks: 40
01	Disorders of Blood	04
02	Heart Diseases	4
03	Infectious Diseases	05
04	Neurological Disorders	04
05	Diseases of Gastrointestinal Tract and Liver	05
06	Respiratory Tract Diseases	01
07	Oncological Disorders in Children	01
089	Renal Disorders	01
09	Rheumatic Disorders	01
10	Endocrine Disorders	02
11	Neonatology	05
12	Immune Disorders	02
13	Genetics	01
14	Miscellaneous Disorders	04

TABLE OF SPECIFICATIONS (SEQs)

Sr. No.	Topics	SEQs Total SEQs: 10 Total Marks: 30
01	Endocrinology	01
02	Cardiology	02
03	Respiratory Diseases (ARI)	01
04	Gastrointestinal Disorders	01
05	Meningitis	01
06	Vaccinology – EPI Schedule	01
07	Oncology	01
08	Neurology	01
09	Nephrology	01

IMMUNIZATION

There will be 2 mcqs and 1 Seq from this chapter (7 Marks)

You wont be studying any such topic in medicine.

So you must prepare it for paed.

Luckily you have already studied most of the details mentioned in this chapter in your community medicine.

HOW TO PREPARE IMMUNOLOGY?

Read whole chapter from pervez akbar

Only 8 pages will guarantee you 7 marks.

Also prepare post exposure prophylaxis of Hepatitis and Tetanus.

A-IMP TOPICS-Types of vaccine , Examples of vaccines, EPI schedule (v.imp) , BCG vaccine , Polio vaccine, DPT, MMR, Measles, Hepatits B vaccine

B-TOPICS FOR MCQS-Precautions and recommendations, meningococcal vaccine, Hib vaccine, pneumococcal vaccine, typhoid vaccine, cholera vaccine, HAV vaccine, rotavirus vaccine, influenza vaccine, rabies immunization

IMP SEQs

1-EPI schedule in pakistan (vvvvvvv.imp)

2-Enlist 3 live vaccines ? 3 inactivated vaccines? Types of vaccines with examples?

3-BCG vaccine (v.imp-Dose? Route? site? Significance? Type? side effect? Reaction?)

- 4-Complications and contraindications of pertussis vaccine? Side effects of DPT vaccine?
- 5-Post exposure prophylaxis of tetanus (Dose ? Route ? Schedule?)
- 6-Polio (Contraindication for OPV? Dose, route and time of IPV acc to EPI schedule?)
- 7-Measles (Dose ? Route ? Schedule?)
- 8-How will you manage infant born to HBsAg positive mother?

CARDIOVASCULAR DISORDERS

There will be two seq and 4 mcq from this section (14 marks)

Most imp topic of paediatrics.

You will be preparing this topic from pervez akbar.

Some topics arent imp in this chapter and you can leave them

Only 20 pages will guarantee you 14 marks

A-IMP TOPICS-Neonatal circulation(for concept),Teratology of Fallot, VSD, PDA, ASD, CCF, Infective endocarditis, rheumatic fever (Best written in irfan masood page 183-186 (Rheumatic fever) and irfan masood page 197-201 (Infective endocarditis), myocarditis

B-TOPICS FOR MCQS-TGA, TAPVD, aortic stenosis, coarction of aorta, Supraventricular tachycardia,

C-TOPICS YOU MAY LEAVE-Ebstein anomaly,truncus arteriosus, tricuspid atresia, hypoplastic left heart syndrome, cardiomyopathy

IMP SEQS

- 1-Teratology of Fallot (vvvvv.imp-Clinical signs? complications? Tet spells? Investigations? Emergency management? Long term management?)
- 2-Atrial septal Defect (vvv.imp-Types? Clinical findings? ,complications ? Investigations? Treatment?)
- 3-Ventricular septal Defect(vvvv.imp-D/D? Investigations? Complications? Management?)
- 4-Patent ductus arteriosis(vvvv.imp-Investigation? Management?)
- 5-Congestive cardiac failure (Investigation? Management?)
- 6-Myocarditis (investigation? Management?)
- 7-Infective endocarditis (vvvvv.imp-Duke criteria? Investigations ? Management?)
- 8-Acute Rheumatic fever (vvvv.imp-Diagnostic criteria? complications? Investigations ? Management?)

HEMATOLOGIC & NEOPLASTIC DISORDERS

There will be one seq and 5 mcqs from this section (10 marks).

If you are following my guidelines -once you are done with hematology in medicine, your paediatrics hematology will also be taken care of inshaAllah .

Purpose of writing this post is so you can have basic idea about imp topics in paediatrics.

Obv you wont be revising whole hematology for your paediatrics exam and certain diseases like CML,multiple myeloma etc doesnt occur in paediatric age group.

Prepare following topics for paediatrics

- 1-Iron deficiency anemia (pervez akbar page 398)
- 2-Thalassemia (step up page 330)
- 3-Aplastic anemia (vvvv.imp-pervez akbar page 406)
- 4-Hemophilia (Step up page 345)
- 5-Von willebrand disease (step up page 344)
- 6-ITP (vvvvvvv.imp- pervez akbar page 414)
- 7-Acute leukemia/ALL (vvvvvvvvv.imp-Pervez akbar page 421)
- 8-Hodgkin lymphoma (pervez akbar/irfan)
- 9-Splenomegaly and hepatomegaly (read -pervez akbar page 435)

IMP SEQs

- 1-Iron deficiency anemia (Investigations ? Treatment)
- 2-Aplastic anemia (investigations ? Treatment?)
- 3-ITP (vvvvvvvvv.imp-investigations ? Treatment?)
- 4-ALL (vvvvvvvvvvvvvvvvvvv.imp- complications? Investigations? D/D? Treatment? Prognostic factors ?)
- 5-Hodgkin Lymphoma (Stages? Classification? Investigations?)

RESPIRATORY DISORDERS

There will be one seq and one mcq from this section (6 Marks)

I suggest you prepare this topic as soon as you are done with pulmonology in medicine. InshaAllah it wont take more than a day after preparing Pulmo in medicine and you will be done with this topic of paed's too.

You dont need to prepare all those topics given in pervez Akbar.

As you can see there is only one mcq ,so it wont be worth it to waste your time as you will have studied pulmo in detail in medicine

Prepare following topics from Pervez Akbar

1-Acute respiratory infections (also prepare IMNCI table on ARI management-page 51 pervez

2-Acute epiglottitis

3-Croup

4-Bronchiolitis (imp)

5-Pneumonia (vvvvv.imp)

6-Pleural effusion (imp-you will have prepared this topic from pervez while preparing pulmo in medicine)

7-Pneumothorax (imp-you will have prepared this topic from pervez while preparing pulmo in medicine)

8-Asthma (complete topic from irfan masood page 226 onwards (for medicine & paed) plus pervez akbar page 263 (investigations , D/D, management of acute asthma attack for paed)

9-Burn injuries (pervez page 113)

10-Foreign Body inhalation (vvvvvvv.imp pervez page 115)

11-Pertussis (imp-pervez page 202)

12-TB (irfan masood page 250 - Will cover both medicine and paed)-No need to prepare this topic from step up or pervez akbar paed

13-Cystic fibrosis (Wasnt an imp topic- but unfortunately it was asked in our proff written and it was the only question that wasnt from past papers

Vague question with multiple possible answers but cystic fibrosis most likely and they asked how will you investigate etc)

IMP SEQS

1-Croup (imp-D/D? Etiological agent? Investigation? Diagnostic sign? Management?)

2-Bronchiolitis (imp- Causative agents ? D/D? Investigation? Management?)

3-Pleural effusion (D/D? Management steps ?)

4-Pneumothorax (imp-Investigation , management?)

5-Pneumonia (vvvvv.imp-Classify Illness acc to ARI program ? investigations ? treatment ? Prevention?)

6-Asthma (vvvvvvv.imp-Investigations? Management of acute asthma attack? Management?)

7-Foreign Body (vvvvvvv.imp-D/D? Investigations? Management ?)

8-Pertussis (imp-Investigation ? stages ? Management?)

ENDOCRINOLOGY & GENETICS

There will be one seq and three mcqs from this section (8 Marks)

I suggest you prepare this topic as soon as you are done with Endo in medicine.

InshaAllah it wont take more than a day after preparing endo in medicine and you will be done with this topic of paed's too

You dont need to prepare all those topics given in pervez Akbar

Prepare following topics from Pervez Akbar

1-Short stature (vVV.imp)

2-Congenital Hypothyroidism (VVVV.imp)

3-Congenital adrenal hyperplasia (read)

4-Diabetes mellitus (In Medicine , they usually focus on type 2 diabetes , but in paediatrics they have beautifully explained management of type 1 diabetes so you should read it)

5-Diabetic ketoacidosis (Irfan masood medicine page - 351)

6-Rickets (VVVVV.imp)

7-Down Syndrome (VVV.imp)

8-Turner Syndrome (imp)

Trust me you will be able to do mcqs on your medicine knowledge and there is 99% probability that you will encounter seq from above mentioned topics (All seqs in past papers are covered by preparing above topics)

IMP SEQS

- 1-Short stature (v.imp-Differentials diagnosis? diagnostic approach?)
- 2-Congenital hypothyroidism (vvvvv.imp-Clinical findings? complications? Investigations? Treatment? Follow up ? Prognosis?)
- 3-Type 1 Diabetes (Complications ? Treatment?)
- 4-DKA (vvvv.imp-Investigations ? Management?)
- 5-Turner Syndrome (Clinical Findings ? Management?)

NEPHROLOGY

There will be one seq and 1 mcqs from this topic (6 Marks)

Imp topic.

I will suggest you prepare this topic as soon as you are done with nephrology in medicine. It wont take more than a day after medicine and you will be done with one topic of paeds too.

There are around 35 pages in pervez akbar

But you have done most of the topics in medicine

ans uhs dont recommend you to prepare all those topics

So as soon as you are done with medicine

You prepare following topics from Pervez akbar paeds

1-Acute post-streptococcal GN(vvvvvv.imp)

2-Nephrotic syndrome(vvvvv.imp)

3-Urinary Tract Infection (vvvv.imp)

4-Henoch schlein purpura (imp)

5-Wilms tumour (page 431)

AKI and CKD arent that imp for paedS and will be well prepared in medicine inshaAllah

you may read AKI from pervez

as there is only 1 mcqs from this topic

so you dont need to prepare any other topic for nephro in paedS

in 99.999999% cases, above topics will cover your seqs

IMP SEQs

1-Acute streptococcal GN(vvvvv.imp-Complications? Investigations? D/D, management)

2-Nephrotic syndrome (vvvv.imp-Complications? investigations? Management?)

3-Acute kidney injury (invest? Management?)

4-Wilms tumour (D/D? Investigations?)

5-UTI (vvvvvvv.imp-causes, d/d, predisposing factors, agents, investigations? Treatment?
4 ways of collecting urine?)

INFECTIOUS DISEASES

There will be 5 mcqs from this topic in paed (5 marks)

Occasionally there may be one seq from this topic too.

There will be two seqs and 7 mcqs from this chapter (17 Marks) In MEDICINE.

So basically we prepare this topic for medicine.

And we study this topic from pervez so it covers both medicine and paed

During paed proff prep, we usually dont do this topic coz we have already prepared it during our medicine 2 exam.

So instead of reading such an extensive topic again for 5 mcqs

We simply do only past paper seqs for paed.

Sometimes you get long case like typhoid, malaria, dengue, PUO in medicine or paed too.

HOW TO STUDY INFECTIOUS DISEASES for medicine & paed.

You will be preparing this topic from pervez akbar.

A-IMP TOPICS-Acute diarrhea(v.imp for paed , not imp for medicine), shigellosis, giardiasis, amebiasis, Typhoid (vv.imp), infectious mononucleosis(v.imp), malaria (v.imp), TB (imp for pulmonology), Rheumatic fever (imp for cardiology), dengue (vv.imp) , covid (v.imp-asked in our proffs), HSV , brucellosis(past papers-imp for medicine), leptospirosis (past papers-imp for medicine)

B-TOPICS FOR MCQS - Cholera, diphtheria, tetanus, botulism, measles, mumps, chicken pox, worm infestation,

C-TOPICS YOU MAY LEAVE-Persistent diarrhea, polio, pertussis(v.imp for paed's but not for medicine), leishmaniasis, rabies, naegleria,

IMP SEQs (mainly for medicine)

1-Typhoid (vvvv.imp-Complications? investigations? Management?)

2-Shigellosis (D/d, investigations? Management?)

3-Leptospirosis (mode of transmission? Investigations ? Management ? Complications?)

4-Dengue (vvv.imp-D/d? pathophysio of dengue shock syndrome? Anomalies in CBC? investigations ? Management? Complications?)

5-Herpes Simplex virus (imp- Treatment?)

6-Shingles (Treatment ? investigations? Ramsay hunt syndrome? D/w upper and lower motor neuron lesion of facial nerve?)

7-Tetanus (Clinical features? Management?)

8-Viral hepatitis? Meningitis? TB? Pneumonia?Hydatid cyst of liver ? Amebic liver abscess (you will study such topics in their relevant chapters)

9-Infectious mononucleosis (imp- Investigations? Management? Complication?)

10-Malaria (vvvv.imp-Complications? Investigations? Management plan? Treatment of cerebral malaria?)

11-HIV (investigations? Management?)

12-Syphilis (Investigations? Management?)

13-Covid (vvvv.imp-Criteria for hospital admission? Investigations? Treatment?)

IMP SEQs

- 1-Acute gastroenteritis (vvv.imp- complete topic - History ? Focus on examination? Treatment plans ? Causative agents ? Management plan? How will you classify dehydration? Signs for classifying dehydration?)
- 2-Malnutrition (Complete - very imp for seqs , mcqs and table viva)
- 3-Celiac disease (vvvvvvv.imp- D/D? Investigations? Management?)
- 4-Lactose intolerance (management?)
- 5-Wilson disease (D/D? investigations? Management?)

MENINGITIS & NEUROLOGIC DISORDERS

There will be 2 seq and 4 mcqs from this section (14 Marks)

Imp topic..

There are 2 parts of this topic

A-MENINGITIS

One of the most important part of your final year paediatrics.

There will be one seq from 4-5 topics under this heading

TOPICS?

- 1-Pyogenic meningitis (vvvvvvvvvvvvv.imp-pervez page 330
Imp seqs-Organisms? Signs? complications? Investigations? Management? D/D? Prevention?)
- 2-Tuberculous meningitis (vvvvvvvvvvv.imp-pervez page 336
imp seqs-D/D? Investigations? Management ? Complications?)

3-Encephalitis (read or leave)

4-Cerebral malaria (v.imp-pervez page 342

imp seqs-D\D? Management? Investigations?)

5-Febrile convulsion (imp-pervez page 344

imp seqs-Define? management ? Recurrent risk?)

B-NEUROLOGIC & NEURO-MUSCULAR DISORDERS

There will be 1 seq from this section.

TOPICS?

1-Epilepsy (imp)

2-Hydrocephalous (imp-pervez page 356)

3-Cerebral palsy (vvvvvvvv.imp-Pervez akbar page 366

imp Seqs - Define? Causes? Forms? associated deficits? Management plan?)

4-Duchenne muscular dystrophy (v.imp- pervez page 378

imp seqs-mode of inheritance ? History and examinations? Management plan?)

5-Myasthenia gravis (imp- Revise from medicine or prepare from pervez)

6-GBS (vvvvvvvvvv.imp - pervez page 387

Imp seqs-D\D? Investigations? Management)

NEONATOLOGY

There will be 5 mcqs from this chapter (5 marks)

Occasionally there can be one seq from this chapter.

But usually there are only 5 mcqs from this chapter.

Now as you can see there are around 60 pages of neonatology in pervez.

And 60 pages for 5 mcqs won't be worth it.

So we will be preparing selective topics from this chapter.

HOW TO STUDY NEONATOLOGY?

Prepare following topics from this chapter

Definitions (Concept) , Neonatal Resuscitation(imp) , care of newborn (read), birth asphyxia (imp), prematurity (read), RDS (imp), Neonatal sepsis (v.imp), Jaundice neonatorum (v.imp), LGA infant (read), Hypocalcemia(read), Infant of diabetic mother (imp), neonatal seizures (read) , Haemorrhagic disease of newborn (imp)

You can leave remaining topics

If someone wants to cover everything

Then read NEC,IVH,apnea, TTN & birth injuries but that won't be necessary if you ask me.

IMP SEQs

1-Resuscitation steps of newborn

2-RDS (imp) , Jaundice neonatorum (v.imp)

3-Prematurity (Complications?)

4-Neonatal sepsis (vv.imp-Investigations? management?)

5-Neonatal seizures (Causes ? How will you investigate?)

6-Infant of diabetic mother (D/D? Investigations? Management?)

MISCELLANEOUS TOPICS

These topics are basically for mcqs.

There will be 6-7 mcqs from these topics..

A-History Taking & Physical Examination

Read neonatal reflexes for mcqs (pervez page 11)

B-Growth & Development

1-Table 2.1 (Weight at different ages) For Mcqs-Pervez page 15.

2-Table 2.3 (height at different ages) & Table 2.5 (head circumference at different ages) for mcqs -pervez page 16

There will be one to two mcqs from these three tables.

3-Developmental milestones (Pervez page 17-23) -Usually one mcq from milestones.

Prepare table from short book like irfan masood rather than cramming it from pervez.

C-Social & Preventive pediatrics

Prepare IMNCI table of pneumonia (Pervez page 51), Diarrhea (pervez page 52) ,sorethroat (pervez page 53) & Malnutrition (pervez page 55)

D-Behavioral & Psychiatric Disorders

no need to prepare any topic from this chapter.

E-Fluid & Electrolyte Disorders

no need to prepare any topic from this chapter.

F-Acutely ill child

Burn injury & Foreign body inhalation (we have already prepared it for Respiratory Disorders)

G-Immunologic Disorders

No need to prepare any topic from this chapter.

H-Metabolic Disorders

No need to prepare any topic from this chapter.

I-Rheumatic Disease

SLE (revise from medicine or leave for paeds)

JIA (read for mcqs)

J-Dermatology

Scabies (revise from medicine or leave)

Diaper dermatitis (Read for mcqs or leave)

K-Paediatrics Surgery

Biliary atresia (mcqs)

Intussusception (imp)

L-Poisoning & Toxicology

Read general management

M-Bone & Joint diseases

Septic arthritis (revise from medicine)

Osteomyelitis (revise from medicine)

Club feet (revise it from systemic surgery orthopedic section)

Developmental Dysplasia of hip (Revise it from systemic surgery orthopedic section)

PAEDIATRICS OSPE & CLINICAL EXAM

(Paeds ward Test/ Learning objectives during Paeds ward)

EXAM SETTING

In paediatrics , two batches will be having exam on same day as there are two paediatrics departments in aimc.

By default , first batch (as in batch A on day 1) will be having exam under supervision of Proff Dr Ayesha Arif and second batch will be having Dr Javeid as their internal examiner.

Both batches will be taking ospe simultaneously

Acc to standard uhs guidelines , short cases in paeds should be conducted as part of ospe exam (just like you had examination stations in eye exam in your ospe)

But in aimc , you will be taking short cases after ospe exam.

There will be three examiners for paeds exam.

One internal and two externals.

For first batch , Dr Ayesha will be taking one short case and external will be taking second short case (just like medicine)

Half of the students of that batch will be presenting their long case to Proff Dr Ayesha and half of the students will be presenting their long case to external (external who will be taking long case cant be the one who took short case)

As you can see its totally luck

Some students will have to present only one short case to external and they will be lucky enough to have their second short case and long case to be present to internal and some students will have to present both long and one short case to two different externals.

In aimc , paedcs department is very cooperative

They even sometimes let you choose your case and even allow two to three students to prepare same long case.

EXAM FORMAT

1-Long case (one long case)-20 Marks

2-Short cases (two short cases of 15 marks each) -30 Marks

3-Ospe (8 static stations of 5 marks each)-40 Marks

4-Internal Assessment-10 Marks

A-SHORT CASES

Paedcs short cases are covered by bedside .

You will be getting same commands.

Even teachers will say k “ap medicine me kar k aye hein hum revise krwa deite”

And you prepare short cases just like you prepare short cases of medicine

So if you will be having paedcs ward first , you should try to read as much bedside as you can

and you should practise methods

It will benefit alot in medicine too.

And you keep studying medicine (i will be guiding about medicine and paediatrics collaboratively so you will be preparing both subjects simultaneously)

Some **IMP POINTS For PAEDIATRICS SHORT CASES**

1-In paediatrics, kids usually don't listen to you easily so you have to show sympathy, empathy and your approach should be professional showing care for the patient.

2-Take consent from parent too and then ask the patient.

3-I took toys for my patients and it helps to make them follow your commands

4-Keep talking to your patient while performing examination (like or bae school jatey ho? Kia haaal hey? Konsi game pasand? Dard tw ni hori? Like random talking to divert his attention and make him feel at home)

5-In medicine, you educate the patient first (like apne apni finger apne nose pe lgani and then meri finger pe (finger nose test for coordination)

In paediatrics you show them what to do and then you request (ap uska hath pakar kr k uski finger usk nose and apni finger pe lga k usko educate krna k apne aise phle apne naak pe lgani and then meri finger pe)

6-Keep appreciating them (like ye tw bohat acha bacha hey - Shabaash-)

7-Never ever forget to measure height, weight and head circumference of your patient (Its very important part of general physical exam in paediatrics). In medicine you don't take these measurements but in paediatrics you must

8-Vitals (like BP, Pulse, respiratory rate have different age specific normal ranges and you must know them (tables are given in Pervez akbar)

IMP SHORT CASES FOR PAEDS

1-General physical examination (Very important for paed, usually one short case is GPE in Paeds)

2-Cardiovascular system (they may ask you to check for JVP , examine pulses, palpate apex beat, Examine precordium etc)

3-Respiratory System (Any command may be given like examine front of chest/back of chest etc)

4-Abdominal examination (vvvv.imp

Usually they ask you to palpate various viscera)

5-CNS examination (They may ask you check for any cranial nerve, To examine motor system of lower limb (vvv.imp) , perform tendon reflexes (imp) , to examine sensory system (sensory exam isnt that imp for paed) Cerebellar function)

All the possible commands and way of performing them are beautifully explained in dr Adil videos)

WARD OBJECTIVES

Same as those mentioned in “ward objectives in medicine ward”

You will learn alot during paed if you want to learn

like honestly speaking , History taking skills that Dr javeid taught us in our last rotation in paed ward turned out to be game changer for our proff practical exam.

But you have to keep requesting your consultants and then they will teach you inshaAllah.

B-LONG CASE

Long case methodology isn't different from medicine & surgery

One point is very important that for long case in paediatrics you take history from mother of patient (you may verify from kiddo too that "apko yahan pe dard hori")

Secondly, history taking in paediatrics is a bit different (you are supposed to ask birth history, vaccination history, feeding history etc)

History taking for paediatrics is beautifully explained in bedside.

IMP LONG CASES For paediatrics

- 1-Gastroenteritis (v.v.v.imp)
- 2-Tuberculosis/ tubercular meningitis (imp)
- 3-Pneumonia (v.v.v.imp)
- 4-Teratology of Fallot
- 5-Pyogenic meningitis (v.v.v.v.imp)
- 6-Cerebral palsy (v.v.v.v.v.imp)
- 7-Thalasemia
- 8-Acute lymphoblastic leukemia
- 9-Diabetic ketoacidosis
- 10-Nephrotic Syndrome (imp)
- 11-Urinary Tract Infection

HOW TO PREPARE LONG CASE

- 1-Learn how to take history
- 2-Try to prepare imp topics i mentioned

3-Visit Ward one day before exam

4-Be superactive during golden hour

WARD OBJECTIVES

You should take history of one patient daily

Read files and observe what important points were covered in history for that particular case

Observe which cases are common and how they presented and what differentials were made and how patient was investigated and managed

Even if you read two files daily your clinical approach will keep getting better

And trust me if your bookish knowledge is strong then long cases wont be problem for you inshAllah

IMP POINTS FOR PAEDS PRACTICAL EXAM

You should learn

1-normal head circumferences , weight and height values at different ages

2-EPI Vaccination schedule

3-Developmental Milestones and neonatal Reflexes

questions are asked from these topics in your short & long case viva

C-OSPE

there will be ten static stations of 5 marks each -40 Marks

To prepare ospe

you will write down past ospe questions

Will prepare 4 ospe pdfs of aeymon block

Will prepare past ospe pdf (wasim akram)

Will review the list of past ospe stations and will prepare any topic left (i will be providing you with past ospes , aeymon block ospe pdfs and wasim akram pdf in my data)

You should allocate one or may be two days for ospe (it wont be worth it to devote more than 2 days for ospe preparation coz you usually get enough help during exam and paed's ospe is relatively easier)

OSPE FORMAT

no specific format but acc to uhs guidelines

- 1-One station from neonatology (like neonatal jaundice , Respiratory distress syndrome , microcephaly, meningomyelocele, prematurity etc)
- 2-One station from Infectious disease or Immunization (like Measles , chicken pox , diphtheria , BCG vaccine etc)
- 3-one station from Instruments like (LP needle , Endotracheal tube , Inhaler with spacer , ambu bag , phototherapy unit etc)
- 4-one station from nutrition (kwashiorkor /marasmus / bitot spot etc)
- 5-One station from CNS/Neuromascular/Genetics (like Cerebral palsy , meningitis, Duchenne muscular dystrophy, down syndrome)
- 6-One station from nephrology/Endo (like Rickets , DKA, Nephrotic syndrome etc)
- 7-One station from Hematology/CVS (like Teratology of fallot , Thalasemia , they may ask about inheritance pattern of any disease (look for past ospes)
- 8-One station from respiration (usually Xray or scenario)

That is all about paed's 

Systemic Surgery

Guideline by

Afaq Naeem

(Aimc Batch 2k20)



Do remember me in your prayers 🙏

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OVERVIEW OF SURGERY

Surgery will be testing your patience and may even pose potential threat of mental breakdown.

Surgery , unlike medicine isnt that diverse.

Learning objectives and course has certain limits.

Even viva & practical exam course is highly selective as compared to medicine .

Then why it causes all the hustle ?

There are certain reasons

First of all -uhs exam format

It's like you will be forced to study course equivalent to your Special patho exam in only two vacations during systemic surgery exam (one of the deadliest exam of medical world)

We only got 2 days for our viva & practical exam of 250 marks after clinically unhappening year due to covid crisis(our seniors got whole one week).

Examiners in aimc are particularly notorious for failing students in viva practical exam (though it didnt seem to be case this year)

Secondly , question paper isnt that simple (unlike medicine in which you will be encountering straightforward questions)

Like most of us got 2-3 scenarios wrong in our systemic surgery exam.

Mcqs were shitty especially in general surgery exam (like those in Cmed and forensic)

Then obv you will be studying dogar and revising dogar will be quite a task in your proffs.

BOOKS? DOGAR ? WHY NOT BAILEY?

I will recommend dogar..

unlike medicine , options are limited in surgery

Actually in case of medicine , it will be your first exam so you can study medicine as extensive as you can.

Plus medicine is really important for everyone..

Like if you cant investigate or manage a patient having diabetes, Hypertension etc

Then it wont give a good image of you as a doctor

No?

Surgery is different ..

Suppose if a patient is having inguinoscrotal swelling or having neck swelling

Patient only expects that you tell him he is having a goitre and he should get it operated..

No patients demands that you explain it to him that “apki subtotal thyroidectomy hogi jisme hum general anaesthesia dekr collar incision dein ge above suprasternal notch and then skin subcutaneous tissue and platysma incise kr k flaps raise krdein ge and then strap muscles ko laterally retract kr k isthmus ko divide ya retract krdein ge ,so on and so far

Obv if you intend to become a surgeon then its really important

Otherwise basic knowledge that you should acquire is well written in dogar.

It wont be easy to revise whole bailey and love surgery.

If surgery would have been your first exam , then i may have recommended you bailey

But trust me it doesnt seem even theoretically possible to revise whole bailey during your surgery proff..

SURGERY 1 ? SURGERY 2 ?**SURGERY 1 / GENERAL SURGERY**

There will be 50 mcqs and 10 seqs of 5 marks each=100 marks

we usually get three vacations in general surgery exam so its not that tough to revise it.

Course isnt that extensive too

We usually prepare it from dogar

Repetition of past seqs is frequent.

8-9 seqs were from past papers in our written exam

Some imp questions are tables of bailey

I will be sharing pictures of the frequently asked past seqs that were summarized from bailey so you dont have to sort them out.

SURGERY 2/SYSTEMIC SURGERY

There will be 60 mcqs and 13 seqs of 5 marks each =125 marks

dogar plus past papers -best combo

Uhs screws our systemic surgery prep badly..

First, there will be only 2 vacations..

Secondly ,clinically imp topic like Breast , thyroid , hernia , GIT etc that are very imp for clinical exam have relatively less weightage for your written exam

and surgical specialities like orthopedic surgery , cardiac surgery , neurosurgery that we prepare only for written exam will constitute bulk of your written exam

so we have to prepare everything..

HOW TO PREPARE A TOPIC ?

You will read my guideline and will mark important topics on your books.

After preparing topic , you will be doing past papers.

WHEN TO STUDY SURGERY?

Topics that are important for clinical exam (i will be explaining them in detail in “clinical exam section”) should be prepared during your surgery ward. They will be covering your 250 marks clinical exam.

For surgical specialities (like orthopedics, urology, cardiothoracic surgery & neurosurgery)
-You should prepare these topics in 15-20 days during some minor wards or before sendup exams.

General Surgery will take around 20 days and you can study it during summer vacations or before sendups.

VIVA & PRACTICAL EXAM?

250 marks

55 marks -ospe

100 marks -short cases

70 marks -long case

25 marks internal assesment

Surgery does bring mental distress but with Allah’s help we get through it.

You have to get only 125 marks in your two written exams in order to pass .

You have to pass short case and long case collaboratively too so it gets easier ..

SYSTEMIC SURGERY

13 SEQs of five marks each

Time Allowed 02 hours

S. No.	Contents	No. of Questions
1.	Musculoskeletal System	1
2.	Upper GIT	2
3.	Lower GIT	2
4.	Urogenital System	2
5.	Head and Neck	1
6.	Thorax	1
7.	Breast	1
8.	Nervous System	1
9.	Heart and Great Vessels	1
10.	Oro dental	1

60 MCQs of one mark each

Time Allowed

01 hour and 5 minutes

I. Musculoskeletal System (6)		
S. No.	Contents	No. of Questions
1.	Fractures and Dislocations – General Principles	1
2.	Fractures and Dislocations – Upper Limb	1
3.	Fractures and Dislocations – Lower Limb	1
4.	Other Diseases of Bones, Joints and related tissues	2
5.	Hand and Foot	1

II. Upper GIT (14)		
S. No.	Contents	No. of Questions
6.	Oesophagus	2
7.	Stomach and Duodenum	2
8.	Liver	2
9.	Spleen	2
10.	Gall Bladder and Bile Ducts	2
11.	Pancreas	2
12.	Peritoneum, Omentum, Mesentery and Retroperitoneal Space	2

III. Lower GIT (12)		
S. No.	Contents	No. of Questions
13.	Small and Large Intestine	2
14.	Intestinal Obstruction	2
15.	Vermiform Appendix	2
16.	Rectum	2
17.	Anus and Anal Canal	2
18.	Hernia, Umbilicus and Abdominal Wall	2

IV. Urogenital System (10)		
S. No.	Contents	No. of Questions
19.	Kidney and Ureter	2
20.	Urinary Bladder	2
21.	Prostate and Seminal Vesicles	2
22.	Urethra and Penis	2
23.	Testes and Scrotum	2

V. Head and Neck (4)		
S. No.	Contents	No. of Questions
24.	Thyroid Gland and Thyroglossal Tract	1
25.	Parathyroid and Adrenal Glands	1
26.	Salivary Glands	1
27.	Others	1

VI. Thorax (4)		
S. No.	Contents	No. of Questions
28.	Chest Trauma	2
29.	Others	2

VII. Breast (4)		
S. No.	Contents	No. of Questions
30.	Malignant Diseases	2
31.	Benign Diseases	2

VIII. Nervous System (2)		
S. No.	Contents	No. of Questions
32.	Head, Spine and Nerve Injuries	1
33.	Others	1

IX. Heart and Great Vessels (2)		
S. No.	Contents	No. of Questions
34.	Heart	1
35.	Great Vessels	1

X. Orodontal (2)		
S. No.	Contents	No. of Questions
36.	Maxillofacial Injuries	1
37.	Others	1

GASTROINTESTINAL TRACT (GIT)

If you ask me, GIT is “**heart of your systemic surgery**”

There will be 26 mcqs and 4 seqs from GIT (46 Marks).

Moreover, there is 90% probability that you will be getting long case from GIT and usually one or two short cases from GIT.

170 pages in dogar....

Quite a task han???

But trust me its worth it..

Working hours required to prepare GIT (46 marks) are comparable to working hours required to prepare rest of your systemic surgery (79 Marks).

It can take upto 3 weeks..

But its true significance lies in clinical exam and you can easily comprehend this fact by visiting your surgical wards. Surgical wards are literally flooded with GIT cases....

So we have to be really smart..

Moreover , once you are done with GIT in surgery , you will be done with 70% of your medicine GIT course objectives too.

Systemic surgery as i said before -The deadliest exam of your mbbs.

So in written exams we prepare GIT well before the proff and during your systemic surgery written ,our focus shifts to other topics that will cover 79 marks.

Anyhow dont worry about it for now as i will be providing you with all the artillery to deal with your final proff inshaAllah.

For now prepare GIT as well as you can..

There are two parts of GIT

1-Upper GIT

2-Lower GIT

A-Upper GIT

there will be 14 mcqs and 2 seqs from upper GIT (24 Marks).

1-Esophagous

Whole chapter is important.

A-IMP TOPICS-GERD, hiatal hernia, achalasia (vvvv.imp), perforation, esophageal carcinoma(vvvvvv.imp)

B-Topics for Mcqs-Anatomy, diverticula, corrosive injury

2-Stomach & Duodenum

Imp chapter-Prepare whole chapter

A-IMP TOPICS-PUD (complete along with complications-vvvvvv.imp)Gastric Cancer

B-Topics for Mcqs-Nerve supply, blood supply, gastritis,

C-Topics you may leave-GIST, Gastric lymphoma

3-LIVER

Relatively less imp chapter

You can prepare only “imp topics” if facing time deficit during your proffs.

A-IMP TOPICS-Pyogenic liver abscess, amoebic liver abscess, hydatid disease of liver, Portal Hypertension

B-Topics for mcqs-Liver tumours, HCC,Liver trauma.

C-Topics you may leave-Anatomy, functions, assessment of liver function, synthetic functions of liver, assessment of jaundice, benign tumours of liver like hemangioma, hepatic adenoma, FNH, Budd chiari , PSC, PBC, Caroli disease.

4-Spleen

Read this chapter till splenic abscess.

Splenectomy is important.

5-Hepatobiliary System

Imp chapter

A-IMP TOPICS-Cholelithiasis (imp), Acute calculous cholecystitis (imp), Cholecystectomy (v.imp), Chronic Cholecystitis, Empyema, mucocele, acalculous & emphysematous cholecystitis, choledocholithiasis (v.imp), cholangitis (imp), Bile duct strictures,

B-Topics for mcqs-Anatomy, Investigations of biliary tree, Extrahepatic biliary atresia, choledochal cyst, gall stone ileus, cholangiocarcinoma, carcinoma of gall bladder

C-Topics you may leave-Cholecystoses, Bile duct injuries

6-Pancreas

Imp chapter

A-IMP TOPICS-Acute pancreatitis (imp) , CA pancreas,

B-Topics for mcqs-Anatomy, investigations, chronic pancreatitis

C-Topics you may leave-cystic fibrosis, cystic neoplasm of pancreas.

7- Acute Abdomen & Mesentry

Selective topics will be enough..

A-IMP TOPICS-Acute abdomen (imp), peritonitis (imp),

B-Topics for mcqs-Intraperitoneal abscess, mesenteric adenitis, Tuberculosis of nodes, mesenteric cyst

C-Topics you may leave- Retroperitoneum

Imp Seqs (Upper GIT)

- 1-GERD (Complications ? Investigations ? Management?)
- 2-Achalasia (vvv.imp-Investigations? Management?)
- 3-Esophageal Perforation (Emergency Management? investigations?)
- 4-Esophageal CA (vvvvv.imp-Types ? Staging? Investigations? Management? Surgical approaches? T2N1M0?)
- 5-Dysphagia (how will you investigate ? Causes?)
- 6-Peptic Ulcer disease (Complications? Association with H.pylori, Management?)
- 7-Perforated Peptic ulcer (vvvvv.imp-Investigations? Management?)
- 8-Bleeding peptic ulcer (vvvv.imp-Management ? indications for surgery?)
- 9-Gastric outlet obstruction (Complications? Management?)
- 10-Gastric Cancer (Enlarged left supraclavicular mass? management?)
- 11-Causes of Upper GIT bleed ? Conditions in which serum amylase can be raised?)
- 12-Liver Abscess (Etiology? Management?)
- 13-Hydatid disease of liver (Causative agent? Clinical findings? management options? Precaution during operation?)
- 14-Severe hematemesis in cirrhotic patients/esophageal varices (Treatment?)
- 15-Cholelithiasis (v.imp- Complication? Management? Investigations?)
- 16-Acute cholecystitis (v.imp-Management? Complications?)
- 17-Enlist steps of open cholecystectomy? Steps of laproscopic cholecystectomy ? Complications?
- 18-Emphyema of gall bladder (imp)

19-Choledocholithiasis (vvvvvvvvv.imp- Investigations? Management?)

20-Splenectomy (imp- indications? Complications?)

21-Acute pancreatitis (vvvvvvv.imp-Complications? Management ? Investigations?)

22-Pancreatic pseudoabscess (imp- management?)

23-CA pancreas (Investigations ? Management?)

24-Acute abdomen (imp-Investigations? Causes?)

25-Acute peritonitis (imp-Investigations? Management?)

B-LOWER GIT

there will be 12 mcqs and 2 seqs from lower GIT (22 Marks)

Lower GIT is very important for clinical exam too.

1-Small and Large Intestine

A-IMP TOPICS- Small bowel perforation, Typhoid perforation, Intestinal TB (v.imp), Ulcerative colitis (imp), Crohn disease (imp), meckel's diverticulum, colonic diverticula, colorectal carcinoma (vvvvv.imp), ileostomy, colostomy , causes of rectal bleed

B-Topics for mcqs-Hirschsprung's Disease, enterocutaneous fistula, short bowel syndrome, diverticulae disease, rectal prolapse, polyps, FAP, HNPCC

C-Topics you may leave-Intestinal Amoebiasis, angiodysplasia, proctitis

2-Intestinal obstruction

Imp chapter

A-IMP TOPICS-Intestinal obstruction (complete) , adhesive obstruction, volvulus (imp), Intussusception (v.imp),

B-Topics for mcqs- Closed loop obstruction, intestinal herniation, bolus obstruction, Functional obstruction, paralytic ileus, mesenteric ischemia

3-Vermiform appendix

Imp chapter

A-IMP TOPICS-Acute appendicitis, appendectomy, appendicular mass, appendicular abscess

B-Topics for mcqs-Tumors of appendix

4-Anal canal

Imp chapter

A-IMP TOPICS-pilonidal sinus, anal fissure (v.vv.imp), haemorrhoids (v.imp), fistula in ano (v.imp) ,

B-Topics for mcqs-anatomy ,anal incontinence , pruritis ani, anorectal abscess , anal stricture

C-Topics you may leave-Anal warts, Bowen disease, malignant tumours of anus

5-Hernias , umblicus & abdominal wall

Imp chapter for clinical exam.Not that imp for written exam

A-IMP TOPICS-Inguinal hernia (imp), strangulated inguinal hernia (v.imp), incisional hernia

B-Topics for mcqs-Definitions and anatomy (for concept) ,femoral hernia, infantile umbilical hernia, paraumbilical hernia, epigastric hernia, divarication of recti, some special forms of hernia,

burst abdomen

C-Topics you may leave-Obturator hernia , lumbar hernia, gluteal hernia, omphalitis, umbilical granuloma, calculus fistula, persistent duct, remnant, neoplasm of umblicus, tearing

IMP SEQS (Lower GIT)

- 1-Perforation of viscera (investigations? Management?)
- 2-Intestinal TB (imp- Investigations? Management?)
- 3-Toxic megacolon (management?)
- 4-Meckel diverticulitis (Management?)
- 5-Ulcerative colitis (v.imp-Complications? management?)
- 6-Crohn Disease (V.imp- Investigations? Management?)
- 7-Colorectal CA (vvvvv.imp- Staging? Duke classification? Causes ? investigations? Management?)
- 8-Intestinal stoma (imp-Examples? Complications ? Indications?)
- 9-Right iliac fossa mass (D/D? how will you investigate ? Hemicolectomy?)
- 10-Intestinal Obstruction (imp-Clinical findings ? investigations ? management?)
- 11-Intussusception (imp-sign of dance ? Investigations? Management?)
- 12-Sigmoid volvulus (management plan?)
- 13-Acute appendicitis (D/D? Clinical signs? Investigations ? Management ? How to proceed if patient is having normal appendix?)
- 14-Appendectomy (imp- Incisions? Steps? Complications?)
- 15-Appendicular mass (investigations? management?)
- 16-Pilonidal sinus (management?)
- 17-Anal fissure (v.imp-Define ? Management? Various causes of atypical presentation?)
- 18-Haemorrhoids (imp-How will you diagnose clinically? Treatment options? D/D? Degrees of haemorrhoids ? Complications of haemorrhoids & haemorrhoidectomy? Investigation?)
- 19-Fistula in ano (imp- Park classification? Goodstall rule? Investigations? Management options?)
- 20-Steps of herniotomy , hernioplasty and mesh repair for inguinal hernia. Complications of open hernia repair?
- 21-Strangulated hernia (v.imp-Management?)
- 22-Femoral hernia (D/d? Treatment options?)

BREAST

There will be one seq and 4 mcqs from this chapter (9 marks). Only 14-15 pages will guarantee you 9 marks. Imp chapter for clinical exam too. Some students will be having patient with Fibroadenoma or CA breast in their long case exam.

A-Imp Topics-Investigations (imp), fibroadenoma (imp), phyllodes tumor, Breast abscess (imp), gynecomastia, mastalgia, carcinoma breast (Complete-vvvv.imp)

You may read CA breast and Fibroadenoma from bailey and love.

B-Topics for mcqs-Anatomy (Concept), nipple retraction, cracked nipple, nipple discharge, galactorrhea, galactocele, breast cyst, amazia, polymazia, hematoma, fat necrosis, ductal ectasia, ANDI,

IMP SEQs

- 1-Triple assesment/ How will you investigate breast lump ? Role of MRI in breast lump evaluation? Causes of unilateral breast discharge?
- 2-Fibroadenoma (imp- treatment?)
- 3-Phyllodes tumor (Clinical findings? Investigation? treatment?)
- 4-Acute breast abscess (imp- Causes ? Investigations ? Treatment options? Advice for lactation?)
- 5-Gynecomastia (history and examination? causes ? Treatment options?)
- 6-Mastalgia (Management?)
- 7- CA breast (vvvvv.imp- Investigations? Staging? Management? options for breast reconstruction? 3 levels of axillary clearance?)
- 8-Modified Radical mastectomy (imp- structures to be excised? how axilla is accessed? structures to be preserved ? Complications?)
- 9-Paget disease of nipple (investigations? Treatment options?)

ENDOCRINE SURGERY

There will be 2-3 mcqs and one seq from endocrine surgery.

A-THYROID

Thyroid is very important especially for clinical exam. Most of the students will be having patient with thyroid disease in their short case or long case.

Mcqs and seq from this section are usually from thyroid.

Prepare whole chapter.

A-Imp Topics -Blood supply, thyroglossal duct cyst/fistula and lingual thyroid, goitre, hyperthyroidism, Tumors of thyroid, Preop assessment, steps and complications of thyroidectomy (imp).

B-Topics for mcqs-Surgical anatomy, investigations, hypothyroidism (imp for medicine), myxoedema, thyroid nodule, retrosternal goitre, thyroiditis

C-Topics you may leave-Synthesis of thyroid hormone

B-PARATHYROID GLANDS

Read or leave..

You can leave this chapter in your systemic surgery proff coz it will be prepared well in medicine 2 exam.

C-ADRENAL GLAND

Read incidentoma and pheochromocytoma.

No need to prepare remaining topics as they are important for medicine exam and you will be preparing them in endocrinology medicine.

D-PITUITARY GLAND

Read or leave..

This chapter isnt imp for surgery.

IMP SEQs

- 1-Blood supply of thyroid gland? Ectopic sites ? Anomalies of thyroglossal tract? Struma ovarii? Management of thyroglossal cyst?
- 2-Goitre (Define? Classification? Management of diffuse toxic goitre?)
- 3-Multinodular goitre (investigations? Management?)
- 4-Thyrotoxicosis/Grave disease (Investigations? Treatment options?)
- 5-CA thyroid (imp- D/D? management plan? Role of radioactive iodine in follow up?)
- 6-Thyroidectomy (imp-Preop preparation? Steps? complications?)

HEAD & NECK

There will be 4 mcqs and 1 seq from this section (9 Marks).

Imp section for clinical exam too.

A-Salivary Gland

Whole chapter is very important-Prepare complete chapter.

B-Tumors of Oral Cavity

Whole chapter is important -Prepare complete chapter.

C-Neck Swelling

Read D/D of neck lump.

You can leave rest of this chapter.

D-Cleft lip & Cleft palate

Prepare complete chapter.

E-Maxillofacial Injuries

Read whole chapter.

Leforte fractures for mcqs.

Lower third fracture (imp). You can leave remaining chapter in proff.

F-Neck Trauma

Read this chapter.

You can leave this chapter in proff.

G-Dental Surgery

Ameloblastoma (Read).

Only headings of other topics in this chapter.

Also Prepare

1-Tracheostomy (vvvv.imp- Revise from ENT dhingra or prepare from past papers)

2-Tubercular lymphadenitis (vvvv.imp- Revise from general surgery “Lymphatic

Disorders.”

IMP SEQs

1-Minor Salivary Gland cyst (Cause ? Management?). Ranula (Pathology , investigation? Management?)

2-Sialolithiasis (Investigation? Management?)

3-Submandibular gland tumour (Investigations? Management? Nerves at risk of damage during removal of submandibular gland-Lingual nerve, hypoglossal nerve , marginal mandibular branch of facial nerve

4-Classification of parotid tumors. Pleomorphic adenoma (imp-Investigations? Management? Complications of parotidectomy? Signs of malignancy? structures to be preserved during superficial parotidectomy - Facial nerve, stylomastoid artery & sternocleidomastoid muscle.

5-Frey Syndrome (Cause ? Management?)

6-CA oral cavity (vvvvvvvvv.imp-Premalignant conditions? Risk factors ? staging ? Investigations? Treatment modalities ? Mode of spread ? Management of CA tongue, CA lip, CA buccal mucosa, How will you manage cervical lymph node metastasis?)

7-Metastatic cervical lymph node (imp- How will you look for primary lesion? Management plan?)

8-Levels of cervical lymph node ? Types of neck dissection?

9-Cleft Lip and cleft palate (imp-Long term complications? Principles of management? Ideal time for primary repair procedures ?)

10-Management of fractures of mandible ? Management of ameloblastoma?

11-Tracheostomy (vvvv.imp-Indications? Steps? Complications?)

12-Tubercular lymphadenitis (imp-Stages ? Investigations? Management?)

CARDIOTHORACIC SURGERY

There will be around 6 mcqs and 2 seqs from this chapter (16 Marks).

High yield topic for proff written.

Usually one to two ospe stations from this section too.

Not imp for clinical exam (Short & long case).

So basically we will be preparing this topic for proff written only. Past papers are very important and you should prepare them well.

A-THORACIC TRAUMA

Chapter 10 of general surgery by Abdul Wahab Dogar. Whole chapter is very important.

A-Imp topics: Tension pneumothorax (v.imp), Open pneumothorax, massive hemothorax (v.imp) , flail chest , Cardiac temponade , Chest intubation

B-Topics for mcqs: Anatomical and pathophysiological considerarion, Airway obstruction, Potential life threatening conditions , Pericardiocentesis

B-THORAX

Section 6 of Systemic Surgery. Chp 32.

A-Imp topics :Bronchogenic carcinoma , thoracic aortic aneurysm, Aortic dissection (imp), spontaneous pneumothorax ,empyema thoracic, Tube thoracostomy (imp) ,cervical rib

B-Topics for mcqs/Leave: Solitary pulmonary nodule, Tumours of mediastinum, lung abscess , chylothorax,

C-CARDIAC SURGERY

Only 3 pages. Whole chapter -Very important.

D-VALVULAR HEART DISEASES

this topic is best prepared in medicine .

Prepare any past seq given in past papers. Rest you can leave.

E-CONGENITAL HEART DISEASES

This topic is best prepared in paed. No need to prepare from here. Prepare any seq given in past papers.

IMP SEQS

- 1-Enumerate 6 potentially Life threatening and immediately life threatening injuries.
- 2-Pneumothorax (vvv.imp-Types? Treatment of tension pneumothorax ? D/D ? Management of open pneumothorax and spontaneous pneumothorax ? D/W tension pneumothorax and cardiac temponade ?)
- 3-Hemothorax (imp-Investigations? Management?)
- 4-Flail Chest (imp- Define ? Cause of respiratory distress ? Management ? Paradoxical breathing ?)
- 5-Cardiac temponade (v.imp- D/D? Investigations? Emergency Treatment?)
- 6-Bronchogenic carcinoma (Investigations? Staging?)
- 7-Empyema thoracic (management protocol? Position and steps for thoracostomy (past papers)
- 8-Aortic aneurysm (imp- Indications for surgery ? Management ?)
- 9-Aortic Dissection (very imp-Complications ? Investigations?)
- 10-Tube thoracostomy (imp-Indications ? Steps ? Complications ? Boundaries of triangle of safety?)
- 11-Cervical Rib (Types ? Investigations ? Management?)
- 12-Cardiopulmonary bypass (vvvv.imp- Indications ? procedure ? Complications ?)
- 13-Invesitgations and surgical options for coronary artery disease ? Indications for CABG?
- 14-Enumerate cyanotic congenital heart diseases ? surgical options for mitral valve stenosis?)

NEUROSURGERY

There will be two mcqs and one seq from this section (7 Marks).

There will be one ospe station too.

But you wont need this topic for clinical exam.

So this topic is “adjustable”. And only imp topics can suffice for written exam.

HOW TO PREPARE NEUROSURGERY?

1-First Read chapter 12 of general surgery -Neurosurgical Trauma.

2-Then open neurosurgery section of systemic surgery and read brain death (page 345) & Hydrocephalous (page 349) & prolapsed intervertebral disc (page 352)

3-Peripheral nerve injuries (chp 8 of systemic surgery) is also part of this section.

A-Imp Topics: Brain Injury (imp-Especially glasgow coma scale , clinical features (cushing reflex), indications for CT & management) , EDH (imp) , SDH (imp), brain death (imp) , Hydrocephalus (imp), prolapsed intervertebral disc (imp), types and management of nerve injuries (imp)

B-Topics for mcqs: Scalp injury , skull injury, spinal cord injuries & spinal shock,

C-Topics you may leave-Organ donation, intracranial tumours , developmental anomalies of spinal column

IMP SEQs

1-Fracture of skull/Brain injury (imp-Indications for CT scan (vvvv.imp), How will you manage ? Cushing reflex? How will you prevent secondary brain injury? Principles of management ? Primary survery in neurosurgical trauma?)

2-GCS (imp- Define? Calculate ? Significance ? Limitation?)

3-EDH (v.imp-Investigation? Management?)

4-SDH (Management ?) Types of intracerebral bleed ? Management of Subarachnoid haemorrhage (Revise from medicine)

5-Brainstem death (imp-Define? Diagnostic criteria? Reflexes?)

6-Hydrocephalus (imp-Investigations? Sunset sign? Treatment? Types? Monro kellie doctrine (google?))

7-Disc prolapse (imp-How will you examine ? Investigation? Treatment?)

8-Types of nerve injuries ? Findings in median nerve injury ? Management ?

9-Carpal tunnel syndrome (revise from medicine /orthopedic surgery)

ORTHOPEDIC SURGERY

There will be 6 mcqs and one seq from this section (11 marks).There will be one ospe station too (mostly Xray of fracture).

But you wont need this topic for clinical exam.So this topic is “adjustable”. And only imp topics can suffice for written exam.Even in written proffs, you can prepare this topic smartly cause treatment of fractures/complications are quite similar.And past papers can be enough if facing time deficit.

A-GENERAL PRINCIPLES

Read whole chapter for concept building.

Types of fractures, complications and management principles are important as you can improvise any question based on these topics.

B-FRACTURES of UPPER LIMB

Read Whole chapter.

Dislocation of shoulder joint , distal humeral fracture ,supracondylar fracture of humerus, forearm fracture and colles fracture are important.

C-FRACTURES OF LOWER LIMB

Read whole chapter for once.

Femoral shaft fracture, bumper injuries and fracture pelvis are important.

D-PEDIATRICS ORTHOPEDICS

Developmental dysplasia of hip and congenital club foot are imp. You can leave remaining chapter.

E-BONE TUMOURS

Do classification and osteosarcoma. Read ewing sarcoma and giant cell tumor. You may leave remaining chapter.

F-BONE & JOINT INFECTION

Osteomyelitis & septic arthritis(Imp -Revise from medicine or prepare from dogar)
Spinal TB (imp).

G-SPORTS INJURIES

Ankle sprain and principles for treatment (imp). You can read/leave remaining chapter.

H-PERIPHERAL NERVE INJURIES

This chapter is part of neurosurgery.

I-DEGENERATIVE BONE DISEASES

Prepare carper tunnel syndrome and leave remaining chapter.

IMP SEQS

- 1-Open Fracture (Define? complications? Principles of management?)
- 2-Pathological Fracture (Define? Examples with treatments? 3 bone tumours that lead to pathological fractures ?)
- 3-Supracondylar fracture of humerus (Definition? Complications? 2 indications for open reduction? Management?)
- 4-Simple Fracture of radius and ulna (Management?) Management of colle's fracture (vvvv.imp)
- 5-Management if Compound fracture of tibia and fibula ? Treatment of fracture of shaft of femur ?
- 6-Pelvic fracture with shock (imp-Suspected injuries? Initial and definitive management?)
- 7-Classify bone tumours ? Management of osteosarcoma?
- 8-Management of developmental dysplasia of hip joint and congenital club foot?
- 9-Treatment of acute osteomyelitis and septic arthritis?
- 10-Spinal TB? (imp-Investigations? Management?)
- 11-Sprained ankle (Types? management ?)
- 12-Compartment syndrome (vvvvvvv.imp- Revise from general surgery- pathophysio? Investigations? Emergency measure? Treatment?)
- 13-Palmar Fascitis (Management-Prepare from past papers)

UROLOGY

There will be ten mcqs and 2 seqs from this section (20 Marks).Imp section but extensive too.You wont need this chapter for clinical exam.So basically we will be preparing it only for proff written.You may prepare selective topics from this section.

A-KIDNEY & URETER

A-Imp topics: Renal Trauma, ureteric injuries, hydronephrosis, Renal stones (imp), ureteric stone (imp) , Renal tumours (imp).

B-Topics for mcqs: Anatomy, APKD, VUR , PUJ obstruction,

C-Topics you may leave: Historical background, Congenital anomalies, Renal duplication, ureterocele, pyelonephritis, pyonephrosis, renal carbuncle

B-URINARY BLADDER

A-Imp topics: Urinary retention (imp), bladder stones (imp) , urinary bladder fistula, Bladder cancer (imp), Neuropathic bladder

B-Topics for mcqs: Anatomy , bladder injuries, cystitis, urinary incontinence

C-Topics you may leave: Extrophy bladder, insterstitial cystitis,

C-PROSTATE

A-Imp topics: BPH (v.imp) , CA prostate (imp),

B-Topics for Mcqs: Anatomy, TB of genitourinary Tract

C-Topics you may leave: Prostatic abscess

D-URETHRA & PENIS

You can prepare selective chapters from this topic.

A-Imp topics: Injury to male urethra (imp), Urethral stricture (imp), Circumcision (imp).

B-Topics for mcqs: Anatomy , meatal stenosis, urethritis, periurethral abscess, urethral stone, priapism

C-Topics you may leave: congenital urethral stricture, meatal ulcer, posterior urethral valve , hypospadias, phimosis , paraphimosis, balanoposthitis, peyronei disease , carcinoma penis

E-TESTES & SCROTUM

Imp chapter.

A-Imp topics: Cryptorchidism (imp), torsion (imp), varicocele (imp), hydrocele (imp), epididymo-orchitis, testicular tumours , hematuria

IMP SEQs

1-Renal Trauma (imp- Staging? Investigations ? Management ? Complications?)

2-Ureteric injuries (imp- causes? Investigations ? Management?)

3-Renal Stones /Ureteric stones (v.imp-Types ? investigations ? Management? Treatment options ? Complications? Steps of pyelolithotomy? Prevention of recurrent stones?)

4-Classification of renal tumours ? Investigations and management of wilm's tumour

5-Renal cell carcinoma (imp- Clinical findings? Investigations? Treatment?)

6-Urinary retention (imp- Clinical findings? Causes? Management?)

7-Bladder stones (Investigations? Management?)

8-Vesicovaginal fistula (Causes ? Management?)

9-Atonic bladder (Causes ? Investigations?)

10-BPH (vvvv.imp-Symptoms? IPSS scoring system? How will you investigate ?

Management options? Complications of TURP? How will you manage TURP syndrome?)

11-CA prostate (imp- Investigations ? Management?)

12-Rupture of bulbar urethra (vvvvv.imp- investigations ? Management?)

13-Urethral strictures (imp-Causes ? Investigations? Management? Complications?)

14-Circumcision(Indication? Technique?)

15-Cryptorchidism(imp- Investigation ? Management? Complications?)

16-Torsion of testes (v.imp-D/D? CF? investigations? Management?)

17-Varicocele (Causes ? Does it affect fertility ? Management?)

18-Hydrocele (imp-Anatomical types ? Complications ? Management?)

19-Management of epididymo-orchitis?

20-Testicular tumours (classification? investigations? Management?)

General Surgery

Guideline by

Afaq Naeem

(Aimc Batch 2k20)



Do Remember me in your Prayers

50 MCQs of one mark each

Time Allowed

01 hour

Sl. No.	Topic	No. of Questions
1.	Surgical Anatomy	3
2.	Wounds, Tissue Repair and Scars	3
3.	Accident and Emergency Surgery, Warfare Injuries	3
4.	Fluid, Electrolyte and Acid-Base Balance	3
5.	Blood Transfusion and Shock	3
6.	Nutrition	3
7.	Wound Infection	3
8.	Special Infection; AIDS; Sterile Precautions	3
9.	Tumours, Cysts, Ulcers and Sinuses	3
10.	Burns	3
11.	Skin lesions; Skin Grafts and Flaps	3
12.	Arterial Disorders	3
13.	Venous Disorders	3
14.	Lymphatic Disorders	3
15.	Principles of Anaesthesia and Pain Management	3
16.	Principles of Radiology	3
17.	Principles of Radiotherapy and Chemotherapy	2

10 SEQs of five marks each

Time Allowed 02 hours

Question No.	Content
1	Surgical Anatomy
2	Wounds, Tissue Repair and Scars; Accident and Emergency Surgery; Warfare Injuries
3	Fluid, Electrolyte and Acid-Base Balance; Blood Transfusion and Shock
4	Nutrition
5	Wound Infection; Special Infections; AIDS; Sterile Precautions
6	Tumours, Cysts, Ulcers and Sinuses; Burns; Skin Lesions, Skin Grafts and Flaps
7	Arterial, Venous and Lymphatic Disorders
8	Principles of Anaesthesia and Pain Management
9	Principles of Radiology
10	Principles Of Radiotherapy and Chemotherapy

General Surgery-Priority List

<i>1st Priority Topics</i>	<i>2nd Priority Topics</i>	<i>3rd Priority Topics</i>
Radiology	Aseptic Techniques	Preop Evaluation
Anaesthesia	Suture Needles	Post Op Care
ATLS	Plastic Surgery	PostOp Complication
Burn Injuries	Acid Base Disorders	Surgical Audit
Hemorrhage & Shock	Fluid Therapy	Warfare Injuries
Surgical Nutrition	Blood Transfusion	Minimal Access Surgery
Principles of Oncology	Skin Lesions	
Cyst, Sinus & Wound	Lymphatic Disorders	
Surgical Infections		
Arterial Disorders		
Venous Disorders		

1-RADIOLOGY

There will be one seq and 3 mcqs from this chapter (8 marks). So only one chapter will guarantee you 8 marks-Super important. Question may require you to use your systemic surgery knowledge too. Prepare past papers well.

A-Imp Topics: USG , mammography, CT scan, MRI ,Imaging in acute abdomen, Nuclear medicine ,

B-Topics for Mcqs: Xrays , Barium studies, Imaging in trauma, Potential Hazards, intervention Radiology.

Imp seqs

1-USG (Imp- Uses ? Advantages & Disadvantages? Endoscopic USG and its advantages over conventional USG? What do you know about doppler USG?)

2-Xray (Advantages? Uses? Disadvantages? Enumerate barium studies and their clinical utility?)

3-Mammography (imp-Views taken? Dose of radiation? Steps? Mammographic signs? Uses and limitation?)

4-CT scan (Uses ? Advantages?)

5-MRI (imp-Principle? D/w T1W1 & T2W2? Advantages? Contraindications and limitations? Evolving uses of MRI?)

6-Acute abdomen (Imaging?) Indications for CT scan in head injury ? (imp). First line investigation in chest trauma?

7-Radionucleotide scan (imp- Enumerate scans available ? Merits & Demerits?)

8-Investigations for painful Right iliac fossa mass , Intestinal obstruction, Gall stones and jaundice (Covered in systemic surgery)

9-Alternative of CT scan in pregnancy? (USG). Why USG is preferred in pregnancy? Various investigations to delineate biliary tract pathology (imp- Revise from systemic surgery)

10-How can you d/w jejunum , ileum and colon radiologically ? (revise from systemic surgery).

2-ANAESTHESIA & ANALGESIA

There will be 3 mcqs and one seq from this chapter (8 Marks). Imp chapter. Prepare whole chapter.

Imp Seqs

- 1-Define General anaesthesia? Steps of administration? Enumerate IV anaesthetic drugs used for induction? Techniques for maintaining airway during general anaesthesia? Monitoring during anaesthesia? Complications of general anaesthesia ? Advantages ?
- 2-Local anaesthesia (Enumerate types ? Name drugs frequently used along with their max safe dose ? Advantages and disadvantages of lignocaine with adrenaline? Contraindications and complications of local anaesthesia? Advantages over general anaesthesia?
- 3-Spinal anaesthesia (imp- Steps ? Uses ? Advantages ? Complications? layers through which spinal needle pass ? D/w spinal and epidural anaesthesia? How will you treat spinal headache?
- 4-Epidural Anaesthesia (imp-Indication? Complications? Method??
- 5-WHO pain step ladder ? (imp). Patient controlled analgesia (imp- how its administered? Advantages?)
- 6-Name different types of chronic pain? Different options for pain control in malignant disease

3-SURGICAL NUTRITION

there will be 3 mcqs and one seq from this chapter (8 marks). Very imp chapter. Prepare complete chapter.

IMP SEQs

- 1-How will you assess nutritional state of the patient? Baseline investigations to assess nutritional state? How will you calculate nutritional requirement of the patient? Average amount of energy , carb , protein and fat required for 24hours?

- 2-Enteral Feeding (v.Imp- Define? Indications? Contraindications? Routes? Complications? Advantages?)
- 3-Parenteral nutrition (imp- Define? indications? Contraindications? Complications? Routes? Composition of TPN formulas?)
- 4-Monitoring of parenteral nutrition? (v.imp), Nutritional consequences of intestinal resection (v.vv.imp).
- 5-How will you fulfill nutritional requirement of a patient with jejunal fistula, advanced CA esophagus & patient with corrosive intake?

4-PRINCIPLES OF ONCOLOGY

There will be 2 mcqs and one seq from this chapter (7 Marks). Important Chapter. Read Whole chapter.

Imp seqs

- 1-Screening (imp- Define? 3 imp cancers in which it is helpful? Criteria for screening?)
- 2-Tumour Markers (imp- Define? Uses? Examples of commonly used markers?)
- 3-Enumerate treatment strategies of malignant tumours? Multidisciplinary Team (imp- Members ? 3 advantages and disadvantages of making such team?)
- 4-Cancer surgery (imp-Principles?) 5 roles of surgery in cancer with examples?)
- 5-Chemotherapy (v.vv.imp-Principles? D/w adjuvant and neoadjuvant chemo with examples? Classification of anticancer drugs with their mechanisms? Complications of chemotherapy? Principles of administering combined chemotherapy?)
- 6-Radiotherapy (v.vv.imp- Rationale of fractionation/5 “R”s ? indications? Methods? Complications? what do you know about brachytherapy?)
- 7-Parameters of palliative care ? Hormonal therapy and monoclonal antibody for breast cancer?

5-ATLS & THORACIC/WARFARE/ NEUROSURGICAL TRAUMA

A-ATLS

ATLS is an important chapter. You will be needing this chapter to attempt seqs of other chapters too coz you have to maintain airway , breathing and circulation first of critical patients. Read whole chapter.

Imp seqs

1-Steps in ATLS philosophy? Components of primary survery? What do you mean by ABCDE?

Steps involved in management of car accident patient keeping in view ATLS.

2-FAST (Define? Use? Limitation?)

3-Triage (Define? Explain?)

B-Thoracic Trauma

This chapter is part of “Cardiothoracic surgery” section in systemic surgery.

C-Warfare Injury

You can leave this chapter.

D-Neurosurgical Trauma

This chapter is part of “Neurosurgery” section in systemic surgery.

6-CYST, SINUS , FISTULA & WOUND

There will be 3 mcqs and one seq from this chapter (8 Marks). Imp chapter as one chapter will guarantee you 8 marks.

Prepare whole chapter.

Imp Seqs

1-Pilonidal sinus (Management? How will you manage recurrent cases?)

2-Types of wound healing with examples?(imp). Factors that delay wound healing (v.imp).

3-Management of acute wound (vvv.imp- Pic will be shared in whatsapp group).

4-D/w keloid and hypertrophied scar (imp). How will you manage such complicated scars ? (v.imp).

5-Venous leg ulcer (Management? How will you prevent recurrence?)

6-Bed sores (imp- Sites? Prevention? Various ways to cover defect? -pic will be shared in whatsapp app group).

7-Diabetic ulcer (vv.imp- grades ? Treatment?)

8-Define contracture? Keloid? Hypertrophied scar? Langerhan lines and their significance ?

(Prepare from past papers /google/ pic)

9-How will you manage non healing wounds ? (imp)

7-SURGICAL INFECTIONS & ASEPTIC TECHNIQUES

This section includes two chapters

A-Surgical Infections (Chp 23 of dogar)

B-Aseptic Techniques & Sterilization (Chp 3 of Dogar)

There will be 3 mcqs and one seq from this section (8 marks). Imp section

A-Surgical Infections

Read whole chapter.

Imp seqs

- 1-Surgical site infection (imp-Define? Classify? Factors that increase risk of SSI? Factors that determine whether a wound will become infected? classification of wound on degree of contamination(v.imp)? Scoring systems used for wound infection classification? Prevention of SSI? Decisive period? Principles of antimicrobial therapy?)
- 2-Abscess (Define? Composition ? Treatment modalities ?)
- 3-Necrotizing fasciitis (v.imp- causative agents? Management?)
- 4-Gas Gangrene (v.imp-Organism? Management?)
- 5-Cellulitis (Organism? Management?)
- 6-Hidradenitia suppurativa (Cause ? Management?)
- 7-Madura foot (imp- D/D? How will you investigate and manage?)
- 8-Tetanus (v.imp-Treatment? Prevention?)

B-Aseptic techniques and Sterilization

Just read this chapter or prepare from past papers. Sterilization with heat , factors contributing to asepsis & surgery in high risk patient is important.

Imp seqs

- 1-Precautions to decrease risk of cross infection in OT?
- 2-D/w disinfection & sterilization? Methods of sterilization? how disposable articles are sterilized?

8-VASCULAR DISORDERS

This section contains 3 chapters

A-Arterial Disorders (Chp 24 of Dogar)

B-Venous Disorders (Chp 25 of Dogar)

C-Lymphatic Disorders (Chp 26 Of Dogar).

There will be 3 mcqs from each of these chapters and 1 seq from this section (14 Marks).

Extensive section and you should prepare this topics smartly.

This section should be prepared after you are done with other imp topics in your proffs as you can make it adjustable and only imp topics can suffice from this section.

A-Arterial Disorders

Imp chapter. Vasospastic disorders & Amputation is only for mcqs.

Imp for clinical exam too.

Imp seqs

1-Peripheral Vascular Disease /Chronic Limb ischemia (imp-What do you mean by intermittent claudication? Manifestations? Leriche syndrome? How will you investigate ? Management? ABPI?)

2-Acute limb ischemia (vv.imp-Causes? CF suggestive of embolic occlusion?Emergency management? Steps of embolectomy? 3 Examples of acute arterial occlusion with clinical examples?)

3-Compartment Syndrome (v.imp-Define? Pathophysio? Complications? Management?)

4-Aneurysm (imp-Classification? Complications? Indications for surgery? Management of ruptured aortic aneurym (v.imp),

5-D/w dry and wet gangrene? Management of gas gangrene?

B-Venous Disorders

Varicose veins and DVT are important.

1-Varicose Veins (v.imp-Classification? Symptoms? Complications? How will you investigate ? Treatment options?)

2-DVT (imp-Sequele of DVT ? Complications? Prevention? Stepwise treatment approach? How will you investigate?)

C-Lymphatic Disorders

Lymphoedema, Filariasis, Cervical lymphadenopathy, Tuberculous lymphadenitis & lymphoma are imp. You can leave remaining topics.

Imp Seqs

1-Lymphedema (imp- Investigations ? Grading ? Management?)

2-Filariasis (Investigations? Management?)

3-Cervical Lymphadenopathy (Causes? Investigations?)

4-Tubercular lymphadenitis (vvv.imp-Stages? Investigations? Management?)

5-Lymphoma (Treatment options?)

9-ACID BASE DISORDERS, FLUID THERAPY, BLOOD TRANSFUSION , HEMORRHAGE & SHOCK

This section contains four chapters.

A-Acid Base Disorders (Dogar chp 15)

B-Fluid Therapy (Dogar chp 16)

C-Hemorrhage & Shock (Dogar Chp 17)

D-Blood Transfusion (Dogar chp 18).

There will be 6 mcqs and one seq from this section (11 Marks).

Smart study, Smart study, Smart Study !

If facing time deficit in proffs-Go for imp seqs and past papers.

A-Acid Base Disorders

This chapter is very easy . Only 2 pages and it will be just like revision cause you have been studying this topic since first year mbbs. It wont take more than 30 minutes.

B-Fluid Therapy

This chapter is “adjustable”. I suggest you study first 6-7 pages atleast once as they are clinically important. Water and electrolyte balance arent that important and you will have prepared them well in medicine (nephrology).

Prepare past paper questions well.

Imp seqs

- 1-Gastric outlet obstruction (Metabolic complication? Investigations?Management ?)
- 2-Constipation (Fluid , electrolyte and acid base disturbance?) Paradoxical aciduria? How will you treat it? Monitoring of fluid therapy?
- 3-Fluid and electrolyte replacement strategy when there is no obvious or concealed hemorrhage?

C-Haemorrhage & Shock

This chapter is important. Prepare complete chapter.

Imp seqs

- 1-Haemorrhages (imp-Clinical classification? Management of hypovolemic shock/Treatment of haemorrhage (v.imp).? Dynamic fluid response and interpretation?
- 2-Shock (imp-Define? Classify?Clinical effects? Parameters in staging severity of shock? Consequences of irreversible shock? Factors to categorize as compensated and non compensated shock?
- 3-Septic shock (imp-Clinical findings?Principles of management?)Causes of obstructive shock?
- 4-Monitoring of patient with shock ? (vvvv.imp)

D-Blood Transfusion

Safety measures, indications , complications & massive blood transfusion are important.

Imp Seqs

- 1-Blood transfusion (imp-Indications? Complications? Define massive transfusion? Enlist infectious complications and how they can be prevented?
- 2-Management of patient with incompatible blood transfusion? How will you manage anaphylactic reaction? Treatment steps to treat coagulopathy after massive transfusion?

10-SKIN LESIONS, BURNS & PLASTIC SURGERY

This section contains three chapters.

A-Burn Injuries (Dogar chp 13)

B-Plastic Surgery (Dogar chp 14)

C-Skin lesions (Dogar chp 21)

There will be 6 mcqs and one seq from this section (11 marks).

A-Burn Injuries

This chapter is important . There will be one ospe station from this chapter too.

Prepare complete chapter.

Imp seqs

1-Burn Injuries (vv.imp- Complications? Classification of burn? Burn centre referral criteria? Pre-Hospital care? Immediate steps? Management plan in first 24 hours? (pic will be shared in group).

2-Management of inhalation burn? Measures for respiratory distress? Calculation of burnt area (vvvv.imp),How will you calculate fluid requirement ? How will you administer fluid and which fluid you will use ? (imp).

3-Define Escharotomy? General principles of echarotomy?

4-High tension electrical burns (imp- Complications? Management?)

B-Plastic Surgery

Read classification of graft, D/w STSG & FTSG and classification of flap (only headings).

You can prepare this chapter from past papers too.

Imp Seqs

1-Variou methods of skin cover? Classification of flap & Graft.

C-Skin Lesions

Lipoma , Basal cell carcinoma & Squamous cell carcinoma are important.

Ganglion and bursa for mcqs.

You can leave remaining chapter.

Imp Seqs

1-Lipoma (imp-Clinical findings? Investigations? Management)

2-Basal cell carcinoma (vvv.imp-predisposing factors? types ? Management?)

3-Squamous cell carcinoma (imp-Treatment ? Marjolin ulcer? Staging?)

11-SURGICAL ANATOMY

There will be 3 mcqs and one seq from this chapter (8 Marks).

Extensive chapter-But luckily you will be done with most of the topics in this chapter when you will be done with systemic surgery. Plus you may be encountering question from systemic surgery in this section.

Only imp topics & past papers can suffice from this chapter.

A-*Imp topics:* Anatomy of abdominal incisions (vvv.imp), Thyroid Gland , lymphatic drainage of breast, Stomach, Calot's triangle and structures encountered during open cholecystectomy & Inguinal hernia (vvv.imp)

Imp Seqs

1-Structures encountered during pyelolithotomy? Structures encountered during cholecystectomy (imp)?

2-Total thyroidectomy (Artery , nerve & gland that needs to be preserved? Arteries divided? Structure encountered? Muscles covering thyroid lobe and nerve supply of these muscles?)

3-Lymphatic drainage of breast? Cooper ligament and their significance? Structures encountered in axillary dissection? Sentinel lymph node and its significance? Modified radical mastectomy?

4-Blood supply of stomach ? Relations of stomach? Arteries needed to be ligated during total gastrectomy?

5-Structures encountered during appendectomy? Incisions?

6-Calot's triangle (Boundaries? Significance? Draw and label anatomy of gall bladder and calot's triangle. 4 anatomical parts of CBD?)

7-Relations of right femoral vein? Draw and label anatomy of termination of long saphenous vein?

8-Draw and label 9 regions of abdomen?

9-Submandibular gland (Relations? Lymphatic drainage?)

10-Inguinal Canal (imp-Boundaries ? Contents? How will you clinically locate deep ring? Structures cut for mesh hernioplasty? Nerve at risk of injury?)

12-MISCELLANEOUS TOPICS

A-Pre-Operative Evaluation & Management

This chapter is basically for clinical exam.

You should read preop history, physical examination & Investigations.

You can leave /read remaining chapter.

B-Sutures & Needles

Imp chapter for mcqs. Prepare table given in dogar for mcqs and read remaining chapter.

C-Post-Operative Care

This chapter isnt that important for written exam. You can read/leave this chapter acc to time at hand.

D-Post Operative Complications

Try to read this chapter atleast once.

You can give a brisk read to this chapter or leave it if facing time deficit in proffs.

E-Surgical Audit

No need to read this chapter.

F-Minimal Access Surgery

No need to read this chapter.

SURGERY OSPE & CLINICAL EXAM

(Surgery ward Test/ Learning objectives during Surgery ward)

1-SURGERY EXAM SETTING

Just like medicine Exam , you will reach Surgery unit 1 at 8am sharp → Draws (for ward allocation) → Ospe → Short Case (50 marks(external examiner) plus 50 Marks (internal Examiner) → long Case

2-MARKS DISTRIBUTION

A-Short Cases (2 Short cases of 50 marks each) =100 Marks

B-Long case (one long case)= 70 Marks

C-Internal Assesment = 25 Marks

D-OSPE = 55 Marks

9 Static stations of 5 marks each =45 Marks

2 Interactive Stations of 5 Marks each = 10 Marks

A-SHORT CASE

Unlike medicine , Potential commands for short cases in surgery are limited
And preparing short cases of surgery is relatively easier

Like for medicine you have to prepare bedside thoroughly

For surgery , table viva of short cases is covered in your text books and you simply have to revise those topics.

One thing must be kept in mind that there will be time limit for short cases in surgery(unlike medicine)

So usually they hardly ask two to three questions

Major focus should be on performance of examination and presentation of your findings

In medicine you get specific commands like check cranial nerve 7 , measure blood pressure

In surgery you will be asked to perform complete examination (inspection, palpation, percussion & Auscultation)

Now there is one problem with surgery short cases

though we have only 8-10 potential short cases

We cant practise short cases on colleagues

They MUST BE PRACTISED On PATIENTS

Like in medicine , you watch examination videos and perform methods on colleagues/ siblings and then you are good to go (i practised medicine short cases three times on my younger brother before exam day so step wise approach was well consolidated)

But for surgery you need patients

Obv you cant examine a swelling if your patient isnt having swelling , similarly you cant practise ulcer examination or neck swelling examination

Moreover imp short cases like breast examination & examination of inguinoscrotal swellings cant be practised outside confines of hospital

So YOU MUST PRACTISE SHORT CASES ON PATIENTS DURING WARD DAYS

HOW TO PREPARE SHORT CASES OF SURGERY?

You must buy “ TOACS & Clinical Methods in surgery” By Abdul Wahab Dogar

11-12 short cases are given in this book

All commands given in exams are beautifully covered in this book

So you see , its much easier to prepare short cases of surgery than medicine

Now how you will prepare ?

You watch S Das examination videos first (even PGRs watch these examination videos before their Clinical Exam)

link for S das videos

<https://youtube.com/playlist?list=PLKsR6XZ5Hv6BOqgBm8ap-B0oDZo4JEXNp>

Then you read that short case from your TOACS Book

Finally you will be preparing theory of that particular topic from text book (i will mention clinically important topics in long case section that will cover your short case and long case viva)

WARD OBJECTIVES?

Watch one S das video daily and make your own notes

read that topic from Toacs and its theory from your text book

Next day practise on patient

It wont take more than two weeks to prepare all short cases of surgery during ward days

IMP SHORT CASES

- 1-Examination of inguinoscrotal swelling (vuv.imp)
- 2-Umbilical , paraumbilical, epigastric & incisional Hernia(imp)
- 3-Examination of swelling (imp-Especially lipoma)
- 4-Breast examination (vuv.imp)
- 5-Exam of neck swelling (vvvvv.imp)
- 6-Salivary gland (imp)
- 7-Ulcer (imp- there can be any ulcer especially varicose & diabetic ulcer or trauma wound)
- 8-Abdominal exam (Same as medicine)
- 9-Exam of Peripheral Vessels (read)
- 10-Varicose veins (read)

B-LONG CASE

i have already explained basic design of long case exam, importance of golden hour and how will you prioritize your clinical exam preparation acc to time at hand.

Now i am going to share list of topics that are important for surgery ward

You wont see any patient outside those topics in your surgery wards inshaAllah and they will cover your short cases & long case viva too

In other words , you will be preparing other topics of systemic surgery only for your written exams coz such patients are dealt in specialized units like Orthopedics , neurosurgery , urology Etc

As i always say

You have to be super smart

IMP TOPICS FOR SURGERY CLINICAL EXAM/ TOPICS THAT MUST BE PREPARED DURING SURGERY WARDS

1-Thyroid (vvv.imp)

2-Breast (vvvv.imp)

3-Salivary gland & Tumours of oral cavity

4-Upper GIT

5-Lower GIT

6-Arterial diseases (General Surgery)

7-Venous diseases (General Surgery)

8-ATLS protocol (General surgery-you may get trauma patient in long case)

9-Burn (you may get burn patient in long case)

GIT is very imp..

There is 95% probability that you will be getting patient with thyroid ,breast or GIT disease

How to prepare long case?

1-history (history points for imp long cases are also given in toacs)

2-Try to prepare imp topics i mentioned

3-Visit ward one day before exam

4-Be superactive during golden hour

(i keep emphasizing about the importance of golden hour coz i have seen my colleagues literally wasting golden hour claiming that examiners arent failing students so they will get through it inshaAllah

but you tell me..

You study whole year and get sad if you get two to three scenarios wrong.

Dont you think that will be equally significant if one student is getting 60/70 in long case and one getting 40/70- so my dear fellas donttt ever give up...

You should be trying your besttt to give your best.

For example if You know you have case of appendicitis...

and examiner will ask questions from this topic..

but you still waste golden hour and dont read it from the book and ends up with pathetic viva and then you get sad about it.

I have literally seen my colleague wasting themselves like that.

Thats why i have formulated the term “golden hour “ and i want you people to not repeat that mistake

WARD OBJECTIVES?

You should take history of one patient daily.

Read files and observe what important points were covered in history for that particular case.

Observe which cases are common and how they presented and what differentials were made and how patient was investigated and managed

Even if you read two files daily your clinical approach will keep getting better

And trust me if your bookish knowledge is strong then long cases wont be problem for you inshAllah..

C-OSPE

Ospe of surgery is relatively tough.

You wont be getting that much help either

Plus definite pattern is difficult to establish

But i am sharing what i learnt..

Usually three to four stations are from imaging investigations..

They are given in toacs book and explained well.

Imp imaging stations are (Xray abdomen supine (obstruction) , Xray chest erect (air under diaphragm-Perforation of viscus) Xray chest PA (pneumothorax / effusion)

CT head (Subdural hematoma , Extra dural hematoma , hydrocephalous)

CT abdomen (Hydatid cyst in liver)

Mammography (Showing Breast CA (calcification)

IVU showing renal stones

Xray Bone showing fracture

ERCP

Rest of stations are random and you are able to attempt them on basis of your surgery knowledge and are covered in your ospe books

Interactive stations -there is usually one station of counselling and one station on gadget (like Foley , N/G tube , CVP line , laryngoscope etc)

but there can be any station like we got station of tension pneumothorax

HOW TO PREPARE OSPE?

you will write down past ospe questions

Will prepare radiology and clinical scenarios section from TOACS book

and then you may prepare wasim akram surgery ospe pdf (he has summarized past ospes i guess)

we didnt have time to prepare that pdf coz we got only two days

But you people should prepare it coz i guess he has covered past ospes in dat pdf

That was all about surgery 

Gynaecology & Obstetrics

Guideline by

Afaq Naeem

(Aimc Batch 2k20)



Do remember me in your prayers 🙏

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OVERVIEW OF GYNAE & OBSTETRICS

A-GYNAECOLOGY

gynae is one of the easiest subject of MBBS.

You can cover whole gynae course in 8–10 days.

There will be 35 mcqs and 10 seqs of 3 marks each=65 marks

Now as you can see each seq carries only 3 marks and usually one part of each seq carries only 1 mark.

So its an objective type exam.

Reading !

Like we do for any mcqs exam

Easy to understand and easy to remember

And gynae exam is quite easy.

You have already read some topics in your fourth year patho(like benign and malignant tumours of female genital tract).

BOOK?

Ten teachers

It is referred book of uhs tooo.

and everyone prepares gynae from ten teachers..

Just like you prepared dhingara for ENT

but ten teachers is not as good as dhingara 😂

B-OBSTETRICS

Obstetrics is a dry subject but not that tough..

There will be 35 mcqs and 7 seqs of 5 marks each = 70 Marks

Obs takes time and it will take upto 2 to 3 weeks to prepare obstetrics.

But good thing is ,we usually get three vacations for obs exam in proffs and they are more than enough to prepare obs.

We usually get two vacations for gynae exam in proff but gynae is lot easier so it does not concerns us much.

These subjects are relatively easier to cover in proffs

Unlike gynae , obs exam is relatively tougher and mcqs are often tricky too

BOOK?

again ten teachers

We need to prepare some topics from Arshad Chohan and they will be mentioned in topic wise guidelines

WHEN TO STUDY Gynae & Obs?

You should prepare gynae obs with your gynae wards.

I prepared it with my gynae ward too and i was able to prepare it in one month. You will also be able to score good in gynae ward test that will be important part of your internal Assessment.

100 % attentance in gynae wards and Dr Arif Tajammul lectures is mandatory for aimc students. It will make sure that your internal examiners wont fail you.

OSPE & PRACTICAL EXAM

just like special pathoo

Ospe will constitute 75 marks (15 stations of 5 marks each)

So ospe is very important..

Alia bashir is very good book for ospe.

Just like special patho , repetition of past ospes is frequent and most of the stations in your proff ospes will be from your ward test ospes and past ospes that will be given to you in my data.

There will be 2 long cases of 30 marks each (60 marks).

one from gynae and one from obs (30 plus 30= 60 Marks)

AIMC GYNAE DEPARTMENTS?

Gynae departments are THE BEST

They teach you well and will be strict throughout the year. But they are really helpful in proffs . I dont think if they ever failed anyone in internal exam.

TABLE OF SPECIFICATION

35 MCQs of one mark each

Time Allowed

45 minutes

Sl. No.	Contents	No. of Questions
1.	Anatomy and embryology of genital tract	2
2.	Disorders of puberty and ovulation.	2
3.	Disorders of menstruation.	4
4.	Abortions.	2
5.	Ectopic gestation.	1
6.	Infertility.	2
7.	Endometriosis and adenomyosis.	1
8.	Infections of the genital tract.	3
9.	Uterovaginal prolapse.	1
10.	Urogynecology and fistulae.	1
11.	Benign diseases of genital tract.	4
12.	Malignant diseases of genital tract.	4
13.	Contraception.	2
14.	Menopause and HRT.	2
15.	Common gynecological procedures.	2
16.	Pre-intra and post-operative care.	1
Total MCQs		35

10 SEQs of 03 marks each Time Allowed 2 hours and 15 minutes

Sl. No.	Contents	No. of Questions
1.	Anatomy and development of the genital tract	1
2.	Disorders of menstruation.	1
3.	Abortions including ectopic gestation.	1
4.	Infertility and Endometriosis.	1
5.	Infections of genital tract.	1
6.	Benign tumours of genital tract.	1
7.	Malignancies of the genital tract.	1
8.	Displacements of the uterus and urinary problems.	1
9.	Contraception.	1
10.	Common gynecological procedures.	1
Total SEQs		10

Gynaecology

As i said earlier , Gynaecology is relatively easier subject of Final year and gynae exam will be an objective type exam (each seqs carries only 3 marks) so it will be needless to waste time cramming each and every line written in the book. You should grasp the basic concept and keep covering topics . Try to make your own notes (like summaries of important topics) coz objective type exam necessitates use of flowsheets to score good. Examiners wont be happy reading paragraphs for 1 mark part in seqs. “Gynaecology by Ten Teachers” is recommended book of gynaecology and i suggest you prepare gynae by studying Ten teachers.I will ask you to prepare some topics from “Alia bashir ospe book” (we will be preparing this book for gynae ospe exam anyway so if any topic is better written there i will be mentioning it too. Past papers are very important. 8/10 seqs in our written exam (annual 2020) were from past papers. I will try my best to explain the study methodology for each chapter and will be mentioning all the important topics along with all the past paper questions.Now lets proceed with topicwise guidelines for gynaecology.

1-DEVELOPMENT & ANATOMY OF FEMALE SEXUAL ORGANS

There will be 2 mcqs and 1 seqs from this chapter in your proff written exam (5 Marks).This chapter in not important for clinical exam.You dont need to prepare whole chapter. We will be covering mainly past seqs from this chapter and trust me that will suffice. Prepare only following topics from this chapter.

Development of Female sexual organs, external female genitalia, ureter, pelvic diaphragm, blood supply & structural problems of pelvic organs. You should also prepare all boxes (key learning points) for mcqs. Prepare imperforate hymen from alia bashir page 227.

IMP SEQS

- 1-What are precursors of female genital development? Embryological development of female genital system? Structures that take part in development of vagina?
- 2-Anatomical structures derived from mullerian duct and 4 common structural anomalies ?
- 3-Ureter (vvvvvvv.imp- Course of ureter in pelvis ?How ureter can be damaged during hysterectomy? Structures related to ureter? Blood supply of Pelvic ureter?)
- 4-Pelvic diaphragm (define? origin? Insertion?)
- 5-Course of uterine artery? Branches of anterior division of internal iliac artery?
- 6-Structural anomalies of pelvic organs?
- 7-Imperforate hymen (vvvvvvv.imp-Investigations? Treatment?)
- 8-Relations of uterus (past papers)

2-GYNAECOLOGICAL HISTORY, EXAMINATION & INVESTIGATIONS

You dont need to prepare this chapter.

3-MENSTRUAL DISORDERS

There are two chapters under this heading.

A-Hormonal control of menstrual cycle and hormonal disorders (Ten teachers chp 3)

B-Disorders of menstrual bleeding (ten teachers chp 4)

There will be 6 mcqs and 1 seqs from these two chapters (9 marks).

Imp section of gynaecology.

A-Hormonal Control of Menstrual Cycle & Hormonal Disorders

First few pages are for concept and there can be one or two mcqs from these pages.

You should read precocious puberty & disorders of sexual development.

Turner Syndrome, 46XX DSD, Disorders of menstrual irregularities, Polycystic ovary syndrome & Premenstruation syndrome are very important.

Imp Seqs

1-Turner Syndrome (pathology? Associated medical conditions? Management?)

2-Causes of masculinization in genetic female? (PCOS, CAH, androgen secreting adrenal tumour etc) .Principles of management of congenital adrenal hyperplasia?

3-Primary Amenorrhoea (imp-Causes? Imp points in history? Features to look on examination? Investigations?)

4-Polycystic ovary disease (v.imp-Clinical findings? Diagnostic criteria? Investigations? Management?)

5-Premenstrual Syndrome (imp-Management plan?)

B-Disorders of Menstrual Bleeding

Whole chapter is very important.

Imp Seqs

1-Heavy Menstrual Bleed (v.vv.imp-Causes? Imp points in history and examination? Investigations? Management options?) How will you manage acute HMB?

2-Dysmenorrhoea (v.imp- Causes? Investigations? Management options?)

4-ECTOPIC PREGNANCY, MISCARRIAGE & ABORTION

This section includes chapter 5 of ten teachers (IMPLANTATION & EARLY PREGNANCY) & abortion from chap 6 of ten teachers (Page 85-88).

There will be 3 mcqs and 1 seq from this section. (6 Marks).

Imp section as few pages will guarantee you 8 marks.

A-Implantation & Early Pregnancy

Whole chapter is important.

Imp Seqs

1-Miscarriage (imp-types? Investigations ? Management?)

2-Recurrent miscarriage (Causes? How will you investigate and manage?)

3-Ectopic Pregnancy (v.imp-Causes?

Sites? Investigations? Management? How will you manage ruptured ectopic pregnancy?)

B-Abortion

(Page 85-88 -chp 6 of ten teachers)

You can leave UK abortion law etc. Prepare methods of abortion, sequelae of abortion, follow up & postabortal contraception.

5-CONTRACEPTION

There will be 1 seq and 2 mcqs from this section (5 marks).

Read whole chapter of ten teachers. You have already studied most of these topics in community medicine last year.

Imp seqs

1-Enumerate different methods of contraception? Characteristics of ideal contraceptive?

Counselling before contraception?

2-WHO Medical eligibility criteria for hormonal contraception? Non contraceptive benefits of hormonal contraception?

3-Combined oral contraceptive pills-COCP (imp-How will you explain usage?

Extracontraceptive benefits? Factors you will rule out before starting pills? Side effects?)

4-LNG-IUS (imp- what does it contains? daily dose? Advantages?

Contraindications?)Enumerate Progestrone only contraception methods?

5-Cu-IUD (imp-mechanism? Contraindications? Complications? how will you manage if you cant find thread?)

6-Sterilization (v.imp-Enumerate methods with their failure rates and complications?

Methods for female sterilization? Methods for male sterilization?)

7-Enumerate emergency contraception options? (imp).

6-INFERTILITY & ENDOMETRIOSIS

There will be one seq and three mcqs from this section (6 marks). Imp section. Only few pages will guarantee you 8 marks. My whole external viva was from these topics.

A-Subfertility

Chapter 7 of ten teachers. Prepare whole chapter.

Imp seqs

1-Subfertility (vvv.imp- Causes? Key points in history & examination? how will you investigate? Tests for tubal patency? WHO parameters for semen analysis? Treatment options?)

2-How clomiphene enhances chances of ovulation? Alternatives for clomiphene resistant cases? Treatment options if poor semen analysis?

3-In-vitro fertilization (imp- Steps? complications? Success rate?)

B-Endometriosis

Very important topic. This topic is given in chap 11 of ten teaches (Page 158-162). Prepare whole topic. I made summary of this topic and pic will be shared in whats app group.

Imp Seqs

1-Endometriosis (vvv.imp-Theories of origin? how will you investigate ? Symptoms? Possible mechanisms of infertility in endometriosis? Management options? Gold standard investigation?)

7-MENOPAUSE & HORMONE REPLACEMENT THERAPY

There will be 2 mcqs from this chapter. No seqs.

You can prepare only selective topics from this chapter.

Prepare descriptive terms (box), Table 8.2 (principle causes of premature ovarian insufficiency), table 8.3 (effects of menopause), modifiable and non-modifiable risk factors affecting health & longevity?.

Then you read hormonal replacement therapy (imp).

Benefits , contraindication & risks of hormonal therapy are important.

8-GENITOURINARY PROBLEMS/INFECTIONS OF THE GENITAL TRACT

Chapter 9 of ten teachers. There will be 3 mcqs and one seq from this topic (6 Marks).

Super important as few pages will guarantee you 8 marks. Bacterial vaginosis, vulvovaginal candidiasis, trichomoniasis, genital warts, gonorrhoea , Pelvic inflammatory disease & genital herpes are very important. Remaining topics are mainly for mcqs.

Imp Seqs

1-Bacterial vaginosis (imp-Causative agents? diagnostic criteria? Management?)

2-Vulvovaginal candidiasis (vvv.imp-4 Predisposing factors? causative agents? Investigation? Management?)

3-Trichomoniasis (Investigation? Management?)

4-Gonorrhoea (Diagnostic tests? Management?)

5-Pelvic inflammatory disease (vvv.imp-Clinical criteria? Long term complications? Investigations? Management?)

6-Genital Herpes (imp-Causative agents? Clinical findings? Investigation? Management?)

7-Genital warts (Causative agents? Subtypes with oncogenic potential? Management?)

9-UROGYNAECOLOGY & PELVIC FLOOR PROBLEMS

Chapter 10 of ten teachers. There will be 2 mcqs and one seq from this section (5 marks). First few pages are for concept building. Clinical Assessment and treatment of incontinence is important (try to make summary of this topic and only read the explanations for concept as no seq will be carrying more than 3 marks).

Prolapse is very important. Prepare it as well as you can and some of you students will be getting long case of prolapse in clinical exam.

Imp Seqs

1-How will you differentiate between stress and urge incontinence? Elements of conservative management of urinary incontinence? Management of Detrusor overactivity?

2-Urodynamic stress incontinence (imp- Risk factors? Investigations? Aims of surgery? Role of TVT? Management plan?)

3-Prolapse (vvvv.imp-Risk factors? Degrees? Clinical features & complications? How will you assess clinically? Investigations? Management?)

10-BENIGN CONDITIONS OF FEMALE GENITAL TRACT

This section includes three chapters of ten teachers

1-Benign Conditions of ovary & Pelvis (Ten teachers chapter 11)

2-Benign Conditions of uterus, cervix & Endometrium (Ten teachers chapter 12)

3-Benign conditions of vulva & Vagina (Ten teachers chapter 13)

There will be 4 mcqs and one seq from these three chapters (7 marks). So as you can see previous sections were carrying almost same weightage but you were supposed to prepare only one chapter (few pages). This section includes three chapters. But luckily you have read all these topics in your fourth year pathology last year. Be smart and only selective topics can suffice from this section.

A-Benign Conditions of Ovary & Pelvis

Imp chapter. Prepare whole chapter.

Torsion, types of benign ovarian cyst, germ cell tumours & endometriosis are important.

Imp Seqs

1-Ovarian cyst (D/D of pelvic mass? How will you investigate ? Classify benign ovarian cyst ? Causes of pain?)

2-Dermoid Cyst (vvv.imp- Define? Various clinical presentations? Investigation ? Management? How will you investigate & manage ovarian torsion?)

3-Endometriosis (vvv.imp-Theories of origin? how will you investigate ? Symptoms?

Possible mechanisms of infertility in endometriosis? Management options? Gold standard investigation?)

B-Benign conditions of uterus, Cervix & Endometrium

Endometrial polyp, asherman syndrome, fibroids and adenomyosis are important.

Read remaining chapter.

Imp seqs

1-Endometrial polyp (investigations? Complications? Management?)

2-Asherman Syndrome (Causes? Complications? Management?)

3-Fibroid (most imp topic of gynae-Types? Symptoms? Investigations ? Treatment options?)

4-Adenomyosis (Investigations ? Management?)

C-Benign conditions of vulva & vagina

You can leave this chapter.

11-MALIGNANT CONDITIONS OF FEMALE GENITAL TRACT

This section includes three chapters of ten teachers

1-Malignant Diseases of Ovary (Ten teachers chapter 14)

2-Malignant Diseases of uterus (Ten teachers chapter 15)

3-Premalignant & malignant disease of Lower Genital Tract (Ten teachers chapter 16)

There will be 4 mcqs and one seq from these three chapters (7 marks). So as you can see previous sections were carrying almost same weightage but you were supposed to prepare only one chapter (few pages). This section includes three chapters. But luckily you have read all these topics in your fourth year pathology last year. This section is easy and it will be very easy to revise if you make summary of these topics. I made summaries of these topics and pictures will be shared in whatsapp app group. It took me less than an hour to revise these three chapters in my final proff.

A-Malignant Disease of Ovary

Read whole chapter. Clinical features , investigations , staging and management are important for seqs.

Imp Seq

1-Ovarian CA (v.imp-Enumerate malignant ovarian tumours ? tumour markers ? How will you investigate ? Management plan ? Role of surgery in stage 2 ovarian CA?)

B-Malignant Disease of Uterus

Endometrial CA is important. You can leave sarcomas of uterus.

Imp Seq

1-Endometrial CA (v.imp-Risk factors ? staging? Investigations ? Management plan?)

C-Malignant Diseases of Lower Genital Tract

Premalignant and malignant disease of cervix are important. You may leave malignant disease of vagina and vulva.

Imp Seqs

1-CIN (How will you investigate ? Management of CIN 3?)

2-Cervical CA (imp-Investigations? Management ? How will you manage stage 2b and 1b?)

12-GYNAECOLOGICAL SURGERY & THERAPEUTICS

Chapter 17 of ten teachers.

There will be 3 mcqs and one seq from this section (6 Marks).

High yield section. But you will be preparing selective topics from this chapter.

You should prepare Dilatation and curettage from Arshan Chohan(very important topic).

Prepare hysterectomy , hysteroscopy, laparoscopy from ten teachers (imp topics).

Read preassessment , common incisions & post op care for mcqs.

Imp Seqs

1-Dilatation and curettage (v.imp- Indications? Procedure ? Complications?)

2-Hysterectomy (imp-Different modes ? indications? Complications? D/w abdominal & vaginal hysterectomy?)

3-Vaginal Hysterectomy (Advantages ? Disadvantages? Pedicles cut in order ? Indications ? Contraindications?)

4-Hysteroscopy (imp-Indications? Procedure ? Complications?)

5-Laparoscopy (imp-Indications? Complications?)

Obstetrics

Guideline by

Afaq Naeem

(Aimc Batch 2k20)



Do remember me in your prayers 🙏

TABLE OF SPECIFICATION

35 MCQs of one mark each

Time Allowed

45 minutes

Sl. No.	Contents	No. of Questions
1.	Physiological changes in Pregnancy.	2
2.	Normal Fetal Development.	2
3.	Abnormal Fetal Development.	2
4.	Assessment of Fetal Well Being.	3
5.	Role of Investigations.	1
6.	Antenatal Care.	4
7.	Pain relief in Labour.	1
8.	Normal Labour.	4
9.	Abnormal Labour.	4
10.	Puerperal Disorders.	3
11.	Medical Disorders in Pregnancy.	4
12.	Role of Imaging and Radiology.	2
13.	Statistics.	2
14.	Neonatology.	1
Total MCQs		35

07 SEQs of 05 marks each

Time Allowed

2 hours

Sl. No.	Contents	No. of Questions
1.	Physiology of Pregnancy.	1
2.	Antenatal care including investigations.	1
3.	Assessment of Fetal Well Being.	1
4.	Intrapartum Care – Normal Labour.	1
5.	Abnormal Labour.	1
6.	Post – Partum Disorders.	1
7.	Medical Disorders in Pregnancy.	1
Total SEQs		07

Obstetrics

Obstetrics is relatively dry subject and obs exam is relatively tougher. Unlike gynae , each seq will carry 5 marks so you have to read obs thoroughly. “Obstetrics by Ten Teachers” is recommended book for obstetrics and i suggest you prepare obs by studying Ten teachers. I will ask you to prepare some topics from “Arshad Chohan” as topics like “anemia in pregnancy” are super important but not given in ten teachers. I will be mentioning all the details in topic wise guideline. Past papers are very important for obs too. I will try my best to explain the study methodology for each chapter and will be mentioning all the important topics along with all the past papers questions. Now lets proceed with topicwise guidelines for Obstetrics.

1-OBSTETRIC HISTORY & EXAMINATION

This chapter is not important and it's very unlikely that seq will be given from this chapter, so you can leave this chapter.

Topics for mcqs:

Page 02 , Dating the pregnancy.

You should know how to calculate the expected date of delivery.

Page 08, Symphysis-fundal height measurement.

This topic is important for mcqs , mcq may come from this topic.

Seq maybe given from this particular heading but it's very unlikely.

You can skip remaining chapter.

2-ANTENATAL CARE, ASSESSMENT OF FETAL WELL BEING & PRENATAL DIAGNOSIS

This section includes chapter 2, 4 and 5 from ten teachers obstetrics.

6-7 mcqs and 2 seqs are usually asked from these three chapters each year. (17-18 marks).

A- Antenatal care

Chapter 2 of ten teachers. Imp chapter.

A-Imp Topics:General pregnancy dietary advice ,Table 2.1 (maternal and neonatal complications associated with increased BMI),Table 2.2 (Summary of booking investigations) , Ultrasound for first trimester dating and screening ,Second trimester care(anomaly scan and gestational diabetes mellitus)

b. Topics for mcqs:Overview of antenatal care (page 15-23), Advice, reassurance and education, General exercise advice,

Breastfeeding education, Antenatal urine tests,Blood pressure measurement,booking tests in pregnancy ,identification of high-risk women, Women at risk of developing eclampsia, Women at risk of preterm birth ,Fetal growth restriction, Vitamin D deficiency.

C. Topics you may LEAVE :options for pregnancy care ()page 18),Governance of maternity care page 23.

You should make summary of..

1-What do we look for in antenatal visits

2-the schedule for antenatal visits.

There is a well written summary in past papers for antenatal visits and you can prepare it from there.

You can also Google NICE guidelines for antenatal visits.

Important seqs

1-Antenatal care(dietary advice? Booking investigations? Plan for follow-up of antenatal visits? maternal and fetal complications associated with increased BMI (table2.1)? Aims of antenatal care ? Steps of antenatal exam ? Associated risk of smoking to fetus ?

2-Dating scan (definition? significance in antenatal care? How will you screen for Down Syndrome?)

3-Anomaly scan (Define ? Significance)

B-Normal fetal growth and development.

Chapter 3 of ten teachers.

This chapter is not important.

You only need to do page 37, amniotic fluid.

There can be one mcq from this chapter so its your choice if you wanna read whole chapter for one mcq.

Imp Seq

Amniotic fluid (functions?how is it produced?causes of oligohydramnios? Causes of polyhydroamnios?)

C-Assessment of Fetal wellbeing

Chapter 4 of ten teacher.

You should read whole chapter during the start of the session but no need to read complete chapter in professional exams.

Only do important topics or mentioned content.

A-Imp topics: Diagnostic ultrasound in obstetric practice (only names of headings e.g diagnosis and confirmation of viability in early pregnancy, multiple pregnancy etc but try to read whole chapter in first read), cardiotocograph(v.imp), Biophysical profile, Doppler investigation & cerebroplacental ratio

B-Topics for mcqs:ultrasound and invasive procedures, 3d and 4d ultrasound , Magnetic resonance imaging

C-Topics you may leave:Introduction,Diagnostic ultrasound in obstetric practice.

Important seqs:

1-Ultrasound (3 features to assess fetal wellbeing? Role of USG in fetal assessment?)

2-CTG (vvvvv.imp-Define? Enlist and define 4 features of ctg ? Stress and non stress ctg ?

Features of normal and pathological CTG

3-Biophysical profile(variables? Biophysical profile scoring system? Significance?)

4-Cerebroplacental ratio (define? Utility?)

D-Prenatal Diagnosis

Chp 5 of ten teachers.Very important chapter-you should prepare whole chapter from ten teachers.You can skip the new developments on page 69.All the topics are important for seqs and mcqs.

Important seqs.

1-Comment on various antenatal screening tests(examples of conditions and methods of diagnosis table 5.1.)

2-Prenatal diagnostic test (vvvvv.imp-

Types? At which age they are carried out? complications? Chorionic villus sampling (Complete-v.imp) ? amniocentesis (Complete-v.imp)?

3-Down syndrome (vvv.imp-screening test in first trimester? screening test in second trimester? counseling after positive test ?)

3-LABOUR, PRETERM LABOUR ,MULTIPLE PREGNANCY & OPERATIVE DELIVERY

This section is very important and almost one third of the exam from obs is specifically from this part. It includes 4 chapters.

A-Multiple Pregnancy (Ten teachers chp 7)

B-Preterm labour (Ten Teachers chp 8)

C-Labour: Normal & abnormal (Ten Teachers chp 12)

D-Operative Delivery (Ten Teachers Chp 13)

After reading first few introductory chapters do chp 12 (Labour) first , it will clear your concepts of obstetrics and you will be able to understand other chapters well too.

A-Labour: Normal & Abnormal

Chapter 12 of ten teachers. First few pages (before normal labour) are only for concept building, sometimes an ospe station can be asked from these pages. You have to read them thoroughly when you are studying for the first time for concept building.

This chapter is important from normal labour (page 202) till end.

A-Imp topics: Stages of labour, mechanism of labour (v.vimp), management of normal labour, fetal assessment in labour, partogram, management during first stage, management during the second stage, management during the third stage, abnormal labour, management of abnormal labour, malpresentation, poor progress in second stage of labour, fetal compromise in labour, pain relief in labour, labour in special circumstances, induction of labour.

Topics for mcqs: Introduction, maternal pelvis, fetal skull, diameter of skull.

Topics you may leave: Physiology of labour, place of birth, clinical risk management.

Note: The three topics given in malpresentation (page 225) and multiple pregnancy (page 226) are also given in other chapters, do them thoroughly from there and also give it a read from the aforementioned pages.

Imp Seqs

1-Stages of labour, mechanism of labour.

2-Management of normal labour (important points on history? how will you examine? How will you manage normal labour?)

3-how will you assess fetal wellbeing during labour? what are the indications for continuous EFM

4-Partogram(definition? significance? important components?)

5-Management of third stage of labour (important signs of placental separation? active management of third stage?)

6-Management of abnormal labour (Management of abnormal labour, management of dysfunctional uterine activity? findings suggestive of CPD? how will you manage cephalopelvic disproportion? Causes of poor prognosis in second stage of labour?)

7-Fetal compromise in labour (risk factor for fetal compromise? Resuscitating the fetus in labour? Management of possible fetal compromise?)

8- Epidural analgesia (indications? contraindications? complications? technique? uses and complications?)

9-IOL (Indications for induction of labour? define bishop score? explain modified bishop

B-Multiple pregnancy

Chap 7 of ten teachers. This chapter is very important. Read whole chapter.

Imp seqs.

1-multiple pregnancy. (Complications in labour? fetal complications? maternal complications? management ? Antenatal care?)

2-twin-twin transfusion syndrome. (Define? diagnostic criteria? Stages? Treatment?)

C-Preterm labour

Chapter 7 of ten teachers.

Read this chapter after you are done with chap 12 (labour: abnormal and normal)

A-Imp topics: Management of preterm labour, management of PPRM, prediction of preterm delivery & prevention of preterm delivery.

B-Topics for mcqs: Introduction, why does preterm labour occur? epidemiology, causes of preterm labour (only do headings -details are for mcqs).

C-Topics you may leave: Endocrinology and biochemistry of labour.

Imp seqs.

1-Preterm labour. (Fetal risk of preterm delivery? Risk factors? Causes? Management?)

2-PPROM. (Define? How will you manage? steroid prophylaxis? maternal and fetal complications?)

3-Prediction of preterm delivery.(Prevention? Define cervical cerclage? types ?)

D-Operative delivery

Chapter 13 of Ten teachers.

This is also an important chapter.

A-Important topics: Perineal repair, episiotomy, operative vaginal delivery (techniques, complications) C-section (classification, indications and complications only)

B-Topics for Mcqs: Place of delivery, procedure, evaluation, analgesics , positioning, contingency planning, C-section procedure.

C-Topics you may leave. Special consideration, subsequent birth after C-section.

Important seqs.

1-Perineal tear.(define?how will you diagnose? grading?third degree tears? management plan? complications?)

2-Episiotomy (indications?timings?types?steps of suturing?)

3-Vacuum delivery (Indications? prerequisites? procedure? complications?)

4-Instrumental delivery. (Indications? prerequisites? procedure? complications?)

4-HYPERTENSIVE DISEASE OF PREGNANCY

Chap 9 of ten teachers.Usually there is one seq from this chapter so prepare it well.

Important seqs

1-Preeclampsia (vvv.imp-Define?risk factors ? Pathophysiology? Clinical findings? Management? investigations?)

2-HELLP syndrome (was asked in our prof -Define ? How will you investigate ? Management?)

3- Fetal growth restriction. (Define? causes? management?)

5-ANTENATAL OBSTETRIC COMPLICATIONS

Ocasionally there can be one seq from this chapter. Some topics are super important and you can leave other topics. First few pages are for reading and after doing medicine this will take only one hour.

A-Imp Topics :hyperemesis gravidarum, obstetric cholestasis, fibroids, urinary tract infections, venous thromboembolism, oligohydramnios and polyhydroamnios, fetal malpresentation at term, breech (v.v.imp), external cephalic version, mode of delivery, prerequisites for vaginal breech delivery, other fetal malpresentations & rhesus isoimmunization.

B-Topics for Mcqs :introduction, minor problems of pregnancy, musculoskeletal problems, constipation, gastroesophageal reflux, haemorrhoids, varicose veins, edema, retroversion of uterus, congenital uterine anomalies, ovarian cyst in pregnancy, cervical cancer, abdominal pain in pregnancy,

C-Topics you may leave :substance abuse in pregnancy, alcohol, smoking and pregnancy, post term pregnancy, vaginal bleeding in pregnancy & New developments

Imp Seqs

1-Hyperemesis gravidarum (v.imp-etiology? pathophysiology? complications? how will you evaluate? management?)

2-Obstetric cholestasis (investigations? management?)

3-Urinary tract infections (associated Maternal and fetal risks? Investigations? Management?)

4-Venous thromboembolism (risk factors? investigations? management?)

5-Oligohydramnios and polyhydroamnios (v.imp-causes? investigations? management?)

6-Breech presentation(v.v.imp- Predisposing factors? management options? Selection criteria for Normal breech delivery? Complications during delivery?)

7-External cephalic version (imp-define? procedure? prerequisites? contraindications?)

8-Erythroblastosis fetalis (pathophysiology? Prevention?)

9-Rhesus isoimmunization (investigations? management?)

6-MEDICAL COMPLICATIONS OF PREGNANCY

There will be 4 mcqs and one seq from this chapter (9 Marks). You can prepare selective topics from this chapter.

A-Imp Topics -anaemia in pregnancy (v.v.imp-do this from Arshad chohan), Gestational Diabetes (v.v.imp-you can also do this from Arshad chohan but ten teachers will also suffice),renal diseases,heart disease,mitral and aortic stenosis

B-Topics for Mcqs :thyroid disease, epilepsy

C-Topics you may leave :parathyroid disease, pituitary tumors, adrenal disease, Marfan syndrome, pulmonary hypertension, respiratory diseases, multiple sclerosis, migraine, Bell's palsy, haematological abnormalities, gastroenterology disorders,liver disorders, connective tissue disease & skin diseases)

Imp seqs

- 1-Anemia in pregnancy (v.v.imp-maternal risks? fetal Risks? investigations? management?)
- 2-Gestational diabetes/diabetes in pregnancy (v.v.imp -prepregnancy counseling? screening protocols?risk factors? neonatal and fetal risks? management? effects of diabetes on pregnancy?)
- 3-Renal diseases in pregnancy(imp-prepregnancy counselling?fetal and maternal risks?)
- 4-Heart disease (imp-prepregnancy counselling? Best anticoagulant in pregnancy? physiological changes in pregnancy that lead to heart failure? Management of woman with heart failure in pregnancy? Risk factors for development of heart failure? Management of labour and delivery in women with heart failure?)
- 5-Mitral stenosis (prepregnancy counselling? fetal risk ? management?)
- 6-Jaundice in pregnancy (differential diagnosis? investigations?)

7-OBSTETRIC EMERGENCIES

There will be two mcqs and one seq from this chapter (7 Marks). Important chapter.

A-Imp topics : sepsis, obstetric haemorrhage, placental abruption, placenta previa, post partum haemorrhage, eclampsia, umbilical cord prolapse, shoulder dystocia & uterine rupture.

B-Topics for Mcqs : introduction, the collapsed/unresponsive patient, Vasa praevia, amniotic fluid embolism, thrombosis and thromboembolism, uterine inversion & impacted head at caesarean section.

Imp seqs.

If a patient comes with any obstetric emergency and you are asked to write management plan -you can draw the flow chart given in figure 14.6 before writing definite treatment.

1-Sepsis (risk factors? investigations? management?)

2-Placental abruption (v.v.imp-risk factors? Management plan?)

3-Placenta previa (define? investigations? management?)

4-Post partum haemorrhage (v.v.v.imp-causes? management?)

5-Eclampsia (v.imp-define? management? investigation?)

6-Shoulder dystocia (v.imp-define?risk factors? maternal factors?fetal Risks? management?)

7-Uterine rupture (risk factors? management plan?)

8-PUERPERAL DISORDERS

There will be 2-3 mcqs and one seq from this chapter (7 Marks). You can prepare selective topics from this chapter and leave remaining topics.

A-Imp topics : signs of delayed ovulation, puerperal disorders complete, genital tract infections, psychiatric disorders , breast disorders & contraception.

B-Topics for mcqs :table 15.7-the use of common drugs in breastfeeding mothers)

You can leave remaining topics from this chapter.

Important seqs.

1-Secondary post partum haemorrhage (v.v.imp-causes? investigations? management?)

2-Puerperal pyrexia (imp-define?causes? investigation? management?)

3-Puerperal sepsis (v.v.v.v.imp-organism associated with puerperal genital infection? symptoms of puerperal pelvic infections?signs? investigations? management?)

4-Post partum depression (symptoms? management? complications?)

5-Puerperal psychosis (imp-risk factors? symptoms? Management?)

6-Mastitis (v.imp-pathophysiology? causative agent? management?)

OTHER TOPICS

A-Perinatal Infections

You can leave this chapter as there will be no seq from this chapter. One mcq may be asked from this section but i think its not worth it to prepare this chapter.

B-The neonate

There will be one mcq from this chapter.

But you will have read some of the topics in this section in paediatrics.It wont be worth it to prepare whole chapter from obs too.

PHYSIOLOGICAL CHANGES IN PREGNANCY

There will be 2 mcqs and 1 Seq from this section (7 Marks).

This topic is not given in ten teachers but it is an important topic.

There are two options to prepare this topic.

1-You can prepare “Key points” given in tables below and then you solve past papers.

This strategy is time conserving and you can easily score 5-6/7 marks by following this plan. Highly recommended for those who just wanna pass the exam with good marks.

2-You prepare whole chapter “physiological changes in pregnancy “ from “Arshad Chohan” .It will guarantee that you cover all course objectives from this section but it will take time.

Imp Seqs

1-Enlist physiological changes in CVS in pregnancy (v.imp) , Physiological changes in Respiratory system? Hematological Changes in Pregnancy? (vvv.imp).

2-Physiological changes that increase risk of DVT in pregnancy? Pathophysiology of complications of Gestational diabetes? (this question came in our proff and you must google its answer.) Changes in fasting glucose in 1st half of pregnancy?(past papers)

3-Physiological changes in genital tract during pregnancy? Physiological changes in renal system?

Key points**Factors contributing to fluid retention**

- Sodium retention.
- Resetting of osmostat.
- ↓ Thirst threshold.
- ↓ Plasma oncotic pressure.

Consequences of fluid retention

- ↓ Haemoglobin concentration.
- ↓ Haematocrit.
- ↓ Serum albumin concentration.
- ↑ Stroke volume.
- ↑ Renal blood flow.

Key points**Decreases in:**

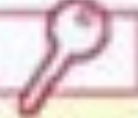
- haemoglobin concentration;
- haematocrit;
- plasma folate concentration;
- protein S activity;
- plasma protein concentration;
- creatinine, urea, uric acid.

Increases in:

- erythrocyte sedimentation rate;
- fibrinogen concentration;
- activated protein C resistance;
- factors VII, VIII, IX, X and XII;
- D-dimers;
- alkaline phosphatase.

Key points**Cardiovascular changes**

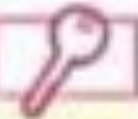
- ↑ Heart rate (10–20 per cent).
- ↑ Stroke volume (10 per cent).
- ↑ Cardiac output (30–50 per cent).
- ↓ Mean arterial pressure (10 per cent).
- ↓ Pulse pressure.
- ↓ Peripheral resistance (35 per cent).

Key points **Ventilatory changes**

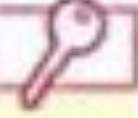
- Thoracic anatomy changes.
- ↑ Minute ventilation.
- ↑ Tidal volume.
- ↓ Residual volume.
- ↓ Functional residual capacity.
- Vital capacity unchanged or slightly increased.

Blood gas and acid–base changes

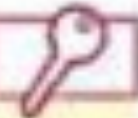
- ↓ $p\text{CO}_2$.
- ↑ $p\text{O}_2$.
- pH alters little.
- ↑ Bicarbonate excretion.
- ↑ Oxygen availability to tissues and placenta.

Key points **Skin changes**

- Hyperpigmentation.
- Striae gravidarum.
- Hirsutism.
- ↑ Sebaceous gland activity.

Key points **Renal changes**

- ↑ Kidney size (1 cm).
- Dilatation of renal pelvis and ureters.
- ↑ Blood flow (60–75 per cent).
- ↑ Glomerular filtration (50 per cent).
- ↑ Renal plasma flow (50–80 per cent).
- ↑ Clearance of most substances.
- ↓ Plasma creatinine, urea and urate.
- Glycosuria is normal.

Key points **Endocrine changes**

- ↑ Prolactin concentration.
- Human growth hormone is suppressed.
- ↑ Corticosteroid concentrations.
- ↓ TSH in early pregnancy.
- ↓ fT_4 in late pregnancy.
- hCG is produced.
- Insulin resistance develops.

GYNAE OBS OSPE & CLINICAL EXAM

(Gynae ward Test/ Learning objectives during Gynae ward)

1- EXAM SETTING?

As you must have already understood that uhs wont be allocating wards for your proff practical exam(unlike Eye & ENT)

College departments get to decide how to allocate wards for exam.

This year they allocated wards without draws acc to batches (Batch A-Gynae 1

Batch B- Gynae 2 and batch C-Gynae 3 and so on)

Okkk noww you will go to your allocated ward

Unlike medicine , surgery & paediatrics -Gynae ospe is superimportant (constitute 75/150 marks of your practical exam)

In medicine , surgery & paediatrics whole batch takes ospe at the same time.

In gynae first 13 roll numbers will be asked to appear in ospe exam and rest of the 13 roll numbers will be allocated beds for long case and when first 13 roll numbers are done with ospe they will be directed for long cases and last 13 roll numbers will be called for ospe

Unlike other subjects , you will be given only 30 minutes for each long case (like you will have 30 minutes at patient's bed)

and then you will be asked to leave the ward

Thing to learn is that you should write down only imp findings during your time in wards (i did this mistake during my first long case in gynae proff that when i was taking history i was also writing insignificant findings and wasted my time there) so you should ask questions and note down only significant findings or make points during your history taking and try to complete your history , GPE and abdominal exam (if required).

Later ,when you will be asked to leave the ward you can then write your history in proper format while waiting for your long case turn and you can prepare your case during the golden hour.

Lemme tell you one more thing

What if you fail to complete your history and long case protocol during your stay in ward?

Like i was bewildered coz gynae was our first proff practical exam and honestly speaking wasnt that good in gynae history taking so wasnt able to complete my history during 30 minutes.

so what you do if this happens?

you look for person with similar case in your batch

I asked around and later came to know that Noor (one of my class fellow) was having same case

So we discussed our histories and she helped me in completing my history.

That day i learnt that we shouldnt waste time on unimp part of history.

You get ample time to prepare your case before viva.You will be presenting your case in examiner's office.

FORMAT

A-Long case = 60 marks (1 long case of gynae = 30 marks and 1 long case of obstetric 30 marks)

B-Internal Assessment =15 Marks

C-Ospe = 75 Marks (Total 15 stations, 8 from obstetrics & 7 from gynae)

10 Static stations of 5 marks each = 50 Marks

5 Interactive stations of 5 marks each=25 marks

A-LONG CASE

In gynae obs - long case is all about history taking and knowledge

In aimc , you will learn alot during your gynae wards

They will discuss literally all the imp long cases.You SHOULD prepare gynae obs during your gynae ward rotation.

You will be asked to attend evenings & nights. 100% attendance should be maintained.

HOW TO PREPARE GYNAE OBS LONG CASES?

You should know how to take gynae obs history (i am sharing templates)

You will learn GPE during medicine and paeds wards

and you must know how to perform obstetric examination for obs

Preparing gynae ospe will make you prepare most of the imp topics for long cases too

I am sharing list of imp topics for long cases and you should prepare them for your long cases

Visit wards one day before exam

Be superactive during golden hour

IMP LONG CASES for Gynae

- 1-Fibroids (vvvvvvvvv.imp)
- 2-Uterovaginal prolapse (vvv.imp)
- 3-Abnormal uterine bleed (v.imp)
- 4-Endometriosis (vvv.imp)
- 5-Ovarian CA /Abdominal mass (imp)
- 6-Endometrial CA

IMP LONG CASES for OBSTETRICS

- 1-Anemia in pregnancy (vvv.imp)
- 2-HTN in pregnancy/Eclampsia (v.imp)
- 3-Gestational Diabetes (v.imp)
- 4-Mechanism of labour (normal and abnormal labour) C section
- 5-Antepartum haemorrhage/Post partum haemorrhage
- 6-Multiple pregnancy

IMP POINT -Most of your long case viva in gynae will be testing your core knowledge of the subject.They love to ask questions form your text books.Ospe stations are also covered in text books. So gynae practical exam is all about text book knowledge

WARD OBJECTIVES?

- 1-Take one history daily

History taking can be difficult especially for boys coz you will be supposed to ask questions related to their menstrual cycle , contraception, pain during intercourse etc

You often hesitate and patients may be reluctant to answer and even shut you down

So often boys dont take histories

how to overcome this challenge ?

first of all your approach should be professional..

Laughs and random talking with colleagues during history taking will be intolerable

You may ask your female colleagues to accompany you while taking history

And you should know proper terms

Like asking questions in their terminology

(Like for vaginal discharge or bleed you should ask “bacha dani se khoon tw ni ata “ For pregnancy -use word “hamal”

for menstrual anomalies you should use words like “mahwari”

You should know these terms and you can seek guidance from your PGRs and teachers and discuss with your colleagues so that you can ask questions in a proper way

If still you find it troublesome , you can tell me and i will try to make voice note

Secondly , during exams

Try to educate patient first

Coz it will be very hard to take history if your patient isnt comfortable answering your questions

Like first thing i did was to tell my patient “ me apk beite ki tarah hu , hmara na final year exam chalra and mjhe apk muaney k lie kaha gya hey , humare exam ki noyiet aesi hey k hume tafseel se sb kuch poochna parta

Kyu k hmare teachers bura manatey agar hum sae se na poochein or hmarey sarey saal ki mehnat zaya hosakti

Umeed hey ap tawun krein gi

phr b agar ap kisi sawal ka jwab deina munasib na smjhein tw koi bat ni “

And trust me patient wont hesitate then inshaAllah

Like i had thyroid case in surgery and you know to access thyroid function status (hyperthyroid can cause oligomenorrhea etc) i took her menstrual history too

So you should follow proper approach

What if patient still refuses to tell?

Then you request some PGR to ask those questions or you can cook history coz vivaz will be in examiner's office 🙊

2-You should try to prepare your gynae obs syllabus during ward days at homes

You will be having ward test at the end of your rotation and it will be integral part of your gynae internal assessment

B-OSPE

there will be 5 interactive stations (5 Marks Each)

and 10 static stations (5 marks each)

So Ospe is very important

HOW TO PREPARE?

like special patho

Past ospes will cover most of your stations

You should make it a habit that after each ward test , post your ward test ospes in your class group

I will be providing you with all the past ospes and gonna share some specific stations that are repeatedly asked

Alia bashir is an amazing book

Everyone prepares alia bashir for ospe and it covers most of your ospe stations

While preparing alia bashir , review topics from your text books too

Whole protocol will take upto 3 days in proffs but by the end of it you will be done with bulk of your gynae obs course along with most of your long cases

After this , you can have a look at wasim akram pdf (we werent able to prepare it as we had exam on day 1 but i asked friends around and you should prepare past aimc ospe section from that pdf

You dont need to prepare past uhs ospe section from that pdf)

then you will look at the list of past ospe questions and if something is missing then you prepare it too

By following this scheme , i guarantee you will be scoring 65 + marks in ospe section inshaAllah and will be able to do good in long case viva too

Now ***OSPE FORMAT*** (i have formulated this format after keen observation of past ospes , my own experiences and looking into Uhs recommendations for ospe exam)

A-INTERACTIVE STATIONS

One station is usually from labour (They can ask about mechanism of labour , Breech delivery , external cephalic version)

One station usually from Forcep delivery, Vaccum delivery , episiotomy, Dilation & curretage is very important for Interactive station

Other interactive stations are usually from text book (any disease , counselling , any contraception method , infertility etc)

B-STATIC STATIONS

GYNAECOLOGY

One station usually from menstrual cycle (Figure is given in your gynae chapter 3 and its repeatedly ask in almost all of your ospes)/ Uterine anomalies picture.

One station usually from menstrual disorders (like PCOD, prementruation syndrome , HMG etc)

One station usually from contraception (any method and related questions).

One station from operative gynaecology (D & C , laproscopy , hysteroscopy , hysterectomy e).

One station from infertility , endometriosis , urogyaenecology, ring pessary etc.

One station from benign tumours.

One station from malignant tumours.

OBSTETRICS

One station from Skull diameters, pelvic shapes , fontanelle , different presentations of baby (Figures and theory from labour chapter).

One station from obstetric emergencies (Like PPH , cord prolapse , Eclampsia etc).

One statation from Anemia , Diabetes or HTN during pregnancy.

One station from labour.

And remaining stations like those mentioned in interactive stations.

That was all about gynae obs 🙋

<https://www.dropbox.com/s/h28d1g7lbsemiac/Gynae%20History%20Template.pdf?dl=0>

<https://www.dropbox.com/s/lk6zgup9y71hu81/Obs%20History.pdf?dl=0>

HOW TO BECOME AN EFFICIENT LEARNER?

1-PAST PAPERS

Whatever topic you intend to study , first open past papers (plus imp questions mentioned in this pdf) and mark all imp topics on your book . Then prepare those topics really well and give read to other topics only for mcqs. You dont need to waste your time on unimp topics.

2-Study with Reasons:

Try to study with reasons . Conceptual study is very important . You should have clear cut idea of actual disease process and why we are asking for certain investigation and opting for given treatment. Conceptual study will differentiate you from other students and will help you scoring good.

3-Significance of Ospe/Clinical Exam:

Ospe/practical portion is equally important too. In final year , Student scoring good in this portion will be the one getting position & distinctions.

4-Shortlisting

You must SHORTLIST topics too .

Luckily for you i have already catagorized topics in three headings (Imp topics /Topics for mcqs/ Topics you may leave)

It will be insane to prepare all topics from certain chapters and leaving remaining chapters altogether if you are facing time deficit in proffs. Try to cover imp topics of all chapters first and then go for unimp topics if you have time.

5-Smart work:

Smart work is very important. You should go for high yield chapters first. Time should be carefully utilized.

6-PROPER SCHEDULE:

You guys should have clear plan of action about how to cover syllabus and try to follow that schedule. Dont make needless ammendments.

Luckily for batch 2k21, i will be providing them with preparatory plans for sendups and proffs inshaAllah.

7-SELF ASSESSMENT

Try to study with STOPWATCH in peak study season. I used to document my daily work along with working hours in my cell phone. It helps you evaluating your speed, analyzing your daily performance and also gives rough idea of how much time you will be needing to cover different topics in proffs.

8-Study with proper gaps:

Dont overexert yourself in peak study season. 2-3 hour study sessions with gaps for prayers/meals/ family time and exercise helps you stay on track and prevents burn outs.

9-Mental Health:

Try to take sleeping shots of 30-40 minutes, one to two times a day in between study sessions ,spend some time with family , watch some season or show before sleeping.All these things will help you to keep your mind fresh and will improve your efficacy.

10-SLEEP IS VERY IMPORTANT

Try to sleep around 6-7 hours at night and 1-2 hours in form of naps during the day.

I happen to observe many medical students during my mbbs and students who used to sleep less than 6 hours mostly ended up with depression/ panic and burnouts.

11-Healthy diet:

Eat healthy tooo

Take multiple small meals coz heavy meals can cause laziness and sleepiness

Try to make habit of eating 7-8 almonds each day (i know it seems funny, but they will improve your memory). I used to drink almond shake during my mbbs 😊😂

WORDS OF A HELPING SENIOR!

I believe Allah has blessed all of us with tremendous abilities. We are 'Ashraf-ul-Makhluqat' for a reason and all of us are special in our own ways, and in my opinion, there is nothing you can't achieve with hardwork and devotion. So don't ever give up.

But yeah, positive intent matters, how much effort you put in matters, your behaviour with other people matters, and most importantly faith in your prayers matters. It should be crystal clear in your mind that Allah can bless you with literally anything, and if you pray with confidence, He will listen and will bless you with the best.

No man can ever stop you and jo apka naseeb hey wo apko mil k rehna.

As I said, even the miracles can happen.

Half hearted efforts and prayers without firm belief are unlikely to bear fruit.

And don't ever bother about the uncontrollable aspects (like agar aisa hogya to, wesa hogya to, and ye na hojaye wo na hjaye).

Yaqeen k sath Allah pe chordia krein.

Like my father used to say, “Khoobi dikha k kheil me Fatah-o-shikast bhool jao”

Jb ap yaqeen k sath matters Allah pe chordeite apna best kr k, then Allah takes care of your matters, and when Allah takes care of your matters, He makes sure that they are best taken care of.

And then one must be aware of the fact that all the the hardwork he has been able to do is only because Allah has blessed him with the courage to do so, and all the success he will be granted with will be because of Allah's blessing. So be grateful for the capabilities Allah has blessed you with, without boasting about one's own supremacy because trust me, it won't take more than a second for Allah to turn the tables and to show a person how fragile we are without Allah's help.

Trust me, if you work hard and achieve your aims and you do it for yourself, that's not life. You look for people in distress and help them with everything you can and later when you come to know that you have made someone's life easier -That feeling-That's the day when you live. If helping others don't make you feel good, then help others for your own sake (thinking for reward from Allah) but at least tryyy!!!

Yeah, my first sentence was "Life is Unpredictable!"

But trust me, life does play by certain rules.

You help others, Allah will solve your problems in ways you can't even imagine.

You hurt others, and life will hurt you back.

And whenever you try to do good in life or even when Allah blesses you with success, you may face resistance or some people may try to bring you down, they may even try to formulate inferences for your actions and may claim that you are in for some personal gain. It's impossible to please everyone. When you know in your heart that your intentions are positive, do not allow others to control the direction of your life and never permit your emotions to cloud your intellect. In Sha Allah one day even those people will be proud of what you will be.

And for all those people who happen to bring others down intentionally or without even knowing, please never let toxicity inside you, consume you. Don't ever compare yourself with anyone and jo apke naseeb me hey, wo apko apne time pe mil k rehna. But again ap apna naseeb khud b likhte hein, apni efforts se or apni positive/negative approach se. Your time will come because Allah is the Most Beneficent, and He will reward all of us for our efforts. Learn to be happy for others because when you wish good for others, good things come back to you. Even if you can't wish good for others, then we can only pray that someday Allah make you realize how little deeds of kindness and little words of love can make our life heaven.

I believe that passion and determination are very important to excel in any field of life.

No matter what you do,

Try to give your best!

You play, you try to be besttt!!!

You study, you try to study as well as you can!

Every responsibility should be performed with full devotion.

And in the end, it does not matter if you actually manage to reach perfection

What matters is you keep flourishing as an individual.

You must have heard the famous quote “Shoot for the moon for even if you miss, you will be among the stars!”

I believe, almost all of us have our own trials to deal with, some have to deal with health issues (IBS, HTN, Allergies, obesity etc), financial issues, social issues, and mental health issues etc, and then its upto us whether we consider it a burden and adopt complaining/blaming attitude that only makes things worse, and when you practise pessimistic approach, things automatically start falling apart and it triggers a vicious cycle with impending doom.

Other option is to accept them and adapt. Though its not easy but you have to face it somehow, so why not face it with a smiling face, knowing that Allah is testing us, and for our patience, Allah’s blessings will be countless.

And, never consider your trials to be your weaknesses, and never allow them to take your dreams away from you.

“Khushi me shukar and mushkil me sabar!” They are the golden principles of life, and when you adopt them, life becomes much easier.