

Rotation Surgery 3b Surgical emergencies (SUR-529) STUDY GUIDE



Sohag University

Prepared by

Department of:

-General Surgery

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Contact Information of Staff Responsible for the Block

Surgery 3b(SUR-529) Study Guide				
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Staff Participated from each Departments

All Staff Members of General Surgery Department, Vascular Department, Cardiothoracic Department, and Neurosurgery Department

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Basic Information about the Block

• Program on which the course is given:

Bachelor of Medicine and Surgery (M.B. B.Ch.).

• Elements (major or minor) of the program:

Undergraduate

• Departments offering the course:

General Surgery

Academic. year/level:

5th year.

Prerequiestes

Achieving 75% of points of blocks in the first 5 semesters

Date of specification approval:

2022 -2023/ 2024-2025

OTitle: Surgery 3b: Surgical emergencies

ΘCode: (SUR-529)

Θ Credit points: 4

ΘLectures: 14 hours

ΘPracticals:24 hours

Θcase based discussions: 22 hours

 Θ Student learning activities: 60 hours

Portfolio Tasks (10%, 8 marks)(45 hours): Attendance (4 marks), - Formative assessment (2 marks) 15 hours= 0.5 point, - Case

presentations (2 marks)

Θ Total: 120 hours.

Block Map

Total marks	Days/weeks	Points	Code	Responsible department	الوحدة التعليميةBlock	Year
80	2 weeks	4	(SUR-529)	General Surgery	3b Surgical emergencies (SUR-529)	year

NARS competencies the block is expected to share in their student achievement

NARS areas	NARS key competencies
	1.1. Take and record a structured, patient centered history.
1- The graduate as a health	1.2. Adopt an empathic and holistic approach to the patients
care provider.	and their problems.
	1.3 Assess the mental state of the patient.
	1.4. Perform appropriately timed full physical examination
	1 of patients appropriate to the age, gender, and clinical
	presentation of the patient while being culturally sensitive.
	1.5. Prioritize issues to be addressed in a patient encounter.
	1.6. Select the appropriate investigations and interpret their
	results taking into consideration cost/ effectiveness factors.
	1.7. Recognize and respond to the complexity, uncertainty,
	and ambiguity inherent in medical practice.
	1.8. Apply knowledge of the clinical and biomedical sciences
	relevant to the clinical problem at hand.
	1.10. Integrate the results of history, physical and laboratory test findings into a meaningful diagnostic formulation.
	1.11. Perform diagnostic and intervention procedures2 in a
	skillful and safe manner, adapting to unanticipated findings or
	changing clinical circumstances.
	1.12. Adopt strategies and apply measures that promote
	patient safety.
	1.13. Establish patient-centered management plans in
	partnership with the patient, his/her family and other health
	professionals as appropriate, using Evidence Based Medicine
	in management decisions.
	1.14. Respect patients' rights and involve them and /or their

	families/careers in management decisions.
	1.15. Provide the appropriate care in cases of emergency,
	including cardio-pulmonary resuscitation, immediate life
	support measures and basic first aid procedures.
2- The graduate as a health	2.3 Discuss the role of nutrition and physical activity in
promoter.	health.
P	2.5 Describe the principles of disease prevention, and
	empower communities, specific groups or individuals by
	raising their awareness and building their capacity.
	2.6 Recognize the epidemiology of common diseases within
	his/her community, and apply the systematic approaches
	useful in reducing the incidence and prevalence of those diseases.
	2.9 Adopt suitable measures for infection control.
2 Th 14	3.1. Exhibit appropriate professional behaviors and
3- The graduate as a	relationships in all aspects of practice, demonstrating honesty,
professional.	integrity, commitment, compassion, and respect.
	3.3. Respect the different cultural beliefs and values in the
	community they serve.
	3.4. Treat all patients equally, and avoid stigmatizing any
	category regardless of their social, cultural, ethnic
	backgrounds, or their disabilities.
	3.5. Ensure confidentiality and privacy of patients'
	information.
	3.6. Recognize basics of medico-legal aspects of practice,
	malpractice and avoid common medical errors.
	3.7. Recognize and manage conflicts of interest.3.8. Refer patients to appropriate health facility at the
	appropriate stage.
	3.9. Identify and report any unprofessional and unethical
	behaviors or physical or mental conditions related to himself,
	colleagues or any other person that might jeopardize patients'
	safety.
4- The graduate as a	4.5 Identify various causes (genetic, developmental,
scholar and scientist.	metabolic, toxic, microbiologic, autoimmune, neoplastic,
	degenerative, and traumatic) of illness/disease and explain the
	ways in which they operate on the body (pathogenesis).
	4.7 Describe drug actions: therapeutics and pharmacokinetics;
	side effects and interactions, including multiple treatments, long term conditions and non-prescribed medication; and
	effects on the population.
	4.8 Demonstrate basic sciences specific practical skills and
	procedures relevant to future practice, recognizing their
	scientific basis, and interpret common diagnostic modalities,
	including: imaging, electrocardiograms, laboratory assays,
	pathologic studies, and functional assessment tests.
5- The graduate as a	5.1 Recognize the important role played by other health care
member of the health	professions in patients' management.
	5.2 Respect colleagues and other health care professionals and

team and a part of the	work cooperatively with them, negotiating overlapping and
health care system.	shared responsibilities and engaging in shared decision-
	making for effective patient management.
	5.3 Implement strategies to promote understanding, manage
	differences, and resolve conflicts in a manner that supports
	collaborative work.
	5.4 Apply leadership skills to enhance team functioning, the
	learning environment, and/or the health care delivery system.
	5.5 Communicate effectively using a written health record,
	electronic medical record, or other digital technology.
	5.6 Evaluate his/her work and that of others using constructive
	feedback.
	5.7 Recognize own personal and professional limits and seek
	help from colleagues and supervisors when necessary.
	5.9 Use health informatics to improve the quality of patient
	care.
	5.10 Document clinical encounters in an accurate, complete,
	timely, and accessible manner, in compliance with regulatory
	and legal requirements.
	5.12 Demonstrate accountability to patients, society, and the
	profession.
6- The graduate as a	6.1 Regularly reflect on and assess his/her performance using
lifelong learner and	various performance indicators and information sources.
$\boldsymbol{\varepsilon}$	6.2 Develop, implement, monitor, and revise a personal
researcher.	learning plan to enhance professional practice
	6.3 Identify opportunities and use various resources for
	learning.
	6.4 Engage in inter-professional activities and collaborative
	learning to continuously improve personal practice and
	contribute to collective improvements in practice.
	6.6 Effectively manage learning time and resources and set
	priorities.
	6.8 Critically appraise research studies and scientific papers in
	terms of integrity, reliability, and applicability.
	6.10 Summarize and present to professional and lay audiences
	the findings of relevant research and scholarly inquiry.

Professional Information

Block Aims

Overall Aims

- 1. This block aims to provide students with fundamental knowledge and clinical skills that enable him/her to detect, manage and/or refer common and important surgical emergencies.
- 2. By the end of the blocks, the students will be able to take informative history, perform appropriately timed physical examination of patients appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive, do some clinical procedures and interpret important investigations related to surgical emergencies.
- 3. By the end of the blocks, the students will be able counsel patients and their families about common surgical emergencies.

Learning Outcomes of the Block:

Each competency will be broken down into one or more learning outcomes that may be K, S or A or all.

NARS Key comptencies	Learning outcomes for each key competencies	Domain Know Know how Show how does	Teaching method	Assessment method
1.1. Take and record a structured, patient centered history.	C1. Perform a focused history based on all relevant information (including obtaining data from secondary sources) in the following common clinical problems: - primary SURVEY: THE ABCs, SECONDARY SURVEY - facial trauma & Neck trauma - Abdominal trauma - GIT bleeding - acute abdomen - Intestinal obstruction - Abdominal vascular syndromes - Vascular emergencies - Cardiothoracic emergencies - Neurosurgery trauma and emergencies.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
	C2. Document and present the clinical encounter (case) concisely in an oral presentation, as a written document, and entered into an electronic medical record in the following common clinical problems: -Clinical problems Mentioned in S1.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
1.2. Adopt an empathic and holistic approach to the patients and their problems.	K1. A1. Address psychological and social factors when assessing patients and developing care plans in any clinical situations Mentioned in S1 &S10	Know how Show how	Cases Skill lab or	Quiezes Formative written Final written Portfolio

			1 1 ' 1	OCCE
			bed side Mini - CEX	OSCE ACC
			training	ACC
			OSCE training	
	C3. D2.	Show how	Skill lab or	Portfolio
	Interact with patients showing	Show now	bed side	OSCE
	7 key tips of empathic and		Mini - CEX	ACC
	holistic approach:		training	ACC
	Making eye contact		OSCE training	
	Let your patient know			
	you're listening			
	Be aware of your body			
	language			
	Be curious about your			
	patient			
	Record details that			
	humanize your patient			
	Show support to your			
	patient			
	• Look deeper for ways to			
	empathize with your patient			
	C4.	Show how	Skill lab or	Portfolio
	Establish that patients are	Show how	bed side	OSCE
	attentive—eg, by assessing		Mini - CEX	ACC
	their level of attention while		training	1100
	the history is taken or by		OSCE training	
	asking them to immediately			
	repeat 3 words			
1.3 Assess the	C5.	Show how	Skill lab or	Portfolio
mental state of the	Perform an assessment of vital		bed side	OSCE
patient.	signs		Mini - CEX	ACC
			training	
	GC.	C1 1	OSCE training	D (C1)
	C6.	Show how	Skill lab or	Portfolio
	Perform a detailed physical		bed side Mini - CEX	OSCE ACC
	examination of all body systems			ACC
	Systems		training OSCE training	
1.4. Perform	C7.	Show how	Skill lab or	Portfolio
appropriately	Perform a focused physical		bed side	OSCE
timed full physical	examination based on the		Mini - CEX	OSPE
examination 1 of	patient's chief complaint and		training	ACC
patients	review of systems in the		OSCE training	
appropriate to the	following common clinical			
age, gender, and	problems:			
clinical	-Mentioned in C1			
presentation of the	Clinical problems Mentioned			
patient while being	in C1.			
culturally				

sensitive.	C8. Detect all significant abnormal findings on physical examination in the following common clinical problems: - Mentioned in C1 &C7 C9.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
	Report findings in notes		bed side Mini - CEX training OSCE training	OSCE OSPE ACC
1.5. Prioritize issues to be addressed in a patient encounter.	C1. Perform a focused history based on all relevant information (including obtaining data from secondary sources) in the following common clinical problems: - primary SURVEY: THE ABCs, SECONDARY SURVEY - facial trauma & Neck trauma - Abdominal trauma - GIT bleeding - acute abdomen - Intestinal obstruction - Abdominal vascular syndromes - Vascular emergencies - Cardiothoracic emergencies - Neurosurgery trauma and emergencies.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
1.6. Select the appropriate investigations and interpret their results taking into consideration cost/effectiveness factors.	A2. C11. Select common investigations relevant to the findings on history and physical examination in the following common clinical problems: - Mentioned in S1 &S10	Know how	Cases in Endocrine GIT & liver Biliopancreatic diseases Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC
	K3. Describe the purpose of common diagnostic tests,	Know	Lectures	Quiezes Formative written

	including blood tests, tests of other body fluids, and basic imaging tests relevant to the following common clinical problems: - Mentioned in S1,S7,S10			Final written
	 S12. Interpret in a simulated case, the results of the following commonly ordered tests. Body Mass index Liver function test Photos in the following common clinical problems: Mentioned in S1, S7,S10 	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
	A4. & C13. Recognize that there is a degree of uncertainty in all clinical decision making.	Know how	Cases	Quiezes Formative written Final written
1.7. Recognize and respond to the complexity, uncertainty, and		Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
ambiguity inherent in medical practice.	A5. &C14. Identify clinical situations in which complexity, uncertainty, and ambiguity may play a role in decision-making.	Know how	Skill lab or bed side Mini - CEX training	Quiezes Formative written Final written
	- trauma	Show how	OSCE training	Portfolio OSCE OSPE ACC
1.8. Apply knowledge of the clinical and biomedical sciences relevant to the clinical problem at hand.	A6. Integrate and apply knowledge of foundational Biomedical and clinical topics together with clinical skills to diagnose and address the following common medical problems: Mentioned in C1,C7,C10	Know how	Cases	Quiezes Formative written Final written
1.10. Integrate the	C1.	Know	Lecture	Quiezes
results of history, physical and	Perform a focused history based on all relevant			Formative written
laboratory test	information (including	Know how	Case	Final written
findings into a meaningful diagnostic	obtaining data from secondary sources) in the following common clinical problems:	Show how	Skill lab or bed side	Portfolio OSCE

formulation.	 primary SURVEY: THE ABCs, SECONDARY SURVEY facial trauma & Neck trauma Abdominal trauma GIT bleeding acute abdomen Intestinal obstruction Abdominal vascular syndromes Vascular emergencies Cardiothoracic emergencies Neurosurgery trauma and emergencies. 		Mini - CEX training OSCE training	OSPE ACC
	A8. C16. Propose a most likely or working diagnosis for each problem based on the clinical	Know how	Lecture Case	Quiezes Formative written Final written
	encounter and investigations done to date in a stable patient presenting with one of the following straightforward problems: - Mentioned in A7. C15.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
	A9. C17 Formulate a broad differential diagnosis for each problem, based on the clinical encounter and investigations done to date	Know Know how	Lecture Case	Quiezes Formative written Final written
	in an emergency or acute illness patient presenting with one of the following: - primary SURVEY: THE ABCs, SECONDARY SURVEY - facial trauma & Neck trauma - Abdominal trauma - GIT bleeding - acute abdomen - Intestinal obstruction - Abdominal vascular syndromes	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
	Vascular emergenciesCardiothoracic emergencies			

	- Neurosurgery trauma and emergencies.			
	A10. Describe the indications for the following essential medical procedures (diagnostic and intervention), how they are performed, common risks, and follow-up care - Ryl insertion - IV line - Gastric wash - Proctosigmoidoscopic decompression - Hydrostatic reduction	Know	Lecture	Quiezes Formative written Final written
	A11. C18. Implement plans for care prior to any of the following procedures - Ryl insertion	Know	Lecture	Quiezes Formative written Final written
1.11. Perform diagnostic and intervention procedures2 in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances.	 IV line Gastric wash Proctosigmoidoscopic decompression Hydrostatic reduction 	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
	C19. D4. Perform the following essential medical procedures in a supervised or simulated setting - Ryl insertion - IV line - Gastric wash - Proctosigmoidoscopic decompression - Hydrostatic reduction	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
	C20. Implement plans following the following procedures, including monitoring for post-procedure complications and intervening effectively for major complications that occur. - Proctosigmoidoscopic decompression - Hydrostatic reduction	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
1.12. Adopt strategies and apply measures	A 12. Recognize examples of patient safety incidents (adverse	Know Know how	Lecture Case	Quiezes Formative written

that promote patient safety.	events, error, near misses, preventable adverse event) in the clinical setting - Proctosigmoidoscopic decompression - Hydrostatic reduction			Final written
	A 13. Differentiate between cases where an adverse event has occurred from those that are due to the underlying medical Illness in the following clinical situation. - Gastrointestinal bleeding - Intestinal obstruction - Acute abdomen - Vascular emergencies - Cardiothoracic emergencies - Neurosurgery trauma and emergencies.	Know how	Case	Quiezes Formative written Final written
	A 14. Demonstrate disclosure of a simple medical error to a patient or family (e.g., inadvertent cancellation of a test), In the following clinical case as an example - Gastrointestinal bleeding	Know how	Case	Quiezes Formative written Final written
	A15. Propose an approach to reducing the frequency of medical error in response to a patient safety using an example - Evaluation of Gastrointestinal bleeding	Know how	Case	Quiezes Formative written Final written
1.13. Establish	A16. C21.	Know	Lecture	Quiezes
patient-centered management plans	Propose a preliminary management plan In a			Formative written
in partnership with the patient, his/her	simulated case discussion, or in a REAL stable patient	Know how	Case	Final written
family and other health professionals as appropriate, using	presenting with any one of the following straightforward problems, - SURVEY: THE ABCs,	Show	Skill lab or bed side Mini - CEX training	Portfolio OSCE OSPE ACC

Evidence Based Medicine in management decisions.	SECONDARY SURVEY - facial trauma & Neck trauma - Abdominal trauma - GIT bleeding - acute abdomen - Intestinal obstruction - Abdominal vascular syndromes - Vascular emergencies - Cardiothoracic emergencies - Neurosurgery trauma and emergencies.		OSCE training	
	A17. C 22. Establish a therapeutic and management plan with	Know	Lecture	Quiezes Formative written
	appropriate timelines and follow up In a patient	Know how	Case	Final written
	presenting with any of one or more of the following acute illnesses and/or complex problems, - GIT bleeding - Acute abdomen - Vascular emergencies - Cardiothoracic emergencies - Neurosurgery trauma and emergencies.	Show	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
1.14. Respect patients' rights and involve them and /or their families/careers in management decisions.	D5. Exhibit honesty and integrity with patients, physicians and other health professionals. D6. Demonstrate caring and compassion during all interactions with patients. D7. Recognize the importance of trusting relationships with patients and others. D8. Recognize and maintain boundaries when interacting with patients. D9. Demonstrate sensitivity with respect to peers, colleagues,	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC

	and patients As Mentioned in C1 &C10			
	A18. D10. Consistently maintain patient confidentiality in all clinical, social and electronic settings, while recognizing situations that require disclosure of confidential information.	Know how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSPE ACC
	A19. Describe the underlying ethical principles and legal process of informed consent	Know how	Case	Quiezes Formative written Final written
	A20. C23. Describe the process of how to obtain informed consent for a test or treatment procedure	Know how	Case	Quiezes Formative written Final written
	A21.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
1.15. Provide the appropriate care in cases of	Describe the characteristics of an acutely ill patient in terms of findings on history, physical examination and basic laboratory investigations in the following clinical situations - primary SURVEY: THE ABCs, SECONDARY	Know Know how	Lecture Case	Quiezes Formative written Final written
emergency, including cardio- pulmonary resuscitation, immediate life support measures and basic first aid procedures.	SURVEY - facial trauma & Neck trauma - Abdominal trauma - GIT bleeding - acute abdomen - Intestinal obstruction - Abdominal vascular syndromes - Vascular emergencies - Cardiothoracic			
	emergencies - Neurosurgery trauma and emergencies. A22. C24.	Know	Lecture	Quiezes

	Recognize when a patient has abnormal vital signs that			Formative written
	requires immediate attention and investigation in the	Know how	Case	Final written
	following clinical situations - primary SURVEY: THE ABCs, SECONDARY SURVEY - facial trauma & Neck trauma - Abdominal trauma - GIT bleeding - acute abdomen - Intestinal obstruction - Abdominal vascular syndromes - Vascular emergencies - Cardiothoracic emergencies - Neurosurgery trauma and emergencies.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
	A23. C25. Recognize when a patient has	Know	Lecture	Quiezes Formative
	a complaint or physical			written
	finding that suggests the possibility of a severe illness (including lifethreatening) and therefore requires	Know how	Case	Final written
	immediate attention and investigation in the following clinical situations - Mention in A22. C24.	Show	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
	A24.	Know	Lecture	Quiezes
	Apply the steps taken in the emergency care of acutely ill patients in the following clinical situations - Mention in A22. C24.	Know how	Case	Formative written Final written
	A25. C26.	Know	Lecture	Quiezes
	Identify potential underlying causes of a patient's deterioration in the following clinical situations	Know how	Case	Formative written Final written
	- Mention in A22. C24.	Show how	Skill lab or bed side Mini - CEX training	Portfolio OSCE OSPE ACC
	S27	Show how	OSCE training Skill lab or	Portfolio
L	~-/		21111 100 01	1 51010110

	Start the initial among an average		bed side	OSCE
	Start the initial emergency care		Mini - CEX	ACC
	plan for a patient with the			ACC
	following		training	
	common life- threatening conditions		OSCE training	
	- Mentioned in A9, C17 A 26.	Know	Lastrans	Oviens
		KIIOW	Lecture	Quiezes Formative
	Identify role of integrating diet and physical activity on			written
	and physical activity on general health and well-being	Know how	Case	Final written
	across the lifespan	Kilow ilow	Case	Tillal Williell
	across the mespan			
	- Nutrition in GIT disorder			
2.3 Discuss the	-Nutrition in trauma patient			
role of nutrition	Nutrition in intestinal			
and physical	obstruction			
activity in health.	C28. D11	Show how	Skill lab or	Portfolio
and the second s	Educate patients and	2110 11 110 11	bed side	OSCE
	populations about strategies		Mini - CEX	OSPE
	that promote an active and		training	ACC
	healthy lifestyle along		OSCE training	1100
	Nutrition in GIT disorder		8	
	-Nutrition in trauma patient			
	Nutrition in intestinal			
	obstruction			
2.5 Describe the	A 27.	Know	Lecture	Quiezes
principles of	Apply preventive measures for			Formative
disease prevention,	the following health problems:			written
and empower	- GIT cancers	Know how	Case	Final written
communities,	- Intestinal obstrution			
specific groups or				
individuals by				
raising their				
awareness and				
building their				
capacity.				
2.6 Recognize the	A28.	Know	Lecture	Quiezes
epidemiology of	Apply methods reducing the			Formative
common diseases	incidence and prevalence of			written
within his/her	following common diseases.	Know how	Case	Final written
community, and	-Mention in A27.			
apply the				
systematic	A29	Know	Lecture	Quiezes
approaches useful	Identify and apply screening			Formative
in reducing the	tests appropriate at different			written
incidence and	life stages	Know how	Case	Final written
prevalence of those				
diseases.				
2.9 Adopt suitable	A30. C29.	Know		

measures for infection control.	Apply principles of patient safety related to infection			Formative written
infection control.	prevention and control	Know how	Case	Final written
	practices in the following situations	Show how	Skill lab or	Portfolio
	- Ryl insertion	Show how	bed side	OSCE
	- Iv line		Mini - CEX	OSPE
	- Gastric wash		training	ACC
	- Proctosigmoidoscopic		OSCE training	
	decompression			
	- Hydrostatic reduction		_	
	A31. C30.	Know	Lecture	Quiezes
	Demonstrate the procedures			Formative
	involved in universal body substance precautions,	Know how	Case	written Final written
	including handwashing, and	Kilow ilow	Case	rmai witten
	donning and doffing of gowns,	Show how	Skill lab or	Portfolio
	gloves, masks, and eye	She whe w	bed side	OSCE
	protection		Mini - CEX	OSPE
			training	ACC
			OSCE training	
	A32. C31.	Know	Lecture	Quiezes
	Apply principles of infection			Formative
	control when dealing with a	17 1	Cara	written
	patient who may have a communicable	Know how	Case	Final written
	Disease	Show how	Skill lab or	Portfolio
			bed side	OSCE
			Mini - CEX	ACC
			training OSCE training	
3.1. Exhibit	A33. A12	Know how	Case	Quiezes
appropriate	Demonstrate the ability to give	Tenow now	Cuse	Formative
professional	feedback to colleagues in a			written
behaviors and	respectful manner.			Final written
relationships in all				
aspects of practice,		Show how	Skill lab or	Portfolio
demonstrating			bed side	OSCE
honesty, integrity,			Mini - CEX	ACC
commitment, compassion, and			training OSCE training	
respect.			OSCL training	
3.3. Respect the	K34 D13.	Show	Skill lab or	Portfolio
different cultural	Demonstrate the application of		bed side	OSCE
beliefs and values	patient autonomy and respect		Mini - CEX	ACC
in the community	for persons in specific case		training	
they serve.	situations	17	OSCE training	
3.4. Treat all	A35. D 14	Know	Lecture	Quiezes
patients equally, and avoid	Identify medicolegal principles that obligate physician to Treat	Know how	Case	Formative written
and avoid	mai obligate physician to freat	KHOW HOW	Case	WIIILEII

stigmatizing any	all patients equally,			Final written
category regardless of their social, cultural, ethnic backgrounds, or their disabilities.		Show how	Skill lab or bed side Mini - CEX training	Portfolio OSCE ACC
	D 15.	Show how	OSCE training Skill lab or	Portfolio
	Demonstrate in clinical encounters avoiding stigmatizing any category regardless of their social, cultural, ethnic backgrounds, or their disabilities.	Show how	bed side Mini - CEX training OSCE training	OSCE ACC
	A36. D16. Avoid disclosing confidential patient information in online communications.	Know how	Case	Quiezes Formative written Final written
		Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
3.5. Ensure confidentiality and	A37. D17. Explain the potential abuses of technology-enabled communication and their relationship to	Know how	Case	Quiezes Formative written Final written
privacy of patients' information.	professionalism.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
	A38. D18. Follow relevant policies regarding the appropriate use of electronic medical records	Know how	Case	Quiezes Formative written Final written
		Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
3.6. Recognize basics of medicolegal aspects of practice, malpractice and	A39. D 19. Apply basics of medicolegal practices in common clinical situations including: - Mentioned in A7. C15.	Know how	Case	Quiezes Formative written Final written
avoid common		Show how	Skill lab or	Portfolio

medical errors.			bed side Mini - CEX training	OSCE ACC
	A40. D20.	Know how	OSCE training Case	Quiezes
	Demonstrate how to avoid common medical errors in the			Formative written
	following common clinical situations:			Final written
	- Mentioned in A7. C15.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
	A41. C31. D 21. Demonstrate the capacity to	Know how	Case	Quiezes Formative
3.7. Recognize and	reflect on their own competencies and identify situations where one requires			written Final written
manage conflicts of interest.	Help	Show how	Skill lab or bed side	Portfolio OSCE
			Mini - CEX	ACC
			training OSCE training	
3.7. Recognize and	A42. C32. Demonstrate the capacity to identify situations where cognitive biases may have	Know how	Case	Quiezes Formative written Final written
manage conflicts of interest.	affected their patient Management	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
	A43. Describe the nature of clinical expertise and of its limits	Know how	Case	Quiezes Formative written Final written
3.8. Refer patients				
to appropriate health facility at	A44. C33. Recognize the range of possible transitions a patient	Know	Lecture	Quiezes Formative written
the appropriate stage.	may encounter (e.g., hospital to home, hospital to long term	Know how	Case	Final written
	care facility, emergency	Show how	Skill lab or	Portfolio
	department to ward in the following clinical settings		bed side Mini - CEX	OSCE ACC
	examples - Mentioned in A7. C15.		training OSCE training	

	A45. List indications of admission to hospital in the following	Know	Lecture	Quiezes Formative written
	clinical situations - Mentioned in A7. C15.	Know how	Case	Final written
	A46 List criteria of home discharge in the following clinical	Know	Lecture	Quiezes Formative written
	situations - Mentioned in A7. C15.	Know how	Case	Final written
	A47 List the elements of a high quality written —handover of	Know	Lecture	Quiezes Formative written
	care" Document in the following clinical settings examples	Know how	Case	Final written
	GIT bleedingAcute abdomen			
	A48. D22 List the elements of a high quality verbal and written	Know	Lecture	Quiezes Formative written
	handover of care in the following clinical settings	Know how	Case	Final written
	examples	Show how	Skill lab or bed side	Portfolio OSCE
	- GIT bleeding - Acute abdomen		Mini - CEX training OSCE training	ACC
3.9. Identify and report any unprofessional and	A49. D23. Participate in peer assessment	Know	Lecture	Quiezes Formative written
unethical behaviors or		Know how	Case	Final written
physical or mental conditions related		Show how	Skill lab or bed side	Portfolio OSCE
to himself, colleagues or any			Mini - CEX training	OSPE ACC
other person that might jeopardize patients' safety			OSCE training	
4.5 Identify various causes	A50. Identify various causes	Know	Lecture	Quiezes Formative
(genetic, developmental, metabolic, toxic, microbiologic, autoimmune,	(genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of the following	Know how	Case	written Final written
neoplastic, degenerative, and	diseases mentioned in C1			

traumatic) of illness/disease and explain the ways in which they operate on the body (pathogenesis).	C10, D3 A7, C15			
(putilogenesis).	A51. C34. Choose categories of Individual drugs in each of the following clinical conditions mentioned in C1 C10, D3 A7, C15	Know how Show how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC
4.7 Describe treatment options; and effects on the population.	A52. Mentionmodalities of treatmentfollowing clinical conditions mentioned in C1 C10, D3 A7, C15	Know how	Lecture Case	Quiezes Formative written Final written
	A53. Demonstrate in the following clinical situations how to prescribe relevant drugs mentioned in C1 C10, D3 A7, C15	Know Know how	Lecture Case	Quiezes Formative written Final written
4.8 Demonstrate basic sciences specific practical skills and procedures	A54. C35	Know how	Lecture Case	Quiezes Formative written Final written
relevant to future practice, recognizing their scientific basis, and interpret common diagnostic modalities, including: imaging, laboratory assays, pathologic studies, and functional assessment tests.	A55. C36 Interpret the following laboratory assays, - Liver function test - CBC - Hepatitis markers - Ascitic fluid analysis amd SAAG	Show how	Skill lab or bed side Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC

5.2 Page of	A56, C37 Interpret the following pathologic studies, A57, C38 Interpret the following functional assessment tests. 5-HTTlevel in carcinoid syndrome - Liver function test	V now how	Cono	Ovieres
5.2 Respect colleagues and other health care professionals and work cooperatively with them, negotiating overlapping and shared responsibilities and engaging in shared decision-making for effective patient management.	A58. D24. Demonstrate respect and cooperation with all health care providers in the following clinical settings mentioned in - C1 - C10, D3 - A7, C15	Know how	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE OSPE ACC
5.3 Implement strategies to promote understanding, manage	A59 Identify clinical scenarios that are likely to lead to conflict A60. Describe the root causes of conflict in interprofessional teams A61 Describe approaches to conflict resolution	Know how	Case	Quiezes Formative written Final written
differences, and resolve conflicts in a manner that supports	A62. D 25. Recognize one's own approach to conflict	Know how	Case	Quiezes Formative written Final written
collaborative work.	A63 D 26. Demonstrate the capacity to resolve conflicts that occur with colleagues related to issues such as prioritization of duties	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
5.4 Apply leadership skills to enhance team	A64. D27. Identify aspects of their own leadership style(s) (including,	Know how	Case	Quiezes Formative written

functioning, the learning environment, and/or the health care delivery system.	strengths, weaknesses, and biases. A65. D28 Participate in reflective processes to inform their personal leadership development. A66. D29 Appreciate that leadership is not demonstrated only by leaders but that all physicians will be required to demonstrate—leadership in the course of their careers. A67. D30. Reflect on motivations, capabilities, skills, boundaries, and purpose as a leader. A68. D31. Demonstrate teamwork and collaboration STYLES in the healthcare setting, and participate in team-building	Show how	Skill lab or bed side Mini - CEX training OSCE training	Final written Portfolio OSCE ACC
	and collaboration exercises.			
5.5 Communicate effectively using a written health record, electronic medical record, or other digital technology.	D32. C39. Communicate effectively with patients D 33. Communicate with colleagues D34. C40. Communicate in breaking bad news D 35. Communicate with relatives D 36. Communicate with disabled people D37. Communicate in seeking informed consent C41. D38. Communicate in writing (including medical records) C42. D39. Communicate in dealing with aggression	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
5.6 Evaluate his/her work and that of others using constructive	D40. Consistently seek out and welcome feedback from others.	Show how	Skill lab or bed side Mini - CEX training	Portfolio OSCE ACC

feedback	D 41. Accept constructive feedback. D42. C43. Demonstrate the capacity to reflect upon feedback and use this as a basis for enhanced learning of relevant Competencies. K43. C44. Provide constructive feedback to colleagues about aspects of their clinical competence when requested to do so.		OSCE training	
5.7 Recognize own personal and professional limits and seek help from colleagues and supervisors when necessary.	A69. C45. Shows how to refer to other professionals in the following clinical situations: -traumatic patient GIT bleeding - intestinal obstruction Acute abdomen A70. C46. Shows how to seek further support and advice in the following clinical situations mentioned in - A69. C45.	Know how Showhow	Case Skill lab or bed side Mini - CEX training OSCE training	Quiezes Formative written Final written Portfolio OSCE ACC
	C47. Use information and communication technologies to enhance knowledge, skills and judgment in providing evidence-informed, safe, effective and efficient patient care.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
5.9 Use health informatics to improve the quality of patient care.	C48. Gather relevant data from a variety of sources, including literature, web-based resources, electronic health records and databases.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
	A71. C49. Critically assess the reliability, quality and comprehensiveness of all data used to inform health care Decisions.	Know how Show how	Case Skill lab or bed side Mini - CEX	Quiezes Formative written Final written Portfolio OSCE

			training OSCE training	OSPE ACC
5.10 Document clinical encounters in an accurate, complete, timely,	A72. C50. Write medical record in the following clinical situations mentioned in:	Know how	Case	Quiezes Formative written Final written
and accessible manner, in compliance with regulatory and legal requirements.	- C1 - C10, D3 - A7, C15	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
5.12 Demonstrate accountability to patients, society, and the profession.	C 51, D44. Reflect on examples from their clinical rotations and acknowledge that near misses, adverse events and patient safety incidents (PSIs) will occur trauma - GIT bleeding - Acute abdomen	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
6.1 Regularly reflect on and assess his/her performance using various performance indicators and information sources.	C 52. D45. Reflect on experiences in the preclinical setting to identify areas requiring improvement a modify behavior. C53. D46. Reflect on experiences in the clinical setting to identify areas requiring improvement and modify behaviour by use of ethical frameworks. C54. D47. Evaluate teachers and programs in an honest, fair, and constructive manner.	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
6.2 Develop,	A73 Use portfolio as a tool to develop and monitor a learning plan.	Know	lecture	Quiezes Formative written Final written
implement, monitor, and revise a personal learning plan to enhance professional practice	C55. D 48. Reflect on achievement of the required competencies. C56. D49. Use portfolio to improve self-awareness to enhance performance	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
	D50.			

	Demonstrate appropriate use and enhancement of resiliences skills. C57. D51. Demonstrate the connection between self-care and patient safety.			
6.3 Identify opportunities and use various resources for learning.	C 58. Use various resources of learning including LMS. C59. D 52 Contribute to a positive atmosphere in the classroom and in clinical learning settings by demonstrating the following behaviours: Participating enthusiastically as a learner Providing encouragement to colleagues Refraining from belittling colleagues' efforts	Show how	Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE OSPE ACC
6.4 Engage in	A74. Identify the various different collaborators they will work within the clinical environment to provide patient care.	Know how	Case	Quiezes Formative written Final written
inter-professional activities and collaborative learning to continuously improve personal practice and contribute to collective	A75. D 53. Demonstrate a general understanding of the roles and responsibilities of collaborators in the clinical environment.	Know how Show how	Case Skill lab or bed side Mini - CEX training	Quiezes Formative written Final written Portfolio OSCE ACC
improvements in practice.	C60. Participate in interprofessional activities.	Show how	OSCE training Skill lab or bed side Mini - CEX training OSCE training	Portfolio OSCE ACC
6.6 Effectively manage learning time and resources and set priorities.	A76. Describe the concepts of the declared, taught, learned, and hidden Curriculum.	Know how	Lecture Case	Quiezes Formative written Final written

	A77.	Know	Lecture	Quiezes
	Describe factors that can			Formative
	positively or negatively affect	Know how	Case	written
	the learning environment.			Final written
	A78. C61. D54.	Know	Lecture	Quiezes
	Develop a systematic approach			Formative
	to learning and a time	Know how	Case	written
	management strategy.			Final written
		Show how	Skill lab or	Portfolio
			bed side	OSCE
			Mini - CEX	OSPE
			training	ACC
			OSCE training	
	C62. D55.	Show how	Skill lab or	Portfolio
	Access supports available to		bed side	OSCE
	students to deal with stress and		Mini - CEX	OSPE
	the health issues that are		training	ACC
	common in medical school.		OSCE training	
	A79. a Describe strategies for	Know	Lecture	Quiezes
	reporting and managing			Formative
	witnessed or Experienced	Know how	Case	written
	mistreatment.			Final written
6.8 Critically	C63.	Show how	Skill lab or	Portfolio
appraise research	Select appropriate sources of		bed side	OSCE
studies and	knowledge as they relate to		Mini - CEX	ACC
scientific papers in	addressing focused questions.		training	
terms of integrity,	Identify appropriate sources		OSCE training	
reliability, and	that answer a clinical question.			
applicability.	CCA PSC	G1 1	G1 '11 1 1	D (0.1)
	C64. D56.	Show how	Skill lab or	Portfolio
6.10 Summarize	Plan and deliver an effective		bed side	OSCE
and present to	presentation.		Mini - CEX	ACC
professional and			training	
lay audiences the	C(5 D57	Ch arry h arry	OSCE training	D4C-1: -
findings of	C65, D57.	Show how	Skill lab or	Portfolio
relevant research	Explain to patients and families in general terms the		bed side Mini - CEX	OSCE
and scholarly	results			ACC
inquiry.	of research studies and their		training OSCE training	
	application to clinical issues.		OSCE training	
	application to clinical issues.			

Learning Methods

- 1- Lectures for knowledge outcomes.
- 2- Practical (Bedside/skill lab) sessions to gain clinical skills.

- 3-Task based log (may use inscion academy/clinical key cases).
- 4- Group discussions (Case based).

Methods of Student Assessment

1. Formative:

This is used to monitor student's learning to provide ongoing feedback that can be used by instructors to improve their teaching and by students to improve their learning.

It's given at least once in the form of quizzes that is made available for the students at the E-learning site at the end of the block.

Answers are presented instantly after the attempts and discussed on the students groups or in person with the teaching staff

Questions should be consistent with the level of the final exam. The student's attendance is a condition for entering the summative exams. The electronic or paper achievement file must be used to follow up on the students' evaluation, and its completion is a condition for entering the final exams

2. Summative

It is used to evaluate student's achievements at the end of an instructional unit. The grades tell whether the student achieved the learning goal or not.

The student's performance will be assessed according to the following:

Assessment	Type of assessment	Proportion of total assessment		
task	task		Marks	
End block exam	MCQ (single answer)	20%	16 marks	
Portfolio	Includes the following:	10%	(8 marks total) 4 marks 2 marks 2 marks	
Final exam	75%MCQ (single answer) 25% Short answer Qs and modified essay Qs	40%	32 marks	

OSCE Final	Typical OSCE stations using standardized, real or skill lab encounters	30%	24 marks
Total		100%	80
	الدور الثاني		
Final exam	75%MCQ (single answer) 25% Short answer Qs and modified essay Qs	60%	48
Practical exam	Typical OSCE stations using standardized, real or skill lab encounters	40%	32
total		100%	80

Block evaluation

- Students' results
- Students' feedback
- Tutors' feedback

Contents Lecture Topics and Their Learning Outcomes

No.	Learning outcomes	Lectures Titles And specified reference	Week No.	Date*	Contact Hours
1	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29 , A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A71-A79	Primary Survey: The Abcs, Secondary Survey • USMLE Step 2 CK lecture notes Surgery (Kaplan Medical2019, P120 TO 122) Chapter Diseases of GIT.	1 st		1
2	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29, A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A71-A79	Acute abdomen • USMLE Step 2 CK lecture notes surgery (Kaplan Medical2019) Chapter Diseases of GIT, p129 to p 130.	2 nd		1

		Facial trauma & Neck	3 rd		1
3		• USMLE Step 2 CK lecture notes Surgery (Kaplan Medical2019, P124 TO 128) Chapter Diseases of GIT.	week		•
4	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29, A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A71-A79	Vascular emergencies USMLE Step 2 CK lecture notes surgery(Kaplan Medical2019)	4 th		Ī
5	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29, A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A71-A79	Title: Chest trauma Source: 1- first aid for USMLE step 2 CK clinical knowledge (6 th edition) (Pulmonology 425, 426)& (selected topics in emergency medicine 453,454) 2- Kaplan USMLE step 2 CK lecture notes internal medicine (2021), chapter 9	5 th		I
6	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29, A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A71-A79	Head Trauma 1) Kaplan USMLE step 2 CK lecture notes internal medicine (2019) , Chapter 10 . 2) Kaplan USMLE step 2 CK lecture notes surgery (2019) , chapter 1 . 3) Amboss.	6 th	28/12/2022	1
7	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29 , A33- 41, A43- 46, A49,	Abdominal trauma USMLE Step 2 CK lecture notes surgery(Kaplan Medical2019) Chapter Diseases of GIT, p126 to p 128.	7 th ,8 th	(liver, pancrease, mesentry, spleen, intestine, anorectal)	1

A50, A52, A53,A55, A58, A59- 68, A71- A79		

		GIT bleeding	9 th	(Upper and	1
8	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29, A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A71-A79	USMLE Step 2 CK lecture notes surgery (Kaplan Medical2019) Chapter Diseases of GIT, p129 to p 130.	10 th	Lower GIT Bleeding)	ı
9	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29, A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A71-A79	Intestinal obstruction USMLE Step 2 CK lecture notes surgery (Kaplan Medical2019) Chapter Diseases of GIT, p129 to p 130.	11 th		-
10	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29, A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A71-A79	Abdominal vascular syndromes USMLE Step 2 CK lecture notes surgerplan Medical2019) Chapter Hepatobiliary, p 139 to 142	12 th		1
11	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29, A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A71-A79	Acute appendicitis and diverticulitis USMLE Step 2 CK lecture notes surgery (Kaplan Medical2019) Chapter Diseases of GIT p120-p 149	13 th		1
12	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29, A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A71-A79	Acute cholecystitis and cholangitis USMLE Step 2 CK lecture notes surgery (Kaplan Medical2019) Chapter Diseases of GIT, p120-p 149	14 th		1

13	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29, A33- 41,	Acute pancreatitis USMLE Step 2 CK lecture notes surgery (Kaplan Medical2019) Chapter Diseases of GIT, p120-p 149	15 th	1
	A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A71-A79			

14	A1-4, A6- 8,A10, A11, A14, A18, A19, A20 ,A27 -29, A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A71-A79	Peptic ulcer complications USMLE Step 2 CK lecture notes surgery (Kaplan Medical2019) Chapter Diseases of GIT, p120-p 149	16 th	1
Total				14 hour

Skills and tasks and Their Learning Outcomes In addition to real patients and skills stated in the NARS should be learned either in practical or group discussion

		Bedside/skill lab		Date*		Hours
No.	Learning outcomes C and D	sessions and titles	Weeks	From	То	
1.	C1-C13, C15, C16, C18- 21, C23, C27, C30- 34, C36, C39- C44-, C46 - 65 D1-10,12-D57 C1-C13, C1527, C30- 36, C39C65 D1-10,12-D57	Primary Survey On Trauma And Secondary Survey Of Patient With Trauma History taking & examination of facial trauma & Neck trauma	1 st Week			3
2.	C1-C13, C15, C16, C18- 21, C23, C27, C30- 34, C36, C39- C44-, C46 - C1-C13, C1527, C30- 36, C39C65 D1-10,12-D57	History taking and examination of abdominal trauma	1 st Week			3
3.	C1-C13, C15, C16, C18- 21, C23, C27, C30- 34, C36, C39- C44-, C46 - C1-C13, C1527, C30- 36, C39C65 D1-10,12-D57	History taking and examination of case with Upper GIT Bleeding	1 st Week			3
4.	C1-C13, C15, C16, C18- 21. C23, C27, C30- 34, C36, C39- C44-, C46 - C1-C13, C1527, C30- 36, C39C65 D1-10,12-D57	History taking and examination of case with Lower GIT Bleeding				3

	C1-C13, C15, C16, C18-	History taking and	1 st		3
5.	21. C23, C27, C30- 34,	examination of vascular	Week		
٥.	C36, C39- C44-, C46 -	emergencies			
	C1-C13, C1527, C30-				
	36, C39C65				
	D1-10,12-D57				
	D1 10 12 D57				
	D1-10,12-D57				

6.	C1-C13, C15, C16, C18- 21, C23, C27, C30- 34, C36, C39- C44-, C46 - C1-C13, C1527, C30- 36, C39C65 D1-10,12-D57	History taking and examination of acute abdomen	ond week		3
7.	C1-C13, C15, C16, C18- 21, C23, C27, C30- 34, C36, C39- C44-, C46 - C1-C13, C1527, C30- 36, C39C65 D1-10,12-D57	History taking and examination of patient with Intestinal obstruction	yeek		3
8.	C1-C13, C15, C16, C18- 21, C23, C27, C30- 34, C36, C39- C44-, C46 - C1-C13, C1527, C30- 36, C39C65 D1-10,12-D57	History taking and examination of cardiothoracic emergencies	yeek		3
9.	C1-C13, C15, C16, C18- 21, C23, C27, C30- 34, C36, C39- C44-, C46 - C1-C13, C1527, C30- 36, C39C65 D1-10,12-D57	History taking and examination of head trauma and spinal cord compression	ond week		3
		Total			24

Self Directed Learning and Group Discussion (SDL &GD) (cases scenario with 10 MCQs)

No.	Learning	Title of cases and	***	Date*		Hours
	oucomes K and A	reference	Weeks	from	To	
			1 st week			
	A1-A4, A6-8, A16, A18-20, A29, A31-46,	Case 1: Primary survey, secondary survey and facial trauma & Neck				2
	A49-55, A58- 79 D1-10 , 12-	trauma				

21, 23 - 57	First Aid cases USMLE step 2CK 2 nd edition p130, 132,134,141			
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	1		a st	I	_
	A1-A4, A6-8, A16, A18-20, A29, A31-46, A49-55, A58- 79 D1-10, 12- 21, 23 - 57	Case 2: abdominal trauma First Aid cases USMLE step 2CK 2 nd edition p135	1 st week		2
	A1-A4, A6- 8, A16, A18- 20, A29, A31-46, A49-55, A58- 79 D1-10, 12- 21, 23 - 57	Case 3: hematemesis First Aid cases USMLE step 2CK 2 nd edition p139.	1 st week		2
4.	A1-A4, A6-8, A16, A18-20, A29, A31-46, A49-55, A58- 79 D1-10, 12-21, 23 - 57	Case 4: Lower GIT bleeding	1 st week		2
5.	A1-A4, A6-8, A16, A18-20, A29, A31-46, A49-55, A58- 79 D1-10, 12- 21, 23 - 57	Case 5: vascular First Aid cases USMLE step 2CK 2 nd edition p	1 st week		2
6.	A1-A4, A6-8, A16, A18-20, A29, A31-46, A49-55, A58- 79 D1-10, 12- 21, 23 - 57	Case 6: peritonitis First Aid cases USMLE step 2CK 2 nd edition p140	2 nd week		2

7.	A1-A4, A6-8, A16, A18-20, A29, A31-46, A49-55, A58- 79 D1-10, 12-	Case 7: peritonitis First Aid cases USMLE step 2CK 2 nd edition p140	2 nd week	2
	D1-10, 12- 21, 23 - 57			

		Total		22
10.	A1-A4, A6-8, A16, A18-20, A29, A31-46, A49-55, A58- 79 D1-10, 12- 21, 23 - 57	Case 10: Extradural Hematoma First Aid cases USMLE step 2CK 2 nd edition p154	2 nd week	3
9.	D1-10, 12-	Case 9: cardiothoracic First Aid cases USMLE step 2CK 2 nd edition p	2nd week	3
8.	A1-A4, A6-8, A16, A18-20, A29, A31-46, A49-55, A58- 79	Case 8: Intestinal obstruction First Aid cases USMLE step 2CK 2 nd edition p131	2 nd week	2

Portfolio

No.	Week Number	Task to be recorded in the portfolio	Quiz Case Based	Formative assessment
			MCQs	
1.	1 st	General protocol in management of trauma patients. 1-Case 1: primary and secondary survey on trauma	Answer the quiz of each lecture in this week (e-Learning).	
2.	2 nd	Management of Acute abdomen	Answer the quiz of each lecture in this week (e-learning).	Attend and pass the formative exam at the end of the week
3.	3 rd	Facial Trauma & Neck Trauma	Answer the quiz of each lecture in this week (e-learning).	

	4 th		Answer the quiz of	Attend and
		Evaluation patient with Vascular emergency	each lecture in this	pass the
		emergency	week (e-learning).	formative
4.				exam at the
				end of the
				week
	5 th	Evaluation patient with	Answer the quiz of	
		Cardiothoracic trauma Case (12) cardiothoracic	each lecture in this	
5.		Cuse (12) cardiothoracie	week (e-learning).	
	6 th	Evaluation patient with Head Trauma	Answer the quiz of	Attend and
	-	-	each lecture in this	pass the
		NO. 13 Case (13) Extradural Hematoma.	week (e-learning).	formative
6.				exam at the
				end of the
				week
	7 th	Abdominal trauma (liver,	Answer the quiz of	Attend and
		pancreas, mesentry) Abdominal trauma (spleen, bowel,	each lecture in this	pass the
_		anorectal)	week (e-learning).	formative
7.				exam at the
				end of the
				week
8.	8th	. Management of GIT bleeding	Answer the quiz of	Attend and
		upper GIT bleeding lower GIT bleeding	each lecture in this	pass the
		J	week (e-learning).	formative
				exam at the
				end of the
				week
	9th	Evaluation patient with Intestinal obstruction	Answer the quiz of	
9.		oosa uction	each lecture in this	
			week (e-learning).	

	10 th	Abdominal vascular emergencies	Answer the quiz of	Attend and
			each lecture in this	pass the
10			week (e-learning).	formative
10.				exam at the
				end of the
				week
	11 th	Acute appendicitis and diverticulitis	Answer the quiz of	
11.			each lecture in this	
			week (e-learning).	
	12 th	Acute cholecystitis and cholangitis	Answer the quiz of	Attend and
			each lecture in this	pass the
12.			week (e-learning).	formative
12.				exam at the
				end of the
				week
	13 th	Acute pancreatitis	Answer the quiz of	
13.			each lecture in this	
			week (e-learning).	
	14 th	Peptic ulcer complications	Answer the quiz of	Attend and
			each lecture in this	pass the
1.4			week (e-learning).	formative
14.				exam at the
				end of the
				week
	Total			

Blueprint of the block

No.	List of Topics (Lectures/cases)	Learning outcomes	Weight* % From total	Total marks	End of the block	Final exam
1.	Primary Survey: And Secondary Survey	D1-4, D6- 8,D10, D11, D14, D18, A19, A20 ,A27 -29, A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, A712- A79	6.25 %	3 marks	2	1
2.	Acute abdomen	A1-4, A655 , A57 – A79	6.25 %	3 marks	2	1
3.	facial trauma & Neck trauma	A1-4, A655, A57 – A79	6.25 %	3 Marks	2	1
4.	Vascular emergencies	A1-4, A6-8, A10, A16, A18-20, A29, A31-46, A49-53, A55,A57-A68, A7-79	6.25 %	3 marks	2	1
5.	Chest trauma	A1-4, A6,-8, A10,A11, A14, A17,18,A19, A22- A27,A29, A33- 41, A43- 46, A49, A50, A52, A53,A55, A58, A59-68, KA712-A7	6.25 %	3 marks	2	1
6.	Head trauma	A1-4, A6-8, A10, A16, A18-20, A29, A31-46, A49-53, A55,A57-A68, A7- 79	6.25 %	3 marks	2	1
7.	Abdominal trauma (Liver, pancreas, mesentery, spleen, intestine, anorectal)	A1-4, A6-9, A10, A16, A17-25, A29, A3153, A55,A57-A68, AK7-79	12.50 %	6 marks	4	2
8.	Upper GIT bleeding Lower GIT bleeding	A1-4, A6-9, A10, A16, A17-25, A29, A3153,	12.50 %	6 marks	0	6

A55,A57-A68,		
AK7-79		

9.	Intestinal obstruction	A1-4, A6-9, A10, A16, A17-25, A29, A3153, A55, A57-A68, AK7-79	6.25 %	3 marks	0	3
10.	Abdominal vascular syndromes	A1-4, A6-9, A10, A16, A17-25, A29, A3153, A55,A57-A68, AK7-79	6.25 %	3 marks	0	3
11.	Acute appendicitis and diverticulitis	A1-4, A655 , A57 – A79	6.25 %	3 marks	0	3
12.	Acute cholecystitis and cholangitis	A1-4, A655 ,A57 – A79	6.25 %	3 marks	0	3
13.	Acute pancreatitis	A1-4, A655 , A57 – A79	6.25 %	3 marks	0	3
14.	Peptic ulcer complications	A1-4, A655 , A57 – A79	6.25 %	3 marks	0	3
	Total			48	16	32

Weight*= decided according to hours, amounts of information and clinical significance

Practical blueprint

List of sessions/practical or clinical topics	Learning outcomes (C and D)	%From total	stations/Cases	
1. Primary Survey On Trauma And Secondary Survey Of Patient With Trauma	C1-C13, C15, C16, C18-21, C23, C27, C30- 34, C36, C39- C44-, C46 - 65 D1-10,12-D57 C1-C13, C1527, C30-36, C39C65	10%	1	3 marks

	examination of	D1-10,12-D57			
	facial				
	trauma & Neck trauma				
2.	History taking and examination of abdominal trauma	C1-C13, C15, C16, C18-21, C23, C27, C30- 34, C36, C39- C44-, C46 - 65 D1-10,12-D57 C1-C13, C1527, C30-36, C39C65 D1-10,12-D57	10%	1	2
3.	History taking and examination of case with Upper GIT Bleeding	C1-C13, C15, C16, C18-21, C23, C27, C30- 34, C36, C39- C44-, C46 - 65 D1-10,12-D57 C1-C13, C1527, C30-36, C39C65 D1-10,12-D57	10%	1	2
4.	History taking and examination of case with Lower GIT Bleeding	C1-C13, C15, C16, C18-21, C23, C27, C30- 34, C36, C39- C44-, C46 - 65 D1-10,12-D57 C1-C13, C1527, C30-36, C39C65 D1-10,12-D57	10%	1	2
5.	History taking and examination of vascular emergencies	C1-C13, C15, C16, C18-21, C23, C27, C30- 34, C36, C39- C44-, C46 - 65 D1-10,12-D57 C1-C13, C1527, C30-36, C39C65 D1-10,12-D57	10%	1	3
6.	History taking and	C1-C13, C15, C16,	10%	1	
	examination of acute abdomen	C18-21. C23, C27, C30- 34, C36, C39- C44-, C46 - 65 D1-10,12-D57 C1-C13, C1527, C30-36, C39C65 D1-10,12-D57			2
7.	History taking and examination of acute abdomen	C1-C13, C15, C16, C18-21, C23, C27, C30- 34, C36, C39- C44-, C46 - 65 D1-10,12-D57	10%	1	2
		C1-C13, C1527,			

		C30-36, C39C65 D1-10,12-D57			
8.	History taking and examination of patient with Intestinal obstruction	\$7,\$8 A1-10, 12-21, 23 – 57	10%	1	2
9.	History taking and examination of cardiothoracic emergencies	\$7,\$8 A1-10, 12-21, 23 – 57	10%	1	3
10.	History taking and examination of head trauma and spinal cord compression	S18, S19, S1-S13, S15-17, S21-27, S30- 34, S36, S38 – 50, S52-65 A1-10, 12 57	10%	1	3

Total	100%	24

Weight*= decided according to hours, amounts of information and clinical significance

Lecture Outlines

Lecture (1) Management of trauma patient

1. Primary and secondary survey for trauma patient

USMLE Step 2 CK lecture notes Surgery (Kaplan Medical 2019, P15 TO 24) Chapter trauma.

Specific learning Objectives

By the end of the lecture the student will be able to:

- Manage the patient in the trauma scene.
- Do the primary survey for trauma patients.
- Do the secondary survey for trauma patients.

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Contents:

- Primary survey
- secondary survey

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Lecture (2) Acute abdomen

USMLE Step 2 CK lecture notes surgery (Kaplan Medical2019) Chapter Diseases of GIT

Specific learning Objectives:

By the end of the lecture the student will be able to:

• Diagnose and manage different causes of acute abdomen.

Content

- deferential diagnosis
- Investigation
- management

Lecture(3) Maxillofacial trauma

Amboss

USMLE Step 2 CK lecture notes (2002) Internal Medicine (Kaplan Medical), Chapter : truma p25-29, 210-214

Specific learning Objectives:

By the end of the lecture the student will be able to:

- Primary care for patient with maxillofacial trauma.
- Definitive management for a patient with maxillofacial trauma.

Contents:

- Mandibular trauma
- Zygomatic trauma.
- Neck trauma.

Lecture(4) Vascular trauma

USMLE Step 2 CK lecture notes Surgery (Kaplan Medical2019, p 38 TO 43) Chapter trauma.

Specific learning Objectives:

By the end of the lecture the student will be able to:

• Diagnose and manage blunt and penetrating vascular trauma and acute thromboembolic problems.

Contents:

- Vascular trauma
- Acute Thromboembolic diseases

Lecture (5) Cardiothoracic trauma patient

Amboss

Specific learning Objectives:

By the end of the lecture the student will be able to:

1- Understand how to manage cardiothoracic trauma patient.

Contents:

outline the presentation, diagnosis and management of various types of chest injuries.

Contents

Definition, Etiology, pathophysiology, clinical features of fracture ribs and intrthoracic bleeding, pneumothorax, initial management, diagnosis, treatment, complications and prognosis

lecture (6) Head trauma

6Kaplan USMLE step 2 CK lecture notes internal medicine (2019), Chapter 10.

- 2) Kaplan USMLE step 2 CK lecture notes surgery (2019), chapter 1.
- 3) Amboss.

Specific learning Objectives:

By the end of the lecture the student will be able to:

outline the presentation, diagnosis and management of various types of head injuries.

Contents

Definition, Etiology, pathophysiology, clinical features of Skull fractures and intracranial bleeding, initial management, diagnosis, treatment, complications and prognosis.

Lecture (7)

Abdominal trauma

USMLE Step 2 CK lecture notes Surgery (Kaplan Medical 2019, p 38 TO 43) Chapter trauma.

Specific learning Objectives:

By the end of the lecture the student will be able to:

• Diagnose and manage blunt and penetrating abdominal traumas.

Contents:

- Solid organ trauma(liver, pancreas and spleen).
- Intestinal, mesentry, anorectal trauma.
- Abdominal vascular trauma.

Lecture (8) GIT bleeding

USMLE Step 2 CK lecture notes surgery(Kaplan Medical2019) Chapter Diseases of GIT

Specific learning Objectives:

By the end of the lecture the student will be able to:

- Diagnose and manage upper GIT bleeding causes.
- Diagnose and manage lower GIT bleeding causes.

Content

- Oesophagel, gastric and duodenal bleeding
- Small and large intestinal bleeding.
- Medical, endoscopic and surgical treatment of GIT bleeding.

Lecture (8) Intestinal obstruction

USMLE Step 2 CK lecture notes surgery(Kaplan Medical2019) Chapter GIT disease,

Specific learning Objectives:

By the end of the lecture the student will be able to:

- Diagnose and manage acute intestinal obstruction
- Able to know different causes of intestinal obstruction.
- Surgical and medical treatment of types of intestinal obstruction

Contents:

- Mechanical causes of small intestinal obstruction.
- functional causes of small intestinal obstruction.
- large intestinal obstruction.

Lectures (9) Abdominal vascular syndromes

USMLE Step 2 CK lecture notes surgery(Kaplan Medical2019) Chapter GIT disease

Specific learning Objectives:

By the end of the lecture the student will be able to:

• Diagnose and manage acute intestinal ischemia

Content

• Mesenteric arterial occlusion.

- Mesenteric venous occlusion.
- Non occlusive intestinal ischaemia.

Lectures (10) Acute pancreatitis

• USMLE Step 2 CK lecture notes surgery(Kaplan Medical2019)

Specific learning Objectives:

By the end of the lecture the student will be able to:

Understand how to manage acute pancreatitis

Contents

Acute pancreatitis-1

Etiology

Pathophysiology

Clinical picture

Diagnosis

Differential diagnosis

Treatment

Complications

Prognosis

Lectures (11)

Lectures (12) Acute cholecystitis

USMLE Step 2 CK lecture notes surgery(Kaplan Medical2019) Chapter pediatric surgery, p167 to 173

Amboss

Specific learning Objectives:

By the end of the lecture the student will be able to:

Discuss the types, causes and clinical picture of acute cholecystitis.

Contents

- types
- Etiology
- ·Clinical picture
- Diagnosis
- Treatment

Lecture (13) Acute pancreatitis

Kaplan USMLE step 2 CK lecture notes internal medicine (2019), Chapter 10.

- 2) Kaplan USMLE step 2 CK lecture notes surgery (2019), chapter 1.
- 3) Amboss.

Specific learning Objectives:

By the end of the lecture the student will be able to:

outline the presentation, diagnosis and management of various types of head injuries.

Contents

Definition, Etiology, pathophysiology, clinical features of Skull fractures and intracranial bleeding, initial management, diagnosis, treatment, complications and prognosis.

Lecture (14)

Peptic Ulcer Complications

- 1) Kaplan USMLE step 2CK lecture notes internal medicine (2021), Chapter 11, P: 938 945.
- 2) USMLE step 2 CK lecture notes surgery (2019), chapter 1, P: 29.
- 3) first aid for USMLE step 2 CK clinical knowledge (6 th edition), Musculoskeletal section, P: 241 243.

By the end of the lecture the student will be able to:

Understanding how to manage complicated peptic ulcer

Contents:

Cicatrized peptic ulcer

- Bleeding peptic ulcer
- Perforated peptic ulcer

Outlines of topics for self directed learning and case based discussions

Case 1: primary and secondary survey on trauma

First Aid cases USMLE step 2CK 2nd edition p130

Specific learning Objectives:

By the end of case discussion the student will be able to:

- 1. Integrate the results of history, physical examination and laboratory findings into a meaningful diagnostic formulation.
- 2. Select the appropriate investigations.
- 3. Construct appropriate management regarding polytraumatized patient

Case 2: Acute abdomen (acute appendicitis, acute cholecystitis, acute cholangitis, diverticulitis)

First Aid cases USMLE step 2CK 2nd edition p132

Specific learning Objectives:

By the end of case discussion the student will be able to:

- 1. Integrate the results of history, physical examination and laboratory findings into a meaningful diagnostic formulation.
- 2. Select the appropriate investigations.
- 3. Construct appropriate management regarding a case with acute abdomen

Case 3: facial trauma & Neck trauma

First Aid cases USMLE step 2CK 2nd edition p517, p520

Specific learning Objectives:

By the end of case discussion the student will be able to:

- 1. Integrate the results of history, physical examination and laboratory findings into a meaningful diagnostic formulation.
- 2. Select the appropriate investigations.
- 3. Construct appropriate management regarding a case with facial trauma.

Case 4: abdominal trauma

First Aid cases USMLE step 2CK 2nd edition p524

Specific learning Objectives:

By the end of case discussion the student will be able to:

- 1. Integrate the results of history, physical examination and laboratory findings into a meaningful diagnostic formulation.
- 2. Select the appropriate investigations.
- 3. Construct appropriate management regarding a case with abdominal trauma

Case 5: abdominal trauma

First Aid cases USMLE step 2CK 2nd edition p524

Specific learning Objectives:

By the end of case discussion the student will be able to:

- 1. Integrate the results of history, physical examination and laboratory findings into a meaningful diagnostic formulation.
- 2. Select the appropriate investigations.
- 3. Construct appropriate management regarding abdominal trauma

Case 6: hematemesis

First Aid cases USMLE step 2CK 2nd edition p151

Specific learning Objectives:

By the end of case discussion the student will be able to:

- 1. Integrate the results of history, physical examination and laboratory findings into a meaningful diagnostic formulation.
- 2. Select the appropriate investigations.
- 3. Construct appropriate management regarding a case with heamatemesis

Case 7: peritonitis

First Aid cases USMLE step 2CK 2nd edition

Specific learning Objectives:

By the end of case discussion, the student will be able to:

- 1. Integrate the results of history, physical examination and laboratory findings into a meaningful diagnostic formulation.
- 2. Select the appropriate investigations.
- 3. Construct appropriate management regarding a case with peritonitis

(1) Case 8: Intestinal obstruction

First Aid cases USMLE step 2CK 2nd edition p154

Specific learning Objectives:

By the end of case discussion the student will be able to:

- 1. Integrate the results of history, physical examination and laboratory findings into a meaningful diagnostic formulation.
- 2. Select the appropriate investigations.
- 3. Construct appropriate management regarding a case with intestinal obstruction.

Case 9: Mesenteric vascular occlusion

First Aid cases USMLE step 2CK 2nd edition p518

Specific learning Objectives:

By the end of case discussion the student will be able to:

- 1. Integrate the results of history, physical examination and laboratory findings into a meaningful diagnostic formulation.
- 2. Select the appropriate investigations.
- 3. Construct appropriate management regarding a case with Mesenteric vascular occlusion

Case 10: vascular

First Aid cases USMLE step 2CK 2nd edition p516

Specific learning Objectives:

By the end of case discussion the student will be able to:

- 1. Integrate the results of history, physical examination and laboratory findings into a meaningful diagnostic formulation.
- 2. Select the appropriate investigations.
- 3. Construct appropriate management regarding a case with vascular emergencies

Case (11) cardiothoracic

First Aid cases USMLE step 2CK 2nd edition p150

Specific learning Objectives:

By the end of case discussion the student will be able to:

1- Integrate the results of history, physical examination and laboratory findings into a meaningful diagnostic formulation.

- 2- Select the appropriate investigations.
- 3- Construct appropriate management regarding a case with chest trauma

Case (12) Cardiothoracic

First Aid cases USMLE step 2CK 2nd edition p151

Specific learning Objectives:

By the end of case discussion, the student will be able to:

- 1- Integrate the results of history, physical examination and laboratory findings into a meaningful diagnostic formulation.
- 2-Select the appropriate investigations.
- 3-Construct appropriate management of chest trauma

Case (13) Extradural Hematoma.

First Aid cases USMLE step 2CK 2nd edition

Specific learning Objectives:

By the end of case discussion, the student will be able to:

- 1) Integrate the results of history, physical examination into a meaningful diagnostic formulation.
- 2) Select the appropriate investigations.
- 3) Construct appropriate management regarding a case of Extradural Hematoma.

Case (14) peptic ulcer complications

First Aid cases USMLE step 2CK 2nd edition

Specific learning Objectives:

By the end of case discussion the student will be able to:

- 1. Integrate the results of history, physical examination into a meaningful diagnostic formulation.
- 2. Select the appropriate investigations.
- 3. Construct appropriate management regarding a case of peptic ulcer complications.

Practical sessions outlines

- 1. Obtain and record informative history.
- 2. Examine the patients systematically appropriate to the age, gender, and clinical presentation of the patient while being culturally sensitive.

- 3. Design and /or present a structured, patient centered history and an appropriately timed full physical examination of patients.
- 4. Show how to measure body temperature and its interpretation, to do proper general and abdominal examination, and interpret Photoes. Show how to examine eye and abdomen in obstructive jaundice. Describe the proper site of paracentesis and its steps and indications, use peripheral venous cannula, uretheral catheter; ryles tube insertion and Sengstaken tube insertion..
- 5. Integrate the results of history, physical examination and laboratory test findings into a meaningful diagnostic formulation.
- 6. Apply measures that promote patient safety.
- 7. Apply suitable measures for infection control when dealing with the patients and instruments.
- 8. Construct appropriate management algorithm (both diagnostic and therapeutic) for patients with common