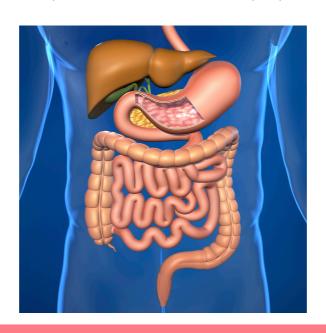


# RIHS MEDICAL & DENTAL COLLEGE INTEGRATED CURRICULUM



GASTROINTESTINAL
AND NUTRITION
MODULE 20101
SECOND YEAR MBBS

STUDY GUIDE

PLANNER: PROF. SABIHA M HAQ

# GASTROINTESTINAL AND NUTRITION MODULE 20101

Class of 2023

Placement in curriculum: Module code: 20101

(Year 2, block 01, module 01)

Pre-requisite: First year modules

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	Disciplines	Name of Faculty
	Principal	Prof. Dr. Shakaib Anwar
1.	Anatomy	Prof. Dr. Sabiha M. Haq
2.	Physiology	Prof. Dr. Jan Alam
3.	Biochemistry	Prof. Dr. Rehan
4.	Pathology	Prof. Dr. Bushra
5.	Pharmacology	Prof. Dr. Azam Zia
6.	<b>Community Medicine</b>	Prof. Dr. Mirza Inamul Haq
7.	Forensic Medicine	Dr. Sabika
8.	Behavioral Sciences	
9.	Medical & Allied	
10.	Surgery & Allied	Prof. Dr. Aslam Shah
Mod	lule duration	06 Weeks
Mod	lule planner	Prof. Dr. Sabiha M Haq

Module co-planner	Prof. Dr. Mirza Inamul Haq
Module Coordinator	
	The Integrated Curriculum is becoming an increasingly popular concept internationally in the field of Medicine.
	The goal of integration is to break down barriers between the basic and clinical sciences, currently in practice as a result of traditional curricular models.
	Integration should promote retention of knowledge and acquisition of skills through repetitive and progressive development of concepts and their applications.
	There are three areas in need of improvement and clarification for successful integration:
Integrated Curriculum	<ol> <li>Ensuring synchronous presentation of material</li> <li>Avoiding the tendency to diminish the importance of the basic sciences, and</li> <li>Using unified definitions</li> </ol>
	(MEDICAL TEACHER)
	The model adapted in this institution is an Integrated,
	modular, system based, spiral
	curriculum.
	First spiral is of two years & second spiral is spread over three years.
	Student involvement in an integrated curriculum is the key to the process of making him a self-directed, competent and ethical learner who can adjust and compete with the latest trends in medical education in today's, and tomorrow's world. In order to achieve this:
Students as a curriculum Coordinator and class	1. Students will help the Module coordinators in accomplishing all tasks assigned to him/her.
representative	2. They will be a part of curriculum planning and implementing team.
	3. They will inform/discuss the ongoing activities /problems in teaching and learning with module coordinators and curriculum chairperson.

Module Rationale	GIT module has been designed to unravel the basic structure and function of the alimentary system along with its embryological development and anomalies. The composition of the food is complex and little of it is water soluble, therefore it cannot enter body fluids; it needs to be broken down into its chemical components before it can be absorbed. Four activities of the GIT tract can be identified for this process to occur. These are:  Motility: The term is used to describe the movements of the GIT tract. These movements are responsible for breaking down and pushing the food along the alimentary tract to its final destination in the rectum.  Secretion: Different secretions of the GIT are concerned with breakdown of food into its digestive particles  Digestion: Break down of food into small pieces. It is produced by the mechanical activity of the alimentary tract. The surface of the food is exposed to the enzymatic activity.  Absorption: The transfer of nutrients or the digestive products from the lumen to the blood or lymph.  Disruption of any of its activities can lead to disease states such as pain, peptic ulceration, vomiting, diarrhea & constipation.  Coordination of all these functions is brought about by
Module Outcomes	hormones of GIT and exocrine pancreas.  At the end of this module the student should be able to:  KNOWLEDGE:  Explain the structural & developmental organization of GIT.  Explain the composition, functions, mechanism & control of the following gastrointestinal secretions: salivary, gastric, pancreatic, biliary, small & large intestines.  Explain the swallowing and motility patterns in the GIT & its role in mixing, propulsion & evacuation of feces.  Describe the mechanism of absorption of various nutrients and their role in health and malabsorption syndrome.  Explain the physiological Anatomy, biochemical functions and dysfunctions of Liver.  Explain the formation, function & control of secretion of bile.  Explain the GIT hormones (structure, function) & their role in secretion and motility.  Apply the knowledge of the basic sciences to understand pathophysiology of common GIT diseases.  SKILL:  Dissect various parts of GIT, and related structures including peritoneum, to demonstrate their gross Anatomy

Demonstrate effective skills of history taking.

Perform abdominal examination on subjects/ simulators.

Perform lab procedures of common GIT disease in order to Interpret & understand the lab reports.

#### **ATTITUTE:**

Demonstrate effective communication skill strategies while history taking and examining the patients/simulators with GIT problems.

NOTE: Dissection is a part of SGD where applicable

Large Group Interactive Sessions (LGIS): The goal of LGIS is to engage the students' attention, through ways to interact with the content, the instructor, and their classmates. Accordingly, LGISs include segments of knowledge transfer combined with segments where students interact. One of the things that makes the lecture interactive is the ability of the instructor to select the content of the lecture segments based on the students' needs. This demands a prior search for the baseline knowledge of the students at the start of the lecture. If students have difficulty answering a question, or an activity fails to develop the concept in most student groups, it's time to find a new and better way to deal with the material. LGIS clearly gives a better concept of the content and keeps students' attention captured throughout, as compared to yester years' didactic lectures.

# **Teaching and Learning methodology**

Small Group Discussion (SGD): 'The purpose and technique of small group teaching is to keep it learner-centered, with all students joining in free discussion on a particular topic. A typical 'small group' is around eight to 12 learners facilitated by a teacher. The steps of SGD are Forming, Storming, Norming & Performing. The teacher acts only as a facilitator. Students are allowed to use their books or other search material during the discussion. SGD is a good method to clear the concepts and develop communication and conflict solving skills in the students.

**Departmental lab. Teaching:** This is a teaching & learning methodology where students learn handling of laboratory equipment, machines, their practical uses and safety rules.

**Skill lab. Teaching:** This is performance-based teaching & learning methodology where students learn to physically examine the patients and get hands on training on various clinical skills.

Dissection and demonstration: Teaching of gross

	Anatomy is aided by cadaver dissection and demonstration on plastic models.
	Assignments and Presentations: Both of these methodologies are meant to make the students self-directed learners and good communicators by seeking knowledge from multiple sources and presenting it in front of facilitators and peers.
Assessment methodology	Multiple Choice Questions (MCQ): Structured Viva: Objective Structured Practical/Clinical Examination (OSPE/OSCE):

	Topics	Discipline	Learning objectives	Learning Strategy	Assessment Tool
1.	Overview of GIT & abdominal cavity	Anatomy	<ul> <li>Enumerate the components of GIT</li> <li>Enumerate the components of pelvic cavity</li> <li>Identify the components on diagrams</li> <li>Describe the shape and boundaries of abdominal cavity and pelvis</li> <li>Enumerate the component parts of peritoneum and give their location</li> </ul>	1 SGD	OSPE/VIVA
2.	Oral cavity	Anatomy	<ul> <li>Identify structures forming the boundaries of oral cavity</li> <li>Identify structures in the floor of oral cavity with the help of models</li> <li>Identify the structures forming the boundaries of oral vestibule</li> <li>Enumerate the vessels and nerves supplying the oral cavity</li> </ul>	1 LGIS	OSPE/VIVA
3.	Tongue	Anatomy	<ul> <li>Describe the blood supply, nerve supply, lymphatic drainage of tongue</li> <li>Describe the movements of tongue.</li> <li>Describe development of tongue</li> <li>Describe the anomalies associated with development</li> <li>Describe the histological features of tongue with the help of microscopic images.</li> </ul>	1 LGIS	MCQ
4.	Histology of tongue & lip	Anatomy	<ul> <li>Identify the histological structure of tongue and lip, with reference to the mucosa and different papillae</li> <li>Give three identification points in favor of your identification</li> </ul>	Skill lab	OSPE/VIVA
5.	Apparatus for mastication	Anatomy	<ul> <li>Identify the parts of mandible</li> <li>Discuss anatomical landmarks for inferior alveolar nerve block</li> <li>Describe the structure of TMJ</li> <li>Describe important muscle attachments on the mandible</li> <li>Relate the actions of muscles of mastication and temporomandibular joint.</li> </ul>	1 SGD	MCQ
6.	Salivary glands	Anatomy	<ul><li>Enumerate salivary glands</li><li>Describe the locations of major salivary glands</li></ul>	1 LGIS	MCQ

<b>I</b>						
				Enlist the nerve supply of major salivary glands.  Describe the structures involved in parotid infections		
7.	Histology of salivary glands	Anatomy		Describe the histological structure of all three salivary glands Tabulate the differences between salivary gland histology	1 LGIS	MCQ
8.	Saliva	Biochemistry	•	Describe the characteristics of saliva.  Describe the functions of saliva.  Describe its role as an antibacterial	1 LGIS	MCQ
9.	Histology salivary glands	Anatomy	•	Identify the following on given slides:  O Parotid gland O Submandibular gland O Sublingual glands List two points of identification for each slide.  Draw labeled diagrams of identified tissue.	SGD/Skill lab	OSPE/VIVA
10.	Smooth muscle contraction	Physiology		Explain the chemical and physical basis of smooth muscle contraction.	1 LGIS	MCQ
11.	Smooth muscle contraction	Physiology		Revise and recall the chemical and physical basis of smooth muscle contraction.	1 SGD	MCQ
12.	Nervous & hormonal control of smooth muscle contraction & activity of gastrointestinal smooth muscle	Physiology	•	Describe the physiological Anatomy of enteric nervous system Describe neurotransmitters secreted by enteric nervous system Describe the various types of gastrointestinal reflexes Describe the hormonal control of GIT motility		MCQ
13.	Nervous & hormonal control of smooth muscle contraction & activity of gastrointestinal smooth muscle	Physiology	•	Revise and recall the physiological anatomy of enteric nervous system, neurotransmitters various GIT reflexes and hormonal control of GIT motility		MCQ
14.	Mastication & swallowing	Physiology	•	Describe the process of mastication Describe the following stages of swallowing O Voluntary stage Pharyngeal stage	2 LGIS	MCQ

	<u> </u>	<u> </u>	P 1 1 .		
			<ul><li> Esophageal stage</li><li> Describe the neural control of</li></ul>		
			Describe the neural control of swallowing		
	Mastication &	Physiology	Davigs and recell the museum of		
15.	swallowing	i nysiology	mastication and swallowing	2 SGD	MCQ
	<i>-</i>				
16.	Abdominal wall	Anatomy	Identify the muscles forming	1Skill	OSPE/VIVA
			anterior and lateral abdominal wall.	Lab/SGD	
			Perform dissection to identify		
			formation of linea alba.		
17.	Abdominal	Anatomy	<ul> <li>Identify the abdominal lines and</li> </ul>	1Skill lab/SGD	OSPE/VIVA
	quadrants		planes showing division of		
			abdomen into quadrants		
			<ul> <li>Mark the subcostal, trans-pyloric and inter-crestal planes on the</li> </ul>		
			given subject		
			Mark the abdominal quadrants on		
			the given subject		
18.	Abdominal wall	Anatomy	• Identify the nerve supply of	1 Skill lab/SGD	OSPE/VIVA
			anterior and lateral abdominal		
			<ul><li>walls.</li><li>Describe the formation of rectus</li></ul>		
			sheath and its contents with the		
			help of dissection		
			<ul> <li>Identify the vessels and nerves of</li> </ul>		
			abdominal wall		
19.	Inguinal canal	Anatomy	Describe the superficial and deep	1 LGIS	MCQ
			inguinal rings		-
			• Enumerate the contents passing through each.		
			<ul> <li>Describe the boundaries of inguinal</li> </ul>		
			canal		
			• Enumerate common types of hernia		
			<ul> <li>Differentiate between direct and</li> </ul>		
			indirect inguinal hernias on		
			anatomical basis		
	Hernias	Surgery	<ul><li>Describe parts of hernial sac</li><li>Define hernias</li></ul>		
20.	i iciliias	Surgery	<ul><li>Define nermas</li><li>Classify hernias</li></ul>	1LGIS	MCQ
			<ul> <li>Classify fictings</li> <li>Enumerate the causes for hernias</li> </ul>		
			• Comment on the types of hernias		
			according to different age groups		
			<ul> <li>Define common complications of</li> </ul>		
			hernias		

	Canaa Amatawa	Anotomic	,	D 11 41 A 4 C		
21.	of esophagus	Anatomy	• ] • (	Describe the gross Anatomy of esophagus Define common clinical conditions related to esophagus Comment on the histology of different parts of esophagus	1 LGIS	MCQ
/./	Histology of esophagus	Anatomy	(	Identify the histological structure of various parts of esophagus State two points of identification	1 Skill lab	OSPE/VIVA
23.	Gross Anatomy of stomach	Anatomy	• ] • ] • ] • ] • ]	Describe the parts of stomach on the given model Describe the omental attachments to the stomach on a given model. Enumerate the structures lying in stomach bed Describe the blood supply, nerve supply and lymphatic drainage of stomach. Discuss the role of blood supply in partial gastrectomy	1 SGD	MCQ
11/4	Histology of stomach	Anatomy	• ] • ] • ]	Describe the histological layers of different parts of stomach Identify the cells of various parts of stomach on diagrams Define peptic ulcer Enumerate the factors responsible for the occurrence of peptic ulcer	1 LGIS	MCQ
	Histology of stomach	Anatomy	• ] • ] • ]	Identify the histological layers of esophagus & stomach Identify the cells of various parts of stomach under microscope Draw a labeled a diagram showing its section (fundus, body &antrum). List two points of identification.	Skill Lab	MCQ
1 / C	Functions of the stomach	Physiology	• ] • ]	Describe the motor functions of stomach Describe gastric factors that promote emptying of stomach Describe duodenal factors that inhibit stomach emptying	1 LGIS	MCQ
27.	Functions of the stomach		1	Revise and recall the motor functions of stomach and factors involved in gastric emptying	1 SGD	MCQ
28.	Gastric secretion	Physiology	1	Enumerate the gastric secretion from mucus neck cell, peptic cells and parietal cells.	2 LGIS	MCQ

			D 1 1 1 1 1 C		
20	Cartii	Dl: 1	<ul> <li>Describe the mechanism of hydrochloric acid secretion.</li> <li>Describe the secretion and activation of pepsinogen.</li> <li>Discuss the secretion of intrinsic factor.</li> </ul>	2 CCD	MCO
29.	Gastric secretion	Physiology	• Revise and recall the gastric secretion from mucus neck cell, peptic cells and parietal cells and the mechanism of hydrochloric acid secretion, secretion and activation of pepsinogen, secretion of intrinsic factor.	2 SGD	MCQ
30.	Duodenum	Anatomy	<ul> <li>Identify the position of duodenum in abdominal cavity with the help of model</li> <li>identify the parts of duodenum</li> <li>Identify the structures forming their relations with the help of models</li> <li>Enumerate the blood vessels supplying the</li> <li>Duodenum</li> </ul>		OSPE/VIVA
31.	Jejunum and ileum	Anatomy	<ul> <li>Identify the position of jejunum and ileum in abdominal cavity with the help of model</li> <li>Identify the structures forming their relations with the help of models</li> <li>Enumerate the blood vessels supplying small intestine</li> <li>Identify lymph node groups draining the small intestine</li> </ul>		OSPE/VIVA
32.	Histology of small intestine	Anatomy	<ul> <li>Describe the Histology of all three parts of small intestine</li> <li>Mention the differences between their histology and relate this to their function</li> </ul>	1 LGIS	OSPE/VIVA
	Histology of small intestine	Anatomy	<ul> <li>Identify the histological features of duodenum, jejunum ileum under microscope.</li> <li>List two points of identification.</li> <li>Draw a labeled diagram of these structures on a sketch book</li> </ul>	Skill lab	OSPE/VIVA
34.	Blood supply of stomach and small intestine	Anatomy	Describe the blood supply of stomach and small intestine	1 SGD	MCQ
35.	Nutrition-II	Community medicine	<ul> <li>Describe basic concepts of nutritional requirements</li> <li>Explain reference body weights</li> <li>Understand energy requirements</li> </ul>	1 LGIS	MCQ

			Discuss balanced diet		
36.	Obesity	Community medicine	<ul> <li>Define obesity</li> <li>Classify obesity</li> <li>Describe prevalence of obesity</li> <li>Discuss epidemiological determinants of obesity</li> <li>Understand hazards, prevention and control of obesity</li> </ul>	1 LGIS	MCQ
37.	Inflammation	Pathology	<ul> <li>Give causes of inflammation</li> <li>Comment on the microscopic appearance of inflamed tissue</li> <li>Name the four classical symptoms of inflammation</li> </ul>	1 LGIS	MCQ
38.		Biochemistry	<ul> <li>Describe the composition of gastric juice.</li> <li>Describe the functions of gastric juice.</li> <li>Enlist stimulants of gastric secretion.</li> <li>Enlist depressants of gastric secretion.</li> <li>Describe the effects (clinical significance) produced by gastric stimulants and depressants.</li> <li>Describe the significance of Prostaglandins in stomach</li> </ul>	1 LGIS	MCQ
39.	Intestinal juice	Biochemistry	<ul> <li>Describe the composition of intestinal juice.</li> <li>Describe the functions of intestinal juice</li> <li>Describe the importance of trypsin in digestion</li> </ul>	1 LGIS	MCQ
40.	Digestion & absorption of carbohydrate	Biochemistry	<ul> <li>Describe the process of digestion and absorption of CHO.</li> <li>Describe the biochemical basis of lactose intolerance</li> </ul>	1 LGIS	MCQ
41.	Food poisoning	Community medicine	<ul> <li>Define food poisoning</li> <li>Describe various types of food poisoning</li> <li>Investigate different types of food poisoning</li> <li>Understand control and prevention of food poisoning</li> </ul>	1LGIS	MCQ
42.	Blood supply and venous drainage of GIT	Anatomy	Identify the branches of abdominal aorta	Skill lab/SGD	OSPE/VIVA

	diseases	Community Medicine	<ul> <li>Enumerate the branches and areas of supply with the help of diagrams.</li> <li>Enumerate the tributaries of inferior vena cava.</li> <li>Define diarrhea</li> <li>Understand different types of diarrhea</li> <li>Describe causes of diarrhea</li> <li>Discuss prevention and control measure diarrhea</li> </ul>	MCQ
44.	small intestine	Physiology	<ul> <li>Describe the mixing &amp; propulsive movements of small intestine</li> <li>describe the nervous and hormonal control of small intestine movements</li> </ul>	MCQ
45.	Diarrheas and dysentery  : LOOSE MOTI	Medicine ON	<ul> <li>Define diarrheas and dysentery</li> <li>Comment on the clinical types</li> <li>Comment on the clinical manifestations and complications of diarrhea and dysentery</li> </ul>	MCQ
46.		Biochemistry	<ul> <li>Describe the process of digestion and absorption of proteins.</li> <li>Describe the consequences of trypsin deficiency</li> </ul>	MCQ
47.	bladder	Anatomy	<ul> <li>Describe the position, size, shape, coverings and ligaments of liver</li> <li>Describe the concept of lobes and segments in liver on a given model</li> <li>Describe the dual blood supply of liver</li> <li>Describe the gross anatomy, relations and blood supply of gall bladder</li> <li>Discuss the formation, course and termination of common bile duct on a given diagram</li> <li>Discuss the concept of hepatic lobectomies and segmentation</li> </ul>	MCQ
4A.	Functions of liver	Physiology	<ul> <li>Describe the metabolic functions of liver.</li> <li>Describe enterohepatic circulation.</li> </ul>	MCQ

49.	Functions of liver	Physiology	Revise and recall the metabolic functions of liver and enterohepatic circulation.	2 SGD	MCQ
	Common dysfunctions of liver	Pathology	<ul> <li>Describe brief clinical significance of liver biopsy</li> <li>Identify common histopathological disorders of liver biopsy</li> </ul>	1 LGIS	MCQ/SAQ
51.	Portal vein	Anatomy	<ul> <li>Describe the formation of portal vein.</li> <li>Describe the porta- systemic anastomosis.</li> <li>Discuss the role of porta-systemic anastomosis in portal hypertension</li> </ul>	1 SGD	MCQ
52.	Introduction to viruses	Pathology	<ul> <li>Outline basic differences between viruses and bacteria</li> <li>Outline basic viral taxonomy Discuss how viruses infect cells and replicate</li> <li>Explain the modes by which viruses are acquired</li> </ul>	1 LGIS	MCQ/SAQ
53.	Hepatitis A&E	Community medicine	<ul> <li>Define hepatitis A&amp;E</li> <li>Understand the epidemiology of hepatitis</li> <li>Describe burden of disease</li> <li>Understand epidemiological determinants</li> <li>Describe prevention and control measures</li> </ul>	1LGIS	MCQ
14	Histology of liver	Anatomy	<ul> <li>Describe the histological structure of liver stroma</li> <li>Describe the formation of liver lobule</li> <li>Enumerate contents of space of DISSE</li> <li>Describe the histology of portal triad</li> </ul>	1 LGIS	OSPE/VIVA
55.	Jaundice	Medicine	<ul> <li>Define clinical types of jaundice</li> <li>Comment on the clinical manifestations and complications of each type</li> </ul>	1LGIS	MCQ
56.	PBL ON JAUNI	DICE			

57.	Peritoneum-I	Anatomy	•	Describe the layers of peritoneum Describe the peritoneal vessels and	1 LGIS	MCQ
				nerves  Describe the role of visceral and		
				parietal layers in peritoneal		
				adhesions, ascites and paracentesis		
			•	Describe the formation of omentum, peritoneal ligament and mesentery.		
58.	Peritoneum-II	Anatomy	•	Describe the parts of greater omentum	1 LGIS	MCQ
			•	Describe the attachment of lesser omentum		
			•	Describe peritoneal folds		
				Describe peritoneal recesses		
				Describe the position of greater sac		
			•	Describe recesses of omental bursa		
			•	Explain the role of greater omentum as abdominal policeman		
59.	Pancreas	Anatomy	•	Identify parts of pancreas on the model	Skill lab/SGD	MCQ
			•	Identify the blood supply of		
				pancreas		
			•	Identify the formation pancreatic		
				duct on the given model		
60.	Spleen	Anatomy	•	Identify the gross relations of spleen	1 SGD	MCQ
				in relation to other abdominal organs		
			•	Identify the blood vessels supplying		
	*** 1 2 11			the spleen on the given model		
61.	Histology of gall bladder and	Anatomy	•	Identify the gall bladder and pancreas on the given slide under	Skill lab	MCQ
	pancreas			microscope		
			•	Draw labeled diagrams of the		
				identified tissue on histology		
				notebooks. List two points of identification		
62.	Imaging of GIT	Anatomy	•	Identify named announce of CIT	Clail 1.4/CCD	OCDE/VIVA
02.		,		on	Skill lab/SGD	OSPE/VIVA
				<ul><li>Anteroposterior radiograph</li><li>Barium meal</li></ul>		
				<ul><li>Barium meal</li><li>Barium enema</li></ul>		
			•	Identify cross sectional Anatomy of		
				GIT on		
				o CT scan MRI scan		
				WINI SCAII		

63.	Cholecystitis	Surgery		Define cholecystitis	1LGIS	MCQ
				Enumerate the clinical types of holecystitis		
				Define gall stone disease		
				Comment on the causes and clinical		
	D'1 11'1	D1 ' 1		nanifestations of gallstone disease		
64.	Bile and bile salts	Physiology		Describe the secretion, storage and mptying of bile	2LGIS	MCQ
	Saits			Describe the function of bile salts in		
				at digestion and absorption		
65.	Bile and bile	Physiology		Revise and recall the secretion,	2SGD	MCQ
	salts			torage and emptying of bile and the		`
				unction of bile salts in fat digestion nd absorption		
	Digestion and	Biochemistry	+	Describe the digestion and	1 1 010	MGG
66.	absorption of			bsorption of lipids.	1 LGIS	MCQ
	lipids.		0			
	<b>T</b> 7*.	G		of steatorrhoea		
67.	Vitamins	Community medicine		Describe the sources functions, efficiency and prevention of VIT A,	1 LGIS	MCQ
		inedienie		D, and B group of vitamins.		
				Differentiate between major		
			n	ninerals, trace element and		
				ontaminants		
	C + 1 1' C	D: 1 : .		Describe antioxidants		
68.	Catabolism of hemoglobin	Biochemistry		Describe the catabolism of	1 LGIS	MCQ
	nemogioom			emoglobin and its regulation.  ist the differences between		
				onjugated and unconjugated		
				ilirubin		
				Define jaundice		
				ist the causes of conjugated		
				yperbilirubinemia List the causes of conjugated		
				yperbilirubinemia		
				Describe the role of following in the		
				iagnosis of jaundice:		
			0			
			0	A CITE		
			0	4 T T		
			_	ALP		
69.	Estimation of	Biochemistry			Skill lab	OSPE/VIVA
	serum bilirubin			ilirubin estimation.		
				Perform the procedure.		
				ifferent types of jaundice.		
			• D	Describe the clinical significance of erum bilirubin in diagnosing		

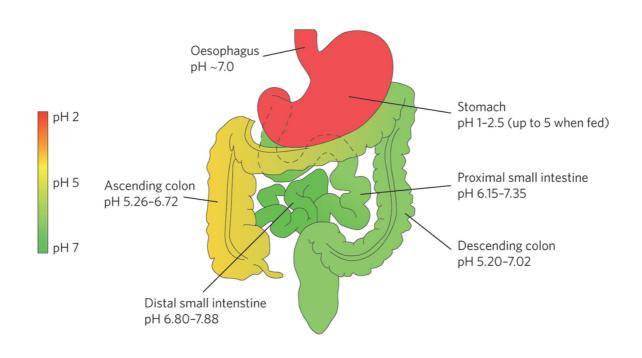
70	Estimation C	D:1 : -4	D 1 4 ' ' 1 0	C1-:11 1 1	OCDE/MINA
	serum amylase	Biochemistry	<ul> <li>Describe the principle of serum amylase estimation</li> <li>Perform the procedure</li> <li>Describe the clinical significance of serum amylase in acute pancreatities</li> </ul>	s.	OSPE/VIVA
		Community Medicine	<ul> <li>Differentiate between temporary and permanent hardness of water.</li> <li>Describe at least 3 methods of removal of hardness</li> <li>Enlist diseases caused by water.</li> <li>Enlist biological water borne diseases         <ul> <li>Enlist the nonspecific water-borne diseases</li> </ul> </li> </ul>	1 LGIS	MCQ
72.	Purification of water	Community medicine	<ul> <li>Describes methods of purification water on</li> <li>Large scale</li> <li>Small scale.</li> </ul>	<sup>of</sup> 1 LGIS	MCQ
73.	Disinfection of water	Community Medicine	<ul> <li>Explain the different methods of disinfection of water on large and small scale</li> <li>Differentiate between methods of chlorination</li> </ul>	1 LGIS	MCQ
74.	Estimation of serum transaminases	Biochemistry	<ul> <li>Describe the principle of serum AST/ALT estimation.</li> <li>Perform the procedure.</li> <li>Describe the clinical significance of serum AST/ALT in liver diseases.</li> </ul>	Skill lab	OSPE/VIVA
75.	Estimation of serum amylase	Biochemistry	<ul> <li>Describe the principle of serum amylase estimation</li> <li>Perform the procedure         <ul> <li>Describe the clinical significance of serum amylase acute pancreatitis.</li> </ul> </li> </ul>	Skill lab in	OSPE/VIVA
76.	Pancreatic secretion	Physiology	<ul> <li>Describe the factors effecting pancreatic secretion.</li> <li>Describe phases of pancreatic secretion</li> </ul>	2 LGIS	MCQ
77.	Pancreatic secretion	Physiology	Revise and recall the factors effecting pancreatic secretion and phases of pancreatic secretion	1 SGD	MCQ
78.	Pancreatic juice & bile Bile salts	Biochemistry	<ul> <li>Describe the composition of pancreatic juice.</li> <li>Enumerate functions of pancreatic juice.</li> </ul>	2 LGIS	MCQ

79.	Gross Anatomy of Large intestine & appendix	Anatomy	<ul> <li>Enumerate functions of bile.</li> <li>Describe the structure &amp; synthesis of bile acids.</li> <li>Describe the structure &amp; synthesis of bile salts</li> <li>Describe the role of bile salt in lipid digestion.</li> <li>Describe the gross Anatomy of large intestine &amp; appendix</li> <li>Identify their peritoneal attachments on the model/cadaver</li> <li>identify ileocecal valve.</li> <li>Identify different positions of</li> </ul>	MCQ
			<ul><li>appendix</li><li>Mark the Mcburney's point on the given model</li></ul>	
80.	Gross Anatomy of rectum and anal canal	Anatomy	<ul> <li>Describe the gross Anatomy of rectum and anal canal</li> <li>Discuss the Peroneal covering of rectum</li> <li>Comment on the venous drainage of rectum and anal canal as regards the formation of hemorrhoids</li> </ul>	MCQ
01.	Histology of large intestine, rectum and anal canal	Anatomy	<ul> <li>Describe the Histology of rectum and anal canal</li> <li>Note the differences between large intestine and rectum</li> <li>Enumerate the differences between upper and lower parts of anal canal</li> </ul>	MCQ
02.	Histology of colon, rectum and anal canal	Anatomy	<ul> <li>Identify histological structure of colon, appendix, rectum and anal canal under microscope</li> <li>Draw a labeled diagram showing their microscopic sections.</li> <li>List two points of identification</li> </ul>	OSPE/VIVA
83.	Common anal disorders	Surgery	<ul> <li>Enumerate common anal disorders (hemorrhoids, fissure in ano, fistula, perianal abscess)</li> <li>Define each of the above disorders</li> <li>Comment on the causes and clinical manifestations of the above disorders</li> </ul>	MCQ
84.	Movements of large intestine	Physiology	<ul> <li>Describe mixing and propulsive movements of large intestine.</li> </ul>	MCQ
85.	Large intestinal Secretion	Biochemistry	<ul> <li>Describe the characteristics of feces.</li> <li>Discuss the clinical significance of the color of the feces in:</li> <li>Steatorrhoea</li> </ul>	MCQ

			I 1:	1	
			o Jaundice		
			o GI bleeding		
	Marragerant	Dl	• Iron ingestion		+
86.	Movements of large intestine	Physiology	Revise and recall mixing and  propulate may amonts of large	1 SGD	MCQ
	narge micsume		propulsive movements of large intestine.		
27	Development of	Anatomy		1 LGIS	OSPE/VIVA
0 / .	Foregut	<sup>2</sup> Mawiiiy	<ul> <li>Describe the development of foregut.</li> </ul>	LOIS	OSIL/VIVA
	Physiological		<ul> <li>Describe physiological herniation.</li> </ul>		
	herniation		<ul> <li>Enumerate anomalies associated</li> </ul>		
			with:		
			<ul> <li>Tracheoesophageal fistula</li> </ul>		
			Tracheoesophageal septum		
			Atresia of the esophagus		
			<ul> <li>Esophageal stenosis</li> </ul>		
			Pyloric stenosis		
88.	Development of	Anatomy	• Describe the development of dorsal	1 LGIS	MCQ
	midgut		and ventral mesentery with		·· •
	and related		reference to small intestine.		
	viscera		Describe the positional changes in midgut, on reentering the abdominal		
			midgut, on reentering the abdominal cavity		
			<ul><li>Describe the development of liver,</li></ul>		
			spleen and pancreas		
			<ul> <li>Enlist common anomalies</li> </ul>		
			<ul> <li>Accessory pancreatic tissue</li> </ul>		
			<ul> <li>Annular pancreas</li> </ul>		
			Accessory hepatic ducts Meckel's		
	<b>5</b> 1		diverticulum		
89.	Development of	Anatomy	Describe the development of cloaca.	1 LGIS	MCQ
	hind gut		• Explain the formation of urogenital		`
			sinus and membrane in the development of hind gut		
			<ul> <li>Describe the following anomalies:</li> </ul>		
			recto-anal malformations, fistulas		
			imperforate anus		
00	GIT anomalies	Pediatric	Enumerate the developmental	11 CIC	MCO
90.		surgery	anomalies of GIT	1LGIS	MCQ
			• Comment on the long-term		
			manifestations of each of the		
			developmental anomaly (foregut,		
	D C .:	D1 ' 1	midgut, hindgut anomalies)		
91.	Defecation reflex	Physiology	Define defecation reflex	1 LGIS	MCQ
			Describe the events & control of		
	Defeastion	Dhyraia la ca-	defecation reflex		+
92.	Defecation reflex	rnysiology	<ul> <li>Revise and recall defecation reflex and the events &amp; control of</li> </ul>	1 SGD	MCQ
			defecation reflex		
	<u> </u>		uciccanon ichex		

93.	Constipation	Pathology	Enumerate the causes of constipation Summarize the pathology of movement disorders of large intestine	LGIS	MCQ
94.	Bioenergetics	Biochemistry	Describe endergonic and exergonic reactions coupling through ATP  Recall the following:  Biologic oxidation and reduction reactions  Methods of electron transfer  Redox potential  Enzymes of biologic oxidation and reduction reactions	LGIS	MCQ
95.	Nerve supply of GIT	Anatomy	<ul> <li>Identify abdominal nerves</li> <li>Describe the autonomic nerve supply to GIT</li> <li>Relate the nerve supply to the functions of GIT</li> </ul>	SGD	MCQ
96	Electron transport chain	Biochemistry	<ul> <li>Describe:         <ul> <li>Respiratory chain and Oxidative phosphorylation, its components and carriers</li> </ul> </li> <li>ATP synthesis coupled with electron flow         <ul> <li>Phosphorylation of ADP coupled with electron transfer</li> </ul> </li> </ul>	LGIS	MCQ
97.	Uncouplers and inhibitors	Biochemistry	<ul> <li>Discuss the role of ATP synthetase in relation to proton pump</li> <li>Comment on the un-couplers and inhibitors of phosphorylation</li> </ul>	LGIS	MCQ
9X	Nutritional requirements	Community medicine	Describe austritional manyimmanants of	LGIS	MCQ
99	Assessment of nutritional status		Describe nutritional assessment methods, Describe food hygiene, milk hygiene, meat and fish. Enlist food borne disease Define adulteration of food	LGIS	MCQ

100.	Vomiting reflex	Physiology	•	Define vomiting Describe the mechanism of vomiting Describe nervous control of vomiting reflex	1 LGIS	MCQ
101.	Vomiting reflex	Physiology	•	Revise and recall the mechanism of vomiting and nervous control of vomiting reflex	1 SGD	MCQ
102.	Nutrition & vitamins	Medicine	•	Define Nutrition Comment the role of various nutrients and vitamins in the maintenance of health	1LGIS	MCQ
	Stress, Illness and Adaptation	Behavioral Sciences	•	Define Stress.  Describe the stress response and its components.  Define General Adaptation Syndrome.  Discuss physiological and psychological reactions to stress.  Describe effects of stress on health.  Enlist common disorders resulting from chronic stress.  Describe moderators of the stress.	1 LGIS	MCQ



# **Learning Resources:**

# **Anatomy**

#### **Text Books**

- 1. Regional Anatomy by Snell
- 2. Embryology by Langman's
- 3. Snell's Neuro Anatomy
- 4. Histology by Janquira
- 5. General Anatomy by Laique Hussain
- 6. General Anatomy by Laique Hussain

# **Physiology**

- 10. Text Book of Medical Physiology by Guyton & Hall
- 11. Physiology by Lippincott

# **Biochemistry**

12. Lippincott Biochemistry.

#### **Reference Books:**

- 7. Clinical Anatomy by Keith L. Moore
- 8. Histology by Laique Hussain
- 9. Histology by Diffore
- 10. Student Gray's
- 11. Embryology by Keith L. Moore

113. Harper's Biochemistry

## **Pathology**

14. Pathologic Basis of Disease by Robbins and Cotran

### **Pharmacology**

- 15. Lippincott pharmacology
- 16. Katzung Pharmacology

#### **Behavioral Sciences**

- 17. Introduction to Psychology by Edward. E Smith.
- 18. Behavioral Science by Lippincott Williams.

# **Community Medicine**

19. Text book of Preventive and Social Medicine by JE. Park

#### Medicine

20. Davidson's Text book of Medicine

# Surgery

21. Text book of Surgery by Bailey & Love

22. Text book of Radiology by Christson

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