

SHORT CASES

Postgraduate trainees are scheduled to present short cases every week on CPSP Format.

Aim:

As part of training for the PGTs'.

Formats:

- As per CPSP Format.
- Marking done as per CPSP evaluation sheet.
- Consultant incharge will supervise / discuss feed back with trainee in detail.

LONG CASES

Postgraduate trainees are scheduled for long cases weekly recommendation of CPSP.

Aim:

As part of learning & training of the PGTs' for FCPS Part II Examination.

Format:

- Case allotment by the consultant
- Approximately 30 minutes for a detailed history & examination of the patients.
- It includes history-taking, examination of each system, details in particular of the system involved, relevant investigations & a conclusive diagnosis.
- Consultants will supervise & assess as per FCPS II Format.

SEMINARS

Learning Outcome:

- To develop the presentation skill
- To improve knowledge base learning
- Confidence building

Format:

Every house officer is scheduled to give at least 2 to 3 presentations during their 6 month house job.

Key point:

- Allotment of a topic
- Introduction
- Definition
- Classification
- Clinical features
- Investigations
- Treatment options
- Learning outcome
- MCQs in the end for assessment of learning outcome in the topic discussed.

REGISTRARS SEMINARS

1. Approach to a patient with chest pain.
2. Approach to a patient with dyspnoea/ breathlessness
3. Approach to a patient with dysphagia
4. Approach to a patient with dysphonia
5. Approach to a patient with lower GI bleed
6. Approach to a patient with upper GI bleed
7. Approach to a patient with pyrexia of unknown origin
8. Approach to a patient with dyspepsia
9. Approach to a patient with chronic diarrhea
10. Approach to a patient with black outs
11. Approach to a patient with unconscious patient
12. Approach to a patient with headache
13. Approach to a patient with shock
14. Approach to a patient with septicemia
15. Approach to a patient with hyponatremia
16. Approach to a patient with fulminant hepatic failure
17. Approach to a patient with fungal infections
18. Approach to a patient with dwarfism
19. Approach to a patient with hepatocellular carcinoma
20. Approach to a patient with pre transplant preparation
21. Approach to a patient with post transplant care
22. Approach to a patient with suspected poisoning
23. Approach to a patient with acute renal failure
24. Approach to a patient with Thyroid emergencies
25. Approach to a patient with raised ICP.
26. Interpretation of Arterial blood gases
27. Interpretation of Palmary Function tests.
28. Interpretation of Echocardiography
29. Interpretation of Chest X-ray / CT Scan
30. Interpretation looking after patient with cancer
31. Interpretation Management of Alcohol withdrawal
32. Interpretation cardiac pacemakers
33. Interpretation evidence based medicine
34. Interpretation health and medical ethics
35. Updates on Portal hypertension.
36. Updates on hypertension.
37. Updates on Diabetes Mellitus
38. Updates on Malaria treatment and prophylaxis.

JOURNAL CLUB

Aim:

As part of learning & training of the PGTs' for FCPS Part II Examination.

Format:

- Every PGT has to prepare and present at least 24 articles from different indexed journals.
1. Latest research articles on medicine and its related fields and also cases of interest.
 2. Case summaries of different hospitals like Massachusetts.
 3. Editorials.

Learning Outcome:

1. To equip every PGT with the latest advances in medicine and its related fields.
2. To bring their knowledge at the level of developed countries.

INTERACTIVE SESSION

Aim;

As a part of learning & training program the interactive sessions are presented by the registrars.

Format;

Registrar will prepare Session.

Components:

- MCQs with single best answer
- ECG
- X-rays
- CT-Scans
- Clinical scenarios
- Clinical findings
- SEQ
- TOACS Material

Details;

The questions are asked from the house-officer and PGT's, detailed answers will be discussed by the presenter. Consultant will supervise the session and give his / her input.

PROBLEM CASE PRESENTATION

Aim:

- To evolve a system for undiagnosed & resolved cases in the unit.
- Opinion of the consultants' panel.
- Evolve a case discussion format of Massachusetts case report in NEJM.

Format:

Each house-officer & medical-officer has to prepare & present a problem case as per schedule.

Components:

- Patient profile
- Detailed history
- Clinical examination
- Investigations already done
- Brief case summary
- Differential diagnosis
- Comments of consultants
- Final diagnosis
- Current Issues
- How to proceed
- Comments & opinion of radiologist / pathologist etc.

ECG TUTORIAL

Aim:

As part of the learning & teaching program the ECG classes for house officers and registrars.

Format:

- Every Wednesday from 9:00 am to 10:00 am by the cardiologist /Assistant Professor.
- It will comprehensively cover basics, i.e. Acute Myocardial Arrhythmias, Blocks and Electrolyte imbalance etc.
- At end of session there will be evaluation session.
- There may be ECG tutorials.

RADIOLOGY TUTORIAL

Aim:

As part of learning & training program, radiology tutorials are held under the supervision of radiologist.

Format:

Radiological classes will be held at convenience of consultant radiologist.

Components:

The discussion / presentation will include

- CT-Scan
- MRI
- X-Rays
- Ultrasound
- Question & answer session
- Evaluation

MORNING MEETING

Aim

Working of unit starts with morning meeting, where all academic and administrative issues are discussed in detail.

Format:

Every member of the working staff including the Professor / Associate / Assistant Consultants, Registrars, House Officers are supposed to attend at 8:30 am on all the working days, except staff involved in emergency, patient care and ward duty,

Components:

- Recitation of the Holy Quran
- Ward report
- Emergency report
- Mortality audit every Monday
- Problem case every Tuesday
- Seminars every Wednesday
- Journal Club every Thursday
- Interactive session every Friday
- Research Forum every last Saturday of the month

Details:

All issues concerning the ward, house-officers, medical-officers are brought in the notice of the Professor & the consultants and there solutions are sorted out

.EVENING ROUNDS FORMAT

- Every 4th day one registrar will be on call (24 hrs). He will assess all admitted patients in the unit and others.
- They have to keep a check of serious patients.
- Every time the patient seen is documented with date & time.
- Evening round will start approximately at 6 pm as per format. It is Mandatory for the house officers to attend the round.
- Serious patients will be discussed with the consultant on call not later than 10 pm if required will be seen physically by the consultant.
- Evening round format will include checking history of HO confirming physical sign, teaching clinical methods and discussing patient diagnosis, investigation & management plans.
- Registrar will write his own summary assessment & follow up notes as described in SOPs for Routine patients and in ITC under SOAP format

CONSULTANT COVER

- Routine consultant cover is described on spread sheet.
- One Assistant Professor will be 24 hrs on call. He will cover all
- Emergency, ward calls, referred consultations. ER Calls.
- He will do the mandatory at 1:30 pm afternoon round in ER and next morning wrap up round in ER at 8am
- He can be personally called in by the Registrar any time.
- He will also do evening round after 10pm if required.
- He will have telephone report between 10pm to 11pm.

MULTIMEDIA

As department is fully equipped with the audiovisual system, so all presentations, seminar, problem case, interactive sessions, and journal club. Endoscopy audit, mortality audit and video session will be on multimedia.

Facilities for presentation: Overhead Projector/Multimedia/ Internet

WARD FORMAT

Bed Strength.

➤ Total 93

West Wing

GI & Liver Disease Section

Ward G 6 Beds
Ward H 6 Beds

Liver Intensive Therapy Section

ITC 4 Beds

CLD & Hepatocellular CA Section

Ward E 6 Beds
Ward F 6 Beds

East Wing

Cardio Respiratory Section

Ward C6 6 Beds
Ward D 6 Beds

Neurology Section

Ward A 6 Beds
Ward B 6 Beds

CCU Shared Beds 12 Beds
ICU Shared beds 6 Beds
Private Block 5 Beds
ER Shared Beds 24 Beds

OPD Alternate days

- (8:00 am - 2:00pm)
- (Tuesday Thursday Saturday)

Special OPD Clinics

- Liver & GI Clinic (10:30 am - 2:00 pm) Saturday
- Cardiology Clinic (10:30 am - 2:00 pm) Thursday

Evaluations

- Mid Term
- End Term

Resident's Six Monthly Evaluations.

MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
SUNDAY

House Officers/Registrars Training Program

M O N D A Y	<p>7:30 8:00 am</p> <ul style="list-style-type: none"> ➤ H/O: Progress notes of serious patients in ward. ➤ Registrar: Progress notes of serious patients in ward ➤ Shifting patients to Endoscopy and Echocardiography department as per list by the batch on call 	<p>8:00 8:30 am</p> <ul style="list-style-type: none"> ➤ Progress notes of patients on allotted beds ➤ Progress notes of Patients by Registrar 	<p>8:30 10:00 am Morning Report of serious patients</p> <ul style="list-style-type: none"> ➤ Deaths / Consults. & Calls / Shifts. from other units. ➤ Seminar by Registrar 	<p>10:00 - 12:00 Noon</p> <ul style="list-style-type: none"> ➤ Consultant ward Round All concerned House Officers And Registrars must attend the round. 	<p>12:00 2:00 pm</p> <ul style="list-style-type: none"> ➤ Short case / Long case ➤ Tea Break.
T U E S D A Y	<p>7:30 8:00 am</p> <ul style="list-style-type: none"> ➤ H/O: Progress notes of serious patients ➤ Registrar: Progress notes of serious patients ➤ ER: H/O Batch to reach in ER 	<p>8:00 8:30 am</p> <ul style="list-style-type: none"> ➤ Progress of patients with allotted beds ➤ Progress notes of patients by Registrar ➤ OPD batch will reach OPD at 8 am 	<ul style="list-style-type: none"> ➤ Morning Report of serious patients Deaths & Calls from other units. ➤ Seminar by Registrar ➤ H/O OPD (Batch) ➤ Problem Case by House Officer 	<ul style="list-style-type: none"> ➤ Out Patient Deptt. 	<ul style="list-style-type: none"> ➤ OPD ➤ Checking of Patient received from OPD
W E D N E S D A Y	<p>7:30 8:00 am</p> <ul style="list-style-type: none"> ➤ H/O: Progress notes of serious patients ➤ Registrar: Progress notes of serious patients ➤ Shifting of patients from ER to ward / Procedure Room. 	<ul style="list-style-type: none"> ➤ Consultant on Call - ER Round 	<ul style="list-style-type: none"> ➤ Seminar by Registrar ➤ H/O Seminar ➤ CPC Meeting at 9 to 10 am ➤ H/O: ECG / ER Class At 9 to 10am 	<ul style="list-style-type: none"> ➤ Professorial grand Round All Consultants, PGT's / H/Os to attend. Research Clinic by OPD Batch. ➤ Research Registrar. 	<p>12:00 2:00 pm</p> <ul style="list-style-type: none"> ➤ Research clinic ➤ Long Case / Short case
T H U R S D A Y	<p>7:30 8:00 am</p> <ul style="list-style-type: none"> ➤ H/O: Progress notes of serious patients ➤ Registrar: progress notes of serious patients ➤ ER: H/O Batch to reach in ER 	<p>8:00 8:30 am</p> <ul style="list-style-type: none"> ➤ Progress of patients with allotted beds ➤ Progress of Patients By Registrar 	<ul style="list-style-type: none"> ➤ Journal Club by Registrar Morning Report 	<ul style="list-style-type: none"> ➤ General OPD G.I. & Liver Clinic Cardiac Clinic 	<ul style="list-style-type: none"> ➤ General OPD G.I. & Liver Clinic Cardiac Clinic
F R I D D A Y	<p>7:30 8:00 am</p> <ul style="list-style-type: none"> ➤ H/O: Progress notes of serious patients ➤ Registrar: Progress notes of serious patients ➤ Endoscopy Echocardiography 	<p>8:00 8:30 am</p> <ul style="list-style-type: none"> ➤ Progress of patients with allotted beds ➤ Progress of Patients By Registrar 	<ul style="list-style-type: none"> ➤ Seminar by Registrar Round. ➤ Consultant Ward Round 	<ul style="list-style-type: none"> ➤ Morning Report ➤ Interactive Session/ MCQs by Registrar 	
S A T U R D A Y	<p>7:30 8:00 am</p> <ul style="list-style-type: none"> ➤ H/O: Progress of serious patients ➤ Registrar: progress notes of serious patients ➤ ER: H/O Batch to reach in ER 	<p>8:00 8:30 am</p> <ul style="list-style-type: none"> ➤ Progress of patients with allotted beds ➤ Progress of Patients By Registrar 	<ul style="list-style-type: none"> ➤ Morning Report of serious patients Deaths & Calls from other units. ➤ Seminar by Registrar Problem case 	<ul style="list-style-type: none"> ➤ General OPD 	<p style="text-align: center;">General OPD</p>

EFFECTIVE WORKING HOURS

RESIDENTS AND HOUSE OFFICERS

REGISTRAR CALL HOURS

Daily $6 * 6 = 36$ hours
2 calls = $18 \text{ hours} * 2 = 36$

Weekly hours = 72 hours

Every third Sunday = 24 hours

Monthly hours = $72 * 4 + 24 = 312$ hours

Net per week = $312 / 4 = 78$ hours weekly duties

HOUSE OFFICER CALL HOURS (IN-PATIENT BATCH)

Daily $6 * 6 \sim 36$ hours Alternate calls (2 calls / week)
 $18 * 3 = 54$ hours = 144

2 Sundays / month = 48 hours

Net hours / month = 246 hours

Net per week = $246 / 4 = 61.5$ hours / week

HOUSE OFFICERS CALL HOURS (OPD-ER BATCH)

3 calls = 15 hours = $15 * 3 = 45$ hours
Off call days = 6 hours = $6 * 3 = 18$ hours

Total = $45 + 18 = 63$ hours

Net per month $63 * 4 = 252$

2 Sundays / month = $12 * 2 = 24$ hours

Net hours / month = 276 hours

Net per week = $276 / 4 = 69$ hours

MANDATORY WORKSHOPS

For Postgraduate Trainees

1. Biostatistics, Research and Methodology and Dissertation writing
2. Communication Skills and Counseling
3. Computer and Internet

MANDATORY ROTATIONS

8 Week rotations per sub-speciality (if possible)

1. Cardiology
2. Gastroenterology
3. Pulmonology
4. Nephrology
5. Psychiatry
6. Dermatology
7. Neurology
8. Intensive Care

MANDATORY DISSERTATION / PAPERS

Either Dissertation submitted 9 months before the date of exam

or

2 papers published in Journals indexed in Index Medicus acceptance letter submitted to CPSP 3 months before the date of exam

OPTIONAL INTERNATIONAL ELECTIVES

For interested residents, effort will be made to arrange international electives in the subspecialty of the choice. Subject to the condition if they have done research project presented it in the national meeting.

TRAINING EMPHASIS

PG Level 1	ER & Acute management
PG Level 2	Analytic approach
PG Level 3	Decision making / Literature review / Review articles / procedures
PG Level 4	Research / Supervision / Teaching junior residents

Logbook

Entries on the CPSP-Log Book should be completed regularly and should be countersigned monthly by supervisor.

On Going Research Projects of MU-II

- NASH
- Non Responders Hepatitis-C
- Relapses Hepatitis-C
- Portal Hypertension
- Hepatocellular Carcinoma
- Knowledge of Doctors regarding HCV.

2. Technical & Procedural Skills

COMMENTS:

3. Record Keeping

4. Verbal Presentation

COMMENTS:

PATHOLOGY LABORATORY AND RADIOLOGY LIAISON

- A consultant will be incharge of collaboration with pathology and radiology department and may depute residents and house officers for various tasks.
- He will arrange a list of available tests with exact prices during general working hours and available through ER and Evening shifts.
- He will coordinate to arrange for Culture bottles for inoculation collected during evening & Night shifts.
- He will coordinate to arrange for Tutorials by Radiologists and Pathologists for training of resident staff.
- He will invite pathologist / microbiologist on regular basis for surveillance and Detection of MRS A and other communicable/ infectious diseases control. He will coordinate for training of residents and house stall" for sample collection, handling and pre procedure preparation where applicable.

RESIDENTS EVALUATION FORM HOLY FAMILY HOSPITAL, RAWALPINDI.

RESIDENT NAME: Dr. _____ LEVEL: _____

PERIOD OF ROTATION: FROM _____ TO _____

SPECIALITY _____

I. CLINICAL KNOWLEDGE'S AND SKILLS:

1. Independent Patient Management.

E	AA	B	NA	UE

COMMENTS:

2. Technical & Procedural Skills:

E	AA	B	NA	UE

COMMENTS:

3. Record Keeping:

E	AA	B	NA	UE

COMMENTS:

4. Verbal Presentations:

E	AA	B	NA	UE

COMMENTS:

II. PERSONAL /PROFESSIONAL CHARACTERISTICS:

I. Relationship With Patients & Families

E	AA	B	NA	UE

COMMENTS:

2. Relationship with Professional Colleagues

E	AA	B	NA	UE

COMMENTS:

3. Attitude Towards Hard Work:

E	AA	B	NA	UE

COMMENTS:

4. F- Direct learning:

E	AA	B	NA	UE

COMMENTS:

STRENGTH / GROWTH DURING ROTATION:

.....

AREAS NEEDING ATTENTION:

.....

SPECIAL SKILLS:

.....

SPECIFIC RECOMMENDATIONS:

.....

KEY TO ABOVE GRADES POINTS:

E = Excellent

B = Below Average

AA= Above Average

NA = Not Applicable

A = Average

UE = Unable to assess with reasonable confidence.

HOUSE OFFICERS EVALUATIONS

- Start Term At start of six month rotation
- Mid Term At completion of three month rotation
- End Term At end of six month rotation

Evaluation Format

1. **TOACS:** Task oriented assessment of clinical skills.
2. **MCQs:** CNS, CVS, GIT, RESPIRATORY SYSTEM,

HEMATOLOGY, RHEUMATOLOGY, ENDOCRINOLOGY

3. **CLINICAL CASES.**
 - Short cases
 - Long cases



MEDICAL UNIT - II

HOLY FAMILY HOSPITAL RAWALPINDI

EVALUATION OF TRAINING PROGRAMME

		Excellent	Very Good	Good	Fair	Poor
1.	Unit Format					
	a. Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Team Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Character building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Interest of Seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Extracurricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. OPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Indoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. ER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Teaching / Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Morning Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Evening Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Ward Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Morality Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Short Cases / Long Cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. ECG Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Short Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Evaluation programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. Training / Teaching by Registrars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	k. Training / Teaching by Seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Would you like to join this unit as a House Officer?			Y		N
5.	If get a chance, would you later want to work as a registrar?			Y	<input type="checkbox"/>	N <input type="checkbox"/>
6.	Any other suggestions:					

Name (Optional): _____

SEMINAR EVALUATION PERFORMA

Presenter under scrutiny _____

On a scale from 1 to 5 (1 = poor, 5 excellent)

➤	Selection of title	<input type="text"/>
➤	Grabbing of attention	<input type="text"/>
➤	Anatomy of presentation	<input type="text"/>
➤	Setting of objectives	<input type="text"/>
➤	Self confidence	<input type="text"/>
➤	Conviction and Enthusiasm	<input type="text"/>
➤	Eye contact with audience	<input type="text"/>
➤	Visual materials	<input type="text"/>
➤	Controlled nervous habits	<input type="text"/>
➤	Answered questions honestly	<input type="text"/>
➤	Bonus Marks	<input type="text"/>
➤	Comments (if any)	<input type="text"/>

PROCEDURE CERTIFICATION FORM

Name: _____

S. Number	Procedure /Date	Supervisor /Date	Supervisor /Date	Supervisor /Date	Supervisor /Date	Supervisor /Date
1	IV Canula					
2	NG Tube					
3	Foley's Catheterization					
4	Lumber Puncture					
5	Blood Culture					
6	ETT Intubation					
7	ACLS (CPR, Defibrillation)					
8	CVP Line					
9	Pleural Paracentesis					
10.	Abdominal Paracentesis					

- 5 procedures should be done under-supervision before given authorization to perform Procedures independently.
- Get signature of supervisor with date.

