

OPHTHALMOLOGY

O

POST IMM FELLOWSHIP TRAINING



**COLLEGE OF
PHYSICIANS AND
SURGEONS
PAKISTAN**

2022

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The College of Physicians and Surgeons Pakistan would appreciate any criticism, suggestions, advice from the readers and users of this document. Comments may be sent in writing or by e-mail to the CPSP at:

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ABOUT THE COLLEGE

The College was established in 1962 through an ordinance of the Federal Government. The objectives/functions of the College include promoting specialist practice of Medicine, Obstetrics & Gynaecology, Surgery and other specialties by securing improvement of teaching and training, arranging postgraduate medical, surgical and other specialists training, providing opportunities for research, holding and conducting examinations for awarding College diplomas and admission to the Fellowship of the College.

Since its inception, the College has taken great strides in improving postgraduate medical and dental education in Pakistan. Competency-based structured Residency Programs have now been developed, along with criteria for accreditation of training institutions, and for the appointment of supervisors and examiners. The format of examinations has evolved over the years to achieve greater objectivity and reliability in methods of assessment. The recognition of the standards of College qualifications nationally and internationally, particularly of its Fellowship, has enormously increased the number of trainees and consequently the number of training institutions and the supervisors. The rapid increase in knowledge base of medical sciences and consequent emergence of new subspecialties have gradually increased the number of CPSP fellowship disciplines to seventy nine including specialties in dentistry. After completing two years of core training during IMM, the trainees are allowed to proceed to the advance phase of FCPS training in the specific specialty of choice for 2-3 years. However, it is mandatory to qualify IMM examination before taking the FCPS-II exit examination. The work performed by the trainee is to be recorded in the e-logbook on daily basis. The purpose of the e-log is to ensure that the entries are made on a regular basis and to avoid belated and fabricated entries. It will hence promote accuracy, authenticity and vigilance on the part of trainees and the supervisors.

The average number of candidates taking CPSP examinations each year is to a minimum of 32,000. The College conducts examinations for FCPS-I (11 groups of disciplines), IMM, FCPS-II (79 disciplines), MCPS (22 disciplines), including MCPS in Health Professions Education and Health Care System Management. A large number of Fellows and senior medical teachers from within the country and overseas are involved at various levels of examinations of the College.

The College, in its endeavor to decrease inter-rater variability and increase fairness and transparency, is using TOACS (Task Oriented Assessment of Clinical Skills) in IMM and FCPS-II Clinical examinations. Inclusion of foreign examiners adds to the credibility of its qualifications at an international level. It is important to note that in the overall scenario of health delivery over 85% of the total functioning and registered health care specialists of the country have been provided by the CPSP. To coordinate training and examination, and provide assistance to the candidates stationed in cities other than Karachi, the College has established 14 Regional Centers (including five Provincial Headquarter Centers) in the country. The five Provincial Headquarter Centers, in addition to organizing the capacity building workshops/short courses also have facilities of libraries, I.T, and evaluation of synopses and dissertations along with providing guidance to the trainees in conducting their research work. The training towards Fellowship can be undertaken in more than 257 accredited medical institutions throughout the country and 71 accredited institutions abroad. The total number of trainees in these institutions is over 26,880 who are completing residency programs with around 4,258 supervisors. These continuous efforts of the College have even more importantly developed a credible system of postgraduate medical education for the country. The College strives to make its courses and training programs 'evidence' and 'needs based' so as to meet international standards as well as to cater to the specialist healthcare needs not only for this country but also for the entire region.

Prof. Mohammad Shoaib Shafi

President

College of Physicians and Surgeons Pakistan

FELLOWSHIP DISCIPLINES

The list of fellowship programmes, first and second fellowship, are given below:

DISCIPLINES FOR 1st FELLOWSHIP

- | | |
|--------------------------|--|
| 1. Anatomy | 24. Obstetrics and Gynaecology |
| 2. Anesthesiology | 25. Operative Dentistry |
| 3. Biochemistry | 26. Ophthalmology |
| 4. Cardiac Surgery | 27. Oral & Maxillofacial Surgery |
| 5. Cardiology | 28. Orthodontics |
| 6. Chemical pathology | 29. Orthopedic Surgery |
| 7. Clinical Haematology | 30. Otorhinolaryngology (ENT) |
| 8. Community Medicine | 31. Paediatric Surgery |
| 9. Dermatology | 32. Paediatrics |
| 10. Diagnostic Radiology | 33. Periodontology |
| 11. Emergency Medicine | 34. Pharmacology |
| 12. Family Medicine | 35. Physical Medicine and Rehabilitation |
| 13. Forensic Medicine | 36. Physiology |
| 14. Haematology | 37. Plastic Surgery |
| 15. Histopathology | 38. Prosthodontics |
| 16. Immunology | 39. Psychiatry |
| 17. Medicine | 40. Pulmonology |
| 18. Medical Oncology | 41. Radiotherapy |
| 19. Microbiology | 42. Surgery |
| 20. Nephrology | 43. Thoracic Surgery |
| 21. Neurology | 44. Urology |
| 22. Neurosurgery | 45. Virology |
| 23. Nuclear Medicine | |

DISCIPLINES FOR 2nd FELLOWSHIP

- | | |
|---|--|
| 1. Breast Surgery | 18. Paediatric Critical Care Medicine |
| 2. Child and Adolescent Psychiatry | 19. Paediatric Endocrinology and Diabetes |
| 3. Cardio-Thoracic Anesthesiology | 20. Paediatric Dermatology |
| 4. Clinical Cardiac Electrophysiology | 21. Paediatric Gastroenterology and Hepatology |
| 5. Community and Preventive Paediatrics | 22. Paediatric Haematology Oncology |
| 6. Critical Care Medicine | 23. Paediatrics Infectious Diseases |
| 7. Developmental and Behavioural Paediatrics | 24. Paediatric Nephrology |
| 8. Endocrinology | 25. Paediatric Neurology |
| 9. Gastroenterology | 26. Paediatric Ophthalmology |
| 10. Gynecological Oncology | 27. Pain Medicine |
| 11. Hepato-Pancreato-Biliary & Liver Transplant Surgery | 28. Palliative Medicine |
| 12. Infectious Diseases | 29. Reproductive Endocrinology and Infertility |
| 13. Interventional Cardiology | 30. Rheumatology |
| 14. Maternal & Fetal Medicine (MFM) | 31. Surgical Oncology |
| 15. Neonatal Paediatrics | 32. Urogynaecology |
| 16. Orbit and Oculoplastics | 33. Vitreo Retinal Ophthalmology |
| 17. Paediatric Cardiology | 34. Vascular Surgery |

CPSP COMPETENCY MODEL

College of Physicians and Surgeons Pakistan has moved to competency-based medical education and has developed its own competency model shown below. A generic explanation of the model is given below and it is expected that all its residency training programmes follow the components of this model in accordance to the requirements of each specialty.



Patient or population care occupies the pivotal center. Patient care includes all clinical skills such as history taking, physical examination, ordering investigations, making diagnoses and managing the care. The inner leaves of the model represent the five major competencies directly related to patient care, while the three competencies in the outer circle are mega-competencies related to patient care and also incorporate education, professionalism, leadership, advocacy and population health.

By the end of the Residency Programme, residents are expected to acquire these competencies and their constituent learning outcomes, and provide promotive, preventive, curative and rehabilitative patient-centered (or population-centered) care.

Inner Leaves:

1. Knowledge and Critical Thinking
2. Technical Skills
3. Communication Skills
4. Teamwork
5. Research

Outer Leaves:

6. Professionalism
7. Pedagogy
8. Advocacy

1. Knowledge and Critical Thinking

- Demonstrate application of wide and current readings to critical thinking and problem solving
- Relate the alteration of body function to the presenting condition
- Interpret and integrate history and examination findings to arrive at an appropriate provisional and credible differential diagnoses
- Sequentially order, justify and interpret appropriate investigations
- Apply knowledge and reasoning skills to
 - Analyze data for problem identification and to rule in and rule out contending conditions
 - Synthesize and evaluate solutions for decision-making in solving familiar and less familiar problems based on best current evidence
 - Prioritize different problems within a time frame.
 - Select, outline and provide, with evidence-based justifications, appropriate pharmacological and non-pharmacological management strategies
 - Assess new medical knowledge and apply it to resolve patient problems (Evidence-based practice)
 - Apply quality assurance procedures in daily work. (Professionalism)
 - Demonstrate shared-decision-making with the patient or family
 - Provide cost-effective care while ordering investigations and in management
 - Use resources appropriately
 - Demonstrate awareness of bio-psycho-social factors in assessment and management of a patient.

2. Technical Skills

- Demonstrate International Patient Safety Goals (IPSG)
- Demonstrate competent performance of all required technical skills and procedures in the specialty, including:
 - Obtaining informed consent
 - Preoperative planning
 - Pre-interventional care and preparation
 - Intra-Intervention technique including exposure and closure, global and task specific items, and communication and team skills
 - Post-interventional care
 - Follow-up Care.

3. Communication Skills

- Written Communication Skills
 - Maintain clear, concise, accurate and updated medical records
 - Write clear, focused, evidence-based and logical management plans and discharge summaries
 - Write respectful, clear and focused letters and referrals to other colleagues.
- Verbal Communication Skills: Demonstrate
 - Effective interpersonal communication skills: clear, considerate and sensitive towards patients, their relatives, other health professionals and the public, and towards students
 - Non-verbal communication skills:
 - Empathy and respect towards patients and their relatives
 - Effective counseling of the patient and the family with cultural sensitivity: explain options, educate them and promote joint decision-making.
 - Appropriate verbal and body language on the campus and all work situations including seminars, bedside sessions, outpatient sessions and others
 - Respect and tolerance for all health care professionals, including peers, juniors and seniors
 - Clear, focused and logical presentation of cases.

4. Teamwork

- Demonstrate constructive team-communication skills.
- Facilitate collaborative group interaction as a team member to build strong teams demonstrating respect, tolerance and interdependence.
- Support other team members to grow
- Demonstrate willingness to assume responsibility and leadership as needed.

5. Research

- Interpret and use results of various research studies (critical appraisal)
- Conduct a research study individually or in a group by using appropriate
- Selection of research question(s) and objectives
- Research design and statistical methods to answer the research question
- Ethical and R&RC approval of the synopsis
- Demonstrate competence in academic writing by writing an appropriate dissertation and/or publishing research article(s) as a step towards resolving issues or concerns in their specialty
- Guide others in conducting research by advising about research methodology including study designs and statistical methods
- Demonstrate clear, focused and logical presentations of their research.

6. Professionalism

- Demonstrate the highest level of personal integrity: honesty, punctuality, regularity, timely task completion
- Deal with all patients in a non-discriminatory, prejudice-free manner, demonstrating the same level of care for every human being irrespective of gender, age, ethnic background, culture, socioeconomic status and religion
- Establish a trusting relationship with patients, their relatives and care-givers
- Deal with all patients with honesty, empathy and compassion, putting patients' needs first (altruism)

- Facilitate transfer of information important for promotion of health, prevention and management of disease
- Encourage questioning by the patient and be receptive to feedback
- Pursue self-directed and life-long learning. Keep abreast of medical literature and assess new knowledge and apply it to resolve patient problems
- Know one's limitations and ask for help as needed from colleagues, consultations or referrals
- Apply quality assurance procedures for improvement in daily work
- Be a role model for others.

Ethics

- Maintain patient autonomy by demonstrating shared-decision-making with the patient and/or family
- Obtain informed consent, maintain patient confidentiality and do no harm
- Provide cost-effective care while ordering investigations and in management and use resources appropriately.

Leadership

- Demonstrate accountability for their decisions and actions, and that of their team
- Demonstrate willingness to assume leadership role(s) when needed in given situations or events (rush call/code).
- Change and bring about change as necessary, as a leader or supportive leader.

7. Pedagogy

Should be able to demonstrate competence in teaching skills:

- Effective clinical/community-based teaching
- Some evidence of acquisition of theory regarding learning and education
- Practice some of the best teaching methods.

8. Advocacy

Advocacy is needed at multiple levels

- Advocacy for the Patient
 - Doctors and nurses are the advocates of the patients, otherwise patients are likely to be lost in the system. All care should be timely, putting patients first.
- Advocacy for the Practice
 - Working in a service or practice, doctors must highlight limitations and issues
 - They must identify solutions for the problems, and recommend and implement improvements for the practice(s) and institutional system(s).
- Advocacy for the Health System and Society
 - Know one's role in the Health System(s) and build strong referral systems
 - Keep patient and community interests paramount, above one's own personal or professional interest
 - Demonstrate advocacy for elimination of the social determinants of health
 - Demonstrate advocacy for prevention of serious illnesses of their specialty/sub-specialty.
- For the Profession
 - Strive for building trust in the public for your profession
 - Demonstrate improvement and enhancement of profession, specialty and sub-specialty
 - Be conscientious gate-keepers of their profession, specialty and subspecialty.

GENERAL REGULATIONS

The following regulations shall apply to all the candidates taking the FCPS-II examination. Candidate will be admitted to the examination in the name (surname & other names) as given in the MBBS degree. CPSP will not entertain any application for change of name on the basis of marriage/divorce/deed.

ELIGIBILITY REQUIREMENTS FOR ENTERING FCPS-II TRAINING PROGRAM IN OPHTHALMOLOGY

- Passed FCPS-I Ophthalmology
- Completed two years of R&RC registered training of IMM in Ophthalmology.

DURATION OF TRAINING IN OPHTHALMOLOGY

Total duration of the training is 4 years, which is divided into following two phases:

- Intermediate Module in Ophthalmology for first two years after which the resident becomes eligible to appear in the Intermediate Module Examination. For further details about the Intermediate Module refer to the booklet titled "Intermediate Module in Ophthalmology" published separately by the College.
- Last two years consists of advanced training, known as post IMM fellowship or FCPS-II training.

All training inclusive of rotations is to be completed one month before the date of theory examination for FCPS-II.

MANDATORY ROTATIONS

The trainee will complete rotations in the following three disciplines for two months each during post IMM training:

- Neurology
- Pathology
- Radiology

A certificate testifying the candidate's attendance is obligatory for admittance to the final examination and entry in the e-logbook must also appear to this effect. The supervisor should arrange for the sub-specialty training according to the facilities available.

The candidate must also produce evidence of having attended Community-based Eye Health Care Service (at least one session each in OPD and theatre). Community-based Eye Health Care Service certificate should be given by the supervisor.

APPROVED TRAINING CENTRES

Training must be undertaken in units/departments/institutions approved by the College.

A current list of approved locations is available from the College and its regional offices as well as on the College website: www.cpsp.edu.pk.

REGISTRATION AND SUPERVISION

All training must be supervised and undertaken on whole time basis. The residents are required to register with the R&RC and submit the name of their supervisor. The supervisor will normally be a Fellow of the College. Only that training will be accepted which is done under a CPSP approved supervisor.

The residents are not allowed to work simultaneously in any other department/institutions for financial benefit and/or for another academic qualification.

MANDATORY WORKSHOPS

Following mandatory workshops should have been attended during first two years of training (IMM), and therefore no workshop is mandatory during 3rd & 4th years of training. However, the trainee will be required to attend any workshop/s (ATLS/ACLS) as may be introduced by the CPSP and as available.

1. Introduction to Computer and Internet
2. Research Methodology Biostatistics & Dissertation Writing
3. Communication Skills
4. BLS (Basic Life Support) Course

However, if not attended earlier for any reason, they have to be completed during this phase of training. The trainee may also be required to attend any other workshop as may be introduced by the CPSP.

NOTE: 1) The workshops are conducted by the Department of Medical Education and the candidates are advised to get registered online. The BLS course is conducted by the Advanced Skills Department (ASD) and the registration form is to be submitted with the ASD separately.

2) No candidate will be allowed to appear in IMM examination without attending the above mentioned workshops and BLS course.

RESEARCH

One of the training requirements is a dissertation or two research papers on a topic related to the field of specialization. Synopsis of the dissertation or research papers must be approved from the Registration & Research Cell (R&RC) of CPSP before starting the research work. The dissertation must be submitted for approval to the R&RC before or during the first six months of fourth year of training program.

E-LOGBOOK

The CPSP council has made e-logbook system mandatory for all Residency program trainees inducted from July 2011. Upon registration with R&RC each trainee is allotted a registration number and a password to log on and make entries of all work performed and the academic activities undertaken in e-logbook on a daily basis. The concerned supervisor is required to verify the entries made by the trainee. This system ensures timely entries by the trainee and prompt verification by the supervisor. It also helps in monitoring the progress of trainees and the vigilance of the supervisors.

AWARD OF FELLOWSHIP

Fellowship of the College of Physicians and Surgeons Pakistan is awarded to those applicants who have:

- a recognized medical degree;
- completed one year house job in a recognized institution
- passed the relevant FCPS Part I Examination;
- registered with the Registration & Research Cell (R&RC);
- undergone specified years of supervised accredited training on whole time basis.
- passed IMM examination in Ophthalmology
- obtained approval of dissertation / two research articles (related to the specialty) published / accepted for publication in CPSP approved journal(s):
- completion of entries in e-logbook along with validation by the supervisor;
- been declared successful in examinations carried out by the Examination Department of the CPSP; and
- been elected by the College Council It is important to note that all applicants must undergo a formal examination before being offered Fellowship of the relevant specialty, except in case of Fellowship without examination.

TRAINING ENQUIRES AND REGISTRATION

All residents should notify the College in writing of any change of address and proposed changes in training (such as change of Supervisor, change of department, break in training etc.) as soon as possible.

ROLE AND RESPONSIBILITIES OF SUPERVISOR

Supervision of a resident is a multifaceted job. Arbitrarily the task is divided into the following components for the sake of convenience. This division is by no means exhaustive or rigid. It is merely meant to give semblance to this abstract and versatile role.

EXPERT TRAINER

- This is the most fundamental role of a supervisor. S/he has to not only ensure and monitor adequate training but also provide continuous helpful feedback (formative) regarding the progress of the training
- This would entail observing the resident's performance and rapport with all the people within his/her work environment
- S/he should teach the residents and help them overcome the hurdles during the learning process
- It is the job of the supervisor to make the residents develop the ability to interpret findings in their patients and act suitably in response
- The supervisor must be adept at providing guidance in writing dissertation / research articles (which are essential components of training)
- Every supervisor is required to participate actively in Supervisors' workshops, conducted regularly by CPSP, and do his/her best to implement the newly acquired information/skills in the training. It is his/her basic duty to keep abreast of the innovations in the field of expertise and ensure that this information percolates to residents of all years under him/her

RELIABLE LIAISON

- The supervisor must maintain regular contact with the College regarding training and the conduct of various mandatory workshops and courses
- It is expected that the supervisor will establish direct contact with relevant quarters of CPSP if any problem arises during the training process, including the suitability of resident
- S/he must be able to coordinate with the administration of his/her institution/organization in order to ensure that his/her residents do not have administrative problems hampering their training

PROFICIENT ADMINISTRATOR

- The supervisor must ensure that the residents regularly fill their e-logbook
- S/he must provide quarterly feedback regarding each resident through e-log system
- S/he might be required to submit confidential reports on resident's progress to the College
- The supervisor should notify the College of any change in the proposed approved training program
- In case the supervisor plans to be away for more than two months, he/she must arrange satisfactory alternate supervision during the period

ROLE AND RESPONSIBILITIES OF RESIDENT

Given the provision of adequate resources by the institution, residents should

- accept responsibility for their own learning and ensure that it is in accord with the requirements of the particular discipline
- play an informed role in the selection of the supervisor
- seek reasonable infrastructure support from their institution and supervisor, and use this support effectively
- ensure that all outlined aspects of training are covered during the defined training period
- work with their supervisors in writing the synopsis/research proposal and submit the synopsis/research proposal by the end of first year of their registration with the R&RC
- accept responsibility for the dissertation and plan to execute the research within the time limits defined
- be responsible for arranging regular meetings with the supervisor to discuss and document progress. If the supervisor is not able/willing to meet with the resident on a regular basis, he/she must notify the College
- provide the supervisor with word processed updated synopsis and dissertation drafts (ensure it has been checked for spelling, grammar and typographical errors, prior to submission) and provide the raw data to the supervisor if required
- submit completed dissertation to R&RC or evidence of publication/acceptance for publication of two research papers in CPSP approved journal(s) or JCPSP six months before the completion of (last year of) training. The resident should be the first or second author of both papers and the synopsis of both papers must have a prior approval of R&RC
- follow the College complaint procedure if serious problem arises
- complete all requirements for sitting an examination

CURRICULUM: AIMS AND OBJECTIVES

AIM

The aim of the fellowship programme in Ophthalmology is to produce specialists in the field who have attained the required competencies.

OBJECTIVES

By the end of the residency programme, the graduate will be able to:

- Take appropriate histories
- Demonstrate proficiency in the requisite physical examinations
- Justify the ordering and interpretation of tests and investigations
- Appropriately diagnose and rule in and rule out contending conditions
- Manage the problem in a cost effective manner
- Apply the requisite knowledge and skills to think critically and solve problems
- Be an effective team player, leading the team if necessary
- Communicate effectively with:
 - patients and their attendants with empathy and compassion, in interviewing, counseling, breaking bad news, behavioural modification and shared decision-making, recognizing the impact of the condition on the patients and their families,
 - seniors, peers, juniors, learners and other health professionals;
- Demonstrate risk analysis and emphasis on prevention
- Ensure patient safety
- Manage emergencies related to the specialty
- Present well in clinics, rounds and conferences
- Document concise and accurate histories, prescriptions, progress notes, discharge summaries and referrals

- Keep up to date and practice evidence based medicine
- Demonstrate putting patients interests first
- Demonstrate honesty, integrity and timeliness (punctuality and task completion)
- Maintain confidentiality, patient autonomy, take appropriate consent and do no harm
- Consult with colleagues and refer as necessary
- Demonstrate effective teaching skills
- Exhibit advocacy for their patients, practice (service/ department), profession (discipline/specialty) and population-based problems related to their specialty
- Participate in clinical governance and clinical audit
- Demonstrate research, and use of research in improving clinical practice
- Maintain highest standards of practice
- Demonstrate conflict resolution, management skills and leadership

SYLLABUS

Eyelids

- Infections, Allergic Disorders, Immune Related Inflammations, Lash Disorders, Entropion, Ectropion, Ptosis, Tumors and association with skin disorders, Congenital malformations, Surgical procedures

Conjunctiva and Sclera

- Infective and Allergic Conjunctivitis, Pterygium, Pingicula, Pigmented Lesions, Episcleritis, Scleritis, Immune Mediated Scleritis

Lacrimal Apparatus

- Nasolacrimal Duct Obstruction (Congenital and Acquired), Epiphora, Dacryocystitis (Acute and Chronic) and Canaliculitis

Cornea

- Corneal Transparency, Edema and Vascularization, Infective keratitis, Non-infective keratitis, Investigations and Treatment, Degenerations, Dystrophies, Ectesia and Corneal Opacity, Contact lens, Dry Eye Syndrome, Refractive Corneal Surgeries

Lens

- Classification of Cataract and etiology (Congenital and Acquired), Management of Cataract (Congenital and Acquired) Including Visual Rehabilitation, Ectopia Lentis and Its Management, Complication of Cataract Surgery

Glaucoma

- Classification, Etiology and Diagnosis. Ocular Hypertension, Congenital Glaucoma, Primary Narrow and Open Angle Glaucoma, Secondary Glaucomas, Medical and Laser Treatment of Glaucoma. Surgical Procedures and Complications

Uveal Tract

- Classification, Clinical Features, Investigations and Treatment. Uveitis Association with Systemic Diseases, Fuch's Uveitis, Sympathetic Uveitis, Intermediate Uveitis and Lens Induced Uveitis. Sarcoidosis, Behcet Disease, Infective and Non-Infective Uveitis, Idiopathic Chorioretinopathies.

Vitreo-Retina

- Retinal Detachment (Primary, Exudative and Tractional Detachment), Peripheral Retinal Degeneration, PVD and Breaks, Retinal Surgical Procedures, Retinal Vascular Disease, Hereditary Retinal Disorders, Acquired Macular Disorders, Radiation Retinopathy, Vitreous Opacities

Neuro-Ophthalmology

- **Neuro-Imaging**
 - **Optic Nerve**
 - Papilloedema, Optic Neuritis and Optic Atrophy
 - **Visual Pathway**
 - Visual Field Defects Due to Lesions in the Visual Pathway and Visual Cortex
 - **Cranial Nerve**
 - Oculomotor, Trochlear, Abducent, Trigeminal and Facial Cranial Nerve Paresis and Palsies
 - Cerebropontine Angle Tumors, Supranuclear Disorders of Ocular Motility, Nystagmus, Headaches-Migraine and Cluster Headache, Ocular Myopathies, Blephrospasm, Hemifacial Spasm and Facial Dystonias, Phacomatosis
 - **Pupil**
 - Pupillary Pathway and Reflexes with their Common Abnormalities

Strabismus (Squint)

- Amblyopia, Clinical Evaluation of Deviation - Phoria and Tropia, Alphabet Patterns, Paralytic and Non-paralytic Squint, Duane Syndrome, Brown Syndrome and Strabismus Fixus, Monocular Elevation Syndrome, Botulinum Toxin Chemodenervation, Squint Surgery and Complications of Squint Surgery

Orbit

- Congenital Malformations, Infections, Non-infective Inflammatory Diseases, Proptosis, Thyroid Ophthalmopathy, Tumors, Investigations, Surgical Procedures

Ocular Tumors

- Benign Epibulbar Tumor and Ocular Surface Neoplasia, Iris and Ciliary Body Growths, Melanoma, Retinoblastoma and Other Retinal Tumors, Retinal Vascular Tumors, Primary Intraocular Lymphoma, Metastatic Tumors Involving Eye and Orbit

Trauma

- Eyelid and Orbital Injuries, Perforating and Non-Perforating Globe Injuries, Intraocular Foreign Bodies, Chemical Injuries and Thermal Burns, Diagnosis of Injuries, Surgical Procedures of Injuries

Ocular Diseases Association with Systemic Diseases

- Diabetes Mellitus, Hypertension, Thyroid Ophthalmopathy, collagen Vascular Disorders, Osteoarthropathies, Ocular Manifestations of Vitamin A deficiency, Tuberculosis and Sarcoidosis

Ophthalmic Therapeutics

- Ocular Antibiotics, Anti-Viral, Anti-Fungal, Steroids, Immunosuppressants, Anti VEGF, Antimetabolites (Mitomycin C and 5-fluorouracil). Ocular and Periocular Anesthetics, Anti-Glaucoma Drugs, Fluorescein Dye, Mydriatic Cycloplegic, Miotics, Ophthalmic Side Effects of Systemic Medication

Community Ophthalmology and Blindness

- Definition, Common Causes, Standards of Blindness, Prevention Strategies and Low Vision Aids

Ophthalmic Lasers

- Nd:Yag, Argon, Diode and Excimer Laser. Carbon Dioxide Lasers, Corneal Cross Linkage (CXL)

Paediatric Ophthalmology

- Congenital Glaucoma, Paediatric Cataract, Paed Tumors, Syndromes

PROCEDURAL COMPETENCIES

The clinical skills, which a specialist must have, are varied and complex.

A complete list of the same necessary for trainees and trainers is given below. It is arranged year wise and the level of competence to be achieved each year is arranged as follows:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed independently

A candidate is expected to attain the laid down level of competence for the following procedures by the end of each year as given below:

PROCEDURES

PROCEDURES	THIRD YEAR										TOTAL NO. OF CASES
	3 Months		6 Months		9 Months		12 Months				
	Level	Cases	Level	Cases	Level	Cases	Level	Cases			
Lid, Lacrimal System and Orbit											
Excision of papillomas / cysts from lids	4	3	4	3	4	3	4	3		12	
Conjunctival flap surgery	4	3	4	3	4	3	4	3		12	
Cyst excision from ocular surface	4	3	4	3	4	3	4	3		12	
Pterygium excision with autograft	4	3	4	3	4	3	4	3		12	
Ptosis	2	3	2	3	2	3	2	3		12	
Entropion	2	3	2	3	2	3	2	3		12	
Ectropion	2	3	2	3	2	3	2	3		12	
Lid Tumor Excision and reconstruction	2	3	2	3	2	3	2	3		12	
Enucleation with implant	2	3	2	3	2	3	2	3		12	
Evisceration	3	3	3	3	3	3	3	3		12	
Exenteration	2	2	2	2	2	2	2	2		8	
Lacrimal probing and irrigation	4	3	4	3	4	3	4	3		12	
Punctal surgery	3	3	4	3	4	3	4	3		12	
DCR	3	3	3	3	3	3	3	3		12	
Strabismus											
Horizontal muscle surgery	3	3	3	3	3	3	3	3		12	
Vertical muscle surgery	2	3	2	3	2	3	2	3		12	
Adjustable sutures	2	3	2	3	2	3	2	3		12	
Injection of Botulinum in muscle	2	2	2	2	2	2	2	2		8	
Cornea											
Keratoplasty	2	3	2	3	2	3	2	3		12	
Amniotic membrane grafting	3	3	3	3	3	3	4	3		12	

PROCEDURES

PROCEDURES	THIRD YEAR									
	3 Months		6 Months		9 Months		12 Months		TOTAL NO. OF CASES	
	Level	Cases	Level	Cases	Level	Cases	Level	Cases		
Cataract										
Extra Capsular cataract extraction	3	3	3	7	4	3	4	7	20	
Intra Capsular cataract extraction	2	1	2	1	2	1	3	1	4	
Phaco emulsification	3	3	3	3	3	3	3	3	12	
Lens Aspiration	2	1	2	1	2	2	2	2	6	
Lensectomy	2	1	2	1	2	2	2	2	6	
Anterior Vitrectomy	2	3	2	3	2	3	2	3	12	
Glaucoma										
Peripheral iridectomy	3	2	3	2	3	2	3	2	8	
Trabeculectomy / Antimetabolites	3	2	3	2	3	2	3	2	8	
Other filtration procedures / glaucoma valves	-	-	2	1	2	1	2	1	3	
Vitreo Retinal Surgery										
Intravitreal injections	3	3	3	3	3	3	4	3	12	
Scleral Buckling	2	1	2	2	2	2	2	2	7	
Pars Plana Vitrectomy	2	1	2	2	2	2	2	2	7	
Trauma										
Lid and facial laceration repair	3	2	3	2	4	2	4	2	8	
Ocular laceration repair	3	2	3	2	3	2	4	2	8	
Posterior sclera laceration repair	2	1	2	1	2	2	2	2	6	

PROCEDURES	FOURTH YEAR										TOTAL NO. OF CASES
	15 Months		18 Months		21 Months		24 Months				
	Level	Cases	Level	Cases	Level	Cases	Level	Cases			
Muscle Balance Test											
Prism cover test	4	5	4	5	4	5	4	5		20	
Forced Duction Test	3	2	3	2	4	2	4	2		8	
Orbit and adnexa											
Examination of Orbit	4	5	4	5	4	5	4	5		20	
Ptosis assessment	4	5	4	5	4	5	4	5		20	
Entropion / Ectropion	4	5	4	5	4	5	4	5		20	
Anterior Segment Examination											
Gonioscopy	4	5	4	5	4	5	4	5		20	
Pachymetry	4	5	4	5	4	5	4	5		20	
Fundus Examination											
Indirect ophthalmoscopy	4	6	4	6	4	6	4	6		24	

MANDATORY ROTATIONS OBJECTIVES

NEUROLOGY

The Trainee should be able to perform:

- Cranial nerves examination
- Visual Field examination
- Cerebellar function tests
- Meningeal Irritation assessment
- Sensory and Motor examination
- Examination of unconscious patient

Sequelae and complications of:

- Neurological procedures
- Hydrocephalus - Shunts
- Meningiomas
- Gliomas
- Pituitary Adenomas
- Head Injuries
- Craniopharyngioma
- Unconscious Patient

NEUROLOGY ROTATION

	Level	Cases
FOCUSED HISTORY & COMPLETE NEUROLOGICAL EXAMINATION	1,2,3	20
CLINICAL ASSESSMENT AND MANAGEMENT OF OPTIC NEUROPATHIES	1,2,3	20
CLINICAL ASSESSMENT AND MANAGEMENT OF CRANIAL NERVE PALSIES (III/IV/V/VI/VII/VIII)	1,2,3	20
CLINICAL ASSESSMENT AND MANAGEMENT OF IDIOPATHIC INTRACRANIAL HYPERTENSION/ INTRACRANIAL SOL	1,2,3	10
CLINICAL ASSESSMENT AND MANAGEMENT OF MYASTHENIA GRAVIS	1,2,3	05
CLINICAL ASSESSMENT AND MANAGEMENT OF THYROID RELATED ORBITOPATHY	1,2,3	10
CLINICAL ASSESSMENT AND MANAGEMENT OF TRAUMATIC BRAIN INJURIES	1,2,3	10
APPROACH TO TREAT TRANSIENT MONOCULAR OR BINOCULAR VISUAL LOSS/ CEREBRAL STROKES	1,2,3	10
EVALUATE AND PROVIDE APPROPRIATE GENETIC COUNSELING FOR NEURO-OPHTHALMOLOGIC DISEASES	1,2,3	10
EVALUATE AND MANAGE NYSTAGMUS	1,2,3	10

PATHOLOGY

Trainee should be able to;

- Order the appropriate laboratory tests related to eye disorders
- Take smear and inoculate onto culture media.
- Interpret Gram, Giemsa and Zeil Neilson stained slides.
- Study common ocular histopathological slides.
- Correctly analyze and interpret data generated from pathological test.

PATHOLOGY ROTATION

	Level	Cases
COLLECTION, TRANSPORTATION & SUBMISSION OF GROSS SAMPLE FOR HISTOPATHOLOGY	1,2,3	20
GROSS EXAMINATION & SECTIONING WITH CARE OF SPECIMEN MARGINS	1,2	20
TISSUE FIXATION, CUTTING, EMBEDDING, STAINING & MOUNTING OF SPECIMEN	1,2	20
MICROSCOPIC EXAMINATION OF SQUAMOUS CELL CARCINOMA	1,2	10
MICROSCOPIC EXAMINATION OF BASAL CELL CARCINOMA	1,2	10
MICROSCOPIC EXAMINATION OF RETINOBLASTOMA	1,2	10
MICROSCOPIC EXAMINATION OF MELANOMA	1,2	05
COLLECTION, TRANSPORTATION & SUBMISSION OF SAMPLE FOR MICROBIOLOGY	1,2,3	20
CARRY OUT CULTURE AND SENSITIVITY OF BACTERIAL, VIRAL & FUNGAL SPECIMEN	1,2,3	20
CARRY OUT CULTURE AND SENSITIVITY OF MICROBIOLOGICAL SPECIMEN	1,2,3	20
BONE MARROW EXAMINATION	1,2	05
ELISA/PCR EXAMINATIONS	1,2	05

RADIOLOGY

GOALS

learner should acquire the basic understanding of imaging techniques including:

- CT scan
- MRI scan
- Ultrasonography
- X-ray

CT SCAN

The candidate should be able to:

- Describe the principles and positioning in orbital imaging
- Enlist the terminologies used in CT scan
- Describe it's various sections and their importance
- Display the knowledge of bony window section and its importance
- Discuss regarding CT with contrast and its indications
- Identify the normal brain structures, contour and ventricles
- Describe the skull + facial bones and their fractures
- Localize foreign bodies in ocular/orbital trauma
- Identify intraocular, intra-orbital and intra-cranial calcifications
- Evaluate retro-orbital space as in orbital cellulitis or tumours
- Identify bony invasion/erosions as in case of tumours
- Demonstrate understanding of CT angiography, CT venography and conventional catheter angiography, embolization
- Demonstrate technique & interpretation of CT Dacryo-cystography

MRI SCAN

The candidate should be able to,

- Demonstrate how to differentiate it from CT scan
- Show familiarity with the basic terminologies used in MRI
- Differentiate T1 and T2 weighted images
- Demonstrate knowledge of various image enhancement techniques (Gadolinium contrast, Fat suppression technique, FLAIR, DWI, FEISTA, CISS) and their clinical implications

- Identify images of various disorders of optic nerve
- Interpret cavernous sinus disorders
- Evaluate intraocular, intra-orbital and intracranial space occupying lesions (SOL)
- Determine appearance of tissues in demyelinating diseases (MS)
- Demonstrate understanding of MR angiography and MR venography

X-RAY

The candidate should be able to:

- Enlist basic terminologies used in X-ray images
- Demonstrate knowledge about various X-ray views (antero-posterior, Postero-anterior, lateral and special views)
- Be able to identify various fractures and their radiological grading
- Identify foreign bodies as intraocular (anterior segment, posterior segment) or intraorbital
- Dacryo-cystography

USG SCAN

The candidate should be able to:

- Demonstrate mechanism of sound waves in ultrasonography
- Demonstrate basic terminologies used in describing findings of USG B-scan
- Demonstrate the mechanics and interpretation of A-scan
- Interpret images at ultrasound biomicroscopy
- Have brief knowledge of DUPLEX and DOPPLER scanning

RADIOLOGY ROTATION

	Level	Cases
ASSESS THE CHEST RADIOGRAPH	1,2	30
ASSESS THE SKULL RADIOGRAPH	1,2	20
INTERPRETATION OF DOPPLER SCAN	1,2	10
CT /MRI -SCAN OF SELLAR AND PARA-SELLER LESIONS	1,2	20
CT-SCAN/ MRI OF OTHER VISUAL PATHWAYS	1,2	10
CT-SCAN / MRI OF ORBITAL SPACE OCCUPYING LESIONS	1,2	30
CT-SCAN OF ORBITAL AND FACIAL BONE FRACTURES	1,2	20
CT-SCAN OF ORBITAL/OCULAR FOREIGN BODIES	1,2	20
INTERPRETATION OF VASCULAR LESIONS CTA/MRA/MRV	1,2	10
CT OR X-RAY DACRYO-CYSTOGRAPHY	1,2	05

ASSESSMENT

FORMATIVE ASSESSMENT:

College of Physicians and Surgeons Pakistan, in order to implement competency based education in letter and spirit, is introducing Work Placed Based Assessment (WPBA) in addition to institutional/ departmental assessments. To begin with college is introducing Mini-CEX and DOPS to ensure that the graduates are fully equipped with the clinical competencies.

Mini Clinical Evaluation Exercise (Mini-CEX)

During training in Ophthalmology, at least four Mini-CEX in each year are to be conducted from the list given below.

- Mini-CEX is entirely a formative tool of assessment and is to be accompanied with constructive feedback
- Each Mini-CEX encounter extends for about 20 minutes with 05 minutes for feedback and further action plan
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- All topics given below are to be covered.
- Non-compliance by the resident has to be reported in quarterly feedback.
- The performance is reported online on the prescribed form (sample given below)

Topics for Mini-CEX

- **Year-3**
 - Gonioscopy
 - Lid examination
 - Orbit examination
 - Posterior Segment examination on slit lamp
 - Indirect Ophthalmoscopy
 - B-Mode Ultrasonography
- **Year-4**
 - Corneal Topography and videography
 - Electrodiagnostic Tests
 - Microbiological specimen collection, Inoculation, stain and transport

- Localize foreign bodies, fractures in orbital trauma on CT Scan
- Interpretation of various MRI techniques (Gadolinium contrast, Fat suppression technique, FLAIR, DWI, FEISTA, CISS) and their clinical implications
- Ability to localize lesions in CNS in relation to visual and ocular motor pathways



MINI CLINICAL EVALUATION EXERCISE (CEX)

Specialty: FCPS OPHTHALMOLOGY

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: ☐ R1 ☐ R2 ☐ R3 ☐ R4

Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Setting: ☐ Ward ☐ Outdoor (Hospital/Community) Other: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Clinical Area: _____

Complexity of Case/ Procedure: ☐ Low/Easy ☐ Moderate/Average ☐ High/Difficult ☐ N/A

Focus of Clinical Encounters: ☐ History taking ☐ Physical Examination ☐ Management
☐ Communication Skills ☐ Other: _____

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Informed Consent of patient						
Interviewing Skills						
Systematic Progression						
Presentation of positive & significant negative findings						
Justification of actions						
Professionalism						
Organization/Efficiency						
Overall clinical competence						

Assessor's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvement

Encounter to be repeated ☐ YES ☐ NO

Signature _____

Direct Observation of Procedural Skills (DOPS)

During training in Ophthalmology, at least four DOPS in each year are to be conducted from the list given below.

- DOPS is entirely a formative tool of assessment and is to be accompanied with constructive feedback
- Each DOPS encounter extends for about 20 minutes with 05 minutes for feedback and further action plan
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- All topics/procedures given below are to be covered
- Non-compliance by the resident has to be reported in quarterly feedback.
- The performance is reported online on the prescribed form (sample given below)

Topics for DOPS

- **Year-3**
 - Asepsis and draping for ophthalmic procedures
 - YAG Laser procedures
 - Retinal Laser procedures
 - Making corneal incisions for cataract surgery
 - Capsulotomy (Cystitome formation)
 - Forced duction test
- **Year-4**
 - Making ports for pars plana vitrectomy
 - Cryotherapy procedures
 - Extraocular Muscle exposure and isolation
 - Removal of nucleus with phacoemulsification
 - IOL implantation
 - Anterior Vitrectomy
 - Making scleral flap for Trabeculectomy

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Specialty: FCPS OPHTHALMOLOGY

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: ☐ R1 ☐ R2 ☐ R3 ☐ R4

Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Setting: ☐ O.T. ☐ Procedure Room Other: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Name of Procedure: _____

Complexity of Case/ Procedure: ☐ Low/Easy ☐ Moderate/Average ☐ High/Difficult ☐ N/A

Number of times procedure performed by Resident: _____

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Indications, anatomy & steps of procedure						
Informed consent, with explanation of procedure and complications						
Preparation for procedure						
Use of Anesthesia, Analgesia or sedation						
Observance of asepsis						
Safe use of instruments						
Use of accepted techniques						
Management of unexpected event (or seeks help)						
Post-procedure instructions to patient and staff						
Professionalism						
Overall ability to perform whole procedure						

Assessor's Satisfaction with DOPS:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with DOPS:

(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvement

Encounter to be repeated ☐ YES ☐ NO

Signature

SUMMATIVE ASSESSMENT: THE ELIGIBILITY REQUIREMENTS FOR RESIDENTS APPEARING IN FCPS-II EXAMINATION ARE:

- To have passed FCPS-I in Ophthalmology, or been granted official exemption by CPSP.
- To have undertaken four years of specified training in Ophthalmology.
- To provide certificate of having passed Intermediate Module Examination in Ophthalmology.
- To have completed entries in e-logbook along with validation by the supervisor
- To provide a certificate of approval of dissertation or acceptance of two research papers which must accompany the application form.
- To provide a certificate of attendance of mandatory workshops.

EXAMINATION SCHEDULE

- CPSP theory examinations are held twice a year provided the number of candidates is five or more. In case, the number of candidates is less than five, the examination shall be held once a year.
- Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Islamabad, Karachi, Lahore, Larkana, Multan, Peshawar, Quetta and Rawalpindi, centres. The College shall decide where to hold oral/practical examination depending on the number of candidates in a city and shall inform the candidates accordingly.
- English shall be the medium of examination for the theory/ practical/ clinical and viva examinations.
- The College will notify of any change in the centres, the dates and format of the examination.
- A competent authority appointed by the College has the power to debar any candidate from any examination if it is satisfied that such a candidate is not a fit person to take the College examination because of using unfair means in the examination, misconduct or other disciplinary reasons.

- Each successful candidate in the Fellowship examination shall be entitled to the award of a College Diploma after being elected by the College Council and payment of registration fees and other dues.

EXAMINATION FEES

- Fees deposited for a particular examination shall not be carried over to the next examination in case of withdrawal/absence/exclusion.
- Applications along with the prescribed examination fees and required documents must be submitted by the last date notified for this purpose before each examination.
- The details of examination fee and fees for change of centre, subject, etc. shall be notified before each examination.

REFUND OF FEES

- If, after submitting an application for examination, a candidate decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75% of fees only. No request for refund will be accepted after the closing date for receipt of applications.

If an application is rejected by the CPSP, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fees paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

FORMAT OF EXAMINATION

Every candidate applying for the Fellowship of the College of Physicians and Surgeons Pakistan must pass both parts of the Fellowship examination unless exemption is approved.

Since the College is continually seeking to improve its examinations, changes are likely from time to time and candidates will be notified well in advance of such changes.

PART-I THEORY EXAMINATION

The written examination consists of two papers:

Paper-I: 100 MCQs Single Best Type

Paper-II: 100 MCQs Single Best Type

PART II CLINICAL EXAMINATION

The Clinical section comprises of two components:

- **First Component:**
 - TOACS
- **Second Component:**
 - One Long Case
 - Four Short Cases

FORMAT OF TOACS

TOACS will comprise of 12 to 15 stations of 6 minutes each with a change over time of one minute for the candidate to move from one station to the other. The stations may have an examiner, a patient or both. Structured clinical tasks will be set at each station. There will be two types of stations: static and interactive. All stations are to be interactive the candidate will be presented with patient data, a clinical problem or a research study and will be asked to give written responses about the questions asked. At the interactive stations the candidate will have to demonstrate a competency, for example, taking history, performing a clinical examination, counseling. It will also include one station on dissertation/research paper and other on e-log. One examiner will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem solving skills. College is encouraging to have all stations to be interactive and expects that the static stations will soon be phased out. Candidates have to pass the theory examination to be eligible to take the TOACS examination.

FORMAT OF LONG CASE

Each candidate will be allotted one long case and allowed 30 minutes for history taking and clinical examination. Candidates should take a careful history from the patient (or relative) and after a thorough physical examination identify the problems which the patient presents with. During the period a pair of examiners will observe the candidate. In this section the candidates will be assessed on the following areas:

Interviewing Skills

- Introduces one self. Listens patiently and is polite with the patient.
- Is able to extract relevant information.

Clinical Examination Skills

- Takes informed consent
- Uses correct clinical methods in a systematic manner (including appropriate exposure and re-draping).

Case Presentation / Discussion

- Presents skillfully
- Gives correct findings
- Gives logical interpretations of findings and discusses differential diagnosis.
- Enumerates and justifies relevant investigations.
- Outlines and justifies treatment plan (including rehabilitation).
- Discusses prevention and prognosis.
- Has knowledge of recent advances relevant to the case.
- During case discussion the candidate may ask the examiners for laboratory investigations which shall be provided, if available. Even if they are not available and are relevant, candidates will receive credit for the suggestion.

FORMAT OF SHORT CASES

Candidates will be examined in at least four short cases for a total of 40 minutes jointly by a pair of examiners. Candidates will be given a specific task to perform on patients, one case at a time.

During this part of the examination, the candidate will be assessed in:

Clinical Examination Skills

- Takes informed consent.
- Uses correct clinical methods.
- Examines systematically.

Discussion

- Gives correct findings.
- Gives logical interpretations of findings.
- Justifies diagnosis/es.

As the time for this section is short, the answers given by the candidates should be precise, succinct and relevant to the patient under discussion.

NOTE: The resident is required to fill a self-explanatory 'feedback proforma' at the end of the examination.

THE COLLEGE RESERVES THE RIGHT TO ALTER/AMEND ANY RULES/REGULATIONS

Any decision taken by the College on the interpretation of these regulations will be binding on the applicant.

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