
بسم الله الرحمن الرحيم

NISHTAR MEDICAL UNIVERSITY
MULTAN, PAKISTAN

SURGERY STUDY GUIDE
Third Year MBBS
Academic Session 2025–2026

Prepared By
Department of Surgery
Nishtar Medical University, Multan

SECTION I: PREAMBLE

Message from the Vice Chancellor

It gives me immense pleasure to welcome you to Nishtar Medical University. Nishtar Medical University is a premier, historical, and prestigious institution established in 1951-52. It holds a unique position among public sector universities as the first and currently the only medical university in South Punjab. It serves as an interface between healthcare provision and medical education. Its allied hospitals meet the healthcare needs of South Punjab and adjoining areas of Sindh, Baluchistan, and Khyber Pakhtunkhwa.

My aim is to develop Nishtar Medical University as a state-of-the-art medical university capable of nurturing undergraduate and postgraduate students through quality teaching and training. The university should promote research culture, ethical orientation, professionalism, leadership, and lifelong learning. The faculty of Nishtar Medical University remains committed to high standards of teaching, training, research, and service delivery.

Prof. Dr. Mehnaz Khakwani
Vice Chancellor, Nishtar Medical University

Message from the Principal NMC

Medical education is changing globally, and Nishtar Medical College is committed to academic excellence and student-centered learning in line with WFME and PM&DC expectations. The integrated modular curriculum reflects our commitment to producing graduates who are scientifically sound, clinically competent, critical thinkers, and empathetic professionals.

This prestigious institution aims to provide a learning environment that connects foundational science with early clinical exposure. This approach helps students translate theoretical knowledge into patient care from the early years of training.

Prof. Dr. Rashad Qamar Rao

Principal, Nishtar Medical College

Message from Dean of Surgery and Allied

“Medical education is not just learning and teaching, but it’s a lifelong learning and lifetime commitment with the humanity. Medical field has expanded tremendously in past few decades. We should prepare good medical doctors not only through our undergraduate program but also through our postgraduate programs, who could maintain the chain of excellence in medical care. NMU has come a long way since its inception to make a place in topmost medical institutions of the country. Our mission is to provide best medical education to all, in a congenial atmosphere so they can use all their physical and mental functions to achieve excellence.”

After completing more than 8 years of my association with NMU, it is very promising and reassuring for me to see that this prestigious institution with enrolment of more than 700 students is imparting quality education to the students from the Multan. It has been possible due to committed, dedicated and competent faculty members who have worked hard, to ensure that the educational needs of the students are fulfilled to the hilt. College administration has also played a very vital role in the smooth and efficient functioning of this institution. Due to these collective efforts, the institution is producing bright doctors who will not only serve the community but also act as future leaders and meet the challenges of a time of critical transition in society.

I wish best of luck to this institution and faculty in its future endeavors and would also like to convey my best wishes to its students for their success in their personal and professional life in the coming times.

Prof. Dr. Masood Ul Raof Hiraj

Dean of surgery and Allied

Institutional Identity and Program Objectives

The MBBS program adopts the vision and mission of Nishtar Medical University to guide its educational framework.

Vision Statement:

We envision healthy mankind enlightened by most accomplished health professionals.

Mission Statement:

Develop a patient oriented medical university that produces health professionals thriving for ethics, knowledge, skill and research.

Department of Surgery

Mission Statement

"The Department of Surgery, NMU Multan, is committed to delivering excellence in undergraduate surgical education and patient-centered care. We train MBBS students to become ethically grounded, clinically competent, and compassionate healthcare professionals equipped with essential surgical skills and a spirit of inquiry."

Program Mission

"To deliver a comprehensive, competency-based surgical curriculum that equips MBBS students with robust clinical knowledge, essential procedural skills, and ethical judgment. We aim to graduate safe, empathetic doctors capable of managing basic surgical needs and emergency care.

Program Scope (MBBS):

The MBBS program prepares graduates with medical knowledge, clinical skills, ethics, and public health orientation. The program scope extends beyond treatment of illness to disease prevention, health advocacy, research, and response to local and global health determinants.

Program Outcomes (MBBS):

1. Apply foundational knowledge to clinical reasoning and medical decision-making.
2. Demonstrate ethical and professional behavior in academic and clinical settings.
3. Engage in lifelong learning and scientific inquiry in the medical field.
4. Communicate effectively and function as a team member in interdisciplinary healthcare settings.
5. Recognize the biological and clinical foundations of common health problems with relevance to community health needs.

Third YEAR CLINICAL MODULE

Third year MBBS clinical module of Surgery 2026 has been designed to create a great learning experience both for students and faculty. A variety of teaching strategies will be used to make it more student centered, interactive and intellectually challenging module. It will provide opportunity to teach and train in Surgery and allied specialties.

Our module consists of 16 weeks and is repeated twice a year.

- **They will come on Monday-Thursday and Saturday** from11.30 AM -1.00**.**

The students coming to department of surgery are equally divided into 4 batches. Each batch rotates into all 4 surgical units and its affiliated specialty. At each Unit he/she stays for approximately 4 weeks.

- They will perform about 2 hours of duty weekly in the A & E ward in trauma/ ortho
- They will perform about 2 hours of duty weekly in the A & E ward in surgical emergency

Rotations in surgical department

- Each unit will make their own schedule according to their ward routine and duration of batches as decided in the academic calendar.
- The units can take more interactive sessions if there are more days allocated.
- Students will be divided into groups to perform about 2 hours of duty twice weekly in surgical unit emergency and trauma/ortho (2 duties each week)
- In the ward they will do clinical work and perform following skills under supervision:
    1. Insertion of IV Line, NGT, Foley's Catheter, Giving IV Fluids, IM injections.

2. Taking Blood Pressure & taking blood sample.
3. Perform Dressing of different surgical patient.
4. Learn documentation.
5. Communication Skills, Consent, Counselling & Breaking Bad news.

Following is the further detail of module

Clinical rotation in Surgery: 2 Batches with 16 weeks (4 months) rotation each batch

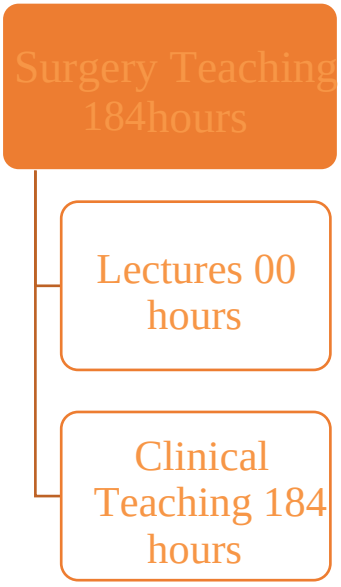
• **Monday-Thursday, Saturday** 11.30 AM -1.00 PM • 7.5 hrs./week x 16 = 120 **hours per year.**

- About 2 hours of duty weekly in the A & E ward
  - 2 hrs./week x 16 weeks = 32 hrs.in trauma/ ortho
- About 2 hours of duty weekly in the A & E ward
  - 2 hrs./week x 16 weeks = 32 hrs.in surgical emergency

Total = 120 +32 + 32 = 184 Hours

Subject wise Teaching hours in Surgery & Allied in third year:

Subject	lectures	Ward	Evening duty	Total hours
Surgery	-	120	32	152
Trauma/ Ortho	-	-	32	32
Total hours	**-**	**120**	**64**	**184**


Surgery Teaching 184hours
Lectures 00 hours
Clinical Teaching 184 hours

WARD PROGRAMME OF 3RD YEAR MBBS CLASS (N-73) FOR THE SESSION 2025-26 W.E.F. 11.03.2026 (PART-I)

Department	11.03.26 To 12.04.26	13.4.26 To 05.05.26	06.05.2 To 30.05.26	01.06.26 To 24.07.26	25.07.26 To 15.08.26
Medical-I (Ward No.10)	M1	M2	M3	M4	M1
Medical-II (Ward No.11)	M2	M3	M4	M1	M2
Medical-III (Ward No.12)	M3	M4	M1	M2	M3
Medical-IV (Ward No.07)	M4	M1	M2	M3	M4

Department	11.03.26 To 18.04.26	20.04.26 To 17.05.26	18.05.26 To 18.07.26	20.07.26 To 15.08.26
Surgery-I (Ward No. 05)	S1	S2	S3	S4
Surgery-II (Ward No. 04)	S2	S3	S4	S1
Surgery-III (Ward No. 09)	S3	S4	S1	S2
Surgery-IV (Ward No. 06)	S4	S1	S2	S3

Each Medical Unit will teach history and GPE to the first batch of 3rd year MBBS. The relevant allocated system will be taught from the next batch.

NOTE:

- Prep-leave will be given at the end of academic calendar not less than 30 days.
- 75% of attendance in lectures & wards is mandatory to be eligible to appear in the 3rd Professional MBBS examination.
- Regularity of attendance in lectures and clinical sessions will be reflected in internal assessment.

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No. 1357-65 /NMC, dated Multan the 18-03-2026

Copy forwarded for information to:

1. All Head of concerned Deptts. Nishtar Medical College, Multan.
2. Director Student's Affairs, Nishtar Medical College, Multan.
3. Director, Department of Medical Education, Nishtar Medical College, Multan.
4. Incharge, Student's Section, Nishtar Medical College, Multan.
5. All Notice Boards Nishtar Medical College, Multan.

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Depart

3rd Year MBBS Clerkship Plan in Department of Surgery

3rd Year MBBS
Clinical rotation in Surgery

Day & Date	Facilitator	Topic	Cognitive Domain SLO	Psychomotor Skill SLO	Affective Domain SLO	C	P	A	MIT	MOA
	All surgical units	**1. History Taking**	• Describe components of standard surgical history. • Outline the SOCRATES framework for pain characterization.	• Elicit chief complaints chronologically from a patient. • Document a basic Review of Systems.	•Introduce oneself politely to the patient. Obtain verbally informed consent before the interview.	**C 2**	**P2**	**A2**	• Bedside Teaching • Peer Role-Play Simulation	• Mini-CEX • Logbook Review
	All surgical units	**2. Lump / Swelling**	• List physical characteristics used to define a lump. • Explain the structural planes (skin, subcutaneous, muscle).	• Measure lump dimensions accurately with a tape. • Demonstrate basic fluctuance and transillumination tests.	• Explain physical maneuvers to the patient beforehand to ease anxiety.	**C 2**	**P2**	**A1**	• Clinical Demonstration • Small Group Discussion (SGD)	• OSPE Station • Direct Observat
	All surgical units	**3. Ulcer**	• Define an ulcer and list its structural parts (edge, floor, base). • Describe the 4 main types of ulcer edges.	• Inspect the ulcer floor for slough or granulation tissue. • Palpate the ulcer base to identify induration or fixity.	• Exercise extreme gentleness when handling painful or sensitive ulcer beds.	**C 2**	**P2**	**A1**	• Bedside Rounds • Photo Portfolio Review	• Short Case Evaluation •Checklist-based Viva
	All surgical units	**4. Sinus & Fistula**	• Define and structurally differentiate a sinus from a fistula.	• Inspect and locate the external opening of a track. • Gently palpate for surrounding induration or fibrosis.	• Maintain a supportive attitude toward patients with chronic draining lesions.	**C 2**	**P1**	**A1**	• Case-Based Discussion • Anatomical Charts Review	Structured Viva Voce • Logbook Entry

	Ward 9	**5. Thyroid Gland**	• Recall surface anatomy of the thyroid gland and neck triangles.	• Perform the "Deglutition Test" by watching the patient swallow • Palpate the thyroid systematically from behind.	• Explicitly inform the patient before placing hands around their neck.	**C 2**	**P2**	**A1**	• Bedside Demonstration • Peer Practical Practice	• OSPE Skill Check • Logbook Sign-off
		6. Salivary Glands	• Identify anatomical locations of parotid and submandibular glands.	• Demonstrate proper bimanual palpation of submandibular gland. • Inspect the intraoral parotid duct orifice.	• Ensure proper hand hygiene and wear gloves prior to intraoral checks.	**C 2**	**P2**	**A1**	• Clinical Skill Lab Session • Peer-to-Peer Drills	• OSPE Station • Direct Observation
		7. Breast Examination	• Outline the standard quadrants and axillary lymph node levels.	• Inspect breast contour across 3 standard clinical positions. • Demonstrate systemic four-quadrant flat-hand palpation.	• **Strictly ensure a female chaperone is present** and protect patient modesty.	**C 2**	**P2**	**A2**	• Manikin-Based Simulation • Bioethics Seminar	DOPS Assessment • Chaperone Protoc Check
	Ward 4	**8. Abdomen (General)**	• Map the 9 quadrants and 4 regions of the abdominal wall.	• Inspect for symmetry, scar visibility, and distension. • Perform superficial light palpation across all quadrants.	• Warm hands before touching the abdomen; ensure patient comfort.	**C 2**	**P2**	**A1**	• Bedside Teaching Rounds • Practical Exam Lab	• Ward Presentation • OSPE Performance
		9. Acute Abdomen	• Define guarding, rigidity, and rebound tenderness.	• Check for a positive rebound tenderness sign safely. • Elicit Murphy's sign and Rovsing's sign carefully.	• Observe the patient's face closely for signs of pain during palpation.	**C 2**	**P2**	**A1**	• Emergency ER Shadowing • Case Scenario Discussion	• Mini-CEX Focus Check • Case-Based Viva
		10. Chronic Abdomen	• Define splenomegaly, hepatomegaly, and clinically significant ascites.	• Palpate liver/spleen margins during inspiration. • Demonstrate shifting dullness and fluid thrill	• Respect patient fatigue during the prolonged abdominal survey.	**C 2**	**P2**	**A1**	• Bedside Ward Clinic • Small Group Case	• Short Case Evaluation • Logbook Review

				techniques.					Walkthrough	
		11. Abdominal Mass	• Describe clinical boundaries that help localize a mass.	• Apply Carnett's test to determine if a mass is in the wall. • Palpate to check mass mobility with respiration.	• Avoid sudden, rough pressure over any unidentified mass.	**C 2**	**P2**	**A1**	• Focused Bedside Clinic • Diagnostic Algorithm Charts	• Checklist Exam Rubric • Viva Voce
	Ward 5	**12. Dysphagia & GI Bleed**	• Define dysphagia, hematemesis, melena, and hematochezia.	• Elicit a targeted history focusing on systemic GI red flags.	• Demonstrate calm communication when gathering acute bleeding histories.	**C 2**	**P1**	**A1**	• Case-Based Discussion (CBD) • Chart Review Session	• Viva Voce Performance • Logbook Entry
		13. Inguinal Hernia	• Describe basic anatomy of the inguinal canal and rings. • Define reducible vs. irreversible hernias.	• Inspect inguinal region with patient standing and coughing. • Demonstrate the internal ring occlusion test.	• Maintain clinical professionalism during inguinal region assessment.	**C 2**	**P2**	**A1**	• Outpatient Department Clinic • Anatomy Model Review	• OSPE Station • Mini-CEX Competency
		14. Ventral Hernias	• Distinguish epigastric, umbilical, and incisional hernias.	• Inspect previous surgical scars for visible bulges. • Palpate for structural fascial defects along midline.	• Address cosmetic or body image concerns with empathy.	**C 2**	**P2**	**A1**	• Bedside Teaching Clinics • Photo Registry Audit	• Direct Supervisor Feedback • Skill Checklist
		15. Umbilicus	• List common visible variations of the clinical umbilicus.	• Inspect umbilical position, contour, and inversion/eversion. • Note and characterize active discharge or skin maceration.	• Cleanse tools or gloves properly before touching periumbilical areas.	**C 2**	**P1**	**A1**	• Bedside Presentations • Small Group Discussion	• Logbook Competency Review • Short Viva
		16. Neck Swelling (Other)	• Group common neck masses into midline or lateral types.	• Perform the tongue protrusion test for thyroglossal tracking. • Palpate cervical lymph node chains systematically.	• Reassure patients anxious about visible cosmetic neck lesions.	**C 2**	**P2**	**A1**	• Specialty Bedside Teaching • Diagram Mapping Workshop	• Short Case Checklist • Structured Viva
	Ward 6	**17. Scrotal Swelling**	• List differences between a solid testicular mass and cystic fluid.	• Demonstrate the "Get Above the Swelling" test. • Execute dark-room transillumination of the scrotum.	• **Ensure absolute privacy, use a chaperone**, minimize exposure.	**C 2**	**P2**	**A2**	• Skills Lab Simulation • Ethics and Privacy	• OSPE Checklist Score • Professionalism Rubric

									Seminar	
		18. Rectal Exam (DRE)	• State indications for doing a Digital Rectal Examination.	• Perform a Digital Rectal Examination on a pelvic manikin. • Identify basic internal contours and check gloves for blood.	• Explain the step-by-step process to ease high levels of patient distress.	**C 2**	**P2**	**A2**	• Pelvic Simulator Practical • Communication Drill	• DOPS (Simulation-based • Logbook Verification
		19. Tongue & Oral Cavity	• Identify basic clinical anatomy of the tongue and mucosa.	• Perform intraoral inspection with an appropriate tongue depressor. • Palpate the lateral border/base using a gloved hand.	• Ensure patient comfort; avoid triggering excessive gag reflex.	**C 2**	**P2**	**A1**	• OPD Clinic Rotations • Peer-to-Peer Practice	• OSPE Skill Che • Peer-Assessmen Rubric
			• Outline boundaries of the right hypochondrium and liver span.	• Palpate the lower liver margin using standard ascending approach. • Inspect the sclera under natural light for clinical icterus.	• Halt deep palpation immediately if patient shows signs of pain.	**C 2**	**P2**	**A1**	• Bedside Grand Rounds • Practical Surface Anatomy	• Short Case Presentation • Oral Viva Voce

DEPARTMENT OF SURGERY

3rd Year MBBS Clinical Duty Schedule

Time: 11:30 AM – 1:00 PM

Duration: 9 April – 18 April 2026 (Fridays and Sundays excluded)

Date	Day	Time	Topics	Facilitator
09/04/2026	Thursday	11:30 AM to 01:00 PM	History & Examination of Appendicitis	Dr.Asad Ali Shah
11/04/2026	Saturday	11:30 AM to 01:00 PM	Breast Lump – History & Clinical Examination	Dr.Aqeel Riaz
13/04/2026	Monday	11:30 AM to 01:00 PM	Bleeding Per Rectum – History Taking; Surgical Jaundice – History & Examination	Dr.Asad Ali Shah
14/04/2026	Tuesday	11:30 AM to 01:00 PM	Acute Cholecystitis – History & Examination	Dr.Zeeshan Haider Shah
15/04/2026	Wednesday	11:30 AM to 01:00 PM	Thyroid Swelling (Front of Neck) – History & Examination	Dr.Aqeel Riaz
16/04/2026	Thursday	11:30 AM to 01:00 PM	Inguinal Hernia – History & Examination; History Taking of Leg Ulcers	Dr.Zeeshan Haider Shah
18/04/2026	Saturday	11:30 AM to 01:00 PM	History; General Physical Examination of Trauma Patient (ABCDE)	Dr.Aqeel Riaz

Attendance Record

Date	Attendance	Case	History	topic	Evening	Signature

AFFECTIVE DOMAIN

Attitude/Affect/Values to be inculcated:

1. Demonstrate polite and gentle patient handling.
2. Observes Aseptic Techniques.
3. Keeps confidentiality of the patient.
4. Uphold medical ethics.
5. Counselling/ Breaking Bad News

SELF DIRECTED LEARNING

- Relevant surgical anatomy and pathophysiology
- Relevant clinical examination

- Preoperative assessment and preparation for surgery
- Post operative care
- Investigations
- Treatment plans

ASSESSMENT PLAN DEPARTMENT OF SURGERY

CONTINUOUS

- Provide early indications of the performance of students.
- Provides students with a constant stream of opportunities to prove their mastery of material and sends the message that everyone can succeed if given enough time and practice. This reduces the anxiety around testing and heightens the emphasis on the learning itself.
- Advanced students can progress through material at their own pace and remain engaged by pursuing more challenging work as they master the basics

Formative

- Help students to learn and practice
- Logbook, Ward rotation assessment, Clinical case presentation

Summative

Assess students' performance

- End block examination (MCQ, SAQ, OSCE)
- Final Professional Examination

3rd year MBBS Assessments

Ward test will be held at the end of rotation in each surgical unit.

- OSPE
  - 11 stations having 5 marks each
  - 9 static and 2 interactive

- Total Marks = 55 marks
- Pass Marks = 27.5 marks

Assessment	*Knowledge*	*Skills*	*Attitude*	*Total*	*Obtained Marks*
OSPE	**/35**	/10	**/5**	**55**	

➢ These ward tests in **3rd year** will have weightage of 4 marks
(1 mark per ward) in the final internal assessment of surgery examination (Final professional).

Formula:

- **Marks obtained/ 55x 1= Marks obtained in each ward contributing to internal assessment**
- **4x No. of wards = Marks obtained in ward tests**

LEARNING RESOURCES

• Bailey & Love's Short Practice of Surgery, 28th Edition
• Browse's Introduction to the Symptoms and Signs of Surgical Disease (6th Edition)
• Current Diagnosis & Treatment Surgery, 15th Edition by Gerard M. Doherty
• Essentials of General Surgery, 5th Edition by Peter F. Lawrence.
• NMS surgery casebook by Bruce E. Jarrell
• Surgery: Pre-Test self-assessment and review by Norman J Snow
• Surgical Recall by Lorne Black Bourne.

It is advised that students should extensively read textbooks for preparation of examination. It is expected that the student will spend approximately 8-12 hours per week reading independently.

Hands- on Activities / Practical

Students will be involved in Practical sessions and hands-on activities that link with the module to enhance the learning.

Skills Lab

A skills lab provides simulated learning experience to learn the basic skills and procedures. This helps

patients

Videos:

Videos familiarize the student with the procedures and protocols to assess patients

Computer Lab/CSs/DVDs/ Internet Resources:

To increase the knowledge, students should utilize the available internet resources and CDs/ DVDs. This will be an additional advantage to increase learning.

Self-Learning

Self-Learning is scheduled to search for information to solve cases, read through different resources and discuss among the peers and with the faculty to clarify the concept.