

AJK Medical College, Muzaffarabad

Maxillofacial System Module - 2016

(MFS-0109)

2ND YEAR MBBS



Pre-requisite:

Renal, Endocrinology, Metabolism & Reproduction Modules

Duration= 4 weeks

Starting with effect from 28th March, 2016

DEPARTMENT OF MEDICAL EDUCATION

AJ&K Medical College, Muzaffarabad

CURRICULUM MAP-2016

5th Year (Class of 2011-16)

80% mandatory
Professional / Un
Medical and Denta

5th Year (Class of 2011-16)	Block-I					Block-II			Block-III			Annual Scientific				
	18 - 22 Jan.2016	25 Jan - 5 Feb.2016	8 - 19 Feb 2016	22 Feb- 4 March 2016	7 - 18 March 2016	21 March - 1 April 2016	4 - 22 April 2016	25 April - 13 May 2016	16 - 27 May 2016	30 May - 17 June 2016	20 - 24 June 2016 1 - 5 Aug. 2016		8 - 26 Aug. 2016			
	Clerkship					Clerkship			Clerkship							
Foundation Module (FM-0313) 1 week	CVS-IV Module (0314) 2 weeks	RES-IV Module (0315) 2 weeks	GIT-IV Module (0316) 2 weeks	Hematology Module (0317) 2 weeks	Block-1 Assessment	Renal-III Module (0318) 2 weeks	Reproduction-II Module (0319) 2 weeks	Endocrine-II Module (0320) 3 weeks	Block-2 Assessment	NEU-IV Module (0321) 2 weeks	Psy & Behavioural Science Module (0322) 3 weeks	Summer Break (5 Weeks) 27 June to 31 July 2016	Musculoskeletal Module (0323) 2 weeks	Block-3 Assessment	Infectious & Non-Infectious Diseases Module (0324) 3 weeks	Annual Scientific

4th Year (Class of 2012-17)	Block-I			Block-II			Block-III			Annual Scientific				
	14 - 25 Dec. 2015	1 - 19 Feb.2016	22 Feb.- 4 March 2016	7 - 25 March 2016	28 March-16 April 2016	18 April - 6 May 2016	9 - 20 May 2016	23 May-17 June 2016	20 - 24 June 2016 1 - 5 August 2016		8 - 19 Aug. 2016			
	Junior Clerkship			Junior Clerkship			Junior Clerkship							
NEU-II (0301) (2 Weeks)	SPS-I (Eye) (0302) (3 Weeks)	Endocrine (0303) (2 Weeks)	Block-1 Assessment	SPS-II (ENT) (0304) (3 Weeks)	RES-II (0305) (2 Weeks)	GIT-II (0306) (3 Weeks)	Block-2 Assessment	Hematology (0307) (2 Weeks)	Community Health Practice (CHP-0308) (4 Week)	LMR-II (0309) (2 Weeks)	Block-3 Assessment	Summer Break (5 Weeks) 27 June to 31 July 2016	Renal (0310) (2 Weeks)	Annual Scientific

3rd Year (Class of 2013-18)	Block-I				Block-II			Block-III			Annual Scientific		
	30 Nov - 4 Dec. 2015	7 - 25 Dec. 2015 1 - 5 Feb. 2016	8 Feb.-4 March 2016	7-18 March 2016	21 March - 22 April 2016	25 April - 20 May 2016	23 May-10 June 2016	13 - 24 June 2016 1 - 5 Aug. 2016	8 - 19 Aug. 2016	22 Aug.-9 Sep			
	Junior Clerkship				Junior Clerkship			Junior Clerkship					
Foundation of Clinical Practice Module 01 Week (FCPM-0201)	Cell Pathology, General & Autonomic Pharmacology (CPGAP-0202) (4 Weeks)	Inflammation, Healing, Repair & Immunology (IHRI-0203) (4 Weeks)	Genetics, Neoplasia & Pediatric diseases (GNPD-0204) (2 Weeks)	Block Assessment	Infection Diseases (ID-0205) (4 Weeks)	CVS & Hemodynamics (CVS&H-0206) (4 Weeks)	Legal Medicine (LM-0207) (3 Weeks)	Block-2 Assessment	GIT & Nutritional Diseases (GIT&ND-0208) (3 Weeks)	Summer Break (5 Weeks) 27 June to 31 July 2016	Respiratory + Environmental Diseases (RES & ED-0209) (2 Weeks)	Endocrinology + Reproduction (ER-0210) (3 Weeks)	Annual Scientific

2nd Year (Class of 2014-19)	Block-I		Block-II			Block-III		Annual Scientific
	30 Nov. - 25 Dec. 2015 1 - 26 Feb. 2016	29 Feb - 25 March 2016	28 March - 29 April 2016	2 May - 10 June 2016		13 - 24 June 2016 1 - 12 Aug. 2016		
	GIT & Nutrition (GIT-0109) 8 - Weeks		Renal Module (REN-0110) 4 - Weeks	Maxillofacial System (MFS-0111) 04 weeks	Endocrinology, Metabolism & Reproduction (EMR-0112) 06 Weeks		Special Senses (SPS-0113) 04 Weeks	
Block-1 Assessment	Block-2 Assessment	Block-2 Assessment	Block-2 Assessment	Block-2 Assessment	Block-2 Assessment	Block-2 Assessment	Block-2 Assessment	Block-2 Assessment

1st Year (Class of 2015-20)	Block-I				Block-II			Block-III		Annual Scientific
	30 Nov.-11 Dec.2015	14 - 25 Dec. 2015 1 - 12 Feb. 2016	15 - 26 Feb. 2016	29 Feb.- 11 March 2016	14 March - 13 May 2016	16 May - 10 June. 2016		13 - 24 June 2016 1 - 12 Aug. 2016		
	Foundation Module (FM-0101) 2 Weeks	Cell, Molecular Biology (CMB-0102) 4 Weeks	Blood & Immunity (0103) 2 Weeks	Growth & Development (0104) 2 Weeks	Locomotor System (LMR-0105) 8 Weeks	Respiratory System (RES-0106) 4 Weeks	Block-2 Assessment	Cardiovascular System (CVS-0107) 4 Weeks	Block-2 Assessment	
Block-1 Assessment	Block-1 Assessment	Block-1 Assessment	Block-1 Assessment	Block-2 Assessment	Block-2 Assessment	Block-2 Assessment	Block-2 Assessment	Block-2 Assessment	Block-2 Assessment	

(Each Module involves Integrated teaching of normal structure and function of human body in clinical context, with a particular focus on acquisition of knowledge, skills, and measurable change)

MODULE TEAM

Dr. Ziyad Afzal Kayani	Planner
Dr. Qazi Waheed	Coordinator
Dr. Muhammad Ayub	Member
Dr. Ahmed Khan	Member
Dr. Inayat ur Rehman	Member
Dr. Munir Amjad Baig	Member
Dr Farooq Kayani	Member

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Rationale

Maxillofacial system (MFS) determines facial beauty of an individual and interplays as an “intersection” for many organ systems of human body. Whereas, patient centered health care demands holistic medical education, therefore, maxillofacial system can't be isolated from rest of the body structure and function. Communication skill, an essential competency for all medical graduates is heavily dependent on MFS. Facial expressions, cues, gestures and eye contact being the key components of non-verbal communication; and phonation, articulation, and resonance, the essential pillars of verbal communication falls in the domain of Maxillo-facial System.

Maxillofacial trauma represents the major burden in ER of hospitals across the globe. The cause of this trauma can be quite variable, ranging from industrial and motor vehicle accidents to interpersonal trauma involving either fists or weapons. It is common for trauma to be related to substance abuse or to behavior that can be linked to substance abuse. Frequently, trauma is related to sports activities or simply to accidental and/or work-related occurrences. The principles of management can't be understood by medical students and junior doctors unless they are capable of comprehending the normal structure and function of this region. ABCs of facial trauma involves stabilization of patient's medical condition (secure **Airway**, ensure **Breathing**, maintain **Circulation**) and providing safe reconstruction to maximize both functional and aesthetic rehabilitation. It is disconcerting for many of us when a patient is brought to Emergency Room with severe craniofacial trauma, having multiple bleeding spots, distorted anatomy, gasping respiration and deteriorating conscious level.

Under these circumstances, it is critically important for a young physician/Resident to follow the basic tenets of initial trauma stabilization, also known as the ABCs of Advance Trauma Life Support (ATLS), which can't be applied without “know how” of MFS normal structure and functional correlation. The basic idea of this module is to familiarize the undergraduate medical students (from the beginning of their training) to the fundamental principles involved in the normal and abnormal facial expressions; cosmetic and aesthetic presentation; and management of maxillofacial trauma in a professional manner. This module is designed to deliver the contents regarding maxillofacial system in clinical perspective. However the emphasis at this stage will be on the basis of head and neck pathologies. i.e whatever taught in this module will be of immense significance in your future clinical practice. After all, strong foundation is a key to achieving sturdy building.

“The management of maxillofacial trauma involves an intricate understanding of occlusion, functionality of the masticatory system, manual dexterity; and familiarity with surgery in the complex maxillofacial region. Additionally, the unique practice and management of maxillofacial trauma is a combination of sound, tested surgical principles combined with surgeon ingenuity, flexibility, and adaptability to each individual patient and the injuries with which they present. Due to the nature of maxillofacial trauma, each trauma patient is distinctive, because each of their injuries is distinctive, even when some commonality may exist in injury patterns”. Such complexities of maxillofacial trauma and its management demands extensive training of future doctors in this region during their undergraduate training.

In order to enhance the quality of integration of physiological basic concepts with clinical sciences and to facilitate problem solving skills, this module has been designed and will be delivered by a committed integrated team comprising of Anatomists, Surgeons and Radiologists (in accordance with keeping in view the true spirit of integration process).

This module is structured in a way that will ensure attaining its objectives by employing different clinical themes regarding the maxillofacial system while following a set schedule/ time table. Based on these themes will be clinical cases which the student will discuss in different sessions during the program. The time table/ schedule, clinical themes and relevant cases are included in this study guide.

Organization of Module

The module consists of six themes, and 2 PBLs; each based on a real life situation. Each theme has its explicit Learning objectives (LOs). The module will employ different modes of instruction, briefly described below. Major emphasis will be on discussion, analysis and deductions; all by the students and guided by the faculty.

Each theme in this module is augmented with clinical scenarios. The clinical presentation of themes will give the students a clue that how a patient presents in a real life situation and to draw a conclusion from the information given by the patient and signs elicited by clinical examination. All this information is included in the respective clinical cases. Your daily activities would be divided into different slots. Please refer to time table for more details regarding organization of learning activities.

Teaching Strategies

The content of this module will be delivered by a combination of different teaching strategies. These include small group discussions (SGD), large group interactive sessions (LGIS), demonstrations in dissection hall, laboratory practical, journal club meetings, dissection/ skill videos and clinical skill sessions at skill lab. Entire curriculum will be delivered by clinical case scenarios each covering a theme. Students are required to read the cases and the objectives of the theme which are supposed to be encountered the next day, understand the case and read the relevant information.

Following learning/teaching strategies will be used in MFS Module:

SGDs:

Main bulk of the course content will be delivered in small group sessions. Each theme has an associated case. The case will be the centre around which learning will take place. Depending on the case you might be required to deduce objectives and learning issues or only learning issues. Every group will have a facilitator assigned to it. The facilitator will be there to keep students on track, giving them maximum liberty to discuss and achieve the objectives as a group. Rest of the information will be in the schedule/ time table.

LGIS:

LGIS will be employed at times to augment small groups. By enlarge, these will be used to pass on general concepts regarding the theme. Large group instruction will be employed at times sparingly. Large group sessions are intended to:

- a. Identify important points.
- b. Ask questions on concepts not well understood in the text books.
- c. Measure students' learning comprehension

HANDS-ON ACTIVITIES/ PRACTICAL:

These will be in the form of dissection, spotting on pre-dissected/prosected specimens, radiological and clinical skills. Students are encouraged to attend the scheduled lab and to take advantage of the free time for study and to use laboratories to correlate structures studied in their textbooks to actual specimens in lab practice.

VIDEOS:

Videos demonstration of clinical skills will be given in 'Skills lab'. Video demonstrations on dissection, history taking and clinical examination will be shown to give students an idea into the disease process, clinical testing and practical aspect of communication with the patients.

DIRECTED SELF LEARNING (DSL)/SELF DIRECTED LEARNING (SDL):

In DSL sessions, students are expected to prepare the topic as directed. On the other hand, SDL sessions are intended to allow students enough time to search literature and prepare topics in groups for their PBLs/group presentations etc. The overall aim of both SDLs and DSLs is to allow students to deduce and synthesize information from different sources to meet the learning objectives.

Assessment

In this module of 4-weeks duration, students will encounter formative surprise quizzes and intermittent short tests. A full-fledged summative assessment will be conducted at the end of module. This will give students an idea about the format of 'the end of year university examination' and will be followed by feedback from the students. Marks obtained in the module examination will contribute to 30% (of internal assessment) towards end of year Professional University Examination. **There is no 'resit' exam for module written assessment and block IPE (integrated practical exam)** under any circumstances. If any of these are missed, contribution to internal assessment out of that exam/assessment will be recorded as zero. No excuse of any kind will be permissible for absence in module or IPE assessment.

Table of specifications

1	Facial trauma & Facial Asymmetry	40%
2	Facial Pain	5%
3	Cleft Lip/ Cleft Palate	10%
4	Odynophagia	5%
5	Neck Swellings	25%
6	Neck Stiffness	15%

THEME 1: Facial Trauma/ Facial Asymmetry

At the end of theme students should be able to:

- Describe the topographic anatomy of facial skeleton, cervical spine and hyoid bone.
- Identify facial skeleton on cadaver/skeleton/picture.
- Describe muscles responsible for various facial expressions and neck movements.
- Describe arterial supply and venous drainage of face and scalp.
- Revisit/Describe the boundaries and contents of oral cavity.
- Demonstrate the angiosomes of the head and neck and apply this knowledge and understanding to flaps for reconstruction in the oral and maxillofacial region

- Demonstrate facial planes in the head & neck on cadaver/ manikin to understand their importance in spread of infection.

- Identify the salient features of the bony skull and articulations including the orbital and nasal apertures, paranasal sinuses, the base of skull and the pterygopalatine fossa, infra-temporal fossa, etc.

- Discuss the anatomy of extra ocular muscles and lacrimal system

- Identify in detail the anatomy of the face, including the surface anatomy, superficial structures (eye lids, muscles of facial expression, nerves, arteries, veins, lymphatic's) and deep structures (the muscles of mastication, the temporomandibular joint, and infratemporal fossa).

- Demonstrate the layers of the scalp including its innervations and blood supply

- Revisit the anatomy of the external nose and nasal cavity, the paranasal sinuses, and the pterygopalatine fossa
- Interpret imaging of the paranasal sinuses
- Demonstrate ABC (Air way, Breathing and Circulation) of facial trauma on manikins.
- Describe lymphatic drainage of face, oral cavity and scalp.
- Perform oral cavity examination.
- Describe the anatomy and physiology of the temporomandibular joint
- Take a thorough history and complete an examination for a patient presenting with temporomandibular disorders
- Demonstrate movements of TMJ and correlate them with the muscles performing these movements
- Demonstrate the integrity of muscles of mastication
- Identify the histology of oral cavity, lips, tongue and salivary glands.
- Examine the muscles of mastication on peer/SP/ Self.
- Describe surface and radiological anatomy of face and neck.
- Interpret the concepts of epidemiology in relation to facial trauma and accidents
- Enlist the levels of prevention in trauma
- Correlate epidemiology of facial trauma to disaster

Theme 2: Cleft lip

- Describe the pharyngeal arches and their role in development of face, oral cavity and facial skeleton along with identification of associated anomalies.
- Identify pharyngeal arches anomalies on video/picture/patient.
- Enlist the sources, chronological order and positional changes associated with the development of face.

- Relate the growth and developmental changes from the foetal skull to that of the child and subsequently the adult skull.

- Enlist the sources, chronological order, positional changes and histogenesis associated with the development of nose, lips and palate and mandible.
- Identify the embryological causes of craniofacial deformities and apply this knowledge to the surgical corrections, e.g. facial clefts, cleft lip and palate.
- Revisit the gross anatomical features of the mouth and palate, including the teeth, oral mucosa, oral and palatal musculature, including the innervations, arterial and venous blood supply, and lymphatic drainage.

Theme 3: Facial Pain

At the end of session the students should be able to:

- Describe the cranial and autonomic nerves supplying the face, oral cavity and salivary glands.
- Disease/Swelling of salivary glands
- Define Pain and describe the types of facial pain (primary, secondary and referred pain).
- Enlist the sources of facial pain.
- Demonstrate sensory innervations in dermatomes of face on yourself/SP.
- Counsel the Simulated Patient (SP) having chronic trigeminal neuralgia.

Theme 4: Odynophagia

- Define Odynophagia.
- Differentiate between Odynophagia and dysphagia.
- Revisit the gross anatomy of Waldeyer's ring and pharynx.

Theme 5: Neck spasm & Swellings

- Revisit/ identify the cervical vertebrae (typical & atypical), their articulation and soft tissue attachment
- Describe the hyoid bone and its soft tissue attachment
- Demonstrate the gross anatomical features of muscles of the neck, cervical fascia, Cervical ligaments, muscular triangles of neck, parapharyngeal/ retropharyngeal spaces on cadaver/ manikin/videos
- Demonstrate facial planes in head & neck on cadaver/ manikin to understand their importance in spread of infection
- Describe the lateral and median neck swellings.
- Identify the origin, course and important relationships of major blood vessels and nerves in the region of neck on cadaver
- Relate the origin and important relations of cervical and brachial plexuses with neck trauma
- Examine cervical lymph nodes on SP/Peer.

PBL -1

A 50 years old man was brought to ER of AIMS Muzaffarabad as a case of road traffic accident (RTA) in a very serious condition. The attending doctor found him on examination to have severe epistaxis, swelling of eyelids (panda-sign), 2x3 cm muscle deep laceration on right side of forehead and scalp, abrasion of upper right eyelid, ptosis, red eye, depressed prominence of right cheek and depressed bridge of the nose. There was severe bleeding from his face area with spurting of blood from the area of lower jaw almost 2-3 finger breadths lateral to symphysis menti. His upper two incisor teeth and upper alveolar arch was fractured as well. The upper alveolar arch is fractured in oblique fashion touching the intermaxillary ridge. The patient also received crushing injuries to his facial muscles accompanied by loss of sensation over his right cheek and parotid area. The patient also got his nose fractured with depressed tip and CSF rhinorrhea and dysosmia along with bleeding from his both ears. The doctor also finds involvement of dangerous triangle of his face and crushing injuries to parotid areas bilaterally. The facial artery was impalpable on right side but on left side against mandible. The attending doctor could palpate/feel the pulsation of temporal artery near both auricles. Patient had difficulty in forced closing of his right side eyelids, difficulty in inflating balloon and sucking juice/fluids using straw, and even while chewing. Patient was also unable to smile or show his teeth as well as unable to lift his right upper eyelid under instruction by the doctor and.

On CT scan, he was found to have epidural hematoma and fracture of various bones of facial skeleton including mandible.

Learning Objectives: At the end of session, students should know the:

Definition of difficult terms

Names of facial muscles and their actions and nerve supply & dermatomes of face and neck

Osteology of skull including mandible; Common areas of fracture of mandible.

Reasons for the appearance of various symptoms and signs

Anatomy of various structures of face including their surface anatomy and skull including knowledge of important bony and other land marks.

PBL -2

A 45 year female teacher presented to ENT OPD with history of right cheek swelling for 8 days. It is associated with nasal discharge and headache. It is aggravated by office work and is relieved by rest. Clinical examination shows redness of overlying skin, tender diffuse immobile cheek swelling. Submandibular lymph nodes are palpable. Her blood examination shows low haemoglobin and high ESR. Her body weight is 44kg and height is 5 feet 6 inches.

PBL -3

A 10 year boy presented in ENT OPD of SKBZH/CMH Muzaffarabad with history of neck swelling for the last 6 months. There is no history of similar problem in his family, no history of trauma, no pain or fever. Clinical examination showed a soft, tender, 3 x 4cm firm midline neck swelling which moves from side to side and vertically. It moves with protrusion of tongue. Bilateral multiple neck lymph nodes are palpable. His blood CP is normal but TFT shows high TSH.

Learning Resources

- Snell's Anatomy
- Gray's Anatomy for students
- Last's Anatomy
- Clinically Oriented Anatomy- Keith L Moore
- Netter's Atlas of human Anatomy
- B.D. Chaurussia's Head & Neck volume (for osteology)
- Medical histology by Laiq Hussain Siddiqui
- di Fiore's Atlas of Histology
- The Developing Human by Moore and Persaud
- Langman's Medical Embryology by T.W. Sadler
- Guyton text book of Medical Physiology
- Ganong textbook of Physiology
- <http://www.imaio.com/en/e-Anatomy?gclid=CNqeqITM0J8CFYwvpAodckffzg>
- <http://ect.downstate.edu/courseware/haonline/toc.htm>

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MFS Module 2016
2nd Year

Week 1					
Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 –9:00 hrs	LGIS ABC of Maxillofacial trauma management Dr. Ziyad	LGIS Anatomy of Nose Dr. Farooq	LGIS Anatomy of Salivary glands Dr. Tehniat	LGIS Disease of Salivary glands Dr. Kamran	Practical Microscopic anatomy of parotid, submandibular and sublingual glands Team-1. Batch-A (1-50)
9:00 –10:00 hrs	Introduction to MFS Module Dr. Ghuncha/ Dr. Asad/ Dr. Farooq & Team-1	SGD Skull (Ext Features) Team-1	LGIS Face Development-1 Prof. Ghuncha	LGIS Burn Injuries of Face & Facial Flaps reconstruction Dr. Sarmad latif	DSL Movement of Eye Ball Batch-B (51-100)
10:00 – 10:30 hrs	Tea Break				
10:30– 11:30 hrs	SGD Muscles of Facial expression Dr Aasd Arif & Team-1	SGD Anatomy of scalp & Innervation, vasculature & lymph drainage of face and scalp Team-1 Warp-up Prof. Ghuncha	SGD Mandible (bony features & muscle attachments) Team 1	LGIS Black Eye Dr. Munir Baig	Practical Microscopic anatomy of parotid, submandibular and sublingual glands Team-1. Batch-A (51-100)
11:30 – 12:30 hrs	PBL -1A Dr. Asad Arif & Team 1		SGD Parotid region (Topographic & clinical anatomy) Dr. Asad & Team-1	LGIS Epidemiology of facial trauma & level of prevention Prof. Brig (R) Ahmed Khan	DSL Movement of Eye Ball Batch-A (1-50)
1230 – 13:.30 hrs	Lunch and prayer break				
13:30 – 1600 hrs	Journal Club/research methodology Dr. Anwar ul Haq	Dissection Dissection of Face (Team -1)	Dissection Face Dr Asad & Team 1	Dissection Development of face-2 Prof. Ghuncha	DSL Drooping Eye

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MFS Module 2015 (2nd Year MBS)

Week 2						
Time	Monday	Tuesday	Wednesday	Thursday	Friday	
8:00 –9:00 hrs	Holiday	Written Assessment Block-1 (GIT & Nutrition & Renal Module)	SGD Lymph nodes and lymphatic drainage of head & neck Dr. Zamin & Team-1	LGIS Biochemistry of Saliva and Thyroid hormones Dr. Alam	LGIS Physiology of Salivary Glands Dr. Ijaz Anwar	
9:00 – 10:00 hrs			SGD Mechanism of Deglutition Team-2	LGIS Anatomy of Thyroid Gland Dr. Tehniat	Skill Lab Counseling of Parents having child with cleft lip/ palate Prof A.G.Nagi, Dr Mateen, Dr. Raja Ijaz	
10:00 – 10:30 hrs			Tea Break			
10:30– 11:30 hrs			LGIS Orbit & eye protective mechanisms Dr. Munir Baig	SGD Muscles of Mastication Team 1	PBL -1B Dr. Asad & Team 1	
11:30 – 12:30 hrs					LGIS Developmental anomalies and clinical correlates Lt. Col Kamran	
1230 – 13:30			Lunch and prayer break			
13:30 – 16:00 hrs			Dissection Triangle of the neck-1 Team-1	Dissection Triangle of the neck-2 Team-1	PBL-2A Dr. Asad & Team-1	SDL

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MFS Module 2015 (2nd Year MBS)

Week 3						
Time	Monday	Tuesday	Wednesday	Thursday	Friday	
8:00 – 9:00 hrs	IPA Block-1	LGIS Imaging of maxillofacial regions Dr. Azeem	LGIS Disease of External Nose and Rhinoplasty Dr. Farooq	LGIS Cervical Fascia & lateral neck swellings Prof. Dr. Adnan Mahraj	LGIS TM Joint and its disorders Dr. Kamran	
9:00 – 10:00 hrs		SGD triangles of neck Team-1	SGD Muscles of prevertebral region (actions & nerve supply) Team 1	LGIS Trismus and Ludwig's angina Dt. Tehniat	PBL-3A Dr. Asad & Team-2	
10:00 – 10:30 hrs		Tea Break				
10:30– 11:30 hrs		Dissection Nose & PNS Team-1	Practical Gross & Microscopic anatomy of Lip Tongue Dr. Asad & team-1	LGIS Development of Tongue Prof. Ghuncha	Skill Lab Testing 5 th , 7 th , 9 th , 11 th & 12 th CN and counseling of patient with trigeminal neuralgia Drs. Ali Arshad, Khalid Awan, Munazza	
11:30 – 12:30 hrs		SGD Pharynx Team 1		DSL Goitre		
12:30 – 13:30		Lunch and prayer break				
13:30 – 16:00 hrs		PBL -2B Dr. Asad & team-1	Dissection Oral Cavity, oro-pharyngeal isthmus, tongue, tonsils Team-1	Skill lab Surface anatomy of facial nerve, artery, parotid gland & duct, & movements at atlantoaxial and atlanto-occipital joints Dr. Asad, & Team	DSL Gag reflex, paralysis of genioglossus muscle, sublingual drug absorption	
				SGD Cervical vertebrae Team 1		

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Week 4					
Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 –9:00 hrs	Dissection Deep Dissection of Neck -1 Dr Asad and Team-1	LGIS Deep spaces of Neck Prof. Dr. Ghuncha	LGIS Epidemiology of facial trauma & level of prevention Brig (R) Ahmed Khan / Dr. Murtaza	LGIS Causes & types of facial pain Prof. M. Ayub	LGIS Surgical correction of facial clefts, cleftlip & palate Prof. Adnan Mehraj
9:00 – 10:00 hrs	SGD Cervical vertebrae Team 1	SPORTS WEEK (19th – 22nd APRIL 2016)			
10:00 – 10:30 hrs					
10:30— 12:30 hrs	Practical Microscopic anatomy of Tonsils Team -1				
1230 – 13:.30 hrs					
13:.30 – 1600 hrs	DSL Microscopic anatomy of palate				

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Week 5					
Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 –9:00 hrs	Holiday	Holiday	Dissection Deep Dissection of Neck Team-1	LGIS Headache Dr. farooq	LGIS Cleft lip and cleft palate Dr kamran
9:00 –10:00 hrs				LGIS Imaging of cervical spine Dr. Azeem	LGIS Lateral neck swellings Dr Mohammad Ijaz
10:00 – 10:30 hrs	Tea Break				
10:30– 11:30 hrs	Holiday	Holiday	LGIS Review of Head & Neck Anatomy, Examination correlates Prof. Dr. Ghuncha	Skill Lab Counseling about cervical collar ,Non Verbal Communication & Breaking Bed News Dr farzana,dr Sarmad,dr shaukat	SGD Microscopic anatomy of palate, pharynx and Tonsils Team 1
11:30 – 12:30 hrs			LGIS Midline neck swellings Dr ziyad Afzal		
1230 – 13:30 hrs	Lunch and prayer break				
13:30 – 14:30 hrs	Holiday	Holiday	SGD Blood Supply of Neck & cervical plexus Team-1	DSL Comparison of growth & development changes in skull of fetus, child & adult	SDL
14:30 – 16:00					



Inquires & trouble shooting

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