



MODULE NO: 31	
ENDOCRINOLOGY & REPRODUCTION-II	
Code	Skills/Task
CFRC 4- EnR2- 001	<p>Obtain and document clinical history and physical findings in patients thyroid disorders, Diabetes Mellitus, Cushing's syndrome, menstrual disorders, and infertility.</p>
CFRC 4- EnR2- 002	<p>Thyroid examination</p> <p>Examine the thyroid gland for size, shape, nodules, tenderness, and movement with deglutition.</p> <p>Assess for signs of hypothyroidism and hyperthyroidism through pulse rate, tremor, reflexes, and eye signs.</p> <p>Interpret thyroid function tests (T₃, T₄, TSH).</p>
CFRC 4- EnR2- 003	<p>Adrenal Function Assessment</p> <p>Perform examination for adrenal disorders, including assessment of blood pressure (lying and standing), skin pigmentation, and muscle power.</p>
CFRC 4- EnR2- 004	<p>Diabetic Foot Examination</p> <p>Perform foot examination in a diabetic patient to assess for neuropathy, ulcers, and vascular insufficiency.</p>
CFRC 4- EnR2- 005	<p>Bedside Glucose Monitoring</p> <p>Measure and interpret capillary blood glucose levels using a glucometer during patient assessment.</p> <p>Demonstrate urine testing for glucose and ketone bodies using dipsticks.</p>
CFRC 4- EnR2- 006	<p>Diagnostic Tests for Diabetes Mellitus</p> <p>Interpret laboratory results of fasting, postprandial, random blood glucose, HbA1c, and oral glucose tolerance tests in relation to normal reference ranges and diagnostic criteria for diabetes mellitus.</p>
CFRC 4- EnR2- 007	<p>Insulin Administration</p> <p>Demonstrate proper insulin administration technique using a syringe or insulin pen.</p> <p>Counsel the patient on insulin handling, injection sites, foot care, and dietary compliance.</p>

CFRC 4- EnR2- 008	Assessment of Calcium Imbalance Perform bedside assessment for calcium imbalance (Chvostek's and Trousseau's signs).
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MODULE NO:32	
DERMATOLOGY	
	Skills/Task
CFRC 4- Derm- 001	Take history of the patients with acne vulgaris, eczema, psoriasis, fungal infections, bacterial infections, scabies, urticaria, warts, vitiligo, herpes zoster, or pediculosis.
CFRC 4- Derm- 002	Identification of skin lesions Identify and differentiate skin lesions in patients.
CFRC 4- Derm- 003	Use of Magnification in Dermatological Examination Demonstrate the use of magnifying glass in examination of a patient with dermatological disease.
CFRC 4- Derm- 004	Use of Wood's lamp in Dermatological Examination Demonstrate the use of Wood's lamp in examination of a patient with dermatological diseases.
CFRC 4- Derm- 005	Skin biopsy Observe the steps of performing a skin biopsy.
CFRC 4- Derm- 006	Microscopic Examination for Fungal Infections Demonstrate the preparation and microscopic examination of skin/nail scrapings for fungal infection.
CFRC 4- Derm- 007	Skin Scraping for Scabies Perform the preparation and microscopic examination of skin scrapings for scabies mite.
CFRC 4- Derm- 008	Skin Therapeutic procedures Observe and describe the steps of common therapeutic procedures including electrosurgery, cryosurgery, phototherapy, and intralesional injections.
CFRC 4-	Assist in electrosurgical procedures.

Derm-009	
CFRC 4- Derm- 010	Phototherapy Assist in the preparation and patient counseling for phototherapy.
CFRC 4- Derm- 011	Use of topical medication Counsel patients regarding proper use of topical medication, particularly topical anti-scabies medication and topical steroids.
CFRC 4- Derm- 012	Safe Use of Topical Skin Products Counsel patients regarding hazards of whitening creams and topical self-medication.
CFRC 4- Derm- 013	Demonstrate the ability to counsel patients with stigmatizing skin conditions with empathy, focusing on disease understanding, treatment adherence, and psychosocial support.

MODULE NO:33	
EYE & ENT-III	
Code	THROAT
	Skills/Task
CFRC 4- Throat-001	<ul style="list-style-type: none"> • History taking <ul style="list-style-type: none"> • Take a focused history from patients presenting with pharyngeal and laryngeal complaints • Clinical examination/management skills <ul style="list-style-type: none"> • Identify trismus using clinical methods. • Inspect the oral cavity, pharynx, and laryngeal area. • Perform indirect laryngoscopy. • Palpate neck. • Examine cranial nerves IX, X, XI, XII. • Perform inspection, palpation, and auscultation of neck lumps. • Palpate for laryngeal crepitus and tracheal deviation. • Observe and narrate the steps of endotracheal intubation. • Observe and assist in tracheostomy, cricothyroidotomy. • Observe and assist in tonsillectomy. • Identify warning symptoms and signs of airway obstruction requiring urgent intervention. • Identify and describe the use of common ENT instruments used in both outpatient and operative settings. • Demonstrate back blow technique for foreign body airway obstruction on a mannequin. • Protocols for Collection, Transport and Storage of Nasopharyngeal/Throat/Ear swab for Culture & Sensitivity. (See Annexure IV)
Code	EYE-III
	Skills/Task
CFRC 4-	<ul style="list-style-type: none"> • Eye examination skills and procedures <ul style="list-style-type: none"> • Perform a squint examination. (Hirschberg test, cover–uncover test.

eye3-001	<p>Extra ocular movements).</p> <ul style="list-style-type: none"> • Perform II, III, IV, VI and VII cranial nerve examinations. • Operation theatre exposure <ul style="list-style-type: none"> • Observe in first aid management of ocular trauma. • Integration with systemic illnesses <ul style="list-style-type: none"> • Identify ocular findings of Thyroid eye disease. • Eye diagnostics machines <ul style="list-style-type: none"> • Observe OCT, B scan, Perimetry. • Counselling • Counsel for different vision threatening, congenital, chronic, genetic eye diseases • Medicolegal Aspects of eye trauma (Forensic Medicine) <p>Describe the medicolegal implications of ocular trauma with proper documentation, and reporting of evidence collection, preservation, and dispatch.</p> <ul style="list-style-type: none"> • Assess the extent of injury (life threatening or otherwise). • Identify manner (self-inflicted, fabricated, homicidal, suicidal or non-suicidal), dating, causative weapon/agent, and impairment from injury for legal implications. • MLC report (as per Punjab Government) should be timely, credible, factual, and relevant. • Issuance of report to police/relatives. • Application of Qisas & Diyat law.
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ANNEXURE IV

Collection, Transport and Storage of Nasopharyngeal/Throat Swab for Culture & Sensitivity

The collection and transport of a Nasopharyngeal Swab/Throat swab is a critical step in diagnosing respiratory infections, including those caused by bacteria (e.g., *Streptococcus pyogenes*) and viruses (e.g., SARS-CoV-2, Influenza). Proper technique ensures accurate test results.

Patient Preparation:

1. Explain the procedure to the patient.
2. Have the patient blow their nose if there's excessive mucus.
3. Position the patient with their head tilted slightly back.

Collection Procedure:

1. Perform hand hygiene and put on PPE.
2. Open the swab package without touching the swab tip.
3. Gently insert the swab into one nostril, aiming straight back (not upwards) along the nasal floor.
4. Advance the swab until resistance is felt (5–7 cm in adults).
5. Rotate the swab gently for 5–10 seconds to absorb secretions.
6. Slowly withdraw the swab.
7. Immediately place the swab into the transport medium (Viral Transport medium VTM) and secure the cap.

Throat Swab:

1. Explain the procedure to the patient and obtain informed consent.
2. Ask the patient to tilt their head back and open their mouth wide.
3. Use a tongue depressor to hold down the tongue for better visualization.
4. Swab the tonsillar area and posterior pharynx:
 - i. Avoid touching the tongue, cheeks, or teeth.
 - ii. Swab both tonsils (or tonsillar pillars) and the posterior pharyngeal wall.
 - iii. Use a gentle but firm motion; rotate the swab to collect epithelial cells and secretions.
5. Withdraw the swab carefully without contaminating it.

Transport and Storage

- Insert the swab immediately into the transport medium (Amies Transport Medium/VTM)
- Break off the stick at the scored point (if applicable) to fit the tube.
- Seal the container tightly.
- Label the sample clearly with: Patient name, Date of birth, Time and date of collection, Test requested
- Place the tube in a biohazard bag with a requisition form in the outer pocket.
- Transport to the Microbiology laboratory promptly: Ideally within 2 hours. If delay is expected, store at 2–8°C (refrigerated) and transport within 48–72 hours.

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