RMU راولپنڈی میڈیکل یونیورسٹی
Rawalpindi Medical University

CURRICULUM & REGULATIONS5 YEARS DEGREE PROGRAM IN PLASTIC SURGERY

`(MS PLASTIC SUGERY)

RB&RSD PLASTIC SURGERY

RAWALPINDI MEDICAL UNIVERSITYRAWALPINDI

Associate Prof. Husnain Khan
Head of Plastic Surgery

PREFACE

The horizons of ***Medical Education*** are widening & there has been a steady rise of global interest in *Post Graduate Medical Education*, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Plastic Surgery

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate Medical Education* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a **state-of-the-art**log book with representation of all activities of the **MD/MS Research Elective** program at RMU.A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. It also allows the clinicians to gain an understanding of what goes into basic science discoveries and drug development. Translational **research** has an **important role** to play in **surgical research**, and when used alongside basic science will lead to increased knowledge, discovery and treatment in **Plastic Surgery**. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by ***Quality Assurance Cell*** and its comments in the logbook in addition to evaluation by ***University Training Monitoring Cell (URTMC)***. Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. **The mission of Rawalpindi Medical University** is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available.

PROF. MUHAMMAD UMAR*(S.I, H.I)*

CONTRIBUTIONS

Sr NO.	Name And Destination	**Contributions In Formulation Of Log Book & Curriculum**
1	Dr. Husnain Khan Head Of department Associate Professor MBBS, MCPS, MRCS, FCPS, CHPE, MHPE	
2	Dr. Palwasha Mansoor Senior Registrar Consultant Plastic Surgeon	
3	Dr. Umar Chishti Senior Registrar Consultant Plastic Surgeon	

4	Dr. Zulfiqar Mehdi Consultant Plastic Surgeon	
5	Dr. Tayyab Saleem Malik Consultant Plastic Surgeon	
6	Dr. Hashaam Khurshid Consultant Plastic Surgeon	
7	Dr. Rumaisa Yaseen Consultant Plastic Surgeon	

8	Dr Fahad Abid Resident Plastic Surgeon	

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SECTION I PREAMBLE

1 Introduction

The MS Plastic Surgery programs for five (5) years course which will cover all aspect of Plastic Surgery. The curriculum provides the approved framework for the training of doctors to the level of independent, consultant practice of Plastic Surgery, addressing the requirements of patients, the population and the strategic health services.

DEFINITION OF SPECIALTY

The program of MS Plastic Surgery of Rawalpindi Medical University is conducted with a goal to develop Plastic Surgeons to focus on reconstruction of human body by following the principles of plastic surgery either by practicing reconstructive or aesthetic surgery and providing quality care to meet the needs of patients both now and in the future, and who can contribute to the field of Plastic surgery through participation in research. Residency Curriculum provides essential intellectual and clinical information (the scope covers cognition, skills and attitudes) that are necessary for Plastic surgeons.

Purpose of the curriculum:

The purpose of the curriculum for Plastic Surgery is to produce, at certification, competent doctors, able to deliver excellent outcomes for patients as consultant surgeons. The curriculum will provide consultant surgeons with the generic professional and specialty-specific capabilities needed to manage patients presenting with the full range of acute and elective Plastic Surgery Procedures. Trainees will continue to develop their skills in the specialty of plastic surgery (both acute and elective such that they are competent to deal with 95% of cases presenting during an unselected emergency ‘take’. Additionally, trainees will be expected to be competent to manage the full range of acute and elective conditions in the generality of their chosen special interest, including the operation. It is acknowledged that the responsibility for patients in this specialist area will include care for patients up to,

including and beyond the point of operation. Trainees will be entrusted to undertake the role of the Plastic Surgery Postgraduate Resident (pgr) during training and will be qualified at certification to apply for consultant posts in Plastic Surgery.

Rationale and development of a new curriculum

The curriculum has been developed with extensive input and representation from stakeholders including trainees, trainers, patient and lay representatives, education providers. Previous attempts at revising the Plastic Surgery curriculum were centered on defining a series of core diagnostic and therapeutic capabilities in a five year training program. The previous curriculum failed to equip trainees with those skills needed to deliver an unselected take in adult and pediatric emergency Plastic Surgery and to support colleagues from other specialties in the secondary care setting.

Additionally, the curriculum provides for areas of special interest in which trainees can develop areas of expertise which in turn have been proven to deliver better outcomes for patients. The curriculum framework articulates the standard required to work at the consultant level, and at key progression points during training, as well as encouraging the pursuit of excellence in all aspects of clinical and wider practice.

Service providers and patients benefit from consultant Plastic Surgeons who are trained in the generality of the specialty but who also have special interest skills to provide more specialist care. The curriculum ensures that trainees will, at certification, have both a special interest skill and full range of general emergency and elective skills.

2 Mission Statement

2.1 RMU Mission Statement:

To impart evidence based research oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability.

2.2 Mission Statement of Plastic Surgery:

Rawalian Burn and Reconstructive Surgery Mission Statement

The Plastic Surgery Department is committed to providing exceptional, compassionate care to patients through innovative surgical techniques, cutting-edge research, and comprehensive education. We strive to restore form and function, improve quality of life, and enhance the well-being of individuals by offering the highest standards of aesthetic and reconstructive surgery. Our mission is to train the next generation of plastic surgeons with integrity, professionalism, and a patient-centered approach.

3 Rules & Regulations

3.1 Registration/Enrolment

- As per policy of Pakistan Medical & Dental Council, the number of PG Trainees/ Students per supervisor shall be maximum O5 per annum for all PG programs.
- The beds to trainee ratio at the approved teaching site shall be at least 5 beds per trainee.
- The University will approve supervisors for MS courses.
- Candidates selected for the courses: after their enrollment at the relevant institutions shall be registered with RMU as per prescribed Registration Regulations.

3.2 Admission Criteria

For admission in MS Plastic Surgery course, the candidate shall have:

- MBBS degree
- Completed one-year House Job
- Registration with PMDC
- Passed Entry Test conducted by the University & aptitude interview by the Institute concerned
- Having up to the mark credentials as per RMU rules (no. of attempts in each professional, any gold medals or distinctions, relevant work experience, Rural/ Army services, research experience in a recognized institution, any research article published in a National or International Journal) may also be considered on case to case basis.

Exemptions: A candidate holding FCPS/MRCS/Diplomat/equivalent qualification in Plastic Surgery shall be exempted from Part-I Examination and shall be directly admitted to Part-II Examinations, subject to fulfillment of requirements for the examination.

4) General Framework of MS Plastic Surgery

MS Plastic Surgery will be a 5-year program. Those candidates who will complete their training and other requirements will be awarded an MS Plastic Surgery degree by the Rawalpindi Medical University.

Table 1: Training Pathway MS Plastics

Training Year	Module Name	Duration	Exams	Research
1st	Plastic Surgery	6 Months	General Surgery Exam	One Disease Statistical Review
	General Surgery	06 months		
2nd	General Surgery	6 months	MTA	One Research Paper in R-JRM Or One disease statistic Review
	G Surgery Rotations	2 Months each • Orthopedics • Derma • Surgical ICU		
3rd	Plastic surgery	12 months	In training assessment 3rd year	Synopsis Topic& Submission to IRF/ ERB - BASR Approval
4th	Plastic Surgery	12 months	In training assessment 4rd year	Data Collection / Data Analysis / Thesis Writing
5th	3. Plastic Surgery	12 months		Thesis Completion Certification (DME) / BASR - Thesis Approval
			FTA	Thesis Submission

4.1 RECOGNIZED TRAINING CENTERS AND SUPERVISORS

Three hospitals attached with Rawalpindi Medical University (RMU) and Allied Teaching Hospitals will start with MS program, i.e.

- Department of Rawalian Burn And Reconstructive Surgery (Holy Family Hospital, Rawalpindi)

Teaching faculty with five or more than five years teaching experience in a PMDC recognized teaching hospital will be eligible to act as supervisors for MS program.

4.2 Duration of Program.

The duration of MS Plastic Surgery course shall be five (5) years. Rotations with structured training in a recognized department under the guidance of an approved supervisor.

The course is structured in two parts:

MTA is structured for the 1st and 2nd calendar years in MS Plastic Surgery. The candidate shall undertake clinical training in fundamental concepts of Surgery.At the end of 2nd year, examination shall be held in fundamental concepts of Surgery.by the end of first year the resident must write one disease statistical review (DSR).

FTAis structured for 3rd, 4th and 5th calendar years in MS Plastic Surgery. It has two components: Clinical and Research. The candidate shall undergo clinical training to achieve educational objectives of MS (knowledge, skills & Attitude) along with rotation in relevant fields.

The clinical training shall be competency based. There shall be generic and specialty specific competencies and shall be assessed by continuous clinical Assessment and work place based assessment including DOPS, CBD and Mini CEx.

Research Component and thesis writing shall be completed over five years' duration of the course. Candidates will spend total time equivalent to one calendar year for research during the training. Research can be done as one block, or it can be done in the form of regular periodic rotation over four years if total research time is equivalent to one calendar year.

5)Objectives:

5.1) MS(PLASTIC SURGERY) PROGRAM

1. **Broad Experience**: To Provide comprehensive experience in plastic surgery, highlighting its interrelationship with other medical disciplines.
2. **Medical Knowledge and Clinical Skills**: Enhance medical knowledge, clinical skills, and competence in diagnostic and therapeutic Plastic surgery procedures.
3. **Professional Preparation**: Prepare residents for higher specialization in Plastic surgery, equipping them with the necessary professional requirements.
4. **Professional Attitude and Communication**: Cultivate the correct professional attitude and enhance communication skills towards patients, their families, and other healthcare professionals.
5. **Community Sensitivity**: Enhance sensitivity and responsiveness to community needs and the economics of healthcare delivery.
6. **Critical Thinking and Research**: Promote critical thinking, self-learning, and interest in research and development of patient services.
7. **Evidence-Based Practice**: Encourage the practice of evidence-based medicine and critical appraisal skills.
8. **Continuous Education**: Instill a commitment to continuous medical education and professional development.
9. **Holistic Training**: Provide broad training in surgery and in-depth training in plastic surgery, enabling residents to acquire competence in the diagnosis, investigation, and treatment of plastic surgery patients.
10. **Emergency Management**: Develop competence in managing acute plastic surgery emergencies and in identifying surgical problems for timely referral to appropriate care.
11. **Patient Management**: Enhance skills in inpatient and outpatient management of plastic surgery.
12. **Leadership and Teamwork**: Develop leadership skills to manage patient care in plastic surgery units and work closely with healthcare teams.
13. **Community Collaboration**: Encourage the development of communication and collaboration skills with the community for healthcare delivery.
14. **Critical Appraisal**: Foster skills in the critical appraisal of new methods of investigation and treatment.
15. **Self-Learning**: Promote self-learning and commitment to staying updated in all aspects of plastic surgery.
16. **Innovation and Teaching**: Encourage contributions to the advancement of knowledge in plastic surgery through research and teaching.
17. **Future Training**: Acquire professional competence in training future plastic surgery residents.

5.2) GOALS OF THE COURSE

The goal of MS course in Plastics is to produce a competent Plastic surgeon who is:

- Aware of the current concepts in quality care in Plastic Surgery and musculoskeletal trauma and also of diagnosis, therapeutic, medical and surgical management of Plastic Surgery problems
- Able to offer initial primary management of acute Plastic Surgery and trauma emergencies
- Aware of the limitations and refer readily to major centers for more qualified care of cases which warrant such referral
- Aware of research methodology and be able to conduct research and publish the work done
- Able to effectively communicate with patients, their family members, people and professional colleagues
- Able to exercise empathy and a caring attitude and maintain high ethical standards
- Able to continue taking keen interest in continuing education irrespective of whether he / she is in teaching institution or in clinical practice
- Dynamic, available at all times and proactive in the management of trauma victims and Plastic emergencies

5.3) OBJECTIVES OF THE COURSE

1. Knowledge

- **Anatomy and Physiology**: Comprehensive understanding of relevant anatomy, including Head and Neck, hand, Lower Limb, Perineum and body structures, including Nerves, Vessels, Tendons as well as underlying physiology.
- **Pathology**: Knowledge of common plastic surgery conditions, including congenital, traumatic, oncologic, and aesthetic concerns.
- **Surgical Principles**: Understanding of wound healing, infection control, tissue handling, grafts, and flaps.

- **Specific Procedures**: Detailed knowledge of techniques, indications, and contraindications for procedures like cleft lip and palate repair, burn management, and reconstructive surgery.

2. Skill

- **Technical Proficiency**: Ability to perform core plastic surgery procedures with precision, including suturing, grafting, and flap creation.
- **Operative Skills**: Mastery of microsurgical techniques, laser applications, and endoscopic methods where applicable.
- **Patient Assessment**: Skill in clinical examination, diagnostic decision-making, and treatment planning tailored to patient needs.
- **Postoperative Management**: Competence in managing complications, wound care, and follow-up care.

3. Attitude

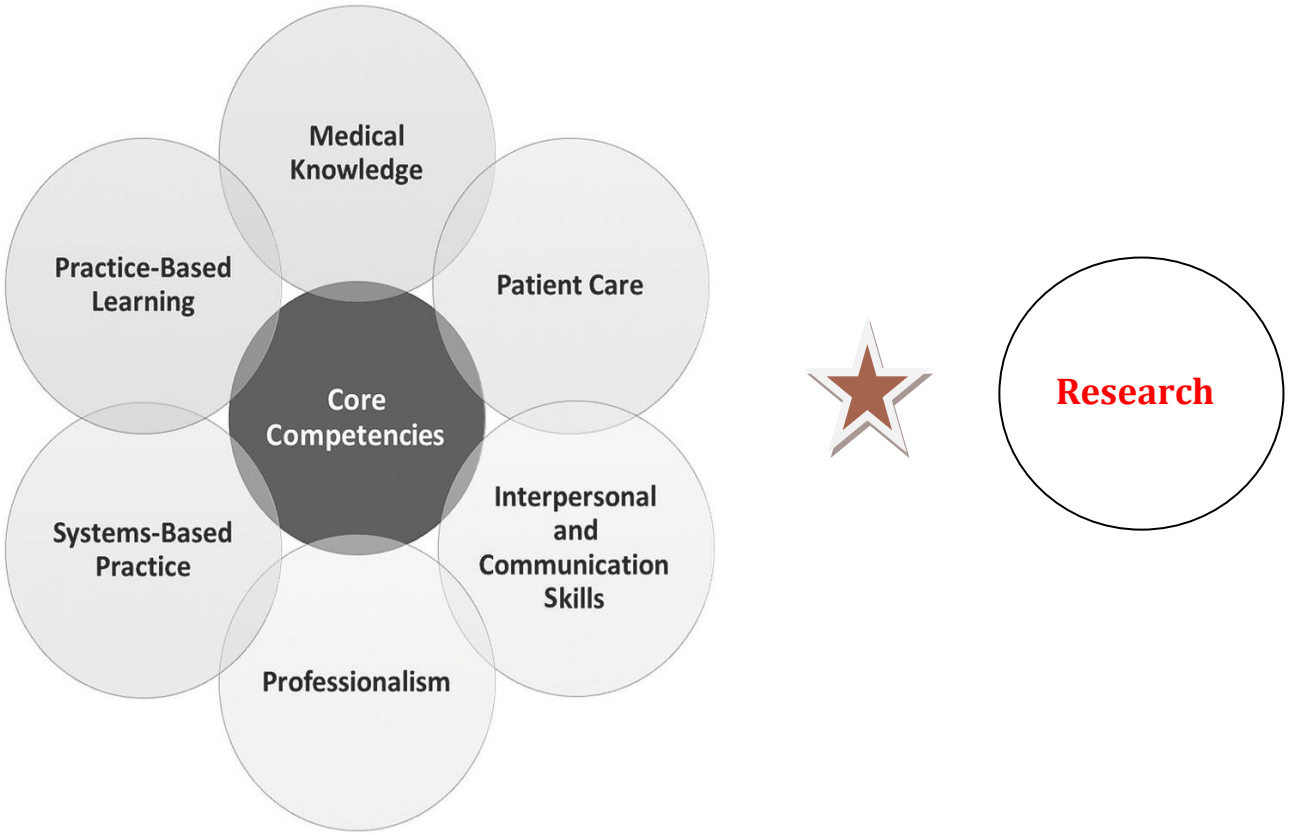
- **Patient-Centered Care**: Commitment to understanding patient expectations, communicating clearly, and addressing concerns sensitively.
- **Ethical Conduct**: Strong adherence to ethical standards, informed consent, and respect for patient autonomy.
- **Professionalism**: Demonstrating responsibility, empathy, and collaborative teamwork with healthcare professionals.
- **Commitment to Lifelong Learning**: Dedication to continuous education and staying updated on advancements in plastic surgery techniques and technologies.

6 CORE COMPETENCIES

The curriculum MS Plastic Surgery of Rawalpindi Medical University, Rawalpindi is derived from **Accreditation Council for Graduate. Medical Education (ACGME)** which is competency / performance-based system competencies.

1. **Medical Knowledge**
2. **Patient Care**
3. **Interpersonal & Communication Skills**
4. **Professionalism**

5. **Practice Based Learning**
6. **System Based Learning**
7. **Research**



7TH Core competence in RMU residents will be research

FIGURE 1: Core Competencies of MS Plastic Surgey

Medical Knowledge

- Demonstrate a thorough understanding of biomedical, clinical, and cognate sciences and apply this knowledge to patient care.

Patient Care

- Residents are expected to provide patient care compassionately, effectively

for the promotion of health, prevention of illness, treatment of disease and end of life decisions.

- Gather accurate, essential information from all sources, including interviews, physical examinations, medical records, and diagnostic/therapeutic procedures.
- Make informed recommendations about preventive, diagnostic and therapeutic options, interventions based on clinical judgment, scientific evidence, and patient preference.
- Develop, negotiate, and implement effective patient management plans and integration of patient care.
- Perform competently the diagnostic and therapeutic procedures considered essential to the practice of Plastic surgery.

Interpersonal and Communication Skills

- Residents are expected to demonstrate interpersonal communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
- Provide effective and professional consultation to other physicians and health care professionals to deal with ethically professional relationships with patients, their families, and colleagues.
- Use effective listening, nonverbal, questioning, narrative skills to communicate with patients and families.
- Interact with consultants in a respectful, appropriate manner.
- Maintain comprehensive, timely, and legible medical records.

Professionalism

- Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional developmental, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.
- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues.
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behavior and disabilities of patients and professional colleagues.

- Adhere to principles of confidentiality, scientific/academic integrity, and informed consent.
- Recognize and identify deficiencies in peer performance.
- Understand and demonstrate the skill and art of end-of-life care.

Practice-Based Learning and Improvement

- Residents are expected to be able to use scientific evidence, methods to investigate, evaluate, and improve patient care practices.
- Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes, and processes of care.
- Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice.
- Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care.
- Use information of technology or other available methodologies to access and manage information, support patient care decisions, and enhance both patient and physician education.
- Develop error prevention skills and critical thinking leading to prevention of cognitive dispositions to respond.

Systems-Based Practice

- Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.
- Understands accesses and utilizes the resources, providers, and systems necessary to provide optimal care.
- Understand the limitations and opportunities inherent in various practice types and delivery systems and develop strategies to optimize care for the individual patient.
- Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.
- Collaborate with other members of the health care team to assist patients in

dealing effectively with complex systems and to improve systematic processes of care.

7 ROTATIONS

MODULAR SYSTEM

The duration of MS Plastic Surgery course shall be five (5) years consisting of structured training in a recognized department under the guidance of an approved supervisor. The course is structured in two phases:

Phase I is structured for the 1st and 2nd calendar year.

S. No	Discipline	Duration
1.	Plastic Surgery	06 months
2.	General Surgery	01 year
3.	Trauma and Orthopedics	02 months **(Mandatory)**
4.	Dermatology	02 months **(Mandatory)**
5.	Surgical ICU	02 months **(Mandatory)**

Phase II is structured for 3rd,4thand 5thcalendar years in MS Plastic surgery. The candidate shall undergo training to achieve the educational objectives of M.S Plastic surgery (knowledge and skills) along with interdepartmental rotations in the relevant fields. The training shall be competency base. There shall be generic and specialty specific competencies and shall be assessed by continuous Internal Assessment.

- Credit hours will be awarded to the candidates after they have attended and cleared the internal assessment of each module.

- MS (Plastic Surgery) will comprise of yearly based exams; one at the end of 1st year (conducted by the General Surgery Department), then at the end of 2nd year of training (MTA) and then on completion 3rd, 4th& 5th year of training (FTA).

8 TEACHING STRATEGIES

8.1) TEACHING PROGRAM IN GENERAL SURGERY

1. General Principles

- Acquisition of practical competencies being the keystone of postgraduate medical education, postgraduate training is skills oriented.
- Learning in postgraduate program is essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort.

Inpatient Services:Plastic Surgery residents will have work in surgery allied for an initial 2 years and will appear in MTA Surgery. This training component will be according to RMU MS Plastic Surgery initial 2 years' curriculum. Afterwards, the resident will work in Plastic Surgery during 3rd, 4thand 5thyear of training.

Outpatient Experiences: Plastic Surgery residents should demonstrate expertise in diagnosis and management of patients in acute care clinics and gain experience in dealing with diagnosis upper limb diseases including, tendons and nerve injuries, tumors, Head and Neck Malignancies' post Burn Reconstruction etc.

Emergency services: Residents take an early active role in patient care and obtain decision-making roles quickly. Within the Emergency Department, residents direct to manage hand trauma initial stabilization of all hand trauma patients, Burn patients' management.

Electives / Specialty Rotations: Plastic Surgery resident will elective rotations in a variety of electives including orthopedic surgery, dermatology, surgical ICU. Residents may also select electives at other institutions if the parent department does not offer the experiences they want.

Mandatory Workshops: Residents achieve hands on training while participating in mandatory workshops of Basic surgical skills, Research Methodology, Advanced Life Support, Communication Skills, Computer & Internet, and Clinical Audit.

Specific objectives are given in detail in the relevant section of Mandatory Workshops.

Surgical / procedural competencies: The clinical skills, which a surgeon must have are, varied and complex. A complete list of the same necessary for residents and trainers is given below. Some examples, which are a sub sample of the whole, follow. These are to be taken as guidelines rather than definitive requirements. Key for assessing competencies:

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

Note: Levels 4 and 5 for practical purposes are almost synonymous

8.2) TEACHING PROGRAM IN PLASTIC SURGERYS

- Bedside teaching rounds
- Journal club
- Seminar
- PG case discussion
- Patients investigations discussion
- Multi-disciplinary meeting

Central session (held in hospital auditorium regarding various topics like CPC, guest lectures, student seminars, grand round, sessions on basic sciences, biostatistics, research methodology, teaching methodology, health economics, medical ethics and legal issues).

8.3) TEACHING SCHEDULE

In addition to bedside teaching rounds, in the department there will be daily hourly sessions of formal teaching per week. The suggested time distribution of each session for department's teaching schedule as follows:

- Journal club Once a week

- Topic presentations once a week
- Weekly ward test
- PG case discussion once a week
- Multidisciplinary meeting Once a month
- Central session as per hospital schedule
- Workshop – once every 3 months

Note:

- All sessions are supervised by faculty members. It is mandatory for all residents to attend the sessions except those posted in emergency.
- All the teaching sessions are assessed by the faculty members at the end of session and marks are given out of 10 and kept in the office for internal assessment.
- Attendance of the residents at various sessions has to be at compulsory.

9 Assessment Guidelines

Assessment

It will consist of action and professional growth oriented student-centered integrated assessment with an additional component of informal internal assessment, formative assessment and measurement-based summative assessment.

Student-Centered Integrated Assessment It views students as decision-makers in need of information about their own performance. Integrated Assessment is meant to give students responsibility for deciding what to evaluate, as well as how to evaluate. It encourages students to 'own' the evaluation and to use it as a basis for self-improvement. Therefore, it tends to be growth-oriented, student-controlled, collaborative, dynamic, contextualized, informal, flexible and action-oriented.

SELF ASSESSMENT BY THE STUDENT

- Each student will be provided with a pre-designed self-assessment form to evaluate his/her level of comfort and competency in dealing with different relevant clinical situations. It will
- be the responsibility of the student to correctly identify his/her areas of weakness and to take appropriate measures to address those weaknesses.

360-DEGREE EVALUATION INSTRUMENT-MULTI-SOURCE FEEDBACK (MSF):

- The students will also be expected to evaluate their peers after the monthly small group meeting. These should be followed by a constructive feedback according to prescribed guidelines and should be nonjudgmental in nature. This will enable students to become good mentors in future.

- From peers.
- Paramedical staff.
- From Patients.
- From Supervisors.

INFORMAL INTERNAL ASSESSMENT BY THE FACULTY

- There will be no formal allocation of marks for the component of Internal Assessment so that students are willing to confront their weaknesses rather than hiding them from their instructors.
- It will include:
  - Punctuality
  - Ward work
  - Monthly assessment (written tests to indicate particular areas of weaknesses)
  - Participation in interactive sessions

FORMATIVE ASSESSMENT

- Will help to improve the existing instructional methods and the curriculum in use

WPBA of Plastic Surgery Resident in Rawalpindi Medical University

Monthly Assessments in hospital	Online assessments on LMS
DOPS	25 MCQs fortnightly
Mini-CEx	
CBD	
DOPS	
Mini-CEx	
CBD	
360-degree evaluation LOG BOOK	
CBD ⇒ DOPS ⇒ Mini - CEX after every 03 months. Fort nightly 25 MCQ on LMS	

1. 360 Degree evaluation will be done at every 6 months by:

a. Supervisor/consultant
b. Paramedical staff
c. Patients
d. Self-assessment of postgraduate trainee by himself.

2.LOG BOOK will be maintained by the resident and counter signed by the supervisors.

FEEDBACK TO THE FACULTY BY THE STUDENTS:

- After every three months' students will be providing a written feedback regarding their course components and teaching methods. This will help to identify strengths and weaknesses of the relevant course, faculty members and to ascertain areas for further improvement.

MINI-CLINICAL EVALUATION EXERCISE(MINI-CEX)

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. They can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

A DOPS is an assessment tool designed to evaluate the performance of a trainee in undertaking a practical procedure, against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development.

CASE-BASED DISCUSSION (CBD)

The CBD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CBD should focus on a written record (such as written case notes, out-patient letter, and discharge summary). A typical encounter might be when presenting newly referred patients in the out- patient department.

AUDIT ASSESSMENT (AA)

The Audit Assessment tool is designed to assess a trainee's competence in completing an audit. The Audit Assessment can be based on review of audit documentation OR on a presentation of the audit at a meeting. If possible, the trainee should be assessed on the same audit by more than one assessor.

SUMMATIVE ASSESSMENT

It will be carried out at the end of the program to empirically evaluate cognitive, psychomotor and affective domains in order to award diplomas for successful completion of courses.

SECTION 2 COURSE CONTENTS

1) SYLLABUS OF THE COURSE

Theory

PRINCIPLES, TECHNIQUES, AND BASIC SCIENCE

1. Fundamental Principles of Plastic Surgery

2. Basic Science of Wound Healing and Management of Chronic Wounds

3. Management of Scars

4. Principles of Flap Design and Application

5. Principles of Microsurgery

6. Concepts of Skin Grafts and Skin Substitutes

7. Principles of Flap Reconstruction: Muscle Flaps, Myo cutaneous, and Fascio cutaneous Flaps

8. Transplantation Biology and Applications to Plastic Surgery

9. Principles of Prosthetics in Plastic Surgery

10. Principles of Nerve Repair and Reconstruction and Neuroma Management

11. Principles of Tissue Expansion

12. Principles of Procedural Sedation and Local and Regional Anesthesia

13. Concepts of Tissue Engineering

14. Standardization of Photography and Videography in Plastic Surgery

15. Principles of Psychology for Aesthetic and Reconstructive Surgery

16. Patient Safety in Plastic Surgery

17. Ethics in Plastic Surgery

18. Principles of Research Designs and Outcomes Research

19. Basic Statistics for the Practicing Physician

SKIN AND SOFT TISSUE

20. Skin Care and Benign and Malignant Dermatologic Conditions

21. Thermal, Chemical, and Electrical Injuries

22. Principles of Burn Reconstruction

23. Radiation and Radiation Injury

24. Lasers in Plastic Surgery

PART lll

CONGENITAL ANOMALIES AND PEDIATRICPLASTIC SURGERY

25. Cleft Lip and Palate: Embryology, Principles, and Treatment

26. Congenital Melanocytic Nevi and Other Common Skin Lesions

27. Vascular Anomalies

28. Non-syndromic Craniosynostosis and Deformational Plagiocephaly

9. Syndromic Craniosynostosis

30. Craniofacial Microsomia and Principles of Craniofacial Distraction

31. Orthognathic Surgery

32. Craniofacial Clefts and Orbital Hypertelorism

33. Ear Reconstruction

34. Management of Velopharyngeal Dysfunction

35. Craniofacial Tumors and Conditions

PART IV

HEAD AND NECK

36. Facial Fractures and Soft Tissue Injuries

37. Head and Neck Cancer and Salivary GlandTumors

38. Reconstruction of the Scalp, Forehead,Calvarium, Skull Base, and Midface

39. Reconstruction of the Eyelids, Correction ofPtosis, and Canthoplasty

40. Nasal Reconstruction

41. Reconstruction of Acquired Lip and CheekDeformities

42. Facial Paralysis

43. Mandible Reconstruction

44. Reconstruction of the Oral Cavity, Pharynx, andEsophagus

PART V

AESTHETIC SURGERY

45. Nonsurgical Facial Rejuvenation and SkinResurfacing

46. Dermal and Soft-Tissue Fillers: Principles,Materials, and Techniques

47. Botulinum Toxin

48. Fat Grafting in Plastic Surgery

49. Forehead and Brow Rejuvenation

50. Blepharoplasty

51. Facelift and Necklift

52. Rhinoplasty

53. Otoplasty

54. Facial Skeletal Augmentation With Implants andOsseous Genioplasty

PART VI

BREAST

55. Augmentation Mammoplasty, Mastopexy, andMastopexy-Augmentation

56. Breast Reduction

57. Gynecomastia

58. Breast Cancer: Current Trends in Screening,Patient Evaluation, and Treatment

59. Breast Reconstruction: ProstheticTechniques

60. Breast Reconstruction: Autologous FlapTechniques

61. Reconstruction of the Nipple-AreolarComplex

62. Congenital Anomalies of the Breast:Tuberous Breasts, Poland Syndrome,and Asymmetry

PART VII

BODY CONTOURING

63. Principles of Plastic Surgery After Massive WeightLoss

64. Liposuction, Abdominoplasty, and BeltLipectomy

65. Lower Body Lift and Thighplasty

66. Brachioplasty and Upper Trunk Contouring

PART VIII

HAND

67. Functional Anatomy and Principles of UpperExtremity Surgery

68. Hand Infections

69. *Soft T issue Reconstruction of the UpperExtremity and Management of Fingertip and Nail Bed Injuries*

70. Management of Compression Neuropathies ofthe Upper Extremity

71. Principles and Applications of NerveTransfers

72. Management of Brachia[Plexus Injuries

73. Tetraplegia

74. Management of Hand Fractures

75. Management of Wrist Fractures

76. Flexor Tendon Repair andReconstruction

77. Extensor Tendon Repair andReconstruction

78. Tenosynovitis Disorders of the UpperExtremity

79. Principles and Applications of TendonTransfers

***80.** Ligament Injuries of the Hand*

81. Ligament Injuries of the Wrist

82. Management of Mutilating Upper ExtremityInjuries

83. Replantation Strategies of the Hand and UpperExtremity

84. Thumb Reconstruction

85. Dupuytren Disease

86. Hand Tumors

87. Treatment of Vascular Disorders of theHand

88. Comprehensive Management of the BurnedHand

89. Compartment Syndrome of the UpperExtremity

***90.** Common Congenital Hand Anomalies*

***91.** Upper Limb Amputations andProsthetics*

92. Rheumatoid Arthritis and InflammatoryArthropathies

93. Osteoarthritis

PART IX

TRUNK AND LOWER EXTREMITY

94. Reconstruction of the Chest, Sternum, and Posterior Trunk

95. Abdominal Wall Reconstruction

96. Lower Extremity, Foot, and Ankle Reconstruction

97. Perineal Reconstruction

98. Diagnosis and Treatment of Lymphedema

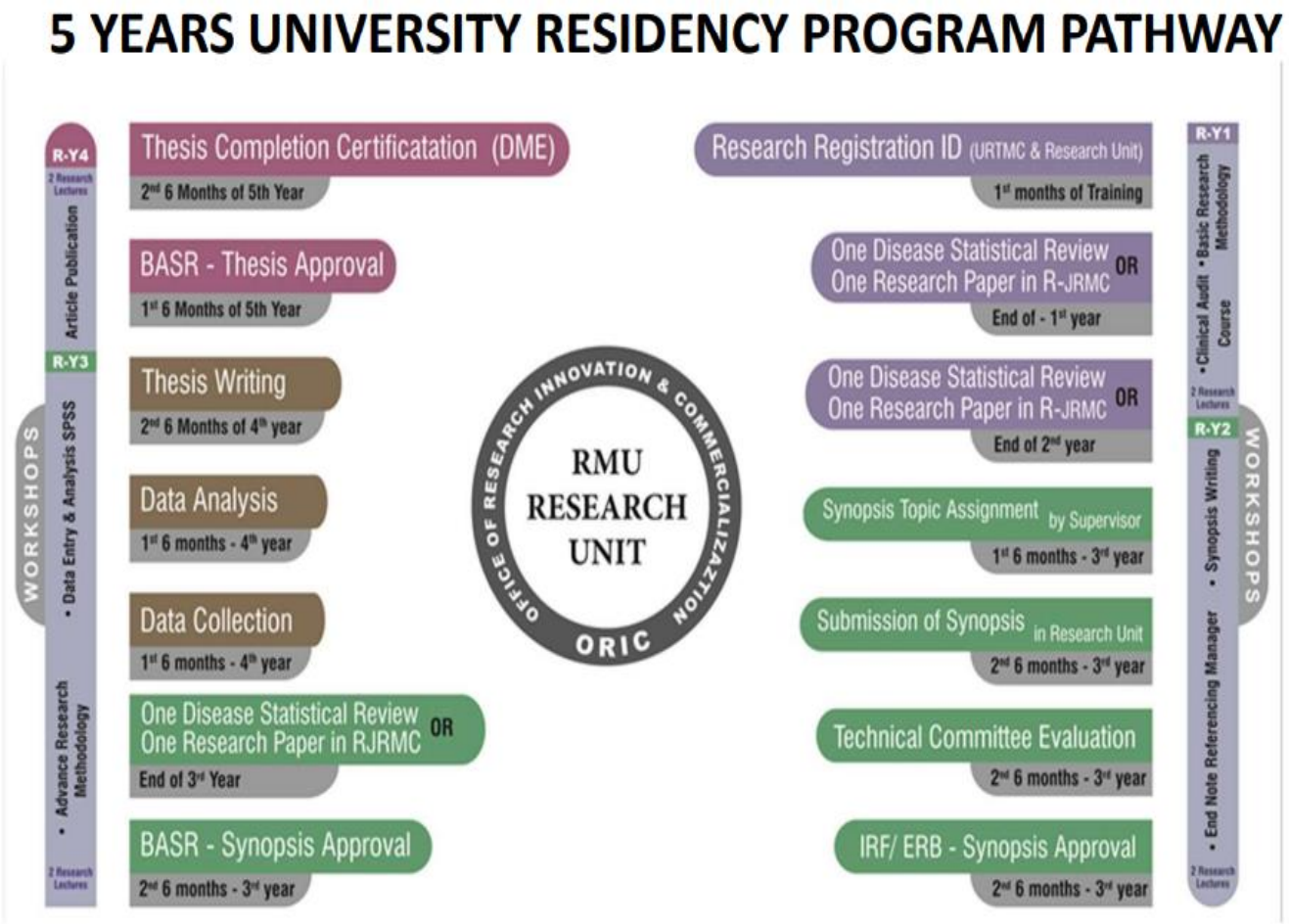
99. Pressure Injuries

100. Gender-Affirming Surgery

2) SYLLABUS OF THE MTA EXAMINATION

MTA examination TOS will updated as finalized by General Surgery

SECTION III Research



1 SUBMISSION OF SYNOPSIS

1. The candidates shall prepare their synopsis as per guidelines provided by the Rawalpindi Medical University.
2. The research topic in clinical subject should have 30% component related to basic sciences and 70% component related to applied clinical sciences. The research topic must consist of a reasonable sample size and sufficient numbers of variables to give training to the candidate to conduct research, to collect & analyze the data.
3. Synopsis of research project shall be submitted by the end of the 3rdyear of MS program. The synopsis after review by an Institutional Review Committee shall

be submitted to the University for Consideration by the Research Board, through the Principal / Dean /Head of the institution.

4. **Or else**, if the candidate opts for 02 research publications in PMDC and HEC recognized journals, then he will have to submit 02 research topics along with their synopsis to the University Research Board for approval. He will undertake the study after approval from the board.

2 SUBMISSION OF THESIS

Thesis shall be submitted by the candidate duly recommended by the supervisor.

The minimum duration between approval of synopsis and submission of thesis shall be one year, but the thesis cannot be submitted later than 8 years of enrolment.

The research thesis must be compiled and bound in accordance with the thesis format guidelines approved by the university and available on website.

The research thesis will be submitted along with the fee prescribed by the university.

Or else, the candidate can submit copies of 02 research articles published in PMDC and HEC recognized journals which had previously been accepted in the university research board, at least 06 months prior to the examination.

3 E-LOG BOOK

The residents must maintain a log book and get it signed regularly by the supervisor. A complete and duly certified log book should be part of the requirement to sit for MS examination. Log book should include adequate number of diagnostic and therapeutic procedures observed and performed, the indications for the procedure, any complications and the interpretation of the results, routine and emergency management of patients, case presentations in CPCs, journal club meetings and literature review.

INTRODUCTION TO RESEARCH FOR MS PLASTIC SURGERY

With advent of Evidence Based Practice over last two to three decades in medical science, merging the best research **evidence** with good clinical expertise and patient values is inevitable in decision making process for patient care. Therefore, apart from receiving per excellence knowledge of the essential principles of medicine and necessary skills of clinical procedures, the trainees should also be well versed and skillful in research methodologies. The training in research being imperative is integrated longitudinally in all five year's training tenure of the trainees.

The purpose of the research training is to provide optimal knowledge and skills regarding research methods and critical appraisal. The expected outcome of this training is to make trainees dexterous and proficient to practically conduct quality research through amalgamation of their knowledge, skills and practice in research methodologies.

ORIENTATION SESSION FOR POST GRADUATE TRAINEES:

I. At the beginning of the research course, an orientation session or an introductory session of one-hour duration will be held, organized by Director, Deputy Directors of ORIC (Office of Research Commercialization and Innovation) of RMU to make trainees acquainted to the research courses during five years post graduate training, the schedule of all scholarly and academic activities related to research and the assessment procedures.

II. Trainees will also be introduced to all the facilitators of the course, organizational structure of ORIC (Annexure 1) and the terms of references of corresponding authorities (Annexure 2) for any further information and facilitation.

III. All the curriculum details and materials for assistance and guidance will be provided to trainees during the orientation session.

IV. The research model of RMU as given in Figure 1 and will be introduced to the newly inducted trainees of RMU.

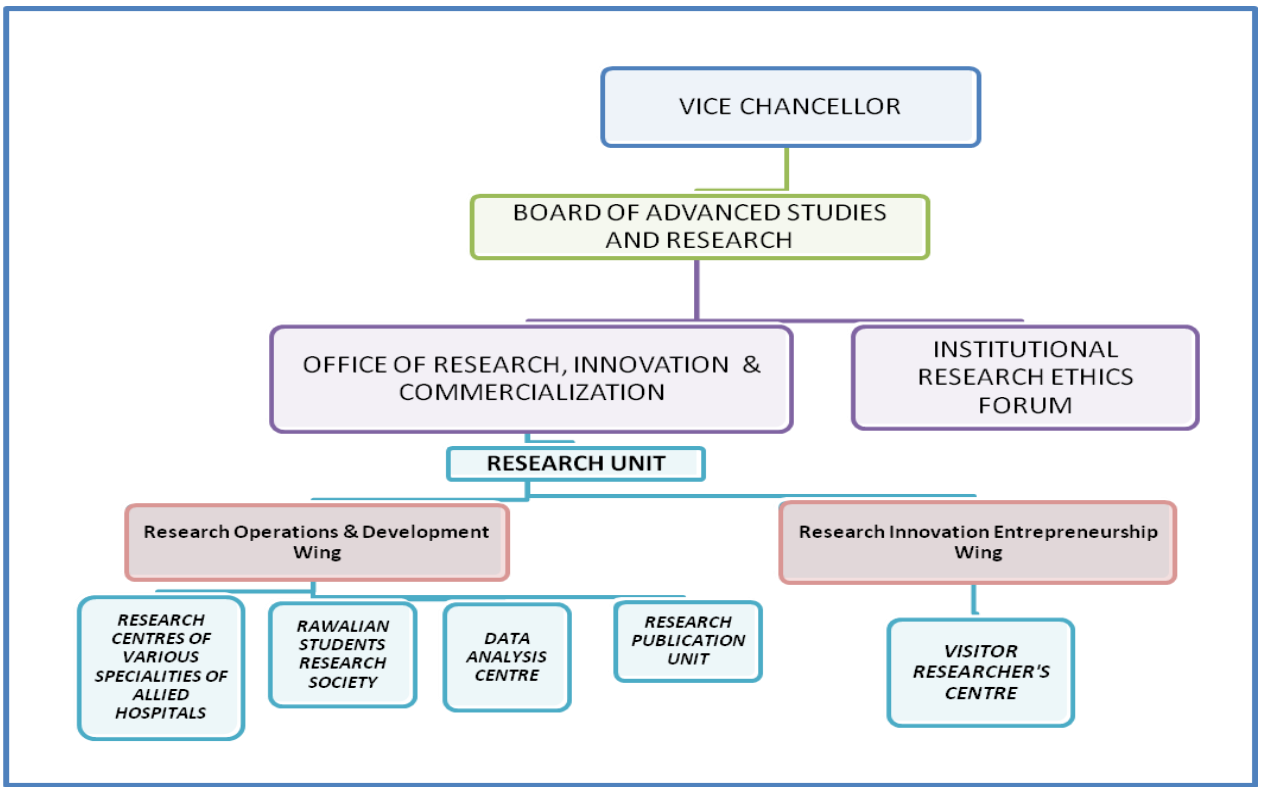


FIGURE 2: MODEL OF RESEARCH AT RAWALPINDI MEDICAL UNIVERSITY

The research training component for Post Graduate Trainees comprises of five years and the Distribution and curriculum for each year is mentioned as follows:

RESEARCH COURSE OF FIRST POST-GRADUATION TRAINING YEAR

PURPOSE OF RESEARCH-YEAR1 (RESEARCH COURSE)

The RESEARCH YEAR 1 or R-Y1 research course of the post graduate trainees intends to provide ample knowledge to trainees regarding the importance of research, its necessity and types. This course will provide them clarity of concepts that what are the priority problems that require research, how to sort them out and select topics for research. It will also teach them the best techniques for exploring existent & previous evidences in research through well-organized literature search and also how to

critically appraise them. The course will not only provide them comprehensive knowledge but will also impart optimum skills on how to practical plan, design a research project by educating & coaching them about various research methodologies. The trainees will get familiarized to research ethics, concepts of protection of human study subjects, practice-based learning, evidence-based practice in addition to the standard ethical, institutional appraisal procedure by Board of Advanced Studies, Research Institutional & Ethics Research Forum of RMU.

LEARNING OUTCOMES OF R-Y1 RESEARCH COURSE

After completion of R-Y1 course the trainees should be efficiently able to:

1. Discuss the value of research in health service in helping to solve priority problems in a local context.
2. Identify, analyze and describe a research problem
3. Review relevant literature and other available information
4. Formulate research question, aim, purpose and objectives
5. Identify study variables and types
6. Develop an appropriate research methodology
7. Identify appropriate setting and site for a study
8. Calculate minimally required sample size for a study.
9. Identify sampling technique, inclusion and exclusion criteria
10. Formulate appropriate data collection tools according to techniques
11. Formulate data collection procedure according to techniques
12. Pre-test data collection tools
13. Identify appropriate plan for data analysis
14. Prepare of a project plan for the study through work plans and Gantt charts
15. Identify resources required for research and means of resources
16. Prepare a realistic study budget in accordance with the work plan.
17. Critically appraise a research paper of any national or international journal.
18. Present research papers published in various national and international journals at journal club.
19. Prepare a research proposal independently.
20. Develop a strategy for dissemination and utilization of research results.

21. Familiarization with application Performa for submission of a research proposal to BASR or IREF.
22. Familiarization with format of presentations and procedure of presentation and defense of a research proposal to BASR or IREF.
23. Familiarization with the supervisor, nominated by the Dean and to develop a harmonious rapport with supervisor.

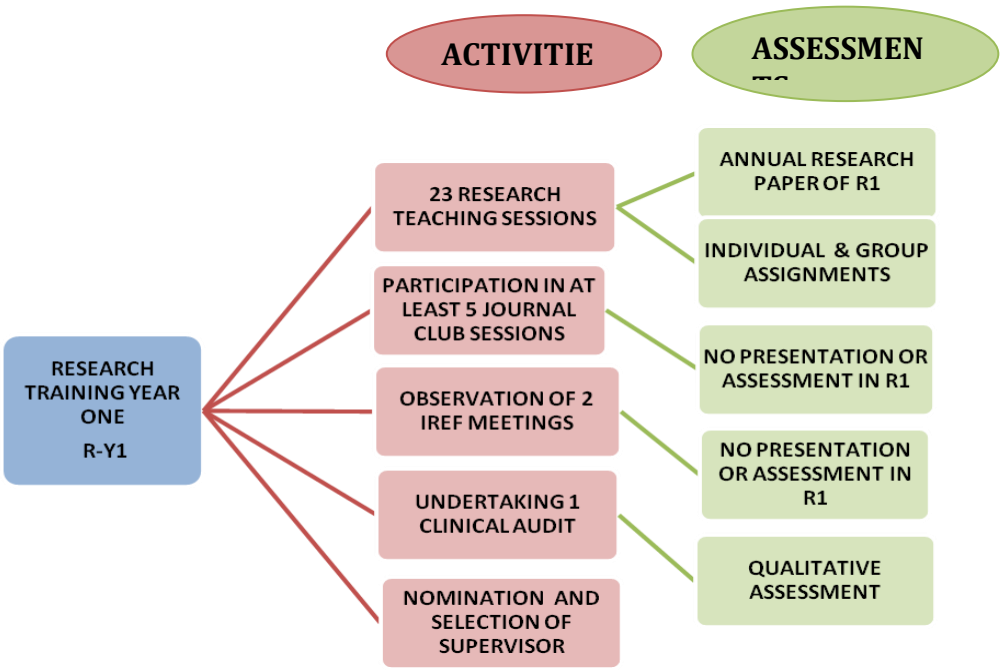


FIGURE 4: A FLOW CHART OF RESEARCH ACTIVITIES OF R-Y1 POST GRADUATE/MS TRAINEE OFRMU AND THEIR ASSESSMENT

RESEARCH COURSE OF SECOND POST GRADUATION TRAINING YEAR

PURPOSE OF R-Y2 RESEARCH COURSE:

The RESEARCH-YEAR 2-R2 research course of the post graduate trainees will provide optimum skills to trainees to actually formulate their individual research proposal of the research project/dissertation, prerequisite to their degrees, in perspective of the knowledge acquired during year one of the training i.e. R-Y1. This course will provide them clarity of basic epidemiological and biostatistics concepts that they essentially require to transform their data into substantial evidences, to answer their research questions for their individual research project/dissertation. The course will also make them proficient to follow the standard ethical and institutional appraisal procedures of Rawalpindi medical University by Board of Advanced Studies and Research and Institutional and Ethics Research Forum of RMU. It will also impart them expertise to explore evidences in research through well-organized literature search and also how to critically appraise them.

LEARNING OUTCOMES OF R-Y2 RESEARCH COURSE

After completion of R-Y2 course the trainees should be efficiently able to:

1. Identify and define the basic concepts of Epidemiological measures and biostatistics.
2. Formulate and pretest to finalize all the data collection tools for the research projects
3. Identify and execute proficiently all procedures required for data analysis and interpretation.
4. Analyze and interpret the data collected for a research project and draw conclusions related to the objectives of study.
5. Write a clear and concise research report (paper for a peer reviewed journal/dissertation) and a summary of the major findings and recommendations for each of the different parties interested in the results.
6. Present the major findings & the recommendations of a study to policy-makers managers & other stakeholders to finalize the recommendations.
7. Prepare a plan of action for the dissemination, communication and utilization of the findings and (if required) make recommendations for additional future research.
8. Critically appraise a research paper of any national or international journal.
9. Present research papers published in various national and international journals at journal club.
10. Prepare final draft of the research proposal of the Dissertation project, requisite to the post-graduation degree of trainee, under the guidance of the nominated supervisor.
11. Fill in an application Performa for submission of Dissertation's research proposal to BASR or IREF.
12. Present and defend a research proposal to BASR or IREF.

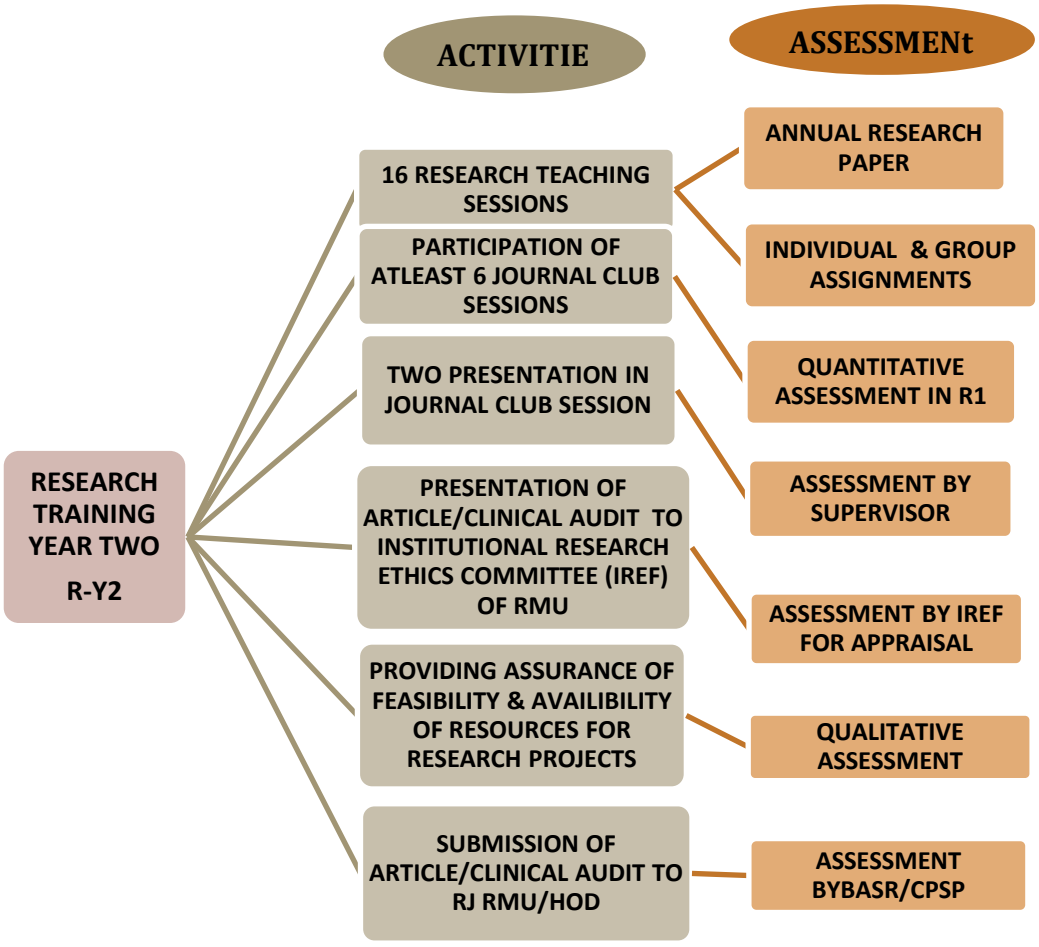


FIGURE 5: A FLOW CHART OF RESEARCH ACTIVITIES OF R-Y2 POST GRADUATE/MS TRAINEE OF RMU AND THEIR ASSESSMENTS

RESEARCH COURSE OF THIRD POST GRADUATION TRAINING YEAR

PURPOSE OF R-Y3 RESEARCH COURSE:

Utilizing all the knowledge and skills in research, accrued during first two years, the post graduate trainees of RMU, will be dexterous enough to actually execute a research project and implement efficiently and proficiently all the activities of the research project that they will have planned during period of R-Y1 to R-Y2. During the third year of training post graduate trainees of MS Plastic Surgery will select his/her thesis topic. This course will provide them an opportunity to revitalize and update their concepts, knowledge and skills in research methodologies.

LEARNING OUTCOMES OF R-Y3 RESEARCH COURSE

After completion of R-Y3 course the trainees should be efficiently able to:

1. Revise and rejuvenate all the basic concepts of Epidemiological measures and biostatistics.
2. Collate the information gathered through an extensive literature review relevant to study topics finalized and formulate an extensive write up of literature for research project.
3. Collect and store high quality information for their research project in an honest and unambiguous way.
4. Utilize skills to enter, analyze and interpret the data collected for a research project
5. Write a clear and concise research report (research paper for a peer reviewed journal/dissertation) and a summary of the major findings and recommendations for each of the different parties interested in the results.

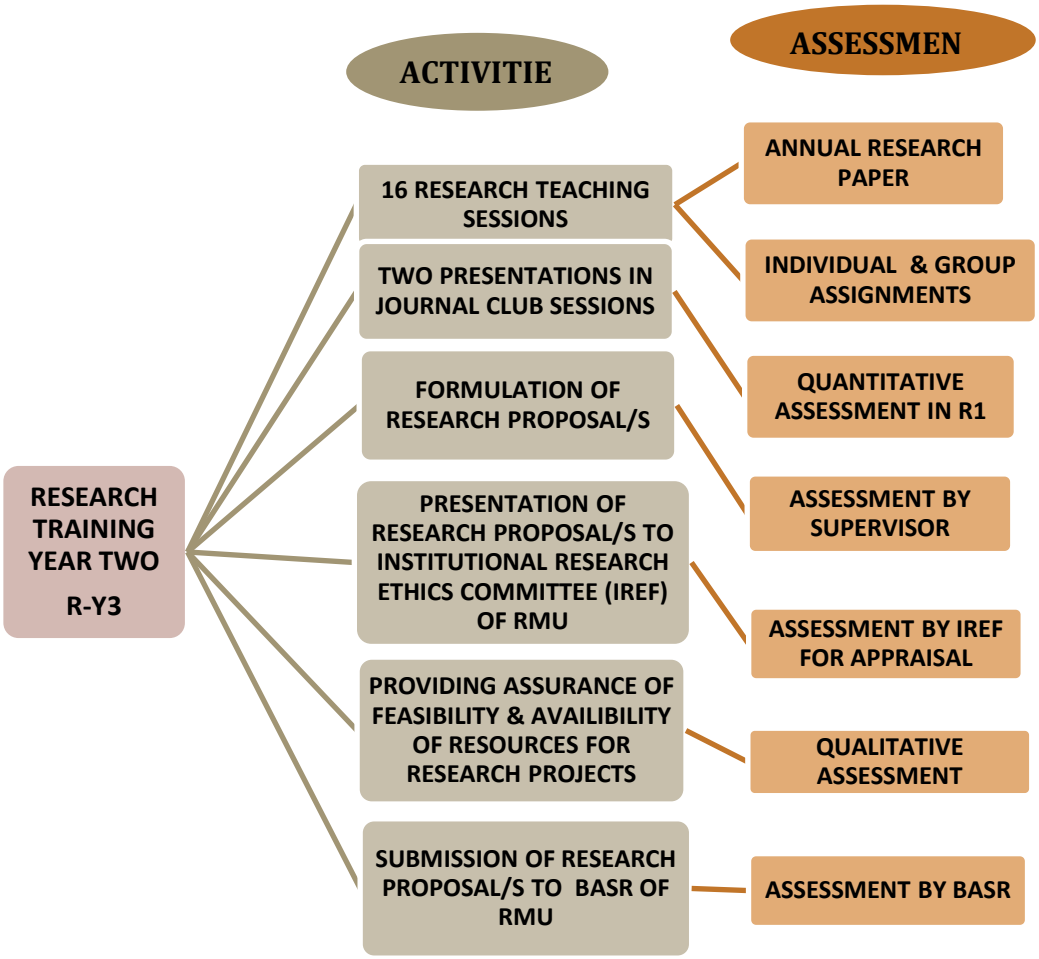


FIGURE 6: A FLOW CHART OF RESEARCH ACTIVITIES OF R-Y3 MS RESIDENTS OF RMU AND THEIR ASSESSMENTS

RESEARCH-YEAR4

PURPOSE OF R-Y4 RESEARCH COURSE:

Utilizing all the knowledge and skills in research, accrued during first two years, the post graduate trainees of RMU, will be dexterous enough to actually execute a research project and implement efficiently and proficiently all the activities of the research project that they will have planned during period of R-Y1 to R-Y2. During the third year of training post graduate trainees will collect all the information and data and to explore answer to their research questions formulated for their individual research project/dissertation, prerequisite to their degrees. This course will provide them an opportunity to revitalize and update their concepts, knowledge and skills in research methodologies.

LEARNING OUTCOMES OF R-Y4 RESEARCH COURSE

After completion of R-Y4 course the trainees should be efficiently able to:

a) Revise and rejuvenate all the basic concepts of Epidemiological measures and biostatistics
b) Identify and execute proficiently all procedures required for data collection, data analysis and interpretation.
c) Analyze and interpret the data collected for a research project and draw conclusions related to the objectives of study.
d) Collate the information gathered through an extensive literature review relevant to study topics finalized and formulate an extensive write up of literature for research project.
e) Collect and store high quality information for their research project in an honest and unambiguous way

FIGURE 4 (A). A FLOW CHART OF RESEARCH ACTIVITIES AND ASSESSMENTS OF R-Y4

MS RESIDENTS OF RMU WHO WILL OPT FOR DISSERTATION WRITING

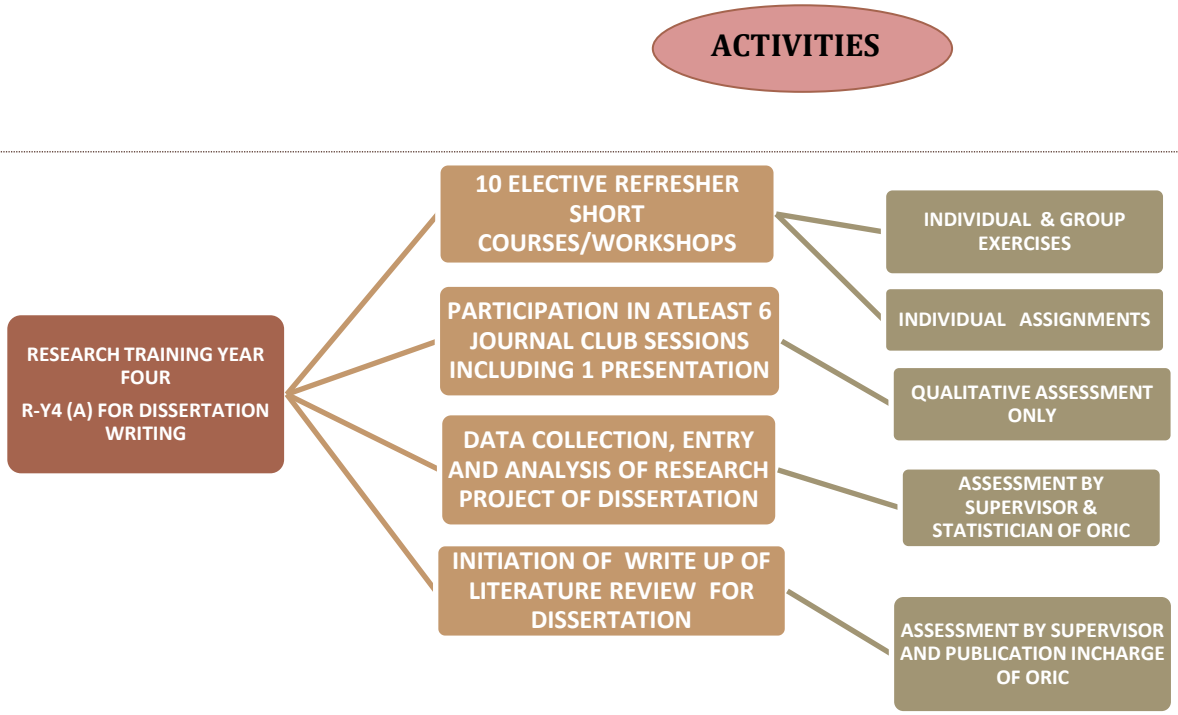
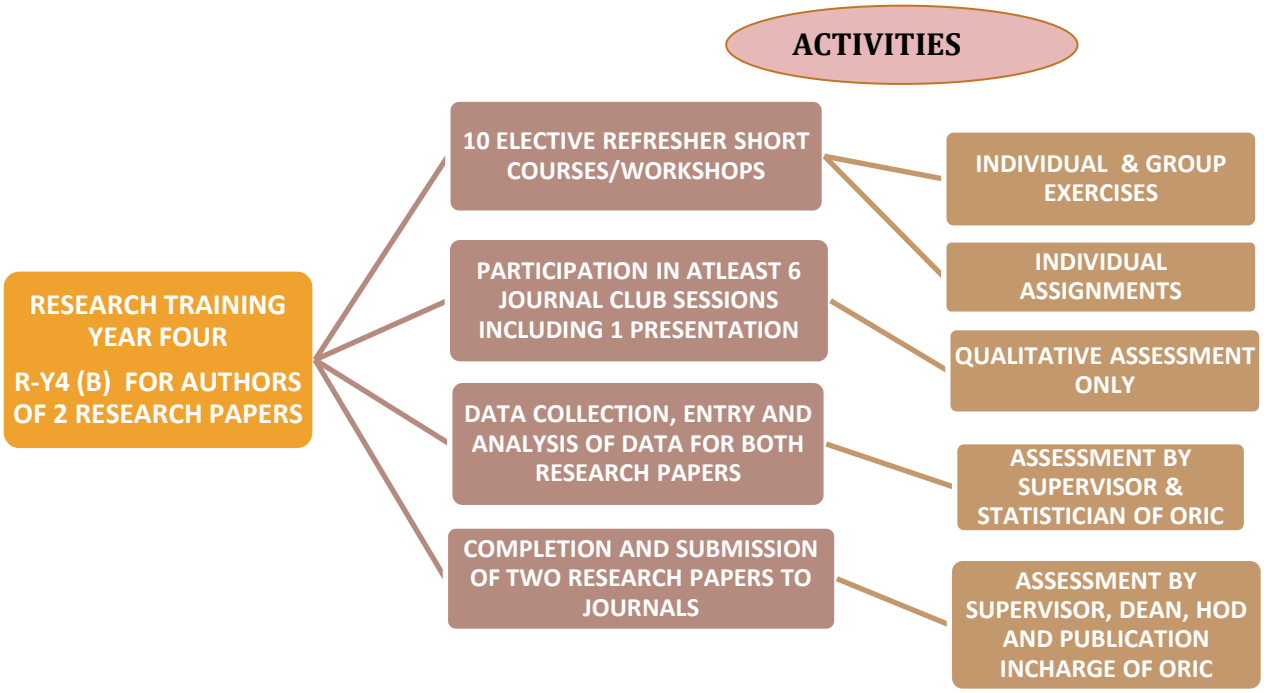


FIGURE 4 (B). A FLOW CHART OF RESEARCH ACTIVITIES AND RELEVANT ASSESSMENTS

OF R-Y4 MS RESIDENTS OF RMU OPTING FOR PUBLICATION OF TWO RESEARCH PAPERS AS REQUISITE TO MS DEGREE



COMPLETION OF RESEARCH PROJECT AND ITS WRITE UP AS A DISSERTATION

This section A implies for MS scholars with option A i.e. writing dissertation

i. The trainees writing dissertations should have completed their data collection, data analysis & interpretation in fourth year of training and will have also initiated write up literature view for the dissertation.

ii. As soon as the year forth of training commence, these trainees should complete the introduction and literature review sections of their dissertations along with proper referencing during first three months of R-Y4. They will be continuously guided in this task by their supervisors, research associates and the publication in charge at the ORIC.

iii. The trainees, In the meanwhile, will also seek continuous assistance of statisticians of Data analysis unit of ORIC for data analysis in statistical software. Trainees will be guided how to interpret the results, how to determine the statistical significances and how to write these results in textual, tabulated and graphical forms. They will have to complete their data analysis and write up of results till fourth month of year 4.

iv. The supervisor and publication in charge at ORIC will also guide the trainee to write the section of "discussion" for their dissertations based on the comparison of the findings of their study with the previously available research nationally as well as internationally.

v. The trainees will also identify strengths and weaknesses of their study and should make recommendations with statement of final conclusion.

vi. According to the required referencing systems the reference lists and in text citation will also be completed correctly.

vii. After writing the abstract and cover pages and annexure of the dissertation, the trainee will submit his/her dissertation's final draft to publication in charge ORIC for plagiarism detection through turn-it-in software. Any dissertation that will have originality score less than 90% or similarity index more than 10% will be returned back to trainees for rephrasing till the eligible scores will be reached.

viii. Then the trainee should submit final draft of dissertation to the supervisor and head of department till end of fifth month of year for final modifications. Since

the supervisor will be incessantly involved in every aspect of the project since the beginning and will be persistently guiding the procedure, so he/she should not take more than 10 days to give final review to dissertation of the trainee with written feedback that will be entered in a structured Performa with recommendations for improvement or corrections. The Head of Department will also provide his feedback within 10-15 days.

ix. Based on the feedback of the reviews, the trainee will make final editing and will get the dissertation printed and submitted to the degree awarding authority accordingly (BASR for MS trainees and CPSP for post graduate trainees of fellowship) for review for acceptance before third week of sixth month of year 4.

x. The trainee will also submit a copy of dissertation to head of department, the Dean, Director of ORIC and Chairperson of BASR that will be dealt as a confidential document in order to avoid potential risk of plagiarism.

xi. While the dissertations will be under review by the degree awarding authority for acceptance, the trainees will be continuously guided by the supervisor and the research associates at ORIC regarding defense of their dissertation. They will be guided how to make effective presentations according to the format provided by the examination authorities and also how to successfully and confidently respond to the queries of examiners.

xii. In case the dissertation is sent back with recommended corrections or modifications, the supervisor and research associates at ORIC will assist the trainee on urgent basis to get it rectified and resubmitted within at least 10 days' time and not more than it.

RESUBMISSION OF RESEARCH PAPER/S IN CASE MODIFICATIONS ADVISED OR REJECTED FOR PUBLICATION BY A JOURNAL

This section B implies only for MS Scholars who will be opt for two research paper and provided one or both of their research paper/s is/are sent back for modifications or rejected publication.

i. In case the research paper/s is/are sent back with recommended corrections or modifications, the supervisor, publication in charge and concerned facilitators at ORIC will assist the trainee on urgent basis to get it rectified and resubmitted within next 10 days' time.

ii. In case any of the paper is refused publication by a journal even then the supervisor and publication unit at ORIC will assist the trainee on urgent basis, to get it rectified and resubmitted to another target journal of choice within next 10 days' time without any delay.

SUBMISSION OF ACCEPTANCE LETTERS OF APPROVED RESEARCH PAPER/PAPERS AND SUBMISSION OF HARD AND SOFT COPIES OF PUBLISHED RESEARCH PAPER/S

This section C implies only for the MS Scholars who will be opt for two research paper submission and provided their research paper/s is/are approved by journals and are published.

i. In case the research paper/s is/are approved by the target journals, the trainee will submit the letter of acceptance/s copies to supervisor, HOD, Dean and Publication in charge of ORIC.

ii. When the original article will be published in journal/s, then the trainee will submit hard and soft copies of the original journal with his/her published articles copies to supervisor, HOD, Dean and Publication in charge of ORIC and BASR.

FIGURE 5 (A). A FLOW CHART OF RESEARCH ACTIVITIES AND ASSESSMENTS

OF R-Y4 MS RESIDENT OF RMU WHO WILL OPT FOR DISSERTATION WRITING

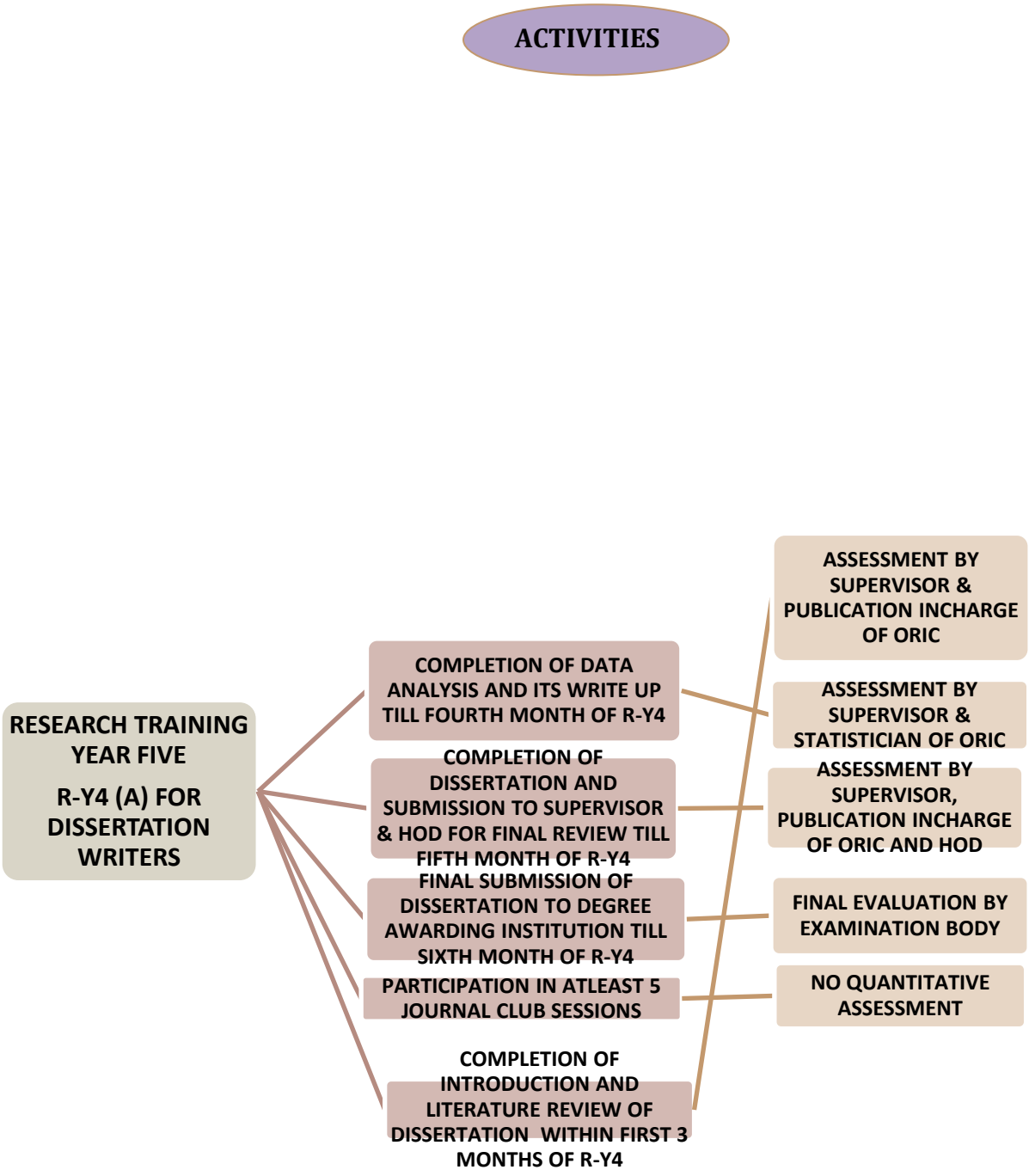
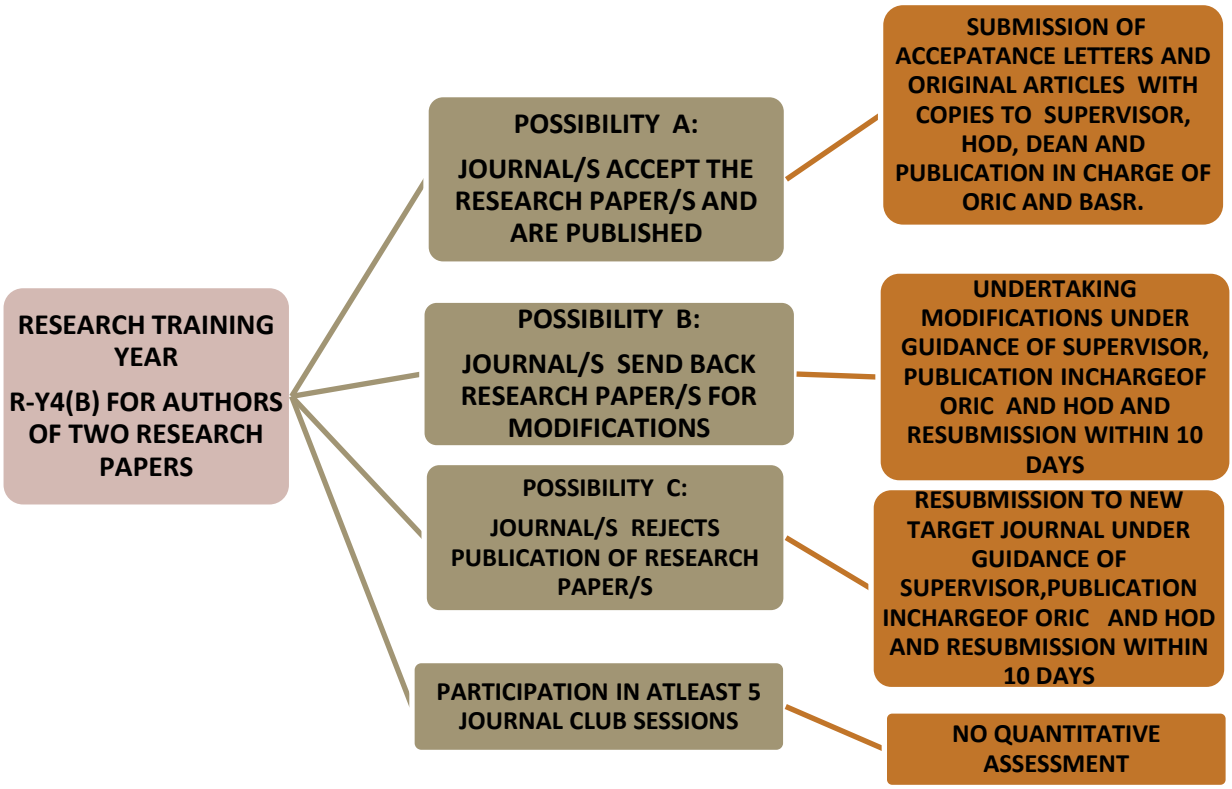
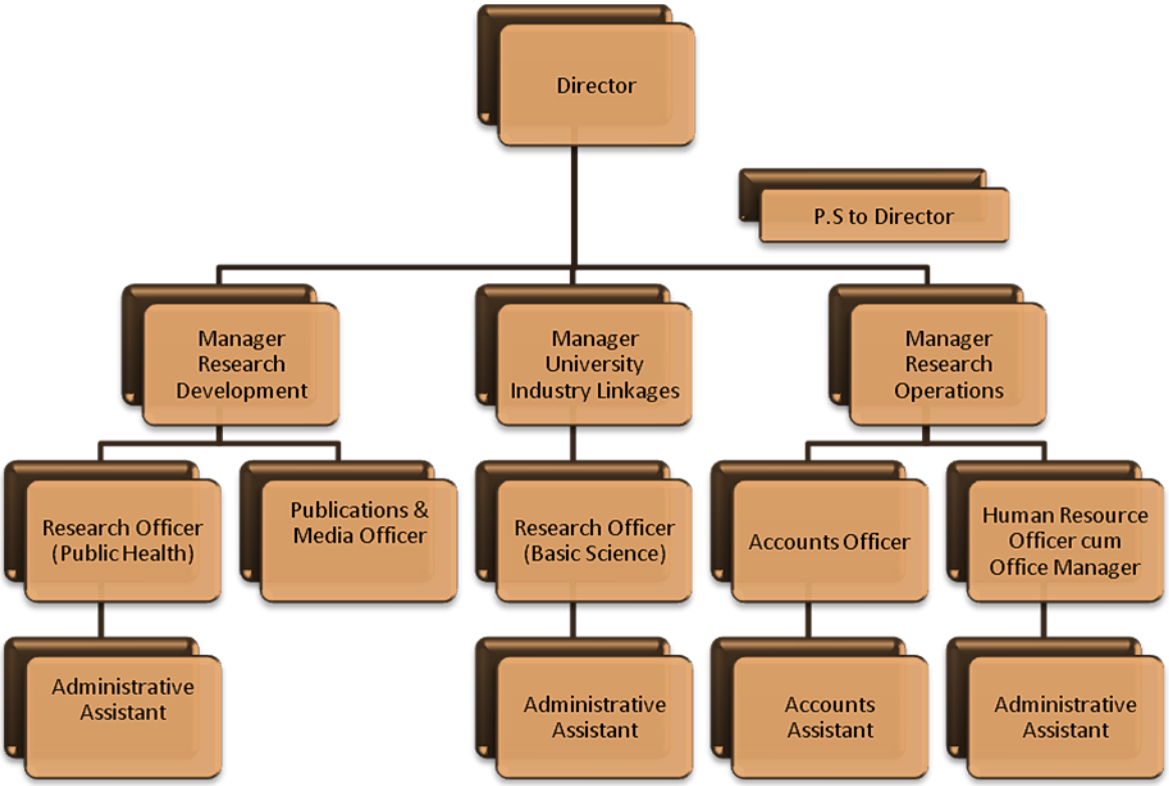


FIGURE 5 (B). A FLOW CHART OF RESEARCH ACTIVITIES AND ASSESSMENTS

OF R-Y4 MS RESIDENTS OF RMU WHO WILL OPT FOR 2 RESEARCH PAPERS AS REQUISITE TO MS DEGREE



ANNEXURE 1:THE ORGANIZATION CHART OF ORIC RMU



Note: Managers of ORIC are also referred to as Deputy Directors in RMU

SECTION IV WORKSHOPS

Mandatory Workshops

Mandatory Workshops

Workshops (5 hours each for 3 days)

S.NO	Name of the Workshop	Learning Objectives	Topics to be Covered
1.	**Biostatistics & Research Methodology (2 days)**	• To understand the basics of Bio-Statistics • To critique why research is important? • To discuss the importance of Selecting a Field for Research • To prepare oneself for Participation in National and International Research • To prepare oneself for Participation in Pharmaceutical Company Research • To interpret the importance of research ideas & Criteria for a good research topic • To discuss Ethics in Health Research • To learn to write a Scientific Paper • To learn to make a Scientific Presentation • To learn to make a purposeful literature search	1. Introduction to Bio-Statistics 2. Introduction to Bio- Medical Research Why research is important? 3. What research to do? i. Selecting a Field for Research ii. Drivers for Health Research iii. Participation in National and International Research iv. Participation in Pharmaceutical Company Research v. Where do research ideas come from vi. Criteria for a good research topic Ethics in Health Research 4. Writing a Scientific Paper 5. Making a Scientific Presentation & Searching the Literature
2.	**Introduction to computer/Information Technology & Software (2 days)**	By the end of this workshop student should be able to: • Appropriately start up and shut down your computer.	1.Hardware and Software • Understand the main components of a computer, including input and output devices. • Understand the function of communication devices such as smart phones and tablets. • Understand the role of Operating Systems, programs and apps.

		• Navigate the operating system and start applications. • Perform basic functions of file management. • Perform basic functions in a word processor and spreadsheet. • Manage print settings and print documents. • Receive and send email. • Use a web browser to navigate the Internet. • work with windows, toolbars, and command menus • perform basic word processing and graphic tasks • make a Power Point presentation • explore Web browsing basics • back up files • save, copy, and organize your work • to enter data accurately in software of Statistical Package for Social Sciences	2.Windows • Turning on the computer and logging on. • The Windows screen. • Running programs from the Start Menu. • Minimizing, maximizing, moving, resizing and closing windows. • Logging off and shutting down your computer. 3.Working with Programs • Running multiple programs. • Desktop icons and creating a desktop shortcut. • Managing programs from the taskbar. • Closing programs. 4.File Management • Managing Windows Explorer. • Creating, moving, renaming and deleting folders and files. • Understandings file extensions. • Viewing storage devices and network connections. • Managing USB flash drives. 5.Word Processing • Creating documents in Microsoft Word. • Typing text, numbers and dates into a document. • Easy formatting. • Checking the spelling in your document. • Making and saving changes to your document. • 6.Power Point Making Power Point presentation 7.Spreadsheets • Understanding spreadsheet functionality. • Creating spreadsheets in Microsoft Excel. • Typing text numbers and dates into a worksheet. • Easy formulas. • Easy formatting. • Charting your data. • Making and saving changes to your workbook. • Printing a worksheet. 8.Printing • Print preview. • Print settings. • Managing the print queue. 9.Using Email • The Outlook mail screen elements. • Composing and sending an email message. • Managing the Inbox. 10.Accessing the Internet • Going to a specific website and bookmarking. • Understanding how to search/Google effectively. • Copy and paste Internet content into your documents and emails. • Stopping and refreshing pages. • Demystifying the Cloud. • Understanding social media platforms such as Face book and Twitter. • Computer security best practices. 11.Statistical Package for Social Sciences • general understanding for data entry

3.	**communication skills (2 days)**	• To learn to use Non-Medicinal Interventions in Communication Skills of Clinical Practice • To discuss the importance of counseling • To role play as a counselor • To learn to manage a conflict resolution • To learn to break bad news • To discuss the importance of Medical Ethics, Professionalism and Doctor-Patient Relationship Hippocratic Oath • To learn to take an informed consent • To illustrate the importance of confidentiality • To summarize Ethical Dilemmas in a Doctor's Life	1. Use of Non-Medicinal Interventions in Clinical Practice Communication Skills 2. Counseling 3. Informational Skills 4. Crisis Intervention/Disaster 5. Management Conflict Resolution 6. Breaking Bad News 7. Medical Ethics, Professionalism and Doctor-Patient Relationship Hippocratic Oath 8. Four Pillars of Medical Ethics (Autonomy, Beneficence, Non-maleficence and Justice) 9. Informed Consent and Confidentiality 10. Ethical Dilemmas in a Doctor's Life
4.	**Advanced trauma Life Support (2 days)**	Upon successful completion of the workshop, the student will be able to: • Recognize and initiate early management of pre-arrest conditions that may result in cardiac arrest or complicate resuscitation outcome • Demonstrate proficiency in	The workshop is designed to give students the opportunity to practice and demonstrate proficiency in the following skills used in resuscitation: 1. Systematic approach 2. High-quality BLS 3. Airway management 4. Rhythm recognition 5. Defibrillation 6. Intravenous (IV)/intraosseous (IO) access (information only) 7. Use of medications 8. Cardio version 9. Transcutaneous pacing 10. Team dynamics 11. Reading and interpreting electrocardiograms (ECGs) - Be able to identify—on a monitor and paper

		providing BLS care, including prioritizing chest compressions and integrating automated external defibrillator (AED) use • Recognize and manage respiratory arrest • Recognize and manage cardiac arrest until termination of resuscitation or transfer of care, including immediate post-cardiac arrest care • Recognize and initiate early management of ACS, including appropriate disposition • Recognize and initiate early management of stroke, including appropriate disposition • Demonstrate effective communication as a member or leader of a resuscitation team and recognize the impact of team dynamics on overall team performance	tracing—rhythms associated with bradycardia, tachycardia with adequate perfusion, tachycardia with poor perfusion, and pulseless arrest. These rhythms include but are not limited to: ○ Normal sinus rhythm ○ Sinus bradycardia ○ Type I second-degree AV block ○ Type II second-degree AV block ○ Third-degree AV block ○ Sinus tachycardia ○ Supraventricular tachycardias ○ Ventricular tachycardia ○ Asystole ○ Ventricular fibrillation ○ Organized rhythm without a pulse 12. Basic understanding of the essential drugs used in: ○ Cardiac arrest ○ Bradycardia ○ Tachycardia with adequate perfusion ○ Tachycardia with poor perfusion ○ Immediate post–cardiac arrest care

SECTION V LIFE CYCLE OF MS PLASTIC SURGERY

Milestones to be Achieved by Trainees

CLINICAL COMPETENCIES FOR 1ST, 2ND, 3RD,4THAND 5THYEAR MS PLASTICSURGERY TRAINEES CLINICAL COMPETENCIES\SKILL\PROCEDURE

The clinical competencies, a specialist must have, are varied and complex. A complete list of the skills necessary for trainees and trainers is given below. The level of competence to be achieved each year is specified according to the key, as follows:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed under indirect supervision
5. Performed in dependently

Note: Levels 4 and 5 for practical purposes are almost synonymous

1) EPAsofPlastic Surgery RMU

Entrustable Professional Activities of Plastic Surgery Residents

Introduction to EPAs in Plastic Surgery

Entrustable Professional Activities are units of professional practice that can be fully entrusted to a trainee once sufficient competence has been demonstrated. In plastic surgery, a field that requires a delicate balance of technical skill, artistic sensibility, and clinical judgment, EPAs offer a structured approach to ensure that residents are equipped to handle the complex demands of the specialty.

Plastic surgery encompasses a wide range of procedures, including reconstructive surgery, aesthetic surgery, hand surgery, craniofacial surgery, and microsurgery. Given the diversity of procedures and the level of precision required, EPAs in plastic surgery are designed to cover various aspects of the discipline, from patient assessment and surgical planning to performing intricate surgical techniques and managing postoperative care.

Key EPAs for Plastic Surgery Training

1. **Preoperative Assessment and Surgical Planning**
    - **Description:** This EPA involves evaluating patients for plastic surgery procedures, including a thorough history and physical examination, assessing patient suitability for surgery, discussing risks and benefits, and developing a comprehensive surgical plan.
    - **Significance:** Effective preoperative assessment and planning are critical in plastic surgery to ensure optimal outcomes. This EPA requires residents to demonstrate proficiency in patient evaluation, risk stratification, and surgical decision-making.
2. **Performing Basic Plastic Surgery Procedures**
    - **Description:** Residents must become proficient in performing common plastic surgery procedures, such as wound closures, skin grafting, basic flap procedures, and simple reconstructive surgeries.
    - **Significance:** Mastery of these foundational techniques is essential for any plastic surgeon. This EPA ensures that residents develop the technical skills required for more complex procedures and understand the principles of tissue handling, suturing, and postoperative care.
3. **Microsurgery: Vascular and Nerve Repair**
    - **Description:** Microsurgery is a critical component of plastic surgery, involving the repair of small blood vessels and nerves under a

microscope. This EPA focuses on the resident's ability to perform microsurgical techniques, such as anastomosis of vessels and nerve coaptation.

- **Significance:** Microsurgery requires precision, dexterity, and a deep understanding of anatomy and physiology. Proficiency in this area is crucial for reconstructive surgeries, particularly in trauma, oncologic reconstruction, and limb salvage.

4. **Management of Complex Wounds**
    - **Description:** This EPA involves the management of complex wounds, including those resulting from trauma, burns, or chronic conditions. It includes the assessment of wound healing, debridement, use of advanced wound care technologies, and planning for reconstructive options.
    - **Significance:** Wound management is a core competency in plastic surgery. This EPA ensures that residents can handle a wide range of wound types, recognize complications, and implement appropriate treatment strategies.
5. **Aesthetic Surgery: Patient Consultation and Procedure Execution**
    - **Description:** This EPA covers the consultation process for aesthetic surgery patients, including understanding patient expectations, discussing realistic outcomes, and performing aesthetic procedures such as rhinoplasty, breast augmentation, and abdominoplasty.
    - **Significance:** Aesthetic surgery requires a unique blend of technical skill and interpersonal communication. This EPA ensures that residents can navigate the complex dynamics of patient expectations and achieve satisfactory aesthetic outcomes.
6. **Craniofacial Surgery: Congenital and Acquired Conditions**
    - **Description:** This EPA involves the surgical management of craniofacial anomalies, such as cleft lip and palate, craniosynostosis, and facial trauma. It includes preoperative planning, execution of the surgical procedure, and postoperative care.
    - **Significance:** Craniofacial surgery is a subspecialty within plastic surgery that demands a high level of expertise. This EPA ensures that residents are equipped to handle these challenging cases, which often require multidisciplinary collaboration.
7. **Hand Surgery: Trauma and Reconstructive Procedures**
    - **Description:** This EPA focuses on the surgical management of hand injuries and conditions, including tendon repairs, fracture fixation, nerve decompression, and reconstructive procedures for congenital anomalies.

- **Significance:** Hand surgery is integral to plastic surgery, requiring precise anatomical knowledge and technical skill. This EPA ensures that residents can manage both acute and chronic hand conditions, contributing to functional restoration and improved quality of life for patients.

8. **Postoperative Care and Complication Management**
    - **Description:** This EPA covers the comprehensive management of patients in the postoperative period, including wound care, pain management, and the identification and treatment of complications such as infections, hematomas, or flap failure.
    - **Significance:** Postoperative care is critical to the success of any surgical procedure. This EPA ensures that residents are competent in monitoring patients, recognizing early signs of complications, and initiating appropriate interventions.
9. **Research and Evidence-Based Practice**
    - **Description:** This EPA involves the design, conduct, and interpretation of research relevant to plastic surgery. It includes the ability to critically appraise literature, apply evidence-based practices in clinical decision-making, and contribute to academic publications.
    - **Significance:** Research is essential for the advancement of plastic surgery. This EPA ensures that residents are equipped to contribute to the body of knowledge in the field and incorporate the latest evidence into their practice.
10. **Professionalism and Communication**
    - **Description:** This EPA focuses on the development of professional behaviors, including ethical practice, effective communication with patients and families, teamwork, and leadership in a clinical setting.
    - **Significance:** Professionalism is a cornerstone of medical practice. This EPA ensures that residents develop the interpersonal and leadership skills necessary for successful collaboration in multidisciplinary teams and the ability to handle complex patient interactions with empathy and integrity.

Integration of EPAs into the MS Plastic Surgery Curriculum

The integration of EPAs into the MS Plastic Surgery curriculum requires a structured approach to both teaching and assessment. Each EPA should be mapped to specific stages of the residency program, with clearly defined learning objectives and milestones.

1. **Competency-Based Progression:** Residents should progress through the curriculum based on demonstrated competence in each EPA, rather than time

spent in training. This approach allows for personalized learning and ensures that each resident reaches the required level of proficiency before advancing.

2. **Assessment and Feedback:** Regular assessments using a combination of direct observation, simulation, and 360-degree evaluations are essential to gauge residents' progress. Constructive feedback should be provided to guide improvement and development.
3. **Entrustment Decisions:** Faculty members play a crucial role in making entrustment decisions, determining when a resident is ready to perform specific activities independently. These decisions are based on the resident's performance across multiple assessments and their ability to integrate knowledge, skills, and professionalism in clinical practice.
4. **Reflective Practice:** Encouraging residents to engage in reflective practice helps them internalize lessons learned from clinical experiences, fostering continuous professional growth.
5. **Interdisciplinary Collaboration:** Given the multidisciplinary nature of plastic surgery, the curriculum should include opportunities for residents to work with other specialties, such as dermatology, oncology, and Plastics, to enhance their understanding of comprehensive patient care.

Conclusion

Entrustable Professional Activities provide a robust framework for developing and assessing the competencies required for independent practice in plastic surgery. By integrating EPAs into the MS Plastic Surgery curriculum, training programs can ensure that graduates are not only technically proficient but also equipped with the clinical judgment, professionalism, and communication skills necessary for successful careers in this demanding specialty. EPAs bridge the gap between education and practice, ultimately leading to improved patient care and outcomes in the field of plastic surgery.

Entrustable Professional Activities of Plastic Surgery Residents

EPA is the key to competency level will be allocated by the supervisor on the basis of knowledge skills and attitude of the post graduate trainees

1. **Observer Status**: Not allowed to practice - Clinician in an observer role (EPA-1)
2. **Assistant Status**: Direct active - full supervision by senior clinician, with prompting or verbal and actual guidance and help throughout (EPA-2)
3. **Performed under supervision**: Indirect active - partial supervision by senior clinician, no prompting or help provided, direct line of vision or supervisor immediately available (EPA-3)
4. **Performed independently**: Passive - full entrustment to carry out completely, no direct support provided (EPA-4)

Entrustable Professional Activities of Fundamentals of Plastic Surgery

CLINICAL COMPETENCIES	PGY-1		PGY-3		PGY-4		PGY-5	
	EPA	NO	EPA	NO	EPA	NO	EPA	NO
HISTORY TAKING	1	5	2	10	3	10	4	10
EXAMINATION	1	5	2	10	3	10	4	10
COUNSELLING	1	5	2	10	3	10	4	10
SURGICAL SKILLS	1	5	2	10	3	10	4	10
ASSESSMENT & MANAGEMENT OF TRAUMA PATIENTS	1	5	2	10	3	10	4	10
ASSESSING AND MANAGING BURN PATIENTS	1	5	2	10	3	10	4	10
OPEN WOUND PATIENTS' MANAGEMENT	1	5	2	10	3	10	4	10
WOUND CLOSURE AND MANAGEMENT WITH SKIN GRAFTS	1	10	2	20	3	20	4	20
WOUND HEALING MANAGEMENT	1	10	2	20	3	20	4	20
TUMOR ASSESSMENT, RESECTION & RECONSTRUCTION	1	3	2	5	3	5	4	5
PERFORMING RECONSTRUCTION WITH FLAPS	1	2	2	5	3	5	4	5
FRACTURE FIXATION	1	5	2	10	3	10	4	10

TENDON REPAIR	1	5	2	10	3	10	4	10
NERVE REPAIR	1	2	2	5	3	10	4	10
ASSESSMENT AND MANAGEMENT OF VASCULAR ANOMALIES	1	2	2	5	3	5	4	5
ASSESSMENT AND MANAGEMENT OF CONGENITAL ANOMALIES	1	5	2	10	3	10	4	10
ASSESSMENT AND MANAGEMENT OF AESTHETIC PATIENTS	1	5	2	10	3	10	4	10

Entrustable Professional Activities of(Upper Limb)

CLINICAL COMPETENCIES	PGY-1		PGY-3		PGY-4		PGY-5	
	EPA	NO	EPA	NO	EPA	NO	EPA	NO
HISTORY TAKING	1	5	2	10	3	10	4	10
EXAMINATION	1	5	2	10	3	10	4	10
COUNSELLING	1	5	2	10	3	10	4	10
SURGICAL SKILLS	1	5	2	10	3	10	4	10
ASSESSMENT & MANAGEMENT OF TRAUMA PATIENTS	1	10	2	20	3	20	4	30
HAND FRACTURES FIXTION	1	10	2	20	3	20	4	30
TENDONS REPAIR	1	10	2	20	3	20	4	20
NERVE REPAIR	1	5	2	10	3	10	4	10
VASCULAR REPAIR	1	5	2	10	3	10	4	10
TUMOR ASSESSMENT, RESECTION & RECONSTRUCTION	1	3	2	5	3	10	4	10
RECONSTRUCTION OF OPEN DEFECTS	1	5	2	5	3	10	4	10
RECONSTRUCTION OF TENDONS	1	5	2	10	3	10	4	10
PEDICAL FLAP COVERAGE	1	5	2	10	3	10	4	10
LOCAL/ REGIONAL FLAP COVERAGE	1	2	2	5	3	10	4	10

ASSESSMENT AND MANAGEMENT OF VASCULAR ANOMALIES	1	2	2	5	3	5	4	5
ASSESSMENT AND MANAGEMENT OF CONGENITAL ANOMALIES	1	5	2	10	3	10	4	10
ASSESSMENT AND MANAGEMENT OF BRACHIAL PLEXUS INJURIES	1	5	2	10	3	10	4	10

Entrustable Professional Activities of HEAD AND NECK

CLINICAL COMPETENCIES	PGY-1		PGY-3		PGY-4		PGY-5	
	EPA	NO	EPA	NO	EPA	NO	EPA	NO
HISTORY TAKING	1	5	2	10	3	10	4	10
EXAMINATION	1	5	2	10	3	10	4	10
COUNSELLING	1	5	2	10	3	10	4	10
SURGICAL SKILLS	1	5	2	10	3	10	4	10
ASSESSMENT & MANAGEMENT OF TRAUMA PATIENTS	1	5	2	10	3	10	4	10
ASSESSING AND MANAGING CLEFT LIP & PALATE PATIENTS	1	5	2	10	3	10	4	10
NECK RESURFACING AFTER CONTRACTURE RELEASE	1	5	2	10	3	10	4	10
WOUND CLOSURE AND MANAGEMENT WITH SKIN GRAFTS	1	10	2	20	3	20	4	20
RECONSTRUCTION OF MANDIBLE	1	10	2	20	3	20	4	20
TUMOR ASSESSMENT, RESECTION & RECONSTRUCTION	1	3	2	5	3	5	4	5
RECONSTRUCTION OF SCALP AND FOREHEAD	1	2	2	5	3	5	4	5
RECONSTRUCTION OF LIP	1	5	2	10	3	10	4	10
RECONSTRUCTION OF CHEEK	1	5	2	10	3	10	4	10
RECONSTRUCTION OF AURICLE	1	2	2	5	3	10	4	10

ASSESSMENT AND MANAGEMENT OF VASCULAR ANOMALIES	1	2	2	5	3	5	4	5
ASSESSMENT AND MANAGEMENT OF CONGENITAL ANOMALIES	1	5	2	10	3	10	4	10
ASSESSMENT AND MANAGEMENT OF AESTHETIC PATIENTS	1	5	2	10	3	10	4	10
NASAL RECONSTRUCTION	1	3	2	5	3	5	4	5

Entrustable Professional Activities of LOWER LIMB

CLINICAL COMPETENCIES	PGY-1		PGY-3		PGY-4		PGY-5	
	EPA	NO	EPA	NO	EPA	NO	EPA	NO
HISTORY TAKING	1	5	2	10	3	10	4	10
EXAMINATION	1	5	2	10	3	10	4	10
COUNSELLING	1	5	2	10	3	10	4	10
SURGICAL SKILLS	1	5	2	10	3	10	4	10
ASSESSMENT & MANAGEMENT OF TRAUMA PATIENTS	1	5	2	10	3	10	4	10
LOWER LIMB CONTRACTURE RELEASE	1	5	2	10	3	10	4	10
LYMPHEDEMA	1	1	2	1	3	2	4	2
LOWER LIMB TUMOR ASSESSMENT AND RECONSTRUCTION	1	5	2	10	3	10	4	10
LIMB SALVAGE PROCEDURES	1	10	2	10	3	10	4	10
SOFT TISSUE COVERAGE ON EXPOSED BONES AND IMPLANTS WITH LOCAL FLAPS	1	10	2	10	3	10	4	10
SOFT TISSUE COVERAGE ON EXPOSED BONES AND IMPLANTS WITH FREE FLAPS	1	10	2	20	3	20	4	20
GROIN DISSECTION	1	5	2	10	3	10	4	10

Entrustable Professional Activities of AESTHETIC SURGERY

CLINICAL COMPETENCIES	PGY-1		PGY-3		PGY-4		PGY-5	
	EPA	NO	EPA	NO	EPA	NO	EPA	NO
HISTORY TAKING	1	5	2	5	3	10	4	10
EXAMINATION	1	5	2	5	3	10	4	10
COUNSELLING	1	5	2	5	3	10	4	10
SURGICAL SKILLS	1	5	2	5	3	10	4	10
ASSESSMENT & MANAGEMENT OF AESTHETIC PATIENTS	1	5	2	5	3	10	4	10
RHINOPLASTY	1	5	2	5	3	5	4	5
OTOPLASTY	1	5	2	5	3	5	4	5
BLAPHROPLASTY	1	5	2	5	3	5	4	5
BRACHYPLASTY	1	5	2	5	3	5	4	5
FACE LIFT	1	5	2	5	3	5	4	5
BREAST AUGMENTATION / REDUCTION	1	5	2	5	3	5	4	5
LIPOSUCTION	1	5	2	5	3	5	4	5
ABDOMINOPLASTY	1	5	2	5	3	5	4	5
BODYCONTOURING	1	5	2	5	3	5	4	5

2)TABLE OF SPECIFICATIONS FOR FIRST YEAR

IN GENERAL SURGERY

Topics To Be Taught	Learning Objective Student should be able to know:	Teaching Methods	Assessment
1. History Taking (Knowledge)	To progressively develop the ability to obtain a relevant focused history from increasingly complex patients & challenging circumstances To record accurately and synthesize history with clinical examination & formulation of management plan according to likely clinical evolution Recognizes the importance of different elements of history Recognizes the importance of clinical (particularly cognitive impairment), psychological, social, cultural and nutritional factors particularly those relating to ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender and disability Recognizes that patients do not present history in structured fashion and that the history may be influenced by the presence of acute and chronic medical conditions Know causes and risk factors for conditions relevant to mode of presentation Recognizes that history should inform examination, investigation & management.	Bedside teaching in wards and outpatient departments	mini-CEX MCQs
2. History Taking (Skills)	Identify and overcome possible barriers (eg cognitive impairment) to effective communication Manage time and draw consultation to close appropriately. Supplement history with standardized instruments or questionnaires when relevant Manage alternative and conflicting views from family, careers and friends Assimilate history from the available information from patient and other sources Recognize and interpret the use of nonverbal communication from patients and careers Focus on relevant aspects of history\ Show respect and behave in accordance with Good Medical Practice	Bedside teaching in wards & outpatient Departments	mini-CEX

4.Clinical Examination (knowledge)	• To progressively develop the ability to perform focused and accurate clinical examination in increasingly complex patients and challenging circumstances • To relate physical findings to history in order to establish diagnosis and formulate a management plan • Understand the need for a valid clinical examination • Understand the basis for clinical signs and the relevance of positive and negative physical signs • Recognize constraints to performing physical examination and strategies that may be used to overcome them • Recognize the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis	Bedside teaching in wards and outpatient departments	**CBD mini-CEX ACAT**
5. clinical Examination (Skills)	• Perform an examination relevant to the presentation and risk factors that is valid, targeted and time efficient • Recognize the possibility of deliberate harm in vulnerable patients and report to appropriate agencies • Interpret findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors • Actively elicit important clinical findings • Perform relevant adjunctive examinations including cognitive examination such as Mini Mental state Examination (MMSE) and Abbreviated Mental Test Score (AMTS)	Bedside teaching in wards and outpatient departments	**CBD mini-CEX ACAT**
6. Clinical Examination (Attitude)	• Show respect and behaves in accordance with Good Medical Practice	Bedside teaching in wards & outpatient	**CBD, mini CEX MSF**
7. Time Management & Decision Making	• To become increasingly able to prioritize and organize clinical and clerical duties in order to optimize patient care. To become increasingly able to make appropriate clinical and clerical decisions in order to optimize the effectiveness of the clinical team resource	Bedside teaching in wards and outpatient departments	**ACAT CBD**
8. Decision Making & Clinical Reasoning	• To progressively develop the ability to formulate a diagnostic and therapeutic plan for a patient according to the clinical information available • To progressively develop the ability to prioritize the diagnostic and therapeutic plan • To be able to communicate the diagnostic and therapeutic plan appropriately	Bedside teaching in wards	**ACAT CBD mini-CEX**

SECTION VI Evaluation and Assessment Strategies

MTA, FTA, Thesis Defense

PART-I(MTA) EXAMINATION

- All candidates admitted in MS Plastic Surgery course shall appear in Part-I examination at the end of 1st year.
- Conducted by the General Surgery Department.
- MTA will be conducted at the end of 2nd year.
- MTA will be having 2 papers.

  1) One from General Surgery.

  2) One from Specialties of surgery

PART-II(FTA) EXAMINATION

- For FTA all candidates admitted in MS Plastic Surgery course shall appear in Part-II(written +clinical examination) at the end of structured training program (end of 5th calendar year), and having passed the MTA examination.
- However, a candidate holding FCPS / MRCS / Diplomat / equivalent qualification in Plastic Surgery shall be exempted from MTA Examination and shall be directly admitted to FTA Examination, subject to fulfillment of requirements for the examination.
- The examination shall be held on biannual basis.
  - *a.* To be eligible to appear in MTA examination the candidate must submit;
  - *b.* Duly filled, prescribed Admission Form to the Controller of Examinations duly recommended by the Principal/Head of the Institution in which he/she is enrolled;
  - *c.* A certificate by the Principal/Head of the Institution, that the candidate has attended at least 75% of the lectures, seminars, practical/clinical demonstrations;

d. E-Log book and Original Log Bookcomplete in all respect and duly signed by the Supervisor (for Oral & practical/clinical Examination); certificate of having passed the Part-I examination;

e. Examination fee as prescribed by the University.

THE PART-II (FTA)CLINICAL EXAMINATION SHALL HAVE THE FOLLOWING COMPONENTS:

- To be declared successful in FTA examination the candidate must secure 60% marks in each component and 50% in each sub-component. Only those candidates, who pass in theory papers, will be eligible to appear in the Oral & Practical/ Clinical Examination.
- The candidates, who have passed written examination but failed in Oral & Practical/ Clinical Examination, will re-appear only in Oral &Practical / Clinical examination.
- The maximum number of attempts to re-appear in oral & practical/clinical Examination alone shall be Three, after which the candidate shall have to appear in both written and oral & practical/clinical examinations as a whole.
- The candidate with 80% or above marks shall be deemed to have passed with distinction.
- E-Log Book/Assignments: Throughout the length of the course, the performance of the candidate shall be recorded on the Log Book.
- The Supervisor shall certify every year that the Log Book is being maintained and signed regularly Certificate to be deposited in DME, RMU, duly signed by HOD and Supervisor.
- The Log Book will be developed & approved by the Research Board.
- The evaluation will be maintained by the Supervisor (in consultation with the Co- Supervisor, if appointed).
- The performance of the candidate shall be evaluated on annual basis. The total marks for Log Book shall be 100.The log book shall reflect the performance of the candidate on following parameters:
  - Year wise record of the competence of skills.
  - Year wise record of the assignments.
  - Year wise record of the evaluation regarding attitude &behavior
  - Year wise record of journal club / lectures / presentations / clinic-pathologic conferences attended & / or made by the candidate

1) Table of Specification of Plastic Surgery

3rd Year Assessment

1. All candidates admitted in MS Plastic Surgery course shall appear in an examination at the end of Third calendar year.
2. They must clear their Mid Term Assessment.
3. The examination will be composed of MCQs SEQs and clinical OSCE.
4. The pass percentage will be 60%.

   MCQ 50 (1 x 1mark)

   SEQ 10 (1 X 5 mark)

Table of specification Plastic surgery 3rd Year

TOPIC	IMPACT	FREQUENCY	IXF	WEIGHTAGE	TOTAL NO OF MCQ'S(50)	C1	C2	C3	SEQS (10)	ASSESSMENT METHOD	MARKS DISTRIBUTION
BASIC PRINCIPLES OF PLASTIC SURGERY	3	3	9	0.28	14	3	4	7	3	MCQ/SEQ	MCQ=1 SEQ = 5
BURN	3	3	9	0.28	14	3	4	7	3	MCQ/SEQ	MCQ=1 SEQ = 5
CONGENITAL ANOMALIES	2	2	4	0.125	6	1	2	3	1	MCQ/SEQ	MCQ=1 SEQ = 5
SKIN AND SOFT TISSUE	2	2	4	0.125	6	1	2	3	1	MCQ/SEQ	MCQ=1 SEQ = 5
HAND	1	2	2	0.0625	4	1	1	2	1	MCQ/SEQ	MCQ=1 SEQ = 5

TOPIC	IMPACT	FREQUENCY	IXF	WEIGHTAGE	TOTAL NO OF MCQ'S(50)	C1	C2	C3	SEQS (10)	ASSESSMENT METHOD	MARKS DISTRIBUTION
HEAD AND NECK	1	2	2	0.0625	3	1	1	1	0.5	MCQ/SEQ	MCQ=1 SEQ = 5
LOWER LIMB	1	2	2	0.0625	3	1	1	1	0.5	MCQ/SEQ	MCQ=1 SEQ = 5
TOTAL			32	1	50				10		

Scheme For OSCE Plastic Surgery In 3rd Year Assessment

Total number of stations (10) all interactive

Time allocation for each station = 5 minutes

Marks allocation for each station = 10 marks

Serial No	Unit	Station Description	Total Station no
1	Basic principles of plastic surgery	Picture/Radiological Investigations/marking/Diagram/instrument	Two stations
2	Burn	Picture/Radiological Investigations/marking/Diagram/instrument	Two stations
3	Congenital anomalies	Picture/Radiological Investigations/marking/Diagram/instrument	Two stations
4	Skin and soft tissue	Picture/Radiological Investigations/marking/Diagram/instrument	One station
5	Hand	Picture/Radiological Investigations/marking/Diagram/instrument	One station
6	Head and neck	Picture/Radiological Investigations/marking/Dia	One station

		gram/instrument	
7	Lower limb	Picture/Radiological Investigations/marking/Diagram/instrument	One station

4th Year Assessment

5. All candidates admitted in MS Plastic Surgery course shall appear in an examination at the end of Fourth calendar year.
6. They must clear their Mid Term Assessment.
7. The examination will be composed of MCQs SEQs and clinical OSCE.
8. The pass percentage will be 60%.

MCQ 50 (1 x 1mark)

SEQ 10 (1 X 5 mark)

Table of specification Plastic surgery 4rd Year

Topic	impact	frequency	IxF	weigthage	Total no of Mcqs (50)	C1	C2	C3	SEQs (10)	Assessment Method	Marks Distribution
Breast	1	1	1	0.0625	3		1	2	1	MCQ/SEQ	MCQ = 1 SEQ = 5
Aesthetic	2	1	2	0.125	6	1	2	3	2	MCQ/SEQ	MCQ = 1 SEQ = 5
Body Contouring	1	1	1	0.0625	3		1	2	1	MCQ/SEQ	MCQ = 1 SEQ = 5
Heand & Neck	2	2	4	0.25	13	3	3	7	2	MCQ/SEQ	MCQ = 1 SEQ = 5

Topic	impact	frequency	IxF	weigthage	Total no of Mcqs (50)	C1	C2	C3	SEQs (10)	Assessment Method	Marks Distribution
Hand	2	2	4	0.25	13	3	3	7	2	MCQ/SEQ	MCQ = 1 SEQ = 5
Lower Limb	2	2	4	0.25	12	3	3	6	2	MCQ/SEQ	MCQ = 1 SEQ = 5
Total			16	1	50				10		50

Scheme for OSCE Plastic Surgery in 4rd Year Assessment

Total number of stations (10) all interactive

Time allocation for each station = 5 minutes

Marks allocation for each station = 10 marks

Serial No	Unit	Station Description	Total Station no
1	Basic principles of plastic surgery	Picture/Radiological Investigations/marking/Diagram/instrument	Two stations
2	Burn	Picture/Radiological Investigations/marking/Diagram/instrument	Two stations
3	Congenital anomalies	Picture/Radiological Investigations/marking/Diagram/instrument	Two stations
4	Skin and soft tissue	Picture/Radiological Investigations/marking/Diagram/instrument	One station
5	Hand	Picture/Radiological Investigations/marking/Diagram/instrument	One station
6	Head and neck	Picture/Radiological Investigations/marking/Diagram/instrument	One station
7	Lower limb	Picture/Radiological Investigations/marking/Diagram/instrument	One station

Final Term Assessment FTA

9. All candidates admitted in MS Plastic Surgery course shall appear in an examination at the end of five calendar year.
10. They must clear their Mid Term Assessment.
11. The examination will be composed of MCQs SEQs and clinical OSCE.
12. The pass percentage will be 60%.

MCQ 100 (1 x 1mark)

SEQ 10 (1 X 10 mark)

Table of specification Plastic surgery FTA

Topic	Impact	Frequency	IxF	weightage	Total no of mcq 100	C1	C2	C3	SEQs	Assessment method	mark distribution
Congenital defects of the head and neck	1	3	3	0.05	5	1	1	3	0.5	MCQ/SEQ	MCQ=1 SEQ=10
Neoplasms of the head and neck	2	3	6	0.1	10	2	2	6	1	MCQ/SEQ	MCQ=1 SEQ=10
Craniomaxillofacial trauma	3	1	3	0.05	5	1	1	3	0.5	MCQ/SEQ	MCQ=1 SEQ=10
Aesthetic (cosmetic) surgery	1	2	2	0.033	3		1	2	0.25	MCQ/SEQ	MCQ=1 SEQ=10
breast	2	1	2	0.033	3		1	2	0.25	MCQ/SEQ	MCQ=1 SEQ=10
Hand and upper extremities	3	3	9	0.15	15	4	4	7	1.5	MCQ/SEQ	MCQ=1 SEQ=10
Lower extremity	2	2	4	0.066	7	2	2	3	1	MCQ/SEQ	MCQ=1 SEQ=10
Congenital anomalies trunk and genitalia	1	3	3	0.05	5	1	1	3	0.5	MCQ/SEQ	MCQ=1 SEQ=10

burn	3	3	9	0.15	15	4	4	7	1.5	MCQ/SEQ	MCQ=1 SEQ=10
microsurgery	2	2	4	0.066	7	2	2	3	0.5	MCQ/SEQ	MCQ=1 SEQ=10
Flaps and graft	2	3	6	0.1	10	2	2	6	1	MCQ/SEQ	MCQ=1 SEQ=10
Skin and sot tissue malignancy	3	3	9	0.15	15	4	4	7	1.5	MCQ/SEQ	MCQ=1 SEQ=10
total			60	0.998	100				10		100

Scheme For OSCE Plastic Surgery In Final Term Assessment

Total number of stations (10) all interactive

Time allocation for each station: 5 minutes

Marks allocation for each station = 10 marks

Station no	Station description	UNIT
1	Picture/Xray/marking/Dingman instrument	Congenital head and neck anomalies of trunk and genitalia
2	Picture with scenario, CT/MRI	Neoplasms of the head and neck Craniomaxillofacial trauma
3	Picture, marking,	Aesthetic/ breast
4	Picture/ scenario/video, counselling, marking, instrument/Humby/dermatome	Burn
5	Loupes adjustment/pictures/instrument identify/etc	Microsurgical
6	Picture/marking/humby/dermatome	Flaps and grafts
7	Xray/picture/CT/MRI/ video/scenario/hands on tendon repair/nerve repair/etc	Hand
8	Xray/picture/scenario/video/etc	Lower extremity

9	Actor /original patient	Communication skills
10	Discussion on single case	Log book

4) TOPIC WISE DISTRIBUTION OF OSCE STATIONS

SECTION VII References

CORE BOOKS

- Grabb and Smith_s Plastic Surgery 8th edition
- Grabb and Smith_s Plastic Surgery 7th edition
- Neligan Plastic Surgery, 5th edition
- Burn Reconstruction by Bruce M. Achaure
- Green's Operative hand Surgery
- Examination Guide of cosmetic, plastic & reconstructive Surgery

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- Natter Atlas of Human Anatomy

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Section VIII Appendices

360 EVALUATION, EVALUATION OF TRAINEES BY NURSING STAFF REGARDING CORE COMPETENCIES, WPBA, ANNUAL REPORT, EVALUATION OF FACULTY BY RESIDENT, PROGRAM EVALUATION

ANNUAL PROGRAM EVALUATION (APE)

MINUTES& ACTION PLAN

Date of the APE meeting:

Date; Minutes &Action Plan were reviewed and Approved by teaching faculty:

Please attach the minutes of the meeting where the Minutes &Action Plan were reviewed and approved.

Academic Year reviewed:

Faculty Members of the PEC in attendance

Other Members of the PEC in attendance:

Areas reviewed:

1. Resident performance
    - Supporting documents:
2. Faculty development
    - Supporting documents:
3. Graduate performance
    - Supporting documents:
4. Program quality
    - Supporting documents:
5. Policies, Protocols &Procedures
    - Supporting documents:

Appendices Documents.

Registration and Enrolment

ENROLMENT DETAILS

Program of Admission _____

Session _____

Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth _____ / _____ / _____ CNIC No. _____

Present Address _____

_____

Permanent Address _____

E-mail Address _____

Cell Phone _____

Date of Start of Training _____

Date of Completion of Training _____

Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____

1

RAWALPINDI MEDICAL UNIVERSITY

MENTOR / SUPERVISOR EVALUATION OF TRAINEE

Resident's Name: _____

Evaluator's Name(s): _____

Hospital Name: _____

Date of Evaluation: _____

☐ Traditional Track (10% Clinic) ☐ Primary Care Track (20% Clinic)

1	Unsatisfactory
2	Below Average
3	Average
4	Good
5	Superior

Please circle the appropriate number for each item using the scale above.

Patient Care	Scale				
1. Demonstrates sound clinical judgment	1	2	3	4	5
2. Presents patient information case concisely without significant omissions or digressions	1	2	3	4	5
3. Able to integrate the history and physical findings with the clinical data and identify all of the patient's major problems using a logical thought process	1	2	3	4	5
4. Develops a logical sequence in planning for diagnostic tests and procedures and Formulates an appropriate treatment plan to deal with the patient's major problems	1	2	3	4	5
5. Able to perform commonly used office procedures	1	2	3	4	5
6. Follows age appropriate preventative medicine guidelines in patient care	1	2	3	4	5
Medical Knowledge	**Scale**				
1. Uses current terminology	1	2	3	4	5
2. Understands the meaning of the patient's abnormal findings	1	2	3	4	5
3. Utilizes the appropriate techniques of physical examination	1	2	3	4	5
4. Develops a pertinent and appropriate differential diagnosis for each patient	1	2	3	4	5
5. Demonstrates a solid base of knowledge of ambulatory medicine	1	2	3	4	5
6. Can discuss and apply the applicable basic and clinically supportive sciences	1	2	3	4	5
Professionalism	**Scale**				
1. Demonstrates consideration for the patient' s comfort and modesty	1	2	3	4	5
2. Arrives to clinic on time and follows clinic policies and procedures	1	2	3	4	5
3. Works effectively with clinic staff and other health professionals	1	2	3	4	5
4. Able to gain the patient's cooperation and respect	1	2	3	4	5
5. Demonstrates compassion and empathy for the patient	1	2	3	4	5
6. Demonstrates sensitivity to patient's culture, age, gender, and disabilities	1	2	3	4	5
7. Discusses end-of-life issues (DPOA, advanced directives, etc.) when appropriate	1	2	3	4	5

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RAWALPINDI MEDICAL UNIVERSITY

Interpersonal and Communication Skills	Scale				
1. Demonstrates appropriate patient/physician relationship	1	2	3	4	5
2. Uses appropriate and understandable layman's terminology in discussions with patients	1	2	3	4	5
3. Patient care documentation is complete, legible, and submitted in timely manner	1	2	3	4	5
4. Recognizes need for behavioral health services and understands resources available	1	2	3	4	5
Systems-based Practice	**Scale**				
1. Spends appropriate time with patient for the complexity of the problem	1	2	3	4	5
2. Able to discuss the costs, risks and benefits of clinical data and therapy	1	2	3	4	5
3. Recognizes the personal, financial, and health system resources required to carry out the prescribed care plan	1	2	3	4	5
4. Demonstrates effective coordination of care with other health professionals	1	2	3	4	5
5. Recognizes the patient's barriers to compliance with treatment plan such as age, gender, ethnicity, socioeconomic status, intelligence, dementia, etc.	1	2	3	4	5
6. Demonstrates knowledge of risk management issues associated with patient's case	1	2	3	4	5
7. Works effectively with other residents in clinic as if a member of a group practice	1	2	3	4	5
Practice-Based Learning and Improvement	**Scale**				
1. Locates, appraises, and assimilates evidence from scientific studies	1	2	3	4	5
2. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies to assess diagnostic and therapeutic effectiveness of treatment plan	1	2	3	4	5
3. Uses information technology to access information to support diagnosis and treatment	1	2	3	4	5

Comments

Total Score _____/165

_____ _____ _____ _____

Resident's Signature **Date** **Evaluator's Signature** **Date**

2

RAWALPINDI MEDICAL UNIVERSITY

Patient Medical Record / Chart Evaluation Proforma

Name of Resident

Location of Care or Interaction
(OPD/Ward/Emergency/Endoscopy Department)

S#		Poor	Fair	Good	V. Good	Excellent
1.	Basic Data on Front Page Recorded	O	O	O	O	O
2.	Presenting Complaints written in chronological order	O	O	O	O	O
3.	Presenting Complaints Evaluation Done	O	O	O	O	O
4.	Systemic review Documented	O	O	O	O	O
5.	All Components of History Documented	O	O	O	O	O
6.	Complete General Physical Examination done	O	O	O	O	O
7.	Examination of all systems documented	O	O	O	O	O
8.	Differential Diagnosis framed	O	O	O	O	O
9.	Relevant and required investigations documented	O	O	O	O	O
10.	Management Plan framed	O	O	O	O	O
11.	Notes are properly written and eligible	O	O	O	O	O
12.	Progress notes written in organized manner	O	O	O	O	O
13.	Daily progress is written	O	O	O	O	O
14.	Chart is organized no loose paper	O	O	O	O	O
15.	Investigations properly pasted	O	O	O	O	O
16.	Abnormal findings in investigations encircled.	O	O	O	O	O
17.	Procedures done on patient documented properly	O	O	O	O	O
18.	Medicine written in capital letter	O	O	O	O	O
19.	I/v fluids orders are proper with rate of infusion mentioned	O	O	O	O	O
20.	All columns of chart complete	O	O	O	O	O

Poor: 0, Fair: 1, Good: 2, V.Good: 3, Excellent: 4

RAWALPINDI MEDICAL UNIVERSITY

3

Preview Form

RESIDENT EVALUATION BY NURSE / STAFF

Please take a few minutes to complete this evaluation form. All information is confidential and will be used constructively. You need not answer all the questions

Name of Resident*

Location of care or interaction: *(OPD/Ward/Emergency/Endoscopy Department)*

Your position (Nurse, Ward Servant, Endoscopy Attendant)

S#	PROFESSIONALISM	Poor	Fair	Good	V Good	Excellent	Insufficient Contact
1.	Resident is Honest and Trustworthy	❍	❍	❍	❍	❍	❍
2.	Resident treats patients and families with courtesy, compassion and respect	❍	❍	❍	❍	❍	❍
3.	Resident treats me and other member of the team with courtesy and respect	❍	❍	❍	❍	❍	❍
4.	Resident shows regard for my opinions	❍	❍	❍	❍	❍	❍
5.	Resident maintains a professional manner and appearance	❍	❍	❍	❍	❍	❍
INTERPERSONAL AND COMMUNICATIONS SKILLS							
6.	Resident communicates well with patients, families, and members of the healthcare team	❍	❍	❍	❍	❍	❍
7.	Resident provides legible and timely documentation	❍	❍	❍	❍	❍	❍
8.	Resident respect differences in religion, culture age, gender sexual orientation and disability	❍	❍	❍	❍	❍	❍
SYSTEMS BASED PRACTICE							
9.	Resident works effectively with nurses and other professionals to improve patient care.	❍	❍	❍	❍	❍	❍
PATIENT CARE							
10.	Resident respects patient preferences	❍	❍	❍	❍	❍	❍
11.	Resident is reasonable accessible to patients	❍	❍	❍	❍	❍	❍
12.	Resident take care of patient comfort and dignity during procedures.	❍	❍	❍	❍	❍	❍
PRACTICE BASED LEARNING AND IMPROVEMENT							
13.	Resident facilitates the learning of students and other professionals	❍	❍	❍	❍	❍	❍
COMMENTS							
14.	Please describe any praises or concerns or information about specific incidents	❍	❍	❍	❍	❍	❍

THANK YOU for your time and thoughtful input. You play a vital role in the education and training of the internal medicine residents.

Poor: 0, Fair: 1, Good: 2, V. Good: 3, Excellent: 4

Total Score _____/56

RAWALPINDI MEDICAL UNIVERSITY

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Patient Evaluation of Trainee

Trainee Name: _____

Date of Evaluation: _____

1	Strongly Disagree
2	Disagree
3	Neutral
4	Agree
5	Strongly Agree

Please circle the appropriate number for each item using this scale. Please provide any relevant comments on the back of this form.

	This Trainee:	Scale				
1.	Introduces him/herself and greets me in a way that makes me feel comfortable. ڈاکٹر صاحب نے خود کو متعارف کرایا اور خوش اسلوبی سے پیش آئے	1	2	3	4	5
2.	Manages his/her time well and is respectful of my time. ڈاکٹر صاحب نے میرے اور اپنے وقت کا خیال رکھا۔	1	2	3	4	5
3.	Is truthful, upfront, and does not keep things from me that I believe I should know. ڈاکٹر صاحب نے میرے مرض کی صورتحال پوری سچائی سے بیان کی۔	1	2	3	4	5
4.	Talks to me in a way that I can understand, while also being respectful. ڈاکٹر صاحب نے میرے احساسات کا خیال رکھا اور عزت سے میرا علاج کیا۔	1	2	3	4	5
5.	Understands how my health affects me, based on his/her understanding of the details of my life. ڈاکٹر صاحب نے میرے علاج میں میری صحت پر ذاتی زندگی کو مدنظر رکھا۔	1	2	3	4	5
6.	Takes time to explain my treatment options, including benefits and risks. ڈاکٹر صاحب نے میرے مرض کے علاج کے فوائد اور نقصانات کو تفصیلاً بیان کیا۔	1	2	3	4	5

Total Score _____/30

RAWALPINDI MEDICAL UNIVERSITY

5

Resident/Fellow Evaluation of Faculty Teaching

Evaluator: _____

Evaluation of: _____

Date:_____

Evaluation information entered here will be anonymous and made available only in aggregated form.

S#		Strongly Disagree	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Strongly Agree
	PATIENT CARE						
1.	Teaches current scientific evidence for daily patient management*						
2.	Explains rationale behind clinical judgements/decisions*						
3.	Teaches clear diagnostic algorithms*						
4.	Teaches clear treatment algorithms*						
	PATIENT CARE - OPERATIVE AND PROCEDURAL SKILLS						
5.	Teaches operative/procedural skills during cases*						
6.	Allows learners to perform operative/procedural skills when appropriate*						
	MEDICAL KNOWLEDGE						
7.	Teaches relevant pathophysiology needed to evaluate patient medical conditions*						
8.	Teaches how/when to use-order-perform procedures/tests*						
9.	Teaching content adds significantly to my medical knowledge						
10.	Teaches the use of literature / evidence based medicine to support clinical decisions/teaching points*						

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PRACTICE-BASED LEARNING & IMPROVEMENT/TEACHING							
11.	Asks questions about differential diagnosis*						
12.	Teaches trainees when to consider referrals/consults with other specialists*						
13.	Actively teaches trainees in clinical settings/labs*						
INTERPERSONAL & COMMUNICATION SKILLS							
14.	Motivates learners to expand medical knowledge*						
15.	Stimulates critical thinking*						
16.	Encourages questions*						
17.	Teaches at the appropriate level for the trainee*						
18.	Provides feedback specific enough to be helpful*						
PROFESSIONALISM							
19.	Demonstrates respect for trainees of all levels*						
20.	Does not belittle/ publicly humiliate learners*						
21.	Teaches professional behavior with respect to patient care.*						
22.	Exhibits professional behavior with respect to patient care*						
23.	Role models professional behavior*						
SYSTEMS-BASED PRACTICE							
24.	Teaches cost/benefit decision making*						
25.	Teaches how to call on resources in the system to provide optimal health care*						
26.	Role models the necessity of working in inter-professional teams to enhance patient safety/outcomes.*						

Strongly Disagree: 0, Disagree Moderately: 1, Disagree Slightly: 2,
Agree Slightly: 3, Agree Moderately: 4, Strongly Agree: 5

Total Score _____ / 130

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6

FINAL Evaluation Scoring Sheet

Name of Resident	Name of Supervisor	Year of Training

Date _____

Duration of Assessment _____

Specialty _____

Hospital _____

Unit _____

	Faculty #1 (165)	Faculty #2 (165)	Faculty #3 (165)	Average Score	Patient # 1 (30)	Patient # 2 (30)	Patient # 3 (30)	Medical Record Performa #1 (80)	Medical Record Performa #2 (80)	Medical Record Performa #3 (80)	Staff # 1 (56)	Staff #2 (56)	Staff #3 (56)
Medical Patient Care (30)				___/30									
Medical Knowledge (30)				___/30									
Professionalism (35)				___/35									
Interpersonal and Communication Skills (20)				___/20									
System Based Practice (35)				___/35									
Practice Based Learning and Improvement (15)				___/15									
Overall Rating													
Average:	_____/165				___/30			___/80			___/56		

Grand Total

_____/331

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RAWALPINDI MEDICAL UNIVERSITY

RESIDENT SELF-ASSESSMENT PROFORMA

Resident Name_____ **Date** _____

Year of Training _____ **Hospital Name**_____ **Unit** _____

❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
Not Applicable	I rarely demonstrates (<25% of the time)	I do this Sometimes (25-50% of the time)	I do this most of the time (50-75% of the time)	I do this all the time (>75% of time)

1.	I am able to acquire accurate and relevant histories from my patients in an efficient, prioritized and hypothesis driven fashion.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
2.	I am able to seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records and pharmacy)	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
3.	I am able to perform accurate physical examinations that are appropriately targeted to the patient's complaints.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
4.	I am able to synthesize all available data, including interview, physical exam, and preliminary lab data to define each patient's central clinical problem.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
5.	I am able to develop prioritized differential diagnoses, evidence based diagnostic and therapeutic plans for common conditions in Internal Medicine patients.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
6.	I am able to recognize situations with a need for urgent or emergent medical care, including life threatening conditions.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
7.	I am able to recognize when to seek additional guidance.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
8.	I am able to provide appropriate preventive care.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
9.	I am able to manage patients with common clinical disorders in the practice of outpatient internal medicine with minimal supervision.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
10.	I have performed several invasive procedures and documented them in my New Innovations log.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
11.	I demonstrate sufficient knowledge to diagnose and treat common conditions that require hospitalization.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
12.	I understand the indications for and the basic interpretation of common diagnostic tests.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
13.	I have reviewed my in service exam scores and believe my medical knowledge is where it should be for my level of training.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
14.	I am able to identify clinical questions as they emerge	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4

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	in patient care activities.					
15.	I am responsive to feedback from all members of the healthcare team including faculty, residents, students, nurses, allied health professionals, patients and their advocates.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
16.	I am an active participant in teaching rounds and intern report.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
17.	I effectively use verbal and non verbal skills to create rapport with patients and their advocates.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
18.	I communicate effectively with other caregivers to ensure safe transitions in care.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
19.	My patient presentations on rounds are organized, complete and succinct.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
20.	I am able to communicate the plan of care to all the members of the healthcare team.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
21.	My documentation in the medical record is accurate, complete and timely.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
22.	I accept personal errors and honestly acknowledge them.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
23.	I demonstrate compassion and respect to all patients.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
24.	I complete my clinical, administrative and academic tasks promptly.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
25.	I maintain patient confidentiality	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
26.	I log my duty hours regularly and make every effort not to violate the rules	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
27.	When I feel I am too fatigued to work safely, I understand that I can call the chief medical residents for back-up.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
28.	I understand the unique roles and services provided by the workers in the local health delivery system (social workers, case managers, dept of public health etc...)	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
29.	I am able to identify, reflect on, and learn from critical incidents and preventable medical errors.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
30.	I do my best to minimize unnecessary care including tests, procedures, therapies and consultations.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4

Please identify three specific clinical skills that you have improved over the past six months:

Please set three specific goals for the next six months:

Signature _____ **Date** _____

Rawalpindi Medical University

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DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Please complete the questions using a cross ☒ Please use black ink and CAPITAL LETTERS

Doctor's Name: _____

PMDC Number: _____

Clinical setting: A&E ☐ OPD ☐ In-patient ☐ Acute Admission ☐ Other

Procedure number ☐☐

Assessors position: Consultant ☐ SpSR ☐ SpR ☐ Specialty doctor ☐ Nurse ☐ Other ☐

Number of previous DOPS observed by assessor with any trainee: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5-9 ☐ >9 ☐

Number of times procedure performed by trainee: 0 ☐ 1-4 ☐ 5-9 ☐ >10 ☐

Difficulty of procedure: Low ☐ Average ☐ High ☐

Please grade the following areas	Well below expectations	Below Expectations	Borderline	Meets Expectations	Above Expectations	Well above expectations	U/C*
	1	2	3	4	5	6	
1 Demonstrate understanding of indications, relevant anatomy, technique of procedure	☐	☐	☐	☐	☐	☐	☐
2 Obtains informed consent	☐	☐	☐	☐	☐	☐	☐
3 Demonstrates appropriate preparation pre-procedure	☐	☐	☐	☐	☐	☐	☐
4 Appropriate analgesia or preparation pre-procedure	☐	☐	☐	☐	☐	☐	☐
5 Technical ability safe sedation	☐	☐	☐	☐	☐	☐	☐
6 Aseptic technique	☐	☐	☐	☐	☐	☐	☐
7 Seeks help where appropriate	☐	☐	☐	☐	☐	☐	☐
8 Post procedure management	☐						
9 Communication skills	☐	☐	☐	☐	☐	☐	☐
10 Consideration of Patient/professionalism	☐	☐	☐	☐	☐	☐	☐
11 Overall ability to perform procedure	☐	☐	☐	☐	☐	☐	☐

* U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggested development

U/C

Anything especially good?	Suggestions for development:

Have you had training in the use of this assessment tool? ☐ Face to face ☐ Have read guidelines ☐ Web/ CD-Rom

Time taken for observation: (in minutes) ☐☐

Assessors signature:

Date (mm/yy) ☐☐ / ☐☐

Time taken for feedback ☐☐

Assessor's Name: _____

*if appropriate Please note failure of return of all completed forms to your administrator is a probity issue

Acknowledgement: Adapted with permission of the American Board of internal Medicine

SpSR - Specialty Senior Registrar

SpR - Specialty Registrar

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CASE BASED CLINICAL EVALUATION OF TRAINEE

Resident's Name: _____

Evaluator's Name(s): _____

Hospital Name: _____

Date of Evaluation: _____

☐ Traditional Track (10% Clinic) ☐ Primary Care Track (20% Clinic)

1	Unsatisfactory
2	Below Average
3	Average
4	Good
5	Superior

Please circle the appropriate number for each item using the scale above.

History	Scale				
1. Introduces himself and greet the patient.	1	2	3	4	5
2. Listen to the patient problems.	1	2	3	4	5
3. Shows politeness and empathy	1	2	3	4	5
4. Gathers proper information of present and past history	1	2	3	4	5
Physical Examination	**Scale**				
1. Physical examination done correctly	1	2	3	4	5
2. Pick physical signs correctly	1	2	3	4	5
3. Relevant examination done in detail	1	2	3	4	5
4. Interpret physical signs correctly	1	2	3	4	5
Assessment Plans	**Scale**				
1. Can list a logical differential diagnosis	1	2	3	4	5
2. Defend the diagnosis logically	1	2	3	4	5
3. Identifies patient active problems	1	2	3	4	5
Interpretation and Correlation of Laboratory and Imaging Data	**Scale**				
1. Can order logical and relevant investigations	1	2	3	4	5
2. Correctly interpret investigations (Laboratory and Imaging)	1	2	3	4	5
3. Formulate a logical management plan	1	2	3	4	5
4. Treatment plan is logical and relevant	1	2	3	4	5
5. Able to write a proper prescription	1	2	3	4	5