Department of Surgery

Third Year BDS

STUDY GUIDE

Curriculum
Bachelor of Dental Surgery
Foundation University College of Dentistry
Document Version 2022.05

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DEPARTMENT OF SURGERY, FUIC

VISION

Department of Surgery is committed to:

- Provide the highest quality patient care to all the patients by applying international standards in evidence-based surgery
- Carry out research in current and emerging surgical challenges
- Train the next generation of high caliber surgical healthcare professionals

MISSION

The mission of department of surgery is to realize the vision through excellence in four areas:

- Professional
- Academic
- Research
- CME and Faculty Development

1. Overview of Third Year BDS Rotation in Department of Surgery

Third-year BDS Surgery rotation is a 16-18 week course that presents surgical approaches to disease. The overall aim is to enable the budding dental surgeons to recognize and evaluate common surgical disorders. Students will be rotated through outpatient department, surgical wards, operation theaters and clinical skills lab to train them in the basics of clinical reasoning, and equip them with requisite clinical and procedural skills.

1.1. Statement of Professional Standards

The ideal relationship between physician and patient should be one of mutual respect and trust. It is expected that all students will exhibit high standards of professional and humane behavior toward patients, families and other health professionals. The following outlines acceptable and non-acceptable conduct:

Professional Behavior: Each patient should be treated as a unique and worthy person. Unprofessional, abusive, rude, or neglectful behavior toward patients, families or other health care professionals will not be tolerated.

Professional Appearance: It is expected that all students will adhere to the FUI dress code. Students whose appearance is deemed unprofessional will be removed from clinical duties until the problem is corrected.

Confidentiality: All patient-physician interactions are confidential by ethical and legal standards. Please remember that in addition to the obvious standards of confidentiality, students should not have discussions regarding patients in public areas and on public social media pages. Identity of the patient should not be disclosed by name or by face.

Plagiarism: A medical student must not plagiarize materials of others. Students' work is expected to be the result of their own thought, research or self-expression. Plagiarism is the act of "presenting the information, ideas, organization or phrasing of another source without appropriate acknowledgement as one's own, either intentionally or because of gross negligence."

1.2. Professional Expectations

Foundation University regards professionalism and humanism in the training of medical students to be an essential goal. During clinical rotations, students are exposed to professional behavior issues, moral and ethical decision-making, and community service opportunities. Professionalism includes:

Altruism - Physicians must serve the best interests of patients above their own interests.

Accountability- Physicians are accountable to their patients for fulfilling the implied contract governing the patient/physician relationship. They are also accountable to society for addressing the health needs of the public and to their profession to uphold medicine's ethical precepts.

Excellence - Physicians must make a conscientious effort to exceed ordinary expectations and maintain life-long learning.

Duty- Physicians must accept a commitment to serve their patients. Accepting inconveniences to meet the needs of one's patients, enduring unavoidable personal risk, advocating for care regardless of ability to pay, and volunteering one's skills and expertise for the welfare of the community are all part of the accepted duty.

Honor and integrity - Honor and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being straightforward.

Respect for others - Demonstrating respect for patients, their families, other physicians and health care professionals is the essence of humanism. Humanism is essential in the practice of healthcare.

1.3. Goals of Rotation In Surgery

a. Patient Care

- Students must demonstrate skills in the core set of activities required for patient care including compiling and interpreting a patient history and performing a physical examination.
- Students must develop the attitude for the provision of patient care, which is compassionate, appropriate, and effective.

b. Medical Knowledge

- Students must acquire knowledge in basic and clinical sciences.
- Students must know how to acquire and analyze the information necessary for the proper diagnosis of patients and the promotion of their health.

c. Self-directed Learning and Reflection

- Students must know how information is renewed by developing a habit of self-directed learning and imbibing the importance of lifelong learning.
- Students must develop critical thinking and reflection. They must examine their own reactions and emotions influencing their attitudes and behavior toward their patients.

d. Communication Skills

- Students must develop the interpersonal communication skills necessary for the effective exchange of information between medical personnel and professionals.
- They must also be able to communicate and collaborate effectively with patients and their families across a broad range of socioeconomic and cultural backgrounds.

e. Professionalism

- Students must demonstrate and maintain a commitment to professional responsibilities and adherence to ethical principles and must be committed to self-assessment

f. Systems-based practice

- Students must develop basic knowledge of health systems and the larger context of health care including the various health care delivery settings, basic elements of cost analysis, risk-benefit analysis, and population-based care.
- Students must demonstrate an awareness of the various systematic approaches to reduce medical errors and how to implement system solutions.

g. Basic Surgical Skills

- Students must become adept at the skills listed in the learning objectives of skills below. They may be required to make use of their surgical skills in an emergency that they may encounter on the roadside, at home or in any out-of-hospital setting.

2. Reading List and Resources

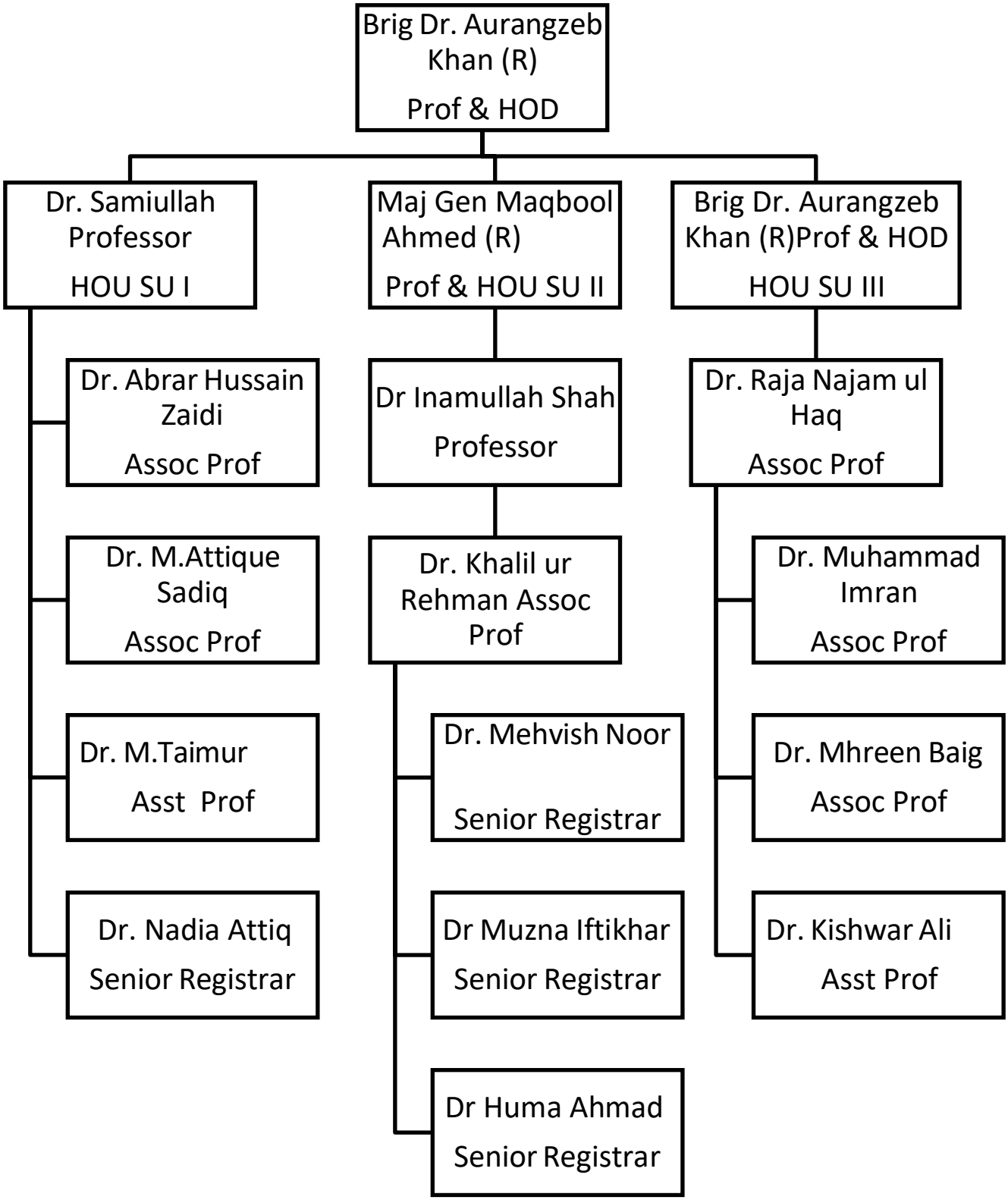
Students are encouraged to not restrict their reading to the textbooks. They should cultivate a habit of and acquire expertise in literature review online. Students must acquaint themselves with appropriate medical search engines. They must acquire the ability to formulate appropriate search terms and perform a focused internet search. Some useful sites for medical search are:

a. Entrez, the archetypal online database portal, established and maintained by National Center for Biotechnology Information (NCBI). It provides access to six very useful clinical databases including PubMed, OMIM, Books, Journals, PMC and NCBI website. PMC is the US National Library of Medicine's digital archive of life sciences journal literature.
b. Medscape
c. eMedicine
d. Cochrane Library

Assigned textbooks are:

a. Bailey and Love's SHORT PRACTICE OF SURGERY 27th Edition
b. Browse's Introduction to the symptoms and signs of surgical disease. 4th Edition
c. Browse's Introduction to the investigation and management of surgical disease.
d. Pye's Surgical Handicraft by THR Crowle

DEPARTMENT ORGANOGRAM



3. Training Program

3.1. Schedule

Third Year BDS batch of students coming for clinical course in surgery will be divided into four groups namely A, B, C, D. The rotation program of groups for 16 weeks is given below:

Batch 1							
Day / Time	**Venue**	**Activity**	**Groups**				**Jun**
			Week 1 - 4	**Week 5 – 8**	**Week 9-12**	**Week 13 -16**	**1st Term Exam**
Thursday 1030 – 1330	**OT**	OT Program	**A**	**B**	**A**	**B**	
	SU I*	Clinical Program	**B**	**A**	**B**	**A**	
Friday 0900 - 1230	**SU III***	"	**A**	**B**	**A**	**B**	
Friday 0900 - 1030	**SU II***	Radiology	**B**	**A**	**B**	**A**	
Friday 1100 - 1230	**CSL****	Procedural Skills	**B**	**A**	**B**	**A**	
Batch 2							
Day / Time	**Venue**	**Activity**	**Groups**				**Nov**
			Week 1 - 4	**Week 5 – 8**	**Week 9-12**	**Week 13 -16**	**2nd Term Exam**
Thursday 1030 – 1330	**OT**	OT Program	**A**	**B**	**A**	**B**	
	SU I*	Clinical Program	**B**	**A**	**B**	**A**	
Friday 0900 - 1230	**SU III***	"	**A**	**B**	**A**	**B**	
Friday 0900 - 1030	**SU II***	Radiology	**B**	**A**	**B**	**A**	
Friday 1100 - 1230	**CSL****	Procedural Skills	**B**	**A**	**B**	**A**	

3.2. Assessment

First Term assessment will be carried out after 16 weeks. Second Term assessment will be carried out after 30 weeks. Result of assessment will be communicated to Dean FUCD for record. Internal Assessments will consist of:

Schedule of Assessment

Examination	Date	Theory Whole Class	Practical Batch on Surgery Rotation
Mid-Term Exam	To be notified	30 MCQs + 7 SEQs	1 DOPS 1 Mini-CEX
Mid-Term Exam	"	-	1 DOPS 1 Mini-CEX
Send Up Exam		40 MCQs + 10 SEQs	10 OSCE stations including 1 long case and 2 short cases

Assessment	Weightage		
	Theory	Practical	
	Both Batches	Batch 1	Batch 2
Ist Term Exam	3	3	-
2nd Term Exam	-	-	3
Send Up Exam	6	6 (Both batches)	
Attendance	1	1	
Total Marks	**10**	**10**	

Final examination will be on the same pattern and will consist of:

Theory Paper (90 marks)	Practicals (90 marks)
40 MCQs + 10 SEQs	15 OSCE stations including 1 Long Case and 2 Short Cases

3.3. Logbook

Students will maintain a logbook for all clinical learning activities as a means of formative assessment. They must get it signed from the teacher on the same day as the learning session.

3.4. Attendance

a. Daily attendance of third year BDS will be maintained with Senior Class Teacher.
b. It is **mandatory** for batch senior to get daily attendance signed by the respective teacher and deposit it in office of Senior Class Teacher.
c. A student must have at least 75% attendance in lectures and 75% in clinics to be eligible to sit in the university examination. If a student has less than 75% attendance, university rules will be followed.

4. Learning Objectives

Learning objectives of the learning activities to be carried out during rotation in surgery are as under:

4.1. Interactive Lectures (Large Group Interactive Sessions)

Venue: Lecture hall, FUCD

By the end of LGIS the students should be able to:

- Research the topic in detail from books, journals and the web before the date of interactive session — C3
- Raise questions about the aspects that are not clear to improve their understanding — P, A

Ser	LGIS Topic	Learning Objectives	Domain
		First Term	
By the end of the session, students must be able to:			
1	Introduction to Surgery	1. Describe goals of training in surgery 2. List the competencies to be achieved 3. Describe the rotation program in surgery	C1 C1 C1
2	Metabolic response to trauma/injury	1. Describe classical concepts of homeostasis 2. Describe changes in body composition that accompany injury 3. Discuss avoidable factors that compound metabolic response	C1 C1 C1

		4. Describe biochemical changes that occur during surgery 5. Describe concepts behind optimal perioperative care	C1 C1
3	Sterilization and Disinfection – I Principles and methods	1. Explain the importance of aseptic and antiseptic techniques 2. Define sterilization and disinfection 3. Describe principles of sterilization 4. Describe various methods of sterilization 5. Name appropriate method of sterilization of various surgical instruments	C1 C1 C1 C1 C1
4	Sterilization and Disinfection – II (Prevention in OT)	1. Describe methods of disinfection in OT 2. Discuss preventive measures practiced in OT	C1 C1
5	Shock	1. Enumerate types of shock 2. Describe pathophysiology of various types of shock 3. Describe clinical features of various types of shock 4. Discuss management of shock 5. Discuss methods for monitoring of resuscitation	C1 C1 C1 C1 C3
6	Haemorrhage	1. Enumerate types of hemorrhage 2. Classify Haemorrhage 3. Discuss pathophysiology and complications 4. Discuss various methods of hemorrhage control	C1 C1 C1 C3
7	Blood transfusion	1. Describe components of blood and indications for their transfusion 2. Describe massive blood transfusion 3. Discuss complications of blood transfusion	C1 C1 C3
8	Intravenous fluids - Indications and monitoring	1. Enumerate various types of IV fluids 2. Discuss indications for administering IV fluids 3. Discuss complications and monitoring of IV fluids 4. Describe perioperative IV fluid regimens	C1 C1 C1 C3
9	Wounds – Classification, healing and factors that affect wound healing	1. Describe traumatic wounds 2. Classify and describe surgical wounds based on contamination level 3. Describe healing and factors that affect healing of a wound 4. Create a management plan for different types of wounds 5. Describe management of hypertrophic scars and keloids	C1 C1 C1 C3 C1
10	Surgical site Infections - Types and management	1. Define surgical site infections 2. Describe types of SSIs 3. Enumerate complications of SSIs 4. Discuss evaluation and management of SSIs	C1 C1 C1 C3
11	SIRS and Sepsis – Pathophysiology, features and management	1. Define SIRS, sepsis and septic shock 2. Describe pathophysiology, features and evaluation 3. Discuss management of a patient with sepsis	C1 C1 C3
12	Gas gangrene and	1. Describe etiology and pathophysiology of gas gangrene	C1

	tetanus - Presentation, diagnosis and management	and tetanus 2. Describe clinical features 3. Describe prevention of tetanus 4. Discuss diagnostic work up and management of a patient of tetanus	 C1 C1 C3
13	Preoperative assessment	1. Differentiate between investigations performed for diagnosis, evaluation of disease and operability 2. Justify the necessity of each investigation 3. Describe supportive methods after operative procedures	C3 C3 C1
14	Nutrition in surgical patients	1. Discuss nutritional assessment of a patient 2. Enumerate various routes of administration of nutrition 3. Formulate nutritional plan for a patient 4. Describe methods for monitoring of nutrition 5. Discuss complications of various types of nutrition	C3 C1 C3 C1 C1
15	Postoperative care	1. Describe immediate care of post-operative patients. 2. Management of patients post operatively in ward 3. Describe convalescent phase postoperative care 4. Describe postoperative complications.	C1 C1 C1 C1
16	Principles of anaesthesia I - (Preop Assessment)	1. Describe various aspects of pre-anaesthesia assessment 2. Justify investigations required for it 3. Describe ASA and Malampati classifications	C1 C3 C1
17	Principles of anaesthesia II - (Basic Life Support)	Describe principles of basic life support in children and adults	C1
18	Recovery room complications	1. Describe recognition of common complications in recovery room 2. Discuss management of common recovery room complications	C1 C1
19	Surgical anatomy of neck and benign cervical lymphadenopathy	1. Describe surgical anatomy of neck including spaces and triangles 2. Describe etiological factors of benign cervical lymphadenopathy 3. Discuss evaluation and management of patient with cervical lymphadenopathy	C1 C1 C3
20	Common skin tumours of head and neck	1. Describe histology of skin 2. Classify skin tumours 3. Describe types of melanomas	C1 C1 C1
21	Management of skin tumours of head and neck	1. Describe presentation and clinical features 2. Discuss evaluation of skin tumors 3. Outline management of various skin tumors of head and neck	C1 C1 C1
22	Carcinoma of unknown in primary(CUP) in head and neck	1. Enumerate various etiologies 2. Outline a diagnostic workup for CUP 3. Outline management plan for a patient with CUP	C1 C3 C3
23	Neck Dissection	1. Describe various groups of cervical lymph nodes	C1

		2. Describe levels and types of neck dissection 3. Describe indication of each type of dissection	C1 C1
24	Nerve Injuries in neck	1. Classify nerve injuries 2. Describe clinical presentation of nerve injuries 3. Describe management of nerve injuries	C1 C1 C1
25	Salivary glands disorders - Neoplastic and non-neoplastic	1. Describe surgical anatomy of salivary glands 2. Describe physiology of salivary glands 3. Describe non-neoplastic salivary gland disorders 4. Describe various benign and malignant salivary gland tumors 5. Discuss evaluation of a salivary gland swelling	C1 C1 C1 C1 C3
26	Branchial Cyst/Fistula, Thyroglossal Cyst - Diagnosis and evaluation	1. Describe embryology of branchial cyst and fistula 2. Describe embryology of thyroglossal cyst 3. Discuss clinical features of branchial cyst and thyroglossal cyst 4. Outline evaluation and management	C1 C1 C1 C3
27	Burns	1. Describe types and pathophysiology of burns 2. Describe evaluation of area and degree of burns 3. Describe immediate and definitive management of a burns patient	C1 C1 C3
28	Diagnostic Radiology I – Interpreting plain x-rays	1. Recall the name of the radiograph 2. Recognize structures visible on a radiograph 3. Detect the abnormal findings on a plain radiograph	C1 C1 C2
29	Diagnostic Radiology II – Interpreting plain x-rays	1. Recall the name of the radiograph 2. Recognize structures visible on a radiograph 3. Detect the abnormal findings on a plain radiograph	C1 C1 C2
Second Term			
30	Surgical anatomy and physiology of thyroid and parathyroid glands	1. Describe embryological development and surgical anatomy of thyroid and parathyroid glands 2. Describe physiology of thyroid and parathyroid	C1 C1
31	Goiter- diagnosis and management	1. Describe evaluation of patients with goiter. 2. Classify thyroid swellings. 3. Select and interpret appropriate investigations for thyroid swellings. 4. Discuss indications of surgery in patients of surgery in goiter. 5. Discuss management of hyper thyroidism. 6. Discuss types of thyroidectomy and postoperative complications.	C1 C1 C1 C1 C1 C1
32	Hyperparathyroidism and parathyroid adenoma	1. Describe types of hyperparathyroidism 2. Justify and interpret investigations for diagnosis and localization of a parathyroid adenoma 3. Discuss management of parathyroid adenoma	C1 C3 C3
33	Anatomy and physiology of abdomen	1. Describe developmental and surgical anatomy of abdomen 2. Describe physiology of liver/ biliary tree/ pancreas	C1 C1

34	Acute Abdomen diagnosis and emergency management.	1. Define acute abdomen 2. Describe etiology of acute abdomen in adults and children 3. Describe inflammatory and obstructive types of acute abdomen	C1 C1 C1
35	Day care surgery	1. Describe day care surgery 2. Enumerate criteria of patients for day care surgery 3. Describe preoperative evaluation of patients 4. Describe preoperative management 5. Describe postoperative care.	C3 C3 C3 C1
36	GERD	1. Define GERD 2. Differentiate GERD from gastritis, APD and esophagitis 3. Describe esophageal and oropharyngeal complications of GERD 4. Describe evaluation and management of GERD	C1 C3 C1 C1
37	Thoracic outlet syndrome	1. Define thoracic outlet syndrome 2. Describe causes and clinical features 3. Describe evaluation and treatment options	C1 C1 C1
38	Carotid body tumors	1. Describe surgical anatomy and physiology of carotid body 2. Describe clinical features of carotid body tumor and differential diagnosis 3. Describe evaluation and treatment of a patient with carotid body tumor	C1 C1 C3
39	Deep vein thrombosis	1. Describe surgical anatomy of superficial and deep veins in lower limb 2. Enumerate causes of DVT 3. Describe complications of DVT 4. Describe evaluation of a unilateral leg swelling 5. Describe preventive measures for DVT 6. Describe investigations and treatment	C1 C1 C1 C3 C1 C1
40	Bone fractures and their management	1. Describe types of fractures in cortical and cancellous bones 2. Describe clinical features of a fracture 3. Differentiate a fracture from a joint dislocation clinically 4. Describe complications of common fractures	C1 C1 C3 C1
41	Tissue diagnosis	1. Define tissue diagnosis 2. Describe methods of tissue diagnosis. 3. Describe biopsy, types of biopsy, techniques and principles of surgery for biopsy. 4. Describe biopsy results, characteristics of benign and malignant tissue	
42	Primary trauma care - Overview	1. Describe principles of triage of mass casualties 2. Describe concepts of stabilization, optimization and documentation in trauma care 3. Describe systematic assessment of a severely injured	C1 C1 C3

		patient 4. Describe adjuncts of primary survey 5. Describe principles of secondary survey	 C1 C1
43	Primary survey – Management of airway in adults and children	1. Enumerate causes of airway obstruction 2. Describe quick assessment of airway obstruction 3. Describe indications for various methods of management of compromised airway in adults and children	C1 C1 C1
44	Primary survey – Resuscitation of breathing	1. Describe surgical anatomy of thoracic cavity 2. Describe physiology of respiration 3. Describe causes of compromised breathing in an injured patient 4. Describe quick assessment of breathing during primary survey 5. Describe systematic management to overcome compromised breathing	C1 C1 C1 C1 C3
45	Primary survey – Circulatory resuscitation in adults, children and pregnant women	1. Describe physiology of cardiovascular circulation 2. Enumerate causes of shock in trauma 3. Describe quick assessment of circulatory problems during primary survey 4. Outline management of circulation	C1 C1 C1 C1
46	Head Injury – Evaluation and management	1. Describe pathophysiology of head injury 2. Describe quick assessment of a patient with head injury and recognize life-threatening head injuries 3. Describe initial management of head injury	C1 C3 C1
47	Spinal trauma – Evaluation and management	1. Describe surgical anatomy of vertebral column and spinal cord 2. Describe common types and sites of spinal trauma 3. Describe assessment of a patient with spinal injury 4. Describe method of moving a patient with spinal injury 5. Describe initial management of spinal injury	C1 C1 C3 C1 C1

4.2. Bedside Learning In Ward

Learning Method: Student-centered
MIT: Demonstration and individual practice on real patients
Group Size: Small
Venue: **Ward, Surgical Unit I**
Day: Thursday (See Time Table)

Week	Skill	**Learning Objectives** (Domains: C, P, A) By end of rotation, students should be able to:
Week 1	History of pain + General Physical Exam	• Introduce himself to the patient • Describe presenting complaint objectively

Week 2	History of swelling + Examination of a swelling	• Elicit focused history • Explain the procedure and take implied consent • Expose the patient appropriately • Perform physical examination in a systematic manner • Detect relevant clinical findings • Make a diagnosis by using the findings • Discuss differential diagnosis • Advise, interpret and justify any investigations required
Week 3	History of goiter + Examination of thyroid	
Week 4	Examination of neck (Extrathyroidal swellings)	

4.3. Clinical Skills in Ward

Learning Method: Student-centered
MIT: Demonstration and individual practice on real patients
Group Size: Small
Venue: **Ward, Surgical Unit III**
Day: Friday (See Time Table)

Week	Skills to be Learnt	**Learning Objectives** (Domains: C, P, A) **By the end of rotation the students should be able to:**
Week 1	Focused short history taking skills and local examination	Demonstrate history taking skills in a focused manner
		Demonstrate local examination skills and ability to detect findings
		Demonstrate analytical ability by formulating a spot diagnosis
		Demonstrate empathy for the patient
Week 2	Examination of abdominal lump	Demonstrate competence in abdominal examination
		Demonstrate examination of an abdominal lump
		Demonstrate ability to make a spot diagnosis
Week 3	Counseling skills (Scenarios)	Ask the patient what he knows about his disease
		Empathize with patient if he finds it complicated and fill his gaps in knowledge with final diagnosis
		Outline the plan of management in a structured way
		Summarize key points and immediate next step.
		Communicate their findings in a brief, precise way
Week 4	Communication Skills (Scenarios)	Present the case in a scientific and lucid manner
		Justify their opinion in a brief and accurate way
		Communicate with attendants of patients in a professional

		manner
		Convey information to medical colleagues briefly and clearly

4.4. Procedural Skills In Clinical Skills Lab

Learning Method: Student-centered
MIT: Demonstration and individual practice on manikins
Group Size: Small
Venue: **Clinical Skills Lab, 4th Floor FUMC / SU-II**
Time: Vide weekly time table
Outcome: Students must obtain competence in following skills

Week	Skill	Learning Objective	Domain
Common objectives in all skill learning >>>>		Obtain consent of the patient before procedure	P, A
		Avoid causing undue pain to the patient	P, A
		Practice methods and techniques safe for the patient	P, A
		Inform the patient what to expect after procedure	P, A
Week 1	Venipuncture and maintaining an IV line	Select the appropriate vein for cannulation	P
		Select an appropriate sized cannula	P
		Perform venipuncture competently	P, A
		Secure the cannula effectively	P
		Attach an intravenous fluid set with cannula	P
	Nasogastric Intubation	Select appropriate size of tube	P
		Perform nasogastric intubation on a conscious and unconscious patient competently	P, A
		Secure the tube appropriately	P
		Attach a collection bag with tube OR perform aspiration	P
Week 2	Suturing of Wound	Arrange equipment required for suturing of skin	P
		Prepare and drape the wound	P, A
		Infiltrate the local anaesthetic appropriately	P
		Apply skin sutures correctly in an aseptic way	P
		Remove sutures competently	P
	Surgical dressing	Remove, discard and reapply surgical dressing at various sites appropriately, including head and neck	P
Week 3	Foley Catheter	Select appropriate sized catheter for the patient and arrange the equipment for catheterization	P
		Drape the area and use aseptic technique	P
		Pass Foley catheter in a non-traumatic way and retain it	P

		Attach catheter with a collection bag	P
	FNA and Core Needle Biopsy	Observe aseptic measures	P
		Prepare appropriate fixative solution and slides	P
		Perform FNA appropriately and fix slides	P, A
		Perform core needle biopsy appropriately	P, A
Week 4	Stabilization of Injured Spine	Immobilize the cervical spine without a collar	P, A
		Apply a cervical collar correctly	P, A
		Immobilize dorsal or lumbar spine on a spine board	P, A
	Application of Splints	Select appropriate splint for upper and lower limbs Apply and secure the splint correctly	P, A

4.5. Radiology / Lab Reports

Learning Method: Student-centered
MIT: Studying x-ray films and lab reports
Group Size: Small
Venue: SU II Ward
Time: Friday, 0900-1030
Outcome: Students must obtain competence in following skills

Week	Skills to be Learnt	**Learning Objectives** (Domains: C, P, A) **By the end of rotation the students should be able to:**
Week 1	Identifying various types of fracture	Identify various types of long bone fractures
		Identify dislocation of TM joint
		Identify fractures of mandible
		Describe an x-ray in a schematic manner
Week 2	Reading x-ray abdomen	Read and describe plain x-ray of abdomen
		Read and describe contrast studies of esophagus
		Identify abnormal findings
Week 3	Reading CT scan head and neck	Read and describe CT scan of head and neck
		Identify abnormal findings
Week 4	Interpreting lab reports	Interpret common lab reports: CBC, Coagulation profile, TFTs, LFTs

4.6. Procedural Skills In Operation Theaters

Learning Method: Student-centered
MIT: Demonstration and individual practice on manikins or patients
Group Size: Small
Venue: **OT II**, Ist Floor FFH
Time: Vide weekly time table
Outcome: Students must obtain competence in following skills

Week	Skill	Facilitator	**Learning Objective** (Domains: C, P, A)
Week 1	Sterilization / disinfection / aseptic techniques	SU III / Anaesth	Visualize various disinfectants and observe disinfection of OT surfaces
			Scrubbing and gowning under observation
			Observe sterilization by chemicals and autoclave
Week 2	Airway management	Anaesth	Clear and maintain airway in an unconscious patient by maintaining a correct head and neck posture
			Pass Guedel's airway correctly
			Pass endotracheal tube competently
			Attach AMBU bag and ventilate correctly
Week 3	Basic Life Support	Anaesth	Practice making the airway patent, assess breathing and administer IV fluids
			Operating and interpreting data on monitoring devices
Week 4	Basic surgical procedures	SU III	Assist / perform suturing under observation
			Assist / perform other minor procedures under observation
Week 5	Revision	SU III / Anaesth	Revise and improve any weaknesses in procedural skills

Please Note:

- For all learning activities, **please check weekly training programme.**
- In order to enhance learning and make the teaching sessions interactive, it is essential that students study the subject before the scheduled class.
- **Dress code:** When not in the operating room, **WHITE COAT** should be worn at all times.
- ***As members of a clinical department, the department of surgery faculty is involved in patient care. At times, patient care demands may interfere with scheduled course activities and class cancellations may occur.***

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