# SUMANDEEP VIDYAPEETH

**(Declared as Deemed to be University under Section 3 of the UGC Act 1956)**
*Accredited by NAAC with a CGPA of 3.53 out of four-point scale at 'A' Grade*
*Category – I deemed to be university under UGC Act - 2018*
*At & Post Piparia, Tal: Waghodia 391760 (Gujarat) India.*
Ph: 02668-245262/64/66, Telefax: 02668-245126,
Website: www.sumandeepvidyapeethdu.edu.in

# CURRICULUM
# Master of Chirurgiae
# (M.Ch.) in
# PLASTIC- SURGERY

Attested CTC

15/2/2021

Vice-Chancellor
Sumandeep Vidyapeeth
An Institution Deemed to be University
Vill. Piparia, Taluka: Waghodia.
Dist. Vadodara-391 760. (Gujarat)

Dean

**AMENDED UP TO DECEMBER -2020**

**CurriculumMCh**

**PlasticSurgery**

The infrastructure and faculty of the department of Plastic Surgery will be as per MCIguidelines

## Goals

ThegoalofMChcourseis toproduceacompetent surgeonwho:

- Recognizes the healthneedsof adultsand carriesout professionalobligations inkeepingwithprinciplesofNationalHealth Policyand professionalethics;
- Has acquired the competenciespertaining to plasticsurgery thatarerequiredtobepracticed inthecommunityandatalllevelsof healthcare system;
- Has acquired skills ineffectively communicatingwith the patients,familyand thecommunity.
- Isaware ofthecontemporaryadvancesanddevelopmentsinmedicalsciences.
- Acquiresaspiritofscientific enquiryandisorientedtoprinciplesof researchmethodology;and
- Hasacquiredskillsineducatingmedicalandparamedicalprofessionals.

## Objectives

AttheendoftheMCh.PlasticSurgery,thestudent shouldbeableto:

- Recognizethekeyimportanceofmedical problemsinthecontext of the health priority ofthecountry;
- Practicethe specialtyofplasticsurgery inkeepingwiththe principles ofprofessionalethics;
- Identify social, economic, environmental, biological and emotional determinants of adultPlastic Surgeryand know the therapeutic, rehabilitative,preventive andpromotionmeasurestoprovideholistic careto allpatients;
- Take detailed history, perform full physical examination and make a clinical diagnosis;Performand interpretrelevantinvestigations(ImagingandLaboratory);
- Performandinterpretimportantdiagnosticprocedures;
- Diagnose illnesses in adults based on the analysis of history, physical examination andinvestigativeworkup;
- Plan and delivercomprehensive treatmentforillnessinadultsusingprinciplesofr ational drugtherapy;
- Planandadvisemeasuresforthepreventionofdiseases;
- Planrehabilitationofadultssufferingfromchronicillness,andthosewithspecialneeds;Manageemergenciesefficiently;
- Demonstrateskillsindocumentationofcasedetails,andofmorbidityandmortalitydatarelevanttotheassignedsituation;
- Demonstrate empathyandhumaneapproachtowardspatientsandtheirfamiliesandrespecttheirsensibilities;
- Demonstratecommunicationskillsof ahigh order inexplainingmanagementandprognosis,providing counselingandgivinghealtheducationmessagesto patients,

familiesandcommunities.

- Developskills asa self-directed learner,recognizecontinuingeducationalneeds;
- useappropriatelearning resources, andcriticallyanalyzerelevantpublishedliteratureinordertopractice evidence-basedmedicine;
- Demonstrate competence in basic concepts of research methodology andepidemiology;
- Facilitatelearningofmedical/nursingstudents,practicingsurgeons,para-medicalhealthworkersand otherprovidersasateacher-trainer;
- Playtheassignedroleintheimplementationofnationalhealthprograms,effectivelyandresponsibly;
- Organizeandsupervisethedesiredmanagerialandleadershipskills;
- Functionasaproductive memberofateam engage in health care, research andeducation.

## Syllabus:

### 1. Theory–

**Principles,Techniques,andBasicSciences**

a. TechniquesandprinciplesinPlasticSurgery
b. WoundHealing: Normaland Abnormal
c. Woundcare
d. TheBlood SupplyoftheSkin
e. Muscleflaps andtheirBloodsupply
f. Transplant BiologyandApplicationstoPlasticSurgery
g. ImplantMaterials
h. Principlesof Microsurgery
i. MicrosurgicalRepairofPeripheralNervesandNerveGrafts
j. TissueExpansion
k. LocalAnesthetics

**PrinciplesofCraniofacialdistraction**

a. Skin andSoftTissue
b. Dermatologyfor PlasticSurgeons
c. Mohs MicrographicSurgery
d. CongenitalMelanocyticNevi
e. MalignantMelanoma
f. Thermal,ChemicalandElectricInjuries
g. PrinciplesofBurnReconstruction
h. RadiationandRadiationInjuries
i. Lasers inPlasticSurgery

**CongenitalAnomaliesAndPediatricPlasticSurgery**

a. EmbryologyoftheHeadandNeck
b. VascularAnomalies
c. Cleft LipandPalate
d. NonsyndromicCraniosynostosisandDeformationalPlagiocephaly
e. Craniosynostosissyndrome
f. CraniofacialMicrosomia
g. OrthognathicSurgery
h. CraniofacialCleftsandHypertelorbitism
i. MiscellaneousCraniofacialConditions
j. OtoplastyandEarReconstruction

**HeadandNeck**

a. Softtissueand SkeletalinjuriesoftheFace
b. HeadandNeckCancerandSalivaryGlandTumors
c. SkullBase Surgery
d. CraniofacialandMaxillofacialProsthetics
e. ReconstructionoftheScalp,CalvariumandForehead
f. ReconstructionoftheLips
g. ReconstructionoftheCheeks
h. NasalReconstruction
i. ReconstructionoftheEyelids,Correctionof PtosisandCanthoplasty
j. FacialParalysis Reconstruction
k. MandibleReconstruction
l. Reconstructionof Defectsof theMaxillaandSkullBase

**ReconstructionoftheOralCavity,PharynxandEsophagus**

a. Aesthetic Surgery
b. Cutaneous Resurfacing:ChemicalPeeling,Dermabrasionandlaserresurfacing
c. FillerMaterials
d. BotulinumToxin
e. StructuralFatgrafting
f. Blepharoplasty
g. Facelift
h. ForeheadLift
i. Rhinoplasty
j. Liposuction
k. AbdominoplastyandLower TruncalCircumferentialBodyContouring
l. FacialSkeletalAugmentationwithImplants
m. OsseousGenioplasty
n. HairTransplantation

**Breast**

a. AugmentationMammoplatyanditsComplications
b. MastopexyandMastopexyA ugmentation
c. BreastReduction:Inverted-TTechnique
d. VerticalReductionMammoplasty
e. Gynecomastia
f. BreastCancerforthe Plastic Surgeon
g. BreastReconstruction: ProstheticTechniques
h. LatissimusDorsiFlapBreastReconstruction
i. BreastReconstruction:TramFlapTechiniques
j. BreastReconstruction-FreeFlapTechniques
k. NippleReconstruction

**TrunkandLowerExtremity**

a. ThoracicReconstruction
b. AbdominalWallReconstruction
c. Lower- ExtremityReconstruction
d. FootandAnkleReconstruction
e. ReconstructionofthePerineum

f. Lymphedema
g. PressureSores
h. Reconstructionofthe Penis

**Upperextremity**

a. PlasticSurgeonsandtheDevelopmentofHandSurgery
b. PrinciplesofUpperLimbSurgery
c. RadiologicImagingoftheHandandWrist
d. Soft-tissueReconstructionoftheHand
e. FracturesandLigamentous InjuriesoftheWrist
f. Fractures,Dislocations,andLigamentousInjuries of theHand
g. TendonHealingandFlexor TendonInjury
h. RepairoftheExtensorTendon System
i. InfectionsoftheUpperLimb
j. Tenosynovitis
k. CompressionNeuropathiesintheUpperLimbandElectrophysiologic Studies
l. ThumbReconstruction
m. TendonTransfers
n. CongenitalHandAnomalies
o. Duputyren'sDisease
p. ReimplantationintheUpperExtremity
q. Upper LimbArthritis
r. UpperLimbAmputationandProsthesis
s. ContralateralC7nerveroottransferforBrachialPlexusinjuryandspasticupperarmparalysis.

**2. Practical:**

a. History,examinationandwriting ofrecords:
b. History takingshould include the back ground information, presenting complaintsandhistoryofpresentillness, history of previous illness, family history, social andoccupationalhistoryandtreatmenthistory.
c. Detailed physical examination should include general examination and systemicexamination (Chest,Cardio-vascularsystem,Abdomen,Centralnervoussystem,locomotor systemandjoints),withdetailed examination oftheabdomen.
d. Skills in writing up notes, maintaining problem oriented records, progress notes, andpresentation ofcases duringwardrounds,planninginvestigations andmakingatreatmentplanshould betaught.
e. TechniqueforContralateralC7nerveroottransferinBrachialPlexusinjury

(Board of Studies letter no.: SBKSMIRC/Dean/874, dated 18/06/2020 and Vide NotificationofBoardof ManagementResolutionRef: No.SVDU/R/3383-A/2019-20dated31/07/2020)

**3. Bedside procedures&Investigations:**

a.Therapeuticskills:Venepunctureandestablishmentofvascularaccess,Administrationoffluids,blood,bloodcomponentsandparenteralnutrition,Nasogastricfeeding,Urethralcatheterization,Administrationofoxygen,Cardiopulmonaryresuscitation,Endotrachealintubation.

**4. ClinicalTeaching**

a. General, Physical andspecific examinations of Maxillofacial & Hand Injuries shouldbemastered.The resident should ableto analyse history and correlate it withclinicalfindings.
b. Heshould bewellversed with allradiologicalprocedures likeCTAngio,CTFacewith 3D Reconstruction andX-Rayofface.
c. Heshouldpresenthisdailyadmissionsin morning reportand try toimprovemanagement skills,fluid balance,andchoiceofdrugs.
d. Heshouldclinicallyanalysethepatient&decidefor pertinentInvestigationsrequiredforspecificpatient.

## TeachingProgramme

**GeneralPrincipals**

- Acquisition of practical competenciesbeingthe keystone ofpostgraduatemedicaleducation,postgraduatetrainingis skills oriented.
- Learninginpostgraduateprogram is essentially self-directed and primarilyemanating clinical and academic work. The formal sessions are merely meant tosupplementthiscoreeffort.

**TeachingSessions**

- The teachingmethodologyconsists of bedside discussions, ward rounds, casepresentations,clinical grand rounds, statistical meetings, journalclub, lectures andseminars. Along withthese activities, trainees should take part ininter-departmentalmeetings i.e clinico-pathological andclinico-radiological meetings that are organizedregularly.
- Traineesareexpectedtobefullyconversantwith theuseofcomputersandbeableto usedatabaseslikeMedline,Pubmed etc.
- They should be familiar with concept of evidence-based medicine and the use ofguidelines available formanaging variousdiseases.

**TeachingSchedule**

Following is thesuggestedweeklyteaching programmein the Department of PlasticSurgery

| Sr. No | Description | Frequency |
|---|---|---|
| 1. | CentralTeaching | Onceaweek |
| 2. | Seminar/Journalclub | Onceaweek |
| 3. | CasePresentation | Onceaweek |
| 4. | Cathconference | Onceaweek |
| 5. | FileAudit/StatMeet. | Oncemonth |
| 6. | GrandRound/Interdepartmental | Oncemonth |

Each unit should have regular teaching rounds for residents posted in that unit. The roundsshould include bedside case discussions, file rounds (documentation of case history andexamination, progress notes, round discussions, investigations and management plan),interesting and difficult case unit discussions. Central hospital teaching sessions will beconductedregularlyandMCh.residentswouldpresentinterestingcases,seminarsandtakepartinclinic-pathological casediscussions.

At the end of second year residency the trainee should be able to present –

- Journal clubs on a prescribed Evidence Based format with emphasis on critical appraisal. A designated teacher/facilitator will assess every post graduate student for each Journal clubpresentation.

**4Conferences**

Aresidentmustattendatleastoneconferenceperyear.Onepapermustbepresentedinatleast3years.

**5. Scheduleof Posting:**

| | |
|---|---|
| OPD | Twice aWeek |
| OT | Twice aWeek |

- The MCh resident should do the dressings of the patient thathavebeenoperated/assistedbythem.
- TheMChresidentshouldnotedowntheHistoryandexaminationofadmittedpatientsandshould dailyputprogress notesinfiles.
- Thenormalworkinghourswillbefrom**8.00AMto8.00PM.**Whenonemergencyduty,theresidenti ssupposedtostayovernightintheresidentroom.
- TheMChresidentshallbepostedinotherdepartmentsasperthefollowingschedule

| | |
|---|---|
| Orthopedics | 15Days |
| Oncology/Radiotherapy | 15Days |
| Radiology | 15Days |
| Anaesthesia | 15Days |

**LogBook:**Alltheworkdoneduringthecoursewillberecordedbythecandidateinthelogbookdulysigned bytheconsultant.

## 6. ResearchProjects

Every candidate shall carry out work on an assigned research project under the guidance of arecognized postgraduate teacher, the project shall be written and submitted in the from of aProject.

Every candidate shall submit project plan to university within time frame set by university. ThesisshallbesubmittedtotheUniversitywithin9months ofjoiningthecourse.

Thestudentwill(i)identifyarelevantresearchproblem,(ii)conductacriticalreviewofliterature, (III) formulate a hypothesis, (iv) determine the most suitable study design, (v) state the objectivesof the study, (vi) prepare a study protocol, (viii) undertake a study according to the protocol, (viii)analyzeandinterpretresearchdata,anddrawconclusion,(ix)writea researchpaper.

- *To introduce New chapter / topic 'Intellectual Property Rights (IPR) forallTheFirstyearPostgraduateResidentDoctorsfromacademicyear2020-2021 of duration of 4hrs (Board of Studies letter no.: SBKS/DEAN/742/2021,dated 05/06/2021 and Vide Notification of Board of Management Resolution Ref no.:SVDU/R/3051-1/2020-21, dated - 29" July 2021)*

*List of topics :*

1. *Introduction-ConceptofIntellectualProperty,Historicalviewof Intellectual Property system in India and International Scenario, Evolution of Intellectual Property Laws in India, Legal basis of Intellectual Property Protection, Need for Protecting Intellectual Property, Theories on concept of property - Major IP Laws in India.*
2. *Types of IPR: Patents, Copyright, Trademark Industrial Designs, TradeSecrets.*
3. *Patents: Concept of Patent, Criteria of Patentability, Inventions NOT patentable, Process of Obtaining a Patent, Duration of Patents, Rights of Patentee, Limitation of rights, Infringement andEnforcement.*
4. *Copyrights: Meaning of Copyright, Copyright Vs. Moral rights, Copyrighteligibility,TermofCopyright,RegistrationofCopyright, Infringement andRemedies*
5. *Trademark: Meaning of Trademark, Criteria for trademark, Procedure for Trademark Registration, Term of protection, Infringement andRemedies.*
6. *Industrial Designs: Meaning of Industrial Designs, Rights in Industrial Designs: Nature, Acquisition and duration ofrights.*
7. *Trade Secrets: Meaning of Trade Secrets, Need to protectTrade secrets, Criteria of Protection, Procedure for registration, Infringement.*
8. *Commercialization of IPR: Traditional IP and Evolving IP, Assignment, Licensing, Cross License, Patent Pool, Negotiations, Defensive Publications, TechnicalDisclosures, Patent Pooling, Patent Trolling, Brand Management, Brand and Pricing Strategies.*

## 7. Assessment

AllthePGresidentsareassesseddailyfortheiracademicactivitiesandalsoperiodically.

**GeneralPrinciples**

Theassessmentisvalid,objectiveandreliable.Itcoverscognitive,psychomotorandaffectivedomains.Formative,continuingandsummative(final)assessmentisalsoconducted in theory as well as practical. In addition, research project is also assessedseparately.

**FormativeAssessment**

The formative assessment is continuous as well as end of term. The former is based on thefeedbackfromtheconsultantsconcerned.Formativeassessmentwillprovidefeedbacktothecandidate about his/her performance and help to improve in the areas they lack. Record ofinternal assessment should be presented to the board of examiners for consideration at thetimeoffinalexamination.

**InternalAssessment**

Theperformance of the residentduring the trainingperiod should bemonitoredthroughout thecourse and duly recorded in the log booksas evidenceof the ability anddailyworkofthestudent.Marksshouldbeallottedoutof100asfollowed.

| Sr.No | Items | Marks |
|---|---|---|
| 1. | PersonalAttributes | 20 |
| 2. | ClinicalWork | 20 |
| 3. | Academicactivities | 20 |

| | | |
|---|---|---|
| 4. | Endoftermtheoryexamination | 20 |
| 5. | Endoftermpracticalexamination | 20 |

## 1. Personalattributes:

**Behavior and Emotional Stability:** Dependable, disciplined, dedicated, stable in emergencysituations,showspositiveapproach.
**Motivation and Initiative:** Takes on responsibility, innovative, enterprising, do not shirk duties orleaveanyworkpending.
**Honesty and Integrity:** Truthful, admits mistakes, does not cook up information, has ethicalconduct,exhibitsgoodmoral values,loyaltotheinstitution.
**InterpersonalSkillsandLeadershipQuality:**Hascompassionateattitudetowardspatientsandatten dants, gets on well with colleagues and paramedical staff, is respectful to seniors, has goodcommunicationskills.

## 2. ClinicalWork:

**Availability:** Punctual, available continuously on duty, responds promptly on calls and takesproperpermissionforleave.
**Diligence:** Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sitidle,competentinclinicalcaseworkupandmanagement.
**Academic ability:** Intelligent, shows sound knowledge and skills, participates adequately inacademicactivities,andperformswellinoralpresentationanddepartmentaltests.
**ClinicalPerformance:**Proficientinclinicalpresentationsandcasediscussion
during rounds and OPD work up. Preparing Documents of the case history/examination andprogress notes in the file (daily notes, round discussion, investigations and management) Skill ofperformingbedside proceduresandhandlingemergencies.

3. **Academic Activity:** Performance during presentation at Journal club/ Seminar/ Casediscussion/Statmeetingandotheracademicsessions.Proficiencyinskillsasmentionedinjobr esponsibilities.

4. **Endoftermtheoryexamination**conductedatendof1st,2ndyearandafter2years9months

5. **Endoftermpractical/oralexaminationsafter2years9months.**

Marks for **personal attributes** and **clinical work** should be given annually by all the consultantsunderwhomtheresidentwaspostedduringtheyear.Averageofthethreeyearsshouldbeput asthe finalmarksoutof20.

Marks for **academic activity** should be given by the all consultants who have attended thesessionpresentedbytheresident.

The Internal assessment should be presented to the Board of examiners for due consideration atthetimeofFinal Examinations.

### SummativeAssessment

- Ratioofmarksintheoryandpracticalwillbeequal.Thepasspercentagewillbe50%.
- Candidatewillhavetopasstheoryandpracticalexaminationsseparately.

## A. Theoryexamination

| Paper | Title | Marks |
|---|---|---|
| Paper–I | BasicSciencesasrelatedtoPlasticSurgery | 100 |
| Paper-II | ClinicalPlasticSurgery | 100 |

| | | |
|---|---|---|
| Paper-III | OperativePlasticSurgery | 100 |
| Paper-IV | RecentadvancesinPlasticSurgery | 100 |
| **Total** | | **400** |

### B. Practical&Viva-VoceExamination

| Paper | Title | Marks |
|---|---|---|
| Paper–I | LongCase(1) | 100 |
| Paper-II | ShortCases(2)75markseach | 150 |
| Paper-III | Procedure | 50 |
| Paper-IV | GrandVivaincludingInstruments/Radiology/Pathology | 100 |
| **Total** | | **400** |

## JobResponsibilities

**OutdoorPatient(OPD)Responsibilities**

- TheworkingoftheresidentsintheOPDshouldbefullysupervised.
- They should evaluate each patient and write the observations on the OPD card withdateandsignature
- Investigations should be ordered as and when necessary, using prescribed forms.ResidentsshoulddiscussallthecaseswiththeconsultantandformulatemanagementplanPatient requiring admission according to resident's assessment should be shown tothe consultantonduty.
- Patient requiring immediate medical attention should be sent to the casualty serviceswithdetailsofthe clinicalproblemclearlywrittenonthecard.
- Patientshouldbeclearlyexplainedastothenatureoftheillness,thetreatmentadviceandtheinvestigationstobedone.
- Residentshouldspecifythedateandtimewhenthepatienthastoreturnforfollowup.

**In-PatientResponsibilities**

- Each resident should be responsible and accountable for all the patients admittedunder his care. The following are the general guidelines for the functioning of theresidentsin theward.Detailedworkupofthecaseandcasesheetmaintenance:
- He /She should record a proper history and document the various symptoms. Performa proper patient examination using standard methodology. He should develop skills toensurepatientcomfort/consentforexamination.Basedontheaboveevaluationhe/sheshouldbeabletoformulateadifferentialdiagnosisandprepareamanagementplan.Shoulddevelopskillsforrecordingofmedicalnotes,investigationsandbeabletoproperlydocumentthecconsultantroundnotes.
- Toorganizehis/herinvestigationsandensurecollectionofreports.
- Bedsideproceduresfortherapeuticordiagnosticpurpose.
- Presentationofapreciseandcomprehensiveoverviewofthepatientinclinicalroundstofacilitatediscussionwithseniorresidentsandconsultants.
- Toevaluatethepatienttwicedaily(andmorefrequentlyifnecessary)andmaintainaprogressreportinthecasefile.
- Toestablishrapportwiththepatientforcommunicationregardingthenature ofillnessandfurtherplanmanagement.
- Towriteinstructionsaboutpatient'streatmentclearlyintheinstructionbookalongwith time,dateandthebednumberwithlegiblesignatureoftheresident.
- Alltreatmentalterationsshouldbedonebytheresidentswiththeadviceoftheconcernedconsultantsandseniorresidentsoftheunit.

**Admissionday**

Followingguidelinesshouldbeobservedbytheresidentduringadmissionday.

- Resident should work up the patient in detail and be ready with thepreliminarynecessary investigations reports for the evening discussion with the consultant onduty.
- After the evening round the resident should make changes in the treatment and planouttheinvestigationsforthe nextdayinadvance.

**DoctoronDuty**

- DutydaysforeachResidentshouldbeallottedaccordingtothedutyroster.
- The resident on duty for the day should know about all sick patients in the wards andrelevant problems of all other patients, so that he could face an emergency situationeffectively.
- In the morning, detailed over (written and verbal) should be given to the next residentonduty.Thispracticeshouldberigidlyobserved.
- Ifapatientiscriticallyill,discussionaboutmanagementshouldbedonewiththe consultantatanytime.
- Thedoctorondutyshouldbeavailableinthewardthroughoutthedutyhours.

**CareofSickPatients**

- Careofsickpatientsinthewardshouldhaveprecedenceoverallotherroutineworkforthed octoronduty.
- Patientsincriticalconditionshouldbemeticulouslymonitoredandrecordsmaintained.
- IfpatientmeritsICUcarethenitmustbediscussedwiththeseniorresidentsandconsultan tsfortransferto ICU.

**Resuscitationskills**

- At the time of joining the residency programme, the resuscitation skills should bedemonstratedtotheresidentsandpracticaltrainingprovidedatvariousworkstations.
- Residents should be fully competent in providing basic and advanced cardiac lifesupport.
- They should be fully aware of all advanced cardiac support algorithms and beaware of the use of common resuscitative drugs and equipment like defibrillatorsandexternalcardiacpacemakers.
- Theresidentshouldbeabletoleadacardiacarrestmanagementteam.

**DischargeofthePatient**

- Patient should be informed about his/her discharge one day in advance anddischargecardsshouldbeprepared1daypriortotheplanneddischarge.
- The discharge card should include the salient points in history and examination,completediagnosis,importantmanagementdecisions,hospitalcoursea ndproceduresdoneduringhospital stay andthefinal advicetothepatient.
- Consultants and MCH Residents should check the particulars of the dischargecardand countersign it.
- Patient should be briefed regarding the date, time and location of OPD for thefollow upvisit.

**InCaseofDeath**

- Incaseitisanticipatedthataparticularpatientisinaseriouscondition,relativesshouldbei nformedaboutthecriticalconditionofthepatientbeforehand.
- Residentsshouldbeexpectedtodevelopappropriateskillsforbreakingbadnewsand bereavements.
- Followupdeathsummaryshouldbewritteninthefileandfacesheetnotesmust

be filled up and the sister in charge should be requested to send the body to themortuarywithrespectanddignityfromwherethepatient'srelativescanbehandedover thebody.

- In case of a medico legal case, death certificate has to be prepared in triplicateand the body handed over to the mortuary and the local police authorities shouldbe informed.
- Autopsyshouldbeattemptedforallpatientswhohavediedinthehospitalespeciallyifthepatientdied ofan undiagnosedillness.

**BedsideProcedures**

Thefollowingguidelinesshouldbeobservedstrictly:

- Beawareoftheindicationsandcontraindicationsfortheprocedureandrecorditin the case sheet. Rule out contraindications like low platelet count, prolongedprothrombin time, etc.Plan the procedureduringroutine working hours,unless itisan emergency.
- Explain theprocedurewithits complications tothe patientand his/herrelativeand obtain written informed consent on a proper form. Perform the procedureunderstrictasepticprecautionsusingstandardtechniques.Emergencytrays hould bereadyduringthe procedure.
- Make a brief note on the case sheet with the date, time, nature of the procedureandimmediate complications,ifany.
- Monitorthepatientandwatchforcomplications(s).

**OTresponsibilities**

- The1styearresidentobservesthegenerallayoutandworkingoftheOT,understands the importance of maintaining sanctity of the OT, scrubbing, workingand sterilizationofalltheOTInstrument,knowhowofmicroscopes.
- He/ She is responsible shifting of OT patients, for participating in surgery as 2ndassistant and for post operative management of patient in recovery and in ward.The 2nd year resident is responsible for pre op work up of the patient, surgicalplanning and understanding the rationale of surgery. He/she is the first assistant insurgery and is responsible for anticipating intra op and post op complications andmanagingthem.Thefinalyearresidentshouldbeabletoperformminor/medium/majorsurgeriesindependentlyandassistinmedium/major/extramajor surgeries. He/she should be able to handle all emergencies and post opcomplications independently and is responsible for supervision and guidance ofhis/herjuniors.

**Medico-LegalResponsibilitiesoftheResidents**

- Allthe residentsaregiveneducationregarding medico-legalresponsibilitiesatthetimeofadmissionina shortworkshop.
- Theymustbeawareoftheformalitiesandstepsinvolvedinmakingthecorrectdeathcertificates ,mortuaryslips, medico-legalentries,requisitionforautopsyetc.
- They should be fully aware of the ethical angle of their responsibilities and should learnhowtotakelegallyvalidconsent fordifferent hospitalprocedures&therapies.
- Theyshouldensureconfidentialityateverystage.

## Suggested Books &Journals:

**SuggestedBooks**

- Mathes:Principles&PracticesofPlasticsurgeryGrabb&Smith:Plasticsurgery
- McGregor:FundamentaltechniquesofPlasticsurgery
- McCarthy:CurrenttherapyinPlasticsurgeryRees:Aestheticplasticsurgery
- Green's:OperativeHandsurgeryGrab's:Encyclopediaofflaps

**SuggestedJournals**

- PlasticandReconstructiveSurgeryjournal
- JournalofPlasticReconstructiveandAestheticSurgery
- Burns
- PlasticSurgeryClinics
- HandClinic