

2.5.3

General Surgery department

Reforms



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
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VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

PRELIMINARY EXAMINATION

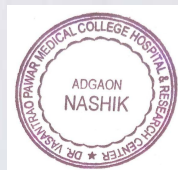
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Step-1 List of Topics PAPER-I

Sr.No	Topic
1	General principles of Surgery
2	Oncology
3	Head, face, neck
4	Breast, Endocrine Surgery and Trauma

Jham

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-2 Skeleton of the assessment tool FOR PAPER I

Question Pattern / Type	No of Items	Marks	Marks Including Options
MCQs	20 (0.5 Marks each)	10	10
LAQs	2 (8 Marks each)	16	16
ISAQs	Any 3 out of 5 (3 Marks each)	9	15
Total		35	41

Step-3 WEIGHTAGE of each topic PAPER I

Sr. No	Topic	Impact (I)	Frequency (F)	W=I x F	Marks allotted
1	General principles of Surgery	3	3	9	14
2	Oncology	2	2	4	7
3	head, face, neck	2	2	4	6
4	Breast, Endocrine Surgery and Trauma	3	3	9	14
				26	41



John

Professor & HOD
Professor & HOD

Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-4 Types of Question as per allotted Marks

Sr. No	Topic	W = I X F	Marks Allotted	MCQs	SAQs	LAQs
1	General principles of Surgery	9	14	7	1	1
2	Oncology	4	7	3	2	
3	head, face, neck	4	6	3	1	
4	Breast, Endocrine Surgery and Trauma	9	14	7	1	1
	TOTAL	26	41	20	5	2

Step-5 Level of Assessment PAPER 1

Sr. No	Topic	W = I X F	Marks Allotted	MCQs	SAQs	LAQs
1	General principles of Surgery	9	14	6(1R+3C+2A)	1(A)	1 C
2	Oncology	4	7	2(1C+1A)	2(1R+1C)	
3	head, face, neck	4	6	6(1R+3C+2A)	1(1A)	
4	Breast, Endocrine Surgery and Trauma	9	14	6(1R+3C+2A)	1(1C)	1C
			41	20	5	2



J. Ram
Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

PRELIMINARY EXAMINATION

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Step-1 List of Topics PAPER-II

Sr. No	Topic
1	Gastrointestinal Tract including colon rectum and anal canal
2	Hernia
3	Liver, pancreas and Biliary tract, Spleen,
4	Paediatric surgery
5	Urology
6	Cardio thoracic surgery
7	plastic surgery
8	Dental surgery,
9	Radiology and Radiotherapy,
10	Anaesthesiology.

Jhamm

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-2 Skeleton of the assessment tool FOR PAPER II

Question Pattern / Type	No of Items	Marks	Marks Including Options
MCQs	30 (0.5 Marks each)	15	15
LAQs	3 (8 Marks each)	24	24
SAQs	Any 7 out of 11 (3 Marks each)	21	33
Total		60	72

Step-3 WEIGHTAGE of each topic PAPER II

Sr.No	Topic	Impact (I)	Frequency (F)	W=I x F	Marks allotted
1	Gastrointestinal Tract including colon rectum and anal canal	3	3	9	15
2	Hernia	2	3	6	10
3	Liver, pancreas and Biliary tract, Spleen,	2	3	6	10
4	Paediatric surgery	2	2	4	7
5	Urology	3	3	9	15
6	Cardio thoracic surgery	3	1	3	5
7	plastic surgery	2	1	2	3
8	Dental surgery,	1	2	2	3
9	Radiology and Radiotherapy,	1	1	1	2
10	Anaesthesiology.	2	1	2	2
				44	72



Hamn
Professor & HOD
Professor & HOD
Department of Gen. Surgery
V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



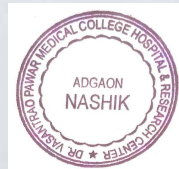
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RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-4 Types of Question as per allotted Marks PAPER II

Sr.No	Topic	W = I X F	Marks Allotted	MCQs	SAQs	LAQs
1	Gastrointestinal Tract including colon rectum and anal canal	9	15	5	1	1
2	Hernia	6	10	4	2	
3	Liver, pancreas and Biliary tract, Spleen,	6	10	4	1	1
4	Paediatric surgery	4	7	3	1	
5	Urology	9	15	5	1	1
6	Cardio thoracic surgery	3	5	2	1	
7	plastic surgery	2	3	1	1	
8	Dental surgery,	2	3	1	1	
9	Radiology and Radiotherapy,	1	2	2	1	
10	Anaesthesiology.	2	2	3	1	
		44	72	30	11	3

J. P. Pawar
Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-5 Types of Question as per allotted Marks PAPER II

Sr.No	Topic	W = I X F	Marks Allotted	MCQs	SAQs	LAQs
1	Gastrointestinal Tract including colon rectum and anal canal	9	15	5(1R+2C+2A)	1(R)	1 (C)
2	Hernia	6	10	4(1R+2C+1A)	2(1C+1A)	
3	Liver, pancreas and Biliary tract, Spleen,	6	10	4(1R+2C+1A)	1(C)	1(R)
4	Paediatric surgery	4	7	3(1R+2C)	1(A)	
5	Urology	9	15	5(1R+2C+2A)	1(R)	1(A)
6	Cardio thoracic surgery	3	5	2(1C+1A)	1 (C)	
7	plastic surgery	2	3	1(1C)	1(A)	
8	Dental surgery,	2	3	1(1A)	1(R)	
9	Radiology and Radiotherapy,	1	2	2(1R+1C)	1(C)	
10	Anaesthesiology.	2	2	3(1R+1C+1A)	1(A)	
		44	72	30	11	3

Jham

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

PG PRELIMINARY EXAMINATION
Blue Print P G PAPER-I BASIC SCIENCES

Step-1 List of Topics

Sr. No	Topic
1	General principles of Surgery, basic sciences with perioperative management
2	head, face, neck
3	Breast, Endocrine Surgery
4	Burns ,Trauma and vascular

Hamn

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-2 Skeleton of the assessment tool FOR PAPER-I

Question Pattern / Type	No of Items	Marks	Marks Including Options
LAQs	2 (25 Marks each)	50	50
SAQs	Any 5 out of 6 (10 Marks each)	50	60
Total		100	110

Step-3 WEIGHTAGE of each topic PAPER-I

Sr. No	Topic	Impact (I)	Frequency (F)	W=I x F	Marks allotted
1	General principles of Surgery, basic sciences with perioperative management	3	3	9	33
2	head, face, neck	2	3	6	22
3	Breast, Endocrine Surgery	2	3	6	22
4	Burns ,Trauma and vascular	3	3	9	33
				30	110



Jhamm
Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-4 Types of Question as per allotted Marks

Sr. No	Topic	W = I X F	Marks Allotted	SAQs	LAQs
1	General principles of Surgery, basic sciences with perioperative management	9	33	1	1
2	head, face, neck	6	22	2	
3	Breast, Endocrine Surgery	6	22	2	
4	Burns ,Trauma and vascular	9	33	1	1
	TOTAL	30	110	6	2

Step-5 Level of Assessment PAPER-I

Sr. No	Topic	W = I X F	Marks Allotted	SAQs	LAQs
1	General principles of Surgery, basic sciences with perioperative management	9	33	1(IC)	1 R
2	head, face, neck	6	22	2(1R+1C)	
3	Breast, Endocrine Surgery	6	22	2(1C+1A)	
4	Burns ,Trauma and vascular	9	33	1(1A)	1C
	TOTAL	30	110	6	2



Jhamr.
Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Blue Print Post-Graduate PAPER-II
GENERAL SURGERY INCLUDING CLINICAL SURGERY

Step-1 List of Topics

Sr. No	Topic
1	Gastrointestinal Tract including colon rectum and anal canal
2	Anterior abdominal wall with hernia.
3	Liver, pancreas and Biliary tract, Spleen
4	Genito urinary surgery

Jhannu

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-2 Skeleton of the assessment tool FOR PAPER-II

Question Pattern / Type	No of Items	Marks	Marks Including Options
LAQs	2 (25 Marks each)	50	50
SAQs	Any 5 out of 6 (10 Marks each)	50	60
Total		100	110

Step-3 WEIGHTAGE of each topic PAPER-II

Sr. No	Topic	Impact (I)	Frequency (F)	W=I x F	Marks allotted
1	Gastrointestinal Tract including colon rectum and anal canal	3	3	9	33
2	Anterior abdominal wall with hernia.	2	3	6	22
3	Liver, pancreas and Biliary tract, Spleen	2	3	6	22
4	Genito urinary surgery	3	3	9	33
	Total			30	110

Jham

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-4 Types of Question as per allotted Marks PAPER-II

Sr. No	Topic	W = I X F	Marks Allotted	SAQs	LAQs
1	Gastrointestinal Tract including colon rectum and anal canal	9	33	1	1
2	Anterior abdominal wall with hernia.	6	22	2	
3	Liver, pancreas and Biliary tract, Spleen	6	22	2	
4	Genito urinary surgery	9	33	1	1
	TOTAL	30	110	6	2

Step-5 Level of Assessment PAPER-II

Sr. No	Topic	W = I X F	Marks Allotted	SAQs	LAQs
1	Gastrointestinal Tract including colon rectum and anal canal	9	33	1(IC)	1 R
2	Anterior abdominal wall with hernia.	6	22	2(1R+1C)	
3	Liver, pancreas and Biliary tract, Spleen	6	22	2(1C+1A)	
4	Genito urinary surgery	9	33	1(1A)	1C
		30	110	6	2

Jhamr

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

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Blue Print Post-Graduate PAPER-III
GENERAL SURGERY INCLUDING SUBSPECIALITIES

Step-1 List of Topics

Sr. No	Topic
1	Gastrointestinal oncology
2	Cardio thoracic surgery and plastic surgery
3	Radiology and Radiotherapy, hepatopancreaticobilliary oncology
4	Paediatric surgery, Uro, oncology, Head face neck oncology

Jhamn.

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-2 Skeleton of the assessment tool FOR PAPER-III

Question Pattern / Type	No of Items	Marks	Marks Including Options
LAQs	2 (25 Marks each)	50	50
SAQs	Any 5 out of 6 (10 Marks each)	50	60
Total		100	110

Step-3 WEIGHTAGE of each topic PAPER-III

Sr. No	Topic	Impact (I)	Frequency (F)	W=I x F	Marks allotted
1	Gastrointestinal oncology	3	3	9	33
2	Cardio thoracic surgery and plastic surgery	2	3	6	22
3	Radiology and Radiotherapy, hepatopancreaticobilliary oncology	2	3	6	22
4	Paediatric surgery, Uro , oncology, Head face neck oncology	3	3	9	33
	TOTAL			30	110

Sharma

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-4 Types of Question as per allotted Marks PAPER-III

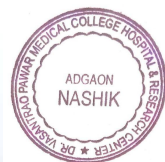
Sr. No	Topic	W = I X F	Marks Allotted	SAQs	LAQs
1	Gastrointestinal oncology	9	33	1	1
2	Cardio thoracic surgery and plastic surgery	6	22	2	
3	Radiology and Radiotherapy ,hepatopancreaticobilliary oncology	6	22	2	
4	Paediatric surgery, Uro oncology ,Head face neck oncology	9	33	1	1
	TOTAL	30	110	6	2

Step-5 Level of Assessment PAPER-III

Sr. No	Topic	W = I X F	Marks Allotted	SAQs	LAQs
1	Gastrointestinal oncology	9	33	1(1C)	1 R
2	Cardio thoracic surgery and plastic surgery	6	22	2(1R+1C)	
3	Radiology and Radiotherapy, hepatopancreaticobilliary oncology	6	22	2(1C+1A)	
4	Paediatric surgery, Uro oncology , Head face neck oncology	9	33	1(1A)	1C
	TOTAL	30	110	6	2

Jhann

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Blue Print Post-Graduate PAPER-IV
RECENT ADVANCES IN SURGERY

Step-1 List of Topics

Sr. No	Topic
1	Recent advances in basic sciences.
2	Recent advances in gastro intestinal system including liver ,pancreas and billiary system
3	Recent advances in genito urinary system
4	Recent advances in diagnostic and therapeutic surgical interventions

Jhann

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-2 Skeleton of the assessment tool FOR PAPER-IV

Question Pattern / Type	No of Items	Marks	Marks Including Options
LAQs	2 (25 Marks each)	50	50
SAQs	Any 5 out of 6 (10 Marks each)	50	60
Total		100	110

Step-3 WEIGHTAGE of each topic PAPER-IV

Sr. No	Topic	Impact (I)	Frequency (F)	W=I x F	Marks allotted
1	Recent advances in basic sciences.	3	3	9	33
2	Recent advances in gastro intestinal system including liver ,pancreas and billiary system	2	3	6	22
3	Recent advances in genito urinary system	2	3	6	22
4	Recent advances in diagnostic and therapeutic surgical interventions	3	3	9	33
	TOTAL			30	110



Jhamu
Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Step-4 Types of Question as per allotted Marks PAPER-IV

Sr. No	Topic	W = I X F	Marks Allotted	SAQs	LAQs
1	Recent advances in basic sciences.	9	33	1	1
2	Recent advances in gastro intestinal system including liver ,pancreas and billiary system	6	22	2	
3	Recent advances in genito urinary system	6	22	2	
4	Recent advances in diagnostic and therapeutic surgical interventions	9	33	1	1
	TOTAL	30	110	6	2

Step-5 Level of Assessment PAPER-IV

Sr. No	Topic	W = I X F	Marks Allotted	SAQs	LAQs
1	Recent advances in basic sciences.	9	33	1(1C)	1 R
2	Recent advances in gastro intestinal system including liver ,pancreas and billiary system	6	22	2(1R+1C)	
3	Recent advances in genito urinary system	6	22	2(1C+1A)	
4	Recent advances in diagnostic and therapeutic surgical interventions	9	33	1(1A)	1C
		30	110	6	2



Jhannu
Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

WORKPLACE BASED ASSESSMENT IN SURGERY

The postgraduate resident students are assessed in the following

1. DOPS Lipoma Excision
2. DOPS CIRCUMSCISION.
3. PBA Open inguinal hernia repair

1. The student is initially guided and explained by the Teacher in detail about the procedure.
2. The student observes the teacher performing the procedure.
3. The student performs the procedure under the teacher's guidance.
4. The student independently performs the procedure while the teacher observes.
5. The teacher finally gives feedback regarding the student's performance.

Jhann
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTER,
VASANTDADA NAGAR, ADGAON, NASHIK -422003

DEPARTMENT OF SURGERY

Case-Based Discussion OBST JAUNDICE

Name

Clinical setting: Emergency/Elective (please circle)

Performed in a simulated setting Description of the simulation:

CBD performed while on a course Yes/No If yes, please give details:

How do you grade this trainee in their:

O: Outstanding S: Satisfactory D: Development required

N: Not assessed

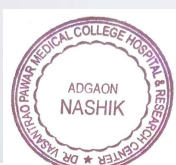
DOMAIN	GRADE
1. Medical record keeping	
2. Clinical assessment	
3. Diagnostic skills and underlying knowledge base	
4. Management and follow-up planning	
5. Clinical judgement and decision making	
6. Communication and team working skills	
7. Leadership skills	
8. Reflective practice/writing	
9. Professionalism	

GLOBAL SUMMARY

ASSESSMENT	LEVEL
Below the expected	
Appropriate for early years training	
Appropriate for completion of early years training	
Appropriate for central period of specialty training	
Appropriate for final year	

Trainee's signature:

Assessor's signature:



Jhamy
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTER,
VASANTDADA NAGAR, ADGAON, NASHIK -422003

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Direct Observation of Procedural Skills (DOPS)

Name of Procedure: **CIRCUMCISION**

No. times procedure previously performed:

Performed in a simulated setting Description of the simulation:

DOPS performed while on a course Yes / No If yes, please give details:

Difficulty of procedure: Easier than usual Average difficulty More difficult than usual

GRADING

N = Not observed D = Development required, S = Satisfactory (no prompting or intervention required) O = Outstanding

DOMAIN	Grade	Comments
1: Describes indications, anatomy, procedure and complications to assessor		
2: Obtains consent, after explaining procedure and possible complications to patient		
3: Prepares for procedure according to an agreed protocol		
4: Administers effective analgesia or safe sedation (if no anaesthetist)		
5: Demonstrates good asepsis and safe use of instruments and sharps		
6: Performs the technical aspects in line with the guidance notes		
7: Deals with any unexpected event or seeks help when appropriate		
8: Completes required documentation (written or dictated)		
9: Communicates clearly with patient and staff throughout the procedure		
10: Demonstrates professional behaviour throughout the procedure		

Steps to be performed as guidance notes

Steps In Surgery	Performed or Not
1. Choice and administration of local anaesthetic, where appropriate	
2. Mark appropriate level of skin incision	
3. Skin incision	
4. Retraction of foreskin	
5. Mark appropriate level of mucosal skin incision	
6. Resection of appropriate length of foreskin	
7. Haemostasis by ligation and bipolar diathermy	
8. Skin suture	

Trainee's signature:

Assessor's signature:



Hammy
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAU PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTER,
VASANTDADA NAGAR, ADGAON, NASHIK -422003

DEPARTMENT OF SURGERY

Direct Observation of Procedural Skills (DOPS)

Name of Procedure: **Benign skin or subcutaneous lesion-excision biopsy**

No. times procedure previously performed:

Performed in a simulated setting Description of the simulation:

DOPS performed while on a course Yes / No If yes, please give details:

Difficulty of procedure: Easier than usual Average difficulty More difficult than usual

GRADING

N = Not observed D = Development required, S = Satisfactory (no prompting or intervention required) O = Outstanding

Domain	Grade	Comments
1: Describes indications, anatomy, procedure and complications to assessor		
2: Obtains consent, after explaining procedure and possible complications to patient		
3: Prepares for procedure according to an agreed protocol		
4: Administers effective analgesia or safe sedation (if no anaesthetist)		
5: Demonstrates good asepsis and safe use of instruments and sharps		
6: Performs the technical aspects in line with the guidance notes		
7: Deals with any unexpected event or seeks help when appropriate		
8: Completes required documentation (written or dictated)		
9: Communicates clearly with patient and staff throughout the procedure		
10: Demonstrates professional behaviour throughout the procedure		

Steps to be performed as guidance notes

Steps in Surgery	Performed or Not
1. Adequate assessment of the nature of the lesion	
2. Suitable incision in skin crease if possible	
3. Lesion adequately excised	
4. Haemostasis adequate	
5. Neat and appropriate closure	

Trainee's signature:

Assessor's signature:



Jhamr
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTER,
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DEPARTMENT OF SURGERY

MINI CLINICAL EVALUATION EXERCISE Mini CEX

Name

Clinical setting: Emergency/Elective (please circle)

Performed in a simulated setting Description of the simulation:

Mini CEX performed while on a course Yes/No If yes, please give details:

How do you rate this trainee in their:

O: Outstanding **S:** Satisfactory **D:** Development required

N: Not assessed

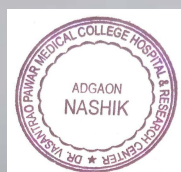
Domain	Grade
1. Medical record keeping	
2. Clinical assessment	
3. Diagnostic skills and underlying knowledge base	
4. Management and follow-up planning	
5. Clinical judgement and decision making	
6. Communication and team workings skills	
7. Leadership skills	
8. Reflective practice/writing	
9. Professionalism	

GLOBAL SUMMARY

Assessment	Level
Below the expected	
Appropriate for early years training	
Appropriate for completion of early years training	
Appropriate for central period of specialty training	
Appropriate for final year	

Trainee's signature:

Assessor's signature:



Jhamr.
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTER,
VASANTDADA NAGAR, ADGAON, NASHIK -422003

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PROCEDURE BASED ASSESMENT OF OPEN INGUINAL HERNIA REPAIR

Competencies and Definitions		Yes/No	Comments about this
Preoperative planning			
1	Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies / techniques to deal with these		
2	Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account appropriate investigations e.g. x-rays		
3	Checks materials, equipment and device requirements with		
4	Ensures the operation site is marked where applicable		
5	Checks patient records, personally reviews investigations		
Preoperative preparation			
1	Checks in theatre that consent has been obtained		
2	Gives effective briefing to theatre team		
3	Ensures proper and safe positioning of the patient on the		
4	Demonstrates careful skin preparation		
5	Demonstrates careful draping of the patient's operative field		
6	Ensures general equipment and materials are deployed safely (Catheter , diathermy) Ensures appropriate drugs administered		
7	Arranges for and deploys specialist equipment (e.g. image		
Exposure and closure			
1	Demonstrates knowledge of optimum skin incision / portal / access		
2	Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly		
3	Completes sound wound repair where appropriate		
4	Protects the wound with dressings, splints and drains where appropriate		
Intra operative technique:			
1	Follows an agreed, logical sequence or protocol for the procedure		
2	Consistently handles tissue well with minimal damage		
3	Controls bleeding promptly by an appropriate method		
4	Demonstrates a sound technique of knots and sutures/staples		
5	Uses instruments appropriately and safely		
6	Proceeds at appropriate pace with economy of movement		
7	Anticipates and responds appropriately to variation e.g. anatomy		
8	Deals calmly and effectively with unexpected events/ complications		



Jhannu
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
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Competencies and Definitions		Yes/No	Comments about this
Intra operative technique:			
9	Uses assistant(s) to the best advantage at all times		
10	Communicates clearly and consistently with the scrub team		
11	Communicates clearly and consistently with the anaesthetist		
12	Carries out dissection purposefully and accurately to expose sac without compromising adjacent structures like nerves, vas and blood vessels		
13	Identifies sac and assesses sac contents correctly		
14	Deals with sac contents appropriately by reduction / inspection / further procedure		
15	Deals with sac appropriately by inversion / transfixion and excision		
16	Completes a sound repair by an appropriate method without compromising adjacent structures		
Post operative management			
1	Ensures the patient is transferred safely from the operating table		
2	Constructs a clear operation note		
3	Records clear and appropriate post operative instructions		
4	Deals with specimens. Labels and orientates specimens		

Global summary

	Competencies and Definitions	Yes/No	
1	Able to assist with guidance (was not familiar with all steps of procedure)		
2	Able to assist without guidance (knew all steps of procedure and was able to anticipate next step)		
3	Procedure performed with minimal guidance or intervention		
4	Procedure performed fluently without guidance or intervention		



Jhamn
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Self Assessment form for PG Medical students
Feedback form of PG Student for self assessment

1. Name of students:
2. Subject:
 1. Gastroscopy
 2. Wound suturing with debridement
 3. Tracheostomy
 4. Inguinal hernia repair
 5. Open appendectomy
 6. Exploratory laparotomy for peptic ulcer perforation
 7. Exploratory laparotomy with small bowel resection and anastomosis

Check list to be filled up after the procedure by the PG students:

1. Give the brief description of _____ procedure you have done?-----

2. What did you like about the procedure?
3. Did you take written consent of the patient before the procedure?
4. What were you able to do well?
5. What difficulty did you arise?
6. What safety precautions did you take?
7. How did you assess patient before doing the procedure?
8. What did you learn about yourself from this procedure?
9. What was situation of your mind during daily this procedure?
10. Are you afraid of this procedure?
11. Did you do this procedure under senior guidance?
12. How did you feel after the completion of the procedure?
13. What precautions did you take during the procedure?
14. What instructions did you the nurse after the procedure?
15. Did you come across any complication during/ after the procedure?
16. How did you follow the patient after the procedure?
17. What did you learnt from the procedure?
18. Until now how many of these procedures have you done?
19. Did you get confidence of dong this procedure?
20. How do you tackle the complication of the procedure?



Jhgm

Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

OSCE FOR UNDER-GRADUATE STUDENTS

OSCE -1

PER ABDOMEN EXAMINATION

- Q 1. Perform per abdominal examination of this patient and write your findings. [2 marks]
Q 2. What is rebound tenderness. [1mark]
Q 3. What is shifting dullness [1 mark]
Q 4. How do you differentiate between superficial and deep lump [1 mark]

CHECKLIST-

1. Communication skill [½]
Proper examination of patient[1/2]
2. Proper method of demonstration [1]
3. Correct answer [1]
4. Correct answer [1]

Jhann.

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

OSCE FOR UNDER-GRADUATE STUDENTS

OSCE 2

30 YEAR OLD MALE WITH SWELLING IN SCROTUM

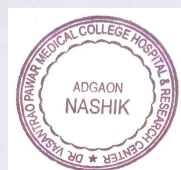
- Q1. Take proper history and perform examination of patient.[2 marks]
Q 2. What is the diagnosis? [1]
Q 3. What investigations are to be done in this case? [1]
Q4. Write the treatment modalities in this case? [1]

CHECKLIST-

1. Communication skill [1]
Correct method of examination [1]
2. Correct answer [1]
3. Correct answer [1]
4. Correct answer [1]

Jhannu

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

OSCE FOR UNDER-GRADUATE STUDENTS

OSCE 3

60 YEAR OLD MALE WITH HISTORY OF NON HEALING ULCER OVER RIGHT FOOT

Q 1. Perform examination of ulcer [3]

Q2. What is an ulcer [1]

Q 3. Demonstrate palpation of dorsalis pedis artery [1]

CHECKLIST-

1. Communication skill [1/2]
Proper distance [1/2]
Description of ulcer [2]
2. answer [1]
3. Correct demonstration [1]

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

OSCE FOR UNDER-GRADUATE STUDENTS

OSCE 4

Examine a 48 year old female patient presenting with pain in abdomen on right side since 24 hours

Q 1. Take proper history and do abdominal examination.[2]

Q 2. What are different quadrants of abdomen [1]

Q 3. What is billiary colic [1]

Q 4 what are causes of obstructive jaundice in 48 year old female[1]

CHECKLIST-

1. Communication skill[1]
Proper abdominal examination [1]
2. Correct answer [1]
3. Correct answer [1]
4. Correct answer [1]

Jhann

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

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OSCE FOR UNDER-GRADUATE STUDENTS

OSCE 5

A 44 year old female presents with the lump in right breast

Q1. Take proper history and do clinical examination [3]

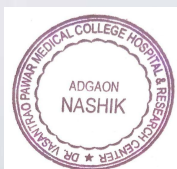
Q2. What is differential diagnosis [1]

Q3. What is true cut needle biopsy. [1]

CHECKLIST-

1. Communication skill [1]
Clinical examination [2]
2. Differential diagnosis [1]
3. Correct answer [1]

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

OSCE FOR POST-GRADUATE STUDENTS

OSCE -1

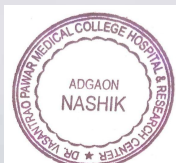
A 40 YEAR OLD MALE IS DIAGNOSED WITH INOPERABLE CA RECTUM, EXPLAIN
HIM METHODS OF TREATMENT, COUNSEL HIM FOR COLOSTOMY

CHECKLIST-

- 1 COMMUNICATION SKILL. [2 marks]
2. Methods of treatment. [1 mark]
3. complications [1 mark]
4. Counselling for colostomy [1 mark]

J. K. K.

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

OSCE FOR POST-GRADUATE STUDENTS

OSCE 2

30 YEAR OLD MALE COMES WITH WITH SWELLING IN BOTH INGUINOSCROTAL REGION

Q1. Take proper history and perform examination of patient.[2 marks]

Q 2. What is the diagnosis? [1]

Q 3. What are treatment option? [1]

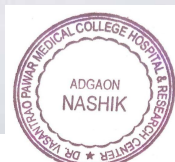
Q4. How will you treat recurrent inguinal hernia ? [1]

CHECKLIST-

1. Communication skill [1]
Correct method of examination [1]
2. Correct answer [1]
3. Correct answer [1]
4. Correct answer [1]

Jhansi

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

OSCE FOR POST-GRADUATE STUDENTS

OSCE 3

60 YEAR OLD MALE CHRONIC SMOKER COMES WITH SUDDEN ONSET PAIN IN LEFT LOWER LIMB WITH PAIN

Q 1. TAKE PROPER HISTORY ,PERFORM EXAMINATION [2]

Q2. WHAT IS DIAGNOSIS [1]

Q 3. HOW WILL YOU TREAT THIS PATIENT [2]

CHECKLIST-

1. Communication skill [1]

Examination

2. answer [1]

3. correct answer[2]

Jhamn

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

OSCE FOR POST-GRADUATE STUDENTS

OSCE 4

Examine a 48 year old female patient presenting with swelling in front of neck

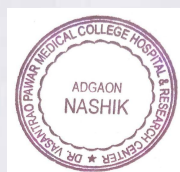
- Q 1. Take proper history and do examination.[2]
- Q 2. What is differential diagnosis [1]
- Q 3. How will you diagnose [1]
- Q 4. What are treatment options[1]

CHECKLIST-

- 1. Communication skill[1]
Proper examination [1]
- 2. Correct answer [1]
- 3. Correct answer [1]
- 4. Correct answer [1]

Jhannu

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

OSCE FOR POST-GRADUATE STUDENTS

OSCE 5

Demonstrate technique of true cut needle biopsy on breast model

Q1. What are prerequisites, [1]

Q 2. Proper demonstration [3]

Q3. How will you explain to patient if report comes as infiltrating duct carcinoma. [1]

CHECKLIST-

1. Correct answer [1]
2. Correct demonstration with counselling of patient [3]
3. Correct answer [1]

Jhamu

Professor & HOD
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTER,
VASANTDADA NAGAR, ADGAON, NASHIK -422003

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Evaluation Form

(A) Postgraduate Seminars

Date:-

Name :-

Seminar Topic :-

Evaluation Points :-

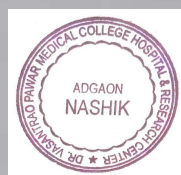
- 1) Presentation :
- 2) Completeness of Preparation:
- 3) Cogency of Presentation :
- 4) Use of audiovisual aids:
- 5) Understanding of subjects :
- 6) Ability to answer questions :
- 7) Time scheduling :
- 8) Consulted all relevant literature :
- 9) Overall performance .

Guidance for Scoring 0 1 2 3 4

Poor Below average Average Above average Very Good

faculty member :

- 1.
- 2.
- 3.



Mean Score

Jhany
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTER,
VASANTDADA NAGAR, ADGAON, NASHIK -422003

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Evaluation Form
(B) Case Presentation

Date:-

Name :-

Case Title :

- 1) Logical order in presentation:
- 2) Cogency of Presentation :
- 3) Complete / Relevant history
- 4) Accuracy of General Physical Examination :
All signs elicited correctly.
- 5) Accuracy of Systemic Examination .
- 6) Diagnosis - Logical flow based on History & findings.
- 7) Order of differential diagnosis (logical)
- 8) Investigations required .
(complete list, Relevant order , Interpretation of investigations,
Unnecessarily investigations asked)
- 9) Treatment : Principles & details
- 10) Patient /Relatives communication
(Diagnosis & Management Health education)

Overall :

1. Abilities to react to questioning
2. Abilities to defend diagnosis:
3. Ability to justify differential diagnosis:
4. Acceptability of plan of management
5. Confidence

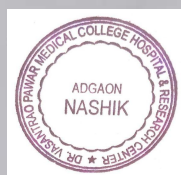
score

0 1 2 3 4

Poor Below average Average Above average Very Good

faculty member :

- 1.
- 2.
- 3.



Jhamr

Mean Score

Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTER,
VASANTDADA NAGAR, ADGAON, NASHIK -422003

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Evaluation Sheet
(C) Journal Club

Name :

Points for consideration :

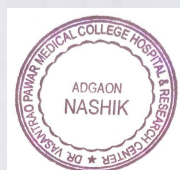
- 1) Choice of article relevant :
- 2) Cogency of presentation :
- 3) Whether understood and conveyed the purpose of the article :
- 4) How did he defend article :
- 5) Whether cross references have been consulted
- 6) Understood explained basics of statistic in article :
- 7) Whether relevant information mentioned from other articles.
- 8) Use of audio visual aids:
- 9) Presentation :
- 10) Response to questioning :

Score	0	1	2	3	4
	Poor	Below average	Average	Above average	Very Good

faculty member :

- 1.
- 2.
- 3.

Mean Score



Jhamar
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Per Rectal Enema Instillation

Student Learning Objectives

By the completion of this module, the student will be able to:

1. Indications and complications of enema instillation
2. Communicate to the patient about the procedure
3. Know the correct technique of enema instillation

Introduction

An enema administration is a technique used to stimulate stool evacuation. The process helps push waste out of the rectum. It is a liquid treatment most commonly used to relieve severe constipation.

Teaching Learning Method

Enema instillation on mannequin in skill lab

Indications

1. Chronic constipation
2. Prior to Colonoscopy
3. Prior to rectal or lower GI tract surgeries
4. Intestinal pseudo-obstruction

Contraindication

1. Peritonitis,
2. Perforation
3. Rectal malignancy

Equipment required

1. Lubricant
2. Non sterile gloves
3. White coat/uniform
4. Blue sheet under the patient

Preparation

Explain procedure to patient

Obtain required equipment

Ensure patient's privacy

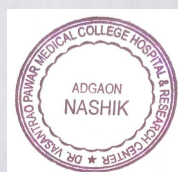
Put on white coat or uniform and protective eyewear

Procedure

Perform hand hygiene and put on non-sterile gloves

Position patient in the left lateral position in a knee-chest position

if tolerated and place a blue under sheet under their buttocks



J. M.

Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

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Per Rectal Enema Instillation

Remove cap and lubricate tip of an enema tube
Instruct patient to relax and to breath normally
Slowly and gently insert a tube approx. 3 cm into the rectum
Ask the patient to take a deep breath in (relaxes the sphincter), if
resistance is encountered at the internal sphincter
Squeeze the tube to instil all of the contents into the rectum, and
keep the chamber compressed as you withdraw the tube.

Complications

1. Mild abdominal discomfort / cramps
2. Diarrhoea and dehydration
3. Electrolytes imbalance
4. Iatrogenic trauma to rectum
5. Bleeding per rectum

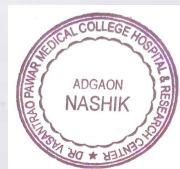
Skill assessment:

- i. Demonstration of successful procedure in amannequin with demonstration of all precautions (5 times).
- ii. Demonstration in patients (5 times each) with OSCE.

Assessment

OSCE/DOPS

Sr. No.	Performance	Marks
1	Greets the patient and introduces himself, obtains history	
2	Hand sanitization and wearing sterile gloves with no touch technique And obtain consent	
3	Communication with staff nurse Check the necessary equipments and makes necessary preparation for the procedure	
4	Ensures privacy of the patient	
5	Preparation for giving ENEMA.	
6	Proper position of the patient	
7	Enema instillation with lubrication & minimal discomfort to patient	
8	Complete instillation and inspection for any trauma	
9	Explaining post procedure care.	
10	Proper disposal of waste	
	Total	



Jham

Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



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VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

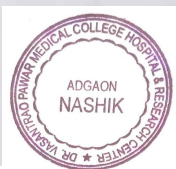
Annexure A

Outline of a Session Plan

Name of the group

Facilitator/ Supervisor/ Faculty

Parameter	Description
Name of lesson	Enema instillation
Number of learners	
Objectives of the session	Student should able to 1. Know the different techniques of enema instillation 2. Identify different equipments needed . 3. Enumerate the contraindications for enema
Primary teaching method chosen	1. Explaining the procedure followed by demonstration by the faculty. 2. Procedure to be done by students after demonstration
Break up of session	Step 1 Taking proper history, Hand sanitization and wearing sterile gloves with no touch technique. Step 2 Explaining steps to patient, ,obtaining consent., Step 3 Ensures privacy of the patient Step 4 Preparation for enema . Step 5 proper position of the patient Step 6 enema instillation with minimal discomfort to patient Step 7 Explaining post procedure care Step 9 Proper disposal of waste.
Teaching aids required	1. lubricant 2. enema catheter 3. enema can 4. Pair of gloves 5. Sheet under the patient
Infrastructure required	Skill lab with model and instruments.
Student participation required/ prior reading required	1. Anatomy of lower GI tract and anal canal 2. Knowledge of instillation
Assessment method chosen	Demonstration followed by direct observation
Other comments	1. Need of explaining the procedure and obtaining informed written consent, when performing on patient emphasized. 2. Need of utmost aseptic precautions while performing.



Jhamn.
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Gastroscopy

Student Learning Objectives

By the completion of this module, the student will be able to:

1. List the indications for Gastroscopy .
2. Select the equipment for Gastroscopy .
3. Enumerate the risks associated with Gastroscopy .
4. Communicate to the patient about the procedure and post procedure care.
5. Demonstrate correct method of gastroscopy with strict aseptic
6. technique in mannequin as well as in patients

Introduction

Gastroscopy is a procedure during which a small flexible endoscope is introduced through the mouth and advanced through the pharynx, oesophagus, stomach, and duodenum.

It is used for both diagnostic procedures and therapeutic procedures. Most modern endoscopes now use a video chip for better imaging, as opposed to the older endoscopes, in which fiber optics are used for image transmission.

Teaching Learning method

Gastroscopy model in skill lab

Pre requisites

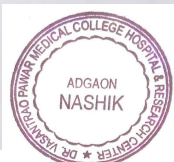
1. Knowledge of Anatomy of the upper GI tract.
2. Knowledge of indications/ contraindications of gastroscopy

Indication

1. Diagnostic evaluation for signs or symptoms suggestive of upper gastrointestinal (GI) disease (eg, dyspepsia, dysphagia or recurrent emesis)
2. Surveillance for upper GI cancer in high-risk settings
3. Biopsy for known or suggested upper GI disease (eg, malabsorption syndromes, neoplasms)
4. Therapeutic intervention (eg, retrieval of foreign bodies,[5] control of haemorrhage, dilatation or stenting of stricture, ablation of neoplasms, or gastrostomy placement)

Contraindications

1. Possible perforation
2. Medically unstable patients
3. Anticoagulation, pharyngeal diverticulum, or head and neck surgery
4. Unwilling patients



Jhann
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

Gastroscopy

Equipments Required

1. Endoscope
2. Light source
3. Mouth gag
4. Pulse oximetry
5. Suction apparatus

Preparation

Informed consent should be obtained from the patient or the patient's relatives .

A focused history and physical examination should be obtained to ensure the procedure is clinically indicated and to evaluate for potential contraindications.

Patient should be Nil by mouth

Sedation and topical anaesthesia are commonly used for the procedure

The patient is usually placed in the left lateral position for this procedure

Procedure

1. A bite block is placed to prevent damage to the endoscope and to ease its passage through the mouth.
2. Under direct vision, pass the endoscope through the pharynx, oesophagus, and stomach and into the duodenum, with careful inspection upon both insertion and slow withdrawal.
3. Insufflate air to distend the lumen so as to facilitate viewing. Liquid and particulate matter can be aspirated through the suction channel.
4. The procedure and findings can be documented with pictures or a video system. Biopsy specimens can be obtained by passing a forceps and taking small mucosal samples for histology studies

Complications

1. Bleeding
2. Infection
3. Perforation
4. Cardiopulmonary complications in high risk cases

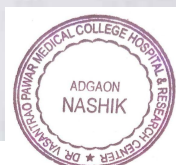
Skill assessment:

Formative: Demonstration of successful gastroscopy in a mannequin with demonstration of all aseptic precautions (5 times).

Summative: Demonstration of successful gastroscopy in patients with demonstration of all aseptic precautions (5 times each) with OSCE.

Hamir

Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

Assessment

Demonstration in model 5 times

OSCE/DOPS

Sr. No.	Performance	Marks
1	Greets the patient and introduces himself, obtains history	
2	Hand sanitization and wearing sterile gloves with no touch technique, explaining steps to patient and obtaining consent	
3	Communication with staff nurse and check all the necessary equipments	
4	Preparation of giving anaesthesia	
5	Proper position of the patient in left lateral with bite block	
6	Choosing proper scope for gastroscopy	
7	Gastroscopy with proper technique and minimal discomfort to patient	
8	Findings of gastroscopy	
9	Explaining post operative care.	
10	Proper disposal of waste	
	Total	

Suggested readings

Sabiston Textbook of Surgery

Fischer's Mastery of Surgery



Jhamu

Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

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Annexure A
Outline of a Session Plan

Name of the group

Facilitator/ Supervisor/ Faculty

Parameter	Description
Name of lesson	Gastroscopy
Number of learners	
Objectives of the session	Student should able to 1. Know the proper technique of gastroscopy 2. Identify different equipments needed 3. Enumerate the contraindications and indications
Primary teaching method chosen	1. Explaining the procedure followed by demonstration by the faculty. 2. Procedure to be done by students after demonstration
Break up of session	Step 1 Taking proper history, Hand sanitization and wearing sterile gloves with no touch technique. Step 2 Explaining steps to patient, ,obtaining consent., Step 3 proper position of the patient Step 4 Preparation for giving anaesthesia. Step 5 Gastroscopy with minimal discomfort to patient Step 7 Explaining post operative care Step 8 Proper disposal of waste.
Teaching aids required	1. Gastroscopy mannequin 2. Pair of gloves 3. Instruments for gastroscopy 4. Light source
Infrastructure required	Skill lab with scopes and light source and instruments.
Student participation required/ prior reading required	1. Anatomy of gastrointestinal tract . 2. Knowledge of gastroscopy
Assessment method chosen	Demonstration followed by direct observation
Other comments	1. Need of explaining the procedure and obtaining informed written consent, when performing on patient emphasized. 2. Need of utmost aseptic precautions while performing.



Jhamk
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

Intestinal Anastomosis

Student Learning Objectives

By the completion of this module, the student will be able to:

1. List the indications and contraindications for intestinal anastomosis
2. Enumerate the risk and complications associated with anastomosis
3. Communicate to the patient about the procedure and post procedure care.

Introduction

Intestinal anastomosis is a surgical procedure performed to establish communication between two formerly distant portions of the intestine. This procedure restores intestinal continuity after removal of a pathologic condition affecting the bowel. Intestinal anastomosis is one of the most commonly performed surgical procedures, especially in the emergency setting, and is also commonly performed in the elective setting when resections are carried out for benign or malignant lesions of the gastrointestinal (GI) tract.

Teaching Learning Method:

Intestinal suturing model in skill lab

Pre requisites

1. Knowledge of the anatomy and physiology of intestines
2. Knowledge of blood supply of bowel and mesentery
3. Knowledge of the suturing techniques

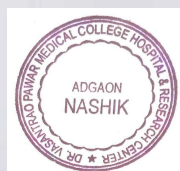
Indication

Restoration of bowel continuity after resection of diseased bowel due to

- a. Bowel gangrene secondary to vascular compromise
- b. Infections, such as tuberculosis complicated with stricture or perforation
- c. Large perforation (traumatic) not amenable to primary closure
- d. Inflammatory bowel disease (IBD), ulcerative colitis (UC), or Crohn disease (CD) when disease is refractory to medical therapy or associated with complications

Bypass of unresectable diseased bowel due to

- a. Locally advanced tumor causing luminal obstruction
 - b. Metastatic disease causing intestinal obstruction
- Paediatric conditions like
- a. Congenital anomalies, such as Meckel diverticulum, intestinal atresia, malrotation with volvulus leading to gangrene, meconium ileus, duplication cysts, and Hirschsprung disease
 - b. Inflammatory conditions, such as necrotizing enteritis, enterocolitis, tuberculosis, and enteric perforation
 - c. Other conditions, such as intussusception, angiodysplasia, polypoid disease



Jhann
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

Intestinal Anastomosis

Contraindications

1. Severe sepsis
2. Poor nutritional status
3. Disseminated malignancy
4. Viability of bowel in doubt
5. Fecal contamination or frank peritonitis

Equipments required

1. Suture material
2. Needle holder
3. Forceps
4. Suture scissor

Steps in intestinal anastomosis

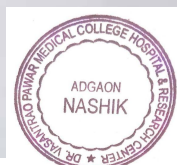
1. Alignment of bowel with proper orientation
2. Full thickness anastomosis
3. Outer seromuscular suturing

Preparation

1. Informed consent from the patient and the relatives for risk during and post surgery
2. Preoperative fluid resuscitation to optimise hydration status
3. Preoperative antibiotic prophylaxis is a must to prevent infective complications
4. A nasogastric tube and indwelling urinary catheter should be inserted to decompress the stomach and the urinary bladder, respectively.
5. Intestinal anastomosis is performed with the patient under general anaesthesia
6. It is performed with the patient supine and the arms abducted at right angles to the body or, sometimes, by the side of the body.

Procedure

1. A midline incision is commonly used and abdominal cavity is entered
2. The portion of bowel to be resected should be adequately mobilised
3. After mobilization of the bowel, the next step is division of the mesentery with preservation of vascular arcade to the bowel ends so as to have satisfactory vascularity of the anastomosed bowel
4. The next step is division of the bowel. This is done by applying a noncrushing clamp on the bowel end used for anastomosis and applying crushing clamps on the bowel to be resected so that the intraluminal contents of the resected bowel do not contaminate the peritoneal cavity.



J. Ramr
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

Intestinal Anastomosis

Procedure

5. Inner full thickness suturing is done , starting at antimesenteric border with first outside in then inside out on other divided bowel, then it is continued on inside of lumen with continuous suturing.
6. Care is taken at mesenteric region to include proper thickness of bowel.
7. Next, a Connell stitch is made at mesenteric end of anastomosis. The Connell stitch is achieved by passing the suture from the outside in, then inside out, on one end. The same step is repeated on the other end in the form of a continuous U-shape.
8. After completing Connell stitch, needle is brought out on serosal aspect on bowel so as to continue further continuous suturing with right hand
9. Knot is tied to previously left suture end at start of anastomosis after crossing it.
10. Outer seromuscular layer is completed by taking interrupted Lembert stitches
11. The mesenteric defect is closed with interrupted stitches of 3-0 silk.
12. Bowel wash is given and abdomen is closed with abdominal drains in situ.

Complications


1. Anastomotic leak
2. Bleeding
3. Wound infection
4. Prolonged functional ileus
5. Anastomotic stricture

Skill assessment:

OSCE Demonstration of successful anastomosis on model of intestine (5 times).

DOPS Demonstration of successful intestinal anastomosis in patients with demonstration of all aseptic precautions under supervision




Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

**Assessment
OSCE/DOPS**

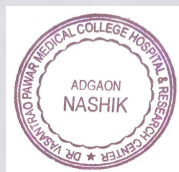
Sr. No	Performance	Marks
1	Obtains history and consent for the procedure	
2	Hand sanitization and wearing sterile gloves with no touch technique	
3	Communication with staff nurse Check the necessary equipments and makes necessary preparation for the procedure	
4	Preparation for giving anaesthesia	
5	Painting and draping of the operative field	
6	Choosing proper instruments and suture materials required	
7	Checking viability of bowel	
8	Intestinal anastomosis with proper technique	
9	Explaining post operative care.	
10	Proper disposal of waste	
	Total	

Suggested readings

Fischer's mastery of surgery
Sabiston Textbook of surgery

Jhannr.

Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

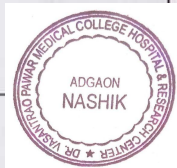
Annexure A

Outline of a Session Plan

Name of the group

Facilitator/ Supervisor/ Faculty

Parameter	Description
Name of lesson	Intestinal Anastomosis
Number of learners	
Objectives of the session	Student should able to <ol style="list-style-type: none">1. Know the different techniques of intestinal anastomosis2. Identify different equipments needed along with different types of suture material.3. Enumerate the contraindications and indications for intestinal anastomosis4. Know the post operative complications
Primary teaching method chosen	<ol style="list-style-type: none">1. Explaining the procedure followed by demonstration by the faculty.2. Procedure to be done by students after demonstration
Break up of session	Step 1 Taking proper history, Hand sanitization and wearing sterile gloves with no touch technique ,obtaining consent. Step 2 communication with staff nurse and checking all equipments required Step 3 Preparation for giving anaesthesia. Step 4 Painting and draping of the operative field Step 5 Choosing proper instruments and suture material Step 6 checking viability of bowel Step 7 intestinal anastomosis with proper techniques Step 8 Explaining post operative care Step 9 Proper disposal of waste.
Teaching aids required	<ol style="list-style-type: none">1. Intestinal suturing model2. Pair of gloves3. Suture material with needle4. Instruments for suturing
Infrastructure required	Skill lab with intestinal suturing model and instruments.
Student participation required/ prior reading required	<ol style="list-style-type: none">1. Anatomy of intestines2. Knowledge of suturing
Assessment method chosen	Demonstration followed by direct observation OSCE and DOPS
Other comments	<ol style="list-style-type: none">1. Need of explaining the procedure and obtaining informed written consent, when performing on patient emphasized.2. Need of aseptic precautions while performing.



Jham

Professor & HOD

Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,



DR. VASANTRAOPAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Laparoscopic suturing of two surfaces

Student Learning Objectives

By the completion of this module, the student will be able to:

1. Know the skills required for suturing of two surfaces.
2. Demonstrate correct method of laparoscopic suturing with strict aseptic technique in demo turtle as well as in patients.

Introduction

Laparoscopic suturing is an endoscopic skill necessary for the successful performance of a variety of advanced and complex laparoscopic procedures. As with conventional open surgery, laparoscopic suturing techniques permit restoration of normal anatomical relationships, organ reconstruction, approximation of tissue planes and establishment of hemostasis.

Teaching Learning Method:

Laparoscopic suturing pad in skill lab

Pre-requisites

1. Knowledge of anatomy of the surface
2. Knowledge about the different type of suturing techniques

Indication

Various laparoscopic surgeries
Approximation of edges
Resection anastomosis of bowel
Laparoscopic hernia repair

Contraindications

Septicaemia
Peritonitis
Contaminated surgery

Equipments required

1. Laparoscopic Needle holders
2. Knot pushers
3. Suture material
4. 30 degrees telescope
5. Laparoscopic Maryland forceps
6. Laparoscopic scissors



Jhamny

Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAOPAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Laparoscopic suturing of two surfaces

Steps in Laparoscopic suturing

1. Painting and draping, giving necessary anaesthesia.
2. check for all equipments
3. Performing actual procedure

Preparation

1. Explaining steps to patient, taking proper history ,obtaining consent,.
2. Hand sanitization and wearing sterile gloves with no touch technique.
3. Preparation for giving anaesthesia, checking all equipments.

Procedure and Techniques

Three-step needle maneuver

This technique is divided into three simple steps. First, grasp the suture 1 cm from the needle using the right-hand needle holder. Then, grasp the needle at a point about one-third from the tip using the left-hand grasper, Last, when the needle is correctly positioned, hold the needle using the needle driver. Now the needle is ready for driving.

Surgical knot

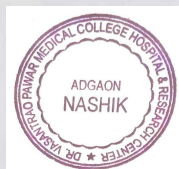
First, needle is grasped with right hand needle holder, then needle is passed through tissue and grasped with left hand grasper , then thread is pulled out from the edge with left hand grasper. Again needle is held with right hand needle holder , needle is passed through opposite edge of second tissue and needle pulled out by left hand grasper, till part of suture tail remains on the first tissue, then needle is held with right hand holder and with that make the double-coiled clock wise throw on left hand grasper and grasp the suture tail using the left hand holder. Then, the right-hand needle holder is now pushed cephalad while the left-hand grasper is nowpulled caudally, after tighten the suture, the suture tail is placed caudally for further throws. Finally, additional throws are added to secure the surgical knot.

Continuous “cis and trans” suture training

First, use three-step needle maneuver to hold the needle and drive it through the tissue forwardly. Second, grasp the needle tip and pull it out of the tissue using grasper, tug the suture using needle holder to place it in a reverse position, then grasp the needle and drive it through the tissue reversely.

Complications

Suture gapping
Wound infection
Anastomotic dehiscence



Signature

Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



**DR. VASANTRAOPAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK**

Department of Surgery

Laparoscopic suturing of two surfaces

Skill assessment

Demonstration of successful laparoscopic suturing in a demo model (5 times). With OCSE.

Demonstration of successful laparoscopic suturing in patients with demonstration of all aseptic precautions (5 times each) DOPS

Assessment

OSCE/ DOPS

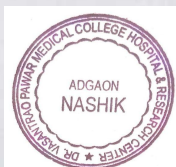
Sr. No	Performance	Marks
1	Obtains history, confirms consent	
2	Hand sanitization and wearing sterile gloves with no touch technique	
3	Communication with staff nurse Check the necessary equipments and makes necessary preparation for the procedure	
4	Painting and draping of the surface	
5	Selection of the proper instruments required and suture material	
6	Laparoscopic suturing with proper technique	
7	Proper closure of port site	
8	Explaining post operative care.	
9	Proper disposal of waste	
	Total	

Suggested readings

Fischer's mastery of surgery

Jham

Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTPAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

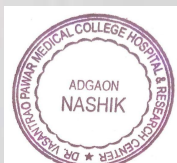
Annexure A

Outline of a Session Plan

Name of the group

Facilitator/ Supervisor/ Faculty

Parameter	Description
Name of lesson	Laparoscopic Suturing Techniques
Number of learners	
Objectives of the session	Student should able to 1. Know the different techniques of Laparoscopic suturing 2. Identify different equipments needed along with different types of suture material. 3. Enumerate the contraindications for laparoscopic suturing
Primary teaching method chosen	1. Explaining the procedure followed by demonstration by the faculty. 2. Procedure to be done by students after demonstration
Break up of session	Step 1 Taking proper history, Hand sanitization and wearing sterile gloves with no touch technique. Step 2 Explaining steps to patient, ,obtaining consent., Step3 Communication with staff nurse and checking all equipments required for the procedure Step 4 Painting and draping of the surface Step 5 Preparation for giving anaesthesia. Step 6 Selection of proper instruments and suture material Step 7 Laparoscopic suturing with proper technique Step 8 Proper closure of port site Step 9 Explaining post operative care Step 10 Proper disposal of waste.
Teaching aids required	1. Laparoscopic mannequin 2. Pair of gloves 3. Suture material with needle 4. Instruments for suturing 5. Dressing material 6. Adhesive
Infrastructure required	Skill lab with laparoscopic mannequin and instruments.
Student participation required/ prior reading required	1. Anatomy of skin and soft tissue in local region. 2. Knowledge of suturing
Assessment method chosen	Demonstration followed by direct observation
Other comments	1. Need of explaining the procedure and obtaining informed written consent, when performing on patient emphasized. 2. Need of utmost aseptic precautions while performing.



Jhamn
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik



DR. VASANTRAOPAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Wound Suturing

Student Learning Objectives

By the completion of this module, the student will be able to:

- Know the different techniques of wound suturing
- Identify different equipments needed along with different types of suture material.
- Enumerate the contraindications for closure of wound
- Identify causes for improper wound suturing

Introduction

Primary goals for wound suturing are: Closing dead space
Supporting and strengthening wounds until healing increases their tensile strength
Approximating skin edges for an aesthetically pleasing and functional result
Minimizing the risks of bleeding and infection

Teaching Learning Method:

suturing pad in skill lab

Pre-requisites

- Anatomical knowledge about various layers of skin and fascia.
- Knowledge about the different type of suturing techniques

Indications

Various types of wounds
Contused lacerated wounds
Wounds over face, back, limb.
Incised wounds.

Contraindications

Contaminated wounds
When there is tissue loss, as in an avulsion injury, wound closure may be delayed
Immediate closure of human bites and certain animal bites may induce wound infections
After incision and drainage of abscess

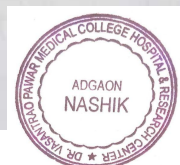
Equipments required

Suture material
Needle holder
Forceps
Suture scissor
Dressing material

Jham

Professor & HOD

Department of Gen. Surgery
A.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





Wound Suturing

Suturing techniques

1. Simple interrupted suture
2. Simple running suture
3. Running locked suture
4. Vertical mattress suture
5. Horizontal mattress suture
6. Dermal-subdermal suture
7. Running subcuticular suture
8. Running subcutaneous suture

Steps in wound suturing

1. Painting of wound bed, giving local anaesthesia, wound debridement and washing.
2. check for all equipments
3. Performing actual procedure

Preparation

1. Explaining steps to patient, taking proper history, obtaining consent.
2. Hand sanitization and wearing sterile gloves with no touch technique.
3. Preparation for giving local anaesthesia.

Procedure

1. For small wounds local anaesthesia is given.
2. The choice of sutures and needles is determined by the location of the lesion, the thickness of the skin in that location, and the amount of tension exerted on the wound.
3. First, needle is grasped with right hand needle holder, then needle is passed through tissue and grasped with left hand grasper, then thread is pulled out from the edge with left hand grasper. Again needle is held with right hand needle holder, needle is passed through opposite edge of second tissue and needle pulled out by left hand grasper, till part of suture tail remains on the first tissue.
4. Then needle is held left hand and with that make the double-coiled clock wise throw on right hand grasper and grasp the suture tail using the right hand holder. Then, the right-hand needle holder is now pushed cephalad while the left-hand grasper is now pulled caudally, after tighten the suture, the suture tail is placed caudally for further throws. Finally, additional throws are added to secure the surgical knot.
5. Similarly additional sutures are taken to close wound completely
6. If wound is deep absorbable sutures are taken to obliterate cavity.

Complications

1. Immediate complications include the formation of hematoma secondary to improper hemostasis technique and the development of a wound infection with wound dehiscence
2. Late complications include scar formation, which may be due to either improper suturing with excess tension or lack of eversion of the edges.
3. Hypertrophic scar and keloid formation.
4. Wound necrosis



DR. VASANTRAOPAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

Department of Surgery

Skill assessment

1. Demonstration of successful suturing in a demo model (5 times).
With OSCE

Assessment

OSCE/DOPS

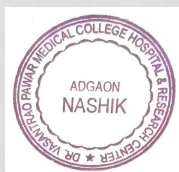
Sr. No	Performance	Marks
1	Greets the patient and introduces himself,,obtains history	
2	Hand sanitization and wearing sterile gloves with no touch technique	
3	Wound assessment .Explaining steps to patient, ,obtaining consent	
4	Communication with staff nurse Check the necessary equipments and makes necessary preparation for the procedure	
5	Painting and draping of the wound	
6	Preparation for giving local anaesthesia.	
7	wound wash with normal saline with debridement if required	
8	wound suturing with proper technique and good cosmesis	
9	wound dressing	
10	Explaining post operative care.	
11	Proper disposal of waste	
	Total	

Suggested reading

Pyes Handicraft of surgery

Jhanna

Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik





DR. VASANTRAOPAWAR MEDICAL COLLEGE, HOSPITAL &
RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK

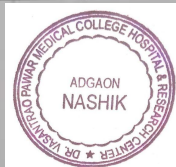
Department of Surgery

Annexure A
Outline of a Session Plan

Name of the group

Facilitator/ Supervisor/ Faculty

Parameter	Description
Name of lesson	Wound suturing
Number of learners	
Objectives of the session	Student should able to <ol style="list-style-type: none">1. Know the different techniques of wound suturing2. Identify different equipments needed along with different types of suture material.3. Enumerate the contraindications for closure of wound4. Identify causes for improper wound suturing
Primary teaching method chosen	<ol style="list-style-type: none">1. Explaining the procedure followed by demonstration by the faculty.2. Procedure to be done by students after demonstration
Break up of session	Step 1 Taking proper history, Hand sanitization and wearing sterile gloves with no touch technique. Step 2 Wound assessment .Explaining steps to patient, ,obtaining consent., Step 3 Painting and draping of the wound Step 4 Preparation for giving local anaesthesia. Step 5 wound wash with normal saline with debridement if required Step 6 wound suturing with proper technique and good cosmesis Step 7 wound dressing Step 8 Explaining post operative care Step 9 Proper disposal of waste.
Teaching aids required	<ol style="list-style-type: none">1. Wound suturing pads.2. Pair of gloves3. Suture material with needle4. Instruments for suturing5. Dressing material6. Adhesive
Infrastructure required	Skill lab with suturing pad and instruments.
Student participation required/ prior reading required	<ol style="list-style-type: none">1. Anatomy of local region.2. Knowledge regarding use of different types of sutures.
Assessment method chosen	Demonstration followed by direct observation of procedural skills(DOPS)/OSCE
Other comments	<ol style="list-style-type: none">1. Need of explaining the procedure and obtaining informed written consent, when performing on patient emphasized.2. Need of utmost aseptic precautions while performing.



J. P. M.
Professor & HOD
Department of Gen. Surgery
M.V.P.'S, Dr. V. P. Medical College,
Adgaon, Nashik