

2.5.3

Orthopedics department Reforms



**DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL
& RESEARCH CENTRE,
VASANTDADA NAGAR, ADGAON, NASHIK – 422003
Department of Orthopaedics**

BLUEPRINTING

Introduction-

A question paper is a important tool to assess the knowledge of students and to grade them in a particular subject. It a basic tool of every examination. So, it is very crucial that a question paper is set meticulously. Following are the qualities of the question paper that must be kept in mind while conducting a test. A question paper must be

1. Unbiased
2. Must cover important aspects
3. Should try to cover recent advances
4. Level of difficulty and duration with content must be appropriate

Important sections to cover in orthopaedics-

1. Basic sciences (Fracture healing, Emergency care in trauma, Gait, Biomechanics of fractures and fracture fixation)
2. Orthopaedic trauma (Non-union and neck femur fracture, Acetabulum fracture)
3. Cold orthopaedics (GCT, AVN of femoral head, CTEV)
4. Recent advances (ACL reconstruction, Epiphyseal Injuries, HTO, DEXA scan)

The formula is $I \times F / T = W$

I stand for impact

F stands for frequency

T stands for Total of $I \times F$

W stands for weightage

IMPACT- As per the study, some questions in the paper are solved by maximum students right. i.e. the level of difficulty of that question is less as it is known to maximum students.

Impact scoring system-

Score	Value
1	Few students answered correctly
2	Average students answered correctly
3	Most students answered correctly

FREQUENCY- Frequency means how many times question is asked in examination in last 5-10 years.



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Professor & H.O.D.

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Scoring system of frequency

Score	Value
1	Question repeated very few times
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3	Question repeated frequently

WEIGHTAGE- Weightage equals to $1 \times F/T$

So, both variables ultimately are responsible for the weightage of paper. This would help the examiner to set a paper which is unbiased and covers the important aspects of the subject. Additionally, it will also help a student to prepare for the examination in a proper way.

REASONING AND RECALL

Reasoning

The action of thinking something in logical and sensible way.

Recall

The act of retrieving information from the past while lacking a specific clue to help in retrieving information.

While setting the paper Essay questions are mainly based on reasoning while short essay questions are based on reasoning more than recall and short answer question are based on recall.

While setting question paper in our department we try to keep Recall to Reasoning 30:70

Abbreviations-

R- Recall

A- Application

C- Comprehension



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Undergraduate

	No. of items	Marks	Marks with options
Short Answer Questions	4/6	4 x 3=12	18
Long Answer Questions	1/1	1 x 8=8	8
Multiple Choice Questions	10	0.5 x 10=5	5
TOTAL	17	25	31


Seventeen items in total carrying 31 marks out of which 25 marks should be attempted

Sr. No	Topic	Sub Topics
1	Basic Sciences	Fracture healing, Emergency care in trauma, Gait, Biomechanics of fractures and fracture fixation
2	Orthopaedic Trauma	Non-union and neck femur fracture, Acetabulum fracture
3	Cold Orthopaedics	GCT, AVN of femoral head, CTEV
4	Recent Advances	ACL reconstruction, Epiphyseal Injuries, HTO, DEXA scan

Seventeen items in total carrying 31 marks out of which 25 marks should be attempted

Topics	Impact	Frequency	I x F	Weightage	WX17	Final Marks
Basic Sciences	3	3	9	0.45	7.65~ 8	14.5 ~15
Orthopaedic Trauma	2	2	4	0.2	3.4 ~ 3	5.4~ 5
Cold Orthopaedics	2	3	6	0.3	5.1~ 5	9.1~ 9
Recent Advances	1	1	1	0.05	0.85 ~ 1	1.8 ~ 2
Total			20		17	31




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Sr. No	Topic	W = I x F	Marks Allotted	MCQs	SAQs	LAQs
1	Basic Sciences	9	15	1	2	1
2	Orthopaedic Trauma	4	5	4	1	
3	Cold Orthopaedics	6	9		1	
4	Recent Advances	1	2	5	1	
Total		20	31	10	6	1

Sr. No	Topic	W = I x F	Marks Allotted	MCQs	SAQs	LAQs
1	Basic Sciences	9	15	2 (1R+1C)	2 (1R+1C)	1 (1R)
2	Orthopaedic Trauma	4	5	4 (2R+1C+1A)	1 (1A)	
3	Cold Orthopaedics	6	9		3 (1R+1C+1A)	
4	Recent Advances	1	2	5 (1R+2C+2A)	1 (1A)	
Total		20	31			



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2. Orthopaedic trauma.
3. Cold orthopaedics.
4. Recent advances.

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A- Application

C- Comprehension

Postgraduate

	NO. OF ITEMS	MARKS	MARKS WITH OPTIONS
SAQ	5/6	5x10= 50	60
LAQ	2/2	2x2 = 50	50
TOTAL	8	100	110

8 items in total carrying 110 marks out of which 100 marks should be attempted

PAPER I BASIC SCIENCES

Sr. No.	Name of Topics
1.	Fracture healing
2.	Emergency care in trauma
3.	Gait
4.	Biomechanics of fractures and fracture fixation
5.	Bone graft substitute
6.	Metabolic Diseases

Topics	Impact	Frequency	I x F	W x 8	Final Marks
Fracture healing	3	3	9	8.8	32
Emergency care in trauma	2	2	4	4	15
Gait	2	3	6	6	22
Biomechanics of fractures and fracture fixation	1	1	1	0.96	4
Bone graft substitute	2	2	4	4	15
Metabolic Diseases	3	2	6	6	22
Total			30	28.96	110

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Sr. No	Topic	W = I x F	Marks Allotted	SAQs	LAQs
1	Fracture Healing	9	32	1	1
2	Emergency care in trauma	4	15	1	
3	Gait	6	22	1	
4	Biomechanics of fractures and fracture fixation	4	4	1	1
5	Bone graft substitute	1	15	1	
6	Metabolic Diseases	6	22	1	
Total		30	110		

Sr. No	Topic	W = I x F	Marks Allotted	SAQs	LAQs
1	Fracture Healing	9	32	1 (1R)	1 (1R)
2	Emergency care in trauma	4	15	1 (1C)	
3	Gait	6	22	1 (1A)	
4	Biomechanics of fractures and fracture fixation	4	4	1 (1C)	1 (1C)
5	Bone graft substitute	1	15	1 (1R)	
6	Metabolic Diseases	6	22	1 (1A)	
Total		30	110		



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PAPER II TRAUMA

Sr. No.	Name of Topics
1.	Non-union and neck femur fracture
2.	CRPS
3.	Recurrent dislocation of shoulder
4.	Acetabulum fracture
5.	Monteggia fracture
6.	SCFE

Topics	Impact	Frequency	I x F	Weightage	Wx8	Final marks
Non-union and neck femur fracture	2	2	4	0.5	4	30
CRPS	1	1	1	0.12	0.96	8
Recurrent dislocation of shoulder	1	2	2	0.25	2	14
Acetabulum fracture	3	1	3	0.37	2.96	24
Monteggia fracture	2	1	2	0.25	2	14
SCFE	1	3	3	0.37	2.96	20
Total			15			110



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Topics	W= I*F	Marks Allotted	SAQs	LAQs
Non-union and neck femur fracture	4	30	1	1
CRPS	1	8	1	
Recurrent dislocation of shoulder	2	14	1	
Acetabulum fracture	3	24	1	1
Monteggia fracture	2	14	1	
SCFE	3	20	1	
Total	15			

Topics	W= I x F	Marks Allotted	SAQs	LAQs
Non-union and neck femur fracture	4	30	1 (1R)	1 (1R)
CRPS	1	8	1 (1A)	
Recurrent dislocation of shoulder	2	14	1 (1C)	
Acetabulum fracture	3	24	1 (1C)	1 (1A)
Monteggia fracture	2	14	1 (1R)	
SCFE	3	20	1 (1A)	
Total	15	110		

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PAPER III COLD ORTHOPAEDICS

Sr. No.	Name of Topics
1.	GCT
2.	AVN of femoral head
3.	Cuff tear (Hill-Sachs and Bankart lesion)
4.	CTEV
5.	Bio-mechanics of TKR
6.	Bio-mechanics of THR
7.	Potts spine
8.	Bone tumours in general

Topics	Impact	Frequency	I x F	Weightage	Wx8	Final marks
GCT	2	2	4	0.5	4	15
AVN of femoral head	3	2	6	0.75	6	22
Cuff tear (Hill-Sachs and Bankart lesion)	2	1	2	0.25	2	7
CTEV	2	2	4	0.5	4	15
Bio-mechanics of TKR	2	2	4	0.5	4	15
Bio-mechanics of THR	3	2	6	0.75	6	22
Potts spine	2	1	2	0.25	2	7
Bone tumours in general	1	2	2	0.25	2	7
Total			30			110

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Topics	W= I x F	Marks Allotted	SAQs	LAQs
GCT	4	15	1	
AVN of femoral head	6	22		1
Cuff tear (Hill-Sachs and Bankart lesion)	2	7	1	
CTEV	4	15	1	
Bio-mechanics of TKR	4	15	1	
Bio-mechanics of THR	6	22	1	1
Potts spine	2	7	1	
Bone tumours in general	2	7	1	
Total	30	110		

Topics	W= I x F	Marks Allotted	SAQs	LAQs
GCT	4	15	1 (1R)	
AVN of femoral head	6	22		1 (1)
Cuff tear (Hill-Sachs and Bankart lesion)	2	7	1 (1C)	
CTEV	4	15	1 (1A)	
Bio-mechanics of TKR	4	15	1 (1R)	
Bio-mechanics of THR	6	22		1 (1A)
Potts spine	2	7	1	

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			(1C)	
Bone tumours in general	2	7	1	
Total	30	110	(1A)	

PAPER IV RECENT ADVANCES

Sr. No.	Name of Topics
1.	ACL reconstruction
2.	Epiphyseal injuries
3.	Keinbocks disease
4.	Meniscal injuries
5.	Lumbar disc prolapses
6.	Recent treatment modalities for Osteoporosis
7.	HTO

Topics	Impact	Frequency	I x F	Weightage	Wx8	Final marks
ACL reconstruction	2	3	6	0.75	6	28
Epiphyseal injuries	2	2	4	0.5	4	18
Keinbocks disease	1	1	1	0.12	1	5
Meniscal injuries	2	2	4	0.5	4	18
Lumbar disc prolapses	2	2	4	0.5	4	18
Recent treatment modalities for Osteoporosis	2	2	4	0.5	4	18
HTO	1	2	2	0.25	2	10
Total			25			110

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Topics	I x F	Marks Allotted	SAQs	LAQs
ACL reconstruction	6	28		1
Epiphyseal injuries	4	18	1	
Keinbocks disease	1	5	1	
Meniscal injuries	4	18	1	1
Lumbar disc prolapses	4	18	1	
Recent treatment modalities for Osteoporosis	4	18	1	
HTO	2	10	1	
Total	25	110		

Topics	I x F	Marks Allotted	SAQs	LAQs
ACL reconstruction	6	28		1 (1R)
Epiphyseal injuries	4	18	1 (1R)	
Keinbocks disease	1	5	1 (1A)	
Meniscal injuries	4	18	1 (1C)	1 (1C)
Lumbar disc prolapses	4	18	1 (1R)	
Recent treatment modalities for Osteoporosis	4	18	1 (1A)	
HTO	2	10	1 (1R)	
Total	25	110		

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Objective structured clinical examination

Introduction

An OSCE is an examining process made up of a series of stations of equal length set in a circuit. An OSCE is one of the widely used method of assessing clinical competency in healthcare education. This method of assessment was developed in order to address the unreliability and lack of generalisability of traditional forms of clinical assessment such as the long case. In OSCE, all candidates are presented with the same clinical tasks which are to be completed in the same time frame and candidates are scored using structured marking schemes. As compared to the long case, OSCEs reduce bias relating to the type of clinical case selected and who performs the assessment. In OSCE decision to pass or fail of candidate does not depend on one assessor but panel of assessors.

Advantages of OSCE

- It is objective
- Helps to assess the thorough knowledge of subject
- Assessment totally dependent on knowledge of student (unbiased of examiner)

Implementation in Dept of Orthopaedics

In our department we implemented OSCE since 2019 in practical examinations for both undergraduates and postgraduates. Ten percent of total marks of practical exam consists of OSCE stations. We use five stations for undergraduates and ten stations for postgraduates. In stations, we used either real or simulated patient, braces, bone models etc

For Undergraduates

Frequency-Twice in his curriculum that is in 6th semester and 9th semester.


Weightage- Ten percent of total marks of practical exam, five stations

For Postgraduates

Frequency-every 6 months in the curriculum of 3 years

Weightage-Ten percent of total marks of practical exam, ten stations





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Clinical competencies	Examples
Communication and professionalism skills	Building rapport with the patient and counselling.
History taking skills	Taking a history from a patient presenting with acute knee pain
Physical examination skills	Performing a knee examination
Practical / technical skills	Insertion of an upper tibial traction pin

At each station candidates are assigned a specific clinical task to perform. In these stations they may encounter a real or simulated patient, a computer-based simulation or clinical information. Each station has a predefined structured marking scheme or checklist. There is an assessor in each station who observes the candidate and scores their performance according to the checklist. A set time period is allotted to each station.

Question bank is kept ready in our departmental library which is easily accessible to faculty and students. For undergraduate five questions and for post graduate ten questions in each exam are prepared from question bank.




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OSCE FOR UNDERGRADUATE STUDENTS

OSCE -1

**A 25 YEARS OLD MALE CAME TO OPD WITH CHIEF COMPLAINT OF PAIN
AND INSTABILITY AT RIGHT KNEE JOINT FOR ONE MONTH**

- 1. Demonstrate anterior drawer test. [1 mark]**
- 2. Enumerate the test for Anterior Cruciate Ligament injury. [1 mark]**
- 3. What are test for meniscal injuries? [1 mark]**
- 4. Counselling of the patient according to your findings. [1 mark]**

CHECKLIST-

- 1. Demonstration [1]**
- 2. Correct answer [1]**
- 3. Correct answer [1]**
- 4. Communication skill [1]**



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OSCE 2

A 60 YEAR OLD MALE WITH HISTORY OF ROAD TRAFFIC ACCIDENT WITH
RIGHT TIBIA SHAFT FRACTURE

1. History taking with local examination [2]
2. How will you primarily stabilize this fracture? [1]
3. Which Investigations will you advise? [1]

CHECKLIST-

1. Communication skill [1]

Proper local Examination [1]

2. Correct Answer [1]
3. Correct Answer [1]



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OSCE 3

EXAMINE A 48-YEAR-OLD FEMALE PATIENT PRESENTING WITH LOW BACK ACHE

1. Take history and do neurological examination.[2]
2. What are different grades of power? [1]
3. Demonstrate Babinski's sign [1]

CHECKLIST-

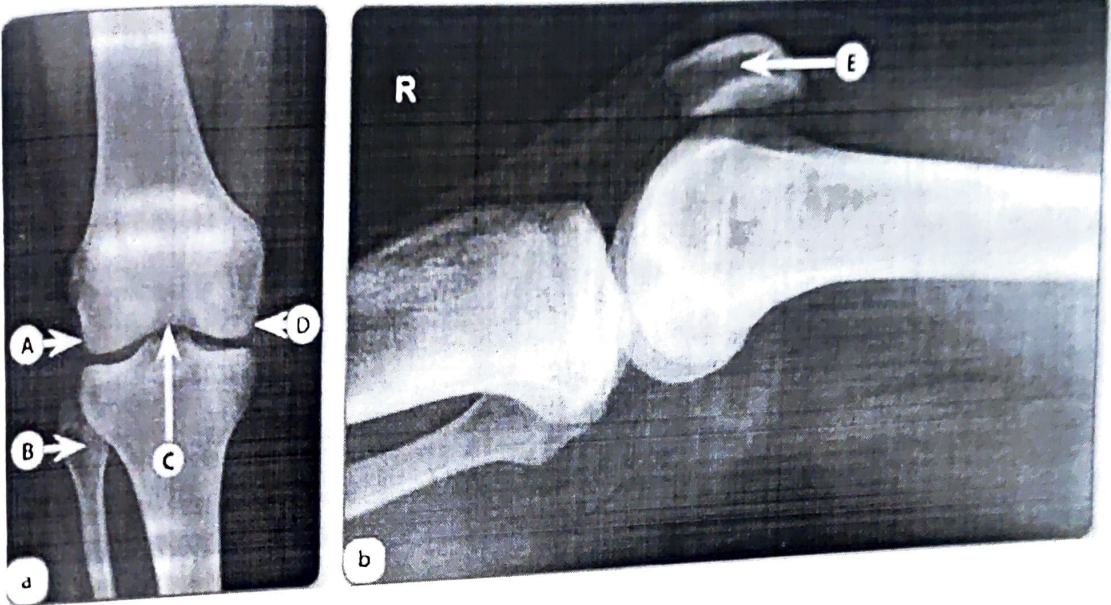
1. Communication skill [1]
Neurological examination [1]
2. Correct answer [1]
3. Correct answer [1]



A handwritten signature in black ink, appearing to be "H.O.D.".

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OSCE 4



1. Regarding the bone labelled E [3]

What is it?

What type of bone is it?

In which direction does it commonly dislocate?

2. Which four muscle contribute quadriceps femoris? [1]

3. Where common peroneal nerve is palpated? [1]

CHECKLIST-

1. Correct answer [3]
2. Correct answer [1]
3. Correct answer [1]



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OSCE 5


**25-YEAR YOUNG MALE WITH HISTORY OF ROAD TRAFFIC ACCIDENT
CAME WITH CONTUSED LACERATED WOUND OVER RIGHT TIBIA OF SIZE
4CM*3CM**

- 1 Counsel the patient to undergo minor surgical procedure [1]**
- 2 Demonstrate simple suturing technique [1]**
- 3 What are the types of suture materials? [1]**

CHECKLIST-

- 1. Communication skills [1]**
- 2. Demonstration Skills [1]**
- 3. Correct answer [1]**




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OSCE FOR POST-GRADUATE STUDENTS

OSCE 1



- 1 Which nerve roots are involved in this condition? [1]
- 2 Name of the group of muscle in the shoulder that are affected in this condition? [1]
- 3 Which dermatomal distributions are affected in the hand? [1]
- 4 Name the counter injury in this condition. [1]

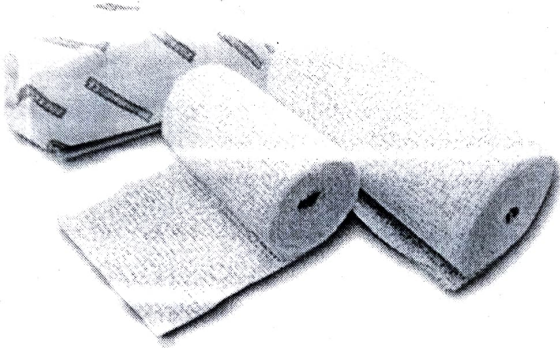
CHECKLIST-

1. Correct answer [1]
2. Correct answer [1]
3. Correct answer [1]
4. Correct answer [1]



[Signature]
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OSCE 2




1. What is the chemical composition of this material? [1]
2. Give Uses [1]
3. What are the complications after application? [1]

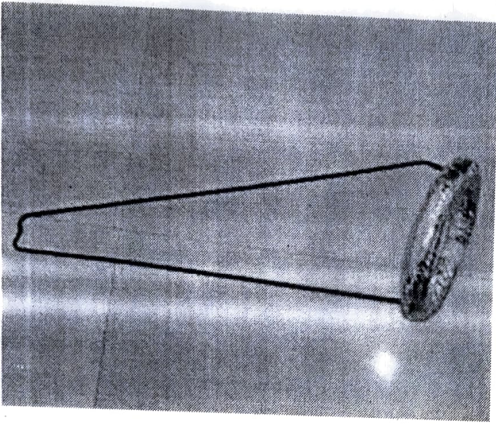
CHECKLIST-

1. Correct answer [1]
2. Correct answer [1]
3. Correct answer [1]




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OSCE 3



1. Identify the object [1]

2. Give uses [1]

3. Describe in short [1]

CHECKLIST-

1. Correct answer [1]

2. Correct answer [1]

3. Correct answer [1]

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OSCE 4

A 15 YEAR OLD BOY PRESENTS WITH SWELLING IN DISTAL THIGH WITH PAIN WORSENING AT NIGHT.

1. Take history [1]
2. Examine the swelling [1]
3. Which investigations will you advice? [1]

CHECKLIST-

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


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OSCE 5

A 41 YEAR OLD MALE CAME WITH PAIN IN RIGHT HIP JOINT AND REDUCED MOBILITY AT HIP JOINT SINCE 2 YRS. THE PATIENT IS A KNOWN ALCOHOLIC SINCE 15 YEARS.

1. Perform Trendelenburg's test [1]
2. What is the inference of your findings? [1]
3. Enlist the conditions where you can not perform the test. [1]

CHECKLIST-

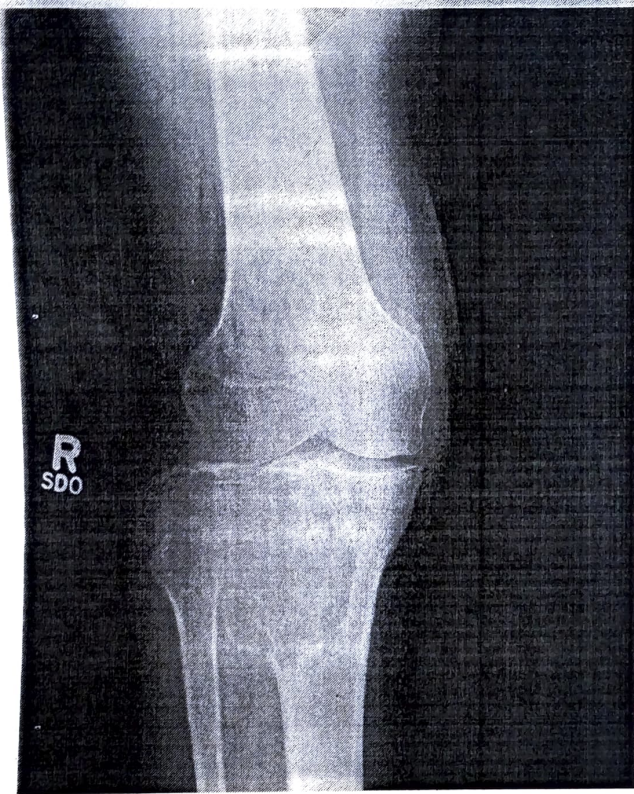
1. Demonstration [1]
2. Correct answer [1]
3. Correct answer [1]



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OSCE 6



1. Give differential diagnosis for the given X-ray [1]
2. Which investigations will you suggest? [1]
3. Counsel the patient for treatment and surgery [1]

CHECKLIST-

1. Correct answer [1]
2. Correct answer [1]
3. Communication skill [1]




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OSCE 7


PERFORM THE MENTIONED PROCEDURAL SKILL ON GIVEN BONE MODEL

- 1. Insert guide wire for dynamic hip screw in intertrochanteric femur fracture**
- 2. Give the principles of dynamic hip screw**
- 3. Classify intertrochanteric femur fracture**

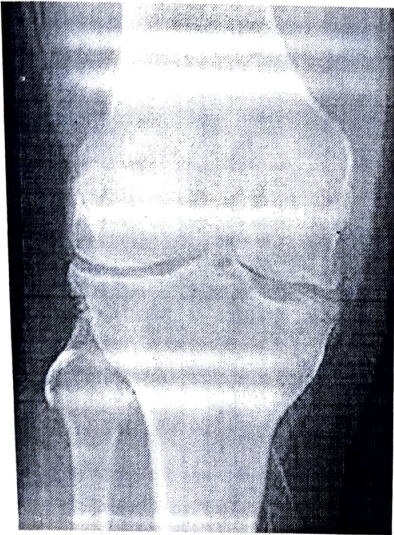
CHECKLIST-

- 1. Demonstration [1]**
- 2. Correct answer [1]**
- 3. Correct answer [1]**




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OSCE 8




A 60 YEAR OLD MALE CAME WITH COMPLAINTS OF PAIN, DECREASED RANGE OF MOTION AND SWELLING IN RIGHT KNEE

- 1. Take History [1]**
- 2. Give X ray findings [1]**
- 3. Counsel the patient for medical and surgical management [1]**

CHECKLIST-

- 1. Communication skill [1]**
- 2. Correct answer [1]**
- 3. Communication skill [1]**




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OSCE 9


28 YEAR OLD MALE CAME WITH HISTORY OF ROAD TRAFFIC ACCIDENT WITH COMMUNED FRACTURE OF RIGHT DISTAL TIBIA WITH ABSENT DISTAL PULSATIIONS.

1. Describe the primary management [1]
2. Counsel for amputation [2]

CHECKLIST-

1. Correct answer [1]
2. Communication skill [1]




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OSCE 10

PERFORM THE MENTIONED PROCEDURAL SKILL ON THE GIVEN BONE MODEL

- 1. Insert upper tibial pin traction in the given bone model [1]**
- 2. What are the complications of upper tibial pin traction? [1]**
- 3. What are the other types of skeletal traction? [1]**

CHECKLIST-

- 1. Demonstration [1]**
- 2. Correct answer [1]**
- 3. Correct answer [1]**




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Self-Assessment

Self-assessment of routine clinical procedures. It can be done by self or peer also

Some examples are given below:

1. Shoulder examination in supraspinatus tear.
2. Above elbow cast in undisplaced distal end radius fracture.
3. K wire removal in post-operative case of distal end radius fracture.
4. Counsel olecranon fracture patient, whose surgery still not planned for four days.
5. Thomas splint application in femur shaft fracture patient
6. Upper tibial pin traction demonstration in femur shaft fracture with head injury patient.
- 7 Above knee slab application in tibia shaft fracture.
8. Intra-articular injection in case of knee osteoarthritis.
9. Knee tapping in knee joint effusion.
10. Suturing in contused lacerated wound.

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1. Shoulder examination in supraspinatus tear

Sr. No.	Checklist	Assessment
1	Wash hands, introduces him/herself and explain his/her role	
2	Ask for permission for the examination	
3	Expose and position the patient appropriately	
4	General Examination performed	
5	Inspects the shoulder looking for injury, scar marks	
6	Palpate the shoulder for tenderness and check range of motion in various direction. Perform Drop arm test.	
7	Thank the patient and summarize with findings	

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2. Above elbow cast in undisplaced distal end radius fracture.

Sr. No.	Checklist	Assessment
1	Introduces self and explains role	
2	Explain about fracture and need of fracture management.	
3	Ask for permission for the cast application	
4	Expose and position the patient in an appropriate manner	
5	Take appropriate number of POP and soft roll and open them	
6	Application of soft roll	
7	Soak POP in water	
8	Application of POP over soft roll and wait for the cast to become hard	
9	Check extension of cast	
10	Give sling for support	
11	Thank the patient	

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3. K wire removal in post-operative case of distal end radius fracture.

Sr. No.	Checklist	Assessment
1	Introduces self and explains role	
2	Takes written informed consent	
3	Secure the patient with IV cannula	
4	Scrub the wrist joint	
5	Wear sterile gloves and load local anaesthetic in syringe	
6	Give local anaesthesia around K-wire	
	Remove K wires	
7	Do sterile dressing	
8	Give intravenous antibiotic and painkiller	
9	Thank the patient	



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4. Counsel olecranon fracture patient, whose surgery still not planned for four days.

Sr. No	Checklist	Assessment
1	Explain your role as a resident doctor.	
2	Use the word 'Sorry' early on the consultation	
3	Clarifies what has happened from the patient's perspective	
4	Responds with empathy to his/her situation	
5	Explains calmly why his/her surgery is not planned	
6	Leaves the patient with clear plan of action	
7	Does not falsely reassure the patient	
8	Ask for any more complaints	



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5. Thomas splint application in femur shaft fracture patient

Sr. No.	Checklist	Assessment
1	Introduces self and explain role	
2	Explain about the fracture and need of primary management of fracture	
3	Gains permission for Thomas splint application	
4	Prepare Thomas splint	
5	Arrange bandage and soft roll	
6	Expose and position the patient appropriately	
7	Apply Thomas splint	
8	Check for extension of splint and traction	
9	Thank the patient	




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6. Upper tibial pin traction demonstration in femur shaft fracture with head injury patient.

Sr. No.	Checklist	Assessment
1	Introduce self and explain role	
2	Explain about the fracture and need of skeletal traction in the present case scenario	
3	Take written informed consent	
4	Secure the patient with IV cannula	
5	Scrub the knee joint	
6	Give local anaesthesia at pin entry and exit site	
7	Take stab incision at entry site.	
8	Insert the Steinman pin	
9	Do pin track dressing	
10	Apply traction with the help of Bohler's stirrup	
11	Give intravenous antibiotic and painkiller	
12	Thank the patient	




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7. Above knee slab application in tibia shaft fracture.

Sr.No.	Checklist	Assessment
1	Introduce self and explain role	
2	Explain about fracture and need of primary management in fracture	
3	Ask for permission for the slab application	
4	Expose and position the patient in an appropriate manner	
5	Take appropriate number of POP and soft roll and open them	
6	Application of soft roll	
7	Check for extension of slab and makes layers of POP	
8	Soak POP in water	
9	Application of POP over soft roll, mould accordingly and wait for the slab to become hard	
10	Apply bandage over slab	
11	Thank the patient	

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8. Intra-articular injection in case of knee osteoarthritis

Sr. No.	Checklist	Assessment
1.	Introduce self and explain role	
2.	Explain about Osteoarthritis and need of intra articular injection	
3.	Explain about side effects of intra articular injection	
4.	Take written informed consent	
5.	Scrub knee joint	
6.	Wear gloves, load steroid and local anaesthetics in sterile condition.	
7.	Inject drug in joint from correct entry point.	
8.	Do sterile dressing.	
9.	Check for local reaction/adverse drug reaction.	
10.	Thank the patient.	


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9. Knee tapping in knee joint effusion.

Sr. No.	Checklist	Assessment
1	Introduce self and explain role	
2	Explain the need of knee tapping	
3	Take written informed consent	
4	Scrub the knee joint	
5	Wear gloves, load the local anaesthetic in sterile condition	
6	Give local anaesthetic at knee tapping site	
7	Insert needle in joint, Do aspiration of fluid	
8	Do sterile dressing	
9	Thank the patient	


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10. Suturing in contused lacerated wound.

Sr. No.	Checklist	Assessment
1	Introduce self and explain role	
2	Explain the need of suturing	
3	Take written informed consent	
4	Secure the patient with IV cannula	
5	Give wash to the wound	
6	Scrub the surrounding area around wound	
7	Wear gloves. Load local anaesthetic in sterile condition	
8	Give local anaesthetic around wound	
9	Take sutures in orderly fashion	
10	Do sterile dressing	
11	Give oral antibiotics and painkiller	
12	Thank the patient	


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