

**M.Ch PLASTIC SURGERY TEACHING CURRICULUM**

**RECOMMENDATIONS TO M.G.R. UNIVERSITY  
FROM RAJARAJESHWARI MEDICAL COLLEGE**

## **1. Description of Eligibility for admission to the course M.Ch in Plastic Surgery**

- (i) The basic MBBS training or equivalent training from abroad have to be recognized by & registered in the respective State Medical Council/Medical Council of India.
- (ii) The course is offered to individuals who have passed Masters in General Surgery from institutes recognized by the Medical Council of India
- (iii) Or passed the Diplomate National Board examinations after 3 years of general surgical training at a hospital accredited to the NBE.
- (iv) Similar Post Graduate Surgical training in General Surgery from abroad should be accepted by the MCI and the candidate shall make his/own arrangement for validation of the same.
- (v) Further, the additional qualification for 3 years of surgical training should be registered into the candidates' respective State Medical Council or Medical Council of India.
- (vi) Candidate shall make his/her own arrangement to register under the state medial council under which this hospital falls.

## **2. Description of the Course**

M.Ch Plastic Surgery is a MCI recognized 3 years super-specialist training course offered by the M.G.R University.

It is a Full time course.

The candidate cannot combine admissions to any other course/fellowships/training/unsanctioned observership during the mandatory 3 years of surgical training. He/she is expected to generally complete the M.Ch training in an uninterrupted manner over the next 36 months.

Any part time/full time clinical work at a hospital or research institute other than the parent institute, or any other employment, unsanctioned leave of absence are not permitted. One sanctioned by the parent institute as part of observership leading to additional knowledge and skill in Plastic surgery should be endorsed by the HoDs and Principals of both institutes.

### **3. Training Detail**

The Institute offers Wards, OPD, department infrastructure, round the clock OTs, library, digital and print journals and provision for research. The candidate is required to utilize them and voluntarily take up the required clinical responsibilities during the training.

The teaching programmes (not restricted to) rounds, OPDs, OTs, seminars, group discussions, case presentations, journal clubs, tutorials are to be maintained by the trainee in a log book (discussed in detail later).

Maintaining discipline & harmony at work, ward work, effective case sheet writing, good communication with all colleagues, teachers and hospital staff, participation in the training of juniors (fellow M.Ch, MS, Interns, MBBS, nurses) are expected.

The responsibility of maintaining operation records, case files, documentation, clinical photography, consents, documenting liaison with allied departments, cross references and other important clinical work cannot be delegated by the trainee to another person (read as junior in other specialities posted in Plastic Surgery, interns, nurses etc).

Regular assessments in the form of Clinical presentations, Theory and Practical examinations, Viva etc will be conducted to benefit the trainee.

Trainees will be encouraged to attend conferences, present papers/posters, participate in academic review meetings, hands on training etc by the institute. A committee comprising of the HoD (compulsory) plus Unit chief/ Professor is constituted by the Institute for this purpose. It decides such additional training based on the performance of the candidate, future interests and other merits. While on outside training, they must work as expected by that institute, note down the learnings into a log book.

The student should attend one national and one state level conference in 3 years.

Journal club/seminar/clinical presentation will be conducted once a week and the student must take part in all these academic activities and must have presented 10times during the course of 3 years.

The candidates should take efforts to learn bio-statistics, take up original research work and write papers and publish them in indexed journals. Posters and presentations done by them have to be documented with all details including date, place, name of the CME/conference and the credits earned.

Each student must have one oral presentation and one oral/poster presentation in the state/national level conference. Each student must have one original research publication and it is mandatory.

Leave rules recommended by the M.G.R University will be followed. Candidates appearing for the University exam (exit exam) should have the requisite attendance.

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## **LOG BOOK**

The following are to be documented daily and periodically attested from the supervising staff.

(i) Clinical activity

Document day to day clinical activity like surgical procedures, complications, bedside teaching, training received in the OPD, cross references to allied depts eg. radiology, orthopedics, pediatric surgery etc

(ii) Seminars, Journal articles presentation, Clinical case presentations done by the trainee along with the comments and remediation (if any).

(ii) Clinical training

Clinical presentations by self, fellow trainees, specialist trainees from allied depts.

(iii) Recommendations following the periodic assessments, attach trainer's reports.

(iv) A list of procedures assisted/performed under assistance/ performed independently have to be duly filled under the same headings. The full report of such patients including and not restricted to surgical planning, procedure, diagrams/pictures, complications, follow-up, physiotherapy protocol (wherever necessary) and final outcome should be documented.

(v) List of competencies will be determined and signed by the supervising staff documenting the progress in training.

Log books to be assessed on a monthly basis.

### **PERIODIC TESTS:**

(i) Written assessment (theory) - once a month

(ii) Practicals & Viva – once in two months

(iii) Term exams- once a year.

3<sup>rd</sup> instalment of the internal (term) exam will be 2 months prior to the University exit exam.

Pattern of final exit exam will be followed in these assessments for the benefit of the candidate.

### **FINAL EXIT EXAM**

The examination shall consist of theory, clinical/practical and viva voce examination.

***Theory- (Written Examination):*** The theory examination shall consist of four question papers, each of three hours duration. Each paper shall carry 100 marks. Out of the four papers, the first paper will be on basic medical sciences. Recent advances may be asked in any or all the papers.

#### ***Practical / Clinical Examination:***

In case of practical examination it should be aimed at assessing competence, skills of techniques and procedures as well as testing students ability to make relevant and valid observations, interpretation and experimental work relevant to his / her subject.

In case of clinical examination it should aim at examining clinical skills and competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases.

The maximum marks for Practical / Clinical shall be 200.

**Viva Voce:** Viva Voce examination shall aim at assessing thoroughly depth of knowledge, logical reasoning, confidence and oral communication skills. The maximum marks shall be 100.

**Examiners:** There shall be at least four examiners in each subject. Out of them, two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

**Criteria for declaring as pass in University Examination:** A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers. (2) Practical including clinical and viva voce examination. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said examination as the case may be.

A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Registrar (Evaluation).

## **M. Ch. in Plastic and Reconstructive Surgery**

### **Course Contents**

#### **GOALS**

Learning: All of the procedures that are done in the training institute

Additional training: for procedures not done in the parent institute a period of 3 to 4 months rotation to institutes of importance in the India/Abroad as decided by the Head of the Dept.

Performing surgeries: A list of surgeries, the candidate should be able to perform independently at the end of training and be eligible to work as a team leader.

Assisting surgeries: Assisting each surgery should go a long way in preparing the candidate to understand every aspect of the patient, including diagnosis, pre-operative requirements, steps of surgery, possible complications, post-operative care and see the patient to full recovery.

Teaching: The training at various levels of training will be didactic, group discussion, Case presentations, journal clubs, surgical planning, ward rounds, post of rounds etc in addition to assisting/performing the surgeries.

Evaluation: To know the level of understanding of the candidate, there will be bimonthly written tests for theory and yearly exam modelled on the university exit exam, which includes written theory, practical and viva.

## OBJECTIVES

The clear objective of the 3 year course will be to graduate a specialist surgeon into a super specialist who can be a safe and knowledgeable surgeon practicing independently.

The candidate should be able to give clear judgment when asked for help from other physicians/surgeons.

He/she must become qualified to admit and operate all emergencies, provide care for critical problems and operate complicated cases confidently.

Liaison with other associated depts like radiology, orthopedics, general surgery, urology, dermatology, prosthetics etc during the course of training to understand all aspects of the patients they will handle.

Training of subordinates viz junior trainees of Plastic Surgery, General Surgery/Orthopedic/Maxillo-Facial Surgery PGs and Interns on rotation in the dept and Nurses.

Develop an interest and work towards original research, making use of facilities available at the institute.

Academic fests, Conferences, CMEs, exam oriented review classes have to be attended by the candidate to further knowledge in the subject.

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## SYLLABUS

Sl no	SECTION		TOPIC
1	BASICS PRINCIPLES	1	History of Plastic Surgery
		2	Ethics, Consent, Medico-legal Aspects
		3	Photography
		4	Patient Safety, Evidence based medicine
		5	Practice of Cosmetic Surgery
		6	Basic sciences, research methodology, biostatistics



		7	Basics of Oncology
		8	Tissue engineering
		9	Anatomy of Skin, Normal & Abnormal healing
		10	Tissue repair and regeneration biology
		11	Complex Regional Pain syndrome
		12	Transplantation biology
2	Principles of Plastic Surgery	1	Wound healing, Tissue repair, Scar treatment. Advances.
		2	Wound resurfacing, Skin grafts, Flaps, Bone grafts, Skin substitutes
		3	Angiosomes, Flap Classifications, Flap Principles
		4	Tissue Expansion
		5	Microsurgery
		6	Complex wounds
		8	Benign skin lesions, Skin Cancers and management, Radiation. Management in irradiated tissue
		7	Principles of Onco-reconstruction
		8	Management following Amputations & rehabilitation
		9	Scar treatment. Advances.
		10	Implants, Prosthetics, CAD-CAM, 3D Printing
3	Hand Surgery	1	History
		2	Anatomy
		3	Bio-mechanics
		4	Examination
		5	Imaging
		6	Fingertip Injuries
		7	Extensor tendon injuries
		8	Flexor tendon injuries

		9	Fractures & Dislocations
		10	Mangled upper limb
		11	Microsurgery of the upper limb
		12	Amputations, prosthesis
		13	Reconstruction by common flaps
		14	Fracture management
		15	Post trauma Finger & Thumb reconstruction
		16	Hand infections
		17	Tumors
		18	Dupuytren's disease and other benign affections
		19	Congenital hand
		20	Vascular anomalies
		21	Nerve entrapment
		22	Electrophysiological testing
		23	Thoracic outlet syndrome
		24	Compartment syndrome
		25	Burns
		26	Emergency situations and management
		27	Peripheral nerve injury and management
		28	Nerve repair, Nerve grafts
		29	Tendon transfers
		30	Free functioning muscle transfers
		31	Spastic Hand
		32	Principles of Brachial plexus injury management - Adult & BBPP
		33	Volkman's Ischemia
		34	Leprosy
		35	Hand transplantation
		36	Splints, slabs, casts
		37	Hand Physiotherapy
		38	Functional outcome assessment
		39	Occupational therapy

		40	Aesthetic aspects of hand surgery
		41	Common problems of the wrist
		42	Rheumatoid arthritis
4	Facial trauma	1	Anatomy of the face, head and neck
		2	Mechanisms of trauma and injuries
		3	Clinical examination
		4	Scalp & forehead, orbit, nose, cheek, lips, chin, neck injuries and management
		5	Emergency conditions and management
		6	Principles of Maxillo facial fracture fixation
		7	Mandible fractures
		8	Le fort fracture
		9	Pan facial fractures
5	FACE RECONSTRUCTION	1	Aesthetic principles, subunit concepts, facial fat compartments
		2	Common conditions requiring reconstruction
		3	Scalp and forehead reconstruction
		4	Nasal reconstruction
		5	Eyelid reconstruction
		6	Ptosis management
		7	Midface & Cheek reconstruction
		8	Ear reconstruction
		9	Osseointegration, Implants, Facial prosthesis
		10	Head and neck cancers
		11	Composite defects following onco-surgery and management
		12	Common flaps in Reconstruction
		13	Pharynx and Larynx
		14	Principles of onco-plastic surgery
		15	Aesthetic aspects and secondary problems following head and neck reconstruction

		16	Computerised Planning
		17	Facial paralysis management
6	Cranio-facial conditions	1	Embryology of the face
		2	Unilateral and Bilateral Cleft lip, all aspects of management
		3	Chelioplasty techniques, Various popular cleft lip repair techniques
		4	Cleft Palate
		5	Alveolar Clefts
		6	Orthodontics in CLP
		7	Velopharyngeal incompetence
		8	Syndromes in CLP
		9	Correction of secondary cleft deformities
		10	Orthognathic Surgery
		11	Craniosynostoses
		12	Craniofacial Syndromes and management
		13	Craniopagus
		14	Facial Transplantation
7	LOWER LIMB	1	Anatomy
		2	Principles of trauma management, orthopedics
		3	Sarcomas and management
		4	Lymphedema management
		5	Reconstruction of defects, region-wise Thigh, Knee, leg, ankle, foot
		6	Diabetic foot
8	Trunk	1	Anatomy
		2	Chest reconstruction
		3	Abdominal wall reconstruction

	4	Flaps for perineal reconstruction
	5	Gender dysphoria
	6	Vaginal defects
	7	Penile reconstruction
	8	Reconstruction of the back
	9	Management of acute burns
	10	Surgeries and management of post burn problems- region wise head & neck, Chest & trunk, Upper limbs, Lower limbs. Issue with multiple post burn contractures
	11	Pressure sores
9. BREAST	1	Anatomy
	2	Consultation for aesthetic breast procedures
	3	Breast markings
	4	Breast augmentation methods
	5	Mastopexy
	6	Breast reduction techniques
	7	Carcinoma breast management strategies
	8	Tram flap- pedicled and free
	9	Latissimus dorsi flap
	10	DIEP Flap
	11	SIEA Flap
	12	SGAP flap
	13	PAP flap
	14	Implant based techniques
	15	Oncoplasty
	16	Irradiated cases
	17	NAC Reconstruction
	18	Congenital conditions of the breast
	19	Gynecomastia
	20	Fat grafting

10. AESTHETIC PLASTIC SURGERY	1	Ethics, Consents, Photography, Publishing, Patient privacy, Legal aspects, Indemnity Insurance
	2	Building a Cosmetic Practice
	3	Skin rejuvenation, Peels
	4	Soft tissue fillers
	5	LASERS
	6	BOTOX
	7	Liposuction, Lipo-sculpting, Post bariatric reconstruction
	8	Abdominoplasty
	9	Blepharoplasty
	10	Rhinoplasty
	11	Cosmetic ear procedures
	12	Thighlift, Brachyplasty
	13	Buttock augmentation
	14	Vaginoplasty
	15	Facelift – anatomy, SMAS
	16	SMASectomy and variations, techniques for Lateral, Midface, Forehead Neck
	17	Endoscopy in Facelift
	18	Hair transplantation

## **SURGERIES**

1. A non-exhaustive list of procedures have been mentioned as part of training. These procedures have to be included in the experience of the candidate compulsorily within the 3 years period. The institute and student will make an effort to gain knowledge whether or not these procedures are done in the parent institute or external postings. Rotation postings to be given for a duration of 4 months in the following manner
  - a. Onco surgery - 1 month
  - b. Aesthetics - 1 month
  - c. cleft - 1 month

- d. Burns - 15 days
- e. Microtraining - 15 days

In the event that the candidate does not come across a few of these procedures, they must still strive to gain knowledge and competence from operative workshops or other training opportunities.

The candidate shall make all efforts to become confident particularly with the common cases done in the parent institute.

**Key for abbreviations used**

- O** - **Observe**
- A** - **Assist**
- PA** - **Performs with assistance**
- P** - **Performs independently**

Sl no	Procedure	1 st year				2 <sup>nd</sup> year				3 <sup>rd</sup> year		
		O	PA	P		O	PA	P		O	PA	P
1	FINGERTIP	10	10	5		10	5	5		10	5	5
2	UPPER LIMB MICROVASCULAR	5	0	0		5	0	0		5	5	0
3	FINGER FRACTURES, TENDON REPAIRS	10	5	5		10	5	5		5	5	5
4	NERVE ENTRAPMENT RELEASE	2	0	0		2	2	2		2	2	2
5	ACUTE BURNS	5	5	0		5	5	5		5	5	5
6	Post Burn contractures release surgeries	5	2	0		5	5	2		5	2	2
7	Skin grafts	10	10	5		10	5	10		0	5	10
8	Vascular malformations	5	1	0		5	1	0		5	2	2
9	Hypertrophic Scar	2	2	0		2	2	2		2	2	2
10	Local Flaps (Trauma & Onco)	5	2	0		5	5	5		0	5	5
11	Regional flaps (Trauma & Onco)	5	0	0		5	2	0		5	5	5
12	Free flaps (Trauma & Onco)	10	0	0		10	0	0		10	5	0
13	Cranio-facial Conditions	5	0	0		5	0	0		5	1	0
14	Cleft lip, palate, ABG	5	0	0		10	2	0		5	5	2
15	LASER	5	5	0		5	5	2		5	5	5

16	Hair transplant	2	0	0		2	2	0		2	2	0
17	Facial Fractures	10	2	0		10	5	0		10	5	5
18	Skin grafts (auto & allo)	20	10	10		10	15	15		5	10	10
19	Implants, screws, plates	10	5	0		10	5	2		10	10	5
20	Scalp reconstruction	8	4	2		10	10	5		5	10	5
2	Nose reconstruction	2	0	0		2	2	0		2	2	2
22	Eyelid reconstruction	1	0	0		1	1	1		1	1	1
23	Ear Reconstruction	1	0	0		1	1	0		1	1	0
24	Cheek Reconstruction	2	0	2		2	2	0		2	2	2
25	Lip reconstruction	3	1	0		3	2	1		3	2	2
26	Rhinoplasty	2	0	0		4	1	0		4	2	0
27	Facial Paralysis	1	0	0		1	0	0		1	0	0
28	Cosmetic facial surgeries- daycare	5	0	0		5	1	0		5	2	1
29	Breast Reduction	1	0	0		3	1	0		3	1	1
30	Breast Augmentation	2	0	0		2	0	0		2	1	0
31	Breast reconstruction	2	0	0		2	0	0		2	1	0
32	Liposuction	5	0	0		5	1	0		5	2	0
33	Abdominoplasty	2	0	0		2	0	0		2	1	1
34	Gynecomastia	5	0	0		5	1	0		5	2	1
35	Fat grafting	3	0	0		3	0	0		3	1	1
36	Debridement	15	10	0		15	15	15		15	15	15
37	Diabetic foot	10	0	0		10	5	5		10	5	5
38	Lymphedema Surgery	2	0	0		2	0	0		2	0	0
39	Congenital penile conditions	2	0	0		2	0	0		2	0	0
40	Vaginal agenesis reconstruction	1	0	0		1	0	0		1	0	0
41	Nerve repair	3	0	0		2	1	1		1	2	2



## **Attendance**

A candidate pursuing degree course should work in the concerned department of the institution for the full period as a full time student. No candidate is permitted to run a clinic/laboratory/nursing home while studying the course.

Each year shall be taken as a unit for the purpose of calculating attendance.

Every student shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons.

Every candidate is required to attend a minimum of 80% of the training during each academic year of the course. Provided further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% attendance of training period every year.

Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the University Examinations.

## **WRITTEN EXAM**

NUMBER OF PAPERS - 4

MARKS PER PAPER 100 (10 questions each carrying 10 marks)

All questions are compulsory

## **PRACTICAL EXAMINATION**

Final university practical exam will have 1 long case (100marks) minimum 30 minutes to evaluate the candidate, per case.  
2 short cases (25 marks each) minimum 20 minutes to evaluate the candidate per case and 5 cases in ward rounds (10 marks each)

### **MINOR CASES - 2**

DURATION OF EXAMINATION WILL BE 20 MINS

*Viva Voce:* Viva Voce examination shall aim at assessing thoroughly depth of knowledge, logical reasoning, confidence and oral communication skills. The maximum marks shall be 100.

**Arbitrary composition of the written question papers for the candidate to prepare is given below. The same may have minor changes with respect to the composition of questions decided to be in paper no 1 appearing in other papers, etc.**

**The candidate has to understand that the following division of topics is made by the university for his/her benefit to help revise portions in syllabus in a planned and relaxed manner. However, the examiner recruited by the University to set questions may find merit in making minor changes and the same will be endorsed by the university. The stalwarts of this subject do not believe that the syllabus can be revised on the day precious to each paper. The onus is rather on the candidate to have prepared well beforehand.**

### **PAPER 1**

PRINCIPLES OF PLASTIC SURGERY  
BASIC SCIENCES  
RESEARCH AND ADVANCES

### **PAPER 2**

UPPER LIMB  
LOWER LIMB

**PAPER 3**

CHEST RECONSTRUCTION

ABDOMEN RECONSTRUCTIONS, ABDOMEN FLAPS

BACK RECONSTRUCTIONS

BREAST CONDITIONS AND MANAGEMENT

**PAPER 4**

BURNS

HEAD AND NECK

AESTHETIC

## EVALUATING EFFECTIVENESS OF THE TEACHING PROGRAM WITH GENERAL PERFORMANCE SCORE

### CASE PRESENTATION

#### PATIENT DETAILS

#### DIAGNOSIS

		Poor 0	Below Average 1	Average 2	Good 3	Very Good 4	Excep tional 5
1.	Patient details, demographics, site, side						
2.	History						
3.	Examination						
4.	Diagnosis & plan Ability to defend the same						
5.	Plan no 2, Plan no 3						
6.	Consent						
7.	Pre-op considerations						

8.	Positioning, Surgical Planning						
9.	Intra-op details						
	▪ Steps						
	▪ Anatomy						
	▪ Possible complications						
10.	Splinting and positioning						
11.	Post op care						
12.	Rehabilitation						
	Others						
	<b>Grand Total</b>						

### EVALUATION OF PRESENTATIONS

<b>Sl. No.</b>	<b>TOPIC NAME, TYPE OF TALK</b>	<b>SCORE (1-5)</b>
1.	GENERAL INTRODUCTION	
2.	FRAGMENT THE TALK	
3.	PURPOSE	
4.	UNIQUENESS IF ANY	
5.	KNOWLEDGE OF THE SUBJECT	
6.	REFERENCES	
7.	FLOW OF THE TALK	
8.	AUDIO VISUAL AIDS	
9.	IN DEPTH UNDERSTANDING OF CONCEPTS	
10.	CRITICAL OVERVIEW	
11.	ANSWERS THE QUESTIONS	
12.	SUMMARISE THE TALK	
13.	KEY POINTS	

14.	RESEARCH IDEAS	
15.	IMPROVE APPROCH TO THE SUBJECT/PROCEDURE	
	<b>TOTAL SCORE</b>	<b>GENERAL AVERAGE</b>

## LOG BOOK

### ACADEMIC ACTIVITIES PAGES

Name:

Year:

<b>Date</b>	<b>Teaching module</b> Seminar Group Discussion Clinical Case discussion Simulation/Lab Journal Club Tutorial	<b>TOPIC</b>	<b>Topic</b>  PRESENTED/ATTENDED



**SURGICAL LOG ENUMERATION SHEET**

<b>SL NO</b>	<b>DATE</b>	<b>SURGERY NAME</b>	<b>A/PA/P</b>

### ACADEMIC FEASTS

SL NO	DATE	CONFERENCE/WORKSHOP/CME DATE, NAME, VENUE	PAPER/POSTER/QUIZ

### GRADE POINTS

Academic Year: 1

	CATEGORY OF ASSESSMENT	MONTH											
		AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY
<b>I</b>	<b>SEMINARS, GROUP DISCUSSIONS</b>												
<b>II</b>	<b>CLINICAL CASE PRESENTATION</b>												
<b>III</b>	<b>JOURNAL CLUB</b>												
<b>IV</b>	<b>WARD WORK/ROUNDS</b>												

<b>V</b>	<b>SURGICAL PLANNING</b>												
<b>VI</b>	<b>SURGICAL SKILLS</b>												
<b>VII</b>	<b>POST OP &amp; REHABILITATION</b>												
<b>VIII</b>	<b>OUT PATIENT WORK</b>												
<b>IX</b>	<b>PAPERS, POSTERS</b>												
<b>X</b>	<b>COMPLETED LOG BOOK</b>												
<b>Total Score</b>													
<b>GPA</b>													

**ACADEMIC YEAR 2**

	CATEGORY OF ASSESSMENT	MONTH											
		AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY
<b>I</b>	<b>SEMINARS, GROUP DISCUSSIONS</b>												
<b>II</b>	<b>CLINICAL CASE PRESENTATION</b>												
<b>III</b>	<b>JOURNAL CLUB</b>												
<b>IV</b>	<b>WARD WORK/ROUNDS</b>												
<b>V</b>	<b>SURGICAL PLANNING</b>												
<b>VI</b>	<b>SURGICAL SKILLS</b>												
<b>VII</b>	<b>IDENTIFICATION OF PROBLEMS</b>												
<b>VIII</b>	<b>POST OP &amp; REHABILITATION</b>												
<b>IX</b>	<b>OUT PATIENT WORK</b>												

<b>X</b>	<b>PAPERS, POSTERS</b>												
<b>XI</b>	<b>COMPLETED LOG BOOK</b>												
<b>Total Score</b>													
<b>GPA</b>													

**ACADEMIC YEAR 3**

	<b>CATEGORY OF ASSESSMENT</b>	<b>MONTH</b>											
		<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUNE</b>	<b>JULY</b>
<b>1</b>	<b>SEMINARS, GROUP DISCUSSIONS</b>												
<b>II</b>	<b>CLINICAL CASE PRESENTATION</b>												
<b>III</b>	<b>JOURNAL CLUB</b>												
<b>IV</b>	<b>WARD WORK/ROUNDS</b>												

<b>V</b>	<b>SURGICAL PLANNING</b>												
<b>VI</b>	<b>SURGICAL SKILLS</b>												
<b>VII</b>	<b>IDENTIFICATION OF PROBLEMS</b>												
<b>VIII</b>	<b>POST OP &amp; REHABILITATION</b>												
<b>IX</b>	<b>OUT PATIENT WORK</b>												
<b>X</b>	<b>PAPERS, POSTERS</b>												
<b>COMPLETED LOG BOOK</b>													
<b>SUBMITTED RESEARCH WORK</b>													
<b>Total Score</b>													
<b>GPA</b>													

**EXTERNAL POSTING CONDENSATION SHEET**

<b>SL NO</b>	<b>INSTITUTE</b>	<b>PERIOD</b>

GET THE ACADEMIC/SURGICAL LOG COLUMNS FILLED AND ALSO ATTACH LETTER OF COMPLETION BY THE HEAD OF DEPT OF THE CONCERNED INSTITUTE (PARENT INSTITUTE & VISITED ONES)

WHERE THE DURATION OF POSTING IS LESS THAN ONE MONTH OR STARTS IN BETWEEN THE MONTH, PLEASE PRINT UP THE ABOVE TABLES SEPERATELY AND GET THE WORK ASSESSED.

HEAD OF THE PARENT INSTITUTE WILL EXAMINE THE EVALUATION FORMS AND COMPUTE THE GENERAL SCORE FOR THAT MONTH

A SEPARATE DETAILED LOG BOOK INCLUDING AND NOT RESTRICTED TO THE DAY TO DAY TEACHING, SEMINARS, OPDS, SURGERIES, LAB, WARD ROUNDS ETC SHALL BE PROMPTLY MAINTAINED BY THE CANDIDATE .

ITS COMPLETENESS WILL BE EVALUATED BASED ON THE LEGIBILITY, PROMPTNESS, ACCURACY, FLOWCHARTS, DIAGRAMS, CLINICAL PHOTOGRAPHS, COMPLICATIONS, DOCUMENTING FINAL RESULT ETC AND REVIEWED BY THE TEACHERS REGULARLY.

A DISCIPLINED APPROACH TO COMPLETING THE LOG BOOK IS NECESSARY. ALTHOUGH THE ONUS IS ON THE CANDIDATE, TEACHERS MAY NEED TO APPRAISE THE CANDIDATE REGULARLY TO STAY UPTODATE CITING OBVIOUS DISQUALIFICATION BY THE INSTITUTE OR EXAMINERS IN THE EVENT OF INCOMPLETE OR UNACCEPTABLE LOG-BOOK

## RECOMMENDED BOOKS AND JOURNALS

1. Grabb & Smith's Plastic Surgery –8<sup>th</sup> Edition.  
Editor: Kevin Chung  
Publishers: Wolters Kluwer
2. Plastic Surgery: 6 volume set, 4<sup>th</sup> edition  
Editor: Peter C Neligan  
Publishers: Elsevier
3. Mc Carthy Plastic Surgery Vol. 1 to 8  
Editor Joseph G.Mc Carthy, 1990, London. W.B.Saunders
4. Textbook of Plastic Reconstructive and Aesthetic surgery, 3 volumes  
Editor : Karoon Agarwal  
Publisher: Thieme
5. Grabb's Encyclopedia of Flaps, 4<sup>th</sup> edition  
Editors: Berish Strauch , Luis O. Vasconez , Charles K. Herman , Bernard T. Lee MD  
Publlishers: Walters Kluwer
6. WEI & MARDINI: FLAPS AND RECONSTRUCTIVE SURGERY, 2<sup>ND</sup> EDITION.  
Editors: Fu Chan Wei & Samir Mardini  
Publisher: ELSEVIER TITLE ISBN 978-0-323-26070-1.
7. ACLAND'S PRACTICE MANUAL FOR MICROVASCULAR SURGERY 3<sup>RD</sup> EDITION  
Editors: Robert D Acland, S Raja Sabapathy
8. ATLAS OF MICROSURGICAL COMPOSITE TISSUE TRANSPLANTATION, Editor: DONALD G SERAFIN
9. OPERATIVE TECHNIQUES IN LOWER LIMB RECONSTRUCTION AND AMPUTATION  
Editor: Kevin C Chung MD, MS, Gordon Lee MD  
ISBN/ISSN 9781975127343



10. OPHTHALMIC PLASTIC SURGERY OF THE UPPER FACE

Editor: MICHAEL BURNSTINE

THIEME PUBLISHERS

11. BREAST AUGMENTATION VIDEO ATLAS

Editor: ADAMS. ISBN 9781626236523

12. AURICULAR RECONSTRUCTION,

Editor: FIRMIN, ISBN 9781626236844

13. CONGENITAL VASCULAR MALFORMATIONS, A COMPREHENSIVE REVIEW OF CURRENT MANAGEMENT

Editors: **Kim, Y.-W., Lee, B.-B., Yakes, W.F., Do, Y.-S.** ISBN 978-3-662-46708-4

14. LOCAL FLAPS IN FACIAL RECONSTRUCTION, 3RD EDITION

**Authors:** Shan Baker, Hardcover ISBN: 9781455753161

Imprint: Saunders

15. Plastic and Reconstructive Surgery of Burns

Editors: Max Grishkevich and Viktor M Grishkevich

Publisher: Springer

16. Total Burn Care

Editor: Herndon David N

Publisher: Elsevier Health Sciences

17. Atlas of Operative Craniofacial Surgery

Editor: Mesa,

Publisher: Thieme

18. Cleft Craft

Editor Ralph Millard

19. Greens Operative Hand Surgery, 7<sup>th</sup> edition

Editors: Scott Wolfe William Pederson Scott H. Kozin Mark Cohen

Publisher Elsevier

20. Hair transplant surgery

Editor Sharad Mishra

Publisher : Jaypee

21. Pediatric burns: total management of the burned child.

Editor: K Mathangi

Publisher: Paras Medical Publisher

22. Operative techniques in lower limb reconstruction and amputation.

Editor: Kevin Chung

Publisher: Wolters Kluwer

## **Journals**

1. Plastic and Reconstructive Surgery
2. Journal of Plastic Reconstructive and Aesthetic surgery
3. Indian Journal of Plastic Surgery
4. JAMA Facial Plastic Surgery
5. Annals of Plastic Surgery
6. British Journal of Plastic Surgery
7. Aesthetic Plastic Surgery
8. Journal of Hand Surgery
9. Cleft Palate- Craniofacial Journal (SAGE)
10. Journal of Cleft lip palate and Craniofacial anomalies

