



## **PLASTIC SURGERY**

**Residency Training Program  
Leading to the degree of**

**Master of Surgery (MS Plastic Surgery)**

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**SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY  
ISLAMABAD**

## DEDICATION

Dedicated to all faculty Members of Curriculum Committee whose persistent efforts in the field of medical education will always be reminisced.





# CURRICULUM

Master of Surgery (MS)

Plastic Surgery

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# **ROAD MAP OF MS PLASTIC SURGERY**

## **(A Brief Summary)**

### **GENERAL INFORMATION AND PROGRAM GOALS:**

After admission in MS Plastic Surgery Programme the resident will spend first 6 Months in the relevant Department of Plastic Surgery as Induction period during which resident will get orientation about the chosen discipline. The research project shall be designed and the synopsis be prepared during this period.

On completion of Induction period the resident shall start training to learn Basic Principles of General Surgery for 06 Months. During this period the Research Synopsis shall be got approved by the Ethical Review Board of the university. At the end of 2nd Calendar year the candidate shall take up Intermediate Examination. / Midterm Assessment.

During 3rd, 4th & 5th years, of the Program, there shall be two components of the training.

- Clinical Training in Plastic Surgery
- Research and Thesis writing

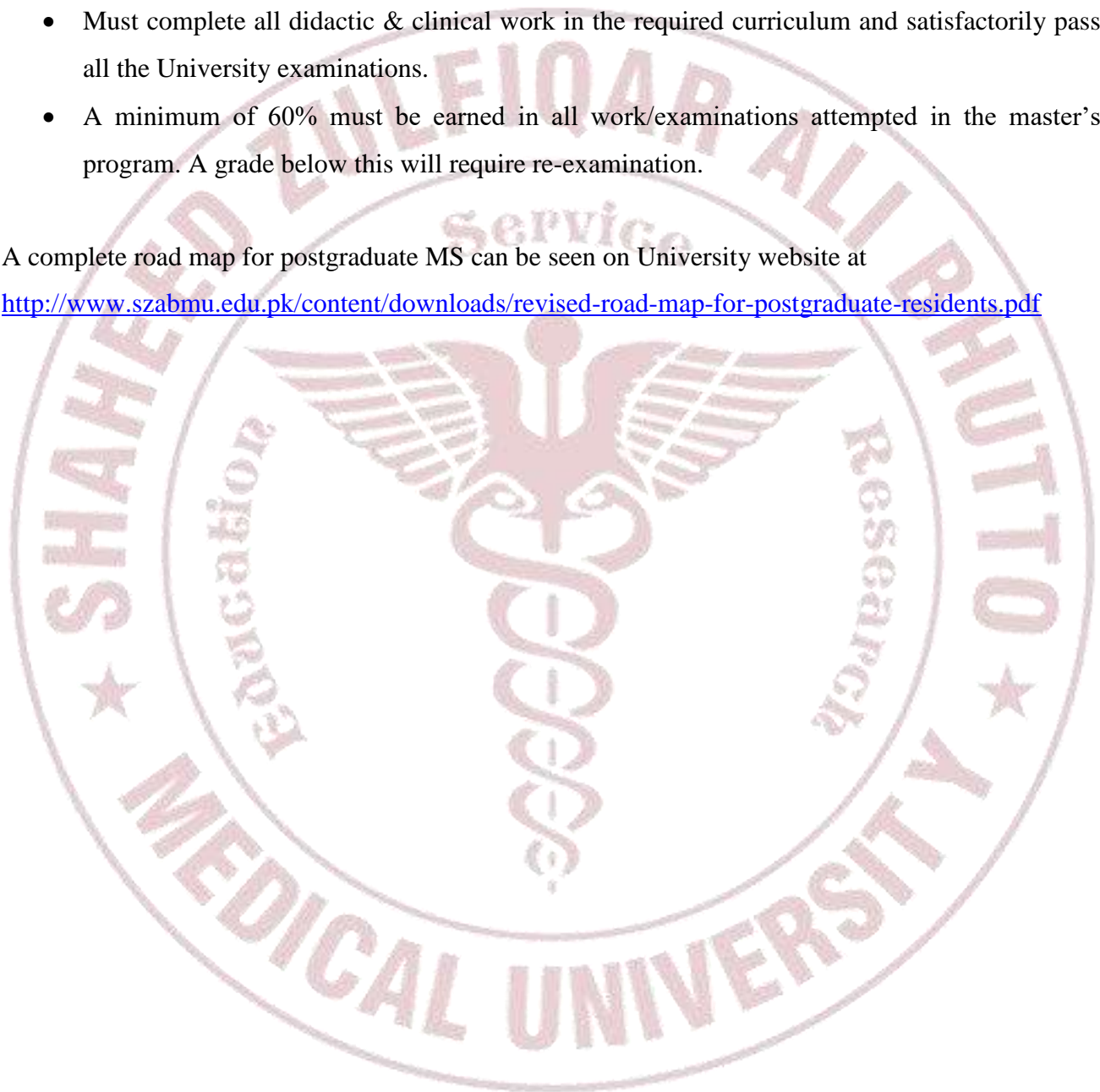
The candidate will undergo clinical training in the discipline to achieve the educational objectives (knowledge & Skills) along with rotation in the relevant fields during the 3rd, 4th & 5th years of the programme.

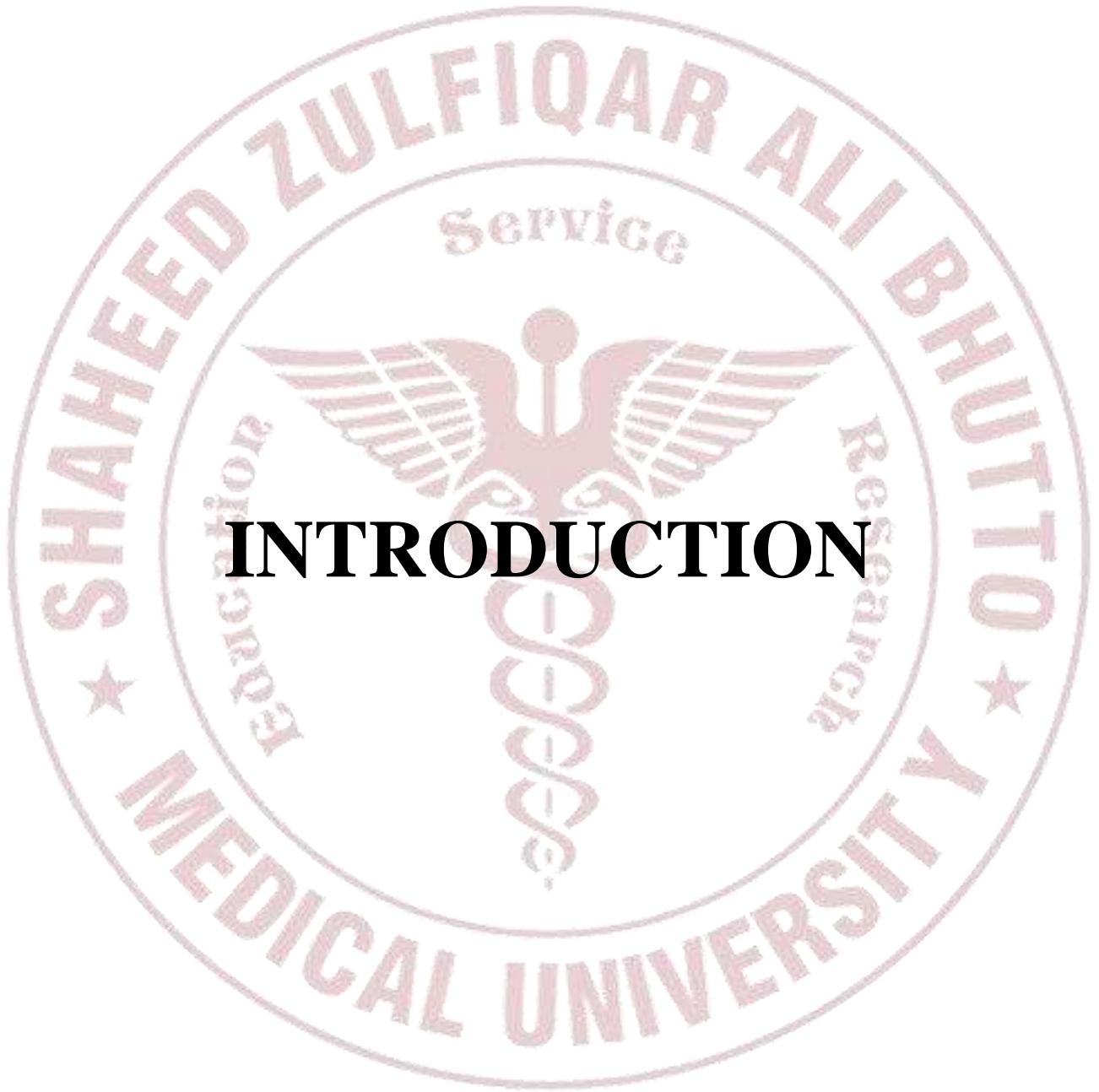
## **Requirements of MS Plastic Surgery to Enroll Graduate Students in the Program**

- Fulfillment of University requirements for postgraduate study.
- Five (5) years of consecutive full-time advanced study and clinical training.
- Complete and approved master's thesis based on original research during the course of study in an area related to specialty, suitable for publication in a reputable medical & surgery journal.
- Must complete all didactic & clinical work in the required curriculum and satisfactorily pass all the University examinations.
- A minimum of 60% must be earned in all work/examinations attempted in the master's program. A grade below this will require re-examination.

A complete road map for postgraduate MS can be seen on University website at

<http://www.szabmu.edu.pk/content/downloads/revised-road-map-for-postgraduate-residents.pdf>





## **INTRODUCTION**

The name of degree programme shall be MS Plastic Surgery. This name is well recognized and established for the last many decades worldwide.

### **Course Title**

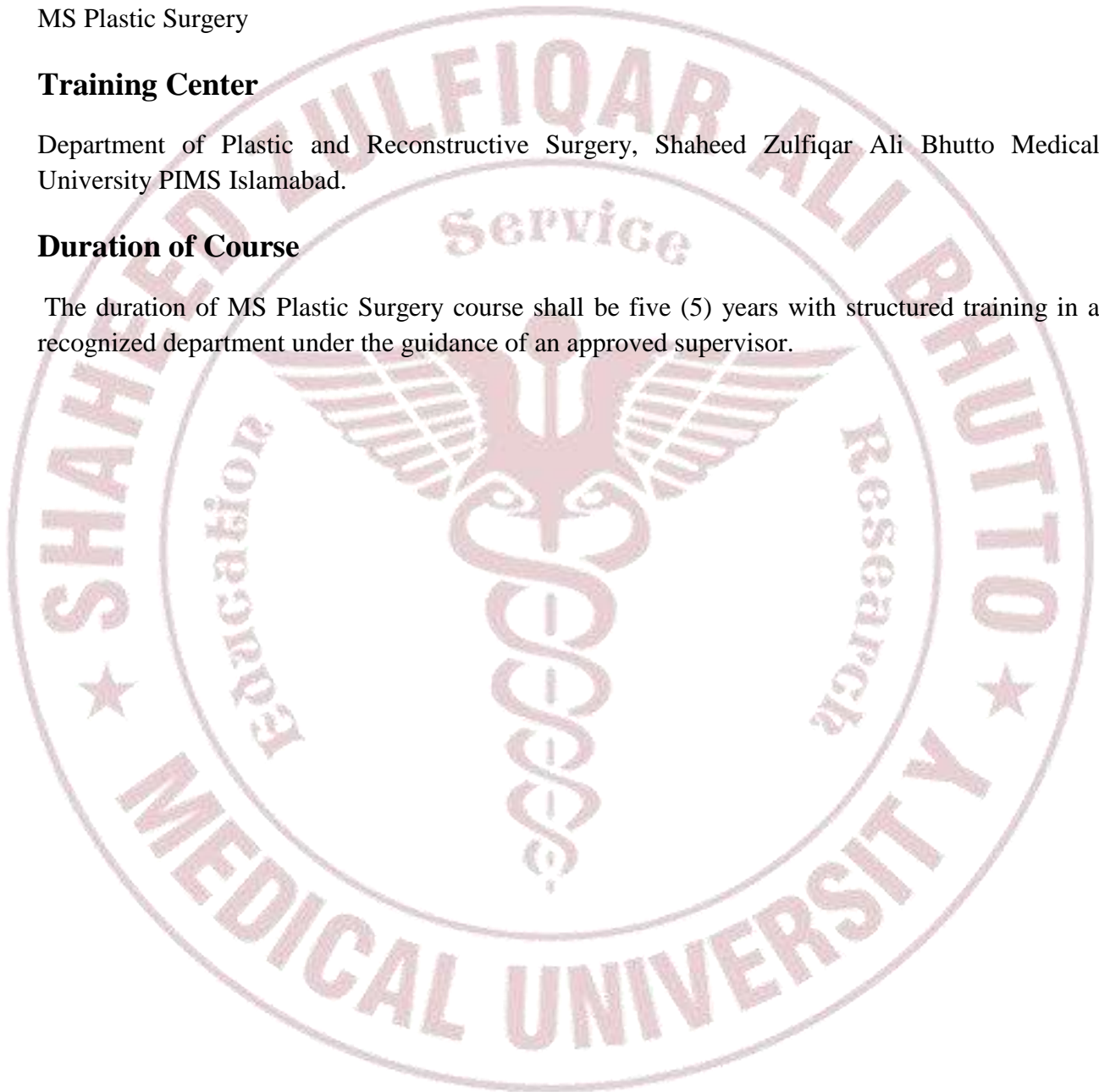
MS Plastic Surgery

### **Training Center**

Department of Plastic and Reconstructive Surgery, Shaheed Zulfiqar Ali Bhutto Medical University PIMS Islamabad.

### **Duration of Course**

The duration of MS Plastic Surgery course shall be five (5) years with structured training in a recognized department under the guidance of an approved supervisor.







# **AIMS & OBJECTIVES**

## **AIMS & OBJECTIVES**

### **Aims and objectives of the course**

The aim of five years MS programme in Plastic Surgery is to train residents to acquire the competency of a specialist in the field so that they can become good teachers, researchers and clinicians in their specialty after completion of their training.

### **General objectives**

MS Plastic Surgery training should enable a student to:

1. Access and apply relevant knowledge to clinical practice
2. Safely and effectively performs appropriate surgical procedures
3. Design and implement effective management plans
4. Organize diagnostic testing, imaging and consultation as needed
5. Communicate effectively
6. Recognize the value of knowledge and research and its application to clinical practice
7. Practice Professionalism
8. Work in collaboration with members of an interdisciplinary team where appropriate
9. Management and Leadership
10. Health advocacy



## ENTRY CRITERIA

### Eligibility to apply for MS Plastic Surgery

- Candidate must possess MBBS or equivalent degree and one-year house job from PMC recognized Institutions.
- Permanent valid registration with PMC.
- Declared successful in MS Part-I for University programs.
- In case of foreign candidate, valid registration with Medical Council of their country of origin must be produced.

### Required Documents

Attested photo copies of the following documents must be attached with the application form:

- Computerized National Identity Card (CNIC)
- Domicile certificate
- Matric/O Level, FSc/A Level, Certificates or equivalent
- MBBS degree with detail marks certificates of all professional
- MBBS Attempts certificates of all professional
- NEB pass certificate (for foreign graduates)
- House Job certificates
- PMC valid permanent registration certificate
- MS Part-I passing certificate
- Experience Certificates (if any)
- Migration Certificate (To be produced at the time of admission)

### Admission Procedure

- Details of admission procedure is available on university website at <http://www.szabmu.edu.pk/admission/postgraduate-admission>





# COMPETENCIES

## PROCEDURAL COMPETENCIES

The clinical skills, which a specialist must have, are varied and complex. A complete list of the same necessary for residents and trainers is given below. It is arranged year wise and the level of competence to be achieved each year is arranged as follows:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed independently

A resident is expected to attain the laid down level of competence for the following procedures by the end of each year as given below

1. 3 months: Level 1
2. 6 months: Level 2
3. 9 months: Level 3
4. 12 months: Level 4

## 1<sup>st</sup> Year

Competencies	3 months	6 months	9 months	12 months	Total No. of cases
<b>General Procedures</b>					
Excision of simple lesion with direct closure	5	5	10	10	30
Intralesional Injection	5	5	10	10	30
Keloid and Hypertrophic Scar	3	3	4	4	14
Harvesting of partial and full-thickness skin grafts	5	10	10	10	35
Planning and execution of Z-Plasty	5	5	10	10	30
<b>Aesthetic Surgery</b>					
Botox	3	3	3	5	14
Dermabrasion and chemical peel	1	1	1	1	4
Laser Surgery	3	3	3	3	12
Natural and artificial filler	3	3	3	3	12
<b>Upper limb surgery</b>					
Fingertip Injuries	3	3	5	3	14
Tendon Injuries (Repair)	3	3	3	3	12
Acute Hand Trauma (Initial Management)	5	5	5	10	25
Soft tissue coverage with local and regional flaps	5	5	5	5	20
Hand Fractures	3	3	4	5	15

## 2<sup>nd</sup> Year

Competencies	3 months (Level 1)	6 months (Level 2)	9 months (Level 3)	12 months (Level 4)	Total no. of cases
<b>General Procedures</b>					
Harvesting of rib / bone grafts					
Skin lesion Excision and repair by local or distant flaps	5	5	10	5	25
Harvesting of nerve grafts	3	3	3	2	11
Elevation and inseting of fasciocutaneous flaps	2	2	2	2	8
<b>Cutaneous Surgery</b>					
Tissue Expansion	2	2	1	1	6
Pressure Sores	1	1	2	2	6
Burns and Contracture	3	5	5	5	18
Vascular malformation	2	2	2	2	8
<b>Head and Neck Reconstruction</b>					
Reconstruction of scalp and forehead	2	2	3	3	10
Cheek reconstruction	3	3	2	2	10
Lip Reconstruction	2	2	2	2	8
Cleft lip	3	3	3	3	12
Cleft palate	2	2	2	2	8
Correction of secondary lip and nasal deformities	1	1	1	2	5
<b>Competencies</b>	3 months (Level 1)	6 months (Level 2)	9 months (Level 3)	12 months (Level 4)	Total no. of cases
<b>Trunk Surgery</b>					



Hypospadias	3	3	3	3	12
Epispadias	1	1	1	1	4
Hand Infections	5	5	5	5	20
<b>Aesthetic Surgery</b>					
Blepharoplasty	3	3	3	3	12
Hair Restoration Surgery	1	1	1	1	4
Liposuction	3	3	3	3	12
<b>Upper limb Surgery</b>					
Tendon Grafting	3	3	3	3	12
Nerve Repairs and grafting	3	3	3	4	13
Congenital Hand deformity correction	2	3	4	4	13
Reduction of dislocations	2	2	2	2	8
Soft tissue coverage with local and regional flaps	5	5	5	10	25
Acute hand trauma ( Initial Management)	5	5	5	10	25

### 3<sup>rd</sup> Year

Competencies	3 months (Level 1)	6 months (Level 2)	9 months (Level 3)	12 months (Level 4)	Total No. of cases
<b>General Procedures</b>					
Elevation and insetting of fasciocutaneous flaps	3	3	5	3	14
Elevation and insetting of perforator flaps	3	3	3	4	10
Elevation and insetting of Muscle flaps	3	3	3	4	10
<b>Lower limb Surgery</b>					
Soft tissue coverage of exposed bone and implants with local flaps	3	3	3	3	12
Limb salvage procedures	1	1	1	2	5
<b>Cutaneous Surgery</b>					
Repair of major soft tissue defects	2	2	2	5	11
Burns and contracture	3	3	3	3	12
Vascular Malformation	2	2	2	3	9
Reconstruction of Cheek	3	3	2	2	10
Skin Tumor Excision and reconstruction	3	3	4	4	14
<b>Upper limb surgery</b>					
Nail bed injuries	3	3	3	4	13
Congenital Hand deformity correction	4	4	4	4	16

<b>Competencies</b>	3 months (Level 1)	6 months (Level 2)	9 months (Level 3)	12 months (Level 4)	Total no. of cases
Fixation of fractures and correction of skeletal deformity	2	2	3	4	11
Nerve Repairs and grafting	3	3	3	4	13
Soft tissue coverage with local and regional flaps	5	5	5	10	25
<b>Trunk Surgery</b>					
Chest wall reconstruction	1	1	1	1	4
Breast Reconstruction ( Pedicled Flap)	2	2	2	2	8
Hypospadias	2	2	2	3	9
Epispadias	1	1	1	2	5
Vaginal Reconstruction	1	1	1	1	4
<b>Aesthetic Surgery</b>					
Rhinoplasty	1	1	1	1	4
Prominent ears	1	1	1	1	4
Liposuction	1	1	1	1	4
Natural and artificial filler	2	2	2	2	8

### 4<sup>th</sup> Year

Competencies	3 months (Level 1)	6 months (Level 2)	9 months (Level 3)	12 months (Level 4)	Total No. of cases
<b>General Procedures</b>					
Elevation and insetting of perforator flaps	4	4	4	5	17
Elevation and insetting of muscle flaps	2	2	2	2	8
Harvesting of rib / bone grafts	3	3	4	5	15
Harvesting of nerve grafts	4	4	4	5	17
Harvesting of costal cartilage and framework fabrication	3	3	4	5	15
<b>Cutaneous Surgery</b>					
Skin lesion excision and repair by local or distant flaps	5	5	5	10	25
Tissue expansion	3	4	4	3	14
Vascular malformation	3	3	4	5	15
Lip Reconstruction	3	3	3	3	12
Post burn scars and contractures	3	3	4	5	15
<b>Head and Neck Reconstruction</b>					
Eyelid Reconstruction	3	3	3	3	12
Release of Neck Contracture	3	3	5	5	16
Auricular Reconstruction	2	2	2	2	8
Congenital nasal deformities	3	3	3	4	13
Congenital ear deformities ( Microtia)	4	4	4	4	16
Cleft lip	3	3	3	4	13
Cleft palate	3	3	3	4	13
Nasal reconstuction	2	2	2	3	9



Correction of secondary lip and nasal deformities	3	3	2	2	10
Competencies	3 months (Level 1)	6 months (Level 2)	9 months (Level 3)	12 months (Level 4)	Total No. of cases
Major head and neck tumor resection and reconstruction with local and regional flaps	3	3	3	4	13
Facial Reanimation	1	1	2	2	6
Reconstruction of scalp and forehead	2	2	4	5	13
<b>Upper limb Surgery</b>					
Tendon grafting	4	4	4	5	17
Tendon transfer	2	2	3	4	11
Nerve repairs and grafting	3	3	4	4	14
Brachial plexus exploration and repair	1	1	1	1	4
Nerve transfers	2	2	2	2	8
Surgery for VIC	2	2	1	1	6
Functional Muscle transfer	1	1	1	1	4
<b>Lower limb Surgery</b>					
Soft tissue coverage of exposed bone and implants with local flaps	5	5	5	5	20
Limb salvage procedures	4	4	5	5	18
Soft tissue coverage of exposed bone and implants with free flaps	1	1	1	0	3
<b>Trunk Surgery</b>					
Hypospadias	2	2	3	3	10
Epispadias	1	1	1	1	4
Penile Reconstruction	1	1	1	1	4
Competencies	3 months (Level 1)	6 months (Level 2)	9 months (Level 3)	12 months (Level 4)	Total No. of cases
Vaginal Reconstruction	1	1	1	1	4

Breast reconstruction (pedicled flap)	2	2	2	2	8
Breast Reconstruction (free flaps)	1	1	1	1	4
Abdominal wall reconstruction	1	1	1	2	5
Chest wall reconstruction	1	1	1	2	5
<b>Aesthetic Surgery</b>					
Face lift	2	2	2	2	8
Blepharoplasty	2	3	4	5	14
Natural and artificial filler	2	3	4	5	14
Botox	3	3	4	5	15
Rhinoplasty	3	3	3	2	11
Prominent ears	3	3	2	2	10
Abdominoplasty	2	1	1	1	4
Breast Augmentation	2	2	1	1	6
Breast Reduction	2	2	3	2	9
Mastopexy	2	2	2	1	7
Liposuction	4	4	2	1	11
Gynecomastia	4	4	2	1	11

## 5<sup>th</sup> Year

Competencies	3 months (Level 1)	6 months (Level 2)	9 months (Level 3)	12 months (Level 4)	Total No. of cases
<b>General Procedures</b>					
Elevation and insetting of perforator flaps	4	4	4	5	17
Elevation and insetting of muscle flaps	2	2	2	2	8
Harvesting of rib / bone grafts	3	3	4	5	15
Harvesting of nerve grafts	4	4	4	5	17
Harvesting of costal cartilage and framework fabrication	3	3	4	5	15
<b>Cutaneous Surgery</b>					
Skin lesion excision and repair by local or distant flaps	5	5	5	10	25
Tissue expansion	3	4	4	3	14
Vascular malformation	3	3	4	5	15
Lip Reconstruction	3	3	3	3	12
Post burn scars and contractures	3	3	4	5	15
<b>Head and Neck Reconstruction</b>					
Eyelid Reconstruction	3	3	3	3	12
Release of Neck Contracture	3	3	5	5	16
Auricular Reconstruction	2	2	2	2	8
Congenital nasal deformities	3	3	3	4	13
Congenital ear deformities ( Microtia)	4	4	4	4	16
Cleft lip	3	3	3	4	13
Cleft palate	3	3	3	4	13
Nasal reconstuction	2	2	2	3	9

Correction of secondary lip and nasal deformities	3	3	2	2	10
Competencies	3 months (Level 1)	6 months (Level 2)	9 months (Level 3)	12 months (Level 4)	Total No. of cases
Major head and neck tumor resection and reconstruction with local and regional flaps	3	3	3	4	13
Facial Reanimation	1	1	2	2	6
Reconstruction of scalp and forehead	2	2	4	5	13
<b>Upper limb Surgery</b>					
Tendon grafting	4	4	4	5	17
Tendon transfer	2	2	3	4	11
Nerve repairs and grafting	3	3	4	4	14
Brachial plexus exploration and repair	1	1	1	1	4
Nerve transfers	2	2	2	2	8
Surgery for VIC	2	2	1	1	6
Functional Muscle transfer	1	1	1	1	4
<b>Lower limb Surgery</b>					
Soft tissue coverage of exposed bone and implants with local flaps	5	5	5	5	20
Limb salvage procedures	4	4	5	5	18
Soft tissue coverage of exposed bone and implants with free flaps	1	1	1	0	3
<b>Trunk Surgery</b>					
Hypospadias	2	2	3	3	10
Epispadias	1	1	1	1	4
Penile Reconstruction	1	1	1	1	4
Vaginal Reconstruction	1	1	1	1	4
Breast reconstruction (pedicled flap)	2	2	2	2	8



Competencies	3 months (Level 1)	6 months (Level 2)	9 months (Level 3)	12 months (Level 4)	Total No. of cases
Breast Reconstruction (free flaps)	1	1	1	1	4
Abdominal wall reconstruction	1	1	1	2	5
Chest wall reconstruction	1	1	1	2	5
<b>Aesthetic Surgery</b>					
Face lift	2	2	2	2	8
Blepharoplasty	2	3	4	5	14
Natural and artificial filler	2	3	4	5	14
Botox	3	3	4	5	15
Rhinoplasty	3	3	3	2	11
Prominent ears	3	3	2	2	10
Abdominoplasty	2	1	1	1	4
Breast Augmentation	2	2	1	1	6
Breast Reduction	2	2	3	2	9
Mastopexy	2	2	2	1	7
Liposuction	4	4	2	1	11
Gynecomastia	4	4	2	1	11

## Log Book -Record of Clinical Cases

### Longitudinal evaluation (Logbook, Assignments, Assessments)

Throughout the length of the course the performance of the candidate will be recorded on the Log Book. Completed and duly certified logbook will form a part of the application for appearing in the final examination. The Log Book will reflect the performance of the candidate in the following parameters:

- Entries in log book should be on regular basis, and signed by the supervisor, certifying the work.
- Record of competence of technical skills.
- Record of the assignments.
- Record of affective and interpersonal behaviors.
- Record of Journal clubs, conferences, lectures and workshops attended.

Table: Specimen from Log book

DATE	HOSPITAL No.	NAME, AGE, SEX	DIAGNOSIS	PROCEDURE PERFORMED	PERFORMANCE OF TRAINEE*	SIGNED BY IMMEDIATE SUPERVISOR

\*Key 1) Observer Status                      3) Performed under supervision  
 2) Assistant Status                        4) Performed independently

## **Mandatory Workshops**

During training candidate will attend the following mandatory workshops arranged by the University:

### **I. Communication skills**

The aim is acquisition of the students with an art of communication for an effective doctor patient relationship, where the art of history taking and the skill of advice and instruction communication is pivotal. This will also enhance the interpersonal communication at the hospital amongst early colleges and those in various departments of the hospital setting. Furthermore, the appearance of our students in clinical meetings, workshops, conferences and seminars will be exceptionally didactic both as participants and as presenters. Furthermore, a better skill to communicate will empower the students to present better in their assessments for the very program, especially, OSPE, long case, short case and thesis defense.

### **II. Research methodology, Biostatistics & Medical writing**

As Research and recent advances are part and parcel of evidence-based practice, the university intends to endow in the students to raise intrigued healthcare professionals who intend to develop ease, both for the patient and the system by means of their queries and research. An elaborated session will provide a guideline as the first basic step towards thesis writing. Biostatistics will be introduced and statistics software introduction and basics workshop is carried out. Furthermore, the university provides the students with available Research and Biostatistics department as a continuum of guidance and help in their research works. Research Work is encouraged and a well-established ethical board and review committees for check of quality and virtues at all levels.

### **III. Computer and internet skills**

Since literature review is the essence of research, an effective student must vest in him the recent updates in regards to the available search engines and gadgets, the software and platforms which lead to better understanding of topics. The aim of the workshop is to empower the students to better inquire for their research questions and to be able to avail the maximum out of the broad horizon of information available.

### **IV. Basic Life Support**

Basic knowledge and skills for emergency situations in an unresponsive patient as per recent updates and protocols are delivered to the students, ensuring an up to the mark health care professional for the society at large. The workshops are well equipped and test the candidate both in knowledge and hands on.

## V. Surgical skills

This workshop is the pivotal for the emerging surgeons and provides knowledge together with hands on practice. The students see, learn, perform and continue to implement well learnt basic practices over the course of the clinical training.

Candidate will be Certified of the above-mentioned workshops by the University.





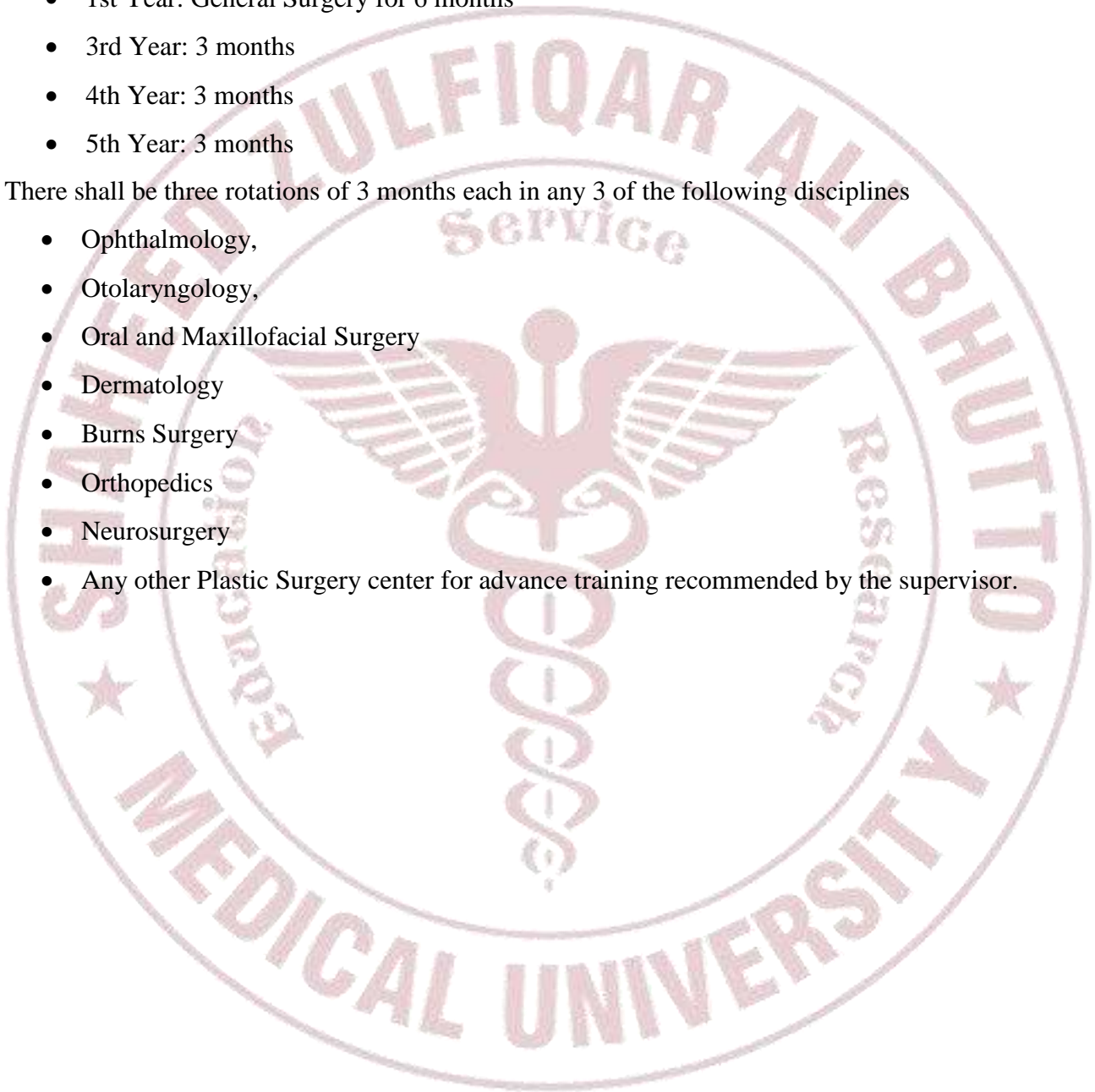
## ROTATIONS

There shall be a total of 4 rotations spanning a period of 15 months. The timing of rotational training will be as under:

- 1st Year: General Surgery for 6 months
- 3rd Year: 3 months
- 4th Year: 3 months
- 5th Year: 3 months

There shall be three rotations of 3 months each in any 3 of the following disciplines

- Ophthalmology,
- Otolaryngology,
- Oral and Maxillofacial Surgery
- Dermatology
- Burns Surgery
- Orthopedics
- Neurosurgery
- Any other Plastic Surgery center for advance training recommended by the supervisor.



## Thesis

One of the training requirements for the Degree is to undertake a research and write a Thesis on a topic related to the field of specialization. Firstly, the student shall prepare a synopsis under guidance of his supervisor. The synopsis should be in accordance with the guidelines to Synopsis written recommended by the University. Synopsis of the research must be approved from the Ethical Review Board (ERB) and the Advanced study & research board (AS&RB) before starting the research work. During process of Research the resident has to submit study data/result of project on quarterly basis to the Department of Medical Education (DME) and Biostatistician. Once the research is commenced, an elaborative document of the guided structure, the Thesis, is then submitted for approval. The thesis must be submitted for approval during the beginning of fourth year of training program. After review by three external examiners, approval of thesis from AS&RB, the Resident can appear in the final examination. The Thesis is then to be subjected to a seminar of thesis defence. A candidate shall be eligible for defence of thesis examination whether he/she shall be declared pass or fail in the theory examination. Defence of thesis examination comprising of a presentation and question/Answer session with a panel of examination. A score of 70% or above will fulfill the passing criteria.

The guideline for synopsis and thesis writing is available on University website at

<http://www.szabmu.edu.pk/content/downloads/guidelines-for-synopsis-writing.pdf>

<http://www.szabmu.edu.pk/content/downloads/guidelines-for-thesis-writing.pdf>

The thesis submitted by all post graduate residents shall comply with the instructions and guidelines for Thesis writing issued by the University. It shall form a distinct contribution to knowledge and afford evidence of originality, shown by the discovery of new facts, by the exercise of independent critical judgment and / or by the invention of new methods of investigation. It shall not include research work for which a degree has already been conferred in this or any other university/college. In the wake of fundamental improvements being introduced in the system of Higher Education in Pakistan, the credit, respect, recognition of research and scholarly publications, career development and financial gains are now linked with such original works accomplished without replicating the efforts of other researchers. Students are guided to work in light of HEC Plagiarism policy and put original effort to light.

### I. Thesis Evaluation

There shall be a standing list of External Examiners for each discipline consisting of persons of eminence in the respective field of research. The list shall be suggested from time to time by the Board of Studies of the Department/ Institute, Board of Faculty concerned and approved by the Research Board. The External Examiners will be requested to critically examine the thesis for its suitability for acceptance.

The candidate shall in the first instance submit four unbound copies of his/her complete thesis along

with an application on prescribed form for the evaluation of his/ her thesis, duly forwarded by his/her supervisor and the Head of Plastic Surgery Department. The Vice Chancellor shall appoint three External Examiners from the approved list of External Examiners.

The reports of the examiners shall be placed before the Research Board for consideration. If two of the three Examiners find that the thesis is wholly inadequate it may be rejected by the Research Board.

If any of the examiners suggests modification/ revision of the thesis, the candidate shall be required to resubmit a revised version of the thesis duly certified by the supervisor, within one year (in case of Major Correction). The revised version of the thesis shall be approved by the same examiners (s) who suggested modification/ revision of the thesis (in case of Major Correction).

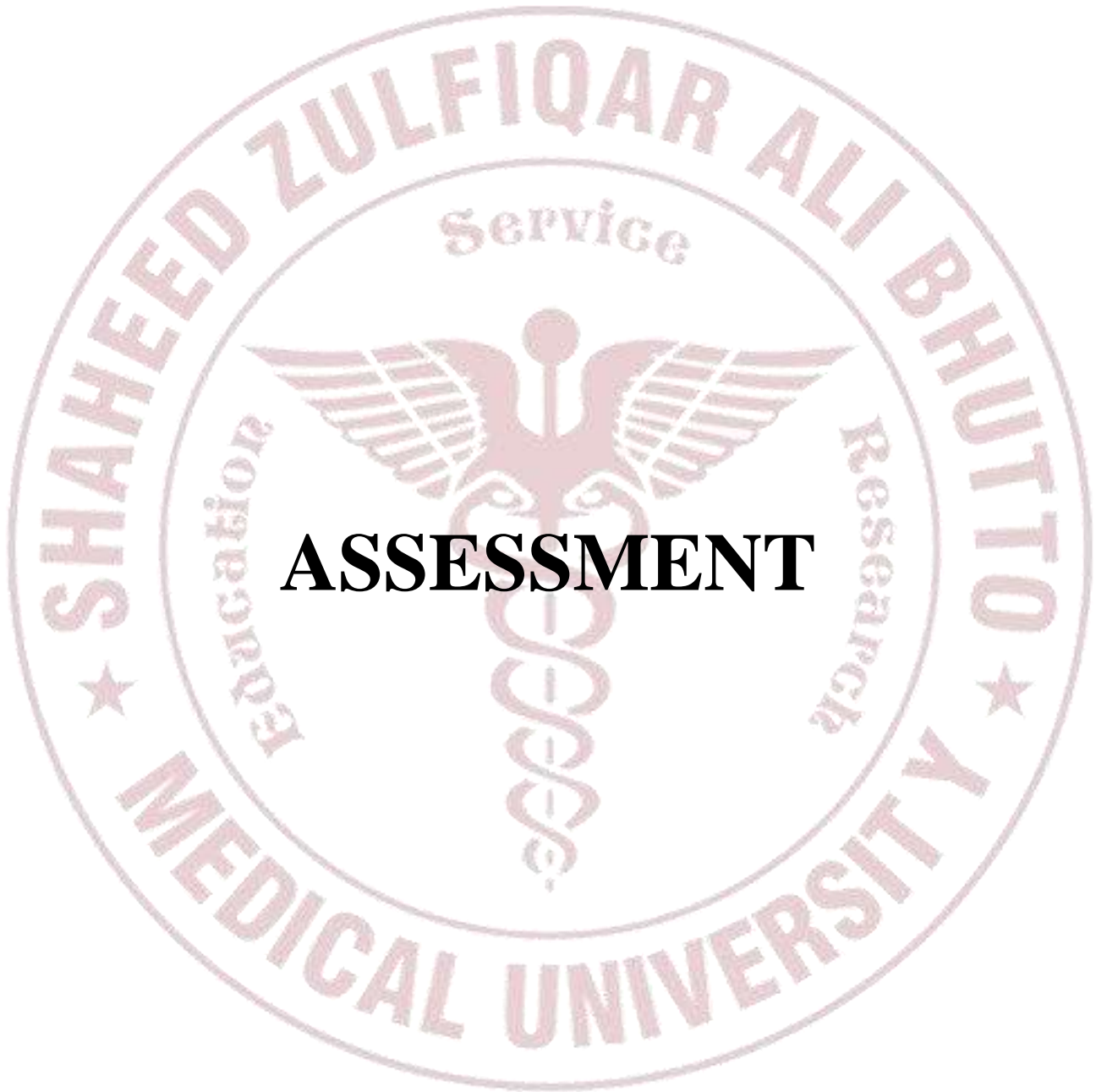
If any examiner finds the thesis adequate but suggests minor modification/ revision, this may be incorporated without referring again to the examiners. However, supervisor will recommend the correction.

The candidate will submit the research thesis in the final year of training, six months before completion of the training.

## **II. Thesis Evaluation Criteria for AS & RB**

In pursuance of recommendations of Academic Council, decisions were taken about thesis evaluation of MS Plastic Surgery thesis. Three (03) copies of thesis will be sent to three (03) external examiners for evaluation (28th February for Aug/Sep exam & 31st August for Mar/Apr Exam). In consideration of thesis evaluation reports, the Board's decision for thesis evaluation is as follows:

- If three examiners have accepted thesis with minor correction in present/accepted form thesis should be sent to the Advanced Studies & Research Boards (AS & RB) for further necessary action.
- In case two external examiners accepted thesis as minor in present/accepted form and third examiner reject the thesis, all thesis report will be rejected, and student must rewrite thesis.
- In case of two minor and one major corrections student will resubmit the thesis after three months.
- Time required for Thesis evaluation is within one year.





## ASSESSMENT

Assessment of trainees will cover the cognitive, psychomotor and affective domains. It will take two forms:

- Formative Assessment
- Summative Assessment

### Formative Assessment

It is the continuous assessment of progress and competence. It will be conducted through workplace-based assessment throughout the training. Assessment will be undertaken by a range of assessors and will cover a range of procedures appropriate to the stage of training. Formative assessment will include:

- Directly observed practical skills (DOPS)
- Case based discussion (CbD)
- Mini clinical examination exercises (Mini-CEX)
- Multiple source feedback (MSF)

Residents will be evaluated by Supervisor quarterly throughout the Residency according to the syllabus/curriculum and report will be submitted to the Registrar office. A specified template form is used to submit the report (Annexure).

### Summative Assessment

Summative assessment will be held twice:

1. Mid Term Assessment (MTA) Examination (At the end of 2nd year)
2. Final/Exit Examination (At the end of Final Year)

The level of performance required for passing the exam will depend on the knowledge and skills necessary for acceptable performance and will not be adjusted to regulate the number or proportion of persons passing the examination. The pass point will be determined by careful analysis and judgment of acceptable performance.

## STANDARD ASSESSMENT PROTOCOLS / FORMAT OF EXAMINATIONS

### Mid Term Assessment (MTA)

The Mid Term Assessment (MTA) examination is mandatory eligibility requirement for all Postgraduate Final examinations. Candidates are required to have passed MS Part-I, complete two years training in Plastic Surgery, get approval of their Synopsis from AS&RB and take the MTA Examination. In case of failure in the MTA examination, the trainees are permitted to continue their training but must pass the MTA examination prior to appear in the final examination.

### Format of Examination

MTA Examination consists of the following components:

ASSESSMENT		
<b>Written</b>	Paper:100 One Best MCQs (100 Marks)  <b>Part-A:</b> 50% MCQs from General Principles  <b>Part-B:</b> 50% MCQs from Specialty Oriented	Pass Marks 60% Aggregate and Not Less than 55% in any Part (A Or B)
<b>Assessment of Clinical &amp; Technical Skills (ACTS/OSCE)</b>	100 Marks  8-12 Stations	Pass Marks 60%
<b>Total Marks</b>		<b>200</b>

### Format of Mid Term Assessment (MTA)

#### 1. Multiple Choice Questions (MCQs)

The MTA comprises of two parts; A and B. Each MCQ carries 2 marks. There is no negative marking. MCQs are choose the best one type. Time available is minutes for each paper with a gap of minutes in between both A and B papers.

- Paper A comprises of 50 MCQs from Surgery in General.
- Paper B comprises of 50 MCQs from Allied specialties.

## 2. Assessment of Clinical & Technical Skills (ACTS/OSCE)

- **Eligibility**

A candidate shall be eligible for the ACTS/OSCE after passing MTA examination. He can avail three consecutive clinical examinations after passing the exam.

A candidate availing/missed all the three consecutive chances of clinical examination after passing an MTA examination, he shall appear again in the theory examination.

- **Format**

ACTS/ OSCE will comprise of 12-18 stations of 5 to 8 minutes each with a change time of one minute for the candidate to move from one station to the other. The stations would have an examiner, a patient or both. Structured clinical tasks will be set at each station. The examiners using a global rating scale will assess the performance of each candidate. On stations where no examiner is present the candidates will have to submit written responses to short answer questions on a response sheet. There will be two types of stations: static and interactive. On static stations the candidate will be presented with patient data, a clinical problem or a research study and will be asked to give written responses to questions asked. In the interactive stations the candidate will have to perform a procedure, for example, taking history, performing clinical examination, counseling, assembling an instrument etc. One examiner will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem-solving skills.

### **Final Postgraduate Examination**

Final Postgraduate examination of MS Plastic Surgery is comprising of following three (03) main components:

1. Theory Examination
2. OSCE & Clinical Examination
3. Defence of Thesis



## 1. Theory Examination

- **Format & Passing Criteria**

Paper	Type	Marks	Duration	Passing Criteria
Paper – I	One Best Type MCQ Paper	100	03 Hours	75 % in Aggregate and Not Less than 70% in any Paper
Paper – II	One Best Type MCQ Paper	100	03 Hours	

## 2. OSCE & Clinical Examinations

- **Eligibility**

A candidate shall be eligible for the OSCE & Clinical Examination after passing theory examination. He can avail three consecutive clinical examinations after passing a final theory examination.

A candidate availing/missed all the three consecutive chances of clinical examination after passing a theory examination, he shall appear again in the theory examination

- **Format & Passing Criteria**

OSCE & Clinical Examination is comprising of three components

- i. OSCE
- ii. Long Case
- iii. Short Case

- i. Format of OSCE**

Observed Structured Clinical Examination (OSCE) will comprise of 12-18 stations of 5 to 8 minutes each with a change time of one minute for the candidate to move from one station to the other. The stations would have an examiner, a patient or both. Structured clinical tasks will be set at each station. The examiners using a global rating scale will assess the performance of each candidate. On stations where no examiner is present the candidates will have to submit written responses to short answer questions on a response sheet. There will be two types of stations: static and interactive. On static stations the candidate will be presented with patient data, a clinical problem or a research study and will be asked to give written responses to questions asked. In the interactive stations the candidate will have to perform a procedure, for example, taking history, performing clinical examination, counseling, assembling an instrument etc. One examiner will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem-solving skills.



## ii. Format of long case

For assessment of the holistic approach of the candidate regarding patient management, each candidate will be allotted one long case and allowed 30 minutes for history taking and clinical examination. Candidates should take a careful history from the patient (or relative) and after a thorough physical examination identify the problems which the patient presents with. During the period a pair of examiners will observe the candidate. In this section the candidates will be assessed on the following areas:

- **Interviewing skills**
  - Introduces one self. Listens patiently and is polite with the patient.
  - Is able to extract relevant information.
- **Clinical examination skills**
  - Takes informed consent
  - Uses correct clinical methods systematically (including appropriate exposure and re-draping).
- **Case presentation/ discussion**
  - Presents skillfully
  - Gives correct findings.
  - Gives logical interpretations of findings and discusses differential diagnosis.
  - Enumerates and justifies relevant investigations.
  - Outlines and justifies treatment plan (including rehabilitation).
  - Discusses prevention and prognosis.
  - Has knowledge of recent advances relevant to the case.
  - During case discussion the candidate may ask the examiners for laboratory investigations which shall be provided, if available. Even if they are not available and are relevant, candidates will receive credit for the suggestion.

## iii. Format of short cases

Candidates will be examined in at least four short cases for a total of 40 minutes jointly by a pair of examiners. Candidates will be given a specific task to perform on patients, one case at a time. During this part of the examination, the candidate will be assessed in:

- **Clinical examination skills**
  - Takes informed consent.
  - Uses correct clinical methods including appropriate exposure and re-draping.
  - Examines systematically.
- **Discussion**
  - Gives correct findings.
  - Gives logical interpretations of findings.

- Justifies diagnosis/es.
- As the time for this section is short, the answers given by the candidates should be precise, succinct and relevant to the patient under discussion.

Component	Protocol Description	Marks	Duration	Passing Criteria
OSCE	8-12 Stations 60% Interactive 40% Static	100	5 to 6 minutes per stations	60% in Aggregate and Not Less than 55% in any Paper
Long Case	One (01) Case	100	50 Minutes	
Short Case	Four (04) Case	100	40 Minutes (10 Minutes for each case)	

If a candidate securing 60% or more marks in OSCE component He/She shall be exempted from this component in the next clinical examination until & unless he reappears in the theory examination.

### 3. Defence of Thesis

- **Eligibility**

A candidate shall be eligible for defence of thesis examination whether he/she shall be declared pass or fail in the theory examination

- **Format of Examination**

Defence of thesis examination comprising of a presentation and question/Answer session with a panel of examination.

- **Passing criteria**

A score of 70% or above marks is required to pass.

If a candidate shall be declared pass in the Defence of thesis examination, he/she shall be exempted from this component forever. Provisional Certificate, Transcript and Degree will be awarded only after passing all the components of the final MS Plastic Surgery examination.

# ANNEXURE

## Supervisor Evaluation Form

### SUPERVISOR'S INTERNAL ASSESMENT/EVALUATION PROFORMA FOR MS

PGR Name: \_\_\_\_\_ Session: \_\_\_\_\_ Specialty: \_\_\_\_\_

University Registration No: \_\_\_\_\_

Period: From \_\_\_\_\_ To \_\_\_\_\_

1.	Generic Competencies		
	(Please score from 1 - 100. 75% shall be the pass marks)		Component Score
			Score achieved
		Patient Care	20
		Medical Knowledge and Research	20
	i	Practice and System Based Learning • Journal Clubs	04
		• Audit Projects	04
		• Medical Error Investigation and Root Cause Analysis	04
		• Morbidity / Mortality / Review meetings	04
		• Awareness of Health Care Facilities	04
	iv.	Communication Skills	10
		• Informed Consent	10
		• End of life decisions	10
	v.	Professionalism	04
		• Punctuality and time keeping	04
	• Patient doctor relationship	04	
	• Relationship with colleagues	04	
	• Awareness of ethical issues	04	
	• Honesty and integrity	04	
2.	Specialty specific competencies		
	Please score from 1 - 100. 75% shall be the pass marks		Score achieved
	Operative Skills / Procedural Skills		

3.	<b>Multisource Feedback Evaluation</b> (Please score from 1 - 100. 75% shall be the pass marks)		
4.	<b>Candidates Training Portfolio</b> (Please score from 1 - 100.75% shall be the pass marks)		
	(Please score from 1 -100. 75% shall be the pass marks)	Component Score	Score achieved
	I. Log book of operations and procedures	25	
	II. Record of participation and presentation in academic activities	25	
	III. Record of publications	25	
	IV. Record of results of assessments and examinations	25	

Total marks obtained \_\_\_\_\_ Signature of Supervisor \_\_\_\_\_

Name & Stamp \_\_\_\_\_

