

# Plastic and reconstructive surgery course specification

**Course title: plastic surgery 5th year course of M.B.Ch.B program**

**Allocated marks: 100**

**Course duration : 1 term theory**

**Teaching staff: 1 assisted professor and 1 lecturer**

## **I-Aim of the course:**

- Provide students with basic knowledge of principal of surgical anatomy and reconstructive surgery problems and provide background covering the common and important plastic surgery emergencies and diseases (causes, diagnosis and management).
- Provide appropriate ethical and professional education necessary for establishment of excellent communication with patients and colleagues and using sound ethical principles in clinical decision making .
- Provide lifelong learning competencies necessary for continuous professional development and research studies.

## **II-Intended learning outcomes:**

by the end of the course, all students should be able to:

**1-Knowledge and understanding** : principles of skin loss management by using skin graft and flaps , head and neck congenital anomalies like cleft lip and palate , hand surgery , skin tumors and maxillofacial trauma .

**2-Skills:** by the end of the course all students should be able to:

- **Professional skills:** distinguish between types of wound closure and indications of use each type , how dealing with neonate with cleft lip and palate and know the time of surgery, management of hand trauma in emergency and how receive and manage patient with facial trauma in emergency room etc...
- **Intellectual skills:** The student should obtain a complete and reliable history and will be able to give a good history .

- **Communication and general skills** : Communicate with the patient as a person, not as a disease, and understand that the patient is a person with beliefs, values, goals, and concerns, which must be respected in addition to respecting the patient's dignity, privacy, information confidentiality and autonomy. Counsel the patient before doing any intervention and in different situations with respect to his or her wish whenever this is possible. Maintain the atmosphere of cooperation, peer relationships, and mutual respect in the university society. Advance the knowledge base of fractures by developing and encouraging scientific researches.

### **3-Attitudes:**

- The student will be able to do wound dressing of skin graft .
- The student may observe dealing with hand trauma like how to stop bleeding
- The student will have fair knowledge of determining what is the most important steps in management of facial trauma and principles of facial wound repair

## **III- Course contents:**

### **1-Topics:**

No.	Topics	Learning content	Hours
1	Skin graft and flaps	<p><b>Goal :learn the student how can manage skin defect and wound that can not closed primarily.</b></p> <p>defintion and types of skin graft ,indications classification of skin graft defintion of flap difference between graft and flap classifications of flaps What's skin graft Types :autogenous ,isograft ,allograft,xenograft. Classifications: split thickness(sheet</p>	1

		<p>,mesh), full thickness</p> <p>Skin graft revascularization phases</p> <p>Serum imbibition</p> <p>Lasts 24 – 48 hr</p> <p>Fibrin layer forms (adhere the graft to the bed.</p> <p>Nutrient absorption into the graft (from the bed by capillary action)</p> <p>Inosculation</p> <p>Recipient &amp; donor end capillaries aligned.</p> <p>Kissing capillaries</p> <p>Graft revascularized through kissing capillaries</p> <p>How to optimize TAKE</p> <p>Flap</p> <p>Any tissue used for reconstruction or wound closure that retains all or part of its original blood supply after the tissue has been moved to the recipient location</p> <p>Classifications of flaps:</p> <p>Tissue to be transferred</p> <p>Location of donor site</p> <p>Blood supply</p>	
2	Cleft lip and palate	<p>Incidence ,types,causes</p> <p>Classification</p> <p>Nasal deformity</p> <p>Management timing and planning for surgery</p> <p>Secondary management of cleft palate</p> <p>Complications of cleft palate surgery</p>	1

3	Hand surgery	<p>Hand trauma assessment</p> <p>History</p> <p>Examination</p> <p>Investigations</p> <p>Basic principles of hand management</p> <p>Compartment syndrome</p> <p>Flexor and extensor tendons injuries</p> <p>Finger tip injury</p> <p>Hand incisions</p> <p>Hand infection</p> <p>Carpal tunnel syndrome</p>	1
4	Premalignant and malignant skin tumors	<p>Goal: the medical students should differentiate between skin cancer and other benign skin lesions and types of these skin cancers and what is the more risky one and their management</p> <p>Premalignant lesions:</p> <p>Actinic keratosis, Squamous cell carcinoma in situ</p> <p>Malignant skin lesions:</p> <p>Basal cell carcinoma :types and surgical management</p> <p>Squamous cell carcinoma management</p> <p>Difference between basal and squamous cell carcinoma</p> <p>Melanoma types and management</p>	1

5	Maxillofacial trauma	<p><b>Goal:</b> Facial injuries deserve special attention because of their life and aesthetic significant. So we should know how we do management for facial trauma as a life threatening problems and as aesthetic problems</p> <p>Facial injuries classified into:</p> <ol style="list-style-type: none"> <li>1.Soft tissue injury.</li> <li>2.Skeleton injury.</li> <li>3.Both are affected</li> </ol> <p>Evaluation and initial management</p> <p>History</p> <p>Clinical examination</p> <p>investigations</p> <p>emergency management:maintenance airway ,control hemorrhage,aspiration ,shock,identifecation of injuries</p> <p>soft tissue injury</p> <p>types of soft tissue injury</p> <p>special region consideration:ckeeck ,eyebrow,eyelid ,lip,nose</p> <p>skeletal inury :</p> <p>mandibular fracture</p> <p>zygomatic fracture</p> <p>nasal fracture</p>	1
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**2-Clinical cases: as**

- **Road traffic accident with fracture tibia and skin loss with bone expose**
- **Child patient with cleft lip and palate**
- Patient with basal cell carcinoma
- **Facial stab wound**

**3- Medical skills A:** further subdivision of the students into small groups with the residents to observe them while managing the outpatient clinic, also they can watch minor operation room , and interpret different.

**4-Clinical Diagnostic Studies:** The students will be trained adequately on self-learning methods and procedures. So, they can continuously update their knowledge and skills. The role of teachers in these activities is to supervise and guide the student's effort.

#### **IV. TEACHING METHODS:**

##### **Methods used:**

**1-lectures:** one hours per week (Monday )from 12 pm till 1:00pm to cover the basic minimal knowledge required for all physicians &to utilize the available time in presenting the knowledge as simple , updated, well-illustrated, and easily understood as possible. Rare topics, and those irrelevant to our community should be omitted or given less importance and time. Lectures are delivered whenever possible by the senior academic staff. Lectures given as clinical presentation to cover each areas.

**2-clinical attachments::** students are divided into 5-6 groups , students will have a clinical round in the morning from 8:00am -9.00am discussing a clinical case from outpatients then they are subdivided to small groups to examine the patients& in the outpatient clinic.

**3-problem based learning:** if there is no patients with particular problem in the ward, teacher has to be a "role player" and make the students take history followed by diagnosis, investigation and management:

#### **Teaching & learning facilities**

The facilities available used for teaching in this fifth year course include :

1. Lecture hall in the college contains writing board , overhead & slide projector
2. 12 rooms at clinical words of 6<sup>th</sup> floor at Al Diwaniyah teaching hospital

3. Data show & computer
4. outpatients clinical rooms .
5. Multiple learning skill labs.

### **\*Clinical facilities**

- At least 25 patients in each day available in inpatient units ( words ) in the hospital .
- Out patients clinic
- Emergency room
- Operating rooms : 3 rooms for fracture and orthopaedic operations

### **\*Students assessment**

1. Attendance
  - a. Behavioral & ethical attendance
  - b. Logbook for clinical cases
  - c. Attendance in outpatient clinic

They whole should be fulfilled .

The minimum accepted attendance is 50 % at the end of term examination.

2. Assessment tools
  - a. Written examination : for assessment of general knowledge & understanding .
  - b. Oral examination by two members of teaching staff to assess how fifth year student deal with plastic scenario problems .
  - c. Clinical examination to medical students attendance in managing clinical cases in apprehensive way .
3. Assessment schedules : fifth year MBCHB program assessment schedules include :

<b>Marks allocated</b>	<b>Examination</b>	<b>Marks</b>	<b>Parameters</b>
<b>10% M</b>	<b>Term exam held at the end of 14 days of clinical attachment</b>	<b>28</b>	<b>Attendance oral examination</b>
<b>30 %M</b>	<b>Mid Term</b>	<b>30</b>	<b>MCQ , most appropriate answers , matching short assay ( 2 hours )</b>
<b>60%M</b>	<b>End course</b>	<b>60</b>	<b>60% cases MCQ , most appropriate answers , matching 40% short assay( 3 hours )</b>

**\* The minimum passing score is 50 marks , the passing grades :**

Excellent > 90

Very good > 80

Good > 70

Fair > 60

**\* Recommended readings & books for students :**

1-Baily and love general practice

2-Grab and Smith plastic and reconstructive surgery