प्राज्ञिक सेवा, शल्य चिकित्सा समूह, Plastic surgery उपसमूह, सहायक प्राध्यापक पद,

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एवं **परीक्षायोजना**

यस पाठ्यक्रमयोजनालाई दुई चरणमा विभाजनगरिएको छ :

प्रथम चरण :- लिखित परीक्षा(Written Examination) द्वितीय चरण :- अन्तर्वार्ता (Interview)

पूर्णाङ्च :– २०० पूर्णाङ्च :– ३०

प्रथम चरण (First Phase) :लिखित परीक्षा योजना(Written Examination Scheme)

Paper	Subject		Marks	Full Marks	Pass Marks	No. Questions & Weightage	Time Allowed
Ι	General Subject	Part I: Management, General Health Issues, Academic Research and Teaching- Learning Practices	50	100	40	$10 \times 5 = 50$ (Subjective) 1.30 hrs	2.15 hrs
		Part II: Technical Subject (Relevant Subject)	50			$50 \times 1 = 50$ (Objective Multiple Choice) 45 min	
П	Technical Subject (Relevant Subject)			100	40	$7 \times 10 = 70$ (Long answer) $2 \times 15 = 30$ (Critical Analysis)	3.00 hrs
द्वितीय चरण(Second Phase)							
	Interview			30		Oral	

द्रष्टव्य :

- . लिखित परीक्षाको माध्यम भाषा नेपाली वा अंग्रेजी अथवा नेपाली र अंग्रेजी द्वै हुन सक्नेछ ।
- प्रतिष्ठानको प्राज्ञिक सेवा अन्तर्गत समान तहका सवै समूह/सवै उपसमूहहरुको लागि प्रथमपत्रको Part I पाठ्यक्रमको विषयवस्तु एउटै हुनेछ र एकै पटक परीक्षा संचालन हुनेछ ।
- 🤧 प्रथम पत्रको Part II र द्वितीयपत्रको पाठ्यक्रम समूह/उपसमूह अनुरुप फरक फरक हुनेछ ।
- 4. प्रथम पत्रको Part II र द्वितीय पत्रको विषयवस्तु एउँटै समूह/उपसमूहहरुको हकमा समान हुनेछ ।
- 5. प्रथम पत्रको Part II र द्वितीय पत्रको परीक्षा संचालन एकै दिन फरके समयमा हुनेछ ।
- बस्तुगत बहुवैकल्पिक (Multiple Choice) प्रश्नहरुको गलत उत्तर दिएमा प्रत्येक गलत उत्तर बापत २० प्रतिशत अङ्घ कट्टा गरिनेछ । तर उत्तर नदिएमा त्यस बापत अङ्घ दिइने छैन र अङ्घ कट्टा पनि गरिने छैन ।
- त वस्तुगत बहुवैकल्पिक हुने परीक्षामा परीक्षार्थीले उत्तर लेख्दा अंग्रेजी ठूलो अक्षर (Capital letter) A,B,C,D मा लेख्नुपर्नेछ । सानो अक्षर (Small letter) a, b, c, d लेखेको वा अन्य कुनै सङ्केत गरेको भए उक्त उत्तर रद्द हुनेछ ।
- 8. बह्वैकल्पिक प्रश्नहरु हुने परीक्षामा कुनै प्रकारको क्याल्क्लेटर (Calculator) प्रयोग गर्न पाइने छैन ।
- روی विषयगत प्रश्नहरुको हकमा एउटै प्रश्नका दुई वा दुई भन्दा बढी भाग (Two or more parts of a single question) वा एउटा प्रश्न अन्तर्गत दुई वा बढी टिप्पणीहरु (Short notes) सोध्न सकिने छ ।
- №. विषयगत प्रश्नमा प्रत्येक पत्र/विषयका प्रत्येक खण्डका लागि छुट्टाछुट्टै उत्तरपुस्तिकाहरु हुनेछन् । परिक्षार्थीले प्रत्येक खण्डका प्रश्नहरुको उत्तर सोही खण्डका उत्तरपुस्तिकामा लेख्नुपर्नेछ ।
- n. यस पाठ्यक्रम योजना अन्तर्गतका पत्र⁄विषयका विषयवस्तुमा जेसुकै लेखिएको भएतापनि पाठ्यक्रममा परेका कानून, ऐन, नियम, विनियम तथा नीतिहरु परीक्षाको मिति भन्दा ३ महिना अगाडि (संशोधन भएका वा संशोधन भई हटाईएका वा थप गरी संशोधन भई) कायम रहेकालाई यस पाठ्कममा परेको सम्भनु पर्दछ।
- 12. प्रथम चरणको परीक्षाबाट उर्त्तिण भई छनौट भएका उम्मेदवारहरुलाई मात्र द्वितीय चरणको परीक्षामा सम्मिलित गराइनेछ ।
- 13. पाठ्यक्रम लागु मिति : २०८१/१२/०४

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Paper I: General Subject

Part I:

(Management, General Health Issues, Academic Research and Teaching-Learning Practices) Section (A) - 20 Marks

1. Management

- 1.1. Health care management system in Nepal and other parts of the world
- 1.2. Fundamental principles of healthcare institution and hospital management.
- 1.3. Effective hospital management principles
- 1.4. Purpose of medical and non-medical data and records
- 1.5. Ethics and responsibility of management
- 1.6. Concept of management and its application in health care including hospital
- 1.7. Management: Concept, principles, functions, scope and role, level and skills of manager
- 1.8. Planning: Concept, principles, nature, types, instruments and steps
- 1.9. Leadership: Concept, function, leadership styles, leadership and management
- 1.10. Coordination: Concept, types, techniques of effective coordination
- 1.11. Communication and counselling: Concept, communication processes and barrier to effective communication, techniques for improving communication
- 1.12. Decision making: Importance, types, rational process of decision making, problem solving techniques, improving decision making
- 1.13. Participative management: Concept, advantage and disadvantage, techniques of participation
- 1.14. Time management: Concept, essential factors and strategies for effective time management
- 1.15. Conflict management: Concept, approaches to conflict, levels of conflict, causes of conflict and strategies for conflict management
- 1.16. Stress management: Concept, causes and sources of stress, techniques of stress management
- 1.17. Change management: Concept, sources of organizational change, resistance to change, management of resistance to change
- 1.18. Appreciative inquiry: Concept, basic principle and management
- 1.19. Human resource management: Concept, functions and different aspects
- 1.20. Health manpower recruitment and development
- 1.21. Financial management: Concept, approaches, budget formulation and implementation, Auditing and topics related to fiscal administration

2. General Health Issues

- 2.1. Present constitution of federal republic of Nepal (including health and welfare issues)
- 2.2. Organizational structure of Ministry of Health at national/federal, regional/state, district (if applicable), municipal and village council level
- 2.3. Professional council and related regulations
- 2.4. National Health Policy
- 2.5. Health Service Act and Regulation
- 2.6. Second Long term health plan
- 2.7. Health Management Information System, forms, indicators, annual reports
- 2.8. Human Development Indices, Sustainable Development Goals
- 2.9. Health volunteers in the national health system, its rationale, use and effectiveness
- 2.10. Local governance and community participation in health service delivery
- 2.11. Health Insurance and financing in health care
- 2.12. Alternative health care system: Ayurveda, homeopathy, Unani, Chinese etc.
- 2.13. Indigenous and traditional faith health and health practices
- 2.14. International Health Agencies: Roles and responsibilities of WHO, UNICEF, UNFPA, Interagency relationships, Government-agency coordination: Joint Annual Review meeting
- 2.15. Supervision, types and its usage in health sector
- 2.16. Monitoring and evaluation system in health sector

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- 2.17. National Health Training Centre
- 2.18. National and International Disaster Plan, Coordination
- 2.19. Patan Academy of Health Sciences Act, Mission, Goals, Organogram
- 2.20. Scope and function of Patan Academy of Health Sciences executive bodies (senate, executive committee, academic council, faculty board, hospital management committee, subject committee), various other committees

Section (B) - 30 Marks

3. Academic Research

- 3.1 Ethics, Bio-ethics and Professionalism
- 3.2 Human dignity and Human Right
- 3.3 Benefit and Harm
- 3.4 Autonomy and Individual responsibility
- 3.5 Consent and capacity to consent
- 3.6 Privacy and confidentiality
- 3.7 Respect for humans and personal integrity
- 3.8 Non-discrimination and non-stigmatization
- 3.9 Respect for cultural diversity and pluralism
- 3.10 National Health Research Council (NHRC) and its guidelines
- 3.11 Research process: ethical research proposal development, research principles, methods and materials, conclusion/recommendation/lesson learnt, commonly used referencing styles
- 3.12 IRB/IRC forms, types, use, importance; getting IRB/IRC clearance
- 3.13 Ethics on research methodology: sample selection, sample size calculation, ensuring reliability and validity of the instruments as well as methods proposed for health research
- 3.14 Quantitative and Qualitative studies
- 3.15 Data analysis (data visualization, descriptive statistics, inferential statistics with statistical hypotheses and appropriate tools/methods for quantitative studies; theme and code generation, thematic analysis, content analysis, grounded theory for qualitative and triangulation for mixed method studies)
- 3.16 Research ethics on vulnerable and non-vulnerable population
- 3.17 Research proposal/protocol/publication:
- 3.18 Publication ethics, plagiarism including self-plagiarism

4. Teaching-Learning, Assessment and Evaluation

- 4.1 Lancet Commission Report on Education of Health Professionals
- 4.2 Adult learning: Theories, principles, use, importance and outcomes, Adragogyvs. Pedagogy
- 4.3 Conventional teaching-learning: Didactic lectures, Teacher centredapproaches, use and importance
- 4.4 Surface learning, deep learning and metacognition
- 4.5 Integrated teaching: Genesis, use, importance and outcomes
- 4.6 Problem-based learning: Genesis, use, importance and outcomes
- 4.7 SPICES model its use, importance and outcomes
- 4.8 Socialization, self-directed learning, mentoring, role model
- 4.9 Community orientation/community posting, re-orientation of medical education camp, community based learning and community engaged teaching-learning methods/models, use, importance and outcomes
- 4.10 Outcome Based Education (Competency-based Medical/Health Professions Education): Genesis, use, importance and outcomes
- 4.11 Experiential learning, Reflective practice, Feedback and feed-forward, Situated learning, Cooperative learning, Communities of practice
- 4.12 Assessment of students
 - 4.12.1 Blueprinting(Table and specification) : use, importance and outcomes
 - 4.12.2 Bloom's taxonomy of cognitive, psychomotor and affective domains, use and importance
 - 4.12.3 Diagnostic, Formative, Summative and Professional exams

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- 4.13 Assessment of knowledge: Selection methods like Multiple Choice Questions, Extended Matching Items and supply methods like Short Answer Question, Problem Based Question, Long Answer Question with or without model answers and marking schemes, unstructured, semi-structured and structured viva-voce examination, advantages and limitations, use and importance, outcomes and its use in quality control
- 4.14 Assessment of performance (in-vitro): Direct observation of skills in the simulated setting, lab, ward etc. with or without checklist, Objective Structured Practical Examination, Objective Structured Clinical Examination, Standardized patients, use and importance, analysis, quality assurance, outcomes and its use in quality control
- 4.15 Assessment of performance (in-vivo): Mini-Clinical Evaluation Exercise (Mini-CEX), Direct Observation of Procedural Skills (DOPS), Case-Based Discussion (CbD), OSATS/ PBA, Multi-Source feedback (360 degree evaluation) use and importance for competency based health professions education, analysis, quality assurance, outcomes and its use in quality control
- 4.16 Assessment of observable behaviours in small groups e.g. Problem Based Learning sessions, Community Based Learning and Education sessions, Clinical clerkship rotations
- 4.17 Evaluation: Difference between assessment and evaluation, theory of change and its use in health professions education, process and outcome evaluation, qualitative, quantitative and mixed methods used in evaluation of health professions education

<u>Paper I</u> Part II: Technical Subject Section (C) - 25 Marks General Surgery

1. Basic&Applied

1.1 AppliedSurgicalAnatomy

- 1.1.1 Required to have acknowledge of the structure and function of all system of thebody (whereapplicabletocommonclinicalconditions in surgery)
- 1.1.2 Knowledge of histology to understand the function to tissue and organs as wellas growth,degenerationandrepair
- 1.1.3 Embryologicalbasisofcommoncongenital anomalies

1.2 System

- 1.2.1 Nervoussystem
- 1.2.2 Respiratorysystem
- 1.2.3 Cardiovascularsystem
- 1.2.4 Digestive system
- 1.2.5 Endocrinesystem
- 1.2.6 Musculoskeletalsystem
- 1.2.7 General e.g.Acid-base balance, fluid and electrolyte balance, nutrition, metabolic response to traumaand sepsis, etc.

2. AppliedPhysiology

3. SurgicalPathology

- 3.1 Knowledge of the surgical pathology andmicrobiology in the contextof surgeryincluding inflammation, infection, neoplasm, response on the tissues to injury,disturbanceofgrowth,degenerationprocesses,repairand regulation
- 3.2 Immunology and Genetics
- 3.3 Neoplasticdiseases
- 3.4 Gross and histopathology of common surgical conditions
- 3.5 Nervoussystem
- 3.6 Respiratory system
- 3.7 Cariovascularsystem
- 3.8 Genito-urinarysystem

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- 3.9 Gastrointestinalsystem
- 3.10 Muscleskeletalsystem

4. CriticalCare

- 4.1 Basics of pathophysiology, approach and management of critical surgical situation e.g. Trauma, shock, sepsis, organfailure
 - 4.1.1 Clinicalpictures
 - 4.1.2 Investigation
 - 4.1.3 Diagnosisconfirmation
 - 4.1.4 Management–useofequipments
 - 4.1.5 Monitoring–complications
 - 4.1.6 Counseling communication
 - 4.1.7 Follow-up

5. Recent advance

- 5.1 Research-inside country
- 5.2 Recent advance-international
- 5.3 Not published research work
- 5.4 Future national vision

6. SurgicalManagement

- 6.1 Principleofmanagement of common general surgical conditions
 - 6.1.1 Clinicalpractice (History and examinations)
 - 6.1.2 Investigation
 - 6.1.3 Provisional Diagnosis and differentials
 - 6.1.4 Treatment-Conservative, operative, palliative
 - 6.1.5 Monitoring
 - 6.1.6 Follow-up-ofthepatients with general surgical conditionof following systems
 - 6.1.6.1 Nervoussystem
 - 6.1.6.2 Respiratorysystem
 - 6.1.6.3 Cardiovascularsystem
 - 6.1.6.4 Gastrointestinal system
 - 6.1.6.5 Genitourinarysystem
 - 6.1.6.6 Endocrineandbreast
 - 6.1.6.7 Musculo-skeletalsystemandsofttissue
 - 6.1.6.8 Trauma/Polytrauma

7. **PrinciplesofSurgery**

7.1 KnowledgeoftheGeneralprincipleandpracticeofSurgery

- 7.1.1 Imagingtechniques/interventionalRadiology
- 7.1.2 Endoscopy/Laparoscopy
- 7.1.3 Surgeryatextremesoflife
- 7.1.4 Theatretechniques
 - 7.1.4.1 Aseptictechniques-sterilization
 - 7.1.4.2 Anesthesiaingeneral, maintenanceofhomeostasis
 - 7.1.4.3 Basictechniques-suturingmaterialdressingplaster
 - 7.1.4.4 Diathermy and electrosurgical devices
 - 7.1.4.5 Tourniquet
- 7.1.5 Woundhealing, dehiscence, scar, contractures
- 7.1.6 Post operative complication and management
- 7.1.7 Sepsis's surgery
 - 7.1.7.1 Acuteand Chronic, inflammation
 - 7.1.7.2 Woundinfection and septicemia
 - 7.1.7.3 TB,Leprosy,AIDS,Bacterialinfection

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7.1.7.4 Antiseptic, Antibioticpolicies

8. **OperationSurgery**

8.1 NervousSystem

- 8.1.1 Exposuretoextraduralhaematoma
- 8.1.2 Skulltraction
- 8.1.3 Nerverepairandtransplant
- 8.1.4 Trauma-skull,strive

8.2 **RespiratorySystem**

- 8.2.1 F.B.inrespiratorytract
- 8.2.2 Tracheostomy, cricothyroidotomy
- 8.2.3 ChestDrainage
- 8.2.4 Thoractomy
- 8.2.5 Chesttrauma(varietyof injuries)

8.3 Cardiovascular

- 8.3.1 CardiacTamponade
- 8.3.2 Exposureto arteryandvein,embolectomy
- 8.3.3 Amputations

8.4 GastrointestinalSystem

- 8.4.1 AlltypeofGISurgeryofallmagnitudeandtypes
- 8.4.2 Different combination of operation
- 8.4.3 Except-transplantation

8.5 Genitourinary system

- 8.5.1 Suprapublicbladderdrainage
- 8.5.2 Cystocscopy
- 8.5.3 Exposureofkidney, calculus, obstructive uropathy
- 8.5.4 Perinephricabscess
- 8.5.5 Scrotal/testicularoperation
- 8.5.6 Ectopicpregnancy/otherpelvicsurgery

8.6 Endocrineandbreast

- 8.6.1 Thyroid/parathyroid
- 8.6.2 Breastsurgery(noreconstruction)

8.7 Musculoskeletaland softtissue

- 8.7.1 Simpleskeletaltraction
- 8.7.2 Compartmentalsyndrome
- 8.7.3 Boneinfection

8.8 Plastic

- 8.8.1 Simpleceftliprepair
- 8.8.2 Skingrafting/flaps
- 8.8.3 Skinlesion
- 8.8.4 Lymphnodeandbiopsy

8.9 **Other**

- 8.9.1 Venesectioncentralline
- 8.9.2 Laryngoscope,ETintubation
- 8.9.3 FNAC/tru-cutneedlebiopsy
- 8.9.4 Defibrillation

Section (D) - 25 Marks Burns and Plastic surgery

Paper II: Technical Subject

- 1. General principles
 - 1. History of plastic surgery and its broad scope at the present time
 - 2. Anatomy and functions of skin

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- 3. Split skin grafts and full thickness skin grafts, their take and Subsequent behaviour.
- 4. Local skin flaps
- 5. Pedicled skin flaps and tubes
- 6. Unstable scar and scar contracture
- 7. Care of wounds, dressing, techniques and splints
- 8. Wound healing
- 9. Grafts fat, fascia, tendon, nerve, cartilage, bone.
- 10. Infective skin gangrene
- 11. Hospital infections
- 12. Sutures and instruments
- 13. Implant materials used in Plastic Surgery
- 14. Principles of genetics and general approach to the management of congenital malformations.
- 15. Flaps-Fasciocutaneous muscle, musculocutaneous, congenital malformations.
- 16. Local anaesthesia, nerve blocks, regional anaesthesia.
- 17. Principles of anaesthesia for infants, adults, hypothermia, hypotensive anaesthesia.
- 18. Tissue expansion
- 19. Keloid, hypertrophic scars
- 20. Endoscopy in Plastic Surgery
- 2. Head and Neck
 - 1. Growth and development changes in face, anatomy of facial skeleton.
 - 2. Structure and development of teeth
 - 3. Temporomandibular joint dysfunctions
 - 4. Fractures- nose, maxilla, mandible, zygoma, orbit-early management and treatment of sequelae.
 - 5. Corrective Rhinoplasty
 - 6. Reconstructive Rhinoplasty
 - 7. Facial paralysis
 - 8. Reconstruction of external ear
 - 9. Reconstruction of eyelids, ptosis
 - 10. Congenital deformities of face and jaw bone
- 3. Tumours of Head and Neck and Skin
 - 1. Vasoformative lesions of the skin and adnexa
 - 2. Jaw tumours
 - 3. Cancer of upper Aerodigestive system
 - 4. Reconstruction of mandible
 - 5. Reconstruction of maxilla
 - 6. Malignant and benign tumours of head and neck
 - 7. Tumour of skin
 - 8. Principles of prosthetic replacement of Jaw defects
- 4. Cleft Lip and Palate and Craniofacial Anomalies
 - 1. Embryology of head and neck (excluding central nervous system)
 - 2. Regional anatomy of head and neck
 - 3. Embryogenesis of cleft lip and palate
 - 4. Cleft lip and palate, alveolar clefts
 - 5. Velopharyngeal incompetence
 - 6. Orthodontics, speech therapy in cleft lip and palate
 - 7. Principles of craniofacial surgery
 - 8. Rare craniofacial clefts, Tessier's clefts
 - 9. Craniosynostosis, hypertelorism, craniofacial microsomia
- 5. Trunk
 - 1. Reconstruction of full thickness defects of the abdomen and thorax

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- 2. Decubitus ulcer
- 3. Breast reconstruction
- 6. Aesthetic Surgery
 - 1. Chemical peeling and dermabrasion
 - 2. Blepharoplasty
 - 3. Face lift
 - 4. Abdominoplasty
 - 5. Body contouring, liposuction
 - 6. Reduction mammoplasty
 - 7. Augmentation mammoplasty
 - 8. Laser therapy
 - 9. Aesthetic rhinoplasty
- 7. Lower Extremity
 - 1. Functional anatomy of foot
 - 2. Lymphedema
 - 3. Reconstructive surgery of lower extremity
- 8. Genitourinary
 - 1. Embryology of the male and female external genitalia
 - 2. Anatomy of the male and female external genitalia
 - 3. Hypospadias
 - 4. Epispadias and ectopic vesicae
 - 5. Reconstruction of external genitalia
 - 6. Vaginoplasty
 - 7. Trans-sexualism (intersex)
- 9. Hand
 - 1. Embryology of upper extremity
 - 2. Functional anatomy of hand
 - 3. Examination of hand
 - 4. General principles of hand surgery
 - 5. Treatment of acute hand injuries
 - 6. Fingertip injuries
 - 7. Flexor tendon injuries
 - 8. Extensor tendon injuries
 - 9. Principles of reconstruction in mutilating hand injuries
 - 10. Fractures of hand and dislocation of hand -metacarpal, phalanges
 - 11. Nail injuries, grafting
 - 12. Pollicisation
 - 13. Thumb reconstruction
 - 14. Peripheral nerve injuries, electro diagnostic tests
 - 15. Brachial plexus injury
 - 16. Innervated flaps
 - 17. Vascular malformations of upper extremity
 - 18. Lymphedema in upper extremity
 - 19. Ischaemic conditions of upper extremity
 - 20. Vasospastic conditions of upper extremity
 - 21. Nerve compression syndromes
 - 22. Surgery for spastic and tetraplegic hand
 - 23. Problems of small joints
 - 24. Dupuytren's disease
 - 25. Principles and treatment of old and neglected hand deformities
 - 26. Rheumatoid arthritis of hand

प्राज्ञिक सेवा, शल्य चिकित्सा समूह, Plastic surgery उपसमूह, सहायक प्राध्यापक पद, (९ख) तहको खुला र आन्तरिक प्रतियोगितात्मक परीक्षाको पाठ्यक्रम

- 27. Hand infections
- 28. Congenital deformities of hand, finger, thumb
- 29. Tendon transfers for radial, ulnar and median nerve injury
- 30. Rehabilitation of hand, prosthesis
- 10. Microvascular
 - 1. Principles of microsurgery and its applications in plastic surgery
 - 2. Replantation and revascularization surgery
 - 3. Microvascular tissue transfers

11. Burns

- 1. Thermal burns
- 2. Electrical burns
- 3. Chemical burns
- 4. Radiation burn
- 5. Pathophysiology of burn shock
- 6. Nutrition in burns
- 7. Facial burns
- 8. Tangential excision and sequential excision
- 9. Reconstruction of burn hand and upper extremity
- 10. Post burn contractures -treatment of sequelae
- 11. Burn wound infection, sepsis
- 12. Principles of planning in event of burn disaster
- 13. Organization of Burns Unit