



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

7th Central Street, Phase II, Defence Housing Authority, Karachi-75500; (Pakistan)
Tel: 99207100-10; Fax: 35881444; UAN: 111-606-606
E-mail: examinations@cpsp.edu.pk; Web: www.cpsp.edu.pk

Examinations Department

NO. F.1-1/Exam-13/CPSP 367-D

October 30, 2013

NOTIFICATION

DETAILED RULES & REGULATIONS FOR INDUCTION OF TRAINEES IN SURGERY & ALLIED

In continuation of CPSP Notification No. CPSP/Secy/2013(20-A) dated September 24, 2013, this is notified for information of the accredited departments/ institutions and the eligible candidates seeking induction in the CPSP fellowship program in Surgery and Allied specialties, that the new scheme of induction and rotations will be effective from 1st January 2014 as under:

1. Induction shall be made in first year of the fellowship program by the accredited institutions under a CPSP approved supervisor in January/ July each year.
2. Candidates will be required to specify in the Registration Form of RTMC, whether they would pursue straight fellowship in General Surgery or would like to join group A or B after Intermediate Module (IMM).
3. The groups A and B will pursue fellowship training in one of the specialties included in the opted group after IMM. The disciplines included in groups A and B are:

Group A

1. Neurosurgery
2. Orthopaedics/ Trauma
3. Plastic Surgery
4. Urology

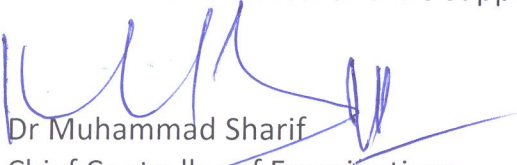
Group B

1. Cardiovascular Surgery
2. Orthopaedics/ Trauma
3. Paediatric Surgery
4. Thoracic Surgery

4. Each Accredited Unit comprising of at least a professor, an associate professor and an assistant professor who are CPSP approved supervisor, can induct a maximum of four trainees in General Surgery and four trainees who opt for allied specialties included in both groups A and B (i.e. a total of 8 trainees in a unit).
5. The 18 months of IMM training for all groups shall be same and will consist of:
 - 12 months training in Principles and Practice of Surgery.
 - 03 months of mandatory rotation in General Surgery.
 - 03 months of mandatory rotation in Orthopaedics/ Trauma.
6. The trainees in groups A and B will complete three rotations of 02 months each in the three specialties included in the opted group except Orthopaedics/Trauma, which they would complete as mandatory rotation.
7. The trainees in straight fellowship in General Surgery shall do three rotations of 02 months each in any of the following specialties: Cardiovascular Surgery, Neurosurgery, Paediatric Surgery, Plastic Surgery, Thoracic Surgery and Urology.

Continued to page 2 (surgery)

8. The trainees in General Surgery will be required to get their synopsis approved by the Research & Evaluation Department by the end of first year of training, whereas trainees in groups A or B will be required to do so in first year of the specialty training.
9. The first two years of training (IMM) would also include completion of all mandatory workshops.
10. After completion of first two years (IMM) training in Surgery and Allied specialties:
 - Four candidates who had opted for General Surgery shall continue their advance training in General Surgery.
 - Four candidates who had opted for group A or B shall be entitled to pursue further fellowship training in a specialty of the opted group. However, induction into specialty training will depend upon the availability of training position in accredited institution(s).
11. Choices made at the outset and subsequently shall be final and changeover to another group or specialty at any stage will not be allowed.
12. The IMM examination is a midway assessment and has two MCQ papers with 100 MCQs of Single Best type in each paper. The format of IMM Surgery examination under the new scheme will be:
 - Paper I will be common for all trainees and shall cover the course content comprising Principles and Practice of Surgery.
 - Paper II will also be common for all trainees and shall consist of two sections.
Section I will be mandatory for all trainees and will consist of 40 MCQs in two blocks of General Surgery and Orthopaedics /Trauma.
Section II will have 120 MCQs, in blocks of six specialties with 20 MCQs in each block. Candidates will be required to attempt any three blocks of specialties in which they have undergone rotation (i.e. 60 MCQs from this section).
 - TOACS shall be same for all trainees and shall be based on core competencies covering basic clinical and life supporting skills, as well as procedural and communication skills.


Dr Muhammad Sharif
Chief Controller of Examinations

CC:

1. P.S to the President, CPSP
2. CPSP Councilors
3. Secretary, CPSP, Karachi
4. Registrar, CPSP, Karachi
5. Executive Officer, RTMC, CPSP Karachi
6. Director, REU, CPSP, Karachi

INTERMEDIATE MODULE IN SURGERY & ALLIED

REQUIREMENTS FOR TRAINING & EXAMINATION

2010



COLLEGE OF
PHYSICIANS AND
SURGEONS
PAKISTAN

Composed by:

Syed Faisal Babar
Department of Medical Education

Published: January, 2010

COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN
7th Central Street, Defence Housing Authority, Karachi-75500.
Phone No. 99207100-10 UAN: 111-606-606 Fax No. 99266432

Contact Details:

College of Physicians and Surgeons, Pakistan.
7th Central Street, Phase II, D.H.A. Karachi - 75500.
Phone: 99207100-10, UAN 111-606-606
Facsimile: 99266450
Website: www.cpsp.edu.pk

CONTENTS

1**INTRODUCTION****4****TRAINING AND EXAMINATION****8****ASSESSMENT****11****COURSE FOR BASIC SURGICAL TRAINING****27****USEFUL ADDRESSES AND TELEPHONE NUMBERS**

INTRODUCTION

The College was established in 1962 through an ordinance of the Federal Government. The objectives and functions of the College include: promotion of specialist practice by securing improvement of teaching and training; arranging postgraduate medical, surgical and other specialist training; holding and conducting examinations for awarding College diplomas and admission to the Fellowships of the College; and promotion of research.

Since its inception the College has actively pursued improvements in postgraduate medical education in Pakistan. Currently, the College offers Fellowships in fifty three disciplines compared to the initial few in Medicine, Surgery, Paediatrics and Obstetrics and Gynecology in 1963. Structured training programs have been developed, criteria for recognition of training institutes have been laid down, and format of examinations has been improved with unbiased objective, reliable and candidate friendly methods of assessment. Fellowship training can be undertaken in over 130 accredited medical institutions throughout the country and 106 accredited institutions abroad. Over 2000 supervisors are involved in the CPSP training programs.

The College has established 12 Regional Centers including five Provincial Headquarter Centres in the country to coordinate the training and examination, and facilitate the candidates of these areas.

Constant efforts are made to improve the standards of examinations and make them relevant, transparent, objective and fair to the candidates. In its endeavor to decrease inter-rater variability, and increase fairness and transparency, the College has introduced the use of assessment forms for scoring of all the components of clinical and oral examinations. Another step in this direction is the introduction of Task Oriented Assessment of Clinical Skills (TOACS) in the FCPS II Clinical Examinations in a number of disciplines from September 2001.

INTERMEDIATE MODULE

To ensure better training, the CPSP introduced an Intermediate Module Examination in several disciplines in 2001. This mid-training assessment strengthens the monitoring and in-training assessment systems by providing trainees with an estimate of mid-training competence. It also serves as a diagnostic tool for trainees and supervisors, provides a curricular link between basic and advanced training, and an opportunity for sampling a wider domain of knowledge and skills.

Vide Notifications No. 6-1 / Exam-04 / CPS / 1438 S and R, dated July 21, 2004, the Intermediate Module (IMM) examination is mandatory eligibility requirement for all specified FCPS II examination as from September 2007. Trainees who passed FCPS I in 2001 and onwards are required to complete two years training in Surgery and take the Intermediate Module (IMM) examination.

In case of failure in the Intermediate Module examination, the trainees are permitted to continue their training in the chosen specialty but must pass the Intermediate Module examination prior to appearing in the final FCPS II examination.

TRAINING AND EXAMINATION

GENERAL REGULATIONS

Candidate will be admitted to the examination in the name (surname and other names) as given in the MBBS degree CPSP will not entertain any application for change of name on the basis of marriage/ divorce / deed.

REGISTRATION AND SUPERVISION

All training must be supervised, and trainees are required to register with the Research and Training Monitoring Cell (RTMC) within 30 days of starting their training for Intermediate Module. In case of delay in registration, the start of training will be considered from the date of receipt of application by the RTMC. Registration forms are available in RTMC and in the Regional Centers. They can also be downloaded from the CPSP Website. Training is compulsorily monitored by an approved supervisor who is a CPSP fellow or a specialist with relevant postgraduate qualifications registered at the RTMC.

APPROVED TRAINING CENTRES

Training must be undertaken in units, departments and institutions approved by the College. A current list of approved institutions is available from the College and its Regional Centres as well as on the College website: **www.cpsp.edu.pk**

BASIC SURGICAL TRAINING PROGRAM FOR INTERMEDIATE MODULE

DURATION

The duration of training for the Intermediate Module (IMM) is two years; the Intermediate Module examination is taken on completion of the two years training.

The two years of core competency based training in Surgery consists of:

- Eighteen months of approved resident training in General Surgical Unit.
- One compulsory rotation in Orthopedics & Trauma for 3 months
- Three rotations for one month each in any of the following specialities:
 1. Urology
 2. Neurosurgery
 3. Plastic Surgery
 4. Thoracic Surgery
 5. Paediatric Surgery

Outsourcing of the candidate to the relevant rotations, if required, shall be done by the concerned supervisor under intimation to the RTMC at CPSP.

COMPONENTS OF TRAINING

Mandatory Workshops

It is mandatory for all Intermediate Module trainees to attend the following CPSP certified workshops in the two years of Intermediate Module training:

1. Introduction to Computer and Internet
2. Research Methodology and Dissertation Writing
3. Surgical Skills
4. Communication Skills

Any other workshop/s as may be Introduced (e.g. ACLS and ATLS) by CPSP.

Logbook

Trainees are required to maintain a logbook in which entries of academic/ professional work done during the period of training should be made on a daily basis, and signed by the supervisor. Completed and duly certified logbook will form a part of the application for appearing in IMM examination.

E-logbook

The CPSP council has decided to introduce E-logbook system for all trainees in FCPS from January 2009. Upon registration with RTMC each trainee is allotted a registration number and a password to log on to the e-logbook on the CPSP website. The trainee is required to enter all work performed and the academic activities undertaken in the logbook on daily basis. The concerned supervisor is required to verify the entries made by the trainee. This system ensures timely entries by the trainee and prompt verification by the supervisor. It also helps in monitoring the progress of trainees and vigilance of supervisors.

Research (Dissertation / Two Papers)

One of the training requirements for fellowship trainees is a dissertation or two research papers on a topic related to the field of specialization. For trainee in Surgery the dissertation synopsis or abstracts of the research papers **must be approved by the Research and Evaluation Unit (REU) in the first year of the Intermediate Module. Trainee going to subspecialty must get the synopsis approved in first year of training of the subspecialty (i.e 3rd year of FCPS training).**

General Requirements

Training should incorporate the principle of gradually increasing responsibility, and provide each trainee with a sufficient scope, volume and variety of experience in a range of settings that include inpatients, outpatients, emergency and intensive care. The emphasis shall be on principles of surgery and essential concepts of trauma and critical care.

Instructional Methodology

Teaching occurs using several methods that range from formal didactic lectures to planned clinical experiences. Aspects covered will include knowledge, skills and practices relevant to the discipline in order to achieve specific learning outcomes and competencies.

The theoretical part of the curriculum represents the current body of knowledge necessary for practice. This can be imparted through lectures, grand teaching rounds, clinico-pathological meetings, morbidity/mortality review meetings, literature reviews and presentations, journal clubs, self directed learning, conferences and seminars.

Clinical learning is to be organized to provide appropriate expertise and competence necessary to evaluate and manage common clinical problems. Demonstration in outpatient and inpatient clinics, and procedural skills training on simulators, mannequins and patients are all practical training modalities.

Eligible disciplines after IMM Surgery & Allied

- Cardiac Surgery
- General Surgery
- Neurosurgery
- Orthopedic Surgery
- Paediatric Surgery
- Plastic Surgery
- Thoracic Surgery
- Urology

ASSESSMENT

ELIGIBILITY REQUIREMENTS

For appearing in Intermediate Module examination a candidate should have:

- Passed FCPS I in Surgery and Allied Disciplines or granted exemption.
- Registered with the Research and Training Monitoring Cell (RTMC).
- Completed two years of training under an approved supervisor in an institution recognized by the CPSP. A certificate of completion of training must be submitted.
- Submitted a complete and attested logbook.
- Submitted certificates of attendance of mandatory workshops.
- Should have submitted synopsis of dissertation or abstract of research articles.

EXAMINATION SCHEDULE

- The Intermediate Module theory examination will be held twice a year.
- Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Islamabad, Karachi, Nawabshah, Larkana, Lahore, Multan, Peshawar and Quetta centres. The College shall decide where to hold TOACS examinations depending on the number of candidates in a city and shall inform the candidates accordingly.
- English shall be the medium of all examinations for theory and TOACS.
- The College will notify of any change in the centres, the dates and format of the examination.
- A competent authority appointed by the College has the power to debar any candidate from any examination if it is satisfied that the candidate has indulged in unfair practices in College examination, misconduct or because of any other disciplinary reason.

EXAMINATION FEE

- Fee deposited for a particular examination shall not be carried over to the next examination in case of withdrawal, absence or exclusion.
- Applications along with the prescribed examination fee and required documents must be submitted by the last date notified for this purpose before each examination.
- The details of examination fee and fee for change of centre, subject, etc. shall be notified before each examination.

FORMAT OF EXAMINATION

Intermediate Module examination consists of the following two components:

- **Theory examination:**

It consists of:

Paper I
Paper II } 100 One best type of MCQs in each paper.

- **Clinical examination:**

To test basic clinical skills, the clinical examination consists of:
TOACS (Task Oriented Assessment of Clinical Skills)

Only those candidates who qualify in the theory will be eligible to take the TOACS examination.

TOACS

TOACS will comprise of 12 to 20 stations with a change time of one minute for the candidate to move from one station to the other. The stations may have an examiner, a patient or both. Structured clinical tasks will be set at each station. At stations where no examiner is present the candidates will have to submit written responses to short answer questions/ MCQs 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 about the questions asked. At the **interactive** stations the candidate will have to demonstrate a competency, for example, taking history, performing a 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.

COURSE FOR BASIC SURGICAL TRAINING

GENERAL OBJECTIVES

Upon completion of specified training the resident must have acquired the competencies comprising of knowledge, skills and attitudes forming the foundation of the standard practice for a surgical specialist in order to:

- Provide an appropriate, cost effective and standard care to the surgical patients.
- Promote health and prevent disease in patients, families and communities.
- Attain skills in (evidence based) Continuing Professional Development.

To attain competency the trainee must achieve:

- Knowledge and expertise in clinical and procedural management of relevant diseases.
- Basics of relevant surgical skills.
- Effective clinical judgment and decision making in dealing with surgical problems based on sound surgical skills.

TRAINING FOR INTERMEDIATE MODULE

The curriculum of first two years in surgery involves balanced and objective integration of basic surgical sciences and essential core clinical knowledge in surgery. The trainee should be able to diagnose and manage common conditions prevalent in the community. Further, that he/she should be able to recognize, stabilize and refer the complicated cases to appropriate place/person.

The coverage that each discipline receives below is not indicative of the relative importance placed on each discipline in the training program, or in the examination. These are guidelines and not comprehensive definitive lists. Only minimum levels of expected competence have been identified but sufficient scope, volume and variety of experience are desirable.

BASIC CLINICAL KNOWLEDGE

OBJECTIVES

Upon completion of Intermediate Module in Surgery, the trainee is able to:

- 1. Plan Preoperative care of surgical patients:**
 - 1.1 Evaluate the metabolic response to surgery and infection
 - 1.2 Assess the fitness of patients for Surgery and Anesthesia
 - 1.3 Assess the risks involved in surgery
 - 1.4 Test for respiratory, cardiac and renal functions
 - 1.5 Manage patients with associated medical disorders

- 2. Manage post operative patients:**
 - 2.1 Prescribe appropriate analgesics for postoperative pain control
 - 2.2 Take appropriate measures to prevent postoperative complications
 - 2.3 Diagnose postoperative complications early
 - 2.4 Manage postoperative complications effectively

- 3. Understand basic principles of surgical craft and theatre technology:**
 - 3.1 Know the principles of antisepsis, sterilization and the concept of aseptic surgery
 - 3.2 Demonstrate correct methods of scrubbing, gowning and gloving
 - 3.3 Demonstrate use of common surgical instruments and appliances (suction, diathermy, retractors, general instruments)
 - 3.4 Identify appropriate uses of suture and ligature materials
 - 3.5 Know basic principles of anastomosis
 - 3.6 Know various techniques of biopsies: needle aspiration, trucut, open
 - 3.7 Discuss the uses of tourniquet and precautions regarding its application

- 3.8 Discuss the principles involved in various types of anesthesia: Local, Regional and General Anesthesia
- 3.9 Monitor patient condition during anesthesia
- 3.10 Distinguish between analgesia and sedation

- 4. Understand the impact of infection in Surgery:**
 - 4.1 Describe surgically important micro-organisms
 - 4.2 Identify sources of surgical infections and take effective measures for their prevention and control (antibiotic usage)
 - 4.3 Discuss body's response to infection
 - 4.4 Use appropriate methods for carrying out surgery in hepatitis and HIV carriers

- 5. Understand mechanisms involved in wound management:**
 - 5.1 Classify surgical wounds
 - 5.2 Describe pathophysiology and principles of wound healing
 - 5.3 Describe principles and methods of wound debridement and closure
 - 5.4 Describe the mechanisms of scar and contracture formation

- 6. Resolve nutritional problems in surgical patients:**
 - 6.1 Assess nutritional status of the patients
 - 6.2 Describe the nutritional values and components of different enteral and parenteral food preparations
 - 6.3 Describe indications and complications of the different routes of nutrition administration

- 7. Correct fluid, acid base and electrolyte imbalances:**
 - 7.1 Describe physiological processes contributing to fluid, acid base and electrolyte balance
 - 7.2 Describe principles of fluid and electrolyte replacement
 - 7.3 Discuss the etiology and mechanism of shock
 - 7.4 Assess and manage various types of hemorrhage
 - 7.5 Manage shock
 - 7.6 Describe indications and hazards of blood transfusion
 - 7.7 Prescribe blood products and their substitutes

8. Manage critically ill patients:

- 8.1 Diagnose the cause and manage an unconscious patient
- 8.2 Operate monitoring devices and interpret their findings
- 8.3 Describe etiological factors for cardiac arrest
- 8.4 Resuscitate patients with cardiac arrest
- 8.5 Discuss various inotropic agents
- 8.6 Identify features of brain death

9. Manage individual and mass Trauma by attaining following competencies:

- 9.1 Understand the Epidemiology of trauma
- 9.2 Understand and demonstrate initial assessment and resuscitation of a traumatised patient including:
 - Primary and secondary survey
 - Airway clearance and ventilation of patient requiring assisted respiration
 - Management of Hemorrhage and shock
 - Application of Principles of triage
 - Management of:
 - i Thoracic trauma
 - ii Abdominal and pelvic trauma
 - iii Head and spine trauma
- 9.3 Management of limb trauma including fractures, tendon and nerve injuries
 - Factors, etiology and principles of healing of soft tissues, tendon and bone
 - Immobilization and fixation
 - Fracture and its complications
 - Compartment syndrome, crush syndromes and fat embolism, fasciotomy
 - Neurological and vascular injuries in limb trauma
- 9.4 Understand, assess and manage head injuries

10. Understand indications, limitations and preparation for imaging

- Plain and contrast X-rays, Ultrasound examination, CT Scan etc.

BASIC SKILLS

1. Communication and collaboration skills:

- Establish professional relationships with patients and families.
- Discuss appropriate information with patients and families, and the health care team.
- Consult effectively with other physicians and health care professionals.

2. Teaching and research skills:

- Develop, implement and monitor a personal continuing educational strategy.
- Demonstrate the ability to teach patients, medical students, interns, other residents and allied health care staff.

3. Professionalism:

- Deliver high standard quality care with integrity, honesty and compassion.
- Exhibit appropriate interpersonal professional behavior.
- Practice of medical profession according to established ethical norms.

4. Psychomotor and technical skills:

- Demonstrate assessment, diagnostic and basic procedural skills for ethical and effective patient care at minimum levels of competencies identified.

Key for assessing competencies:

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

Note: Levels 4 and 5 for practical purposes are almost synonymous

COMPETENCIES

	First Year										Total Cases 1st Year
	3 Months		6 Months		9 Months		12 Months				
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Patient Management											
Elicit a pertinent history	5	15	5	15	5	15	5	15	5	15	60
Communicate effectively with patients, families and the health team (observed)	3	15	3	15	4	15	4	15	4	15	60
Perform a physical examination	5	15	5	15	5	15	5	15	5	15	60
Order appropriate investigations	4	15	4	15	4	15	4	15	4	15	60
Interpret the results of investigations	3	15	3	15	3	15	3	15	3	15	60
Assess fitness to undergo surgery	3	15	3	15	3	15	3	15	3	15	60
Decide and implement appropriate treatment	3	15	3	15	3	15	3	15	3	15	60
Postoperative management and monitoring	3	15	3	15	3	15	3	15	3	15	60
Maintain accurate and appropriate records	3	15	3	15	3	15	3	15	3	15	60
Preoperative preparation for various surgical procedures											
Use of aseptic techniques	2	5	2	5	3	5	3	5	3	5	20
Positioning of patient for diagnostics and operative procedures (variety)	2	5	2	5	3	5	3	5	3	5	20
Identification and appropriate use of common surgical instruments, suture materials and appliances	3	8	3	8	4	8	4	8	4	8	32

COMPETENCIES

First Year

3 Months		6 Months		9 Months		12 Months		Total Cases 1st Year
Level	Cases	Level	Cases	Level	Cases	Level	Cases	

General Surgical Procedures

Controlling hemorrhage	3	3	3	3	4	3	4	3	12
Debridement, wound excision, closure/suture of wound (excluding repair of special tissues like nerves and tendons)	3	3	3	3	4	3	4	3	12
Urethral catheterization	3	3	3	3	4	3	4	3	12
Suprapubic puncture	2	1	2	1	3	1	3	1	4
Meatotomy	2	1	2	1	3	1	3	1	4
Circumcision	2	2	2	2	3	2	3	2	8
Nasogastric intubation	4	4	4	4	4	4	4	4	16
Venesection	2	2	2	2	3	3	3	3	10
Tube thoracostomy	2	3	2	3	3	3	4	3	12
Management of empyema	2	1	2	1	3	1	3	1	4
Biopsy of lymph nodes	2	2	2	2	3	2	3	4	10
Biopsy of skin lesions, subcutaneous lumps or swellings	2	2	2	2	3	2	3	2	8
Excision of soft tissue tumors and cysts (surface surgery)	2	2	2	2	3	2	3	2	8
Cricothyroidotomy	2	2	2	2	2	1	3	1	5
Opening and closing of abdomen	1	1	1	1	2	1	2	2	5
Proctoscopy and interpretation of findings	2	3	2	3	3	3	3	3	12
Proctosigmoidoscopy	2	-	2	-	3	1	3	1	2
Percutaneous needle aspiration under ultrasound guidance/CT scan	1	1	1	1	2	1	2	1	4

COMPETENCIES	First Year											Total Cases 1st Year
	3 Months		6 Months		9 Months		12 Months					
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases		
Abdominal Operations												
Inguinal hernia repair	1	1	1	1	2	1	3	2				5
Rectal polyp	1	1	1	1	2	1	3	1				4
Suprapubic cystostomy	1	1	1	2	2	2	3	2				7
Vesicolithotomy	1	1	1	1	2	1	3	1				4
Hemorrhoids, fissures, fistulae in ano	1	1	2	2	2	2	3	3				8
Exploratory Laparotomy	1	1	1	1	2	1	2	1				4
Appendicectomy	1	1	1	2	2	3	3	3				9
Cholecystectomy	1	1	1	1	2	1	3	1				4
Oncological Surgery	1	1	1	1	2	1	3	1				4
Laparoscopic / Endoscopic surgery (Principles and instrument handling)	1	1	1	1	2	1	3	1				4
Breast operations and benign lesions	1	1	1	1	2	1	3	1				4

COMPETENCIES

	First Year										Total Cases 1st Year
	3 Months		6 Months		9 Months		12 Months				
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Perioperative Care											
Use of ventilators	1	1	1	1	2	1	2	1	2	1	4
Wound healing and Peri-operative Complication	1	2	2	2	3	2	3	2	3	2	8
CPR	1	1	2	1	2	2	2	3	2	2	6
CV lines	1	1	1	1	2	1	2	1	2	1	4
Fluid and electrolyte balance	2	2	3	2	4	3	4	3	4	3	10
Monitoring devices	1	2	2	2	2	3	2	3	2	3	10
Inotropic agents	1	2	2	2	2	3	2	3	2	3	10
Care of unconscious patient	1	1	2	1	2	1	2	1	3	1	4
Replacement of nutrition	2	1	3	1	4	1	4	1	5	1	4
Anaesthesia											
Airway maintenance and passing of endotracheal tube	1	1	2	1	2	1	2	1	3	2	5
IPPR and other methods of ventilation	1	1	2	1	2	1	2	1	3	1	4
Local anaesthesia	1	1	2	1	2	1	2	1	3	2	5
Regional anaesthesia	1	1	1	1	1	1	1	1	2	1	4
Lumbar puncture and spinal anaesthesia	1	1	1	1	1	1	1	1	2	1	4
Principles of general anaesthesia	1	1	1	1	2	1	2	1	3	1	4

COMPETENCIES	Second Year				
	15 Months		18 Months		Total Cases
	Level	Cases	Level	Cases	2nd Year
Patient Management					
Elicit a pertinent history	5	20	5	20	40
Communicate effectively with patients, families & the health team (observed)	5	20	5	20	40
Perform a physical examination	5	20	5	20	40
Order appropriate investigations	5	20	5	20	40
Interpret the results of investigations	4	20	5	20	40
Assess fitness to undergo surgery	4	20	5	20	40
Decide and implement appropriate treatment	4	20	5	20	40
Postoperative management and monitoring	4	20	5	20	40
Maintain accurate and appropriate records	4	20	4	20	40
Preoperative preparation for various surgical procedures					
Use of aseptic techniques	4	10	5	10	20
Positioning of patient for diagnostics and operative procedures (variety)	4	10	5	10	20
Identification and appropriate use of common surgical instruments, suture materials and appliances	4	15	5	15	30

COMPETENCIES

	Second Year				Total Cases 2nd Year
	15 Months		18 Months		
	Level	Cases	Level	Cases	
General Surgical Procedures					
Controlling hemorrhage	4	5	5	5	10
Debridement, wound excision, closure/suture of wound (excluding repair of special tissues)	5	5	5	5	10
Urethral catheterization	5	5	5	5	10
Suprapubic puncture	4	2	5	2	4
Meatotomy	4	2	5	2	4
Circumcision	4	5	5	5	10
Nasogastric intubation	4	5	5	5	10
Venesection	4	6	5	6	12
Tube thoracostomy	4	6	5	6	12
Management of empyema	3	2	4	2	4
Biopsy of lymph nodes	3	5	4	5	10
Biopsy of skin lesions, subcutaneous lumps or swellings	3	5	4	5	10
Excision of soft tissue tumors and cysts (surface surgery)	4	5	5	5	10
Cricothyroidotomy	4	2	5	2	4
Opening and closing of abdomen	3	5	4	5	10
Proctoscopy and interpretation of findings	4	8	4	8	16
Proctosigmoidoscopy	4	5	4	5	10
Percutaneous needle aspiration under ultrasound guidance/CT scan	3	4	4	4	8

COMPETENCIES

	Second Year					
	15 Months		18 Months		Total Cases 2nd Year	
	Level	Cases	Level	Cases		
Abdominal Operations						
Inguinal hernia repair	4	4	5	4		8
Rectal polyp	4	3	5	3		6
Suprapubic cystostomy	4	4	5	4		8
Vesicolithotomy	4	2	5	2		4
Hemorrhoids, fissures, fistulae in ano	4	8	5	8		16
Exploratory Laparotomy	3	3	4	5		8
Appendectomy	4	7	5	8		15
Cholecystectomy	4	2	5	2		4
Oncological Surgery	4	2	5	4		6
Laparoscopic / Endoscopic surgery (Principles and instrument handling)	4	3	5	3		6
Breast operations and benign lesions	4	4	5	4		8

COMPETENCIES

	Second Year				
	15 Months		18 Months		Total Cases
	Level	Cases	Level	Cases	2nd Year
Perioperative Care					
Use of ventilators	2	2	3	2	4
Wound healing and Peri-operative Complication	4	2	5	2	4
CPR	4	3	5	5	8
CV lines	3	4	4	4	8
Fluid and electrolyte balance	5	5	5	5	10
Monitoring devices	3	5	4	5	10
Inotropic agents	3	5	4	5	10
Care of unconscious patient	4	4	5	4	8
Replacement of nutrition	5	4	5	4	8
Anaesthesia					
Airway maintenance and passing of endotracheal tube	4	6	5	6	12
IPPR and other methods of ventilation	4	2	5	2	4
Local anaesthesia	4	6	5	6	12
Regional anaesthesia	2	2	3	2	4
Lumbar puncture and spinal anaesthesia	2	2	3	2	4
Principles of general anaesthesia	3	1	4	1	4

ROTATIONS

ORTHOPAEDIC SURGERY (Three Months Rotation)

	Level	Cases
Closed treatment of common fractures	1,2	5,5
Open reduction, external fixation	1,2	5,5
Operation on tendons (repair and lengthening)	1,2,3	5,5,2
Nerve repair	1,2,3	5,5,2
Application of splints, POP casts and skin tract	1,2,3,4	5,5,5,5
Amputation	1,2,3	5,5,1
Management of compound fractures	1,2	5,5
Faciotomy	1,2,3	4,4,2
Bone biopsy	1,2	1,1

NEUROSURGERY (One Month Rotation)

Burrhole for cerebral decompression	1,2	5,5
Intracranial operations	1,2	5,5
Spinal decompression surgery	1,2,3	5,5,2
Specialized care of head injury	1,2,3	5,5,2

ROTATIONAL TRAINING

ROTATIONS		Level	Cases
THORACIC SURGERY (One Month Rotation)			
Needle thoracostomy		1,2,3	3,3,3
Tube thoracostomy		1,2,3,4	2,2,2
Thoracotomy (opening & closing)		1,2	1,1
PLASTIC SURGERY (One Month Rotation)			
Burn care		1,2,3	5,5
Cleft lip Congenital deformities		1,2	2,2
Cleft palate Congenital deformities		1,2	2,2
Repair of deformities including release of contractures		1,2	1,1

ROTATIONS		
	Level	Cases
PAEDIATRICS (One Month Rotation)		
Circumcision in infants	1,2,3,4	1,1,1,1
Fluid and electrolyte requirement	1,2,3	1,1,1
Manage perioperative hernias	1,2,3	1,1,2
UROLOGY (One Month Rotation)		
Management of Acute Retention of Urine	1,2,3	1,1,1
Vesicolithotomy	1,2,3	1,1,1
Kidney & ureter Operations	1,2	2,2

USEFUL ADDRESSES AND TELEPHONE NUMBERS

1. Regional Offices of the CPSP

MUZAFFARABAD

CMH Muzaffarabad
Azad Kashmir
TEL: 058810 - 43307
FAX: 058810 - 43902
Email: ssgr-brehman@cpsp.edu.pk

ABBOTTABAD

Ayub Hospital Complex
Abbottabad
TEL: 0992-383330
Email: rc_abbottabad@cpsp.edu.pk

PESHAWAR

Hayatabad Medical Complex
Phase IV, Hayatabad,
Peshawar
UAN: 091-111-666-666
TEL: 091-9217011, 091-9217320-1
FAX: 091-9217062
Email: rc_peshawar@cpsp.edu.pk

ISLAMABAD

P.I.M.S, Ravi Road, Sector G- 8/ 3
Islamabad.
UAN: 051-111-666-666
TEL: 051-9262590-1,
FAX: 051-9262592
Email: rc_islamabad@cpsp.edu.pk

FAISALABAD

Punjab Medical College
Faisalabad
UAN: 041-111-666-666
TEL: 041-9210131, 9210366-8
FAX: 041-9210224
Email: rc_faisalabad@cpsp.edu.pk

LAHORE

Next to INMOL, Hospital
New Muslim Town, Block-D
Lahore.
UAN: 042-111-666-666
TEL: 042- 9231320-8
FAX: 042- 9231327
Email: rc_lahore@cpsp.edu.pk

MULTAN

Nishtar Medical College,
Distt. Jail Road, Opp Circuit House,
Multan.
UAN: 061-111-666-666
TEL: 061-9200946, 9200952
Email: rc_multan@cpsp.edu.pk

BAHAWALPUR

Quaid-e-Azam Medical College
Bahawalpur
TEL: 062- 9250461
Email: rc_bahawalpur@cpsp.edu.pk

NAWABSHAH

Peoples Medical College for Girls
Nawabshah
TEL: 0244-9370271, 9370479
FAX: 0244-9370478
Email: rc_nawabshah@cpsp.edu.pk

LARKANA

Chandka Medical College
Larkana
TEL: 074 – 9410726
Email: rc_larkana@cpsp.edu.pk

HYDERABAD

Liaquat University Hospital, Jamshoro
Hyderabad

TEL: 022-3877393

Email: rc_hyderabad@cpsp.edu.pk

QUETTA

CPSP Bolan Medical College
Sandeman Civil Hospital

TEL: 081- 9202424

Email: rc_quetta@cpsp.edu.pk

KARACHI

2. Departments of CPSP Karachi

UAN – 021-111-606-606

- **Examination** (FCPS Part I)
9207100 -10 Ext: 311
- **Examination** (FCPS Part II)
9207100 -10 Ext: 215
- **Department of Medical Education**
9207100 -10 Ext: 305
- **Registration, Training & Monitoring Cell**
9207100 -10 Ext: 320

For further Information visit the
College website at:

www.cpsp.edu.pk

OVERSEAS CPSP CENTRES

3. Saudi Arabia

RIYADH

Saudi Commission for Health
Specialities,

Diplomatic Quarter, P.O. Box 94656
Riyadh -11614, KSA.

TEL: 966-1-4822415 Ext: 156/141

966-2-6401000 Ext: 25843

Email: medexam5@scfhs.org

4. Nepal

KATHMANDU

T.U. Institute of Medicine

Maharajganj, Kathmandu, Nepal

TEL: 977-1- 416224

Email: cpsp@iomdit.org.np