

Curriculum Fellowship of

Minimal Access Surgery

## SYLLABUS/COURSE CURRICULUM

### The minimal access training program should include

* 1. Soft Skill Development
		1. To develop familiarization with equipment, Knotting and suturing Techniques, basic knowledge of instrumentation and Energy Sources and learning basic surgical procedures in lab.
		2. Minimum of log book certified 8-10 hours’/month practice on Trainer in the Training Center in the beginning of the training for the first six months (the training should be continued throughout the duration of course with the type of training model differing based on the experience and exposure of the candidate

- first 6 months/next 6 month and so on)

* + 1. Thereafter suturing practice of total of 30 hours on any trainer which should be certified by the consultant with a log book.

### Presentation, Publications & Project Work

* + 1. Under faculty guidance, presentations for local, regional & national and International conferences.
		2. Essential requirements
		3. Minimum two presentations per year State/ National conferences
		4. Minimum two publications at least one should be original research work (Pubmed indexed / DOAJ /Embase based as per MCI requirement) or 4 presentations in National or 1 International Oral presentation will be treated equal to 3 National presentations

### Video Learning, Grand Rounds, Faculty Discussions

* + 1. Review of recorded surgical procedures with Faculty input.
		2. Recording and editing of Videos
		3. Specific/specialized Surgery Grand Round/Clinical Case Conference, Journal Club and Round Table Discussions (at least 2 /week of 1 hour each), schedule should be available for the whole year with one faculty as moderator of the session
		4. Round table meets and seminars will routinely update the academic content of the programme. This will be supplemented with Clinical Learning, through outpatient clinics, ward rounds and presentations and operative experience in the form of assisting and being proctored over surgical procedures
		5. Monthly Clinical Audit

### Sessions in Imaging Clinics

* + 1. Learning of Ultrasound, CT scan, MRI & Various Procedures

### Operative Sessions

* + 1. A Candidate is expected to maintain certified Log book indicating number of cases assisted or individually operated under the guidance of faculty or independently.

### Rotation

* + 1. Training programmer in MAS should be in a multidisciplinary center of MAS to enable adequate exposure to the subspecialties in MAS.
		2. A candidate during his tenure of two years should have rotation in 1-month bariatric surgery, if this is not available in the unit where the fellowship is being undertaken.
		3. If there are multiple units/departments in the Institute doing MAS, then a rotation policy should be there in units which are recognized by SAU for training and rotation is required if units are engaged in a specific type of work.
		4. Attendance for the entire course duration should be more than 80% which would be the criteria for giving exams Health related issues and inability to complete the term sanctioning would be at the discretionary of the SAU. Leave rules as applicable by SAU otherwise

## PORTFOLIO MANAGEMENT

All candidates will maintain a PORTFOLIO

Two monthly review of following topics by faculty will include (RITA – Regular In training Assessment)

* 1. Log Book – Regular OT work & Lab Work
	2. Presentations
	3. On-going Publications
	4. Number of hours spent on hands on practice
	5. Summaries of case discussions and presentations.
	6. Synopsis of publications.

Log book, presentation will be signed & evaluated on a time-to-time basis by respective faculties and would be kept as internal marks / assessment for final evaluation at the end of the course by the examiners

### 6 monthly formative assessment and promotion to the next level- For the final examination- the details of this to be provided by SAU and report to be sent to SAU

**Minimal Access Surgery Modules**

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| **Anaesthetic considerations in MAS** |  |
| **Troubleshooting in MAS** | * Cause of Poor insufflations
* Reason for excessive pressure for insufflation
* Reasons for inadequate/too bright lighting
* Reasons for loss of picture/poor quality pictures /fogging / haze
* Reasons for flickering electrical interference
* Reasons for inadequate cauterization/inadequate irrigation and suction
* Administration
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