

**COLLEGE OF PHYSICIANS AND
SURGEONS PAKISTAN**

FELLOWSHIP PROGRAMME

***ORAL AND MAXILLOFACIAL
SURGERY***

DURATION OF TRAINING 4 YEARS

NOTICE: THE CURRICULUM IS APPLICABLE TO BATCHES INDUCTED IN JULY 2022 OR ONWARDS.

2022

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The College of Physicians and Surgeons Pakistan would appreciate any criticism, suggestions, advice from the readers and users of this document. Comments may be sent in writing or by e-mail to the CPSP at:

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CONTENTS

ABOUT THE COLLEGE	01
CPSP COMPETENCY MODEL	04
GENERAL REGULATIONS	10
ROLE AND RESPONSIBILITIES SUPERVISOR	14
ROLE AND RESPONSIBILITIES RESIDENT	16
INTRODUCTION	17
INTERMEDIATE MODULE (IMM)	
TRAINING PROGRAMME	19
SYLLABUS	21
CORE COMPETENCIES	29
ASSESSMENT	34
POST INTERMEDIATE MODULE (FCPS-II) TRAINING	
TRAINING PROGRAMME	48
SYLLABUS	50
CORE COMPETENCIES	58
ASSESSMENT	69

ABOUT THE COLLEGE

The College was established in 1962 through an ordinance of the Federal Government. The objectives/functions of the College include promoting specialist practice of Medicine, Obstetrics & Gynaecology, Surgery and other specialties by securing improvement of teaching and training, arranging postgraduate medical, surgical and other specialists training, providing opportunities for research, holding and conducting examinations for awarding College diplomas and admission to the Fellowship of the College.

Since its inception, the College has taken great strides in improving postgraduate medical and dental education in Pakistan. Competency- based structured Residency Programs have now been developed, along with criteria for accreditation of training institutions, and for the appointment of supervisors and examiners. The format of examinations has evolved over the years to achieve greater objectivity and reliability in methods of assessment. The recognition of the standards of College qualifications nationally and internationally, particularly of its Fellowship, has enormously increased the number of trainees and consequently the number of training institutions and the supervisors. The rapid increase in knowledge base of medical sciences and consequent emergence of new subspecialties have gradually increased the number of CPSP fellowship disciplines to seventy five including specialties in dentistry. After completing two years of core training during IMM, the trainees are allowed to proceed to the advance phase of FCPS training in the specific specialty of choice for 2-3 years. However, it is mandatory to qualify IMM examination before taking the FCPS-II exit examination. The work performed by the trainee is to be recorded in the e-logbook on daily basis. The purpose of the e-log is to ensure that the entries are made on a regular basis and to avoid belated and fabricated entries. It will hence promote accuracy, authenticity and vigilance on the part of trainees and the supervisors.

The average number of candidates taking CPSP examinations each year is to a minimum of 32,000. The College conducts examinations for FCPS-I (11 groups of disciplines), IMM, FCPS-II (75 disciplines), MCPS (22 disciplines), including MCPS in Health Professions Education and Health Care System Management. A large number of Fellows and senior medical teachers from within the country and overseas are involved at various levels of examinations of the College.

The College, in its endeavor to decrease inter-rater variability and increase fairness and transparency, is using TOACS (Task Oriented Assessment of Clinical Skills) in IMM and FCPS-II Clinical examinations. Inclusion of foreign examiners adds to the credibility of its qualifications at an international level. It is important to note that in the overall scenario of health delivery over 85% of the total functioning and registered health care specialists of the country have been provided by the CPSP. To coordinate training and examination, and provide assistance to the candidates stationed in cities other than Karachi, the College has established 14 Regional Centers (including five Provincial Headquarter Centers) in the country. The five Provincial Headquarter Centers, in addition to organizing the capacity building workshops/short courses also have facilities of libraries, I.T, and evaluation of synopses and dissertations along with providing guidance to the trainees in conducting their research work. The training towards Fellowship can be undertaken in more than 245 accredited medical institutions throughout the country and 74 accredited institutions abroad. The total number of trainees in these institutions is over 26,893 who are completing residency programs with around 4,104 supervisors. These continuous efforts of the College have even more importantly developed a credible system of postgraduate medical education for the country. The College strives to make its courses and training programs 'evidence' and 'needs based' so as to meet international standards as well as to cater to the specialist healthcare needs not only for this country but also for the entire region.

Prof. Mohammad Shoaib Shafi

President

College of Physicians and Surgeons Pakistan

FELLOWSHIP DISCIPLINES

The list of fellowship programmes, first and second fellowship, are given below:

DISCIPLINES FOR 1st FELLOWSHIP

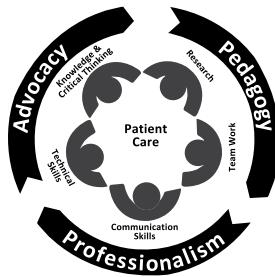
- | | |
|--------------------------|--|
| 1. Anatomy | 24. Obstetrics and Gynaecology |
| 2. Anesthesiology | 25. Operative Dentistry |
| 3. Biochemistry | 26. Ophthalmology |
| 4. Cardiac Surgery | 27. Oral & Maxillofacial Surgery |
| 5. Cardiology | 28. Orthodontics |
| 6. Chemical pathology | 29. Orthopedic Surgery |
| 7. Clinical Haematology | 30. Otorhinolaryngology (ENT) |
| 8. Community Medicine | 31. Paediatric Surgery |
| 9. Dermatology | 32. Paediatrics |
| 10. Diagnostic Radiology | 33. Periodontology |
| 11. Emergency Medicine | 34. Pharmacology |
| 12. Family Medicine | 35. Physical Medicine and Rehabilitation |
| 13. Forensic Medicine | 36. Physiology |
| 14. Haematology | 37. Plastic Surgery |
| 15. Histopathology | 38. Prosthodontics |
| 16. Immunology | 39. Psychiatry |
| 17. Medicine | 40. Pulmonology |
| 18. Medical Oncology | 41. Radiation Oncology |
| 19. Microbiology | 42. Surgery |
| 20. Nephrology | 43. Thoracic Surgery |
| 21. Neurology | 44. Urology |
| 22. Neurosurgery | 45. Virology |
| 23. Nuclear Medicine | |

DISCIPLINES FOR 2nd FELLOWSHIP

- | | |
|---|--|
| 1. Breast Surgery | 18. Paediatric Critical Care Medicine |
| 2. Child and Adolescent Psychiatry | 19. Paediatric Endocrinology and Diabetes |
| 3. Cardio-Thoracic Anesthesiology | 20. Paediatric Dermatology |
| 4. Clinical Cardiac Electrophysiology | 21. Paediatric Gastroenterology and Hepatology |
| 5. Community and Preventive Paediatrics | 22. Paediatric Haematology Oncology |
| 6. Critical Care Medicine | 23. Paediatrics Infectious Diseases |
| 7. Developmental and Behavioural Paediatrics | 24. Paediatric Nephrology |
| 8. Endocrinology | 25. Paediatric Neurology |
| 9. Gastroenterology | 26. Paediatric Ophthalmology |
| 10. Gynecological Oncology | 27. Pain Medicine |
| 11. Hepato-Pancreato-Biliary & Liver Transplant Surgery | 28. Palliative Medicine |
| 12. Infectious Diseases | 29. Reproductive Endocrinology and Infertility |
| 13. Interventional Cardiology | 30. Rheumatology |
| 14. Maternal & Fetal Medicine (MFM) | 31. Surgical Oncology |
| 15. Neonatal Paediatrics | 32. Urogynaecology |
| 16. Orbit and Oculoplastics | 33. Vitreo Retinal Ophthalmology |
| 17. Paediatric Cardiology | 34. Vascular Surgery |

CPSP COMPETENCY MODEL

College of Physicians and Surgeons Pakistan has moved to competency-based medical education and has developed its own competency model shown below. A generic explanation of the model is given below and it is expected that all its residency training programmes follow the components of this model in accordance to the requirements of each specialty.



Patient or population care occupies the pivotal center. Patient care includes all clinical skills such as history taking, physical examination, ordering investigations, making diagnoses and managing the care. The inner leaves of the model represent the five major competencies directly related to patient care, while the three competencies in the outer circle are mega-competencies related to patient care and also incorporate education, professionalism, leadership, advocacy and population health.

By the end of the Residency Programme, residents are expected to acquire these competencies and their constituent learning outcomes, and provide promotive, preventive, curative and rehabilitative patient-centered (or population-centered) care.

Inner Leaves:

1. Knowledge and Critical Thinking
2. Technical Skills
3. Communication Skills
4. Teamwork
5. Research

Outer Leaves:

- 6. Professionalism
- 7. Pedagogy
- 8. Advocacy

1. Knowledge and Critical Thinking

- Demonstrate application of wide and current readings to critical thinking and problem solving
- Relate the alteration of body function to the presenting condition
- Interpret and integrate history and examination findings to arrive at an appropriate provisional and credible differential diagnoses
- Sequentially order, justify and interpret appropriate investigations
- Apply knowledge and reasoning skills to
 - Analyze data for problem identification and to rule in and rule out contending conditions
 - Synthesize and evaluate solutions for decision-making in solving familiar and less familiar problems based on best current evidence
 - Prioritize different problems within a time frame.
 - Select, outline and provide, with evidence-based justifications, appropriate pharmacological and non-pharmacological management strategies
 - Assess new medical knowledge and apply it to resolve patient problems (Evidence-based practice)
 - Apply quality assurance procedures in daily work. (Professionalism)
 - Demonstrate shared-decision-making with the patient or family
 - Provide cost-effective care while ordering investigations and in management
 - Use resources appropriately
 - Demonstrate awareness of bio-psycho-social factors in assessment and management of a patient.

2. Technical Skills

- Demonstrate International Patient Safety Goals (IPSG)
- Demonstrate competent performance of all required technical skills and procedures in the specialty, including:
 - Obtaining informed consent
 - Preoperative planning
 - Pre-interventional care and preparation
 - Intra-Intervention technique including exposure and closure, global and task specific items, and communication and team skills
 - Post-interventional care
 - Follow-up Care.

3. Communication Skills

- Written Communication Skills
 - Maintain clear, concise, accurate and updated medical records
 - Write clear, focused, evidence-based and logical management plans and discharge summaries
 - Write respectful, clear and focused letters and referrals to other colleagues.
- Verbal Communication Skills: Demonstrate
 - Effective interpersonal communication skills: clear, considerate and sensitive towards patients, their relatives, other health professionals and the public, and towards students
 - Non-verbal communication skills:
 - Empathy and respect towards patients and their relatives
 - Effective counseling of the patient and the family with cultural sensitivity: explain options, educate them and promote joint decision-making.
 - Appropriate verbal and body language on the campus and all work situations including seminars, bedside sessions, outpatient sessions and others
 - Respect and tolerance for all health care professionals, including peers, juniors and seniors
 - Clear, focused and logical presentation of cases.

4. Teamwork

- Demonstrate constructive team-communication skills.
- Facilitate collaborative group interaction as a team member to build strong teams demonstrating respect, tolerance and interdependence.
- Support other team members to grow
- Demonstrate willingness to assume responsibility and leadership as needed.

5. Research

- Interpret and use results of various research studies (critical appraisal)
- Conduct a research study individually or in a group by using appropriate
- Selection of research question(s) and objectives
- Research design and statistical methods to answer the research question
- Ethical and R&RC approval of the synopsis
- Demonstrate competence in academic writing by writing an appropriate dissertation and/or publishing research article(s) as a step towards resolving issues or concerns in their specialty
- Guide others in conducting research by advising about research methodology including study designs and statistical methods
- Demonstrate clear, focused and logical presentations of their research.

6. Professionalism

- Demonstrate the highest level of personal integrity: honesty, punctuality, regularity, timely task completion
- Deal with all patients in a non-discriminatory, prejudice-free manner, demonstrating the same level of care for every human being irrespective of gender, age, ethnic background, culture, socioeconomic status and religion
- Establish a trusting relationship with patients, their relatives and care-givers
- Deal with all patients with honesty, empathy and compassion, putting patients' needs first (altruism)

- Facilitate transfer of information important for promotion of health, prevention and management of disease
- Encourage questioning by the patient and be receptive to feedback
- Pursue self-directed and life-long learning. Keep abreast of medical literature and assess new knowledge and apply it to resolve patient problems
- Know one's limitations and ask for help as needed from colleagues, consultations or referrals
- Apply quality assurance procedures for improvement in daily work
- Be a role model for others.

Ethics

- Maintain patient autonomy by demonstrating shared-decision-making with the patient and/or family
- Obtain informed consent, maintain patient confidentiality and do no harm
- Provide cost-effective care while ordering investigations and in management and use resources appropriately.

Leadership

- Demonstrate accountability for their decisions and actions, and that of their team
- Demonstrate willingness to assume leadership role(s) when needed in given situations or events (rush call/code).
- Change and bring about change as necessary, as a leader or supportive leader.

7. Pedagogy

Should be able to demonstrate competence in teaching skills:

- Effective clinical/community-based teaching
- Some evidence of acquisition of theory regarding learning and education
- Practice some of the best teaching methods.

8. Advocacy

Advocacy is needed at multiple levels

- Advocacy for the Patient
 - Doctors and nurses are the advocates of the patients, otherwise patients are likely to be lost in the system. All care should be timely, putting patients first.

- Advocacy for the Practice
 - Working in a service or practice, doctors must highlight limitations and issues
 - They must identify solutions for the problems, and recommend and implement improvements for the practice(s) and institutional system(s).

- Advocacy for the Health System and Society
 - Know one's role in the Health System(s) and build strong referral systems
 - Keep patient and community interests paramount, above one's own personal or professional interest
 - Demonstrate advocacy for elimination of the social determinants of health
 - Demonstrate advocacy for prevention of serious illnesses of their specialty/sub-specialty.

- For the Profession
 - Strive for building trust in the public for your profession
 - Demonstrate improvement and enhancement of profession, specialty and sub-specialty
 - Be conscientious gate-keepers of their profession, specialty and subspecialty.

GENERAL REGULATIONS

Candidates will be admitted in training & examinations in the name (surname and other names) as given in the BDS degree. CPSP will not entertain any application for change of name on the basis of marriage/divorce/deed.

ELIGIBILITY REQUIREMENTS FOR ENTERING THE FCPS-II TRAINING PROGRAM IN ORAL AND MAXILLOFACIAL SURGERY

- Passed FCPS Part I in Dentistry or granted exemption

DURATION OF TRAINING

Total duration of the training is 4 years including Intermediate Module.

APPROVED TRAINING CENTRES

Training must be undertaken in units/departments/institutions approved by the College.

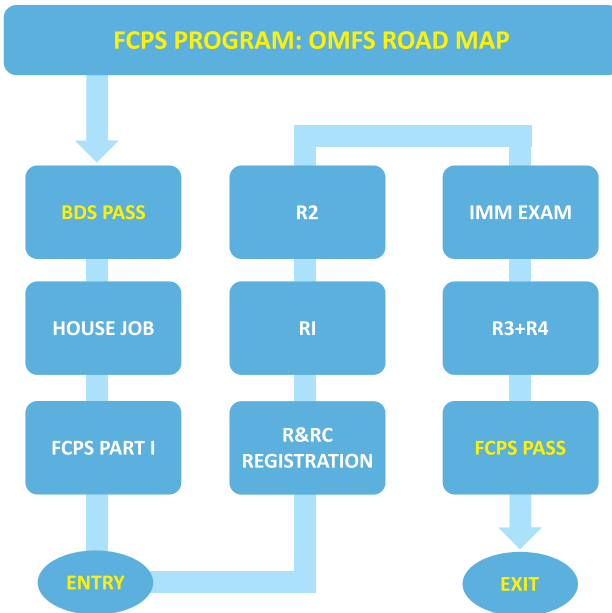
A current list of approved locations is available from the College and its regional offices as well as on the College website: www.cpsp.edu.pk.

REGISTRATION AND SUPERVISION

All training must be supervised and undertaken on whole time basis. The residents are required to register with the R&RC and submit the name of their supervisor. The supervisor will normally be a Fellow of the College. Only that training will be accepted which is done under a CPSP approved supervisor.

The residents are not allowed to work simultaneously in any other department/institutions for financial benefit and/or for another academic qualification.

ROAD MAP



RESEARCH

One of the training requirements is a dissertation or two research papers on a topic related to the field of specialization. Synopsis of the dissertation or titles of must be approved from the Registration & Research Cell (R&RC) of CPSP before starting the research work. The dissertation must be submitted for approval to the R&RC before or during the first six months of fourth year of training program.

ROTATIONS

- **IMM (First Two Years)**
 - General Surgery **2 Months**
 - General Medicine **2 Months**
 - Anaesthesia **2 Months**
- **Post IMM (Last Two Years)**
 - ENT **2 Months**
 - Neurosurgery **2 Months**
 - Plastic Surgery **2 Months**

MANDATORY WORKSHOPS AND COURSE

It is mandatory for all residents to attend the following CPSP certified workshops & course in the first two years of training (IMM):

- Introduction to Computer and Internet
- Research Methodology Biostatistics & Dissertation Writing
- Communication Skills
- Primary Surgical Skills
- BLS (Basic Life Support) Course

However, if not attended earlier for any reason, they have to be completed during this phase of training. The trainee may also be required to attend any other workshop as may be introduced by the CPSP.

E-LOGBOOK

The CPSP council has made e-logbook system mandatory for all Residency program trainees inducted from July 2011. Upon registration with R&RC each trainee is allotted a registration number and a password to log on and make entries of all work performed and the academic activities undertaken in e-logbook on a 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 the vigilance of the supervisors.

AWARD OF FELLOWSHIP

Fellowship of the College of Physicians and Surgeons Pakistan is awarded to those applicants who have:

- a recognized dental degree;
- completed one year house job in a recognized institution
- passed the relevant FCPS Part I Examination;
- registered with the Registration & Research Cell (R&RC);
- undergone specified years of supervised accredited training on whole time basis.
- passed IMM examination in Oral and Maxillofacial Surgery
- obtained approval of dissertation / two research articles (related to the specialty) published / accepted for publication in CPSP approved journal(s)
- completed entries in e-logbook along with validation by the supervisor;
- declared successful in examinations carried out by the Examination Department of the CPSP
- elected by the College Council

TRAINING ENQUIRES AND REGISTRATION

All trainees should notify the College in writing of any change of address and proposed changes in training (such as change of supervisor, change of department, break in training etc) as soon as possible of address and proposed changes in training (such as change of supervisor etc) as soon as possible.

ROLE AND RESPONSIBILITIES OF SUPERVISOR

Supervision of a resident is a multifaceted job. Arbitrarily the task is divided into the following components for the sake of convenience. This division is by no means exhaustive or rigid. It is merely meant to give semblance to this abstract and versatile role.

EXPERT TRAINER

- This is the most fundamental role of a supervisor. S/he has to not only ensure and monitor adequate training but also provide continuous helpful feedback (formative) regarding the progress of the training
- This would entail observing the resident's performance and rapport with all the people within his/her work environment
- S/he should teach the residents and help them overcome the hurdles during the learning process
- It is the job of the supervisor to make the residents develop the ability to interpret findings in their patients and act suitably in response
- The supervisor must be adept at providing guidance in writing dissertation / research articles (which are essential components of training)
- Every supervisor is required to participate actively in Supervisors' workshops, conducted regularly by CPSP, and do his/her best to implement the newly acquired information/skills in the training. It is his/her basic duty to keep abreast of the innovations in the field of expertise and ensure that this information percolates to residents of all years under him/her

RELIABLE LIAISON

- The supervisor must maintain regular contact with the College regarding training and the conduct of various mandatory workshops and courses
- It is expected that the supervisor will establish direct contact with relevant quarters of CPSP if any problem arises during the training process, including the suitability of resident
- S/he must be able to coordinate with the administration of his/her institution/organization in order to ensure that his/her residents do not have administrative problems hampering their training

PROFICIENT ADMINISTRATOR

- The supervisor must ensure that the residents regularly fill their e-logbook
- S/he must provide quarterly feedback regarding each resident through e-log system
- S/he might be required to submit confidential reports on resident's progress to the College
- The supervisor should notify the College of any change in the proposed approved training program
- In case the supervisor plans to be away for more than two months, he/she must arrange satisfactory alternate supervision during the period

ROLE AND RESPONSIBILITIES OF RESIDENT

Given the provision of adequate resources by the institution, residents should

- Accept responsibility for their own learning and ensure that it is in accord with the requirements of the particular discipline
- Play an informed role in the selection of the supervisor
- Seek reasonable infrastructure support from their institution and supervisor, and use this support effectively
- Ensure that all outlined aspects of training are covered during the defined training period
- Work with their supervisors in writing the synopsis/research proposal and submit the synopsis/research proposal by the end of first year of their registration with the R&RC
- Accept responsibility for the dissertation and plan to execute the research within the time limits defined
- Be responsible for arranging regular meetings with the supervisor to discuss and document progress. If the supervisor is not able/willing to meet with the resident on a regular basis, he/she must notify the College
- Provide the supervisor with word processed updated synopsis and dissertation drafts (ensure it has been checked for spelling, grammar and typographical errors, prior to submission) and provide the raw data to the supervisor if required
- Submit completed dissertation to R&RC or evidence of publication/acceptance for publication of two research papers in CPSP approved journal(s) or JCPSP six months before the completion of (last year of) training. The resident should be the first or second author of both papers and the synopsis of both papers must have a prior approval of R&RC
- Follow the College complaint procedure if serious problem arises
- Complete all requirements for sitting an examination

INTRODUCTION

The College of Physicians and Surgeons Pakistan introduced Fellowship Programs in four main specialties of Dentistry: Oral & Maxillofacial Surgery (OMFS), Orthodontics, Prosthodontics and Operative Dentistry in 1994. The fellowship Programs in Dentistry, like other disciplines, have been continuously reviewed and updated. As a result the duration of the programs was increased to from three to four years in July 2009 and in the subsequent year the training in each specialty has been divided into two phases: Intermediate Module comprising first two years of training covers the principles and practice of the discipline, whereas the last two years are dedicated to the acquisition of advanced competencies related to each specific specialty.

The first fellowship program in Dentistry started in Oral Surgery and Oral Medicine in 1994 which has over the years transformed into fellowship in Oral and Maxillofacial Surgery - a more comprehensive, broad and highly skilled specialty of Dentistry. This specialty not only closely works with other dental specialties, but it does also collaborate with several medical specialties in order to optimize management plans for various disorders. For this reason it has mandatory rotations in General Surgery, General Medicine and Anaesthesia in Intermediate Module, while rotations in Neurosurgery, Otorhinolaryngology, and Plastic Surgery post IMM. The objectives, competencies and other components of the curriculum for Intermediate Module have already been described in a separate booklet. This booklet focuses upon the structured training program for the advanced phase (FCPS-II) of the fellowship for the last two years. It provides information regarding the curriculum for this phase of training including competencies along with their levels to be attained both in the specialty of OMFS as well as in the specialties during rotation.

***INTERMEDIATE
MODULE***

(IMM)

CURRICULUM: AIMS, OBJECTIVES & COMPETENCIES

The aim of the fellowship in Oral and Maxillofacial Surgery is to produce specialists and academicians who have attained the required competencies.

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 an Oral & Maxillofacial specialist who is able to:

- Provide an appropriate, cost effective and standard care to patients seeking consultation.
- Promote health and prevent disease in patients, families and communities.
- Apply Knowledge and expertise in clinical & procedural management of diseases.
- Perform prescribed Maxillofacial surgical skills.
- Attain decision making skills for dealing with oral & maxillofacial problems
- Participate in continuing professional development programs.

TRAINING FOR INTERMEDIATE MODULE

The curriculum of first two years in Oral & Maxillofacial surgery involves balanced and objective integration of basic dental sciences including dental and essential core clinical knowledge. 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.

COMPETENCIES

The competencies prescribed for the Intermediate Module are:

- Take proper history of the case
- Advise appropriate investigations & interpret them
- Perform standardized clinical examination of the OMF region
- Establish final diagnosis of the case & manage it
- Accordingly refer patient to appropriate facilities, when needed
- Practice safe and ethical OMFS
- Communicate effectively with patients, attendants & others
- Follow up and maintain patient records
- Develop scientific paper writing and presentation skills
- Work as OMFS professional, academician & researcher
- Work as a leader or member of health care team

SYLLABUS

PRINCIPLES OF OMFS REGARDING

- Evaluation of the preoperative health status of the surgical patient
- Making a surgical diagnosis and prerequisites of surgery
- Principles & types of incisions, flap design & methods of tissue handling
- Haemostasis, edema control, sterilization, surgical wound toilet
- Patho-physiology and principles of wound repair/ significance of wound healing
- Mechanisms of scar and contracture formation & its prevention
- Surgical infections their prevention and control
- Body response to infection and appropriate methods for carrying out surgery in hepatitis, HIV carriers and all other medically compromised conditions.
- Use of common surgical instruments and operation theatre appliances (suction, diathermy, retractors, general instruments etc)
- Appropriate uses of suture/ ligature materials and basic principles of anastomosis.
- Management of postoperative patients by taking appropriate measures to prevent complications

EXODONTIA

General Principles:

- Armamentarium used for basic oral surgical practice
- Assesses medical condition of patient preoperatively and knows basic principles of managing pain and anxiety control
- Indications and contraindications of performing tooth extraction & related procedures
- Clinical and radiological assessment for tooth extraction

Uncomplicated Exodontia:

- Patient and surgeon preparation, chair positioning and mechanical principles involved in tooth extraction.
- Principles of Forceps, Elevator use and procedures for closed extractions including specific techniques for removal of each tooth
- Post-extraction care of alveolar socket

Complicated Exodontia:

- Flap design, types & development technique and management
- Basic principles of suturing for complex cases
- Indications and contraindications of surgical extractions
- Techniques for performing surgical removal of single, multi-rooted teeth, & root fragments
- Extraction sequence & technique when planning multiple extractions for special scenarios.
- Management of post extraction complication.

MANAGEMENT OF IMPACTED TEETH

- Indications and contraindications for removal of impacted teeth
- Classification of impacted teeth of Upper & Lower Jaws
- Difficulty Index of removal of impacted teeth
- Pre, Per and Post-operative Complications & management when removing impacted teeth

ASEPSIS, STERILIZATION AND CROSS INFECTION CONTROL

- Surgically important and communicable microbes related to OMFS
- Differentiation between sterilization, disinfection, asepsis etc
- Different techniques of instrument sterilization by heat, gas and by chemicals
- Methods of maintenance of sterility in dental surgery unit, room and OT
- Methods of scrubbing, gowning, gloving and assisting the surgical staff
- Managing postsurgical asepsis

ANTIMICROBIAL THERAPY / ANALGESICS USE IN OMFS/ DENTISTRY

- Commonly used antimicrobials and analgesics
- Basic principles of prophylactic and therapeutic antibiotic use
- Basic principles of analgesic use
- Indications, precautions & contraindications of antibiotic therapy
- Drug interactions, advantages & disadvantages of combination therapy
- Significance of culture and sensitivity testing with basic knowledge of dosage and routes of administration & their issues
- Consequences of under or over dosage, allergic reactions to antibiotics and analgesics & their management

DIAGNOSTIC TECHNIQUES AND INVESTIGATIONS REQUIRED FOR PATHOLOGIES OF HEAD AND NECK REGION

- Appropriate radiological investigations
- Appropriate surgical diagnostic investigations including biopsies

RADIOLOGY AND IMAGING TECHNIQUES USED IN OMFS/ DENTISTRY

- Ordering various techniques of radiology and imaging used, including intra- and extraoral radiological investigations
- Evaluates and interprets them for providing OMF surgical care

MEDICAL EMERGENCIES IN OMFS / DENTISTRY

- Common medical conditions which are likely to develop into emergencies in the dental office
- Drugs that should be included in a dental emergency kit
- When, how & whom to refer patients, having serious medical emergencies

MANAGEMENT, PREVENTION AND SPREAD OF ODONTOGENIC INFECTIONS

- Basic microbiology of odontogenic infections
- Routes of odontogenic infections, spread and its natural progression
- Principles of managing and preventing odontogenic infections
- Prophylaxis against spread of infection
- Management of all complex odontogenic facial space infections
- Diseases of the maxillary sinus and their management

MANAGEMENT OF PATHOLOGIC LESIONS AFFECTING OMFS REGION

- Basic principles of biopsy procedure
- Differential diagnosis
- Goals and principles of surgical management of oral pathologic lesions
- Cysts and tumors of the OMFS region

TREATMENT OF PRE-CANCEROUS LESIONS AND ORAL MALIGNANCES

- Diagnosis of various precancerous lesions and conditions and their management
- Identification of etiology and risk factors and the preventions of oral cancer
- Clinical evaluation and differential diagnosis of suspected lesions of the head and neck
- Principles and mode of action of chemotherapy and associated medicines.
- Manage dental problems in patients undergoing brachytherapy, radiotherapy & chemotherapy

DIAGNOSE AND OFFERS BASIC TREATMENT TO GENERAL AND MAXILLOFACIAL TRAUMA PATIENT WITH

- Management of the trauma patient using ATLS principles
- Role and utility of oral and maxillofacial surgeon in the trauma team
- Identification and management principles of life threatening, sight threatening and limb threatening injuries
- Soft tissue injuries such as abrasions, contusions and lacerations
- Traumatic injuries to teeth and supporting structures, including dentoalveolar fractures
- Facial trauma: clinical and radiological evaluation
- Fractures of mandible, condyle, maxilla and other mid facial bones
- Closed reduction techniques in management of facial fractures
- Application of basis ORIF (open reduction and internal fixation) and reconstructive surgery principles.

PRE-PROSTHETIC ORAL SURGERY

- Objectives of pre-prosthetic surgery
- Principles of evaluation, treatment planning & needs of the patient
- Various procedures of alveolar ridge augmentation and their relation with the jaws
- Maxillary and mandibular tori procedures and etc

DENTAL IMPLANTOLOGY AND ITS IMPLICATION

- Biological considerations of osseointegration
- Dental implant types and its components
- Evaluation of medical condition of the patient preoperatively
- Planning & evaluation of surgical treatment procedure including clinical and radiographic assessment of implant site and associated structures
- Basic and advanced surgical Implant techniques their complications and management

TEMPOROMANDIBULAR JOINT AND FACIAL PAIN

- Classification of temporomandibular Joint disorders
- Congenital and infectious disorders of the TMJ
- Internal derangement of the TMJ; including its management with different reversible & irreversible treatment methods
- Degenerative joint disease and systemic arthritic conditions affecting TMJ
- TMJ hypomobility disorders; including TMJ ankylosis and their management
- TMJ hypomobility disorders; recurrent dislocation and their management
- Pain neurophysiology
- Facial pain management and related neuralgias
- Oral facial and its other types; including neuropathic facial pains and chronic headache

ANAESTHESIA (LOCAL / REGIONAL / GENERAL)

- Primary goals of giving local, general and sedation anaesthesia
- Requesting preoperative G/A fitness from Anesthesiologist
- Classification, chemistry and pharmacologic effects of local and general anesthetic drugs
- Adverse effects and drug interactions of local and general anaesthetic drugs
- Preparations and dosage of local anesthetic drugs, their general therapeutic uses and side effects when used in dentistry
- Methods of administration and mechanisms of action of general anesthetic drugs including inhalation agents and intravenous agents
- Differentiation between analgesia and sedation and their application in oral surgery
- Principles of general anaesthesia and IV sedation

ESSENTIAL ORAL MEDICINE FOR THE OMFS

- Vesiculobullous lesion of the oral cavity
- Oral ulcerations
- Autoimmune disorders related to OMFS
- Red and blue lesion of the oral cavity
- White lesion of the oral cavity

BONE PATHOLOGY RELATED TO OMFS

- Fibro osseous lesions of the OMFS region
- Giant cell lesions of the OMFS region
- Metabolic bone diseases
- Developmental bone disorders

ORTHOGNATHIC SURGERY

- Dentofacial deformities
- Assessment of the dentofacial deformity patient; including clinical assessment, essential imaging, cephalometry and current assessment tools.
- Liaison between orthodontic and maxillofacial surgery in planning for orthognathic surgery
- Model surgery; including facebow transfer and articulator mounting
- Maxillary, mandibular and genioplasty osteotomies; indications and surgical technique
- Patients, attendants etc counseling where needed
- Basic concepts of distraction osteogenesis
- Perioperative care of the orthognathic surgical patient

DEVELOPMENTAL ANOMALIES RELATED TO OMFS

- Causative factors and embryology of cleft lip and palate
- Problems experienced by cleft lip and palate -afflicted individuals
- Timing and principles of treatment of cleft lip and palate and alveolar grafting
- Correction of maxillomandibular disharmonies and secondary surgical procedures
- Dental needs of cleft-afflicted patients and the concepts of multi disciplinary management

**MEDICO-LEGAL AND ETHICAL ISSUES IN ORAL SURGERY/
DENTISTRY**

- Legal concepts influencing liability and risk reduction
- Principles of dental ethics and steps in ethical decision making
- Basis of obligations in the Dentist-Patient relationship
- Informed consent, informed refusal, record keeping and documentation including referral letters
- Counseling in cases of complications
- Documentation of patient management problems in case of non-compliance or patient abandonment

CORE COMPETENCIES

The level of competence to be achieved each year is specified according to the key, as follows:

Levels of Competencies:

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

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

COMPETENCIES

	PATIENT MANAGEMENT						TOTAL CASES
	FIRST YEAR		SECOND YEAR		Level	Cases	
	Level	Cases	Level	Cases			
CLINICAL WORKUP: INCLUDING OBTAINING HISTORY, CONDUCTING PHYSICAL EXAMINATION, ORDERING & INTERPRETING INVESTIGATIONS, MAKING A DIAGNOSIS, OFFERING TREATMENT AS OUTPATIENT OR INPATIENT	3	100	4	100			200
NASOGASTRIC INTUBATION	3	5	4	5			10
MANAGEMENT OF OMF PRE-MALIGNANT DISORDERS	3	10	4	10			20
EMERGENCY MANAGEMENT OF FACIAL LACERATIONS	2/3	10	4	15			25
MINOR ORAL SURGERY							
TRANSALVEOLAR EXTRACTION	3	50	4	50			100
SURGICAL REMOVAL OF IMPACTED TEETH (WISDOM/CANINE OTHERS)	3	30	4	30			60
PRE PROSTHETIC SURGICAL PROCEDURES	3	20	4	20			40
DENTOALVEOLAR TRAUMA CASES	3	10	4	10			20
PERIAPICAL ENDODONTIC SURGERY	2	3	4	5			08
SOFT AND HARD TISSUE BIOPSIES UNDER LA AND GA	2	10	4	25			35
OROANTRAL FISTULA REPAIR	2	4	4	6			10
DENTAL IMPLANTS PLACEMENT, SOFT TISSUE AND BONE GRAFTING	1	2	3	5			7

COMPETENCIES

	TOTAL CASES			
	FIRST YEAR		SECOND YEAR	
	Level	Cases	Level	Cases
PATIENT MANAGEMENT				
OMFS PATHOLOGY/ONCOLOGY				
MANAGEMENT OF ORAL SUBMUCOUS FIBROSIS CASES	1	2	2	3
SURGICAL TREATMENT OF ODONTOGENIC & NON-ODONTOGENIC CYSTS & TUMORS	2	5	3	5
MANAGEMENT OF ULCERATIONS & VESICULOBULLOUS LESIONS/ SKIN DISORDERS	2	2	3	2
ORAL WITH MANIFESTATIONS				4
MEDICAL AND SURGICAL MANAGEMENT OF FIBRO-OSSEOUS LESIONS OF THE OMFS REGION	1	2	2	3
SURGICAL RESECTION OF MAXILLA AND MANDIBLE FOR NEOPLASTIC AND ODONTOGENIC PATHOLOGIES	1	2	2	3
BONE GRAFTING IN MAXILLOFACIAL REGION	1	2	2	3
MANAGEMENT OF MAXILLOFACIAL TRAUMA INCLUDING DIFFERENT BONES.	1	10	3	10
SALIVARY GLAND DISORDERS				20
MANAGEMENT OF SALIVARY GLAND DISEASES	2	8	3	8
SURGICAL REMOVAL OF MINOR/ MAJOR SALIVARY GLANDS	2	3	3	3
CLEFT LIP PALATE SURGERY/ DEVELOPMENTAL CONDITIONS				6
ALVEOLAR BONE GRAFTING	2	2	3	3

GENERAL SURGERY ROTATION

	2 MONTHS		TOTAL CASES
	FIRST MONTH Level	SECOND MONTH Level	
PATIENT MANAGEMENT			
HISTORY, PHYSICAL EXAMINATION, INVESTIGATION DIAGNOSIS AND OUTPATIENT MANAGEMENT	3	4	30
GENERAL SURGICAL PROCEDURES			
URETHRAL CATHETERIZATION	2	3	5
TUBE THORACOSTOMY	1	3	3
BIOPSIES UNDER LA AND GA	2	3	10
MANAGEMENT OF SURGICAL WOUNDS	2	3	20
THYROID AND PARATHYROID SURGERY	1	2	2
ER ACUTE ABDOMINAL MANAGEMENT	2	3	3
TRACHEOSTOMY	2	3/4	5

ANAESTHESIA ROTATION

	2 MONTHS		TOTAL CASES
	FIRST MONTH Level	SECOND MONTH Level	
PATIENT MANAGEMENT			
CLINICAL SKILLS			
HISTORY, PHYSICAL EXAMINATION, INVESTIGATION & TREATMENT OF CRITICALLY ILL PATIENT (WORKUP)	2	3	20
ACUTE AND CHRONIC PAIN MANAGEMENT	3	4	20
AIRWAY MANAGEMENT			
ETT INTUBATION (NASAL)	3	4	10
ETT INTUBATION (ORAL)	3	4	20
LUMBAR PUNCTURE	1	3	3
CVP	2	3	5

GENERAL MEDICINE ROTATION

2 MONTHS	
Level	Cases
ELICIT MEDICAL HISTORY AND COMMUNICATE EFFECTIVELY WITH PATIENTS	4
PERFORM COMPLETE PHYSICAL EXAMINATION	4
PERFORM CRANIAL NERVE EXAMINATION	4
ORDER AND INTERPRET APPROPRIATE MEDICAL INVESTIGATIONS	3
MANAGEMENT OF MEDICALLY COMPROMISED PATIENTS UNDERGOING SURGICAL PROCEDURES	3
MANAGEMENT OF A PATIENT HAVING DIABETES MELLITUS	3
MANAGEMENT OF HYPERTENSIVE PATIENTS	3
MANAGEMENT OF PATIENTS TAKING ANTICOAGULANTS/ ANTIPLATELET	3
MANAGEMENT OF PATIENT WITH LIVER DISEASES	3
MANAGEMENT OF PATIENT WITH HEART DISEASES	3
MANAGEMENT OF PATIENT WITH KIDNEY DISEASES	3
ORDER AND INTERPRET APPROPRIATE MEDICATION DOSAGES AND THEIR INDICATIONS	3
PERFORM IV CANNULATION	4
MEDICAL MANAGEMENT OF PATIENT WITH FUNGAL INFECTION OF MAXILLOFACIAL REGION	3
	5

ASSESSMENT

FORMATIVE ASSESSMENT

College of Physicians and Surgeons Pakistan, in order to implement competency based education in letter and spirit, is introducing Work Placed Based Assessment (WPBA) in addition to institutional/ departmental assessments. To begin with college is introducing Mini-CEX and DOPS to ensure that the graduates are fully equipped with the clinical competencies.

Mini Clinical Evaluation Exercise (Mini-CEX)

During training in FCPS Oral and Maxillo-Facial Surgery, at least one Mini-CEX in each quarter is to be conducted from the list given below:

- Mini-CEX is entirely a formative tool of assessment and is to be accompanied with constructive feedback
- Each Mini-CEX encounter extends for about 20 minutes with 05 minutes for feedback and further action plan
- The topics given below can be covered in any order as per availability of case; however, each time focus should be on a different area/topic
- The resident has the onus to report to the supervisor when he/she is prepared to appear for Mini-CEX
- The supervisor will arrange for the session of Mini-CEX and after completing the session will retrieve online prescribed assessment form (sample given below) fill it and make entries online (e-portal)
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- Non-compliance by the resident has to be reported in quarterly feedback

Topics for Mini-CEX

- Examination of Neck Nodes (U/L and B/L) in Infection
- Examination of Cheek swelling
- Examination of TMJ
- Examination of Parotid gland swelling
- Examination of Sub-mandibular swelling
- History-taking & Examination / Diagnosis of Trigeminal Neuralgia

- Examination of Maxilla Fracture
- Examination of Mandible Fracture
- Examination of Zygomatic bone Fracture
- Examination of Blowout Fracture
- Examination of Naso-orbito-ethmoidal Fracture
- Examination of bony swelling in Mandible (Cyst or Tumor)



MINI CLINICAL EVALUATION EXERCISE (CEX)

FCPS: Oral and Maxillofacial Surgery (OMFS)

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: R1 R2 R3 R4

Quarter: 1st 2nd 3rd 4th

Setting: Ward Outdoor (Hospital/Community) Other: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Clinical Area: _____

Complexity of Case/ Procedure: Low/Easy Moderate/Average High/Difficult N/A

Focus of Clinical Encounters: History taking Physical Examination Management

Communication Skills Other: _____

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Informed Consent of patient						
Interviewing Skills						
Systematic Progression						
Presentation of positive & significant negative findings						
Justification of actions						
Professionalism						
Organization/Efficiency						
Overall clinical competence						

Assessor's Satisfaction with Mini-CEX:
(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with Mini-CEX:
(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated YES NO

Signature

GUIDELINES FOR MINI-CEX ASSESSMENT

GENERIC

- During examination, head should be in appropriate position.

TOPIC-SPECIFIC

Examination of neck nodes (U/L and B/L) in infection

- Findings for nodes to be noted in anterior and posterior triangle of neck: Site, Size, Shape, Number, Tenderness, Consistency (Matted, Firm, Attached), etc.

Examination of Cheek swelling

- Findings to be noted for swelling: Site, Size, Shape, Tenderness, Consistency (Firm, Attached), etc.

Examination of TMJ

- All the findings are to be noted while patient opens and closes mouth
- Mouth opening is to be checked
- Intra-oral examination is to be done

Examination of Parotid Gland Swelling

- All the findings for swelling are to be noted
- Intra-oral and extra-oral examination is to be done
- Saliva flow through duct is to be checked
- Comparison to normal side
- Checking for indications of nerve damage

Examination of Sub-mandibular swelling

- All the findings for swelling are to be noted
- Intra-oral and extra-oral examination is to be done
- Bimanual palpation
- Saliva flow through duct is to be checked
- Comparison to normal side

History-taking & Examination / Diagnosis of Trigeminal Neuralgia

- All the findings of neuralgia (severity, distribution and relief of pain, etc) are to be noted before as well as after the use of tablet Tegral and Local Anaesthesia
- Comparison to normal side

Examination of Maxilla Fracture

- Presence of clinical evidence of fracture is to be noted on both sides
- Checking for CSF leakage
- Eye examination

Examination of Mandible Fracture

- Presence of clinical evidence of fracture is to be noted
- Status of occlusion of mouth
- Checking for indications of nerve damage

Examination of Zygomatic Bone Fracture

- Presence of clinical evidence of fracture is to be noted
- Status of occlusion and opening of mouth
- Checking for indications of nerve damage
- Eye examination

Examination of Blowout Fracture

- Presence of clinical evidence of fracture is to be noted
- Checking for indications of nerve damage
- Eye examination including checking for diplopia (monocular / binocular)

Examination of Naso-orbito-ethmoidal Fracture

- Presence of clinical evidence of fracture is to be noted
- Eye examination

Examination of bony swelling in Mandible (Cyst or Tumor)

- All the findings for swelling are to be noted
- Checking for indications of nerve damage

Direct Observation of Procedural Skills (DOPS)

During training in FCPS Oral and Maxillo-Facial Surgery, at least one DOPS in each quarter is to be conducted from the list given below.

- DOPS is entirely a formative tool of assessment and is to be accompanied with constructive feedback
- Each DOPS encounter extends for about 20 minutes with 05 minutes for feedback and further action plan
- The topics given below can be covered in any order as per availability of case; however, each time focus should be on a different topic/procedure
- The resident has the onus to report to the supervisor when he/she is prepared to appear for DOPS
- The supervisor will arrange for the session of DOPS and after completing the session will retrieve online prescribed assessment form (sample given below) fill it and make entries online (e-portal)
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- Non-compliance by the resident has to be reported in quarterly feedback

Topics / Procedures for DOPS

- Intra-oral interrupted silk suture
- Extra-oral interrupted silk suture
- Incision, Flap design (Intra-orally)
- Local Anaesthesia (Infiltration, Block)
- Biopsy (Incisional)
- Arch bar application
- Eyelets application
- Removal of impacted mandibular molar
- Surgical Endodontics / Peri-apical surgery
- Pre-prosthetic (Mandibular ridge contouring)
- Enucleation of Cyst
- Marsupialization of Cyst



DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

FCPS: Oral and Maxillofacial Surgery (OMFS)

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: R1 R2 R3 R4

Quarter: 1st 2nd 3rd 4th

Setting: O.T. Procedure Room Other: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Name of Procedure: _____

Complexity of Case/ Procedure: Low/Easy Moderate/Average High/Difficult N/A

Number of times procedure performed by Resident: _____

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Indications, anatomy & steps of procedure						
Informed consent, with explanation of procedure and complications						
Preparation for procedure						
Use of Anesthesia, Analgesia or sedation						
Observance of asepsis						
Safe use of instruments						
Use of accepted techniques						
Management of unexpected event (or seeks help)						
Post-procedure instructions to patient and staff						
Professionalism						
Overall ability to perform whole procedure						

Assessor's Satisfaction with DOPS:
(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with DOPS:
(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated YES NO

Signature

ORAL AND MAXILLOFACIAL SURGERY

GUIDELINES FOR PROCEDURE-SPECIFIC DOPS ASSESSMENT

Intra-oral / Extra-oral interrupted silk suture

- Aseptic measurement, types/ strength of suture
- Suture, equal depth and distance from incision line on both sides, approximation.
- Passage of needle, knot tying
- Tissue closer (suture) without tension
- Knot should never lie on incision line
- Averted wound margin
- **Appropriate selection and use of instruments:** Retractor size, Tooth forceps, Scissor, Curved cutting suture, Needle holder

Incision, Flap Design (Intra-orally)

- Flap of proper size, shape
- Incision on sound bone
- Pen grasp of scalpel for intra-oral incision
- Continuous (layer by layer) stroke of blade
- No sharp angles of incision
- Broad-based flap, good access
- **Appropriate selection and use of instruments:** Blade number, Retractor size, Tooth forceps, Dissecting scissor, Periosteal elevator

Local Anaesthesia (Infiltration, Block)

- Infiltration of maxillary site
- Site of mandibular block
- Land mark of mandibular nerve
- Effectiveness of anaesthesia
- **Appropriate selection and use of instruments:** Syringe, Cartridge, Retractor

Biopsy (Incisional)

- Anesthesia 1 cm away from lesion
- Tissue stabilization
- Lesion & normal tissue piece provide material for evaluation
- Incision should be parallel to the course of nerve, arteries
- Handling of tissue and hemostasis
- Identification of surgical margin
- Specimen care and biopsy data sheet
- **Appropriate selection and use of instruments:** Blade number, Syringe, Cartridge, Retractor, Suture, Needle holder, Scissor, Hemostatic material, Jar with preserving agent

Arch Bar Application

- Size and design (with or without hook) of eyelets
- Interdental passage, tightness, strength
- **Appropriate selection and use of instruments:** Stainless steel wire / 0.45, Arch bar with and without hooks, Wire holders, Wire cutter, Retractor, Proper light

Eyelets Application

- Size and design of eyelets
- Interdental passage, tightness, strength
- Fracture site eyelets passage
- **Appropriate selection and use of instruments:** Stainless steel wire / 0.45, Wire holders, Wire cutter, Retractor, Proper light

Removal of Impacted Mandibular Molar

- Incision, reflection flap for accessibility, design of flap
- Removal of overlying bone with bur, chisel
- Sectioning of the tooth required or not
- Delivery of sectioned tooth with elevator
- Debridement of wound and wound closure
- **Appropriate selection and use of instruments:** Blade number, Syringe, Cartridge, Periosteal elevator, Round and Fissure Surgical bur, Surgical hand piece with motor, Extraction forceps, Cyrier, Retractor, Suture material with Needle holder, Scissor, Proper light

Surgical Endodontics / Peri-Apical Surgery

- Anaesthesia and flap design
- Incision and reflection
- Peri-apical exposure, curettage, Apical root sectioning, irrigation
- Flap replacement and suturing
- **Appropriate selection and use of instruments:** Blade number, Cartridge, Periosteal elevator, Curette, Surgical bur, Surgical hand piece, Motor, Retractor, Suture with Needle holder, Scissor, Proper light

Pre-prosthetic (Mandibular ridge contouring)

- Anaesthesia and flap design
- Incision and reflection
- Exposure, filing or burring, irrigation
- Flap repositioning and suturing
- **Appropriate selection and use of instruments:** Blade, Cartridge, Periosteal elevator, Bone cutter, Bone nibbler, Bone file, Surgical bur, Surgical hand piece with Motor, Retractor, Proper light

Enucleation of Cyst

- Anaesthesia and flap design
- Incision and reflection
- Incision on normal bone
- Exposure of cyst lining with bur, chisel
- Periosteal enucleation of cyst wall
- Curettage, debridement, dead space management
- Closure of wound, stitches, packing, dressing
- **Appropriate selection and use of instruments:** Blade, Cartridge, Periosteal elevator, Bone nibbler, Surgical burs, Surgical hand piece with Motor, Retractor, Proper light, Suture with Needle holder, Hemostatic agents

Marsupialization of Cyst

- Anaesthesia and flap design
- Incision and reflection
- Incision on normal bone
- Exposure of cyst with bur, chisel
- Marsupialization of cyst wall
- Closure of wound after putting and securing 2 tube for wash and drainage
- **Appropriate selection and use of instruments:** Blade, Cartridge, Periosteal elevator, Bone nibbler, Surgical burs, Surgical hand piece with Motor, Retractor, Proper light, Suture with Needle holder, Hemostatic agents, Tube

SUMMATIVE ASSESSMENT

Eligibility requirements for appearing in Intermediate Module (IMM) examination a candidate should have:

- Passed FCPS-I in Dentistry or granted exemption
- Completed two years of R&RC registered training under an approved supervisor in an institution recognized by the CPSP. A certificate of completion must be submitted.
- Completed CPSP mandated Mini-CEX & DOPS in e-logbook
- Completion of entries in e-logbook along with validation by the supervisor.
- Submitted certificates of attendance of mandatory workshops.
- 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, Bahwalpur, Fasisalabad, Hyderabad, Islamabad, Rawalpindi, 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 FEES

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

REFUND OF FEES

If after submitting an application for examination, a resident decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75% of fees only. No request for refund will be accepted after the closing date for receipt of applications.

If an application is rejected by the CPSP, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fees paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

FORMAT OF EXAMINATIONS

Intermediate Module examination consists of the following two components:

Theory Examination:

Theory examination consists of:

Paper-I: 100 Single Best Type (MCQs)

Paper-II: 100 Single Best Type (MCQs)

Clinical Examination:

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

Only those candidates who qualify in the theory will be eligible to take the TOACS examination which will be held at the nearest regional centers depending upon the number of candidates.

TOACS

FORMAT OF TOACS

Task Oriented Assessment of Clinical Skills (TOACS) has been introduced since November, 2001 in FCPS examinations. All stations are required to be "Interactive". At these stations, the candidates will be required to perform a task, for example, taking history, performing clinical examination, counseling, assembling an instrument or any other task. One examiner will be present at each interactive station and will rate the performance of the candidate and ask questions testing critical thinking and problem-solving skills.

***POST
INTERMEDIATE
MODULE***

(FCPS-II)

COMPETENCIES AND OBJECTIVES

CORE COMPETENCIES

Training of fellowship in Oral and Maxillofacial Surgery is organized on the CPSP competency model described earlier, which integrates all the three domains of learning. The central competency is Patient care, whereas the competencies of knowledge and critical thinking, technical skills, communication skills, teamwork and research are the competencies that directly enable to acquire an effective and efficient patient care. The three more competencies included in the model namely pedagogy, professionalism and advocacy help in learning (pedagogy) necessary knowledge, skills and attitudes needed for optimum and professional (professionalism) patient care as well as to educate people on prevention of disease and promotion of health through advocacy.

OBJECTIVES

The learning objectives, in addition to those involved in diagnosing various disorders of the specialty through history taking, examination and investigations, are mostly geared towards the surgical management of patients, and include:

- Evaluate preoperative health status of the patients expected to undergo surgery
- Select and prepare patients for surgical procedures
- Recognize principles and types of incisions, flap design & methods of tissue handling
- Achieve haemostasis, edema control, sterilization and surgical wound toilet
- Identify patho-physiology and principles of wound repair/ significance of wound healing
- Understand mechanisms of scar and contracture formation and its prevention

- Recognize sources of surgical infection, their prevention and control
- Identify body response to infection and appropriate methods for carrying out surgery in hepatitis, HIV carriers and all other medically compromised conditions
- Proficient use of common surgical instruments and operation theatre appliances (suction, diathermy, retractors, general instruments etc)
- Use appropriately suture / ligature materials and observe basic principles of anastomosis
- Manage patients postoperatively by taking appropriate measures to prevent complications.

SYLLABUS

DEVELOPMENTAL ANOMALIES RELATED TO OMFS

- Causative factors and embryology of Cleft lip and Palate
- Problems experienced by cleft lip and palate-afflicted individuals
- Timing and principles of treatment of cleft lip and palate and alveolar grafting
- Correction of maxillomandibular disharmonies and secondary surgical procedures
- Dental needs of cleft-afflicted patients and the concepts of multi disciplinary management

EXODONTIA

General Principles

- Armamentarium used for basic oral surgical practice
- Assesses medical condition of patient preoperatively and knows basic principles of managing pain and anxiety
- Indications and contraindications of performing tooth extraction and related procedures
- Clinical and radiological assessment for tooth extraction.

Uncomplicated Exodontia

- Patient and surgeon preparation, chair positioning and mechanical principles involved in tooth extraction.
- Principles of Forceps, Elevator use and procedures for closed extractions including specific techniques for removal of each tooth
- Post-extraction care of alveolar socket

Complicated Exodontia

- Flap design, types and development technique & management
- Basic principles of suturing for complex cases
- Indications and contraindications of surgical extractions
- Techniques for performing surgical removal of single, multi-rooted teeth, and root fragments
- Extraction sequence and technique when planning multiple extractions for special scenarios complication
- Management of post extraction

Management of Impacted Teeth

- Indications and contraindications for removal of impacted teeth
- Classification of impacted teeth of Upper and Lower Jaws
- Difficulty Index of removal of impacted teeth
- Pre, Per and Post-operative Complications and management when removing impacted teeth

ASEPSIS, STERILIZATION AND CROSS INFECTION CONTROL

- Surgically important and communicable microbes related to OMFS
- Differentiation between sterilization, disinfection, asepsis etc.
- Different techniques of instrument sterilization by heat, gas and by chemicals
- Methods of maintenance of sterility in Dental Surgery Unit, Room and OT
- Methods of scrubbing, gowning, gloving and assisting the surgical staff
- Managing postsurgical asepsis & documents/ reports of unfortunate incidents

ANTIMICROBIAL THERAPY / ANALGESICS USE IN OMFS / DENTISTRY

- Commonly used antimicrobials and analgesics
- Basic principles of prophylactic and therapeutic antibiotic use
- Basic principles of analgesic use
- Indications, precautions & contraindications of antibiotic therapy
- Drug interactions, advantages and disadvantages of combination therapy
- Significance of culture and sensitivity testing with basic knowledge of dosage and routes of administration & their issues
- Consequences of under or over dosage, allergic reactions to antibiotics and analgesics and their management

DIAGNOSTIC TECHNIQUES AND INVESTIGATIONS REQUIRED FOR PATHOLOGIES OF HEAD AND NECK REGION

- Appropriate surgical diagnostic investigations including biopsies
- Ordering various techniques of radiology and imaging used, including intra- and extraoral radiological investigations
- Evaluate and interpret them for providing OMF Surgical Care

MEDICAL EMERGENCIES IN OMFS / DENTISTRY

- Common medical conditions which are likely to develop into emergencies in the dental office
- Drugs that should be included in a dental emergency kit. When, how and whom to refer patients, having serious medical emergencies

MANAGEMENT, PREVENTION AND SPREAD OF ODONTOGENIC INFECTIONS

- Basic microbiology of odontogenic infections
- Routes of odontogenic infections, spread and its natural progression
- Principles of managing and preventing odontogenic infections
- Prophylaxis against spread of metastatic infection
- Management of all complex odontogenic facial space infections
- Diseases of the maxillary sinus and their management

MANAGEMENT OF PATHOLOGIC LESIONS AFFECTING OMFS REGION

- Basic principles of biopsy procedure
- Differential diagnosis
- Goals and principles of surgical management of oral pathologic lesions
- Cysts and tumors of the OMFS region

TREATMENT OF PRE-CANCEROUS LESIONS AND ORAL MALIGNANCES

- Diagnosis of various precancerous lesions and conditions and their management
- Identification of etiology and risk factors and the preventions of oral cancer
- Clinical evaluation and differential diagnosis of suspected lesions of the head and neck
- Principles and mode of action of chemotherapy and associated medicines
- Manage dental problems in patients undergoing brachytherapy, radiotherapy and chemotherapy.

DIAGNOSIS AND BASIC TREATMENT FOR GENERAL AND MAXILLOFACIAL TRAUMA PATIENT

- Management of the trauma patient using ATLS principles.
- Role and utility of oral and maxillofacial surgeon in the trauma team
- Identification and management principles of life threatening, sight threatening and limb threatening injuries.
- Soft tissue injuries such as abrasions, contusions and lacerations
- Traumatic injuries to teeth and supporting structures, including dentoalveolar fractures.
- Facial trauma: Clinical and Radiological evaluation
- Fractures of mandible, condyle, maxilla and other mid facial bones
- Closed reduction techniques in management of facial fractures.
- Application of basis ORIF (Open Reduction and Internal fixation)

DENTAL IMPLANTOLOGY AND ITS IMPLICATION

- Biological considerations of osseointegration
- Dental implant types and its components
- Evaluation of medical condition of the patient preoperatively
- Planning & evaluation of surgical treatment procedure including and radiographic assessment of implant site and associated structures
- Basic and advanced surgical Implant techniques their complications and management

PRE-PROSTHETIC ORAL SURGERY

- Objectives of pre-prosthetic surgery
- Principles of evaluation, treatment planning & needs of the patient
- Various procedures of alveolar ridge augmentation and their relation with the jaws
- Maxillary and mandibular tori procedures and etc
- Advantages, Disadvantages and techniques for immediate and over dentures.
- Concept of Maxillary and Mandibular nerve repositioning

TEMPOROMANDIBULAR JOINT AND RELATED DISORDERS

- Clinically evaluate and classify Temporomandibular Joint disorders
- Internal derangement of the TMJ; including its management with different reversible and irreversible treatment methods
- Differentiate between causes of limited mouth opening
- Diagnose and manage Temporomandibular Joint Ankylosis

FACIAL PAIN AND RELATED NEURALGIAS

- Pain neurophysiology
- Facial pain management and related neuralgias
- Oral facial and its other types; including neuropathic facial pains and chronic headache

HOSPITALIZED AND MEDICALLY COMPROMISED PATIENT

- Features of hospital dentistry including consultations and patient referrals
- Evaluate and manage patients preoperatively with compromised medical conditions such as : CVS, Diabetes etc.
- Manage pregnant and postpartum patients with OMFS/ Dental Issues
- knowledge of operating room protocols and dental surgeon and assistant preparation
- Prescribe medications & takes appropriate measures for prevention of postoperative complications

ANAESTHESIA (LOCAL/ REGIONAL/ GENERAL)

- Primary goals of giving local and general anaesthesia, and sedation
- Requesting preoperative G/A fitness from Anesthesiologist
- Classification, chemistry and pharmacologic effects of local and general anesthetic drugs
- Mechanism of action, absorption , fate and excretion of local and general anesthetic drugs.
- Adverse effects and drug interactions of local and general anesthetic drugs
- Preparations and dosage of local anesthetic drugs, their general therapeutic uses and side effects when used in dentistry
- Methods of administration and mechanisms of action of general anesthetic drugs including inhalation agents and intravenous agents
- Differentiation between analgesia and sedation and their application in oral surgery

MEDICO-LEGAL AND ETHICAL ISSUES IN ORAL SURGERY/ DENTISTRY

- Legal concepts influencing liability and risk reduction
- Principles of dental ethics and steps in ethical decision making
- Basis of obligations in the Dentist-Patient relationship
- Informed consent, informed refusal, record keeping and documentation including referral letters
- Counseling in cases of complications
- Documentation of patient management problems in case of non-compliance or patient abandonment
- Knowledge of ethical & legal issues related to Hepatitis, HIV etc. affecting being either patient or dental/medical Health Care Professional
- Areas of dental litigation, its prevention and counter action professional responsibilities towards incompetent or chemically dependent colleagues ethical problems related to dental hygienists and dental assistants

INVESTIGATING AND MANAGING OMFS INFECTIONS

- Bacterial infections
- Viral infections
- Fungal infections
- Parasitic infections

ESSENTIAL ORAL MEDICINE FOR THE OMFS

- Vesiculobullous lesion of the oral cavity
- Oral ulcerations
- Autoimmune disorders related to OMFS
- Red and blue lesion of the oral cavity
- White lesion of the oral cavity

BONE PATHOLOGY RELATED TO OMFS

- Fibro osseous lesions of the OMFS region
- Giant cell lesions of the OMFS region
- Metabolic bone diseases
- Developmental bone disorders

RECONSTRUCTIVE AND FLAPS SURGERIES

- Assess soft and hard tissue reconstruction
- Types of flaps used for reconstruction including orofacial flaps, skin grafting, major flaps, free transfer flaps, free flaps with and without bone
- Indications, contraindications and complications
- Bone reconstruction / cartilage harvesting types of bone grafts principles of mandibular and maxillofacial bone-grafting procedures

ORTHOGNATHIC SURGERY

- Dentofacial deformities
- Presurgical, surgical and postsurgical treatment phases
- Distraction osteogenesis, where needed
- Preoperative care of the orthognathic surgical patient

CORE COMPETENCIES

The competencies which a specialist must have are varied and complex. Complete list will be very long and is not considered necessary for organizing a training program. Given below are some competencies, which are a subsample of the whole. These are to be taken as guidelines rather than definitive requirements.

Key to competency levels in clinical skills:

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

A trainee is expected to attain the laid down levels of competencies for the following procedures by the end of each year as given on the next page.

COMPETENCIES

	THIRD YEAR												Total # of Cases
	1 ST QUARTER		2 ND QUARTER		3 RD QUARTER		4 TH QUARTER		4 TH QUARTER		4 TH QUARTER		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
PROCEDURES/TASKS													
TAKE HISTORY, PERFORM CLINICAL EXAMINATION OF OMFS REGION, ORDER APPROPRIATE LABORATORY, RADIOLOGICAL & IMAGING INVESTIGATIONS - INTERPRETING INVESTIGATION RESULTS TO CONFIRM DIAGNOSIS, COMMUNICATE EFFECTIVELY WITH PATIENTS, FAMILIES AND OTHER RELATED HEALTH TEAM MEMBERS; AND OBTAINING INFORMED CONSENT	4	5	4	5	4	5	4	5	4	5	4	5	20
MANAGE HOSPITALIZED AND MEDICALLY COMPROMISED PATIENT	4	5	4	5	4	5	4	5	4	5	4	5	20
PREPARE AND IMPLEMENT OMFS TREATMENT PLAN OBSERVING PRINCIPLES OF CROSS INFECTION CONTROL, APPROPRIATE USE OF COMMON SURGICAL INSTRUMENTS, SUTURE MATERIALS AND TECHNIQUES	4	5	4	5	4	5	4	5	4	5	4	5	20
APPLY OF BASIC CLINICAL KNOWLEDGE TO DIAGNOSE CASES OF ORAL MEDICINE	4	5	4	5	4	5	4	5	4	5	4	5	20
GENERAL PROCEDURES													
SUTURE SOFT TISSUES OF THE OMFS REGION	4	7	4	7	4	7	4	7	4	7	4	7	28
MANAGE AND DOCUMENT OMFS OPD PATIENT	4	7	4	7	4	7	4	7	4	7	4	7	28

COMPETENCIES

	THIRD YEAR												Total # of Cases
	1 ST QUARTER		2 ND QUARTER		3 RD QUARTER		4 TH QUARTER						
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
MINOR ORAL SURGERY													
PERFORM COMPLICATED EXODONTIA CASES UNDER L/A	4	10	4	10	4	10	4	10	4	10	4	10	40
OPERATE PRE-PROSTHETIC SURGERY CASES	4	4	4	4	4	3	4	3	4	3	4	3	14
MANAGE IMPACTED TEETH	4	5	4	5	4	5	4	5	4	5	4	5	20
RE-IMPLANT AVULSED/ LUXATED TEETH	4	2	4	2	4	2	4	2	4	-	4	-	6
PERFORM ENDODONTIC / PERIAPICAL SURGERY	4	2	4	2	4	2	4	2	4	2	4	2	8
PERFORM BIOPSY PROCEDURES OF HARD AND SOFT TISSUES	4	4	4	4	4	2	4	2	4	-	4	-	10
REPAIR ORORANTRAL FISTULA	4	1	4	1	4	1	4	1	4	1	4	1	4
PERFORM DENTAL IMPLANTOLOGY; INCLUDING ADJUNCT PROCEDURES	3	1	3	1	4	1	4	1	4	1	4	1	4
OMFS INFECTIONS													
MANAGE COMPLEX ODONTOGENIC AND NON-ODONTOGENIC SPREADING INFECTION	4	2	4	2	4	2	4	2	4	2	4	2	8
MANAGEMENT OF BACTERIAL, VIRAL, FUNGAL AND PROTOZOAL INFECTIONS RELATED TO OMFS													

COMPETENCIES

	THIRD YEAR												Total # of Cases		
	1 ST QUARTER		2 ND QUARTER		3 RD QUARTER		4 TH QUARTER		4 TH QUARTER		4 TH QUARTER				
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases		Level	Cases
TRAUMATOLOGY															
MANAGE OF DENTOALVEOLAR FRACTURES	4	2	4	2	4	2	4	2	4	2	4	2	4	2	8
MANAGE OF FRACTURE MANDIBLE CASES	4	3	4	3	4	3	4	3	4	3	4	3	4	3	12
MANAGE OF FRACTURE MAXILLA + NASAL BONES	4	2	4	2	4	2	4	2	4	2	4	2	4	2	8
MANAGE OF FRACTURE ZMC & ORBIT	4	2	4	2	4	2	4	2	4	2	4	2	4	2	8
MANAGE FRACTURE NOE AND FRONTAL BONE ETC	3	1	3	1	3	1	3	1	3	1	3	1	3	1	4
TMJ AND PAIN DISORDERS															
MANAGE TMJ AND RELATED PAIN DISORDERS INCLUDING NEURALGIAS MEDICALLY AND SURGICALLY	4	3	4	3	4	3	4	3	4	3	4	3	4	3	12
MANAGE TMJ ANKYLOSIS & OTHER RELATED SURGERIES	3	1	3	1	3	1	3	1	3	1	3	1	3	1	4
ORTHOGNATHIC SURGERY															
PERFORM CHIN AUGMENTATION PROCEDURES	2	1	-	-	3	1	3	1	-	-	3	1	-	-	2
PERFORM MAXILLARY OSTEOTOMY	2	1	-	-	3	1	3	1	-	-	3	1	-	-	2
PERFORM MANDIBULAR OSTEOTOMY	2	1	-	-	3	1	3	1	-	-	3	1	-	-	2

COMPETENCIES

	THIRD YEAR												Total # of Cases
	1 ST QUARTER		2 ND QUARTER		3 RD QUARTER		4 TH QUARTER						
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
OMFS PATHOLOGY/ONCOLOGY													
MANAGE ORAL SUBMUCOUS FIBROSIS	3	1	3	1	3	1	-	-	-	-	-	-	3
MANAGE OF ODONTOGENIC & NON ODONTOGENIC CYSTS	3	2	3	2	4	2	4	2	4	2	4	2	8
MANAGE OF ODONTOGENIC AND NON-ODONTOGENIC TUMORS	3	2	3	2	3	2	3	2	4	2	4	2	8
DIAGNOSE AND MANAGE FIBRO-OSSEOUS LESIONS OF THE OMFS REGION	3	1	3	1	3	1	3	1	3	1	3	1	4
PERFORM MAXILLECTOMY PROCEDURES	3	1	-	-	3	1	-	-	-	-	-	-	2
PERFORM MANDIBULECTOMY/RESECTION PROCEDURES	3	1	3	1	3	1	3	1	3	1	3	1	4
PERFORM NECK DISSECTION PROCEDURES	3	1	3	1	3	1	3	1	3	1	3	1	4
PERFORM BONE HARVESTING (GRAFT) PROCEDURES	3	1	-	-	3	1	3	1	-	-	-	-	2
SALIVARY GLAND DISORDERS													
SURGICAL REMOVAL OF DUCTAL STONES	3	1	3	1	3	1	3	1	-	-	-	-	3
SURGICAL REMOVAL OF MINOR/MAJOR SALIVARY GLANDS	3	1	-	-	3	1	3	1	-	-	-	-	2
CLEFT LIP PALATE SURGERY/ DEVELOPMENTAL CONDITIONS													
ALVEOLAR BONE GRAFTING	2	1	2	1	-	-	-	-	-	-	-	-	2

COMPETENCIES

	FOURTH YEAR						Total # of Cases
	1 ST QUARTER		2 ND QUARTER				
	Level	Cases	Level	Cases	Level	Cases	
PROCEDURES/TASKS							
TAKE HISTORY, PERFORM CLINICAL EXAMINATION OF OMFS REGION, ORDER APPROPRIATE LABORATORY, RADIOLOGICAL & IMAGING INVESTIGATIONS - INTERPRETING INVESTIGATION RESULTS TO CONFIRM DIAGNOSIS, COMMUNICATE EFFECTIVELY WITH PATIENTS, FAMILIES AND OTHER RELATED HEALTH TEAM MEMBERS; AND OBTAINING INFORMED CONSENT	4	5	4	4	5	5	10
MANAGE HOSPITALIZED AND MEDICALLY COMPROMISED PATIENT	4	5	4	4	5	5	10
PREPARE & IMPLEMENT OMFS TREATMENT PLAN OBSERVING PRINCIPLES OF CROSS INFECTION CONTROL, APPROPRIATE USE OF COMMON SURGICAL INSTRUMENTS, SUTURE MATERIALS AND TECHNIQUES	4	5	4	4	5	5	10
APPLY OF BASIC CLINICAL KNOWLEDGE TO DIAGNOSE CASES OF ORAL MEDICINE	4	5	4	4	5	5	10
GENERAL PROCEDURES							
SUTURE SOFT TISSUES OF THE OMFS REGION	4	6	4	4	6	6	12
MANAGE AND DOCUMENT OMFS OPD PATIENT	4	6	4	4	6	6	12
MINOR ORAL SURGERY							
PERFORM COMPLICATED EXODONTIA CASES UNDER L/A	4	5	4	4	5	5	10
OPERATE PRE-PROSTHETIC SURGERY CASES	4	3	4	4	3	3	6
MANAGE IMPACTED TEETH	4	5	4	4	5	5	10
RE-IMPLANT AVULSED/ LUXATED TEETH	-	-	-	-	-	-	-
PERFORM ENDODONTIC / PERIAPICAL SURGERY	4	2	-	-	-	-	2
PERFORM BIOPSY PROCEDURES OF HARD AND SOFT TISSUES	-	-	-	-	-	-	-
REPAIR OROANTRAL FISTULA	-	-	-	-	-	-	-
PERFORM DENTAL IMPLANTOLOGY; INCLUDING ADJUNCT PROCEDURES	4	1	4	4	1	1	2

COMPETENCIES

	FOURTH YEAR						Total # of Cases
	1 ST QUARTER		2 ND QUARTER				
	Level	Cases	Level	Cases	Level	Cases	
MANAGE COMPLEX ODONTOGENIC AND NON-ODONTOGENIC SPREADING INFECTION MANAGEMENT OF BACTERIAL, VIRAL, FUNGAL AND PROTOZOAL INFECTIONS RELATED TO OMFS	4	2	4	2			4
TRAUMATOLOGY							
MANAGE DENTOALVEOLAR FRACTURES	-	-	-	-	-	-	-
MANAGE FRACTURE MANDIBLE CASES	4	3	4	3			6
MANAGE FRACTURE MAXILLA + NASAL BONES	4	2	4	2			4
MANAGE FRACTURE ZMC & ORBIT	4	2	4	2			4
MANAGE FRACTURE NOE AND FRONTAL BONE ETC	4	1	4	1			2
TMJ AND PAIN DISORDERS							
MANAGE TMJ AND RELATED PAIN DISORDERS INCLUDING NEURALGIAS MEDICALLY AND SURGICALLY	4	3	4	3			6
MANAGE TMJ ANKYLOSIS & OTHER RELATED SURGERIES	4	1	4	1			2
ORTHOGNATHIC SURGERY							
PERFORM CHIN AUGMENTATION PROCEDURES	4	1	4	1			2
PERFORM MAXILLARY OSTEOTOMY	4	1	4	1			2
PERFORM MANDIBULAR OSTEOTOMY	4	1	4	1			2

COMPETENCIES

	FOURTH YEAR				Total # of Cases
	1 ST QUARTER		2 ND QUARTER		
	Level	Cases	Level	Cases	
OMFS PATHOLOGY/ONCOLOGY					
MANAGE ORAL SUBMUCOUS FIBROSIS	4	1	4	1	2
MANAGE OF ODONTOGENIC & NON ODONTOGENIC CYSTS	4	2	4	2	4
MANAGE OF ODONTOGENIC AND NON-ODONTOGENIC TUMORS	4	2	4	2	4
DIAGNOSE AND MANAGE FIBRO-OSSEOUS LESIONS OF THE OMFS REGION	4	1	4	1	2
PERFORM MAXILLECTOMY PROCEDURES	4	1	4	1	2
PERFORM MANDIBULECTOMY/RESECTION PROCEDURES	4	1	4	1	2
PERFORM NECK DISSECTION PROCEDURES	4	1	4	1	2
PERFORM BONE HARVESTING (GRAFT) PROCEDURES	4	1	4	1	2
SALIVARY GLAND DISORDERS					
SURGICAL REMOVAL OF DUCTAL STONES	4	1	4	1	2
SURGICAL REMOVAL OF MINOR/MAJOR SALIVARY GLANDS	4	1	4	1	2
CLEFT LIP PALATE SURGERY/ DEVELOPMENTAL CONDITIONS					
ALVEOLAR BONE GRAFTING	3	1	3	1	2

NEUROSURGERY ROTATION

	2 MONTHS				TOTAL # OF CASES
	1 MONTH		2 MONTHS		
	Level	Cases	Level	Cases	
GENERAL NEUROLOGICAL HISTORY & CLINICAL EXAMINATION	3		4		8
BASIC MANAGEMENT OF HEAD AND SPINAL INJURY PATIENT, INCLUDING INTERPRETATION OF NEUROLOGICAL SIGNS	2		3		8
CERVICAL COLLAR APPLICATION DECISION & MANAGEMENT	2		4		10
BASIC CT & MRI BRAIN INTERPRETATION	2		3		10
BUR HOLE PROCEDURES	2		3/4		5
CRANIOTOMY FOR EXTRA/SUBDURAL HEMATOMAS	2		3		5
TRIGEMINAL NERVE RHIZOTOMIES CASES	2		2		3
MANAGEMENT OF DEPRESSED SKULL FRACTURES	2		3		7
ORBITAL TUMOURS**	2		3/4		2
ACCESS SURGERY FOR SKULL BASE TUMOURS**	2		3		2
CRANIOPLASTY**	2		3/4		2

**PROCEDURES POSSIBLE AT PLASTIC SURGERY & OTHER ROTATIONS ARE SUBJECT TO AVAILABILITY OF RESPECTIVE EXPERTISE

ENT/OTORHINOLARYNGOLOGY ROTATION

	2 MONTHS				TOTAL # OF CASES
	1 MONTH		2 MONTHS		
	Level	Cases	Level	Cases	
BASIC CLINICAL EAR EXAMINATION	3		4		20
BASIC CLINICAL NOSE & THROAT EXAMINATION	3		4		20
PREOPERATIVE PREPARATION FOR VARIOUS ENT PROCEDURES	2		3		10
BASIC NASOPHARYNGOSCOPY	2		2		5
BASIC FESS*	2		2		5
TRACHEOSTOMY	2		3/4		5
ORGANIZING PRE-OP MEDICATION	3		4		10
ANTERIOR NASAL PACKING	2		4		10
POSTERIOR NASAL PACKING	2		4		10
ANTRAL LAVAGE THROUGH PROOF PUNCTURE	2		4		6
REMOVAL OF VISIBLE FOREIGN BODY FROM NOSE AND EAR	2		4		4
MANAGEMENT OF NASAL FRACTURES	2		4		10
INTRANASAL ANTOSTOMY	2		4		5
CALDWELL-SINUS ANTOSTOMY	2		4		4
DIRECT LARYNGOSCOPY & BIOPSY	2		2		5
TONSILLECTOMY	2		2		5
MAXILLECTOMY*	2		3		3
MANDIBULECTOMY*	2		3		3
NECK DISSECTION*	2		3		4
RHINOPLASTY*	2		2		5

*PROCEDURES POSSIBLE AT PLASTIC SURGERY & OTHER ROTATIONS ARE SUBJECT TO AVAILABILITY OF RESPECTIVE EXPERTISE

PLASTIC SURGERY ROTATION

	2 MONTHS				TOTAL # OF CASES
	1 MONTH		2 MONTHS		
	Level	Cases	Level	Cases	
ESTIMATION OF THE EXTENT AND DEPTH IN ACUTE BURNS AND RESUSCITATION OF THE ACUTE BURN PATIENT	2		3		10
IMMEDIATE MANAGEMENT OF COMPLEX FACIAL SOFT TISSUE INJURY	2		4		10
EXCISION OF HEAD N NECK SOFT TISSUE LESION WITH DIRECT CLOSURE	2		4		10
EXCISION OF LESION/SCAR AND LOCAL FLAP CLOSURE	2		4		10
MANAGEMENT OF SKIN TUMOURS ESP. OF THE FACE	2		4		6
SKIN GRAFTING TECHNIQUES	2		4		10
INTRADERMAL STEROID INJECTION	2		4		5
CLEFT LIP AND SECONDARY DEFORMITIES	2		2		5
CLEFT PALATE AND SECONDARY DEFORMITIES	2		2		5
CRANIOFACIAL CLEFTS**	2		2		2
MICROTIA	2		3		2
LOCAL FLAPS IN HEAD & NECK RECONSTRUCTION	2		3		5
REGIONAL FLAPS IN HEAD & NECK RECONSTRUCTION	2		3		5
DISTANT FLAPS IN HEAD & NECK RECONSTRUCTION	2		3		3
FREE VASCULARIZED FLAPS IN HEAD & NECK RECONSTRUCTION*	2		3		3
FACIAL PALSY MANAGEMENT	2		3		3
RHYTIDECTOMY & FOREHEAD LIFT**	2		3		3
BLEPHAROPLASTY**	2		3		3
CORRECTION OF PROMINENT EARS	2		3		3
RHINOPLASTY	2		2		5
POST BURN CONTRACTURE MANAGEMENT	2		3		5

*PROCEDURES POSSIBLE AT PLASTIC SURGERY & OTHER ROTATIONS ARE SUBJECT TO AVAILABILITY OF RESPECTIVE EXPERTISE

ASSESSMENT

FORMATIVE ASSESSMENT

College of Physicians and Surgeons Pakistan, in order to implement competency based education in letter and spirit, is introducing Work Placed Based Assessment (WPBA) in addition to institutional/ departmental assessments. To begin with college is introducing Mini-CEX and DOPS to ensure that the graduates are fully equipped with the clinical competencies.

Mini Clinical Evaluation Exercise (Mini-CEX)

During training in FCPS Oral and Maxillo-Facial Surgery, at least one Mini-CEX in each quarter is to be conducted from the list given below:

- Mini-CEX is entirely a formative tool of assessment and is to be accompanied with constructive feedback
- Each Mini-CEX encounter extends for about 20 minutes with 05 minutes for feedback and further action plan
- The topics given below can be covered in any order as per availability of case; however, each time focus should be on a different area/topic
- The resident has the onus to report to the supervisor when he/she is prepared to appear for Mini-CEX
- The supervisor will arrange for the session of Mini-CEX and after completing the session will retrieve online prescribed assessment form (sample given below) fill it and make entries online (e-portal)
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- Non-compliance by the resident has to be reported in quarterly feedback

Topics for Mini-CEX

- Examination of Neck Nodes (U/L and B/L) in Infection
- Examination of Cheek swelling
- Examination of TMJ
- Examination of Parotid gland swelling
- Examination of Sub-mandibular swelling
- History-taking & Examination / Diagnosis of Trigeminal Neuralgia

- Examination of Maxilla Fracture
- Examination of Mandible Fracture
- Examination of Zygomatic bone Fracture
- Examination of Blowout Fracture
- Examination of Naso-orbito-ethmoidal Fracture
- Examination of bony swelling in Mandible (Cyst or Tumor)



MINI CLINICAL EVALUATION EXERCISE (CEX)

FCPS: Oral and Maxillofacial Surgery (OMFS)

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: R1 R2 R3 R4

Quarter: 1st 2nd 3rd 4th

Setting: Ward Outdoor (Hospital/Community) Other: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Clinical Area: _____

Complexity of Case/ Procedure: Low/Easy Moderate/Average High/Difficult N/A

Focus of Clinical Encounters: History taking Physical Examination Management

Communication Skills Other: _____

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Informed Consent of patient						
Interviewing Skills						
Systematic Progression						
Presentation of positive & significant negative findings						
Justification of actions						
Professionalism						
Organization/Efficiency						
Overall clinical competence						

Assessor's Satisfaction with Mini-CEX:
(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with Mini-CEX:
(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated YES NO

Signature

GUIDELINES FOR MINI-CEX ASSESSMENT

GENERIC

- During examination, head should be in appropriate position.

TOPIC-SPECIFIC

Examination of neck nodes (U/L and B/L) in infection

- Findings for nodes to be noted in anterior and posterior triangle of neck: Site, Size, Shape, Number, Tenderness, Consistency (Matted, Firm, Attached), etc.

Examination of Cheek swelling

- Findings to be noted for swelling: Site, Size, Shape, Tenderness, Consistency (Firm, Attached), etc.

Examination of TMJ

- All the findings are to be noted while patient opens and closes mouth
- Mouth opening is to be checked
- Intra-oral examination is to be done

Examination of Parotid Gland Swelling

- All the findings for swelling are to be noted
- Intra-oral and extra-oral examination is to be done
- Saliva flow through duct is to be checked
- Comparison to normal side
- Checking for indications of nerve damage

Examination of Sub-mandibular swelling

- All the findings for swelling are to be noted
- Intra-oral and extra-oral examination is to be done
- Bimanual palpation
- Saliva flow through duct is to be checked
- Comparison to normal side

History-taking & Examination / Diagnosis of Trigeminal Neuralgia

- All the findings of neuralgia (severity, distribution and relief of pain, etc) are to be noted before as well as after the use of tablet Tegral and Local Anaesthesia
- Comparison to normal side

Examination of Maxilla Fracture

- Presence of clinical evidence of fracture is to be noted on both sides
- Checking for CSF leakage
- Eye examination

Examination of Mandible Fracture

- Presence of clinical evidence of fracture is to be noted
- Status of occlusion of mouth
- Checking for indications of nerve damage

Examination of Zygomatic Bone Fracture

- Presence of clinical evidence of fracture is to be noted
- Status of occlusion and opening of mouth
- Checking for indications of nerve damage
- Eye examination

Examination of Blowout Fracture

- Presence of clinical evidence of fracture is to be noted
- Checking for indications of nerve damage
- Eye examination including checking for diplopia (monocular / binocular)

Examination of Naso-orbito-ethmoidal Fracture

- Presence of clinical evidence of fracture is to be noted
- Eye examination

Examination of bony swelling in Mandible (Cyst or Tumor)

- All the findings for swelling are to be noted
- Checking for indications of nerve damage

Direct Observation of Procedural Skills (DOPS)

During training in FCPS Oral and Maxillo-Facial Surgery, at least one DOPS in each quarter is to be conducted from the list given below.

- DOPS is entirely a formative tool of assessment and is to be accompanied with constructive feedback
- Each DOPS encounter extends for about 20 minutes with 05 minutes for feedback and further action plan
- The topics given below can be covered in any order as per availability of case; however, each time focus should be on a different topic/procedure
- The resident has the onus to report to the supervisor when he/she is prepared to appear for DOPS
- The supervisor will arrange for the session of DOPS and after completing the session will retrieve online prescribed assessment form (sample given below) fill it and make entries online (e-portal)
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- Non-compliance by the resident has to be reported in quarterly feedback

Topics / Procedures for DOPS

- Intra-oral interrupted silk suture
- Extra-oral interrupted silk suture
- Incision, Flap design (Intra-orally)
- Local Anaesthesia (Infiltration, Block)
- Biopsy (Incisional)
- Arch bar application
- Eyelets application
- Removal of impacted mandibular molar
- Surgical Endodontics / Peri-apical surgery
- Pre-prosthetic (Mandibular ridge contouring)
- Enucleation of Cyst
- Marsupialization of Cyst



DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

FCPS: Oral and Maxillofacial Surgery (OMFS)

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: R1 R2 R3 R4

Quarter: 1st 2nd 3rd 4th

Setting: O.T. Procedure Room Other: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Name of Procedure: _____

Complexity of Case/ Procedure: Low/Easy Moderate/Average High/Difficult N/A

Number of times procedure performed by Resident: _____

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Indications, anatomy & steps of procedure						
Informed consent, with explanation of procedure and complications						
Preparation for procedure						
Use of Anesthesia, Analgesia or sedation						
Observance of asepsis						
Safe use of instruments						
Use of accepted techniques						
Management of unexpected event (or seeks help)						
Post-procedure instructions to patient and staff						
Professionalism						
Overall ability to perform whole procedure						

Assessor's Satisfaction with DOPS:
(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with DOPS:
(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated YES NO

Signature

GUIDELINES FOR PROCEDURE-SPECIFIC DOPS ASSESSMENT

Intra-oral / Extra-oral interrupted silk suture

- Aseptic measurement, types/ strength of suture
- Suture, equal depth and distance from incision line on both sides, approximation.
- Passage of needle, knot tying
- Tissue closer (suture) without tension
- Knot should never lie on incision line
- Averted wound margin
- **Appropriate selection and use of instruments:** Retractor size, Tooth forceps, Scissor, Curved cutting suture, Needle holder

Incision, Flap Design (Intra-orally)

- Flap of proper size, shape
- Incision on sound bone
- Pen grasp of scalpel for intra-oral incision
- Continuous (layer by layer) stroke of blade
- No sharp angles of incision
- Broad-based flap, good access
- **Appropriate selection and use of instruments:** Blade number, Retractor size, Tooth forceps, Dissecting scissor, Periosteal elevator

Local Anaesthesia (Infiltration, Block)

- Infiltration of maxillary site
- Site of mandibular block
- Land mark of mandibular nerve
- Effectiveness of anaesthesia
- **Appropriate selection and use of instruments:** Syringe, Cartridge, Retractor

Biopsy (Incisional)

- Anesthesia 1 cm away from lesion
- Tissue stabilization
- Lesion & normal tissue piece provide material for evaluation
- Incision should be parallel to the course of nerve, arteries
- Handling of tissue and hemostasis
- Identification of surgical margin
- Specimen care and biopsy data sheet
- **Appropriate selection and use of instruments:** Blade number, Syringe, Cartridge, Retractor, Suture, Needle holder, Scissor, Hemostatic material, Jar with preserving agent

Arch Bar Application

- Size and design (with or without hook) of eyelets
- Interdental passage, tightness, strength
- **Appropriate selection and use of instruments:** Stainless steel wire / 0.45, Arch bar with and without hooks, Wire holders, Wire cutter, Retractor, Proper light

Eyelets Application

- Size and design of eyelets
- Interdental passage, tightness, strength
- Fracture site eyelets passage
- **Appropriate selection and use of instruments:** Stainless steel wire / 0.45, Wire holders, Wire cutter, Retractor, Proper light

Removal of Impacted Mandibular Molar

- Incision, reflection flap for accessibility, design of flap
- Removal of overlying bone with bur, chisel
- Sectioning of the tooth required or not
- Delivery of sectioned tooth with elevator
- Debridement of wound and wound closure
- **Appropriate selection and use of instruments:** Blade number, Syringe, Cartridge, Periosteal elevator, Round and Fissure Surgical bur, Surgical hand piece with motor, Extraction forceps, Cyrier, Retractor, Suture material with Needle holder, Scissor, Proper light

Surgical Endodontics / Peri-Apical Surgery

- Anaesthesia and flap design
- Incision and reflection
- Peri-apical exposure, curettage, Apical root sectioning, irrigation
- Flap replacement and suturing
- **Appropriate selection and use of instruments:** Blade number, Cartridge, Periosteal elevator, Curette, Surgical bur, Surgical hand piece, Motor, Retractor, Suture with Needle holder, Scissor, Proper light

Pre-prosthetic (Mandibular ridge contouring)

- Anaesthesia and flap design
- Incision and reflection
- Exposure, filing or burring, irrigation
- Flap repositioning and suturing
- **Appropriate selection and use of instruments:** Blade, Cartridge, Periosteal elevator, Bone cutter, Bone nibbler, Bone file, Surgical bur, Surgical hand piece with Motor, Retractor, Proper light

Enucleation of Cyst

- Anaesthesia and flap design
- Incision and reflection
- Incision on normal bone
- Exposure of cyst lining with bur, chisel
- Periosteal enucleation of cyst wall
- Curettage, debridement, dead space management
- Closure of wound, stitches, packing, dressing
- **Appropriate selection and use of instruments:** Blade, Cartridge, Periosteal elevator, Bone nibbler, Surgical burs, Surgical hand piece with Motor, Retractor, Proper light, Suture with Needle holder, Hemostatic agents

Marsupialization of Cyst

- Anaesthesia and flap design
- Incision and reflection
- Incision on normal bone
- Exposure of cyst with bur, chisel
- Marsupialization of cyst wall
- Closure of wound after putting and securing 2 tube for wash and drainage
- **Appropriate selection and use of instruments:** Blade, Cartridge, Periosteal elevator, Bone nibbler, Surgical burs, Surgical hand piece with Motor, Retractor, Proper light, Suture with Needle holder, Hemostatic agents, Tube

SUMMATIVE ASSESSMENT:

The eligibility requirements for candidates appearing in FCPS-II are:

- To have passed FCPS-I in Dentistry, or been granted official exemption
- To have undertaken two years of R&RC registered training of Intermediate Module in Oral & Maxillofacial Surgery
- To have undertaken further two years of advanced training in Oral and Maxillofacial Surgery
- Completed CPSP mandated Mini-CEX & DOPS in e-logbook
- To provide certificate of having passed the Intermediate Module (IMM) in Oral and Maxillofacial Surgery
- Completion of entries in e-logbook along with validation by the supervisor.
- To provide a certificate of approval of dissertation or acceptance of two research papers In CPSP approved journal(s)
- To provide a certificate of attendance of mandatory workshops.

EXAMINATION SCHEDULE

- CPSP theory examinations are held twice a year provided the number of candidates is five or more. In case, the number of candidates is less than five, the examination shall be held once a year.
- Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Islamabad, Karachi, Lahore, Larkana, Multan, Peshawar, Quetta and Rawalpindi, centres. The College shall decide where to hold oral/practical examination depending on the number of candidates in a city and shall inform the candidates accordingly.
- English shall be the medium of examination for the theory/practical/ clinical and viva examinations.
- 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 such a candidate is not a fit person to take the College examination because of using unfair means in the examination, misconduct or other disciplinary reasons.

- Each successful candidate in the Fellowship examination shall be entitled to the award of a College Diploma after being elected by the College Council and payment of registration fees and other dues.

EXAMINATION FEES

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

REFUND OF FEES

If after submitting an application for examination, a resident decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75% of fees only. No request for refund will be accepted after the closing date for receipt of applications.

If an application is rejected by the CPSP, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fees paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

FORMAT OF EXAMINATIONS

Every candidate applying for the fellowship of the College of Physicians and Surgeons Pakistan must pass both parts of the Fellowship examination unless exemption is approved. Since the College is continually seeking to improve its examinations, changes are likely from time to time and candidates will be notified in advance of such changes.

PART-I THEORY EXAMINATION

Paper-I: 100 (MCQs) Single Best Type

Paper II: 100 (MCQs) Single Best Type

Only those candidates who pass through the written examination will be allowed to appear in clinical examination.

PART II CLINICAL EXAMINATION

The Clinical section comprises of two components:

- **First Component:**
 - TOACS
- **Second Component:**
 - One Long Case
 - Four Short Cases

Only those candidates who pass through TOACS examination will be allowed to appear in the remaining components of clinical examination.

FORMAT OF TOACS

Task Oriented Assessment of Clinical Skills (TOACS) has been introduced since November, 2001 in FCPS examinations. All stations are required to be "Interactive". At these stations, the candidates will be required to perform a task, for example, taking history, performing clinical examination, counseling, assembling an instrument or any other task. One examiner will be present at each interactive station and will rate the performance of the candidate and ask questions testing critical thinking and problem-solving skills.

FORMAT OF LONG CASE

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 in a systematic manner (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

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
- 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.

THE COLLEGE RESERVES THE RIGHT TO ALTER/AMEND ANY RULES/REGULATIONS

Any decision taken by the College on the interpretation of these regulations will be binding on the applicant.

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