Republic of Iraq
Ministry of Higher Education and Scientific Research
University of Basrah
Al-Zahraa College of Medicine

- Al-Zahraa College of Medicine
- Year 5

Block Summary
PERIOPERATIVE (POP)

Updated Sep. 2023

Educational aims of the block

INTRODUCTION

Welcome to the Perioperative Block. We hope you get the principal yet essential general, urological, vascular, neurosurgical, and plastic knowledge as well as communication, manual and surgical skills.

THE WORKBOOK:

The aims of this block are that students should be able to recognize common conditions affecting the endocrine system (including diabetes) and renal system ,be able to describe their investigation, treatment, prevention and management.

Remember well the timetable and your subgroup at the start of the block. The workbook cases will be group discussion. On the other hand, tasks ought to be completed individually or group-discussed without blue printing. You should deliver the workbook at end of block with all tasks are fulfilled. Failure to accomplish this will be reflected in bad performance and may be scored as unsatisfactory and you might be denied from entrance to the final exam.

The Log Book

THE LOGBOOK:

Separately, you will be given a logbook with instruction and duties to fill in. By the end of the block, you ought to deliver a completely filled logbook, with tasks, procedural skills, and case presentations. As in the workbook, failure to accomplish this will be reflected as bad performance and may be scored as unsatisfactory and you might be denied from entrance to the final exam.

Attendance

A weekly attendance paper should be delivered to the block secretary at the end of each week of the block except the induction week. Each day, you need to have signed (or stamped) your attendance TWO TIMES in the subgroup activity and the afternoon activity. Consequently, signed attendances should be presented by each student at the end of each week. Failure to accomplish this would result in prohibition from the final exam if it exceeded 10% without excuse and 15% with excuse.

The aims of this block:

The aims are that students should be able to recognize common conditions affecting the general, urological, vascular, neurosurgical, and plastic surgery and follow patients through their journey into anesthesia and surgery, and describe their investigations, treatment, prevention and management.

The patients will have a wide range of diseases not necessarily confined to one specialty. For example, you might encounter GIT cases as hernias in urological wards, diabetic foot cases in plastic wards, and head trauma in general wards. It is an opportunity to address these cases in conjunction with other vascular, thyroid, or GI cases as you might not find such cases in other blocks.

The block will provide exposure to a wide variety of elective and emergency surgical problems and their pre-, peri- and post-operative management. Included in this will be the management of a number of common cancers, common arterial and venous problems, and abdominal emergencies.

It is also important that you should see a spectrum of emergency surgery. The only way to do this is to be present on the wards and to do shifts with the on-call team. The local teams will facilitate this. We urge you to make the best use of these opportunities. It is in these situations that experiential learning takes place in a manner that can never be gained from textbooks.

Procedural Skills: You are also advised to witness a number of practical

procedures including duplex ultrasound and measurement of ABPI, passage of urinary catheters, issues around the passage of nasogastric tubes, and issues around prevention of bed sores.

Your main focus should be on consolidating your generic skills in history taking, examination, problem solving, patient management and communication skills.

It is of prime importance first to ensure that students have a sound understanding of the patient journey through an elective surgical procedure, including the principles of acute care in the perioperative period. Second, to expose students to patients with the common acute surgical problems, learn the management principles of these problems, specifically principles of surgery and breast disease. Third, the block will provide an introduction to airway management and other practical skills, patient monitoring and equipment.

LEARNING OUTCOMES

By the end of the block the student should be able to:

- Explain the principles of pre-operative assessment of patients
- Identify the high risk surgical patients & their management as DM, HTN, IHD, CHF, CVA, COPD, CRF, CLD, coagulopathy, …..etc
- Describe the general principles of anaesthesia, and the use of common anaesthetic agents
- List the common postoperative problems with the nature of presentation and treatment.
- Prescribe strong, intermediate and minor analgesics in the postoperative period having regard to the operation and to appropriate doses, routes of administration, side effects and contra- indications.
- Manage a patient receiving patient-controlled analgesia or epidural analgesia
- Assess a Critically Ill patient using a standard approach initiate basic resuscitation including patients with acute renal, acute respiratory failure and acute confusional state.
- Calculate the daily fluid requirements for children and adults allowing for the effect of disease, surgery and trauma
- Organize a safe and appropriate blood transfusion

- Recognize the need for invasive central and arterial monitoring and associated complications
- Use and interpret pulse oximetry
- Recognize and manage airway obstruction
- Perform basic airway skills
- Identify features of SSI, causes & management
- Identify common causes of wound dehiscence how to avoid them.
- Identify different types of shock and their management.
- Describe the presenting features, investigation and management of the common thyroid, parathyroid, neck and adrenal diseases.
- Describe the principles of vascular surgery, including bypass surgery and aortic aneurysm surgery
- Describe the principles of plastic surgery including graft, flap, & reconstructive surgery.
- Classify burns and actively participate in early as well as late management of burn patients.
- Organize a safe approach to patients with head trauma, and apply GCS.
- Describe common causes of brain SOL & their management.
- Describe common presentations of patients with urinary stones & useful investigations, & different management plans.
- Identify common urological tumours, & their impact on life.
- Describe common causes of acute penoscrotum.
- Identify common causes of UTI, useful investigation, prevention & management.
- Identify those with erectile dysfunction, & its impact on their sexual & social life.

Assessment Method Summary*			
Type *(Examination, Test, Coursework, Presentation, Practical, Other)*	***TD's Outcomes***	***Duration*** *(e.g. 1 hour, 4,000 words)*	***Timing***
Written examinations (a combination of single best answer, constructed response or extending matching questions)	Doctor as Scholar/ Scientist	2x 2 hours	End of term 6.
Objective Structured Clinical Examinations	Doctor as a Scholar/ Scientist Doctor as Practitioner	12 stations	End of term 6.
E-portfolio[†]	Doctor as a Professional		Formative during phase I, summative at end of Phase II

**All learning outcomes described will be tested to a sufficient standard in Phase I to satisfy the requirements of an exit degree.*

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