Sri Lakshmi Narayana Institute of Medical Sciences

From
Dr K Balagurunathan,
Professor and Head,
General Surgery,
Sri Lakshmi Narayana Institute Of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Date 3/10/2021

To
The Dean,
Sri Lakshmi Narayana Institute Of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Permission to conduct value-added course: Early Assessment And Management Of Severe Trauma

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: **Early Assessment And Management Of Severe Trauma , 30 Hours course** on **NOV 2021**. We solicit your kind permission for the same.

Kind Regards

PROFESSOR & HOD
DEPARTMENT OF GENERAL SURGERY
Sri Lakshmi Narayana Institute of Medical Sciences
PONDICHERRY - 605 502

DR K BALAGURUNATHAN

HOD, GENERAL SURGERY

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:

The Dean: DR G. JAYALAKSHMI

The HOD: DR K BALAGURUNATHAN

The Expert: DR ASAYAS BOSCO CHANDRA KUMAR

The committee has discussed about the course and is approved.

Dr. G. JAYALAKSHMI, BSC., MBBS., DTCD., M.D.,
DEAN
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Agaram, Kudapakkam Post,
Villianur Commune, Puducherry - 605502.

Professor General Surgery
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Kudapakkam, Puducherry-605 502.

PROFESSOR & HOD
DEPARTMENT OF GENERAL SURGERY
Sri Lakshmi Narayana Institute of Medical Sciences
PONDICHERRY - 605 502

Dean	Subject Expert	HOD
(Sign & Seal)	(Sign & Seal)	(Sign & Seal)

OFFICE OF THE DEAN

Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY - 605 502.

[Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME (P -II) dt. 11/07/2011]
[Affliated to Bharath University, Chennai - TN]

Circular

07.10.2021

Sub: Organising Value-added Course: Early Assessment And Management Of Severe Trauma

With reference to the above mentioned subject, it is to bring to your notice that Sri Lakshmi Narayana Institute of Medical Sciences, **Bharath Institute of Higher Education and Research** is organizing a value added course on **"Early Assessment And Management Of Severe Trauma"**.

The application must reach the institution along with all the necessary documents as mentioned. The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 1ST NOVEMBER 2021. Applications received after the mentioned date shall not be entertained under any circumstances.

Dr. G. JAYALAKSHMI, BSC., MBBS., DTCD., M.D.,
DEAN
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Agaram, Kudapakkam Post,
Villianur Commune, Puducherry - 605502.

Dean

Course Proposal

Course Title: EARLY ASSESSMENT AND MANAGEMENT OF SEVERE TRAUMA

Course Objective:

1. . IDENTIFICATION OF SEVERE TRAUMA
2. ROLE OF TRAUMA TEAM
3. PRIMARY SURVEY
4. EXSANGUINATING EXTERNAL HEMORRHAGE
5. AIRWAAY WITH CERVICAL SINE CONTROL
6. BREATHING AND VENTILATION
7. CIRCULATION
8. PERMISSIVE HYPOTENSION
9. IDENTIFIATION AND MANAGEMENT OF HEMORRHAGE
10. SECONDARY SURVEY
11. EARLY TOTAL CARE VERSUS DAMAGE CONTROL SURGERY

Course Outcome:

Course Audience: MBBS UNDERGRADUATES

Course Coordinator: DR ASAYAS BOSCO CHANDRA KUMAR

Course Faculties with Qualification and Designation:

1. **Dr Asayas Bosco Chandra Kumar , Prof General Surgery**
2. **Dr K Balagurunathan , HOD & Prof General Surgery**

Course Curriculum/Topics with schedule (Min of 30 hours)

SlNo	Date	Topic	Time	Hours	Faculty
1.	7/11/2021	IDENTIFICATION OF SEVERE TRAUMA	4-6PM	3	**Dr K Balagurunatha**
2.	9/11/2021	2. ROLE OF TRAUMA TEAM	4-7PM	3	**Dr Asayas Bosco**
3.	11/11/2021	3. PRIMARY SURVEY	4-6PM	2	**Dr K Balagurunatha**
4.	13/11/2021	4. EXSANGUINATING EXTERNAL	4-6PM	2	**Dr Asayas Bosco**

		HEMORRHAGE			
5.	15/11/2021	5. AIRWAAY WITH CERVICAL SINE CONTROL	4-7PM	3	**Dr K Balagurunatha**
6.	17/11/2021	6. BREATHING AND VENTILATION	4-7PM	3	**Dr Asayas Bosco**
7.	19/11/2021	7. CIRCULATION	4-7PM	3	**Dr K Balagurunatha**
8.	22/11/2021	8. PERMISSIVE HYPOTENSION	4-6PM	2	**Dr Asayas Bosco**
9.	25/11/2021	9. IDENTIFIATION AND MANAGEMENT OF HEMORRHAGE	4-6PM	2	**Dr K Balagurunatha**
10.	2/12/2021	10. SECONDARY SURVEY	4-7PM	3	**Dr Asayas Bosco**
11.	5/12/2021	11. EARLY TOTAL CARE VERSUS DAMAGE CONTROL SURGERY	4-6PM	2	**Dr K Balagurunatha**
12.	6/12/2021	IDENTIFICATION OF SEVERE TRAUMA	4-6PM	2	**Dr K Balagurunatha**
			TOTAL HOURS	30	

REFERENCE BOOKS: (Minimum 2)

1. **Schwartz's Principles of Surgery, 10th Edition**
2. **Bailey And Love's Short Practice of Surgery 26th Ed**
3. **Sabiston Textbook of Surgery - The Biological Basis of Modern Surgical Practice, 19E**

VALUE ADDED COURSE

1. Name of the programme & Code

EARLY ASSESSMENT AND MANAGEMENT OF SEVERE TRAUMA & GS05

2. Duration & Period

30 hrs & NOV 2021

3. Information Brochure and Course Content of Value Added Courses

Enclosed as Annexure- I

4. List of students enrolled

Enclosed as Annexure- II

5. Assessment procedures:

Multiple choice questions- *Enclosed as Annexure- III*

6. Certificate model

Enclosed as Annexure- IV

7. No. of times offered during the same year:

1 TIME. NOV 2021

8. Year of discontinuation: 2022

9. Summary report of each program year-wise

Value Added Course- NOV 2021					
Sl. No	**Course Code**	**Course Name**	**Resource Persons**	**Target Students**	**Strength & Year**
1	GSO5	EARLY ASSESSMENT AND MANAGEMENT OF SEVERE TRAUMA	Dr. ASAYAS BOSCO CHANDRA KUMAR	4TH MBBS	20 NOV 2021

10. Course Feed Back

Enclosed as Annexure- V

Professor General Surgery
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Kudapakkam, Puducherry-605 502.

RESOURCE PERSON

DR ASAYAS BOSCO CHANDRAKUMAR

(PROF GENERAL SURGERY)

PROFESSOR & HOD
DEPARTMENT OF GENERAL SURGERY
Sri Lakshmi Narayana Institute of Medical Sciences
PONDICHERRY - 605 502

CO-ORDINATOR

DR K BALAGURNATHAN

(HOD GENERAL SURGERY)

EARLY ASSESSMENT AND MANAGEMENT OF SEVERE TRAUMA

PARTICIPANT HAND BOOK

BIHER

SLIMS

COURSE DETAILS

Particulars	Description
Course Title	EARLY ASSESSMENT AND MANAGEMENT OF SEVERE TRAUMA
Course Code	GS05
Objective	1. IDENTIFICATION OF SEVERE TRAUMA 2. ROLE OF TRAUMA TEAM 3. PRIMARY SURVEY 4. EXSANGUINATING EXTERNAL HEMORRHAGE 5. AIRWAAY WITH CERVICAL SINE CONTROL 6. BREATHING AND VENTILATION 7. CIRCULATION 8. PERMISSIVE HYPOTENSION 9. IDENTIFIATION AND MANAGEMENT OF HEMORRHAGE 10. SECONDARY SURVEY 11. EARLY TOTAL CARE VERSUS DAMAGE CONTROL SURGERY
Further learning opportunities	-
Key Competencies	On successful completion of the course the students will have skill in handling trauma patients
Target Student	Final year MBBS Students
Duration	30hrs NOV 2021 – JAN 2022
Theory Session	10hrs
Practical Session	20hrs
Assessment Procedure	Multiple choice questions

IDENTIFICATION OF SEVERE TRAUMA

The severely injured patient, with multiple injuries to different body systems, poses unique diagnostic and treatment challenges. The early assessment and management of severe trauma begins in the prehospital environment. Many of these patients will be easily identified at the scene of injury and forewarning the receiving hospital allows the activation of the trauma team to prepare for the patient's arrival. Key information in the pre-alert includes basic demographic information (age and gender), mechanism of injury, injuries identified and vital signs, including respiratory rate, pulse, blood pressure and Glasgow Coma Scale (GCS).

Patients that are identified prehospital as sustaining, or at high risk of sustaining, severe multisystem trauma should generate trauma team activation in the receiving hospital. It should be noted that not all patients with severe multisystem trauma are immediately obvious. An elderly patient falling down a few steps can easily sustain a hip fracture, multiple rib fractures and a small subdural haemorrhage. At first glance the patient can appear well, but their injury severity score (ISS) and potential mortality could easily exceed those of the younger patient with multiple open long bone fractures. Both patients are critically injured and should be managed with the same principles in mind.

The role of the trauma team

- Allows the simultaneous and efficient application of ATLS principles to rapidly identify and treat life-threatening pathologies
- Should be led by the most senior clinician
- The most senior clinicians from each specialty should attend 'code red trauma calls'
- The team leader should be trying constantly to anticipate the next move

PRIMARY SURVEY

The primary survey aims to identify and manage the most immediately life-threatening pathologies first and follows **cABCDE**.

c: Exsanguinating external

BIHER

SLIMS

haemorrhage

Experience from war zones over the past 20 years has shown that exsanguinating external haemorrhage from massive arterial bleeding needs to be controlled even before the airway is managed . Most of these injuries are due to gunshot wounds or blasts and are mainly seen in military practice. However, they are encountered in civilian practice. Bleeding must be controlled immediately by the application of packs and pressure directly onto the bleeding wound and artery.
Haemostatic dressings that contain agents that augment local coagulation are now available.
Failure to control bleeding in the limb by direct pressure should be followed by the application of a tourniquet proximal to the wound.
In the field, simple tourniquets can be improvised if pneumatic tourniquets are not available.
It is vital to appreciate that once a tourniquet is applied the limb becomes ischaemic – the time for which the tourniquet is applied must be recorded on the patient and the patient requires **urgent** surgical control of the bleeding in order to reperfuse the limb.

A: Airway with cervical spine control

All trauma patients should have their cervical spine immobilised and protected throughout. An immediate assessment of the patient's airway is made. A compromised airway requires a stepwise progression, first clearing the airway by suctioning secretions or blood, followed by simple airway manoeuvres such as a jaw thrust, chin lift and insertion of an oropharyngeal or nasopharyngeal airway. Advanced airway manoeuvres necessitate the insertion of a cuffed endotracheal tube. This may require an anaesthetic with rapid sequence induction or a surgical airway. Emergency intubation of the severely injured trauma patient is a difficult and demanding skill – standardised and rehearsed procedures should be in place for failure to intubate . Equipment and expertise for achieving a surgical airway must be readily available

B: Breathing and ventilation

All patients should receive high-flow oxygen. Life-threatening chest pathology such as tension pneumothorax, massive haemothorax and flail segment should be diagnosed and managed immediately. Equipment and expertise for rapid insertion of intercostal chest drains should be available.

C: Circulation and haemorrhage

All patients require adequate intravenous access with at least two large-bore intravenous (IV) cannulae. Equipment and expertise for insertion of central or intraosseous venous access should be available where peripheral access is not easily obtainable. Blood should be taken for cross-match and laboratory assessment, including haemoglobin and venous lactate. An assessment of the haemodynamic status should be made to identify shocked patients: the skin may be pale, cool and sweaty, the pulse rate raised to over 100 per minute and the blood pressure low. A pelvic binder should be applied to all haemodynamically unstable patients following blunt trauma and not removed until after a pelvic fracture has been excluded. Hypotensive trauma patients are treated as hypovolaemic until proven otherwise. The priority is now simultaneous fluid resuscitation and identification of the source of the haemorrhage.

Permissive hypotension, massive transfusion protocols and tranexamic acid

The initial aim of resuscitation is to maintain the blood supply to the vital organs: the brain, heart and kidneys. For a short time, this can be achieved with a target systolic blood pressure of 70–90 mmHg, although a higher pressure of >90 mmHg should be the target if a head injury is suspected.
Small boluses of IV fluids (e.g. 250 mL of O negative blood, or normal saline if blood is not immediately available) should be administered to achieve this target, which should result in a palpable radial pulse. Excessive intravenous crystalloid or colloid solutions should be avoided because they cause haemodilution, increase coagulopathy and increase the risk of adult respiratory distress syndrome (ARDS). However, the key to this approach of permissive hypotension is that it is time limited. The primary source of haemorrhage must be identified and controlled as soon as possible. Severely injured hypovolaemic patients should be resuscitated with blood and blood products, not crystalloid/colloid fluids. These must be warmed. All hospitals managing severe

trauma should have a massive transfusion protocol which aims to provide blood and blood products in a ratio of 1 packed red cells:1 fresh frozen plasma:1 platelets.

Identification and management of haemorrhage

The sites of major haemorrhage in trauma patients are the chest, abdomen, pelvis, long bones and external haemorrhage

Blunt trauma patients frequently have multiple sources of haemorrhage. Clinical examination and investigations should aim rapidly to confirm or exclude significant bleeding from each of these sites.

Computed tomography (CT) from the head to pelvis with IV contrast, the so called 'whole body CT' (WBCT) is the gold standard investigation in patients with signs or symptoms of multiple injury or deranged physiology, but note that WBCT should not be performed on the basis of the mechanism of injury alone . There is no role for scanning selective body systems in the severely injured trauma patient. Wherever possible, WBCT should be performed as soon as possible during the patient's resuscitation. A provisional 'hot report' can be issued within minutes to identify immediate life-threatening pathology to the trauma team. A more detailed definitive report should be available within 30–60 minutes.

Traditionally, chest and pelvis radiographs have been obtained early in the assessment of patients with polytrauma but these investigations are increasingly omitted in favour of obtaining a rapid CT scan, as described above. Most trauma centres now have rapid access to CT scanners located within, or immediately adjacent to, the resuscitation area. This has allowed haemodynamically unstable patients to have a WBCT with resuscitation by the trauma team continuing simultaneously during CT. Identifying which patients are too haemodynamically unstable to scan safely is a difficult decision for the trauma team leader and will be influenced by local factors and facilities.

Some patients will be so haemodynamically unstable on arrival that they need immediate surgical control of their haemorrhage before a CT scan. The most likely sources are abdominal or pelvic bleeding. An immediate chest radiograph

will exclude catastrophic intrathoracic haemorrhage. An immediate pelvic radiograph is essential but should not delay transfer to the operating room. A focused abdominal sonography for trauma (FAST) scan (if immediately available) may also be useful in this scenario to locate the major source of haemorrhage. All patients undergoing immediate laparotomy in the operating room should have a pelvic binder applied and not removed. A correctly positioned pelvic binder at the level of the greater trochanters does not obstruct trauma laparotomy.

D: Disability and E: Exposure

On admission, the GCS score should be calculated (*Table 23.1*), the pupils assessed for size and reaction to light and the patient observed to determine whether they are moving all four limbs. The core temperature must be recorded. Patients are managed with cervical spine protection (cervical collar and blocks) and protection of the thoracolumbar spine using standard log roll techniques until a spinal injury has been excluded.

Early WBCT scan will rapidly identify the majority of intracranial and spinal pathology. The patient must be adequately exposed to allow a thorough and systematic clinical examination during the secondary survey but they must be kept warm.

Trauma patients are frequently hypothermic and this will further increase coagulopathy. Every effort should be made to maintain normal temperature by minimising unnecessary exposure of the patient, and by using warmed blankets and trolleys and warmed fluids during resuscitation.

Log-rolling patients with severe pelvic fractures may harm the patient by disturbing established blot clots. Log-rolling should not occur until a pelvic fracture has been radiographically excluded. If patients need to be moved during their primary survey, such as when moving on to the CT scanning gantry, a 20° roll with inline spinal stabilisation should be used. Modern 'Scoop Stretchers' mean that there is no requirement to roll any patient more than 20° until a pelvic fracture has been excluded.

TABLE 23.1 Glasgow Coma Scale		
Best eye response (E)	Best verbal response (V)	Best motor response (M)
4 Eyes opening spontaneously	5 Oriented	6 Obeys commands
3 Eye opening to speech	4 Confused	5 Localises to pain
2 Eye opening in response to pain	3 Inappropriates words	4 Withdraws from pain
1 No eye opening	2 Incomprehensible sounds	3 Flexion in response to pain
	1 None	2 Extension to pain
		1 No motor response

The cABCDE of trauma care

- c – Control of massive external haemorrhage
- A – Airway with cervical spine protection
- B – Breathing and ventilation
- C – Circulation and haemorrhage control: apply a pelvic binder and do not remove until a pelvic fracture is excluded
- D – Disability (neurological status)
- E – Exposure (assess for other injuries

SECONDARY SURVEY

All severely injured patients require a detailed top to toe examination after life-threatening injuries have been identified and managed during the primary survey.

Patients may be intubated and unresponsive at this point, limiting the accuracy of clinical examination.

Such patients should have a 'tertiary survey' when extubated and alert, to identify any missed 'minor' injuries such as a scaphoid fracture in the wrist or a rotator cuff tear in the shoulder.

These injuries have the potential to cause significant long-term disability. It is essential that the findings of the primary, secondary and tertiary surveys are clearly recorded in the patient case notes

BIHER

SLIMS

Early total care versus damage control surgery

- Early total care describes the definitive management of a patient's injuries within 36 hours of injury after a period of initial resuscitation
- Damage control surgery describes simultaneous resuscitation with early rapid life- and limb-saving surgery. Time-consuming definitive surgery is deferred until the patient's physiological status allows
- An early total care approach can be changed to a damage control approach if the patient's physiology deteriorates during definitive surgery.

Assessment Procedure

Multiple choice questions based assessment after successful completion of theory and practical sessions

VALUE ADDED COURSE
EARLY ASSESSMENT AND MANAGEMENT OF SEVERE TRAUMA

List of Students Enrolled NOV 2021

MBBS Student			
Sl. No	Name of the Student	Roll No	Signature
1	STEPHEN BUSH P	U12MB311	
2	SUBAASHINI N	U12MB312	
3	SUBASH K	U12MB313	
4	SUBASH N	U12MB314	
5	SUBASH S	U12MB315	
6	SUBASHINI R	U12MB316	
7	SUBBIAH S	U12MB317	
8	SUNDARAVADIVELAN M	U12MB318	
9	SURIYAPRABU	U12MB319	
10	SURYAPRAKASH M	U12MB320	
11	SUSHMITA R	U12MB321	
12	THAMIZHARASU J	U12MB322	
13	THAMIZHILAKIYA B	U12MB323	
14	UDAYASANKAR S	U12MB324	
15	UDAYAKUMAR S	U12MB325	
16	USHA NANDHINI V	U12MB326	
17	VAISALI M	U12MB327	
18	VANMATHI RD	U12MB328	
19	VATIKUTI SONICA	U12MB329	
20	VELUSAMY M	U12MB330	

STEPHEN BUSH P
U12HB311

SRI LAKSHMI NARAYANA INSTITUE OF HIGHER EDUCATON AND RESEARCH

Annexure - IV

EARLY ASSESSMENT AND MANAGEMENT OF SEVERE TRAUMA

MULTIPLE CHOICE QUESTIONS

Course Code: GS05

I. ANSWER ALL THE QUESTIONS

1. role of trauma team

   a. Allows the simultaneous and efficient application of ATLS principles to rapidly identify and treat life-threatening pathologies

   b. Should be led by the most senior clinician

   c. The most senior clinicians from each specialty should attend 'code red trauma calls'

   d. all of the above

2. Primary survery includes

   a. exsanguinating external hemmorrrhge

   b. airway

   c. Both A & B are Correct

   d. None of the above

3. c in Primary survery cABCDE

   a. exsanguinating external hemmorrrhge

   b. Circulation

   c. Both A & B are Correct

   d. breathing

4. According to GCS, E2 IS

   a. No eye opening

   b. eye opening in response to pain

   c. Both A & B are Correct

d. None of the above

5. According to GCS, m4 is

a. extension to pain

b. withdraws to pain

c. Both A & B are Correct

d. None of the above

6. What is V3 in GCS

a. Inappropriate words

b. incomprehensive sounds

c. Both A & B are Correct

d. None of the above

7. What is permissive hyptension

a. SBP 70-90mmhg

b. SBP < 70

c. SBP >90

d. All the above are correct

6/7

ASSESSOR NAME : M. SENTHIL VELAN

SIGNATURE

DATE 7/12/2016

Dr. M. SENTHILVELAN, MS.,
Reg. No: 53175
Professor General Surgery
Sri Lakshmi Narayana Institute of Medical Science
Osudu, Kudapakkam, Puducherry-605 502

Subaashini. N
U12MB312

SRI LAKSHMI NARAYANA INSTITUE OF HIGHER EDUCATON AND RESEARCH

Annexure - IV

EARLY ASSESSMENT AND MANAGEMENT OF SEVERE TRAUMA

MULTIPLE CHOICE QUESTIONS

Course Code: GS05

I. ANSWER ALL THE QUESTIONS

1. role of trauma team

a Allows the simultaneous and efficient application of ATLS principles to rapidly identify and treat life-threatening pathologies

b.Should be led by the most senior clinician

c.The most senior clinicians from each specialty should attend 'code red trauma calls'

d. all of the above

2. Primary survery includes

a. exsanguinating external hemmorrrhge

b. airway

c. Both A & B are Correct

d. None of the above

3. c in Primary survery cABCDE

a. exsanguinating external hemmorrrhge

b. Circulation

c. Both A & B are Correct

d. breathing

4. According to GCS, E2 IS

a. No eye opening

b. eye opening in response to pain

c. Both A & B are Correct

d. None of the above

5. According to GCS, m4 is

a. extension to pain

b. withdraws to pain

c. Both A & B are Correct

d. None of the above

6. What is V3 in GCS

a. Inappropriate words

b. incomprehensive sounds

c. Both A & B are Correct

d. None of the above

7. What is permissive hyptension

a. SBP 70-90mmhg

b. SBP < 70

c. SBP >90

d. All the above are correct

6/7

ASSESSOR NAME :

SIGNATURE :

DATE 7/12/2016.

Dr. M. SENTHILVELAN, MS.,
Reg. No: 53175
Professor General Surgery
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Kudapakkam, Puducherry-605 502.

Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research
(Deemed to be University under section 3 of the UGC Act 1956)

CERTIFICATE OF MERIT

This is to certify that SUBASHINI R has actively participated in the Value Added Course on EARLY ASSESSMENT AND MANAGEMEMT OF SEVERE TRAUMA Nov 2021 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Professor General Surgery
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Kudapakkam, Puducherry-605 502.

Dr. Asayas Bosco
Chandra Kumar

RESOURCE PERSON

PROFESSOR & HOD
DEPARTMENT OF GENERAL SURGERY
Sri Lakshmi Narayana Institute of Medical Sciences
PONDICHERRY - 605 502

Dr. R Balaguranathan

COORDINATOR

Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research
(Deemed to be University under section 3 of the UGC Act 1956)

CERTIFICATE OF MERIT

This is to certify that STEPHEN BUSH P has actively participated in the Value Added Course on EARLY ASSESSMENT AND MANAGEMEMT OF SEVERE TRAUMA Nov 2021 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Professor General Surgery
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Kudapakkam, Puducherry-605 502.

Dr. Asayas Bosco Chandra Kumar
RESOURCE PERSON

PROFESSOR & HOD
DEPARTMENT OF GENERAL SURGERY
Sri Lakshmi Narayana Institute of Medical Sciences
PONDICHERRY - 605 502

Dr. K Balagurunathan
COORDINATOR

Student Feedback Form

Course Name: **EARLY ASSESSMENT AND MANAGEMENT OF SEVERE TRAUMA**

Subject Code: **GS05**

Name of Student: Veluswamy. M Roll No.: U12M13330

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear					✓
2	Course contents met with your expectations					✓
3	Lecturer sequence was well planned					
4	Lectures were clear and easy to understand					✓
5	Teaching aids were effective					✓
6	Instructors encourage interaction and were helpful					✓
7	The level of the course					✓
8	Overall rating of the course					✓
		1	2	3	4	5

** Rating: 5 – Outstanding; 4 - Excellent; 3 – Good; 2– Satisfactory; 1 - Not-Satisfactory*

Suggestions if any:

Date: 6/12/21

Signature

Student Feedback Form

Course Name: **EARLY ASSESSMENT AND MANAGEMENT OF SEVERE TRAUMA**

Subject Code: **GS05**

Name of Student: Udayakumar.S Roll No.: 212MB325

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear			✓		
2	Course contents met with your expectations				✓	
3	Lecturer sequence was well planned			✓		
4	Lectures were clear and easy to understand					✓
5	Teaching aids were effective			✓		
6	Instructors encourage interaction and were helpful				✓	
7	The level of the course					✓
8	Overall rating of the course	1	2	3	4	5

** Rating: 5 – Outstanding; 4 - Excellent; 3 – Good; 2– Satisfactory; 1 - Not-Satisfactory*

Suggestions if any:

Date: 6/12/21

Signature

Date 10/1/2022

From
Dr K Balagurunathan
Professor and Head,
General Surgery,
Sri Lakshmi Narayana Institute Of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Through Proper Channel

To
The Dean,
Sri Lakshmi Narayana Institute Of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.
.

Sub: Completion of value-added course: Early Assessment And Management Of Severe Trauma

Dear Sir,

With reference to the subject mentioned above, the department has conducted thevalue-added course titled: **EARLY ASSESSMENT AND MANAGEMENT OF SEVERE TRAUMA** for 20students in NOV 2021 We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards

PROFESSOR & HOD
DEPARTMENT OF GENERAL SURGERY
Sri Lakshmi Narayana Institute of Medical Sciences
PONDICHERRY - 605 502

DR K BALAGURUNATHAN

HOD General Surgery

Encl: Certificates

Photographs