



Sri Lakshmi Narayana Institute of Medical Sciences

Date 3/6/2018

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


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: SURGICAL PROCEDURES IN ACUTE
EMERGENCY**

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: **SURGICAL PROCEDURES IN ACUTE EMERGENCY** 30 hours course on **July 2018-December 2018**. We solicit your kind permission for the same.

Kind Regards


PROFESSOR & HOD
DEPARTMENT OF GENERAL SURGERY
Sri Lakshmi Narayana Institute of Medical Sciences
PONDICHERRY - 605 002

DR K BALAGURUNATHAN

HOD, GENERAL SURGERY

FOR THE USE OF DEANS OFFICE

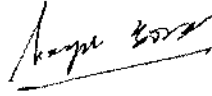
Names of Committee members for evaluating the course:

The Dean: DR A SUGUMARAN

The HOD: DR K BALAGURUNATHAN

The Expert: DR ASAYAS BOSCO CHANDRA KUMAR

The committee has discussed about the course and is approved.



Professor General Surgery
Sri Lakshmi Narayana Institute of Medical Sciences
Osuda, Koodapakkam, Puducherry-605 002

Subject Expert

(Sign & Seal)



Dean
(Sign & Seal)

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
OSUDA, KODAPAKKAM VILLAGE,
KODAPAKKAM POST,
PUDUCHERRY - 605 002

PROFESSOR & HOD

DEPARTMENT OF GENERAL SURGERY

Sri Lakshmi Narayana Institute of Medical Sciences

PONDICHERRY - 605 002

(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]
[Affiliated to Bharath University, Chennai - TN]

Circular

07.06.2018

Sub: Organising Value-added Course: SURGICAL PROCEDURES IN ACUTE EMERGENCY

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 "SURGICAL PROCEDURES IN ACUTE EMERGENCY".

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 JULY 2018. Applications received after the mentioned date shall not be entertained under any circumstances.


Dean

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
OSUDU, AGARAM VILLAGE,
KUDAPAKKAM POST,
PUDUCHERRY - 605 502

Course Proposal

Course Title: SURGICAL PROCEDURES IN ACUTE EMERGENCY

Course Objective:

1. Tracheostomy – Indications
2. Types Of Tracheostomy Tubes
3. Tracheostomy Procedure Demonstration
4. Complications Of Tracheostomy
5. Tracheostomy Care
6. Thoracocentesis – Indications,
7. Thoracocentesis Procedure Demostartion
8. Complications Of Thoracocentesis
9. Intercoastal Tube Drainage- Indications
10. Icd Procedure Demonstration
- 11, Complications Of Icd Insertion

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 Balagurunatha, Prof and HOD General Surgery
3. Dr M Senthil Velan , Prof General Surgery

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

SINo	Date	Topic	Time	Hours	Faculty
1.	14/7/2018	1. Tracheostomy – Indications	4-6PM	2	Dr Asayas Bosco
2.	16/7/2018	2. Types Of Tracheostomy Tubes	4-6PM	2	Dr K Balagurunatha
3.	18/7/2018	3. Tracheostomy Procedure Demonstration	4-7PM	3	Dr Asayas Bosco
4.	21/7/2018	4. Tracheostomy	4-6PM	2	Dr M Senthil

		Procedure Demonstration			Velan
5.	23/7/2018	5. Complications Of Tracheostomy	4-6PM	2	Dr Asayas Bosco
6.	25/7/2018	6. Tracheostomy Care	4-6PM	2	Dr K Balagurunatha
7.	27/7/2018	7. Thoracocentesis – Indications,	4-6PM	2	Dr M Senthil Velan
8.	4/8/2018	8. Thoracocentesis Procedure Demostartion	4-6PM	3	Dr Asayas Bosco
9.	6/8/2018	9. Thoracocentesis Procedure Demostartion	4-6PM	2	Dr M Senthil Velan
10.	9/8/2018	10. Complications Of Thoracoentesis	4-5PM	1	Dr Asayas Bosco
11.	11/8/2018	11. Intercoastal Tube Drainage- Indications	4-6PM	2	Dr M Senthil Velan
12.	14/8/2018	12. Icd Procedure Demonstration	4-6PM	2	Dr Asayas Bosco
13.	16/8/2018	13. Icd Procedure Demonstration	4-7PM	3	Dr M Senthil Velan
14.	21/8/2018	14. Complications Of Icd Insertion	4-6PM	2	Dr Asayas Bosco

REFERENCE BOOKS: (Minimum 2)

1. Schwartz's Principles of Surgery, 11th Edition
2. Bailey And Love's Short Practice of Surgery 27th Ed

VALUE ADDED COURSE

1. Name of the programme & Code

Surgical procedures in acute emergency & GS09

2. Duration & Period

30 hrs & JULY 2018 –DEC 2018

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 JULY 2018 –DEC 2018

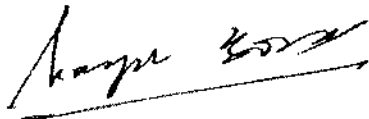
8. Year of discontinuation: 2018

9. Summary report of each program year-wise

Value Added Course- JULY 2018 –DEC 2018					
Sl. No	Course Code	Course Name	Resource Persons	Target Students	Strength & Year
1	GS09	Surgical procedures in acute emergency	Dr. ASAYAS BOSCO CHANDRA KUMAR	MBBS	20 (JULY 2018 –DEC 2018)

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 BALAGURUNATHAN
(HOD GENERAL SURGERY)

SURGICAL PROCEDURES IN ACUTE EMERGENCY

PARTICIPANTS HAND BOOK

COURSE DETAILS

Particulars	Description
Course Title	SURGICAL PROCEDURES IN ACUTE EMERGENCY
Course Code	GS09
Objective	<ol style="list-style-type: none"> 1.Tracheostomy – Indications 2.Types Of Tracheostomy Tubes 3.Tracheostomy Procedure Demonstration 4.Complications Of Tracheostomy 5. Tracheostomy Care 6. Thoracocentesis – Indications, 7. Thoracocentesis Procedure Demostartion 8. Complications Of Thoracocentesis 9.Intercoastal Tube Drainage- Indications 10. Icd Procedure Demonstration 11, Complications Of Icd Insertion
Further learning opportunities	
Key Competencies	On successful completion of the course the students will have skill in emergency tracheostomy , thoracocentesis and other procedures
Target Student	MBBS Students
Duration	30hrs JULY 2018 –DEC 2018
Theory Session	10hrs
Practical Session	20hrs
Assessment Procedure	Multiple choice questions

TRACHEOSTOMY

Tracheostomy is making an opening in the anterior wall of trachea and converting it into a stoma on the skin surface.

Types'

- Emergency tracheostomy.
- Elective tracheostomy.
- Permanent tracheostomy.

High tracheostomy: Above the level of isthmus. It can cause tracheal stenosis. It is above second ring.

Mid tracheostomy: Ideal and commonly used. It through 2nd and 3rd rings behind isthmus. It is approached by dividing thyroid isthmus.

Low tracheostomy: Below the isthmus level. It is deep and impinges the suprasternal notch. It can cause torrectial bleed which is difficult to control.

Tracheostomy Tubes

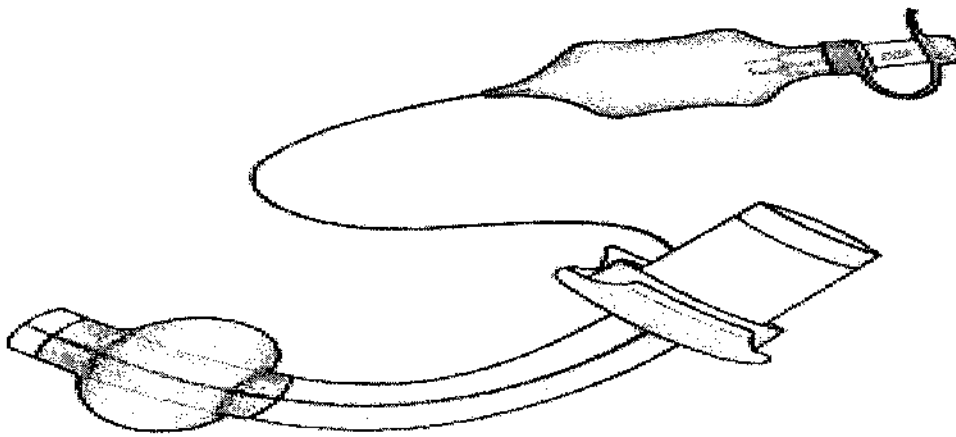
1. **Fuller's bivalved tracheostomy tube:** It has got a outer tube and a inner tube. Outer tube is biflanged and so insertion is easier. Inner tube is longer with an opening on its posterior aspect. Inner tube can be removed and reinserted easily whenever required.

2. **Jackson's tracheostomy tube:** It has got outer tube, inner tube and an obturator.

3. Red-rubber tracheostomy tube.

4. PVC tracheostomy tube.

Modern tracheostomy tubes are made of plastic. They are soft, least irritant and disposable. They have inflatable cuff which makes it easier to give assisted ventilation. Cuff should be deflated at regular intervals to prevent tracheal pressure necrosis (For assisted ventilation, endotracheal tube can be kept for 7 days. Beyond that period patient needs tracheostomy for further ventilation).



Indications for Tracheostomy

- In head, neck and facial injuries.
- Tetanus.
- Tracheomalacia after thyroidectomy or bilateral recurrent laryngeal nerve palsy.
- Laryngeal oedema/spasm.
- Major head and neck surgeries like Commando's operation, block dissection.
- Acute laryngitis as in diphtheria.
- Carcinoma larynx, foreign body larynx, burns mouth, pharynx, larynx.
- Respiratory paralysis like bulbar palsy.
- Respiratory failure due to asthma, ARDS.

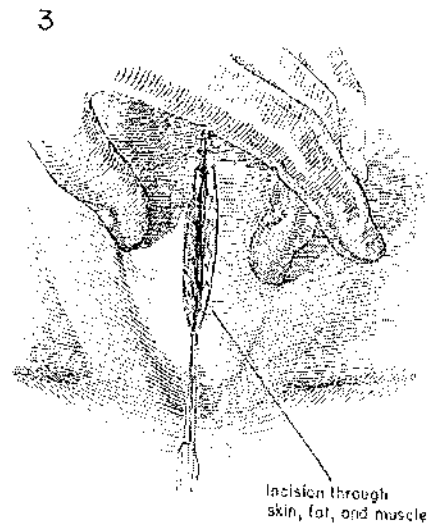
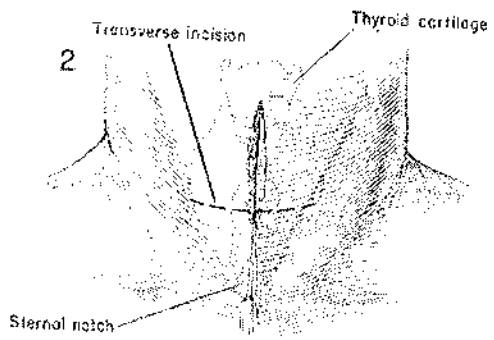
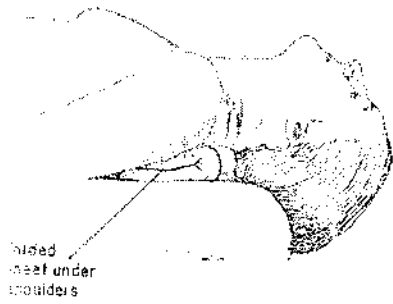
Indications for tracheostomy respiratory obstruction due to

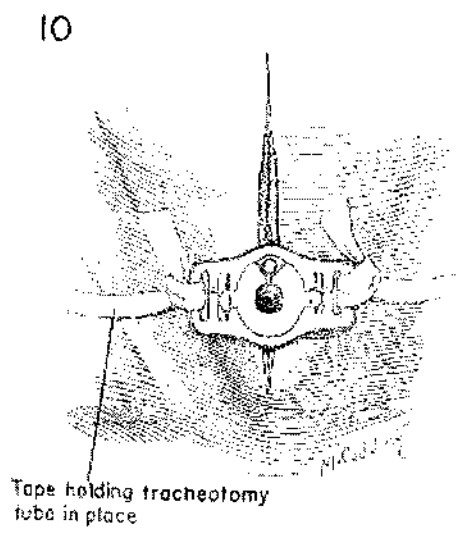
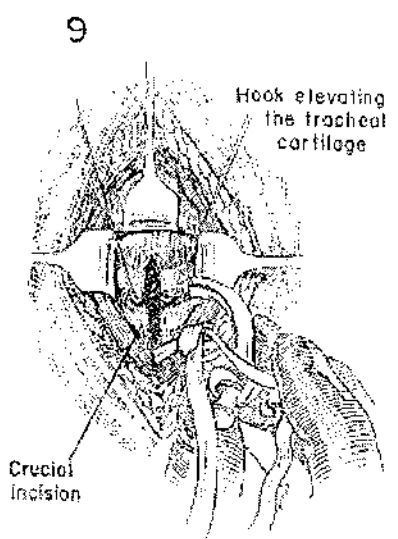
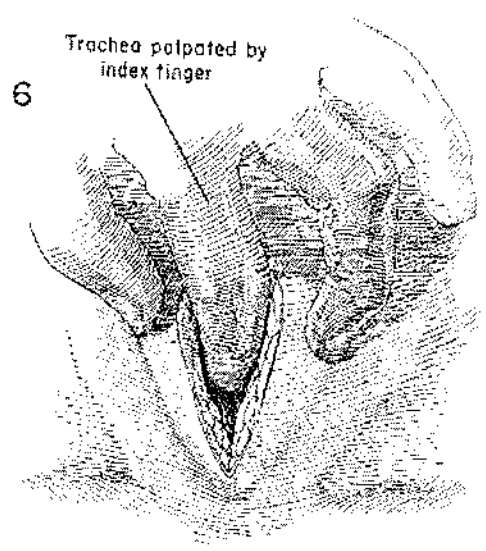
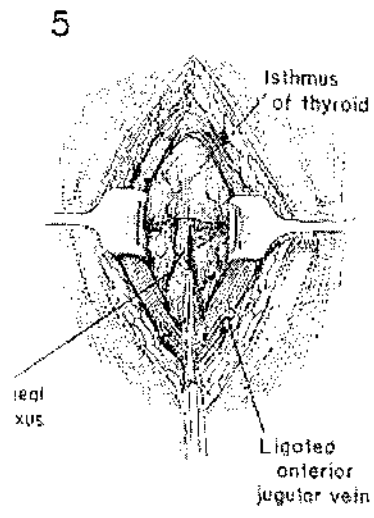
- Acute infections causing oedema larynx
- Trauma
- Neoplasms—benign/malignant
- Foreign body
- Bilateral abductor palsy
- Congenital causes Respiratory secretions due to
- Inability to cough—tetanus, head injury, neurological causes, strychnine poison
- Painful cough in chest injuries, pneumonia
- Aspiration of secretions Respiratory insufficiency due to chronic lung diseases like emphysema, chronic bronchitis, bronchiectasis

Technique of Tracheostomy

Neck of the patient is hyper extended by placing sand bags under the shoulder. Vertical (midline) or horizontal incision is made. Deep fascia is opened. Strap muscles are retracted laterally. Isthmus is divided or retracted upwards. A few drops of lignocaine are instilled into the trachea to suppress the cough reflex. Trachea is fixed with tracheal hook. Second and 3rd or 3rd and 4th tracheal rings are opened and circular opening is made. Tracheostomy tube is placed. It is tied around the neck. Note

- First tracheal ring should never be used to do tracheostomy as perichondritis of cricoid cartilage with stenosis can occur.
- Skin should not be sutured or loosely sutured to prevent development of subcutaneous emphysema.
- Cautery should be used during tracheostomy as much as possible to prevent oozing/bleeding from places like muscles, tracheal cut edge. Often torrential haemorrhage known to occur which may need a re-exploration to control bleeding.



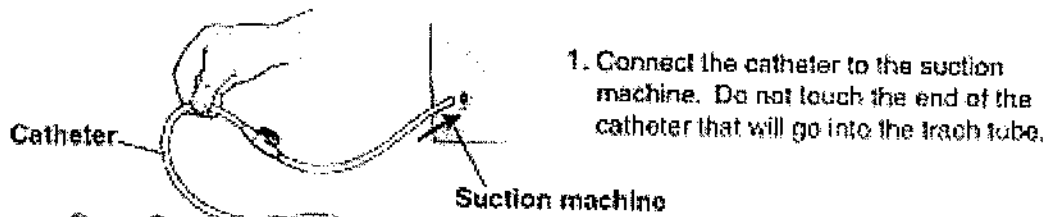


Tracheostomy Care

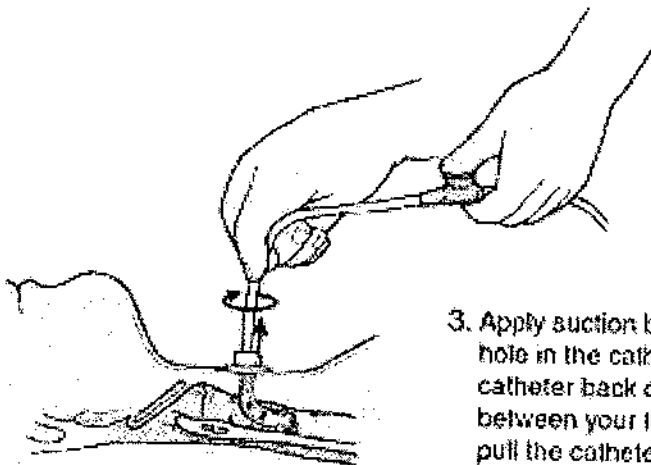
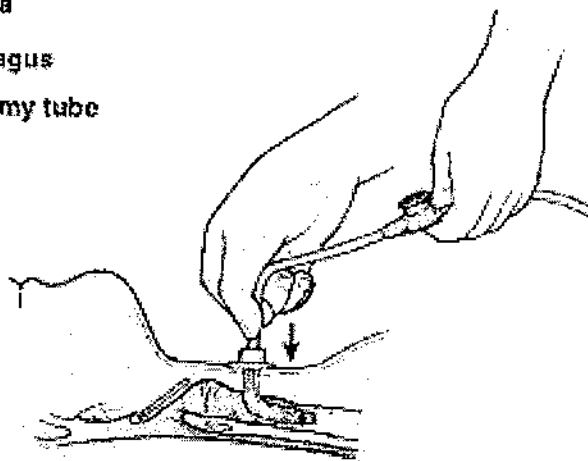
- Regular suctioning of the tube.
- Cleaning of tracheostomy tube.
- Humidification of the inspired air using normal saline/ringer lactate/acetylcystine mucolytic agent to liquefy secretions or crusts so that to prevent blockage.
- Constant observation of the patient for block, bleeding.

- Periodic deflation of the cuff of the tube for short period to prevent pressure necrosis of tracheal mucosa.
- Prevention of infection.
- Decannulation of tracheostomy should be done with care especially in children as sudden respiratory distress can occur and in such occasion emergency reinsertion of the tube should be done • Flexible bronchoscopy may be needed to clear the lower air-way through the tracheostomy tube.

How to Suction a Tracheostomy Tube



2. Insert the catheter the proper distance into the trach tube (usually the length of the trach tube plus 1/4 inch.)



3. Apply suction by putting your thumb over the hole in the catheter while you gently pull the catheter back out. Gently roll the catheter between your thumb and forefinger as you pull the catheter out.

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Functions of the tracheostomy

- Alternate pathway for respiration bypassing the upper air-way
- It decreases the dead space by 50% and reduces the resistance to airflow so as to improve the ventilation
- It prevents aspiration in bulbar palsy, coma, haemorrhage from larynx/pharynx
- In injuries of head, chest, abdomen, in respiratory paralysis lower airway is kept clean and patent by doing suction of the secretions through the tracheostomy tube
- Tracheostomy is better and ideal for intermittent positive pressure ventilation (IPPR)
- To give general anaesthesia when endotracheal intubation is not possible

Complications of Tracheostomy • Bleeding. • Aspiration, sudden apnoea. • Pneumothorax. • Surgical emphysema in the neck. • Mediastinal emphysema. • Injury to adjacent structures like oesophagus, recurrent laryngeal nerve, thyroid gland. • Tracheal stenosis. • Laryngeal stenosis due to perichondritis of cricoid cartilage. • Tracheitis/tracheo-bronchitis. • Displacement/blockage of the tube or erosion of the tube into major vessels. • Tracheo-oesophageal, tracheoarterial fistula.

- Consent should be taken.
- Materials like tracheostomy tubes, (8.5 size), sterile gown, drapes, gloves, cap, mask, tracheostomy sterile set, gauze, local anaesthetic agent, suction apparatus and tubes, connecting tubes to ventilator, sterile syringes should be kept ready. • During procedure the patient is monitored for vital signs.
- Proper nursing care of the tracheostomy tube is done like, humidifying, cleaning, suction, care of the wound, checking of cuff pressure.
- Tracheal dilator and additional tracheostomy tube should be kept ready at bedside in case of blockage of existing tube/balloon not getting inflated to replace

with a new one. • Absolute asepsis like scrubbing hands, using sterile equipments are essential. • Sterile suction tubes should be used.

• Care of inner tube is essential in case of metal tracheostomy tube. • Regular dressing of the wound is needed. Antibiotics are required to prevent pulmonary sepsis.

PLEURAL TAP (THORACOCENTESIS)

Indications'

• Pleural effusion both diagnostic as well as therapeutic. The fluid is sent for culture, cytology, microscopy, specific gravity, biochemical analysis like proteins for diagnosis of tuberculosis, malignancy.

• In empyema thoracis, for diagnostic purpose before placing an ICT.

• Intrapleural administration of drugs.

Position In sitting position, leaning forward over a wooden support.

Site : Tip of scapula at 7th intercostal space (posteriorly).

Procedure :

done in sitting and leaning forward over a support.

Tapping is done from behind.

After giving local anaesthesia wide bore needle (Abraham needle) is used to tap the fluid.

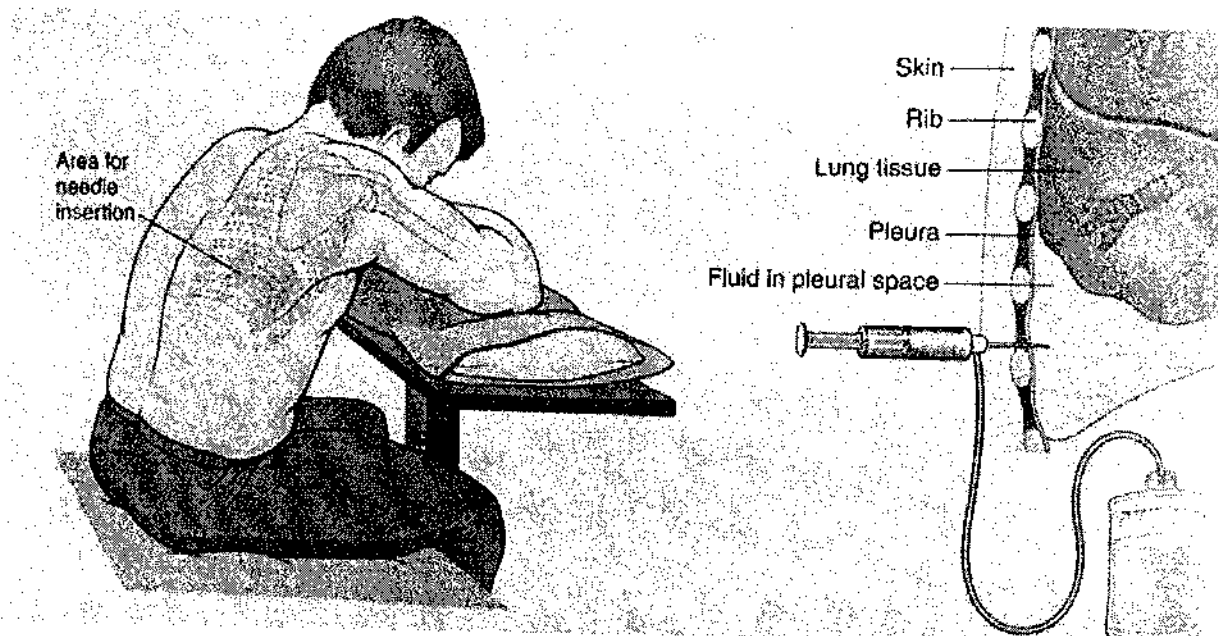
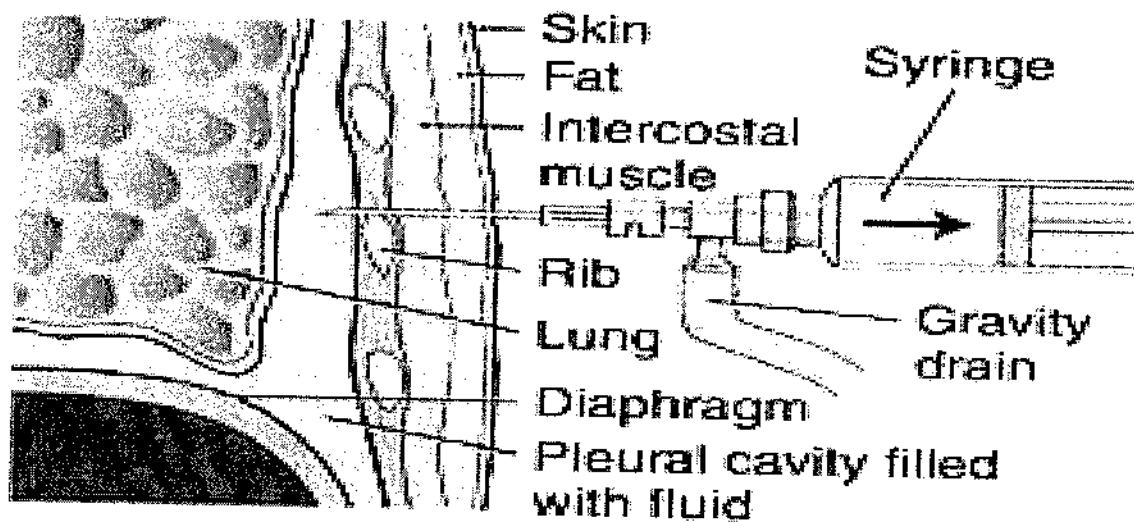
Needle with stopcock (3-way) is used.

50 ml syringe is connected to the stopcock.

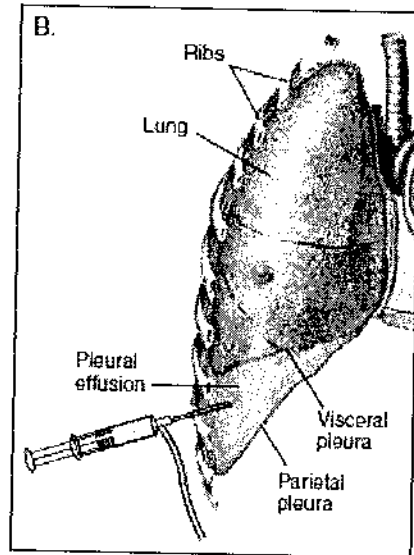
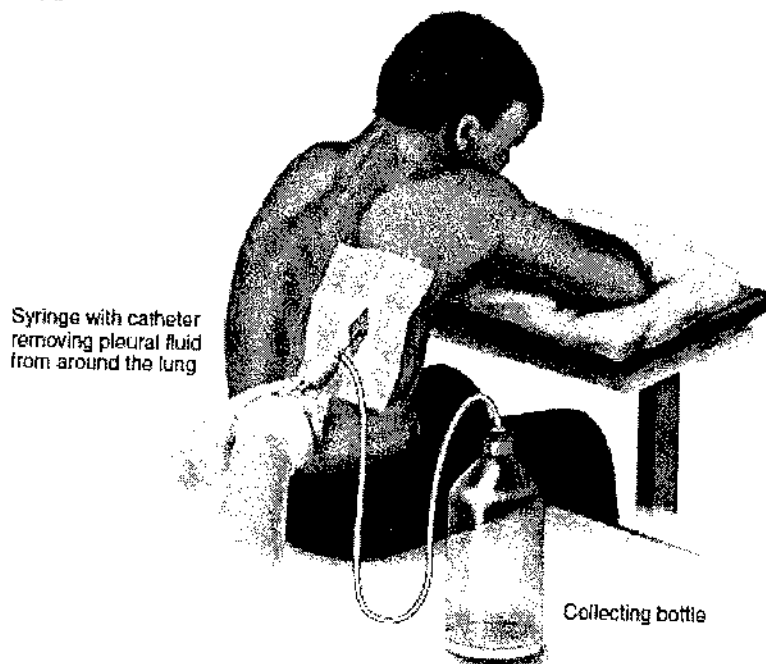
Fluid is aspirated to syringe from pleura with stopcock in straight position.

Then knob is turned right angle to empty the syringe to reservoir.

Procedure is repeated to clear the fluid.



A.



For **diagnostic tap**, 50 ml of fluid is aspirated to send for biochemical/cytological analysis and culture.

For **therapeutic aspiration**— 750-1000 ml per day is aspirated. If more quantity is aspirated rapidly, pulmonary oedema may develop leading to often ARDS which may be life-threatening.

Complications

- Infection.
- Dry tap or bloody tap.
- Sudden vagal shock.
- Pain and respiratory distress.

INTERCOSTAL TUBE DRAINAGE (ICT DRAINAGE)

It is the method of draining collections in the pleural cavity safely so as to make the lung to expand

Indications

- Haemothorax.
- Pneumothorax.
- Haempneumothorax
- Empyema thoracis.
- Traumatic lung contusion.
- After thoracotomy to drain pleural cavity.

Procedure

- Patient is in 45° partial lying positions with backrest support.

Under local anaesthesia (5 ml of 1% xylocaine injection), an ICT is placed in 6th or 8th intercostal space in case of haemothorax and pyothorax and in pneumothorax ICT is placed in 2nd or 3rd space.

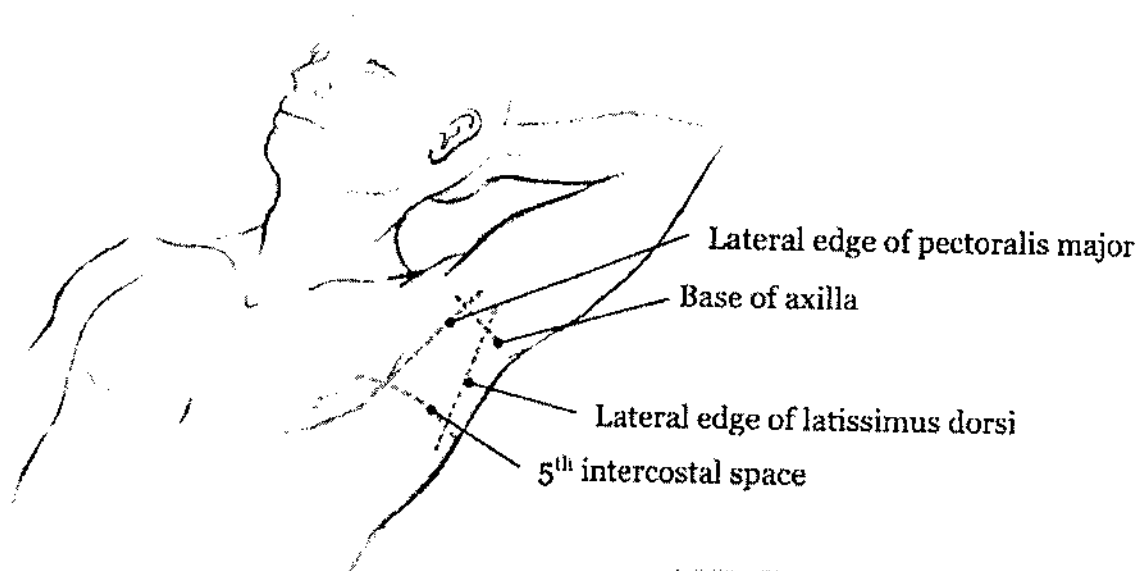
- A small incision is made in midaxillary line (as the muscle bulk is less here and so passage of ICT is easier), parallel to intercostal space (above the rib, i.e. lower part of intercostal space to avoid injury to neurovascular bundle which are located in the groove in the lower part of rib).

Tube with side openings is pushed into the pleural cavity.

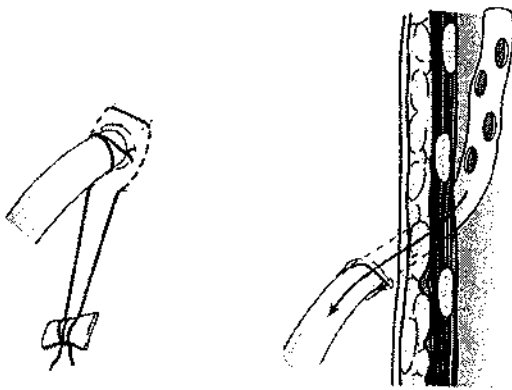
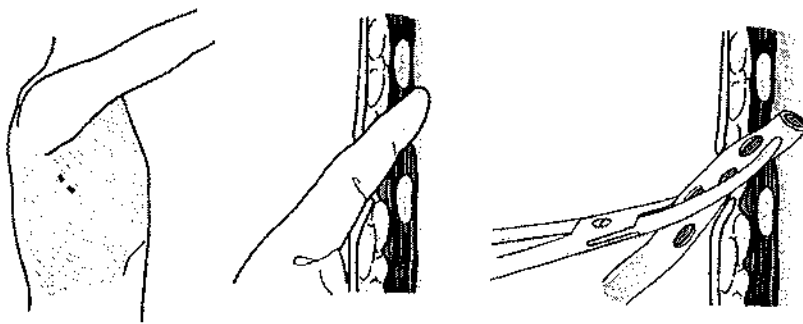
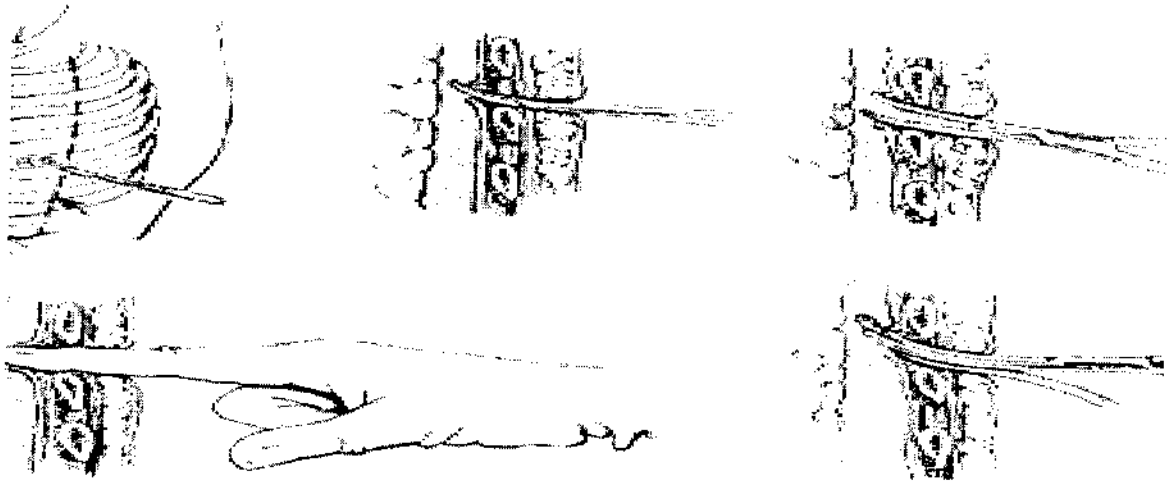
- Other end is connected to under water seal (200 ml of sterile water). Air-water column moving with respiration can be observed. Tube is fixed with skin sutures.
- Usually for pneumothorax ICT is kept for 2-3 days (Till lung expands— Confirmed by check chest X-ray). For haemothorax and pyothorax it is kept for 4-6 days or until it stops draining and lung expansion is confirmed by repeat chest X-ray.

To have a proper expansion of lungs patient is asked to blow foot ball bladder (balloon) (Breathing exercise)

. If there is broncho-pleural fistula, ICT should be placed for longer time until fistula heals.



EBM CONSULT



Complications

1. Infection.
2. Displacement and inadequate functioning.

3. Injury to intercostal vessels and bleeding.
4. Injury to intercostal nerves, lung and mediastinum.
5. Pain at the site of ICT placement.

Annexure- II

VALUE ADDED COURSE

Surgical procedures in acute emergency & GS09

List of Students Enrolled JULY 2018 - DEC 2018

MBBS Student			Signature
Sl. No	Name of the Student	Roll No	
1	KAVITHA M	U16MB311	Kavitha
2	KEERTHANA K	U16MB313	Keerthana
3	KEERTHI K DAS	U16MB314	Keerthi
4	KUNCHAL BALA VENKATA RAMANA REDDY	U16MB315	Kanungo
5	LAKSHMIPURAM VEGA SRI VIDYA	U16MB316	Vidya
6	LOGESH BABU JS	U16MB317	Logesh
7	MADHUMITHA R	U16MB319	Madhumitha
8	MADHUMITHA S	U16MB320	Madhumitha
9	MANIMARANE R	U16MB321	Manimaran
10	MATHIVANAN J	U16MB323	Mathivanan
11	MD ALTAF KHAN	U16MB324	Altaf
12	MEKALA CHARAN CHOWDARY	U16MB325	Charan
13	MERLIN S	U16MB326	Merlin
14	MERLINE SHEEBA B	U16MB327	Merline
15	MOHAN B	U16MB328	Mohan
16	MOHIT BHARDWAJ	U16MB329	Mohit
17	MONISH PALEJ PATRA	U16MB330	Monish
18	KAVYA K	U16MB312	Kavya
19	LOKESHWARAN	U16MB318	Lokeshwaran
20	MATHIVAANANE R	U16MB322	Mathivaanane



KAVITHA M / U16MB311

SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION
AND RESEARCH

Annexure - IV

SURGICAL PROCEDURES IN ACUTE EMERGENCY

MULTIPLE CHOICE QUESTIONS

Course Code: GS09

I. ANSWER ALL THE QUESTIONS

1. making an opening in the anterior wall of trachea and converting it into a stoma on the skin surface is known as

- a. tracheostomy
- b. thoracotomy
- c. both a and b
- d. none

✓

2. high tracheostomy

- a. above second ring
- b. through 2nd and 3rd rings
- c. Both A & B are Correct
- d. None of the above

✓

3. indications for tracheostomy

- a. In head, neck and facial injuries
- b. Tracheomalacia after thyroidectomy or bilateral recurrent laryngeal nerve palsy.
- c. Both A & B are Correct
- d. none

✓

4. complications of tracheostomy

- a. Injury to adjacent structures like oesophagus
- b. Mediastinal emphysema
- c. Both A & B are Correct
- d. None of the above

✓

**SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION
AND RESEARCH**

5. indications for thoracocentesis

- a. Pleural effusion
- b. empyema thoracis
- c. Both A & B are Correct
- d. None of the above

6. What is complication of thoracocentesis

- a. vagal shock
- b. respiratory distress
- c. Both A & B are Correct
- d. None of the above

7. indications of ICD

- a. Haemothorax.
- b. Pneumothorax.
- c. Haemopneumothorax
- d. All the above are correct

8. site of icd placement in pneumothorax

- a. 1st intercoastal space
- b. 2nd - 3rd intercoastal space
- c. 8th intercoastal space
- d. None of the above

ASSESSOR NAME

SIGNATURE

DATE

M. SENTHILVELAN
21/8/2018
Dr. M. SENTHILVELAN, MS.,
Reg. No. 53175
Professor General Surgery
Sri Lakshmi Narayana Institute of Medical Science
-2-

8/8



SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION
AND RESEARCH

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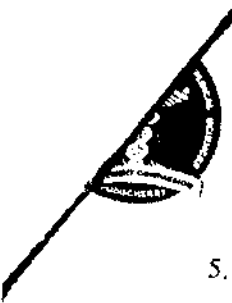
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SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION AND RESEARCH

5. indications for thoracocentesis

- a. Pleural effusion
- b. empyema thoracis
- c. Both A & B are Correct
- d. None of the above

✓

6. What is complication of thoracocentesis

- a. vagal shock
- b. respiratory distress
- c. Both A & B are Correct
- d. None of the above

✓

7. indications of ICD

- a. Haemothorax.
- b. Pneumothorax.
- c. Haemopneumothorax
- d. All the above are correct

✓

8. site of icd placement in pneumothorax

- a. 1st intercoastal space
- b. 2nd - 3rd intercoastal space
- c. 8th intercoastal space
- d. None of the above

✓

7/8

ASSESSOR NAME :

SIGNATURE :

DATE :

Dr. M. SENTHILVELAN, MS.

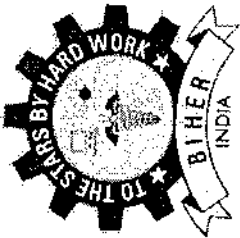
21/8/2018

Reg No: 53175

Professor General Surgery

Sri Lakshmi Narayana Institute of Medical Science

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 KAVITHA M has actively participated in the Value Added

Course on **SURGICAL PROCEDURES IN ACUTE EMERGENCY** held during **JULY**

2018 – DEC 2018 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, Pondicherry-605 502.

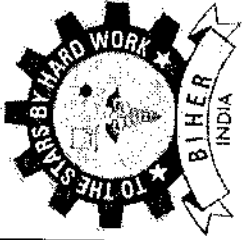
Dr. Asayas Bosco
Chandra Kumar

RESOURCE PERSON

PROFESSOR & HOD
DEPARTMENT OF GENERAL SURGERY
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
PONDICHERRY - 605 502

Dr. K BALAGURUNATHAN

COORDINATOR



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 MERLIN S has actively participated in the Value Added

Course on **SURGICAL PROCEDURES IN ACUTE EMERGENCY** held during **JULY**

2018 -- DEC 2018 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, Pondicherry-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 BALAGUKUNATHAN

COORDINATOR

Student Feedback Form

Course Name: SURGICAL PROCEDURES IN ACUTE EMERGENCY

Subject Code: GS09

Name of Student: Kavitha M Roll No.: V16MB311

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	✓

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

Suggestions if any:

Date: 21/8/18

Kavitha
Signature

Student Feedback Form

Course Name: SURGICAL PROCEDURES IN ACUTE EMERGENCY

Subject Code: GS09

Name of Student: Merlin S Roll No.: U16MB326

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: 21/08/2018


Signature

Date 17/12/2018

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: SURGICAL PROCEDURES IN ACUTE EMERGENCY

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course titled: **SURGICAL PROCEDURES IN ACUTE EMERGENCY** for 20 students on JULY- DEC 2018. 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 - 605 002

Dr. BALAGURUNATHAN

HOD General Surgery

Encl: Certificates

Photographs

