

SUMANDEEP VIDYAPEETH

(Declared as Deemed to be University under Section 3 of the UGC Act 1956)

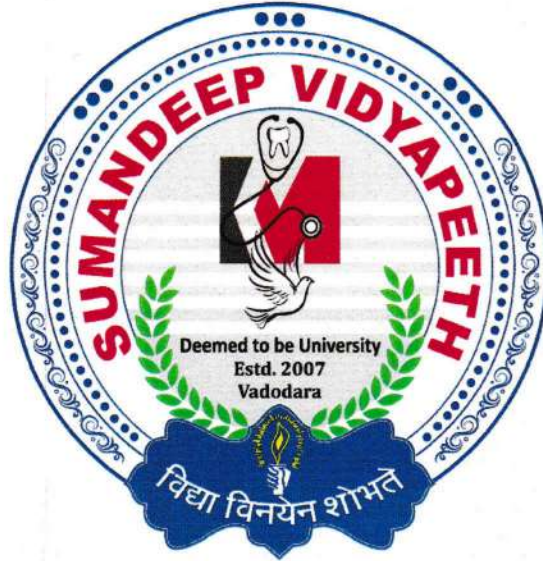
Accredited by NAAC with a CGPA of 3.53 out of four-point scale at 'A' Grade

Category – I deemed to be university under UGC Act - 2018

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CURRICULUM

Diploma in SURGICAL ASSISTANT

Attested CTC

Sharaney
15/2/2021

Vice-Chancellor

Sumandeep Vidyapeeth

An Institution Deemed to be University

VIII. Piparia, Taluka: Waghodia.

Dist. Vadodara-391 760. (Gujarat)



Sharaney

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AMENDED UP TO DECEMBER -2020

INTRODUCTION

Scope

The quality of paramedical care has improved tremendously in the last few decades due to the advances in technology, thus creating fresh challenges in the field of healthcare. It is now widely recognized that health service delivery is a team effort involving both clinicians and non-clinicians, and is not the sole duty of physicians and nurses. Professionals that can competently handle sophisticated machinery and advanced protocols are now in high demand. In fact, diagnosis is now so dependent on technology, that paramedical and healthcare professionals are vital to successful treatment delivery.

Effective delivery of healthcare services depends largely on the nature of education, training and appropriate orientation towards community health of all categories of health personnel, and their capacity to function as an integrated team, with a range of skills and expertise, play key roles within the National Health Service, working autonomously, in multi-professional teams in various settings. All of them are first-contact practitioners and work across a wide range of locations and sectors within acute, primary and community care.

Learning goals and objectives for paramedical healthcare professionals

The learning goals and objectives of the undergraduate and graduate education program will be based on the performance expectations. They will be articulated as learning goals (why we teach this) and learning objectives (what the students will learn). Using the framework, students will learn to integrate their knowledge, skills and abilities in a hands-on manner in a professional healthcare setting.

Program outcomes

- To provide surgical care to patients.
- Under supervision of surgeon, to ensure safe and effective conduct of invasive and non-invasive surgical procedures.
- To ensure operating room environment is safe and the operative procedure is conducted under conditions that maximize patient safety.
- To prepare professionals to be expert in theory and application of the principles of asepsis and sterile techniques.
- To combine knowledge of human anatomy, surgical procedures and implementation of tools to facilitate a physician's performance of diagnostic procedures

Ethics and accountability

Students will understand core concepts of clinical ethics and law so that they may apply these to their practice as healthcare service providers. Program objectives should enable the students to:

- Describe and apply the basic concepts of clinical ethics to actual cases and situations

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- Recognize the need to make health care resources available to patients fairly, equitably and without bias, discrimination or undue influence
- Demonstrate an understanding and application of basic legal concepts to the practice □
Employ professional accountability for the initiation, maintenance and termination of patient-provider relationships
- Demonstrate respect for each patient's individual rights of autonomy, privacy, and confidentiality

Commitment to professional excellence

The student will execute professionalism to reflect in his/her thought and action a range of attributes and characteristics that include technical competence, appearance, image, confidence level, empathy, compassion, understanding, patience, manners, verbal and non-verbal communication, an anti-discriminatory and non-judgmental attitude, and appropriate physical contact to ensure safe, effective and expected delivery of healthcare.

Eligibility criteria-- The applicant must have completed 10th Examination or Plus two or its equivalent from a recognized school board

Duration of the course

Duration of the course is 2 year and 1 year internship

Medium of instruction: English shall be the medium of instruction for all the subjects of study and for examination of the course.

Attendance

A candidate has to secure minimum 80% attendance in overall with at least-

1. 75% attendance in theoretical
2. 80% in Skills training (practical) for qualifying to appear for the final examination.

No relaxation, whatsoever, will be permissible to this rule under any ground including indisposition etc.

Assessment: Assessments should be completed by the academic staff, based on the compilation of the student's theoretical & clinical performance throughout the training programme. To achieve this, all assessment forms and feedback should be included and evaluated. Student must attain at least 50% marks in each Theory, Internal assessment and Practical independently / separately for each individual subject.

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COURSE OF INSTRUCTION

Course Name	Course Code	Theory hrs.) (Class and lab)	(In hrs.) (Clinical)	Total (in Hours)
First Year - Total Hours 480				
Core				
Anatomy	DSA101	60	120	180
Physiology	DSA102	60	60	120
Introduction to Surgical equipments	DSA103	60	120	180
Total		180	300	480

Course Name	Course Code	Theory hrs.) (Class and lab)	(In hrs.) (Clinical)	Total (in Hours)
Second Year - Total Hours 480				
Core				
General Surgical Procedures	DSA201	120	120	240
Cardiovascular Surgical Procedures	DSA202	120	120	240
Total		240	240	480

FIRST YEAR DIPLOMA IN SURGICAL ASSISTANT

ANATOMY & PHYSIOLOGY DSA101 (60 HOURS)

- Elementary Physics & Chemistry
- Characteristics of Living Matter
- Structure of Living Matter
- The Tissues
- Systems and Various Parts of Human Body
- Development & Types of Bones
- Bones of Head & Trunk
- Bones of the Limbs
- Joints or Articulations

- Structure and action of Muscles
- The chief Muscles of the Body

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- The Brain
- The Heart and Blood Vessels
- The Circulatory System
- The Lymphatic System
- The Respiratory System
- The Digestive System
- The Liver, Biliary System and Pancreas
- .Nutrition & Metabolism
- .Endocrine Glands and Exocrine Glands
- The Urinary System
- The Nervous System
- The ear
- The Eye
- The Skin
- The Reproductive System

PRACTICAL (180 HOURS)

INTRODUCTION TOSURGICAL INSTRUMENTS -DSA103

(60 HOURS)

(Including Sterilization and Disinfection, Different Methods, Protection of Patients in Surgery, Preparation of Patients)

1. Preoperative Consideration Psychological Support of the Surgical Patient

1. Protection of the Patient in Surgery

- Admission process
- Transfer Procedure Position
- Environmental Controls
- Electro Surgery
- Operative Records
- Counting Procedure

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- Sterilization

2. Emergencies & Disasters Surgical Instruments

- Instruments for General Surgery
- Operation of Face & Neck
- Operation of Nose, Throat and accessory Nasal Sinuses
- Ophthalmic Surgery
- Sinuses, Ear and Throat
- Operations on the Chest
- Operations on the Genito-Urinary Tract
- Gynaecological & Obstetric Operations
- Orthopaedic Operations

1. Surgical Instruments

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- Operations on the Genito-Urinary Tract
- Gynaecological & Obstetric Operations
- Orthopaedic Operations
- Neuro-Surgical Operations
- Operations on the Vascular System
- Radium Insertion
- Traumatic Surgery

PRACTICALS (120 HOURS)

SECOND YEAR DIPLOMA IN SURGICAL ASSISTANT

Each student shall undergo training in Skill Simulation Laboratory for learning certain basic clinical skills like IV/IM injection, setting IV line, Cardio-pulmonary resuscitation (CPR), and Life support skills in the beginning of second year, for duration of continuous four days. (Board of Studies letter No.: F.M.C/SWBOS-MIN/0006/2016-17, dated 19/04/2017, and vide notification of Board of Management resolution Ref.:No. SVDU/R/2017-18/5056, dated 09/01/2018).

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Surgical Procedures DSA201 (120HOURS)

- a) Neck Surgery**
- Thyroidectomy
 - Parathyroidectomy
 - Thyroglossal Cystectomy
- b) Breast Procedures**
- Breast Biopsy
 - Mastectomy
- c) Abdominal Extra intestinal Surgery**
- Abdominal Laprotomy
 - Abdominal Hernlography
 - Cholecystectomy
 - Drainage of Pancreatic Cyst(PseudoCyst)
 - Pancreaticoduodectomy9Whipplesprocedure)
 - Pancreatectomy
 - Drainage of Abscess(es)in the region of Liver
 - Hepatic Resection
 - Splenectomy
- d) Gastrointestinal Surgery**
- Eosophagoscopy
 - Gastroscopy
 - Colonoscopy
 - Sigmoidoscopy
 - Vagotomy & Pyloroplasty
 - Gastrostomy
 - Gastrectomy
 - Small Bowel Resection
 - CutaneousIleostomy
 - Appendectomy
 - Colostomy
 - Closure of Colostomy
 - Right Hemincolectomy
 - Transverse Colectomy
 - Anterior Resection of the Sigmoid Colon and Rectum
 - Haemorrhoidectomy
 - Pilonidal Cystectomy and Sinusectomy
 - Theirsch Procedure
- e) Gynaecological and Obstetric Surgery**
- Dilatation of the Cervix and Curettage of the Uterus(D&C)

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- Conization of the Uterine Cervix
- Therapeutic Abortion by Suction Curettage
- Marsupialization of Bartholin's Duct Cyst
- Abdominal Ligation (Different Procedures)
- Colposcopy
- Vaginal Hysterectomy
- Anterior and /or Posterior Colporrhaphy
- Laparoscopy
- Total Abdominal Hysterectomy
- Salpingo-Oophorectomy
- Tuboplasty of the Fallopian Tubes
- Pelvic Exenteration
- Caesarean Section

f) Genito-Urinary Surgery

- Hypospadias Repair
- Epispadias Repair
- Penile Implant
- Marshall-Marchetti-Krantz Procedure
- Hydrocoelectomy
- Vasectomy
- Vasovasostomy
- Cutaneous Vasostomy
- Spermatocelectomy
- Orchiectomy
- Cystoscopy
- Cystostomy
- Transurethral Resection of the Prostate
- TURP and /or Lesions of the Bladder or Bladder Neck (TURB)
- Open Prostatectomy
- Nephrectomy
- Upper Tract Urolithotomy
- Ureterolithotomy, Phelolithotomy, Nephrolithotomy
- Cutaneous Ureterostomy
- Ileal Conduit
- Adrenalectomy
- Extracorporeal Shock Wave Lithotripsy (ESWL)
- Ultrasonic Lithotripsy
- Electrohydraulic Lithotripsy

g) Thoracic Procedures

- Bronchoscopy
- Mediastinoscopy
- Segment Resection of the Lung
- Wedge Resection of the Lung
- Pulmonary Lobectomy
- Pneumonectomy
- Decortication of the Lung
- Insertion of Transvenous Endocardial Pacemaker

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- Correction of Pectus
- Excavatum
- Thymectomy

Cardiovascular Surgery DSA202 (120HOURS)

h)

- Carotid Endarterectomy
- Abdominal Aortic Procedures
- Abdominal Aortic Aneurysmectomy, Abdominal Aortic Endarterectomy with Aortic Graft
- Femoro-popliteal bypass
- Greater Saphenous Vein Ligation and Stripping
- Portacaval Shunt
- Arteriovenous Shunt
- Arteriovenous Fistula
- Cardiac Procedures
- Bypass Surgery (Different Procedures)

i) Orthopaedic Surgery

- Open Reduction of Carpal Bone Fracture
- Excision of a Ganglion
- Carpal Tunnel Release
- Open Reduction of the Humerus
- Open Reduction of the radius and /
- Open Reduction of an Olecranon Process Fracture
- Repair of Recurrent Anterior Dislocation of the Shoulder
- Open Reduction of Fracture of the Humerus Head (Including Humeral Head Prosthesis)
- Internal Fixation of the Hip
- Femoral Head Prosthetic Replacement
- Total Hip Replacement
- Open Reduction of the Femoral Shaft
- Triple Arthrodesis of the Ankle
- Total Ankle Joint Replacement
- Open Reduction of Ankle
- Arthrotomy of the Knee
- Excision of Popliteal (Baker's) Cyst
- Total Knee Replacement
- Open Reduction of the Tibial Shaft
- Bunionectomy
- Correction of Hammer Toe Deformity with interphalangeal Fusion
- Metatarsal Head Resection
- Procedure for Correction of Scoliosis
- Amputation of Lower Extremity

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j) Neurological Surgery

- Cranioplasty
- Transphenoidal Hypophysectomy

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- Ventricular Shunts
- Laminectomy
- Excision of Cervical Intervertebral Disc with Fusion
- Anterior Approach

k) Plastic Surgery

- Cleft Lip Repair
- Cleft Palate Repair
- Reduction of Nasal Fracture
- Reduction of Mandibular Fracture
- Reduction of Zygomatic Fracture
- Open Reduction of an Orbital Floor Fracture
- Rhinoplasty
- Mentoplasty Augmentation
- Blepharoplasty
- Rhytidectomy
- Dermabrasion
- Otoplasty
- Repair of Syndactyly
- Digital Flexor tendon repair
- Peripheral nerve repair
- Palmar fasciectomy
- Reduction Mamoplasty
- Abdominoplasty/ Abdominal Liposuction
- Liposuction

l) Otorhinolaryngologic (ENT) Surgery

- Myringotomy
- Mastoidectomy
- Tympanoplasty
- Stapedectomy
- Submucous resection of nasal septum/ Septoplasty
- Intranasal Antrostomy/ Intranasal fenestration of nasoantral wall
- Nasoantral Wall
- Caldwell- Luc procedure
- (Radical Drainage of the Antrum of the Maxillary Sinuses)
- Nasal Polypectomy
- Drainage of the Frontal Sinus
- Tonsillectomy and adenoidectomy (T and A)
- Laryngectomy
- Radical Neck Dissection
- Excision of lesions of the oral Cavity
- (Partial Glossectomy with Marginal Resection of the Mandible)

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m) Ophthalmic Surgery:

- General Information
- Excision of a Chalazion
- Canthotomy
- Corection Of Ectroplon
- Blepharoptosis Repair
- Lacrimal Duct Probing
- Dacryocys to thinostomy
- Correction of Strabismus
- Esysceration of Globe
- Enucleration of the Globe
- Orbital Exenteration
- Corneal Transplant/Ekeratoplasty
- Cataract Extraction
- Iridectomy
- Trabeculectomy
- Excision of a Pterygium
- Repair of Retinal Detachment/Sclera Bucking
- Vitrectomy
- Refractive Keratoplasty

n) Paediatric Procedures:

- Paediatric General Information
- Paediatric Sinusectomy
- Repair of Congenital Diaphragmatic Hernia
- Omphalocelerepair
- Paediatric UmbilicalHerniography
- Repair Of Congenital Artesia of theEsophagus
- Insertion of a central Venous Catheter(Pediatic)
- Pyloromy for Congenital Hypertrophic Pyloric Stenosis Pediatic Gastrostomy
- Relief Of Intestinal Obstruction(Paediatric)
- Reduction of Paediatricintususception
- PediaticColostomy
- Pediatic Colorectal Resection For Aganglionic megacalon /Hirschsprung's Disease
- Repair of Imperforate Anus.

PRACTICALS: (120HOURS)

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CODE OF PROFESSIONAL CONDUCT

INTRODUCTION

The Code of Professional Conduct is designed and set out as guidance for the clinical practitioner within the relationship that exists with every patient receiving health care.

Essential to that relationship is the patient's trust in the practitioner. This trust hangs upon the patient's assurance of being the practitioner's first concern during their clinical encounter, and upon the patient's confidence that the care received will be competent, whether in diagnosis, therapy or counseling.

STANDARD OF PRACTICE AND CARE

Patients are entitled to the highest standard of practice and care. The essential elements of this are professional competence, good relationships with patients and colleagues and observance of professional ethical obligations.

In providing care you must therefore:

- Recognize the limits of your professional competence.
- Be willing to consult colleagues
- Keep clear, accurate and contemporaneous patient records which report the relevant findings.
- Keep colleagues informed.
- Pay due regard to the efficacy and the prudent use of resources.
- Be competent, truthful, and accurate, when reporting on investigations.
- Be competent when giving or arranging treatment.

Patient's rights

- Listen to patients and respect their views.
- Treat patients politely and considerately.
- Respect patients' privacy and dignity.
- Give information to patients in a way they can understand.
- Respect the right of patients to be fully involved in decisions about their care.

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- Respect the right of patients to refuse treatment or to take part in teaching or research, reporting the refusal to the person requesting the procedure.
- Respond to complaints promptly and constructively.
- Ensure that your views about a patient's life style, culture, beliefs, race, color, sex, sexuality, age, social status, or perceived economic worth, do not prejudice the service you give.

CONFIDENTIALITY

Patients have a right to expect that you will not pass on any personal information which you learn in the course of your professional duties, unless they agree

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