

DOW UNIVERSITY OF
HEALTH SCIENCES,
KARACHI.



Masters of Surgery - MS

**Department of Postgraduate
Studies**

1. COURSE OUTLINE M.S CARDIAC SURGERY

SCHEME OF THE PROGRAMS:

Education event	Phase I one year	<ul style="list-style-type: none"> • Introduction to the program • Research methodology, biostatistics, ethics and communication skills • General Surgery for one year
		<ul style="list-style-type: none"> • Intermediate Examination (MCQ) • Written
	Phase II 4- year	<ul style="list-style-type: none"> • Training of Cardiothoracic Surgery program • Research & Thesis • Rotations as scheduled below • Assignments and assessment (Log book) • Evaluation after every year(MCQ & written)
		Research Thesis evaluation and acceptance
Exit evaluation	Final Examination <ul style="list-style-type: none"> • Continuous Assessment 20 % • Written Papers } 80 % • Oral and Practical } 	

	3 months	3 months	3 months	3 months	
2 nd Year	Cardiology including intervention	Coronary Critical Care	Cardiothoracic Surgery	Cardiothoracic Surgery <i>Submission synopsis</i>	
3 rd Year	Cardiothoracic Surgery <i>Evaluation synopsis</i>	Cardiothoracic Surgery <i>Research</i>	Cardiothoracic Surgery <i>Research</i>	Cardiothoracic Surgery <i>Research</i>	Assessment 10%
4 th Year	Cardiothoracic Surgery <i>Research</i>	Cardiothoracic Surgery <i>Research</i>	Cardiothoracic Surgery <i>Research</i>	Cardiothoracic Surgery <i>Preparation and submission of thesis</i>	Assessment 10%
5 th Year	Cardiothoracic Surgery <i>Local evaluation</i>	Cardiothoracic Surgery <i>Overseas evaluation</i>	Cardiothoracic Surgery <i>Overseas evaluation</i>	Cardiothoracic Surgery	Final Exam 80 %

2. COURSE OUTLINE M.S NEUROSURGERY

SCHEME OF THE PROGRAM:

Education event	Phase I one year	<ul style="list-style-type: none"> • Introduction to the program • Research methodology, biostatistics, ethics and communication skills • Neurosurgery for six months • General Surgery and rotation for six months • Rotations as given below
		<ul style="list-style-type: none"> • Intermediate Examination (BCQ & SEQ) • Written
	Phase II 4- year	<ul style="list-style-type: none"> • Training of Neurosurgery program • Research & Thesis • Rotations as scheduled below • Assignments and assessment (Log book) • Evaluation after every year(MCQ & written)
	Research Thesis evaluation and acceptance	
Exit evaluation	Final Examination <ul style="list-style-type: none"> • Continuous Assessment 20 % • Written Papers } 80 % • Oral and Practical } 	

	3 months	3 months	3 months	3 months	
2 nd Year	Specialty	Specialty	Neurosurgery	Neurosurgery <i>Submission synopsis</i>	
3 rd Year	Neurosurgery <i>Evaluation synopsis</i>	Neurosurgery <i>Research</i>	Neurosurgery <i>Research</i>	Neurosurgery <i>Research</i>	Assessment 10%
4 th Year	Neurosurgery <i>Research</i>	Neurosurgery <i>Research</i>	Neurosurgery <i>Research</i>	Neurosurgery <i>Preparation and submission of thesis</i>	Assessment 10%
5 th Year	Neurosurgery <i>Local evaluation</i>	Neurosurgery <i>Overseas evaluation</i>	Neurosurgery <i>Overseas evaluation</i>	Neurosurgery	Final Exam 80 %

3. COURSE OUTLINE M.S ORTHOPEDIC SURGERY

SCHEME OF THE PROGRAM:

Education event	Phase I one year	<ul style="list-style-type: none"> • Introduction to the programme • Research methodology and biostatistics • General Surgery for six months • Rotations for six months
		<ul style="list-style-type: none"> • Intermediate Examination (MCQ) • Written
	Phase II 4- year	<ul style="list-style-type: none"> • Training of Orthopedic Surgery program • Research & Thesis • Rotations schedule given below • Assignments and assessment (Log book) • Evaluation after every year(MCQ & written)
		Research Thesis evaluation and acceptance
Exit evaluation	Final Examination <ul style="list-style-type: none"> • Continuous Assessment 20 % • Written Papers } 80 % • Oral and Practical } 	

	3 months	3 months	3 months	3 months	
2nd Year	<u>Ortho</u>	<u>Physio & Rehab</u>	<u>Ortho</u>	<u>Ortho</u> <i>Submission synopsis</i>	
3rd Year	<u>Ortho</u> <i>Evaluation synopsis</i>	<u>Ortho</u> <i>Research</i>	<u>Spinal Surgery</u> <i>Research</i>	<u>Ortho</u> <i>Research</i>	Assessment 10%
4th Year	<u>Ortho</u> <i>Research</i>	<u>Ortho</u> <i>Research</i>	<u>Ortho</u> <i>Research</i>	<u>Ortho</u> <i>Preparation and submission of thesis</i>	Assessment 10%
5th Year	<u>Ortho</u> <i>Local evaluation</i>	<u>Ortho</u> <i>Overseas evaluation</i>	<u>Ortho</u> <i>Overseas evaluation</i>	<u>Ortho</u>	Final Exam 80 %

4. COURSE OUTLINE M.S PLASTIC SURGERY

SCHEME OF THE PROGRAMMES

Education event	Phase I one year	<ul style="list-style-type: none"> • Introduction to the program • Research methodology, biostatistics, ethics and communication skills • General Surgery for six months • Rotations as given below 			
		<ul style="list-style-type: none"> • Intermediate Examination (MCQ) • Written 			
	Phase II 4- year	<ul style="list-style-type: none"> • Training of Plastic Surgery program • Research & Thesis • Rotations as scheduled below • Assignments and assessment (Log book) • Evaluation after every year(MCQ & written) 			
		Research Thesis evaluation and acceptance			
Exit evaluation	Final Examination <ul style="list-style-type: none"> • Continuous Assessment 20 % • Written Papers } 80 % • Oral and Practical } 				
	3 months	3 months	3 months	3 months	
2 nd Year	Burns	Critical Care	Plastic Surgery	Plastic Surgery <i>Submission synopsis</i>	
3 rd Year	Burns <i>Evaluation synopsis</i>	Plastic Surgery <i>Research</i>	Plastic Surgery <i>Research</i>	Plastic Surgery <i>Research</i>	Assessment 10%
4 th Year	Plastic Surgery <i>Research</i>	Plastic Surgery <i>Research</i>	Plastic Surgery <i>Research</i>	Plastic Surgery <i>Preparation and submission of thesis</i>	Assessment 10%
5 th Year	Plastic Surgery <i>Local evaluation</i>	Plastic Surgery <i>Overseas evaluation</i>	Plastic Surgery <i>Overseas evaluation</i>	Plastic Surgery	Final Exam 80

5. COURSE OUTLINE M.S PEADS SURGERY

1 st Year	Introduction to the program	Research methodology, biostatistics, ethics and communication skills	3 months Pediatric Surgery	3 months Pediatric Surgery	
2 nd Year	Pediatric Surgery <i>Submission synopsis</i>	<i>Evaluation synopsis</i>	Pediatric Surgery <i>Research</i>	Pediatric Surgery <i>Research</i>	
3 rd Year	Pediatric Surgery <i>Research</i>	Pediatric Surgery <i>Research</i>	Pediatric Surgery <i>Research</i>	Pediatric Surgery <i>Research</i>	Assessment 10%
4 th Year	Rotation 2 months each <ul style="list-style-type: none"> • Urology • Orthopedics • Neurosurgery 		Pediatric Surgery <i>Research</i>	Pediatric Surgery <i>Preparation and submission of thesis</i>	Assessment 10%
5 th Year	Pediatric Surgery <i>Local evaluation</i>	Pediatric Surgery <i>Overseas evaluation</i>	Pediatric Surgery <i>Overseas evaluation</i>	Pediatric Surgery	Final Exam 80 %

Basic Structure of the Program

The program is for duration of five years.

a) Entry Test:

- This will consist of a paper of 100 BCQ's.
- Contents Salient basic sciences related to the specialty.
 Aptitude for the relevant specialty.

Year One

- The candidate will spent the first six months parent unit.
- During this period he will be introduced to the basic working of the department and will learn the basic sciences related to the specialty in depth will learn clinical methods and diagnostic test and investigations.
- Will rotate for six months in specialties and general surgery as given below.
- Will learn basic principles of surgery during this period.

INTERMEDIATE EXAMS

Year Two

- The candidate will spent the first six month in rotations which are required for particular specialty.
- In the next six months spent in the parent unit, the topic of thesis, the draft of synopsis will be finalized and submitted in the postgraduate department.
- The candidate will be given clinical responsibilities including basic surgical training.
- Will also participate in training of medical student and paramedical staff.

Year Three

- This year will be spent solely in the parent specialty.
- In the first three months there are postgraduate department will get the synopsis reviewed and modified.
- In the remaining nine months the candidate will be given further clinical responsibilities and start the research for thesis.
- Will participate in training of medical student and house officers and junior PG's of year one and two.

Year Four (Senior Resident)

- Will be spent in the specialty.
- The research will completed in the first nine months and thesis returned and submitted in the last three months.
- Clinical responsibilities will include independent decision making on the ward rounds and operating on medium procedures independently and the major procedures under supervision.
- Will participate in training of medical student and house officers and junior PG's of year one and two.

Year Five (Chief Resident)

- Will be spent in the specialty.
- During this year the thesis will be assessed
- Clinical responsibility of junior consultant, operating of major procedure independently.
- Will participate in training of medical student and house officers and junior PG's of year three and four.

The program director in consultation with other supervisor in this specialty may plan internal rotation of trainees in different units to provide variety of experience.

7. COURSE OUTLINE M.S ENT

INTRODUCTION

Masters of Surgery (M.S.) in Otorhinolaryngology is a postgraduate course of 4 years in ENT-Head & Neck Surgery. After successful completion of the course, the Masters of Surgery (M.S.) in Otorhinolaryngology will be awarded by the University.

VISION

Professional excellence in respective fields with community. MISSION

To produce well educated, skilled with latest technologies and human doctor through well-structured training program & education who serve community according to its need.

TEACHING PHILOSOPHY:

"Community oriented evidence based medicine approach by problem based learning with research orientation"

DURATION OF THE PROGRAMME

The duration of Masters of Surgery in Otorhinolaryngology program will be 4 years.

PROGRAM DIRECTOR

Chairperson Department of ENT-Head & Neck Surgery, Dow University of Health Sciences, Karachi.

PROGRAM CO-ORDINATOR

The Associate Professor / senior most Assistant Professor Department of ENT-Head & Neck Surgery, DUHS.

OBJECTIVES

Providing exemplary patient care in a Teaching hospital is directly related to the caliber of the young men and women in the front line of patient care i.e. the resident staff. The training program should attract the best and brightest graduates of Pakistan to The Dow University of Health Sciences. This would have direct impact on raising the standards of medical care in the country.

The objective of this residency program in Otorhinolaryngology is to train competent surgeons for the health needs of Pakistan enabling them to undertake and manage safely the problems encountered in the country, both in district as well as teaching Hospitals.

REQUIREMENTS AND METHODS:

The trainee in Dow University of Health Sciences residency program for M.S. in Otolaryngology will be selected on the basis of merit, based on his or her academic standings interview

The training period will be of four years. During residency the trainee will undergo a progressively graded curriculum in basic sciences as well as clinical experience with increasing responsibility under the supervision of senior surgeons. The trainee will be given progressive responsibility in the management of patients including operative experience. In the last year of the program, the trainee will be chief resident who will be allowed major operative experience and management of patients under minimal supervision. He or she will be expected to supervise junior residents in simple procedures and will participate actively in medical student education.

The residency in Otolaryngology will be a full time endeavor. Each resident will be appointed on contract of four years. His/her training will continue or discontinue depending on the trainee's performance as judged by faculty evaluations. They will not be allowed to practice outside this institute. Each resident will be evaluated yearly by the faculty. Following each evaluation, the resident will be counseled in areas of perceived weakness. The resident can be retained in that year of training if found unsatisfactory.

A yearly written examination and TOACS will be introduced as part of the evaluation process.

OPERATIVE EXPERIENCE:

At the end of their training, the resident will be expected to have had an operative experience of sufficient volume and diversity to make him/her a safe, competent and independent surgeon.

Each resident will keep a record of all operative procedures in which he or she has participated during training. There are supposed to be logged in the Log Book provided by University.

CORE CURRICULUM IN OTOLARYNGOLOGY HEAD & NECK SURGERY

A curriculum should be documented, objective, evolving and sustainable. Its format should be such which has scope for transition and yet is relevant to the needs of the time. The curriculum given below is not rigid and is intended to give a general view of the requirements of the discipline.

AIMS:

The structured training in areas of Otology, Rhinology, Laryngology and Head & Neck surgery by including a combination of activities in all domains pertaining to the field .

This training will emphasize and take into consideration those domains related to basic and clinical sciences. The candidate will be prepared to meet the day to day challenges faced by an academic and clinical Otolaryngologist.

At the completion of four year program the resident will become specialists in the field of Otolaryngology.

CLINICAL SKILL:

The resident should be able to perform the following with clinical competence and to the satisfaction of the supervisor.

- Take relevant history
- Perform adequate physical examination
- Arrive at an appropriate differential diagnosis
- Order appropriate laboratory, radiological and other diagnostic test with full knowledge of their indication and interpretation
- Arrive at a management plan operative or non operative
- Manage patients in the ambulatory setting ,being able to perform common clinic techniques and procedures
- Manage the patient throughout the hospital course, demonstrating knowledge of and being able to treat potential complications of disease processes and operative procedures
- Identify conditions that require urgent treatment
- Co-ordinate management of critically ill or traumatized patient.
- The resident should communicate with patients and their families, explaining to them their disease process, alternative of management, the risks, benefits and complications.

KNOWLEDGE:

The resident should demonstrate an in depth knowledge both theoretical and practical understanding of the disease process. The expectations of depth of knowledge will vary with the level of training.

PROFESSIONAL QUALITIES:

Resident of all levels are expected to be able to demonstrate the following:

- The ability and willingness to work in a co-operative manner with other health care personnel being sensitive to their roles and ability. To be able to give and receive advice in a manner that is consistent with the harmonious working of a health care team.
- The ability to communicate with patients and their families' explain to them their disease process. The benefits, risks and complications, management options in the terms that they can understand.
- Respect for patients right to privacy.
- Sensitivity to the sexual, moral, ethical or religious characteristics of the patient and family. Understanding of the special psychological needs of the patients with any surgical disease and the need for supportive and compassionate care in the course of terminal disease.
- Honesty, reliability, punctuality and respectfulness in working with patients and colleagues alike.
- The Discipline of continued self-education and appropriate application of current knowledge to the clinical setting. The ability to supervise and educate undergraduate and post graduate students in Otorhinolaryngology.
- The skills to educate colleagues, patients, families and other health care professionals.
- The capacity to undertake research and be aware of the importance of peer review, of protocols, ethical considerations and limitations of such endeavors.
- The ability to keep pertinent and up to date medical records.

PATIENT CARE ABILITY:

A postgraduate in ORL-Head and Neck surgery at the end of its 4 year course, should develop

- Proper clinical acumen to interpret diagnostic results and correlate them with symptoms from history taking
- Capable to diagnose the common clinical conditions/diseases in the specialty and to manage them effectively with success without making any serious complications.
- To take decision, for the patient's best interest including making a referral to consult with a more experienced colleague/professional while dealing with any emergency or a difficult condition.
- Able to create awareness about preventive Otolaryngology in the society.

PARTICIPATION IN TEACHING:

He/she should be able to participate in under graduate MBBS teaching programme about the commonly encountered conditions in ENT pertaining to their diagnostic features, basic patho-physiological aspect, and the general and basic management strategies.

RESEARCH ABILITY:

He/she should also acquire elementary knowledge about research methodology, including record-keeping methods, and be able to conduct a research work including making a proper analysis and writing a report on its findings. They will be required to publish at least one study in any HEC recognized Journal during the four years residency period.

TEAM WORK:

- He/she should be capable to work as a team member. He/she should develop general humane approach to patient care with communicating ability with the patient's relatives in emergency situation such as in Casualty department accident.
- He/she should also maintain human values with ethical consideration.

ROTATIONS

The four year period will be divided according to the following plan.

- Mandatory 3 year experience working in ENT Department.
- Internal Rotation Candidate will work in primary unit (Supervisor Unit) for 2 years.
- Candidate will rotate in other units (Other than parent unit) on rotation basis for six months each (One Year)
- External Rotations in other Surgical fields the Trainee would go for 3 months each in the following (One Year):
 1. General Surgery
 2. Nero Surgery
 3. Plastic Surgery
 4. Facio-Nasillary Surgery

MANDATORY WORKSHOPS	
Required in computer skills.	All these workshop are regularly conducted in DUHS on minimum rates.
SPSS	
Research methodology & Biostatistics.	
Communication Skill	

OBJECTIVES OF ROTATION PROGRAM.

- Learn bedside history taking in ward, OT exposures, casualty, and ICU requirement.
- Care of indoor (Medical, preoperative and postoperative) patients.
- Attend operation theatre and emergency operations for surgical orientation.
- Attend ward rounds with senior colleagues.
- Attend call from other department.
- Attends ENT OPD 02 days in a week
- Discusses problematic cases with the consultant(s) in OPD/ward
- Attends Operation Room/theatre 02 days in a week
- Attends 3 morning rounds / week
- Perform minor O.T, procedures once a week by rotation in the Emergency Outdoor.
- Attends the weekly Journal Club and seminar and presents the same by rotation.
- Participate in clinical discussions.
- The resident must attend the combined Teaching Programme of Surgery, Medicine and other departments and Clinical meetings, CPC's.
- Attend special lectures by Faculty of ENT and other departments from abroad
- Visits by rotation every 3rd month the Rural Clinic for community exposures/work experience
- Emergency duty as per Duty Roster of the department.
- Attend and participate/present papers in National and International conferences.
- Actively participate/help in organization of Departmental Workshop, Courses and other academic activities.

YEARLY OBJECTIVES

PGY LEVEL 1: EDUCATIONAL

Basic science knowledge of ENT including physics of sound, theories of hearing, mechanism of Olfaction, Taste, Speech ENT ear anatomy, principles of audiometry, evoked response audiometry, impedance tests, radiology of ENT. Should study post graduate level text books and read journals and meaningfully participate in journal clubs and academic meetings. Should also submit synopsis according to CPSP guidelines by the end of first year. Failing to do so may lead to holding progression to next PGY level. Skills: (Appendix)

PGY LEVEL 2: EDUCATIONAL

Should comprehend speech problems in children and elderly. Should have clear concept of post laryngectomy speech rehabilitation. Should be able to do research and present a topic at post graduate level meetings. The academic progression from PGY 1 to 2 onward is a gradual process and as the level advances the candidate will be expected to refer to journals and prepare the ground work for papers and presentations. Should be familiar with olfactory and taste testing. Testing for vestibular disorders including caloric tests and perform them as well. Assessment of childhood hearing disorders, hearing aids and hearing rehabilitation. The rotations to other departments will be planed during this academic year. Skills: (Appendix)

PGY LEVEL 3: EDUCATIONAL

From this level onwards, should start acquiring detailed knowledge of complex disease conditions, congenital and acquired including trauma related to the field. Should also anticipate and take measure to prevent complications of surgery. Gain knowledge about radiation therapy, chemotherapy and adjuvant therapy. Skills: (Appendix)

PGY LEVEL 4: EDUCATIONAL

Further strengthen and accomplish the educational goals described at level 3. This is the final year of training and the Resident would be expected to demonstrate clear concepts in the understanding of the pathology of ENT diseases. He / She will ensure and take active teaching responsibility for the junior residents and prepare to take the 2nd part of FCPS at the conclusion of the training. He should develop leash sing skills and involved in teaching and problem solving for junior resident. Skills: (Appendix)

APPENDIX

KEY:

Level 1: Observer, Level 2: Assistant, Level 3: Procedure performed under supervision, Level 4: Procedure performed independently under Direct or indirect supervision, Level 5: Procedure performed independently,

Level 6: Teaching Junior residents.

PROCEDURE	YEAR1	YEAR 2	YEAR 3	YEAR 4
Nasal packing	Level 4	Level 4	Level 6	Level 6
Nasal cautery	Level 1	Level 2	Level 4	Level 6
MUA nose	Level 2	Level 3	Level 4	Level 4
Turbinate surgery	Level 2	Level 3	Level 5	Level 6
Septoplasty	Level 1	Level 2-3	Level 4	Level 5
Diagnostic Sinus endoscopy	Level 1	Level 2-3	Level 4-5	Level 6
Foreign body removal	Level 1-3	Level 4	Level 5	Level 6
Endoscopic removal of foreign body	Level 1	Level 2-3	Level 6	Level 6
Inferior meatal antrostomy	Level 1	Level 2-3	Level 4	Level 6
Caldwell luc's procedure	Level 1	Level 2-3	Level 4	Level 5-6
External Ethmoidectomy	Level 1	Level 2	Level 2	Level 3-4
Lateral rhinotomy	Level 1	Level 2	Level 3-4	Level 4
Ligation of internal maxillary artery	Level 1	Level 2	Level 3	Level 4
Ligation of ethmoid artery	Level 1	Level 2	Level 2	Level 3
Endoscopic middle meatal antrostomy	Level 1	Level 1	Level 3	Level 4
Functional Endoscopic sinus Surgery	Level 1	Level 1	Level 2	Level 3
Medial Maxillectomy	Level 1	Level 2	Level 2	Level 3
Partial Maxillectomy	Level 1-2	Level 1-2	Level 3	Level 3
Total Maxillectomy	Level 2	Level 2	Level 2	Level 3

- ENDOSCOPIES

PROCEDURE	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Indirect & Flexible Laryngoscopy	Level 1- 3	Level 4	Level 5	Level 6
Direct laryngoscopy	Level 1-2	Level 2-3	Level 4-5	Level 6
Oesophagoscopy	Level 1	Level 2	Level 3	Level 4
Bronchoscopy	Level 1	Level 2	Level 2	Level 3
Nasal Endoscopy	Level 1	Level 2	Level 3	Level 3-4

- MOUTH, PHARYNX, LARYNX AND OESOPHAGUS

Procedure	Year 1	Year 2	Year 3	Year 4
Adenoidectomy	Level 1-2	Level 3-4	Level 4	Level 5-6
Tonsillectomy	Level 1-2	Level 3-4	Level 5	Level 6
Drainage of peritonsillar abscess	Level 1	Level 2-3	Level 4-5	Level 6
Management of adenotonsillar haemorrhage	Level 1-3	Level 4-5	Level 5	Level 6
Biopsy oral cavity	Level 1-3	Level 4-5	Level 5- 6	Level 6
Biopsy nasopharynx	Level 1-3	Level 4-5	Level 5-6	Level 6
Biopsy larynx	Level 1	Level 2	Level 3-4	Level 5-6
Partial laryngectomy	Level 1	Level 2	Level 2-3	Level 2-3
Total laryngectomy	Level 1	Level 2-3	Level 3-4	Level 3-4
Phonosurgical procedures	Level 1	Level 2	Level 3	Level 4
Lateral pharyngotomy	Level 1	Level 2	Level 2	Level 3-4
Total pharyngectomy , oesophagectomy and reconstruction with gastric pull-up	Level 1	Level 2	Level 2	Level 3-4
Total pharyngectomy , oesophagectomy and reconstruction with jejunal free flap	Level 1	Level 2	Level 2	Level 2

OTOLOGY

PROCEDURE	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Microscopic assessment of ear and cleaning, foreign body removal	Level 1- 3	Level 4 - 5	Level 6	Level 6
Syringing of ear	Level 1-2	Level 3-4	Level 5- 6	Level 6
Tympanoplasty	Level 1	Level 2-3	Level 4 — 5	Level 5
Meatoplasty	Level 1	Level 2	Level 3 -4	Level 5
Cortical Mastoidectomy	Level 1	Level 2	Level 3	Level 3-4
Radical Mastoidectomy	Level 1	Level 2	Level 2-3	Level 3 - 4
Myringotomy	Level 1	Level 2-3	Level 3-4	Level 5-6
Grommet Insertion	Level 1	Level 2-3	Level 3-4	Level 5-6
Ossicular reconstruction	Level 1	Level 2	Level 2	Level 3
Stapedectomy	Level 1	Level 2	Level 2	Level 3
Cochlear Implant	Level 1	Level 1	Level 2	Level 2

HEAD AND NECK

Procedure	Year 1	Year 2	Year 3	Year 4
Marsupialization of Ranula	Level 1	Level 2-3	Level 4	Level 4
Intra-oral removal of stone	Level 1	Level 2	Level 2-3	Level 3
I/D of Major Salivary gland	Level 1-2	Level 2	Level 2	Level 2-3
Excision of Submandibular Gland	Level 1-2	Level 2	Level 2	Level 3-4
Superficial Parotidectomy	Level 1-2	Level 2	Level 2	Level 3
Total Parotidectomy	Level 1-2	Level 2	Level 2	Level 2-3
I/ D neck abscess	Level 1-2	Level 2-3	Level 4-5	Level 6
Excisional biopsy of Lymph node	Level 1-2	Level 3-4	Level 4-5	Level 6
Excision of cutaneous Leisions	Level 1-2	Level 2-3	Level 3-4	Level 4-5
Tracheostomy	Level 1-2	Level 2-3	Level 3-4	Level 5-6
Excision of Branchial Cyst	Level 1-2	Level 2	Level 3	Level 4-5
Sistrunk's procedure	Level 1-2	Level 2	Level 3-4	Level 5
Thyroidectomy- Lobectomy / Subtotal	Level 1-2	Level 2	Level 3	Level 4
Total Thyroidectomy	Level 1-2	Level 2	Level 2-3	Level 3
Removal Parapharyngeal Space tumors	Level 1-2	Level 2	Level 2	Level 3
Glossectomy — Partial / Total	Level 1-2	Level 2	Level 2-3	Level 3
Excision of Buccal Leisions	Level 1-2	Level 2	Level 2-3	Level 3
Neck Dissection — Modified / Radical	Level 1-2	Level 2	Level 2-3	Level 3-4
Partial laryngectomy	Level 1-2	Level 2	Level 2	Level 3
Total laryngectomy	Level 1-2	Level 2	Level 3	Level 3
Revision of Tracheostomy Stoma	Level 1-2	Level 2	Level 2-3	Level 3
Resection of Tracheal Stenosis and End to End Anastomosis	Level 1-2	Level 2	Level 2	Level 2-3
Excision of Carotid body tumors	Level 1-2	Level 2	Level 2	Level 2
Partial Maxillectomy	Level 1-2	Level 2	Level 2	Level 3
Total Maxillectomy	Level 1-2	Level 2	Level 2	Level 3
Segmental Mandibulectomy	Level 1-2	Level 2	Level 2	Level 3
Marginal Mandibulectomy	Level 1-2	Level 2	Level 2	Level 3
Mandibulotomy and plating	Level 1-2	Level 2	Level 2-3	Level 3
Split thickness Skin grafting	Level 1-2	Level 2	Level 3	Level 4
Elevation of local and Regional flaps	Level 1-2	Level 2	Level 2	Level 3