



## Phase 4 Surgery Intended Learning Outcomes (ILOs)

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This Phase 4 document outlines the listed ILOs for Surgery. This will be examined in the Year 4 and Year 5 summative written examinations. It is important that we impress upon you the limitation of any ILOs in their application to a vocational professional course such as medicine.

ILOs may be useful in providing a 'shopping list' of conditions that you will be expected to describe and anticipate. The depth and extent of your knowledge of each condition will be a joint function of the condition's frequency and its gravity. Please use the ILOs to make sure you are familiar with the top presentations, and have covered all common and important conditions. The list does not comprise of the entire coda for successful medical practice but will provide you with a solid platform from which to build upon. More detailed explanations and outlines will be available in the standard textbooks. Any elucidation or expansion can be obtained there.

Even more important is the point that ILOs will point you in the correct direction to pass our written exam, but that this is only part of the story. Final exams function as 'objective proof' for the general public that you have enough knowledge to function as a doctor. As you will see during your time on the wards, however, being a doctor requires much more than knowledge; as well as being able to imitate and build on the activities you witness in your clinical placements, it is imperative that you acquire skills, behaviours, specific attitudes, and commitment to your patients' well being. These are well described in GMC documents such as Tomorrow's Doctors 3, and will be 'proved' not by exams, but by our monitoring and the feedback you receive, culminating in the portfolio signed off at the end of the Preparation for Practice module.

Good luck and work hard!

## Level Descriptor

This document sets out the core knowledge expected at the completion of Phase 4. At the completion of Preparation for Practice you will also be expected to describe the steps required to provide immediate care for the conditions designated with an asterisk (\*) in the tables below. These tables will also provide descriptors of the level of knowledge required for all of the common and/or important surgical conditions and an outline of the level of knowledge for the common and/or important conditions within a valid differential diagnosis. These have been graded level A, B or C to acknowledge the joint function of the conditions frequency and gravity. Your level of knowledge should continue to improve with time in line with the principles of a spiral curriculum.

#### Level of Knowledge expected for Common/Important presentations

<i>All</i>	<ul style="list-style-type: none"> <li>• <i>Interpret findings from history and examination to recognise the presentation/s</i></li> <li>• <i>Demonstrate and apply knowledge of the causes of the presentation/s to support inclusion in a differential diagnosis</i></li> <li>• <i>Formulate a plan of investigation</i></li> </ul>
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#### Level of Knowledge expected for Common/Important conditions

<i>C</i>	<ul style="list-style-type: none"> <li>• <i>Interpret findings from history and examination to recognise the condition/s</i></li> <li>• <i>Demonstrate and apply knowledge of the condition/s to support inclusion in a differential diagnosis</i></li> </ul>
<i>B</i>	<p>= C +</p> <ul style="list-style-type: none"> <li>• <i>Formulate a plan of investigation</i></li> </ul>
<i>A</i>	<p>= B +</p> <ul style="list-style-type: none"> <li>• <i>Synthesise a full assessment of the patient's problems</i></li> <li>• <i>Define a likely final diagnosis</i></li> <li>• <i>Formulate a plan for management</i></li> <li>• <i>Recognise complications</i></li> <li>• <i>Estimate prognosis and outline prevention (where relevant)</i></li> </ul>

Year 3 students will find a list of the 4 Emergency presentations, Top 10 presentations and Top 15 Conditions to be covered during your 5-week attachment in Appendix 1.

## Acute Surgery

**Trauma, Shocked Patient (Hypovolaemia, Sepsis), Haemorrhage, Acute Abdomen, Haematemesis, Melaena, Rectal bleeding, Obstructive Jaundice, Abdominal Swelling, Loin pain, Altered Bowel Habit, Dysphagia, Nausea/Vomiting, Dysuria, Haematuria, Frequency, Urgency, Nocturia, Testicular pain, Testicular Swelling, Acute limb Ischaemia, Head Injury, Wound Assessment, Wound Management**

### **Common and/or Important Conditions**

<b>Condition</b>	<b>Junior Surgical Block</b>	<b>Senior Surgical Block</b>	<b>Preparation for Practice</b>
<i>Appendicitis</i>	<b>A</b>	<b>A</b>	*
<i>Cholecystitis/biliary colic</i>	<b>A</b>	<b>A</b>	*
<i>Acute Pancreatitis</i>	<b>A</b>	<b>A</b>	*
<i>Peritonitis</i>	<b>A</b>	<b>A</b>	*
<i>Diverticulitis</i>	<b>A</b>	<b>A</b>	*
<i>Visceral perforation</i>	<b>A</b>	<b>A</b>	*
<i>GI bleeding (Upper, Lower)</i>	<b>A</b>	<b>A</b>	*
<i>Sepsis (cellulitis, abscess, intra-abdominal)</i>	<b>A</b>	<b>A</b>	*
<i>Ruptured abdominal aortic aneurysm</i>	<b>A</b>	<b>A</b>	*
<i>Acute limb ischaemia</i>	<b>B</b>	<b>A</b>	*
<i>Urological emergencies (acute retention, haematuria, testicular pain)</i>	<b>B</b>	<b>A</b>	*
<i>Trauma (head injury, chest trauma, abdominal/pelvic trauma, haemorrhage)</i>	<b>B</b>	<b>A</b>	*

# Upper GI Surgery

*Haematemesis, Melaena, Acute Abdomen, Abdominal pain, Dysphagia, Nausea/Vomiting, Obstructive Jaundice, Gastro-Oesophageal Reflux, Weight Loss, Anorexia*

## *Common and/or Important Conditions*

<i>Condition</i>	<i>Junior Surgical Block</i>	<i>Senior Surgical Block</i>	<i>Preparation for Practice</i>
<i>Gallstones</i>	<i>A</i>	<i>A</i>	<i>*</i>
<i>Gastro-oesophageal reflux disease and Hiatus Hernia</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>Gastritis/duodenitis</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>Peptic ulcer disease</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>Chronic pancreatitis</i>	<i>C</i>	<i>A</i>	
<i>Pancreatic carcinoma</i>	<i>C</i>	<i>A</i>	
<i>Oesophageal carcinoma</i>	<i>C</i>	<i>A</i>	
<i>Gastric carcinoma</i>	<i>C</i>	<i>A</i>	

# Colorectal Surgery

## *Common and/or Important Conditions*

<i>Condition</i>	<i>Junior Surgical Block</i>	<i>Senior Surgical Block</i>	<i>Preparation for Practice</i>
<i>Inflammatory bowel disease</i>	<i>A</i>	<i>A</i>	<i>*</i>
<i>Bowel obstruction</i>	<i>A</i>	<i>A</i>	<i>*</i>
<i>Colonic carcinoma</i>	<i>A</i>	<i>A</i>	
<i>Diverticular disease</i>	<i>B</i>	<i>A</i>	
<i>Ano-rectal sepsis</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>Colonic polyps</i>	<i>B</i>	<i>B</i>	
<i>Haemorrhoids</i>	<i>C</i>	<i>B</i>	

# Abdominal Wall Surgery

## *Common and/or Important Conditions*

<i>Condition</i>	<i>Junior Surgical Block</i>	<i>Senior Surgical Block</i>	<i>Preparation for Practice</i>
<i>Hernia (inguinal, incisional, other)</i>	<i>A</i>	<i>A</i>	<i>*</i>
<i>Surgical wound</i>	<i>B</i>	<i>A</i>	
<i>Stoma</i>	<i>C</i>	<i>B</i>	

# Vascular Surgery

## *Common and/or Important Conditions*

<i>Condition</i>	<i>Junior Surgical Block</i>	<i>Senior Surgical Block</i>	<i>Preparation for Practice</i>
<i>Aortic aneurysm</i>	<i>A</i>	<i>A</i>	<i>*</i>
<i>Chronic limb ischaemia</i>	<i>B</i>	<i>A</i>	
<i>Acute limb ischaemia</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>Carotid artery disease</i>	<i>C</i>	<i>A</i>	
<i>Varicose veins</i>	<i>C</i>	<i>B</i>	<i>*</i>
<i>Venous ulceration</i>	<i>C</i>	<i>B</i>	

# Breast Surgery

## *Common and/or Important Conditions*

<i>Condition</i>	<i>Junior Surgical Block</i>	<i>Senior Surgical Block</i>	<i>Preparation for Practice</i>
<i>Breast cancer</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>Benign breast disease</i>	<i>C</i>	<i>B</i>	

# Endocrine Surgery

## *Common and/or Important Conditions*

<i>Condition</i>	<i>Junior Surgical Block</i>	<i>Senior Surgical Block</i>	<i>Preparation for Practice</i>
<i>Benign thyroid disease</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>Thyroid cancer</i>	<i>C</i>	<i>B</i>	
<i>Parathyroid disease</i>	<i>C</i>	<i>B</i>	
<i>Adrenal disease; phaeochromocytoma</i>	<i>C</i>	<i>C</i>	
<i>Multiple Endocrine Neoplasia (MEN syndromes)</i>	<i>C</i>	<i>C</i>	

# Urology

## *Common and/or Important Conditions*

<i>Condition</i>	<i>Junior Surgical Block</i>	<i>Senior Surgical Block</i>	<i>Preparation for Practice</i>
<i>Urinary Retention</i>	<i>A</i>	<i>A</i>	<i>*</i>
<i>Urinary Tract Infection</i>	<i>A</i>	<i>A</i>	<i>*</i>
<i>Haematuria</i>	<i>A</i>	<i>A</i>	<i>*</i>
<i>Testicular Cancer</i>	<i>B</i>	<i>A</i>	
<i>Bladder Cancer</i>	<i>B</i>	<i>A</i>	
<i>Prostate Cancer</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>Testicular Torsion</i>	<i>B</i>	<i>A</i>	
<i>Renal Stones</i>	<i>B</i>	<i>A</i>	<i>*</i>

<i>Benign Prostatic Hypertrophy</i>	<i>B</i>	<i>A</i>	
<i>Erectile Dysfunction</i>	<i>C</i>	<i>B</i>	
<i>Renal Cell Carcinoma</i>	<i>C</i>	<i>B</i>	
<i>Epididymitis/Orchiditis</i>	<i>C</i>	<i>B</i>	

## Perioperative Care

### *Common and/or Important Conditions*

<i>Topic</i>	<i>Junior Surgical Block</i>	<i>Senior Surgical Block</i>	<i>Preparation for Practice</i>
<i>Preoperative consent including assessment of capacity</i>	<i>A</i>	<i>A</i>	<i>*</i>
<i>Surgical and theatre safety (e.g.WHO, surgical pause, PPE and M&amp;M meetings)</i>	<i>A</i>	<i>A</i>	<i>*</i>
<i>Common perioperative complications (including pain, nausea &amp; vomiting, pyrexia, oxygen therapy, bleeding, infection, PE)</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>Anaesthetic perioperative assessment (e.g. pre-op clinic - ASA grade, airway assessment, assessment of co-morbidities, relevant or necessary investigations)</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>Perioperative oxygen therapy</i>	<i>B</i>	<i>A</i>	
<i>Fasting guidelines</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>IV fluid management</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>Blood transfusion</i>	<i>B</i>	<i>A</i>	<i>*</i>
<i>Nutritional assessment</i>	<i>C</i>	<i>B</i>	
<i>Operative antibiotic prophylaxis</i>	<i>C</i>	<i>B</i>	

# Appendix 1:

## ***Year 3 Core Common and Important Presentations***

### ***Emergency Presentations***

*Acute Abdomen*

*Haemorrhage*

*Shocked Patient (Hypovolaemic, Septic)*

*Trauma*

### ***Top 10 Presentations***

*Abdominal Pain*

*Abdominal Swelling*

*Altered Bowel habit*

*Jaundice*

*Groin Swellings*

*Scrotal Swellings*

*Wound Assessment/Management*

*Urinary Retention*

*Fluid Balance*

*Post-operative Care*

## ***Year 3 Core Common and Important Conditions***

### ***Top 15 Conditions***

*Peritonitis\**

*Appendicitis\**

*Hernia\**

*Gallstones – cholecystitis, biliary colic\**

*Pancreatitis\**

*Upper GI bleeding\**

*Diverticulitis\**

*Inflammatory Bowel Disease\**

*Bowel Obstruction\**

*Visceral Perforation\**

*Lower GI bleeding \**

*Acute Urinary Retention\**

*Ruptured Aortic Aneurysm\**

*Sepsis (Cellulitis, Abscess, Intra-abdominal) \**

*Trauma (Head Injury, Chest Trauma, Abdominal/Pelvic, Haemorrhage) \**