



LOG BOOK – F.E.S.S.H.



**EXAMINATION FOR
EUROPEAN DIPLOMA IN HAND SURGERY
OF THE F.E.S.S.H.**

Federation of the European Societies for Surgery of the Hand

**The Fourteenth European
Diploma Examination**

in

Hand Surgery

of the F.E.S.S.H.

to be held in

**Bucharest, Romania
June 21-22, 2010**

INTRODUCTION

The Federation of the European Societies for Surgery of the Hand has been created to ensure that optimal Hand Surgical care is rendered to the public in the countries of the Council of Europe and the European Union. The aim will be achieved by the following measures:

- (1) Annual Scientific Meetings consisting of structured symposia with invited speakers, free papers and instructional courses.
- (2) Defining educational standards for training centres and establishing a list of nationally accredited training centres.
- (3) Establishing exchange facilities between or travelling fellowships to accredited training centres.
- (4) Offering a Diploma Examination in Hand Surgery so as to establish a mutually acceptable qualification in Hand Surgery across the European Continent as a whole.

EUROPEAN DIPLOMA IN HAND SURGERY

Any surgeon interested in sitting this examination should obtain a registration form from:

**Zsolt Szabo MD PhD Chairman of the Examination Committee of FESSH
BAZ University County Teaching Hospital
Traumatology and Hand Surgery Dept.
Szentpeteri kapu 72-76
3501 Miskolc Hungary
Tel: +36 30 205 3554 Fax : +36 46 515237
E.mail : zsoltzabo@axelero.hu**

and return it duly completed as soon as possible. A copy should also be sent to the Secretary of your National Hand Surgery Society.

Entry Criteria

Candidates must have gained the necessary qualifications for undertaking independent practice in Hand Surgery in a country which must be a member country of the International Federation for Societies of Surgery of the Hand /or the Council of Europe.

Because of the differences which exist in training in Hand Surgery in different parts of Europe, the Council of F.E.S.S.H. have agreed that different sets of criteria will have to be utilised according to the prevailing pattern of training in the candidate's own country:

- (1) Where training in Hand Surgery is not subsequent to accreditation in a major surgical speciality, the background training should incorporate a minimum of three years spent in General Surgery, Orthopaedics and Plastic Surgery, and at least one year of this time must have been spent in either one or other of the latter two specialities. Thereafter two years' training in a centre accredited for training in Hand Surgery with 100 % exposure to Hand Surgery for that period will be required.
- (2) In countries where training in Hand Surgery follows accreditation in a major surgical speciality other than Orthopaedic or Plastic Surgery, two years' training in an accredited centre with 100% exposure will again be required.
- (3) In countries where training in Hand Surgery follows accreditation in Orthopaedic or Plastic Surgery, one year's training with 100 % exposure to Hand Surgery in an accredited centre will be sufficient to allow entry to the Diploma Examination.
- (4) Candidates from countries in which Hand Surgery is already a separate speciality in its own right will be eligible for entry to the European Diploma Examination without further training provided that:
 - (a) Their general background training (minimum duration 2 years) has incorporated exposure to Orthopaedic and/or Plastic Surgery for at least one year.
 - (b) Their speciality in Hand Surgery has been for a minimum of three years in an accredited centre with exposure to both orthopaedic and plastic surgery techniques, including' microsurgery.
 - (c) They have achieved accreditation in Hand Surgery in their own countries.

Surgeons who are interested in sitting the Examination but whose training background does not match any of the above, can still submit an application which will then be assessed individually by the Examination Committee and approved by the Council regarding eligibility to sit the Examination

Format of Examination

1. MCQ elimination paper.
2. Provided candidates have given a satisfactory performance in (1), they will be allowed to go forward to two oral examinations each lasting forty-five minutes and each conducted by two examiners. The subject matter of the orals will be as follows:

- The acutely injured Hand.
- General reconstructive surgery with particular reference to:
secondary reconstruction after trauma,
congenital malformations,
paralytic and other neurological conditions.
- Miscellaneous local pathology and general systemic disease, e. g. hand infections,
Dupuytren's contracture, degenerative and inflammatory arthritis and tumours of
the hand.

Each oral will comprise an assessment of the candidate's knowledge of basic sciences, investigative procedures, conservative management and operative surgery.

Examination fees

The fee for the whole examination will be 350 Euro for members of FESSH. The fee for non FESSH members is 650 Euro.

Languages for Examination

Candidates will be able to take the written paper and the orals in English, but the examination committee will make efforts to provide at least one examiner with the same native language as the candidate.

SYLLABUS FOR DIPLOMA EXAMINATION

- 1 Anatomy of hand and upper limb.
- 2 Physiology of muscle, nerve and bone metabolism.
- 3 Operative surgery, including micro-surgical techniques.
- 4 Injured hand – wound care, management of skeletal, vascular, tendon and nerve injuries.
- 5 Amputations in the hand.
- 6 Burns of the Hand.
- 7 Reconstructive surgery eg.
 - a) Thumb reconstruction
 - b) Tendon transfers
 - c) Management of tetraplegia, stroke and cerebral palsy
 - d) Management of upper limb nerve injuries, including brachial plexus injuries.
- 8 Congenital abnormalities of hand and upper limb
- 9 The arthritic hand in osteoarthritis, rheumatoid arthritis and other inflammatory arthritides, eg.
Lupus and scleroderma
- 10 Dupuytren's contracture
- 11 Infections of the Hand
- 12 Tumours of the Hand

LOG BOOK

- 1** You are required to list in chronological order all the training posts in surgery which you have held. In particular hand appointments undertaken during your training or accreditation in Orthopaedic, Plastic or Hand Surgery should be listed as well as appointments at post-accreditation level or during the tenure of a Hand Fellowship.

- 2** You are required to record all hand operations at which you assisted, or which you yourself performed during your tenure of all the above posts. Working diary entries should be completed after each operation as follows:

Date: Date of operation.

Patient's initials: Initials only to maintain confidentiality.

Nature of operation: Description of the operation, including all the procedure in a major operation.

P/PA/A: P = performed independently by yourself

PA = performed with assistance of an experienced Hand Surgeon

A = operations at which you aided as first assistant.

Each diary sheet should be signed at the foot by your supervisor.

Where complex procedures are involved that include, for example, free tissue transfer or reconstruction by tissue expansion, you may include these reconstruction procedures in addition to the other major procedures. In other multiple procedures you may list only one component.

3 Consolidation Sheets.

These should show the cumulative totals of the various operations of which you have experience as independent operator (P), as surgeon with supervisory assistance by your consultant (PA) and as assistant (A). Two thirds of the procedures should have been done by yourself as independent operator.

The recommended numbers for each category of operations shown on the cumulative sheets should not be regarded as absolute requirements but more as guidelines. Moreover because of the differences in the availability of surgical procedures performed at any given hand surgical institution, it will be possible to compensate for the deficiency in the number of operations in one group by performing an increased number of operations in another group of equal value, eg. microvascular for congenital malformations.

4 Academic record.

This should include:

- (a) Any special instructional courses attended.
- (b) Research undertaken.
- (c) Presentations at scientific meetings.
- (d) Published work - all candidates will be expected to have published at least one paper and to have made presentations at various categories of scientific meetings.

5 Computerised records of operative experience.

A computer generated record of a candidate's experience will be accepted by F.E.S.S.H. provided it contains the information required in this log book and provided it is certified by the candidate's supervising consultant. If the computerised record fulfils these requirements, it will not be necessary for the candidate to fill in the operation record pages in the log book, but the record of training posts held, the consolidation sheets and the record of academic activities must be completed.

SUMMARY OF CRITERIA FOR TRAINING

A prospective Hand Surgeon must first have satisfactorily completed training in one of the following fields: General Surgery, Plastic Surgery or Orthopaedics.

Guidelines for Advanced Hand Surgery Training Requirements:

The goals of advanced training are to gain continued knowledge and experience in the following areas:

- 1 normal and pathological anatomy, aetiology, epidemiology, pathogenesis and prognosis of injuries, diseases and malformations of the hand,
- 2 in clinical, radiological and operative diagnosis of injuries, diseases and malformations of the hand, including arthroscopy and imaging techniques (standard X-rays, CT and MRI),
- 3 indications, planning and management of conservative and operative treatment of injuries, diseases and malformations of the hand, including microsurgical procedures,
- 4 postoperative management and programmes of rehabilitation, as well as indications for therapeutic exercises, occupational therapy and physiotherapy, and the use of splints and prostheses for the hand,
- 5 disability evaluations of patients following an injury (minimum of 5 evaluations).

The training in Hand Surgery consists essentially of one to two years' training in an accredited centre and the performance of the suggested number of operations listed in the Consolidation Sheets.

ARRANGEMENTS FOR THE EUROPEAN DIPLOMA EXAMINATION IN HAND SURGERY

Bucharest, June 21-22, 2010

The examination for the European Diploma in Hand Surgery will be held in Bucharest, Romania, on June 21-22, 2010, preceding the Congress of the FESSH.

The examination will commence on June 21st with an MCQ paper of 60 questions for which two hours will be allowed. Each MCO question will have five statements, each of which must be marked as being (T)rue or (F)alse. In each question, at least one statement will be (T)rue. Incorrect answers will be liable to negative marking.

The MCQ paper may be taken in English. Marking of the papers will commence immediately after the examination and should be completed by the early evening, when candidates will receive confirmation as to whether they are to be allowed to proceed to the oral examination on the following day. It is intended that in view of the stringent entry criteria and the candidates' advanced stage of training, the standard of the paper will be such as to render it likely that the majority of the candidates will pass this first hurdle.

On the second day of the examination (June 22nd), each candidate will undergo two oral examinations, each lasting forty-five minutes and each conducted by two examiners. The subject matter of the two orals will be as follows:

- **The acutely injured Hand**

- **General reconstructive surgery with particular reference to:
secondary reconstruction after trauma,
congenital malformations,
paralytic and other neurological conditions.**

- **Miscellaneous local pathology and general systemic disease, e.g. hand
infections, Dupuytren's contracture, degenerative and inflammatory arthritis
and tumours of the hand.**

Each oral will comprise an assessment of the candidate's knowledge of basic sciences, investigative procedures, conservative management and operative surgery.

Different candidates may of course undergo the two orals in differing order.

As with the MCOs Candidates will be able to take the orals in English, but the examination committee will make efforts to provide at least one examiner with the same native language as the candidate.

The final results of the Examination should be available on the 3rd afternoon shortly after the completion of the final orals.

Candidates for the Examination should complete the enclosed application form and return this with a full curriculum vitae, completed log book, passport photograph (photocopy of personal data page of passport) and photocopy of accreditation certificate in Hand Surgery, and/or Orthopaedic Surgery, and/or Plastic Surgery, and/or General Surgery to:

Zsolt Szabo MD PhD
Chairman of the Examination Committee of F.E.S.S.H.
BAZ University County Teaching Hospital
Traumatology and Hand Surgery Dept.
Szentpeteri kapu 72-76
3501 Miskolc Hungary
Tel: +36 30 205 3554 Fax : +36 46 515237
E.mail : zsoltzabo@axelero.hu

as soon as possible and certainly **not later than January 31st, 2010.**

The Examination Committee reserves the right to reject applications from those whose training, qualifications and log book they consider inadequate or incomplete.

The candidates must have had their training in Hand Surgery in an accredited centre in one of the member countries of IFSSH.

THE FOURTEENTH EXAMINATION FOR EUROPEAN DIPLOMA
IN HAND SURGERY OF THE F.E.S.S.H. 2010

Mrs/Mr/Ms Name

First Name

Position

Academic degree

Hospital/Univ. Clinic/Training Centre

Address of Institution

Home address

Tel. No.

Fax No.

E-Mail

Country of citizenship

Country for training in Hand Surgery

Date

Signature Supervisor (Training director)

Date

Signature Trainee

ACADEMIC RECORDS

Instructional Courses attended

Date	Course

Research undertaken

**PRESENTATIONS AT SCIENTIFIC
MEETINGS**

Date	Meeting	Presentation

Published work

Title and Publication (Journal)

List of Operations

Herein follows a description with the minimal number of operations to be performed independently by the trainee or, for operations of a higher degree of difficulty, as a participant. These procedures are to be performed during the two years' period of speciality training. Partially they may be performed during training in Plastic Surgery or Orthopaedic Surgery. Microvascular experience is essential.

	R	P	PA	A
A) Skin and subcutaneous tissue				
1. Free skin graft	10			
2. Pedicled local flap	5			
3. Pedicled distant flap	3			
4. Free flap with microvascular anastomosis	3			

	R	P	PA	A
B) Tendon				
1. Flexor tendon repair	15			
2. Flexor tendon graft	5			
3. Flexor pulley reconstruction	2			
4. Flexor tendon tenolysis	4			
5. Extensor tendon repair	15			
6. Extensor tendon graft	4			
7. Extensor tendon tenolysis	4			
8. Tendon sheath synovialectomy	6			
9. Tendon reconstruction in rheumatoid arthritis	3			
10. Trigger finger release	10			

	R	P	PA	A
C) Bone				
1. Closed reduction and fixation of fractures	10			
2. Open reduction and fixation of fractures	15			
3. Corrective osteotomy	5			
4. Treatment of nonunion:				
a) scaphoid	5			
b) other	3			
5. (Partial) resections (incl. aseptic necrosis)	5			

	R	P	PA	A
D) Joint				
1. Treatment of finger or unit dislocation	5			
2. Collateral ligament or palmar plate repair	5			
3. Arthrolysis	3			
4. Arthroplasty (incl. allo-arthroplasty)	12			
5. Secondary reconstruction of ligaments	2			
6. Arthrodesis (incl. 2 arthrodeses of the wrist)	12			
7. Denervation	2			
8. Synovectomy	10			

	R	P	PA	A
E) Nerves				
1. Microsurgical repair				
a) of a major nerve trunk	8			
b) of a metacarpal or digital nerve	12			
2. Nerve grafting				
a) of a major nerve trunk	3			
b) of metacarpal or digital nerve	3			
3. Neurolysis	2			
4. Excision of neuromas	3			

	R	P	PA	A
F) Tendon transfer				
(to replace lost motoric function)	5			

	R	P	PA	A
G) Blood vessel				
1. Microsurgical arterial anastomosis	6			
2. Microsurgical venous anastomosis or vein graft	6			

	R	P	PA	A
H) Local treatment				
Thermal burn, chemical injury, electrical trauma, pressure-gun injury, compartment syndrome etc.	5			

Surgical procedures for treatment of special diseases, malformations, complex trauma of the hand

	R	P	PA	A
A) Dupuytren's contracture				
1. Radical or partial fasciectomy	10			
2. Recurrent disease	5			

	R	P	PA	A
B) Tumours				
1. Resection of soft tissue tumour	10			
2. Resection of bone tumour	3			
3. Resection of tumour-like lesion (e.g. ganglion cysts)	10			

	R	P	PA	A
C) Infections of the Hand				
1. Treatment of wound infection incl. tendon sheath	10			
2. Treatment of paronychia or pulp infection	5			
3. Treatment of osteomyelitis or septic arthritis	2			

	R	P	PA	A
D) Replantations Amputations of hand and fingers				
1. Digital or metacarpal level	5			
2. Carpal or forearm level	2			

	R	P	PA	A
E) Amputations of hand and fingers				
1. Digital or metacarpal level	5			
2. Carpal or forearm level	1			

	R	P	PA	A
F) Nerve compression syndromes				
1. Carpal tunnel syndrome	10			
2. Other locations (ulnar tunnel syndrome, anterior interosseus syndrome, radial nerve compression syndrome)	4			

	R	P	PA	A
G) Treatment of congenital malformations of the hand	6			

	R	P	PA	A
SUMMARY				
1. Surgical procedures for treatment of injuries and common diseases of the hand	236			
2. Surgical procedures for treatment of special diseases of the hand	88			
TOTAL	324			

Note

- R** - Recommended number of operations
- P** - Performed independently by yourself
- PA** - Performed with assistance of an experienced Hand Surgeon
- A** - Operations at which you aided as first assistant

Postal address of the examination committee:

Zsolt Szabo MD PhD

Chairman of the Examination Committee of F.E.S.S.H.

BAZ University County Teaching Hospital

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