		Round 2		Round 3
Categories	Competences	Mean	SD	Agreement
KILLS	A newly graduated doctor must be able to PERFORM	200404		20000000
ound management	Assessment of acute wounds	3.90	0.40	100%
	Treatment of different types of acute wounds	3.13	0.92	87%
	Assessment of facial wounds and know the referral indications Assessment and treatment of a bite wound	3.39	0.76	87% 97%
	Removal of foreign bodies and adequately rinse a wound	3.61	0.72	93%
	Assessment of the status of a wound, i.e. determine if there is an on-going	3.58	0.76	97%
	infection or not, determine if the wound is healing or getting worse, (deter-			
	mine when to refer patients to the correct specialist)			
	Assessment of difference between necrotic and viable tissue	3.39	0.62	93%
	Evaluation and treatment of a wound infection	3.58	0.62	97%
	Basic diagnosis and treatment of both superficial and deep post-operative infections and understand indications for referral	3.35	0.71	87%
asic surgical skills	Basic suture technique: How to close a wound by single sutures and atrau-	3.55	0.85	93%
oasit suigitai skiiis	matic technique	3.33	0.03	2270
	Choice of the right suture material	3.03	0.84	83%
	Infiltration anesthesia/local anesthesia in skin	3.39	0.76	93%
	Basic debridement of a wound	3.35	0.80	90%
	Correct and safe handling of basic surgical instruments	3.03	0.91	93%
	A proper preoperative wash-up	3.26 3.19	0.82	87% 87%
	Abscess drainage Cutting of sutures	3.19	0.95	90%
Burn care	Assessment of burns by a basic burn approach (ABCDE)	3.48	0.72	97%
and to	Approximate determination of the depth and extent of a burn injury and	3.23	0.72	87%
	be able to communicate the findings in the correct terms	3000		
	Basic (first line) treatment of burns and frostbites	3.26	0.77	100%
	Treatment of small/uncomplicated burns	3.45	0.68	100%
Skin lesions	Clinical diagnosis of the most common skin tumours	3.23	0.84	83%
	Skin biopsies	3.32	0.83	87%
	Examination and diagnostic biopsy of a nevus	3.19	0.98	83% 80%
	Excision of skin lesions  Correct treatment decisions and referrals based on histological findings of	3.10	0.91	80%
	biopsies	3.39	0.32	0070
Examination skills	A reliable test of motor and sensory function of face and limbs based on	3.42	0.67	87%
10.00 FT	knowledge of anatomy			
	Examination of the mouth and pharynx of a patient	3.32	0.65	90%
	Examination of breasts	3.32	0.83	90%
	Consultation with the correct specialist colleague using the correct terms	3.10	0.75	90%
NOWLEDGE	A newly graduated doctor must have BASIC KNOWLEDGE OF	3.84	0.45	100%
asic anatomy and	Anatomy Anatomy of the skin	3.58	0.45	100%
physiology	Physiology	3.65	0.61	97%
	Sensory and motor innervation of face and how to test for absence of	3.48	0.63	93%
	function			
	Superficial anatomic structures in the face that are mandatory to assess in	3.13	0.67	83%
	traumatic wounds: 1. Clinical evaluation of facial nerve lesions. 2.			
	Anatomical landmarks for the branches of the trigeminal nerve. 3. The facial			
	vein and artery. 4. The temporal vein and artery	2.26	0.77	90%
Wound care	Local anaesthetics – mechanisms of action, usage, and adverse effects	3.26 3.61	0.77	90%
would care	Basic principles of wound healing and factors affecting the normal healing process	3.01	0.02	9770
	Principles for conservative treatment in chronic wounds	3.23	0.72	87%
	Diagnosis, conservative treatment, and indications for referral of chronic	3.29	0.74	87%
	wounds (i.e. vascular, diabetic, pressure sores etc.)			
	Fundamentals of wound care: role of blood flow (edema, patient position-	3.35	0.80	97%
	ing), nutrition, glucose balance, smoking, dressings and antimicrobial			
	treatment	1000	2020	12.23(6)
	How to recognize vital tissue from devital tissue	3.55 3.68	0.62	93% 100%
ferral guidelines	How to prevent pressure sores Basics of facial paralysis: Referral criteria	3.06	0.68	87%
3	When to treat and when to refer traumatic wounds of the face	3.48	0.63	93%
	When to, and to which specialty, refer acute and chronic wounds	3.35	0.84	80%
	When to refer burn patients to hospital (not burn centre) – especially	3.52	0.68	100%
	children			
	Referral criteria and local routines for the most common benign and malig-	3.19	0.83	93%
	nant skin tumors	210	0.70	000
raum atolo mi	What to refer to plastic surgery (trauma and elective)	3.10	0.79	90%
raumatology	First assessment and first aid for mangled extremity/complex extremity trauma	3.19	0.83	80%
oft tissue infections	Serious soft tissue infections and when to suspect necrotising soft tissue	3.71	0.59	97%
	infections			27.74
	When an erysipelas/cellulitis needs to be evaluated by a surgeon	3.35	0.71	87%
urn care	Basic first aid for burns	3.84	0.52	100%
	That burn centres exist	3.74	0.68	100%
	How major burns are treated – in general	3.03	0.87	90%
n ao nital	Basic burn treatment	3.48	0.68	100%
ngenital	That cleft centres exist  That clefts, and several other paediatric malformations are treated by plastic	3.26 3.16	0.86	97% 93%
	surgeons	3.10	0.90	9370
	The most common congenital malformations (i.e. clefts, cranial malforma-	3.19	0.83	80%
	tions, vascular malformations, congenital nevi, hypospadias, ears, breast,		-200	44.10
	and thoracic) AND know of its referral to plastic surgery			
kin lesions	Skin lesions (melanomas, basaliomas and squamous cell carcinomas) and	3.26	0.77	87%
	the initial diagnostic procedures (margins, depths, PAD)	63958	55-000	
	Treatment guidelines for melanoma	3.03	0.87	80%
east	Diagnosis of breast tumors	3.42	0.56	90%
Principles and general knowledge	The reasons for BMI limits and the disadvantage of smoking	3.26	0.86	93%
	That there are entities called hypertrophic scars and keloids	3.06	0.81	87%
	What plastic surgeons in public hospitals do  That plastic surgeons in public hospitals malformations and reconstruction	3.10	0.91	93% 97%
	That plastic surgery involves congenital malformations and reconstruction of different parts of the body after cancer and trauma	5.03	0.87	9/%
		3.00	0.03	Q79/-
	The role and assignment of plastic and reconstructive surgery in the public medical health care system and the most common procedures performed	3.00	0.93	87%