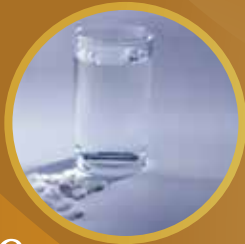


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Jan-Jun 2013 Volume 8 Number 17  
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# INTERN Vision



## This Issue CONTAINS

Cover Article	03
Winners' List	08 & 18
History of Medical Symble	09
FCPS Information	10
Draw Program	14
Prize Giving Ceremony	15-16
International Business	17
Comments from Doctors	18
Puzzle Game	19

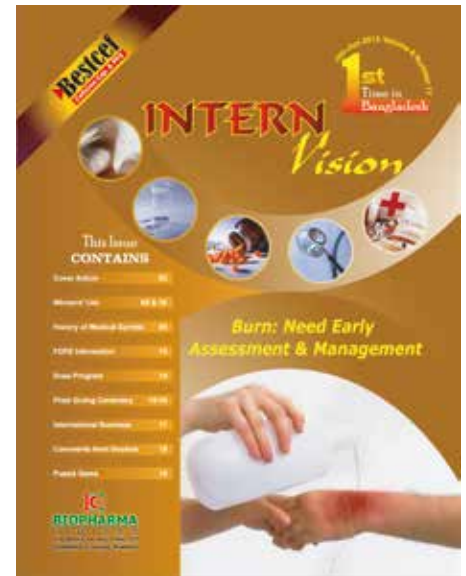
## *Burn: Need Early Assessment & Management*



**BIOPHARMA**  
LIMITED  
7/16, Block-B, Lalmatia, Dhaka-1207  
*Committed to Sewing Mankind*



# Dear Intern Doctors



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Compiled & Published by:  
Medical Services Department  
**BIOPHARMA**

Welcome to the 17<sup>th</sup> Issue of "Intern Vision"

First of all we would like to give special thanks to all our valued readers for mass participation & suggestions in the previous issues of Intern Vision. In every issue we strongly try to review this newsletter according to your valuable opinion.

In our last issue (16<sup>th</sup>) we have already handed over 45 prizes among the winners throughout the country which was selected by an open draw program at conference room of corporate house of BIOPHARMA LIMITED.

In this Issue we have highlighted the features of "Burn: Need Early Assessment & Management" as cover article which is very important for a medical professional and information on FCPS Exam part 1 & final part which may help to take preparation for FCPS exam.

Our regular features (Medi Quiz, Puzzle Game & Think A Little) are in this issue as usual.

Every cordial effort has been made to make this issue interesting & helpful to you.

We sincerely expect your valuable suggestions for further excellence of

**INTERN**Vision

With regards,

**BIOPHARMA**

**Dr. Sk. Moshin**  
Head, Medical Services Department

**Dr. Lokuat Ullah**  
Executive Director

## Burn: Need Early Assessment & Mangement

Burn is a devastating type of injury with long-term physical and psychosocial effects. Along with its traumatic nature, painful treatment can sometimes induce psychopathological responses<sup>1</sup>. Interdisciplinary rehabilitation due to physical and psychological complication is not uncommon in burn injury<sup>2</sup>. Along with the advancement of medical care, survival rate has been increased, however long term morbidity following burn injury remains a huge burden<sup>3</sup>.

Every year in Bangladesh more than 365,000 people are injured by electrical, thermal and other causes of burn injuries. Among the total burn related injuries, 27,000 needed hospital admission and over 5,600 died<sup>4</sup> (incidence rate of 3.97 per 100,000 population per year). Thermal cause are found as the major cause of burn in Bangladesh which constitutes about two thirds of the total burn, with flame the major contributor. Electrical injury constitutes about one third of the total burn injuries. Among the total injuries about 30.90% are due to electrical injuries, about 25.80% are due to flame, about 24.70% are due to hot liquid, over 16.70% by hot object, about 0.20% are due to explosives<sup>4</sup> (Figure 1).

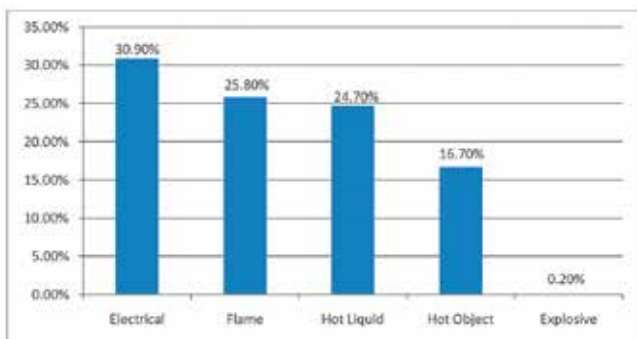


Figure 1: Major causes of burn injury.

Children of less than five years are the most vulnerable group for burn and electrical injury<sup>5</sup>. A significantly higher rate of thermal and electrical burn incidence is found in rural areas. The incidence of electrical injuries is found to be six times higher in rural areas when compared to urban areas. Low literacy of the population and a lack of safety measures when in contact with electricity might be the reason behind it.

Reviewed By

**Dr. Md. Morshed Uddin Akand**

Diabetic Foot Care & Plastic Surgeon

Deperment of Burn & Plastic Surgery

BIRDEM HOSPITAL, Dhaka

About 36% of patients receive treatment from a hospital/clinic or from a registered physician. About 30% of patients receive treatment from the medicine shopkeeper and more than 18% receive herbal or homeopathic treatment. About 6% of patients receive treatment from a traditional healer or religious leader and about 9% receive from friends and relatives<sup>4</sup> (Figure 2).

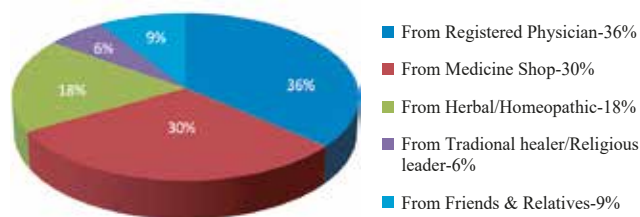


Figure 2: Treatment received by the patient.

### Emergency management of burn

(Clinical Practics Guidelines: Burn Patient Management. Agency for Clinical Innovation. 2011:3-15)

#### Primary Survey

##### Airway maintenance with cervical spine control

- Stabilise the neck for suspected cervical spine injury.
- If the patient is unable to respond to verbal commands open the airway with a chin lift and jaw thrust.
- Keep movement of the cervical spine to a minimum
- Insert a Guedel Airway if airway patency is compromised.

##### Breathing and Ventilation

- Administer 100% oxygen
- Expose the chest and ensure that chest expansion is adequate and bilaterally equal - beware circumferential deep dermal or full thickness chest burns - is fasciotomy required?
- Palpate for crepitus and for rib fractures
- Auscultate for breath sound bilaterally
- Ventilate via a bag and mask or intubate the patient if necessary.
- Monitor respiratory rate - beware if rate <10 or > 20 per minute.
- Apply pulse oximeter monitor

##### Circulation with Haemorrhage Control

- Inspect for any obvious bleeding - stop with direct pressure.
- Monitor and record the peripheral pulse for rate, strength (strong, weak) and rhythm,
- Apply capillary blanching test (centrally and peripherally to burnt and non-burnt areas) - normal return is two seconds.

Longer indicates poor perfusion due to hypotension, hypovolaemia or need for fasciotomy on that limb; check another limb.

- Monitor circulation of peripheries if there is a circumferential burn present. Firstly elevate the limb to reduce oedema and aid blood flow (Kagan & Smith 2000). If this does not prove effective then it may be necessary to perform an fasciotomy.

### Disability: Neurological Status

- Establish level of consciousness:

A - Alert

V - Response to Vocal stimuli

P - Responds to Painful stimuli

U - Unresponsive

- Examine pupils response to light for reaction and size.
- Be alert for restlessness and decreased levels of consciousness - hypoxaemia, CO intoxication, shock, alcohol, drugs and analgesia influence levels of consciousness.

### Exposure with Environmental Control

- Remove all clothing and jewellery.
- Keep patient warm
- Hypothermia can have detrimental effects on the patient. It is important to ensure that the patient is kept warm, especially during first aid cooling periods.
- Log roll patient, remove wet sheets and examine posterior surfaces for burns and other injuries.

### Fluids Resuscitation

- Fluid Resuscitation will be required for a patient who has sustained a burn >10% for children, >15% for adults.
- Estimate burn area using Rule of Nines. For smaller burns the palmar surface (including fingers) of the patient's hand (represents 1% TBSA) can be used to calculate the %TBSA burnt.
- Insert 2 large bore, peripheral IV lines preferably through unburned tissue.
- Collect bloods simultaneously for essential base line bloods - FBC/EUC/ LFT. screen/Amylase/Carboxyhaemoglobin
- Obtain patients body weight in kgs.
- Commence resuscitation fluids, IV Hartmann's solution at an initial rate of the. Modified Parkland Formula and adjust according to urine output:

$3-4 \text{ mls} \times \text{kgs} \times \% \text{ TBSA burnt} = \text{IV fluid mls to be given in 24hrs following the injury}$   
Give  $\frac{1}{2}$  of this fluid in the first 8hrs from the time of injury  
Give a  $\frac{1}{2}$  of this fluid in the following 16hrs.

- Children less than 30kg require 5% dextrose /N/2 saline for maintenance fluids in addition to resuscitation fluids.

- Insert an IDC for all burns >10% for children, >15% for adults and attach hourly urine bag. IV fluids are adjusted each hour according to the previous hour's urine output.

The infusion rate is guided by the urine output, not by formula. The urine output should be maintained at a rate  
Adult 0.5 / kg / hr, Children 1 ml / kg / hr

- If urine output <0.5mls/kg/hr increase IV fluids by 1/3 of current IV fluid amount. If urine output >1ml/hr for adults or >2ml/kg/hr for children decrease IV fluids by 1/3 of current IV fluid amount (see fluid balance chart on following page).

Eg: Last hrs urine = 20mls, received 1200mls/hr, increase IV to 1600mls/hr

Last hrs urine = 100mls, received 1600mls/hr, decrease IV to 1065mls.

- More IV fluids are required:

1. When haemochromogenuria (dark red, black urine) is evident. Haemochromogenuria occurs when the person has endured thermal damage to muscle eg electrical injury. Mannitol may be ordered if haemochromogenuria evident.
2. Inhalation Injury.
3. Electrical injury
4. Delayed resuscitation
5. Fluid loss prior to burn eg fire fighter, diuretics, alcohol etc.

- ECG, pulse, blood pressure, respiratory rate, pulse oximetry or arterial blood gas analysis as appropriate.

### Nutrition

- Insert nasogastric/ nasojejunal tube for larger burns (>20% TBSA in adults; >15% TBSA in children) or if associated injuries. See SBIS Nutrition & Dietetics Guidelines.

### Pain Management

- Give small increments of IV narcotic. A standard stat dose of IV morphine is 2.5 - 10 mg for adults and 0.1 - 0.2 mg/kg of body weight for children.
- The dose should be titrated against the patient's response, including the respiratory rate.
- A narcotic infusion can be commenced once the initial treatments have stabilized the patient.
- Burn procedures may require analgesia beforehand allowing time for it to take effect. The drug of choice is determined on an individual basis and may include an opiate such as morphine, with paracetamol.

Oral midazolam may also be used for its dissociative, anxiolytic and sedative qualities. Antihistamines can be useful in patients where there is excessive itch, but should not be used in conjunction with midazolam. Inhaled nitrous oxide mixture is often used during dressing removal and reapplication in some cases.

- Tapes, music and overhead pictures are useful diversion/distraction techniques. For children a play therapist can also assist with procedures. Provision of diversion/ distraction therapy can help decrease pain and anxiety for both adults and children.

- Anti-emetics may be necessary when narcotics are given.
- Aperients to be administered when narcotics given to avoid constipation.
- Oral analgesia may be administered to patients with minor burns.
- Follow local hospital/institutional Pain Management Guidelines.

Narcotic IM injections should not be administered for major burns as peripheral shut down occurs in burns > 10% TBSA. Absorption of the drug will not take place so pain relief will not be achieved. As circulation improves an overdose of the opiate may occur.

## Secondary Survey

Perform a comprehensive secondary survey.

### History

- A - Allergies
- M - Medications
- P - Past Illnesses
- L - Last Meal
- E - Events/Environment related to injury

### Mechanism of Injury

- Gather information from the patient or others the following:
  - Date and time of burn injury, date and time of first presentation.
  - Source of injury and length of contact time.
  - Clothing worn.
  - Activities at time of burn injury.
  - Adequacy of first aid.

### Head to Toe Assessment

- Reassess A, B, C, D, E, and F

### Other actions

- Record and document
- Swab all burn wounds and send to microbiology.

### Circulation

If the patient has a circumferential full thickness burn it may impede circulation and or ventilation (if burn around chest).

- Contact the Burns Registrar at a specialist burns unit.
- Elevate the effected limb above the heart line.
- Commence a circulation chart.
- Escharotomy may be necessary to relieve pressure if circulation is compromised.

### Psychosocial Care

- Document next of kin and telephone number.
- Inform and provide support to family.
- Obtain relevant psychosocial information during assessment and document.
- Contact relevant Social Worker, Psychologist or Psychiatrist

### Re-evaluate

- Give tetanus prophylaxis if required
- Note urine colour for haemochromogenuria
- Laboratory investigations:
  - Haemoglobin/ haematocrit
  - Urea/creatinine
  - Electrolytes
  - Urine microscopy
  - Arterial blood gases, carboxyhaemoglobin/
  - Electrocardiogram

### Surface Area Assessment

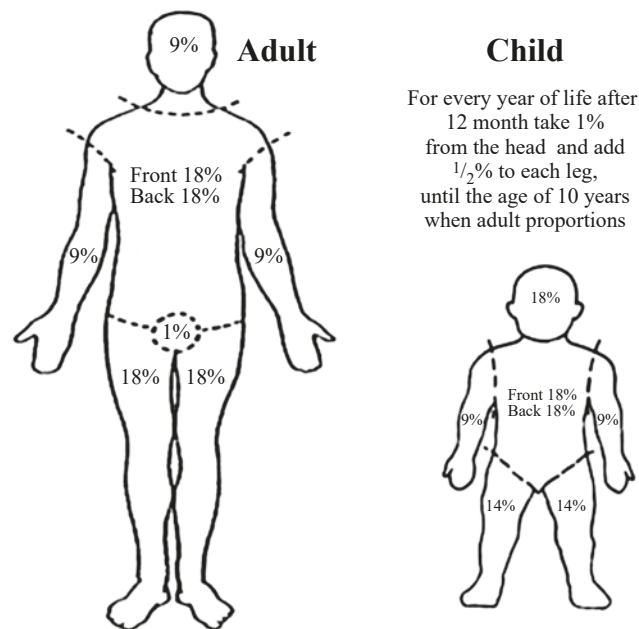


Figure: Rule of nine

### Palmar Method

- Palm and fingers of the patient = 1% TBSA
- Useful for small and scattered burns
- Can be used for subtraction e.g. full arm burnt except for hand-sized area = 8% TBSA



### Determine the depth of the injury several aspects should be investigated

- Clinical examination of the burn, including capillary refill
- Source and mechanism of the injury, including heat level, chemical concentration, and contact time with source.
- First aid. Prompt first aid will reduce further destruction of the zone of stasis.
- Age of the patient
- Pre existing disease or medical condition

**Burn Wound Depth Assessment Table**

Depth	Colour	Blisters	Capillary Refill	Healing	Scarring
Epidermal	Red	No	Brisk 1-2 sec	Within 7 days	None
Superficial Dermal (Superficial Partial)	Red/ Pale Pink	Small	Brisk 1-2 sec	Within 14 days	None Slight colour mismatch
Mid-Dermal (Partial)	Dark Pink	Present	Sluggish >2 sec	2-3 weeks Grafting may be required	Yes (if healing >3wks)
Deep Dermal (Deep Partial)	Blotchy Red/ White	+/-	Sluggish >2 sec/ Absent	Grafting required	Yes
Full Thickness	White / Brown / Black (charred) / Deep Red	No	Absent	Grafting required	Yes

### Recognising Burn Depths

Epidermal Burn



- Skin intact, blanch to pressure
- Erythema not included in% TBSA assessment
- Heal spontaneously within 3-7days with moisturizer or protective dressing.

Superficial Dermal Burn  
(Superficial Partial Thickness)



- Blisters Present or denuded
- Blanch to Pressure (under blister)
- Should heal within 7-10 days with minimal dressing requirements.

Mid Dermal Burn  
(Mid Partial Thickness)



- Heterogeneous, variable depths
- Blanches to pressure may have slow capillary return
- Should heal within 14 days
- Deeper areas or over a joint may need surgical intervention and referral.

Deep Dermal Burn  
(Deep Partial Thickness)



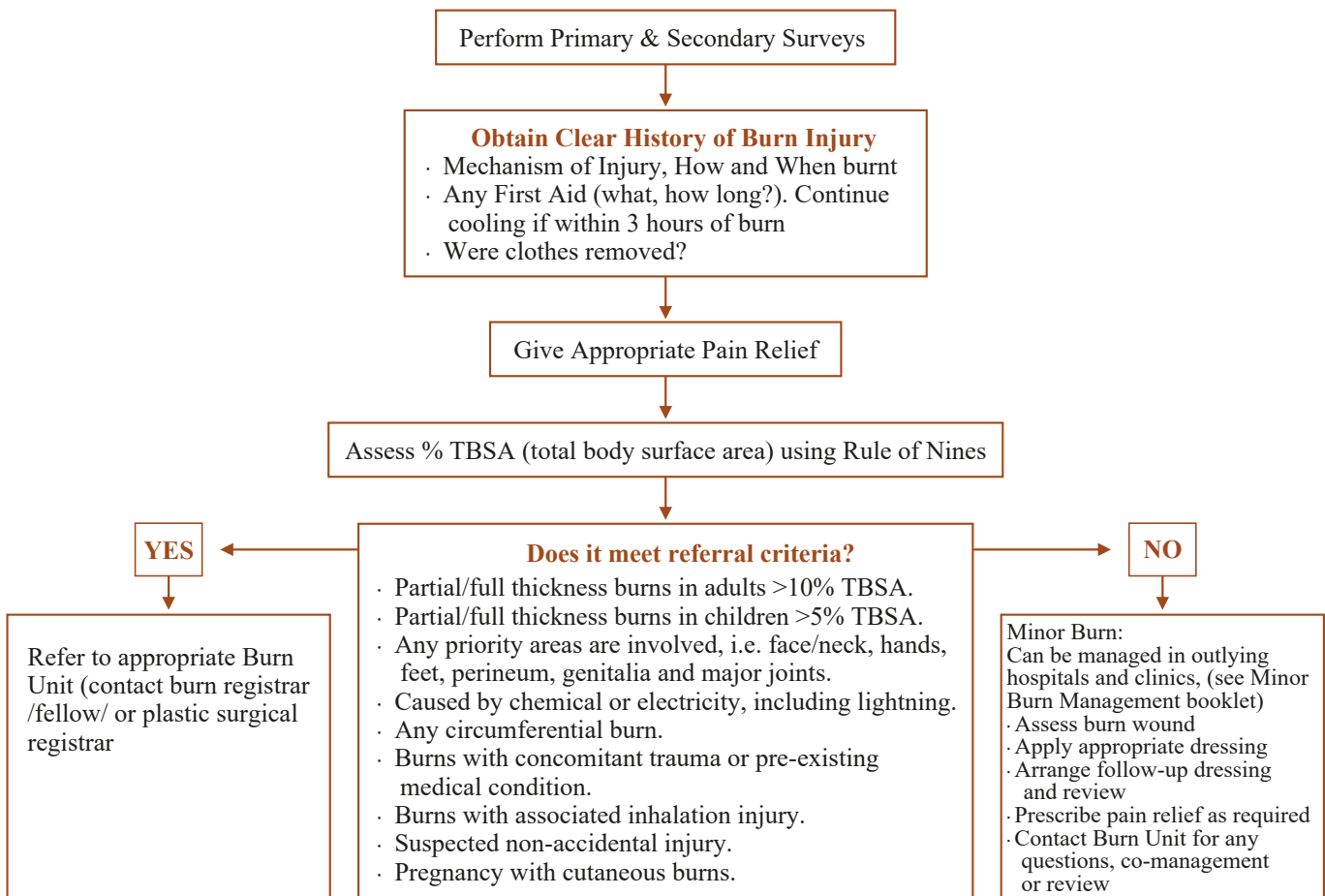
- Heterogeneous, variable depths
- Deeper areas may not blanch
- Generally need surgical intervention

Full Thickness Burn



- Outer skin, and some underlying tissue dead
- Present as white, brown, black
- Surgical intervention and long-term scar management required
- Refer to specialist unit

### On Presentation of Burn Patient to Emergency Department - Flowchart



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### Medi Quiz

1. What is the major cause of burn in our country?
  - a) Electrical
  - b) Flame
  - c) Hot Liquid
  - d) Hot Object
2. How many percent of people receive treatment from registered doctors after burn?
  - a) 26%
  - b) 36%
  - c) 30%
  - d) 18%
3. The urine output should be maintained at a rate ( in Adult)
  - a) 0.5/kg/hr
  - b) 0.6/kg/hr
  - c) 0.3/kg/hr
  - d) 0.1/kg/hr
4. Narcotic IM injections should not be administered in
  - a) Burns >20% TBSA
  - b) Burns >15% TBSA
  - c) Burns >10% TBSA
  - d) Burns >5% TBSA

### Think A Little and Puzzle Game Winner of 15th Issue

SI no	Name of Doctor	Medical College	Batch	Category
1	Dr. Zahidul Islam	North Bengal Medical College	8th	Letter Puzzle
2	Dr. Saleh al Nayem	Sahid Zia Medical College	15th	Think a Little
3	Dr. Noor Ahmed	Sher-E- Bangla Medical College	38th	Think a Little
4	Dr. Zahir Raihan	Sher-E- Bangla Medical College	37th	Word Puzzle
5	Dr. Tapon Sarker	Sher-E- Bangla Medical College	38th	Think a Little
6	DR. Manjurul Islam	Comilla Medical College	15th	Think a Little
7	Dr. Ahsanul Kader	BGC Trust Medical College	5th	Think a Little
8	Dr. Kamruzzaman	Chittagonj Medical College	19th BDS	Letter Puzzle
9	Dr. Md. Fojle Rabbi ( Riad)	Chittagonj Medical College	49th	Word Puzzle
10	Dr. Wahiduzzaman	USTC Medical College	19th	Word Puzzle
11	Dr. Farzana Rawshan	USTC Medical College	20th	Think a Little
12	Dr. Fatema tuz Zohora	Ibrahim Memorial Medial College	4th	Word Puzzle
13	Dr. Laila Mahzabin	Dhaka National Medical College	12th	Letter Puzzle
14	Dr. Nasim Uddin Ahmed	Bangladesh Medical College		Word Puzzle
15	Dr. Snigdha Roy	Dhaka Medical College	64th	Think a Little
16	Dr. MD. Sayeed bin Faisal	Dhaka Medical College	64th	Letter Puzzle
17	Dr. Abdullah Al Ifran	Sir Solimullah Medical College	25th	Think a Little
18	Dr. Tanjina Lanar Tonwy	Dhaka Dental College	45th	Word Puzzle
19	Dr. Saima Sultana	Shahid Sohrawardi Medical College	2nd	Letter Puzzle
20	Dr. Md. Bahauddin	Ibn Sina Medical College	3rd	Word Puzzle
21	Dr. Ummey Honey Israt	Enam Medical College	4th	Letter Puzzle
22	Dr. Awal Ahamed	Faridpur Medical College	16th	Word Puzzle
23	Dr. Fathia Sultana	Faridpur Medical College	16th	Think a Little
24	Dr. Mamun	Khulna Medical College	16th	Think a Little
25	Dr. Alam	Khulna Medical College	16th	Letter Puzzle
26	DR. Masud Parvez	Mymensing Medical College	43th	Think a Little
27	Dr. Badrul	Community Based Medical College	13th	Letter Puzzle
28	Dr. Nasren Nahar Sopna	Rajshahi Medical College	47th	Word Puzzle
29	DR. Md. Zobair Hossain	Islami Bank Medical College	3rd	Think a Little
30	Dr. Khondokar Sarmin Akter	Rongpur Medicl College	35th	Letter Puzzle
31	Dr. Forhad Ahmed	Dinajpur Medical College	16th	Letter Puzzle
32	Dr. Nurul Amin Chiwdhury	Sylhet Osmani Medical College	44th	Think a Little
33	Dr. Borsha Roy	Sylhet Women's Medical College	2nd	Think a Little
34	Dr. Kazi Arif Billah	Jalalabad Ragib-Rabeya Medical college	13th	Think a Little
35	Dr. Shamsia Tasnim	North-East Medical College	10th	Word Puzzle



## The History of Medical Symble



In Greek mythology, the Rod of Asclepius (sometimes also spelled Asklepios or Aesculapius), also known as the asklepiian, is a serpent-entwined rod wielded by the Greek god Asclepius, a deity associated with healing and medicine. The symbol has continued to be used in modern times, where it is associated with medicine and health care, yet frequently confused with the staff of the god Hermes, the caduceus.

### Greek mythology and Greek society

The most famous temple of Asclepius was at Epidaurus in north-eastern Peloponnese. Another famous healing temple (or asclepieion) was located on the island of Kos, where Hippocrates, the legendary "father of medicine", may have begun his career. Other asclepieia were situated in Trikala, Gortys (in Arcadia), and Pergamum in Asia.



The Rod of Asclepius takes its name from the god Asclepius, a deity associated with healing and medicinal arts in Greek mythology. Asclepius's attributes, the snake and the staff, sometimes depicted separately in antiquity, are combined in this symbol.

In honor of Asclepius, a particular type of non-venomous snake was often used in healing rituals, and these snakes - the Aesculapian Snakes - crawled around freely on the floor in dormitories where the sick and injured slept. These snakes were introduced at the founding of each new temple of Asclepius throughout the classical world. From about 300 BC onwards, the cult of Asclepius grew very popular and pilgrims flocked to his healing temples (Asclepieia) to be cured of their ills.

The serpent and the staff appear to have been separate symbols that were combined at some point in the development of the Asclepian cult. The significance of the serpent has been interpreted in many ways; sometimes the shedding of skin and renewal is emphasized as symbolizing rejuvenation, while other assessments center on the serpent as a symbol that unites and expresses the dual nature of the work of the physician, who deals with life and death, sickness and health. The ambiguity of the serpent as a symbol, and the contradictions it is thought to represent, reflect the ambiguity of the use of drugs, which can help or harm, as reflected in the meaning of the term pharmakon, which meant "drug", "medicine" and "poison" in ancient Greek.

### Confusion with the caduceus



It is relatively common, especially in the United States, to find the caduceus, with its two snakes and wings, used as a symbol of medicine instead of the correct Rod of Asclepius, with only a single snake. This usage is erroneous, popularised largely as a result of the adoption of the caduceus as its insignia by the U.S. Army Medical Corps in 1902 at the insistence of a single officer (though there are conflicting claims as to whether this was Capt. Frederick P. Reynolds or Col. John R. van Hoff).

The rod of Asclepius is the dominant symbol for professional healthcare associations in the United States. One survey found that 62% of professional healthcare associations used the rod of Asclepius as their symbol. The same survey found that 76% of commercial healthcare organizations used the Caduceus symbol.

### Modern use

A number of organizations and services use the rod of Asclepius as their logo, or part of their logo. Such as WHO, BCPS, BSMMU, American Medical Association, British Medical Association, and different medical college around the world.



World Health Organization



British Medical Association

Ref: [www.wikipedia.com](http://www.wikipedia.com)

### FCPS- At a Glance

#### General Information about FCPS

##### 1. Specialties of FCPS

a. FCPS Part-I, Preliminary FCPS Part - II, FCPS Part -II (Final) and FCPS (specialized subjects) examinations in the following specialties of BCPS will be held in Dhaka

##### General subjects for FCPS

Medicine, Surgery, Paediatrics, Obstetrics & Gynaecology, Ophthalmology, Otolaryngology, Psychiatry, Anaesthesiology, Radiology & Imaging, Radiotherapy, Dermatology & Venereology, Physical Medicine & Rehabilitation, Haematology, Biochemistry, Histopathology, Microbiology, Conservative Dentistry & Endodontics, Oral and Maxillofacial Surgery, Prosthodontics, Orthodontics & Dentofacial Orthopaedics, Transfusion Medicine and Family Medicine.

##### Specialized subjects for FCPS

Gastroenterology, Neurology, Nephrology, Endocrinology & Metabolism, Cardiology, Pulmonology, Hepatology, Rheumatology, Infectious Disease & Tropical Medicine, Urology, Neuro-surgery, Cardiovascular Surgery, Thoracic Surgery, Plastic and Reconstructive Surgery, Orthopaedic Surgery, Paediatric Surgery, Neonatology, Paediatric Haematology & Oncology, Paediatric Nephrology, Paediatric Gastroenterology & Nutrition, Paediatric Pulmonology, Paediatric Neurology & Development, Feoto-Maternal Medicine, Gynaecological Oncology, Reproductive Endocrinology & Infertility.

2. Enrolment Fees for FCPS exam: (For those who have no Enrolment Number with BCPS)

- a. FCPS Part-I: Tk. 600/- only.
- b. FCPS Part-II, Preli FCPS Part-II (Final), FCPS (Final) and MCPS: Tk 1000/- only.

3. Enrolment Procedure for FCPS exam: All types of candidates are instructed to collect Enrolment form along with OMR form from the cash section of BCPS on payment of Enrolment fees and submit the same duly and collect the PEN/ SEN/ MEN Card.

4. Candidate should come to know the last date of enrolment from BCPS notice.

5. Examinations Fees: (After getting the enrolment card)

- a. FCPS Part-I: Tk. 7000/- only.
- b. FCPS Part-II, Preli FCPS Part-II, FCPS and MCPS: Tk 9000/- only.

6. Procedure for submission of FCPS Examination fees:

(a) Candidates will have to deposit their fees into the College SB Account No. 8748-6 maintained with Agrani Bank, ICDDR Branch, Mohakhali, Dhaka or

(b) They will have to deposit their fees by pay order/demand draft in favour of "The Secretary, BCPS" from any schedule bank. (In that case the candidate have to send a photocopy of his PEN/SEN/MEN card along with the pay order/demand draft). or  
(c) The examination fees may also be deposited in any branch of United Commercial Bank Ltd. (UCB) into STD Account No-007813200000105 by online.

7. Candidate should come to know the Last Date of payment from BCPS notice

8. All candidates are instructed to write the name as directed and PEN/SEN/MEN opposite of Bank Deposit Slip and submit the College part of Bank Deposit Slip at the cash section of BCPS after submitting the examinations fees in the bank.

#### Specific Information about FCPS

##### For FCPS Part-I Examination

1. Rules for eligibility for FCPS part 1  
Candidates having full registration with BMDC are eligible to appear in FCPS Part-I examination. Going through the organized course in any institution is not compulsory.

Candidates going through an organized course in the Bangabandhu Sheikh Mujib Medical University, Dhaka. Or

any other Institute recognized by the BCPS for the purpose must submit their enrolment forms through the Head of the concerned Institute.

2. Documents have to be submitted during submission of the enrolment form

- a. Attested photocopy of MBBS/BDS Certificate
- b. Attested photocopy of the marks sheet of Final proof of MBBS/BDS examination.
- c. Attested photocopy of BMDC Permanent registration Certificate
- d. Money receipt of Tk 600/- only as enrolment fees.
- e. 2 copies PP size recent coloured photos as directed in the form.

3. Documents have to be submitted after the submission of FCPS examination fees

- a. The College part of Bank deposit slip of examination fee mentioning the name as directed and PEN at the opposite of the slip without fail.

N. B. :- (1) The FCPS - I candidates who will opt for general subjects and qualify will be allowed to switch over to specialized subjects of relevant general subjects. This decision of switch over is to be informed to the College within one year from passing FCPS - I.

(2) The FCPS - I candidates who will opt for specialized subjects and qualify will not be allowed to switch over to relevant general subjects.

## B. For Preliminary FCPS Part-II Examination

1. Rules for eligibility for Preliminary FCPS Part-II Examination:-

(a) The candidates have to pass FCPS - I examination from BCPS in relevant specialized subject. (b) Completion of two years training in relevant general subject in an Institute recognized by BCPS (As per proforma of the College). Alternatively one and half year training in the relevant general subject and six months in a relevant speciality of the general subjects (except the speciality in which the candidate has passed FCPS - I ).

2. Documents have to be submitted during the submission of enrolment form

- Attested photocopy of MBBS/BDS Certificate
- Attested photocopy of BMDC Permanent registration Certificate
- Money receipt of Tk 1000/- only as enrolment fees
- 2 copies PP size recent colour photos as directed in the form.
- Certificate to the effect that he/she has passed FCPS Part - I examination in specialized subjects from BCPS.
- Two years training certificate (original) from the trainer (Professor/Associate Professor or Consultant having FCPS degree or equivalent under whom the candidate has received training in relevant general subject (As per proforma of the College) duly countersigned by the Head of the Institute/hospital.
- Completed logbook of training (Entire training period is to be logged into the logbook.

3. Documents have to be submitted after the submission of FCPS examination fees

a. The College part of Bank deposit slip of examination fee mentioning the name as directed and SEN at the opposite of the slip without fail.

C. For FCPS Part-II (Final) Examination in General Subjects:-

I. 1. Documents have to be submitted during submission of enrolment form

- Attested photocopy of MBBS/BDS Certificate
- Attested photocopy of BMDC Permanent registration Certificate
- Money receipt of Tk. 1000/- only as enrolment fees.
- 2 copies PP size recent colour photos as directed in the form.

2. Documents have to be submitted after submission of FCPS examination fees

a. The College part of Bank deposit slip of examination fee mentioning the name as directed and SEN at the opposite of the slip without fail.

3. Rules for eligibility for FCPS part 2 (final):

I. a) Certificate to the effect that he/she has passed FCPS Part-I Examination from the Bangladesh College of Physicians and Surgeons or he/she has passed FCPS-I Examination from College of Physicians and Surgeons Pakistan (CPSP).

b) Certificate that he/she has passed MD/MS Examination from Dhaka University, BSMMU. Above mentioned Diploma/ degree must be recognized by Bangladesh Medical and Dental Council (BMDC).

c) MD/MS degree of 03 years course (without residency training) will not get exemption from FCPS-I exam.

Note:- MD/MS in specialized subjects will not be allowed to appear in relevant general subjects.

II. Original 04 / 03 years residency training certificate from the trainer eg. Professor/ Associate Professor or Consultant having FCPS degree or equivalent (as per proforma of the college) duly countersigned by the Head of the Institute/Hospital recognized by BCPS where the candidate undergone training.

Candidates who have passed FCPS Part -1 before January 2005 will require certificates of:-

a) Two years residency training.

b) One year organized course

Three years residency training of which one year residency training must be after FCPS Part -I. or

a) Candidates having MD, MS, from D.U. and BSMMU will require 03 years training as mentioned in II (a) and ( b ) .

b) MD/MS degree of 03 years course (without residency training) will not get exemption from FCPS-I exam.

III. 03 / 04 years Training

## For FCPS (Final) Examination in the Specialized Subjects:-

Gastroenterology, Neurology, Nephrology, Endocrinology & Metabolism, Cardiology, Pulmonology, Hepatology, Rheumatology, Infectious Disease & Tropical Medicine, Urology, Neuro-surgery, Cardiovascular Surgery, Thoracic Surgery, Plastic and Reconstructive Surgery, Orthopaedic Surgery, Paediatric Surgery, Neonatology, Paediatric Haematology Oncology, Paediatric Nephrology, Paediatric Gastroenterology & Nutrition and Paediatric Pulmonology, Paediatric Neurology & Development, Feoto-Maternal Medicine, Gynaecological Oncology and Reproductive Endocrinology & Infertility.

### 1. Rules for eligibility for FCPS final part:-

i) Those who have passed FCPS Part - I examination in the relevant speciality and Preliminary FCPS - II examination in relevant general subject or FCPS in parent subjects or MD/MS (D.U./BSMMU) in relevant specialties. The MD/MS Diploma/degree must be recognized by Bangladesh Medical and Dental Council (BMDC).

ii) Those who have successfully completed 03 years training in relevant sub-speciality of Surgery, Medicine, Paediatrics and Obstetrics & Gynaecology from the hospital/Institute recognized by BCPS. (Original certificate and as per proforma of BCPS). Out of 03 years training, 02 years training must be taken after passing FCPS - I examination and preliminary FCPS - II examination. Remaining one year training may be taken before passing Preliminary FCPS - II examination.

iii) (a) Candidates having FCPS in relevant parent subjects and MD, MS in relevant speciality (D.U./ BSMMU) will directly enter into speciality training (i.e. they will get exemption from appearing in FCPS - I and Preliminary FCPS - II examination).

(b) Those who have completed 3 years training in relevant sub-speciality of Surgery, Medicine, Paediatrics and Obstetrics & Gynaecology after passing FCPS in respective parent subjects and MD/MS (D.U./BSMMU) in relevant speciality.

iv) (a) A dissertation / thesis prepared during the specialty training period and accepted by the appropriate authority recognized by BCPS. The dissertation/thesis will need to be defended by the candidate and to be passed. The dissertation/thesis protocol will have to submit at least 06 month before and dissertation/thesis is to be submitted at least 3 months before the date of examination (For the candidates who passed FCPS-I examination before July, 2010). A soft copy of dissertation/thesis must be submitted along with 3 hard copies.

(b) The candidates who passed FCPS-I in July, 2010 and onward will have to submit the dissertation/thesis protocol atleast 01 year and 06 months before the targeted exam. Dissertation protocol will not be accepted without attending

the training program on "Writing dissertation" organized by BCPS. They have to submit the dissertation/Thesis atleast 06 months before the exam.

(c) In writing dissertation/Thesis, the candidates are instructed to follow the rules and guidelines of BCPS.

### 2. Documents have to be submitted during the submission of enrolment form

- Attested photocopy of MBBS/BDS Certificate
- Attested photocopy of BMDC Permanent registration Certificate
- Money receipt of Tk 1000/- only as Enrolment fees
- 2 copies PP size recent colour photos as directed in the form.
- Document of passing FCPS-I examination or equivalent.
- Document of passing Preli-FCPS-II examination in the parent subject.
- The completed log book of training in respective speciality ( Entire period of training is to be Logged into the logbook).
- Training Certificates (Original and as per proforma of the College).
- For candidates appearing in Sub-speciality of Surgery/ Obstetrics & Gynaecology in which the logbooks are not yet prepared will have to submit a list of 100 operations performed/assisted by the candidate (as per proforma of the College) duly signed by the trainer & Countersigned by the Head of the Institute/Hospital recognized by BCPS. Out of 100 operations 25 should be major.

### 3. Documents have to be submitted after submission of FCPS examination fees

- The College part of examination fee deposit slip mentioning the name as directed and SEN at the opposite of the slip without fail.

N. B. :- (1) Dissertation/Thesis which is already accepted for a post-graduate qualification will not be considered.  
(2) The candidates having M.D., M.S.( D.U., BSMMU) in general subjects will also be allowed to appear in relevant specialized subjects if other requirements are fulfilled.

**Bionex** 500 mg Capsule  
Tranexamic Acid

- OTC Drug in the UK
- WHO approved in Essential Drug list



**STOPS BLEEDING**

গত ১লা বৈশাখ ১৪২০, কুমিলা বিএমএ এর উদ্যোগে কুমিলা মেডিকেল কলেজের বকুল তলায় এক মনোজ্ঞ বৈশাখী উৎসবের আয়োজন করা হয়। উক্ত উৎসবে উপস্থিত ছিলেন কুমিলা বিএমএ-এর নেত্রী স্থানীয় চিকিৎসক ও তাদের পরিবারের সদস্যরা এবং কুমিলা মেডিকেল কলেজের ইন্টার্ন চিকিৎসক বৃন্দ। উৎসবে এক মঙ্গল সোভাযাত্রা আয়োজন করা হয়। উক্ত সোভা যাত্রায় নেতৃত্বদেন কুমিলা বিএমএ এর সভাপতি ডা. গোলাম মহিউদ্দিন দিপু এবং কেন্দ্রীয় বিএমএ কমিটির সহ-সভাপতি ডা. মোহাম্মদ মহসিনুজ্জামান। উক্ত আয়োজনে বায়োফার্মা ছিল এক গর্বিত স্পন্সর।



### Raffle Draw Program of Intern Vision 16th Issue

The raffle draw program of intern vision 16th issue's quiz winners was held on 18th march 2013 in the conference room of corporate house of BIOPHARMA LIMITED. Dr. M. Shahid Iqbal Sarkar, General Manager, Marketing & Mr. Mohammad Akhter Hussain, Director Operation, BIOPHARMA, were present as Chairperson and Chief Guest respectively. Dr. SK Mohsin, Chief Editor, Intern Vision, co-ordinated the program. The Chairperson and chief guest picked up winners reply card out of 1215 cards who gave the right answers. Intern vision authority received more then 1500 reply cards from the intern doctors of all govt. and renound non govt. medical college through out the country. On that occasion all member of Product management department, all sales head & regional sales managers were also present.



## Prize Giving Ceremony at Chittagonj & Comilla



Prize were distributed to the winners: Dr. Ahsanul Kader (BGCTMCH), Dr. Kamruzzaman (CMCH), Dr. Md. Fojle Rabbi Riad (CMCH) Dr. Wahiduzzaman (USTCMCH), Dr. Farzana Rawshan (USTCMCH), DR. Manjurul Islam (CoMCH)

## Prize Giving Ceremony at Khulna, Rajshahi, Mymensingh & Rangpur



Prize were distributed to the winners: Dr. Mamun (KMCH), Dr. Alam (KMCH), Dr. Titumir Hossain (RMCH), DR. Md. Zobair Hossain (IBMCH), DR. Masud Parvez (MMCH), Dr. Badrul (CBMCH), Dr. Khondokar Sarmin Akter (RpMCH), Dr. Forhad Ahmed (DjMCH), Dr. Noor Ahmed (SBMCH)

### Prize Giving Ceremony at Sylhet, Faridpur & Bogra



Prize were distributed to the winners: Dr. AKM Kamruzzaman (SOMCH), Dr. Shamsia Tasnim (NEMCH), Dr. Nurul Amin Chowdhury (SOMCH), Dr. Kazi Arif Billah (JRRMCH), Dr. Borsha Roy (SWMCH), Dr. Quddus Miah (JRRMCH), Dr. Awal Ahamed (FMCH), Dr. Saleh al Nayem (SZMCH) Dr. Zahidul Islam (NBMCH)

### Prize Giving Ceremony at Dhaka & Barisal



Prize were distributed to the winners: Dr. MD. Sayeed bin Faisal (DMCH), Dr. Abdullah Al Ifran (SSMCH), Dr. Md. Rahat Shahid (SSoMCH), Dr. Sifat Sarmin (ISMCH), Dr. Md. Bahauddin (ISMCH), Dr. Saima Sultana (SSoMCH), Dr. Tapan Sarkar (SBMCH), Dr. Jahir Raihan (SBMCH) Dr. Hussain Juman (SBMCH)



**BIOPHARMA'S Journey in International Business**



Dr. Lokuat Ullah (Executive Director, Biopharma) is shaking hands with Mr. Shaharom Md Shariff, CEO, MI Group Malaysia after signing MOU in Kuala Lumpur.



Dr. Lokuat Ullah alongside honorable Bangladesh High Commissioner to Pakistan His Excellency Mr. Suhrab Hossain (second from right) at Biopharma Stall in D8 Exhibition, Islamabad, Pakistan.



Dr. Lokuat Ullah alongside the distinguished delegates of Bangladesh Trade Delegation to Brazil, Colombia and Chile led by Honorable Commerce Secretary Mr. Mahub Ahmed (3rd from right) & Vice

**Exporting Countries:**



**BIOPHARMA**  
*Around the world*



**Countries under Development:**

Uzbekistan, Azerbaijan, Yemen, Benin, Togo, Ghana, Ivory Coast, Mexico, Cambodia, Laos, Brunei, Singapore, Mauritius, Democratic Republic of Congo, Republic of Congo, Republic of Chad, Tanzania, Niger, Mauritania, Burkina Faso, Cameroon, Botswana, Gambia, Senegal, Costa Rica and Panama.

Thanks to Biopharma for their wonderful Programme. They give us excitement in our monotonous internee life. ~~we~~ Many many wishes for their bright future. 😊

Dr. Laila Yeasmin Lekha  
Sir Salimullah Medical College  
35th Batch

The program, "Intern vision" is really an excellent programme. 1st time introduced in Bangladesh for intern doctors by BIOPHARMA LIMITED... HOPE, Biopharma Limited will always keep staying with Interns... Thanks BIOPHARMA LIMITED

Dr. Nasrin Sultana  
Sir Salimullah Medical College  
35th Batch

Thanks to Biopharma LTD. for arranging such enjoyable programme for the intern doctors. Many many best wishes for them. Go ahead. Tisha

Dr. Towhida Subrin (Tisha)  
North Bengal Medical College  
8th Batch

Intern Vision Programme introduces with the products of Bio-pharma. So, this programme helps to the intern doctors to know the trade name of drugs of Bio-pharma. It is beneficial for the Bio-pharma as well as for the intern doctors.

Dr. Md. Solayman (suzan)  
Faridpur Medical College  
16th Batch

### Medi Quiz Winners of 16 th Issue

SI no	Name of Doctor	Medical College	Batch
1	Dr. Hussain Juman Jajeel	Sher-E- Bangla Medical College	38th
2	Dr. Sumon Ahmed	Sher-E- Bangla Medical College	37th
3	Dr. Md. Rahat	Shahid Sohrawardi Medical College	2dn
4	Ddr. Naima Sultana	Shahid Sohrawardi Medical College	2nd
5	Dr. Sifat Sarmin	Ibn Sina Medical College	1st
6	Dr. Momtahina Mou	Mymensing Medical College	44th
7	Dr. Titumir Hossain	Rajshahi Medical College	48th
8	Dr. AKM Kamruzzaman	Sylhet Osmani Medical College	45th
9	Dr. Saleha jahan	Sylhet Women's Medical College	2nd
10	Dr. Quddus Miah	Jalalabad Ragib-Rabeya Medical college	13th

## Puzzle Game

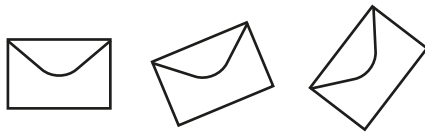
### Word Puzzle

		1	2			3
4						
	5					

### Instruction

- Down: 1. Demand something forcefully, not accepting refusal.  
 2. Performance of a function or process  
 3. A child in the first year of life  
 Across: 4. Cefixime preparation of BIOPHARMA  
 5. Esomeprazole preparation of BIOPHARMA

Please mail  
the Post Card  
within  
June 20  
2013



### Letter Puzzle

#### Instruction

There are some scattered or unorganized letters and specific boxes for them. Rearrange those letters in such a way that indicate some meaningful word related to human body. Please fill up these boxes so that each letter remain in each box. There is also one shaded box in each row. If you rearrange the shaded letters you'll get antibiotic preparation of BIOPHARMA.

Please write down that drug name & its generic name in the specific space of the enclosed BUSINESS REPLY POSTCARD.

NNEIWR

--	--	--	--	--	--	--

GELLAFLA

--	--	--	--	--	--	--

SOTOCYL

--	--	--	--	--	--

THABRE

--	--	--	--	--	--

PRODUCT NAME:.....

GENERIC NAME : .....

## think a Little

Look, think & with the prizes by answering the questions related to the picture below in the specific space of the enclosed Business Reply PostCard and send it before June 20, 2013

Each of the best 10 winners would get attractive prizes, So, dear doctors, Hurry up...



Q. What is your diagnosis?



Q. What is your diagnosis?



Q. What is your diagnosis?



Q. What is your D/D?



Q. What's the name of this instrument?

Lactulose  
**Lactu**

Lactulose 3.35 gm/5ml

- 100 ml | Solution
- 200 ml

# ▶ Bestcef

C e f i x i m e

- 200 mg Capsule
- 400 mg Capsule
- 37.5 ml PFS
- 50 ml PFS

*Best for infections & oral Switch therapy*



Truly  
Enteric  
Coated

# Rabecon

*rabeprazole sodium 20 mg tablet*

*Drug of choice for duodenal ulcer*



  
**BIOPHARMA**

  
an ISO 9001:2008 Company