



# Postgraduate Diploma

Emergency Traumatologic Pathology in Childhood

» Modality: online

» Duration: 6 months

» Certificate: TECH Global University

» Credits: 16 ECTS

» Schedule: at your own pace

» Exams: online

Website: www.techtitute.com/us/medicine/postgraduate-diploma/postgraduate-diploma-emergency-traumatologic-pathology-childhood

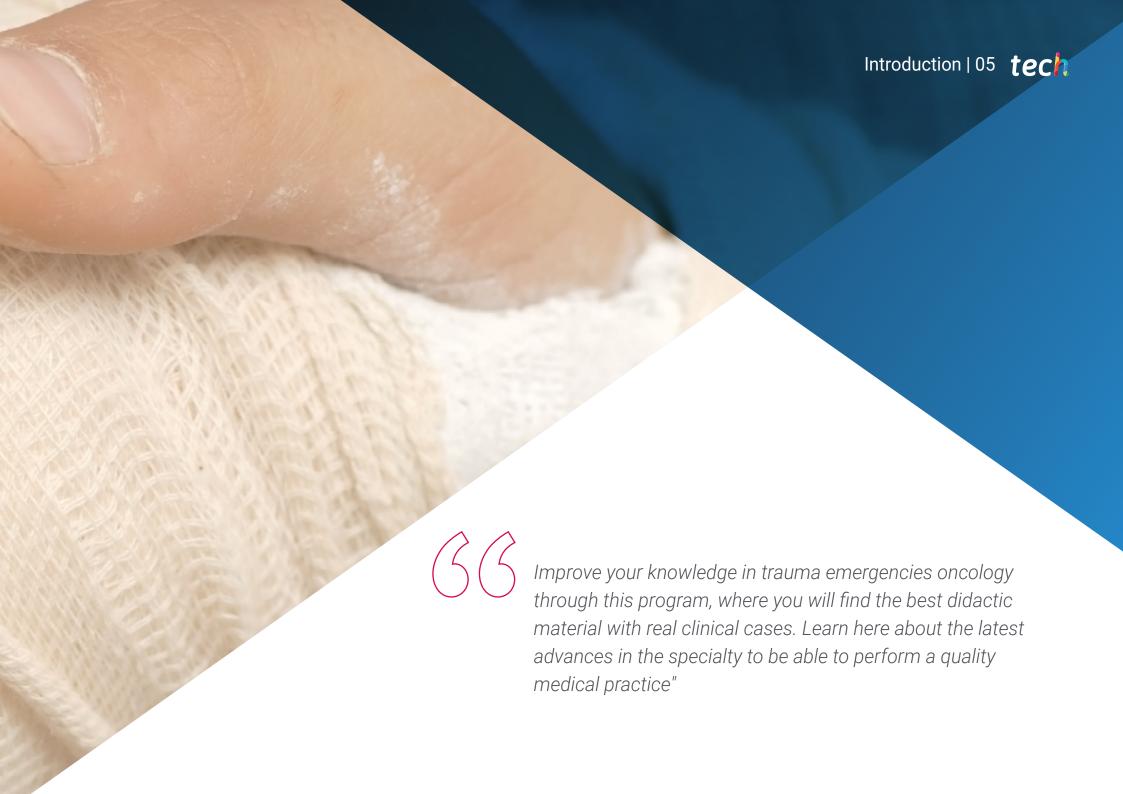
# Index

06

Certificate

p. 34





# tech 06 | Introduction

The aim of this program is to bring together the experience accumulated over years of care of this type of pathologies and pictures, which have allowed the authors to participate with enthusiasm, involvement and commitment, in the development of a training course with an eminently practical profile and a background based on the body of knowledge of one of the broadest and most exciting specialties of medicine.

Time management, direct and early care of the patient with trauma emergencies, and all within a holistic approach, make this program a unique effort and in accordance with a time in which specific training determines a precise and safe approach to the patient, and not only of the particular pathology, in short, it insists on the need to individualize and personalize care, in an extraordinary effort, aimed at harmonizing art with science in the care of acute and urgent pathology in traumatology.



This **Postgraduate Diploma in Emergency Traumatologic Pathology in Childhood** contains the most complete and up-to-date scientific program on the market. The most important features of the program include:

- » More than 75 clinical cases presented by experts in Emergency Traumatologic Pathology in Childhood
- » The graphic, schematic and eminently practical contents of which they are composed provide scientific and practical information on the disciplines that are essential for professional practice.
- » Diagnostic-therapeutic developments in assessment, diagnosis and intervention in emergency traumatologic pathology in childhood.
- » It contains practical exercises where the self-evaluation process can be carried out to improve learning.
- » Algorithm-based interactive learning system for decision-making in the presented clinical situations.
- » With special emphasis on evidence-based medicine and research methodologies in emergency traumatologic pathology in childhood.
- » All of this will be complemented by theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments.
- » Content that is accessible from any fixed or portable device with an Internet connection.

# Introduction | 07 tech



This course may be the best investment you can make when choosing a refresher program for two reasons: in addition to updating your knowledge in Emergency Traumatologic Pathology in Childhood, you will obtain a Postgraduate Diploma from TECH Global University"

The teaching staff includes professionals from the field of trauma emergencies, who bring their experience to this training program, as well as renowned specialists from leading scientific societies.

The multimedia content developed with the latest educational technology will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide an immersive training program to train in real situations.

This program is designed around Problem Based Learning, whereby the physician must try to solve the different professional practice situations that arise during the course. For this purpose, the physician will be assisted by an innovative interactive video system developed by renowned experts in the field of Emergency Traumatologic Pathology in Childhood with extensive teaching experience.

Increase your decision-making confidence by updating your knowledge through this specialist course

It includes clinical cases to bring the program content as close as possible to the reality of medical practice





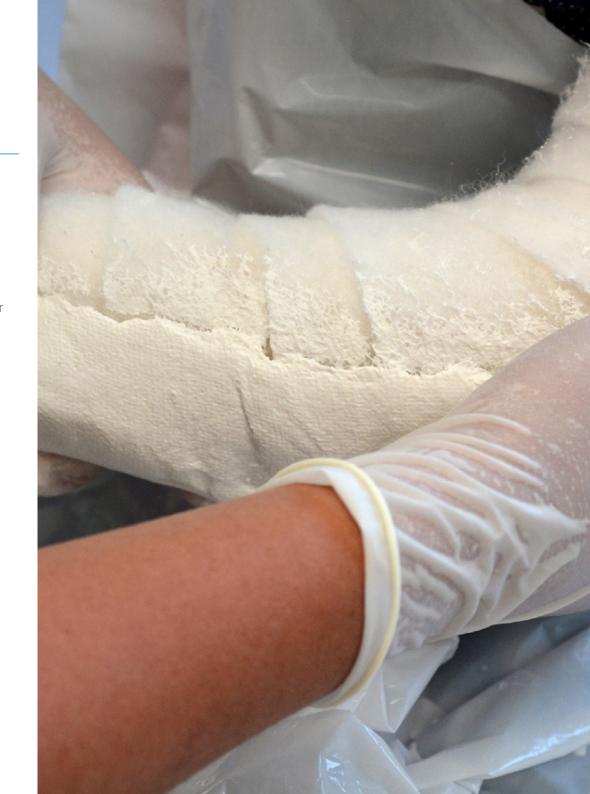


# tech 10 | Objectives



# **General Objectives**

- » Update the knowledge of medical personnel involved in emergency care with special interest in the field of acute trauma pathology.
- » Promote work strategies based on a comprehensive approach to the patient as a standard model for achieving excellent care.
- » Encourage the acquisition of technical skills and abilities, through a modern audiovisual system, with the possibility of development through online simulation workshops and/or specific training.
- » Encourage professional stimulation through continuing education and research.





# **Specific Objectives**

- » Learn to identify and care for the most common upper limb injuries.
- » Learn to identify and care for the most common injuries to the pelvis, hip, thigh and leg.
- » Develop a systematic approach to reading imaging studies commonly used during emergency trauma care.
- » Know the work of nursing staff who support during the performance of various techniques, such as direct wound care.



This Postgraduate Diploma is the best way to update your knowledge in Emergency Traumatologic Pathology in Childhood"





# tech 14 | Course Management

# Management



# Dr. Ghassan Elgeadi Saleh

- Trauma physician
- General Manager of Elgeadi Traumatology
- Chief of the Traumatology and Emergency Department, Santa Elena Hospital
- Specialist in Advanced Reconstructive Surgery of Upper Limbs.
- Specialist in Advanced Reconstructive Surgery of the Lower Limbs.
- Specialist in Full Endoscopic Spine Surgery Fellowship Full endoscopic Spine Surgery
- Specialist in Advanced Endoscopic Neck and Lower-Back Surgery



# Dr. Domenech De Frutos, Santiago

- Emergency physician
- Master's Degree in Ultrasound in Rheumatology and Traumatology
- Master's Degree in Emergency Medicine
- Master's Degree in Acute Pathology and Pediatric Emergencies
- Postgraduate Diploma in subaquatic and hyperbaric medicine
- Postgraduate Diploma in teaching and digital skills in health sciences
- Member of the Elgeadi Traumatology team



# Vaquero Martín, Javier

• Head of Orthopedic Surgery and Traumatology Department at the Gregorio Marañón General University Hospital, Madrid (since 2006)

Professor of Orthopedia Surgery and Traumatology at the Complutense University of Madrid (since February 2020)

# tech 16 | Course Management

### **Professors**

### Dr. Alcobe, Javier

- » Trauma physician
- » Member of the Elgeadi Traumatology team

# Dr. Alarcia Pineda, José Manuel

- » Traumatologic emergency physician
- » Attending Physician. Emergency Traumatology Service at the Ntra. Sra. de América Hospital
- » Vithas Nuestra Señora de América Hospital
- » HM Hospital, Móstoles
- » General Medical Council United Kingdom

# Contreras, Miguel Angel

» Anesthesiologist

# Dr. Cuevas González, Jorge Luis

- » Emergency physician
- » Member of the Elgeadi Traumatology team
- » Founder of Ultramtm (medical simulation) Santa Elena Clinic
- » Member of the Elgeadi Traumatology team

# Fajardo, Mario

- » Anesthesiologist
- » Chief Executive Officer at UltraDissection Group
- » UltraDissection Group

# Gironés, Alberto

- » Anesthesiologist
- » Sanitas La Moraleja University Hospital

### Dr. Jiménez, Daniel

- » Trauma physician
- » Member of the Elgeadi Traumatology team
- » Director at TraumaSalud
- » Trauma Salud

### Dr. Méndez Arias, Agustín

- » Occupational Physician. More Prevention Prevention Service CEF Center for Financial Studies
- » Member of the Elgeadi Traumatology team

# Dr. Meza González, José

- » Family and sports medicine physician
- » Member of the Elgeadi Traumatology team

# Dr. Núñez Medina, Alberto

- » Trauma Physician
- » Member of the Elgeadi Traumatology team

# Dr. Rodríguez, Tamara

- » Trauma Physician
- » Member of the Elgeadi Traumatology team

# Dr. Rodríguez, Angel L.

- » Trauma physician
- » Member of the Elgeadi Traumatology team

# Rodríguez, Johanna Miguel

- » University Diploma in Nursing
- » Member of the Elgeadi Traumatology team

### Dr. Villanueva, Ghino Patricio

- » Occupational physician
- » SPRL University Hospital Rey Juan Carlos Hospital. General de Villalba University Hospital Infanta Elena
- » Member of the Elgeadi Traumatology team

### Dr. Carbó Laso, Esther

- » May 2011- May 2016: Resident Intern of Orthopedic Surgery and Traumatology Department, Hospital
- » March 2014 May 2015: Gregorio Marañón General University Hospital, Madrid.
- » June 2016 Present: On-call duty in the Traumatology Emergency Department of CEMTRO Clinic, Madrid.
- » January 2019 Present: Assistant Specialist, Department of Orthopedic Surgery and Traumatology, Gregorio Marañón General University Hospital, Madrid.
- » Accredited Expert for the Illustrious Official College of Physicians of Madrid.

## Dr. Forriol Campos, Francisco

- » Currently Professor of Orthopedic Surgery and Traumatology at the Faculty of Medicine of the San Pablo - CEU University, Montepríncipe Campus, Boadilla del Monte, Madrid, 2010
- » Specialist in Orthopedic Surgery and Traumatology. Full Professor at the University of Alcalá, Madrid. (1986-1990)
- » Professor at the School of Medicine of the University of Navarra, consultant in the Department of Orthopedic Surgery and Trauma of the Clinical University of Navarra, in Pamplona, and director of the Experimental Orthopedics Laboratory, which he developed from its beginnings 1990 - 2005
- » Research director of Fremap Mutua de Accidentes, developing a research center for the musculoskeletal system, currently closed. 2005- 2010
- » Training in Austria, Germany and Holland. Member of the societies of Orthopedic Surgery and Traumatology in Germany, Argentina, Chile, Ecuador, Peru, Colombia, Mexico and Venezuela.

### Dr. Matas Díaz, Jose Antonio

- » Acting assistant doctor of the extinct INSALUD, at the hospital of the Mayoress of San Lorenzo de El Escorial, during the months of March to May 1992.
- » Senior specialist, contracted by the Autonomous Community of Madrid, Gregorio Marañón Hospital, Traumatology Service, from June 1992 to February 1993.
- » Permanent Specialist Physician for the Community of Madrid from February 1993 to December 1993 to date.
- » Member of the infection and antibiotic policy committee from 2008 to present.
- Member of the Clinical Documentation, Operating Room and Antibiotic Policy Committees of the Gregorio Marañón Hospital.
   Patient safety representative of the Orthopedics and Traumatology service at the Gregorio Marañon Hospital from 2014 to the present.

## Dr. Chana Rodríguez, Francisco

- » September 2008 present: legal expert of the Official College of Physicians of Madrid.
- » September 2005 present: Associate Professor of Surgical Pathology, Faculty of Medicine, Complutense University of Madrid.
- » December 2004 present: attending physician, Department of Traumatology and Orthopedic Surgery, Gregorio Marañón General University Hospital, Madrid.
- » October 2004 November 2004: Assistant Physician, Department of Traumatology and Orthopedic Surgery, La Paz General University Hospital, Madrid.
- » July 2004 September 2004: attending physician in the trauma department.





# tech 20 | Structure and Content

# Module 1. Orthopedic Examination in the Emergency Department

- 1.1. Systematics
  - 1.1.1. Inspection
  - 1.1.2. Palpation
  - 1.1.3. Mobilization
  - 1.1.4. MRC Scale
  - 1.1.5. Simple X-Rays
  - 1.1.6. Complementary Tests
- 1.2. Segmental and Peripheral Neurological Examination in Trauma Emergencies
- 1.3. Spinal Column Examination
  - 1.3.1. Inspection
    - 1.3.1.1. Injuries
    - 1.3.1.2. Skin Alterations
    - 1.3.1.3. Muscular Atrophy
    - 1.3.1.4. Bone Deformities
  - 1.3.2. Gait Alteration
    - 1.3.2.1. Unstable Gait with Wide Base (Myelopathy)
    - 1.3.2.2. Foot Drop (Weakness of Tibialis Anterior or Extensor Longus of the First Toe, L4-L5 Root Compression)
    - 1.3.2.3. Gastrocnemius-Soleus Weakness, S1-S2 Root Compression
    - 1.3.2.4. Abductor Banding (Weakness of the Gluteus Medius due to Radicular Compression of L5)
  - 1.3.3. Palpation
    - 1.3.3.1. Anatomic References
    - 1.3.3.2. Bone Palpation
    - 1.3.3.3. Soft Tissues, Para-Vertebral Musculature
  - 1.3.4. Mobility Range
    - 1.3.4.1. Cervical
    - 1.3.4.2. Thoracic
    - 1.3.4.3. Lumbar



# Structure and Content | 21 tech

- 1.3.5. Neurovascular
  - 1.3.5.1. Strength
  - 1.3.5.2. Sensory
  - 1.3.5.3. Reflex
- 1.3.6. Additional Tests
  - 1.3.6.1. Anal Tone
  - 1.3.6.2. Bulbocavernous Reflex
  - 1.3.6.3. Assessment Test of the Three Regions (Cervical, Dorsal, Lumbo-Sacral)
- 1.4. Shoulder Examination
  - 1.4.1. Inspection
  - 1.4.2. Palpation
  - 1.4.3. Movement Arcs
  - 1.4.4. Neurovascular
  - 1.4.5. Specific Tests
- 1.5. Elbow Exploration
  - 1.5.1. Inspection
  - 1.5.2. Palpation
  - 1.5.3. Movement Arcs
  - 1.5.4. Neurovascular
  - 1.5.5. Specific Tests
- 1.6. Wrist Examination
  - 1.6.1. Inspection
  - 1.6.2. Palpation
  - 1.6.3. Movement Arcs
  - 1.6.4. Neurovascular
  - 1.6.5. Specific Tests
- 1.7. Hand Examination
  - 1.7.1. Inspection
  - 1.7.2. Palpation
  - 1.7.3. Movement Arcs
  - 1.7.4. Neurovascular
  - 1.7.5. Specific Tests

- 1.8. Hip Examination
  - 1.8.1. Inspection
  - 1.8.2. Palpation
  - 1.8.3. Movement Arcs
  - 1.8.4. Neurovascular
  - 1.8.5. Specific Tests
- 1.9. Knee Examination
  - 1.9.1. Inspection
  - 1.9.2. Palpation
  - 1.9.3. Movement Arcs
  - 1.9.4. Neurovascular
  - 1.9.5. Specific Tests
- 1.10. Ankle and Foot Examination
  - 1.10.1. Inspection
  - 1.10.2. Palpation
  - 1.10.3. Movement Arcs
  - 1.10.4. Neurovascular
  - 1.10.5. Specific Tests

# tech 22 | Structure and Content

# Module 2. Trauma Emergencies in Children 2.1. Pediatric Patient Sedation 2.1.1. Anxiolysis, Analgesia, Sedation 2.1.2. Non-Pharmacological Agents 2.1.3. Local Blocks 2.1.4. Sedation Immobilization in the Pediatric Patient 2.2.1. Challenges in the Placement of Immobilization Systems 2.2.1.1. Capacity for Understanding and Tolerance 2.2.1.2. Difficulties in Expressing Pain in the Child 2.2.1.3. Ages and Sizes 2.2.2. Recommendations During Immobilization 2.2.2.1. Types of Immobilization Systems Principles of Immobilization Signs of Child Abuse Non-Accidental Traumatic Injury (TNA) 2.4.1. Injury Biomechanics 2.4.1.1. Diagnostic Imaging 2.4.1.2. Classification 2.4.2. Typical or Common TNA Injuries 2.4.3. Orthopedic Management 2.4.4. Surgical Treatment Salter-Harris Classification 2.5.1. Injury Biomechanics 2.5.2. Diagnostic Imaging 2.5.3. Classification 2.5.4. Therapeutic Strategy 2.5.4.1. Orthopedic Management

2.5.4.2. Surgical Treatment

		3 9				
	2.6.2.	Diagnostic Imaging				
	2.6.3.	Classification				
	2.6.4.	Therapeutic Strategy				
		2.6.4.1. Orthopedic Management				
		2.6.4.2. Surgical Treatment				
2.7.	Proximal Humerus Fracture					
	2.7.1.	Injury Biomechanics				
	2.7.2.	Diagnostic Imaging				
	2.7.3.	Classification				
	2.7.4.	Therapeutic Strategy				
		2.7.4.1. Orthopedic Management				
		2.7.4.2. Surgical Treatment				
2.8.	Humeral Diaphysis Fracture					
	2.8.1.	Injury Biomechanics				
	2.8.2.	Diagnostic Imaging				
	2.8.3.	Classification				
	2.8.4.	Therapeutic Strategy				
		2.8.4.1. Orthopedic Management				
		2.8.4.2. Surgical Treatment				
2.9.	Supracondylar Fracture of the Humerus					
	2.9.1.	Injury Biomechanics				
	2.9.2.	Diagnostic Imaging				
	2.9.3.	Classification				
	2.9.4.	Therapeutic Strategy				
		2.9.4.1. Orthopedic Management				
		2.9.4.2. Surgical Treatment				

2.6.

Clavicle Fracture

2.6.1. Injury Biomechanics

	2.10.2.	Diagnostic Imaging			
	2.10.3.	Classification			
	2.10.4.	Therapeutic Strategy			
		2.10.4.1. Orthopedic Management			
		2.10.4.2. Surgical Treatment			
2.11.	Epicondyle Fracture				
	2.11.1.	Injury Biomechanics			
	2.11.2.	Diagnostic Imaging			
	2.11.3.	Classification			
	2.11.4.	Therapeutic Strategy			
		2.11.4.1. Orthopedic Management			
		2.11.4.2. Surgical Treatment			
2.12.	Distal Humeral Epiphysiolysis				
	2.12.1.	Injury Biomechanics			
	2.12.2.	Diagnostic Imaging			
	2.12.3.	Classification			
	2.12.4.	Therapeutic Strategy			
		2.12.4.1. Orthopedic Management			
		2.12.4.2. Surgical Treatment			
2.13.	Radial Head Subluxation (Painful Pronatio				
	2.13.1.	Injury Biomechanics			
	2.13.2.	Diagnostic Imaging			
	2.13.3.	Classification			
	2.13.4.	Therapeutic Strategy			
		2.13.4.1. Orthopedic Management			
		2.13.4.2. Surgical Treatment			

2.10. Humeral Condyle Fracture

2.10.1. Injury Biomechanics

2.14. Fracture of the Ne		e of the Neck of the Radius		
	2.14.1.	Injury Biomechanics		
	2.14.2.	Diagnostic Imaging		
	2.14.3.	Classification		
	2.14.4.	Therapeutic Strategy		
		2.14.4.1. Orthopedic Management		
		2.14.4.2. Surgical Treatment		
2.15.	Ulna and Radius Fracture (Forearm)			
	2.15.1.	Injury Biomechanics		
	2.15.2.	Diagnostic Imaging		
	2.15.3.	Classification		
	2.15.4.	Therapeutic Strategy		
		2.15.4.1. Orthopedic Management		
		2.15.4.2. Surgical Treatment		
2.16.	Fracture	e of the Distal Radius		
	2.16.1.	Injury Biomechanics		
	2.16.2.	Diagnostic Imaging		
	2.16.3.	Classification		
	2.16.4.	Therapeutic Strategy		
		2.16.4.1. Orthopedic Management		
		2.16.4.2. Surgical Treatment		
2.17.	Monteggia Fracture			
	2.17.1.	Injury Biomechanics		
	2.17.2.	Diagnostic Imaging		
	2.17.3.	Classification		
	2.17.4.	Therapeutic Strategy		
		2.17.4.1. Orthopedic Management		
		2.17.4.2. Surgical Treatment		

# tech 24 | Structure and Content

2.18.	Galeazz	i Fracture		2.22.4.	Therapeutic Strategy
	2.18.1. Injury Biomechanics				2.22.4.1. Orthopedic Management
	2.18.2.	Diagnostic Imaging			2.22.4.2. Surgical Treatment
	2.18.3.	Classification	2.23.	Slipped	Femoral Epiphysis
	2.18.4.	Therapeutic Strategy		2.23.1.	Interrogation
		2.18.4.1. Orthopedic Management		2.23.2.	Physical Examination
		2.18.4.2. Surgical Treatment		2.23.3.	Diagnostic Imaging
	Pelvis Fracture			2.23.4.	Classifications and Degrees of Severity
	2.19.1.	Injury Biomechanics		2.23.5.	Therapeutic Strategy
	2.19.2.	Diagnostic Imaging			2.23.5.1. Conservative Management
	2.19.3.	Classification			2.23.5.2. Surgical Indication
	2.19.4.	Therapeutic Strategy	2.24.	Hip Fra	cture
		2.19.4.1. Orthopedic Management		2.24.1.	Interrogation
		2.19.4.2. Surgical Treatment		2.24.2.	Physical Examination
2.20.	Avulsion	n Pelvis Fractures		2.24.3.	Diagnostic Imaging
	2.20.1.	Injury Biomechanics		2.24.4.	Classification.
	2.20.2.	Diagnostic Imaging		2.24.5.	Therapeutic Strategy
	2.20.3.	Classification			2.24.5.1. Conservative Management
	2.20.4.	Therapeutic Strategy			2.24.5.2. Surgical Indication
		2.20.4.1. Orthopedic Management	2.25.	Femur I	Fracture
		2.20.4.2. Surgical Treatment		2.25.1.	Injury Biomechanics
2.21.	Coxalgia	a: Sepsis vs. Transient Synovitis		2.25.2.	Diagnostic Imaging
	2.21.1.	Interrogation		2.25.3.	Classification
	2.21.2.	Physical Examination		2.25.4.	Therapeutic Strategy
	2.21.3.	Diagnostic Imaging			2.25.4.1. Orthopedic Management
	2.21.4.	Complementary Tests			2.25.4.2. Surgical Treatment
	2.21.5.	Kocher Criteria	2.26.	Epiphysic	olysis of Distal Femur
	2.21.6.	Therapeutic Strategy		2.26.1.	Injury Biomechanics
	Hip Disl	ocation		2.26.2.	Diagnostic Imaging
	2.22.1.	Injury Biomechanics		2.26.3.	Classification
	2.22.2.	Diagnostic Imaging		2.26.4.	Therapeutic Strategy
	2.22.3.	Classification		2.26.4.7	1. Orthopedic Management
				2.26.4.2	2. Surgical Treatment



# Structure and Content | 25 tech

2 27	Fracture	of the	Anterior	Tihial	Tuberosity
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- 2.27.1. Injury Biomechanics
- 2.27.2. Diagnostic Imaging
- 2.27.3. Classification
- 2.27.4. Therapeutic Strategy

2.27.4.1. Orthopedic Management

2.27.4.2. Surgical Treatment

### 2.28. Tibial Tubercle Fracture (Gerdy)

- 2.28.1. Injury Biomechanics
- 2.28.2. Diagnostic Imaging
- 2.28.3. Classification
- 2.28.4. Therapeutic Strategy

2.28.4.1. Orthopedic Management

2.28.4.2. Surgical Treatment

### 2.29. Toddler Fracture

- 2.29.1. Injury Biomechanics
- 2.29.2. Diagnostic Imaging
- 2.29.3. Classification
- 2.29.4. Therapeutic Strategy

2.29.4.1. Orthopedic Management

2.29.4.2. Surgical Treatment

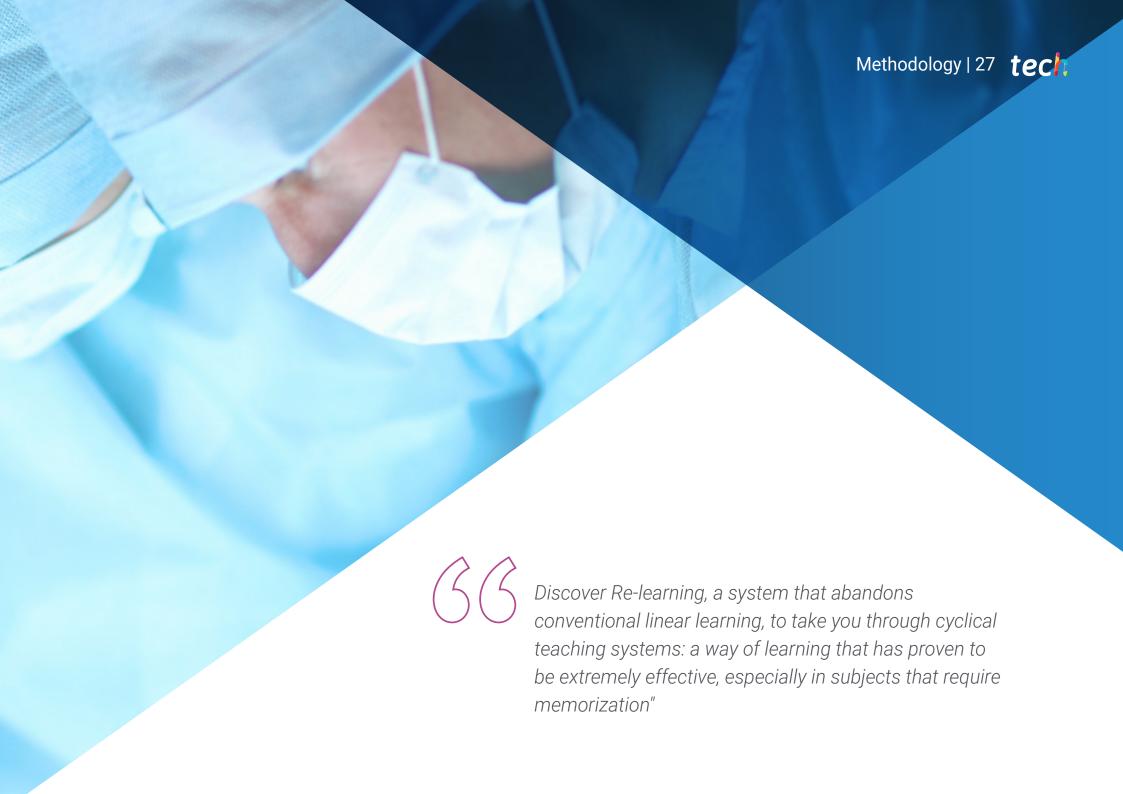
### 2.30. Ankle Fractures

- 2.30.1. Injury Biomechanics
- 2.30.2. Diagnostic Imaging
- 2.30.3. Classification
- 2.30.4. Therapeutic Strategy

2.30.4.1. Orthopedic Management

2.30.4.2. Surgical Treatment





# tech 28 | Methodology

### At TECH we use the Case Method

In a given situation, what would you do? Throughout the program you will be presented with multiple simulated clinical cases based on real patients, where you will have to investigate, establish hypotheses and, finally, resolve the situation. There is abundant scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

With TECH you can experience a way of learning that is shaking the foundations of traditional universities around the world



According to Dr. Gérvas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching potential or because of its uniqueness or rarity. It is essential that the case is based on current professional life, trying to recreate the real conditions in professional medical practice.



Did you know that this method was developed in 1912 at Harvard for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method"

# The effectiveness of the method is justified by four fundamental achievements:

- Students who follow this method not only grasp concepts, but also develop their mental capacity by evaluating real situations and applying their knowledge.
- 2. The learning process has a clear focus on practical skills that allow the student to better integrate into the real world.
- 3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
- Students like to feel that the effort they put into their studies is worthwhile.
   This then translates into a greater interest in learning and more time dedicated to working on the course.



# **Re-learning Methodology**

At TECH we enhance the Harvard case method with the best 100% online teaching methodology available: Re-learning.

Our University is the first in the world to combine the study of clinical cases with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, which represent a real revolution with respect to simply studying and analyzing cases.

The physician will learn through real cases and by solving complex situations in simulated learning environments. These simulations are developed using state-of-theart software to facilitate immersive learning



# Methodology | 31 tech

At the forefront of world teaching, the Re-learning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best Spanish-speaking online university (Columbia University).

With this methodology we have trained more than 250,000 physicians with unprecedented success, in all clinical specialties regardless of the surgical load. All this in a highly demanding environment, where the students have a strong socio-economic profile and an average age of 43.5 years.

Re-learning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success

In our program, learning is not a linear process, but rather a spiral (we learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by our learning system is 8.01, according to the highest international standards.

In this Postgraduate Diploma you will have access to the best educational material, prepared with you in mind:



### **Study Material**

After a complex production process, we transform the best content into high-quality educational and audiovisual multimedia. We select the best syllabus and make it available to you. Everything you need to acquire in-depth knowledge of a discipline, from A to Z. Lessons written and chosen by specialists in each of the disciplines.

20%

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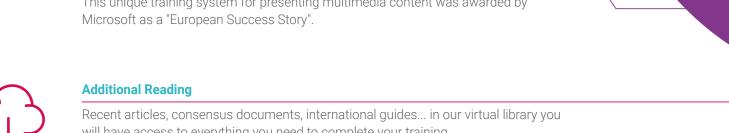
# Surgical techniques and clinical procedures on video

We bring you closer to the newest techniques, to the latest scientific advances, to the forefront of the latest innovations in medicine. All this, in first person, with the maximum rigor, explained and detailed for your assimilation and understanding. And best of all, you can watch them as many times as you want.



### **Interactive Summaries**

We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge. This unique training system for presenting multimedia content was awarded by





will have access to everything you need to complete your training.

# Thro health ourselv

17%

7%

# **Expert-Led Case Studies and Case Analysis**

Through the narratives of expert professionals, it is possible to acquire a high degree of understanding of the most frequent problematic situations. The professional's healthcare practice is not alien to the context in which it takes place. If we want to train ourselves to improve our professional practice, this training must be situated within the context in which it takes place.



### **Testing & Re-testing**

We periodically evaluate and re-evaluate your knowledge throughout this program through activities and evaluative exercises.



### Classes

There is scientific evidence suggesting that observing third-party experts can be useful. Learning from an expert strengthens knowledge and recall, and generates confidence in our future difficult decisions



# **Quick Action Guides**

One of the most important functions of our team is to select those contents considered essential and present them in the form of worksheets or quick action guides to facilitate their understanding.







# tech 36 | Certificate

This private qualification will allow you to obtain a **Postgraduate Diploma in Emergency Traumatologic Pathology in Childhood** endorsed by **TECH Global University**, the world's largest online university.

**TECH Global University** is an official European University publicly recognized by the Government of Andorra (*official bulletin*). Andorra is part of the European Higher Education Area (EHEA) since 2003. The EHEA is an initiative promoted by the European Union that aims to organize the international training framework and harmonize the higher education systems of the member countries of this space. The project promotes common values, the implementation of collaborative tools and strengthening its quality assurance mechanisms to enhance collaboration and mobility among students, researchers and academics.

This **TECH Global University** private qualification is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

Title: Postgraduate Diploma in Emergency Traumatologic Pathology in Childhood

Modality: online

Duration: 6 months

Accreditation: 16 ECTS



Mr./Ms. \_\_\_\_\_, with identification document \_\_\_\_\_ has successfully passed and obtained the title of:

# Postgraduate Diploma in Emergency Traumatologic Pathology in Childhood

This is a private qualification of 480 hours of duration equivalent to 16 ECTS, with a start date of dd/mm/yyyy and an end date of dd/mm/yyyy.

TECH Global University is a university officially recognized by the Government of Andorra on the 31st of January of 2024, which belongs to the European Higher Education Area (EHEA).

In Andorra la Vella, on the 28th of February of 2024



<sup>\*</sup>Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH Global University will make the necessary arrangements to obtain it, at an additional cost.

tech global university



# Postgraduate Diploma

**Emergency Traumatologic** Pathology in Childhood

- » Modality: online
- » Duration: 6 months
- » Certificate: TECH Global University
- » Credits: 16 ECTS
- » Schedule: at your own pace
- » Exams: online

