

CHETTINAD ACADEMY OF RESEARCH AND EDUCATION

(Deemed to be University under section 3 of the U.G.C. Act 1956)



REGULATIONS & SYLLABUS

M.Ch. Urology

2013-14 onwards

CHETTINAD ACADEMY OF RESEARCH AND EDUCATION
REGULATIONS FOR M.Ch. PROGRAMS
2013 - 14

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CHETTINAD ACADEMY OF RESEARCH & EDUCATION

Regulations for M.Ch.(Master of Chirurgiae) Post Graduate Superspecialty Programs

In exercise of the powers conferred by Rule 12(IV) of Memorandum of Association and Chapter III of Bye-laws of Chettinad Academic of Research and Education, the Academic Council of the University hereby makes the following Regulations;

1. SHORT TITLE AND COMMENCEMENT

- a. These Regulations may be called M.Ch Master of Chirurgiae Postgraduate super speciality program Regulations 2013
- b. They shall come into force from the Academic Year 2013-14
- c. These Regulations are subject to modification as may be approved by the Academic Council from time to time.

2. GOALS AND GENERAL OBJECTIVES OF M.Ch POSTGRADUATE SUPER SPECIALITY PROGRAMME TO BE OBSERVED BY POSTGRADUATE TEACHING INSTITUTION

The goal of postgraduate medical education shall be to produce competent specialists and/or Medical teachers.

- a. who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy.
- b. who shall have mastered most of the competencies, pertaining to the speciality, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
- c. who shall be aware of the contemporary advance and developments in the discipline concerned;
- d. who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology.
- e. who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

3. GENERAL OBJECTIVES OF POST-GRADUATE TRAINING EXPECTED FROM STUDENTS AT THE END OF POST-GRADUATE TRAINING.

At the end of the postgraduate super speciality training in the discipline concerned the student shall be able to;

- a. Recognize the importance to the concerned speciality in the context of the health needs of the community and the national priorities in the health section.
- b. Practice the speciality concerned ethically and in step with the principles of primary health Care.
- c. Demonstrate sufficient understanding of the basic sciences relevant to the concerned speciality. Identify social, economic, environmental, biological and emotional

determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and primitive measure/strategies.

- d. Diagnose and manage majority of the conditions in the speciality concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
- e. Plan and advise measures for the prevention and rehabilitation of patients suffering from disease and disability related to the speciality.
- f. Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.
- g. Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behaviour in accordance with the societal norms and expectations.
- h. Play the assigned role in the implementation of national health programme, effectively and responsibly.
- i. Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
- j. Develop skills as a self-directed learner, recognize continuing education needs; select and use appropriate learning resources.
- k. Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.
- l. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
- m. Function as an effective leader of a health team engaged in health care, research or training.

4. COMPONENTS OF THE POSTGRADUATE CURRICULUM:

The major components of the Postgraduate curriculum shall be:

- a. Theoretical knowledge
- b. Practical and clinical skills
- c. Writing Thesis / Research articles
- d. Attitudes including communication skills.
- e. Training in research methodology, Medical Ethics and Medico legal aspects.

5. NOMENCLATURE OF PG COURSE IN M.Ch SUPER SPECIALITY COURSES

The nomenclature of PG degree super speciality course should be as laid down in the PG Medical Education regulations prescribed by the Medical Council of India.

6. ELIGIBILITY FOR ADMISSION

- i) M.Ch (Master of Chirurgy) for which Candidates must possess recognised degree of MS (or its equivalent recognised degree) in the subject shown against them.
 - ii) A person possessing DNB in the concerned board-specialty, is eligible for admission in the Super-Speciality /High course (M.Ch.)

Sl.No.	Area of Specialisation	Prior Requirement
01	Cardio Vascular & Thoracic Surgery	MS (General Surgery)
02	Urology	MS (General Surgery)
03.	Neuro Surgery	MS (General Surgery)
04	Paediatric Surgery	MS (General Surgery)
05.	Plastic & Reconstructive Surgery	MS (General Surgery)
06.	Surgical Gastroenterology	MS (General Surgery)
07.	Surgical Oncology	MS (General Surgery) MS (ENT) MS (Orthopaedics) MS (Obstetrics & Gynae)
08	Endocrine Surgery	MS (General Surgery)
09.	Gynaecological Oncology	MD/MS (Obst. & Gynae)

He/she having qualified for the Post-graduate degree of this University or any other Universities recognised as equivalent thereto by the authority of this University and the Indian Medical Council and obtained permanent registration from any of the State Medical Councils.

- a. The admitting authorities of the Institutions will strictly ensure that every candidate admitted to the M. Ch Post-Graduate Higher Speciality Degree courses has obtained permanent registration certificates (both for M.B.B.S. and Post-graduate Degree) from any one of the State Medical Councils.
- b. Provided that in the case of a foreign national, the Medical Council of India may on payment of the prescribed fee for registration, grant temporary registration, for the duration of the post graduate course limited to the medical college/ institution to which the candidate is admitted for the time being exclusively for pursuing post graduate studies.
- c. Provided further the temporary registration to such foreign national shall be subject to the condition that such person is duly registered with appropriate registering authority in his own country where from he has obtained his basic medical qualification, and his duly recognized by the corresponding Medical Council or concerned authority.

d. **RECOGNITION FEE AND ELIGIBILITY CERTIFICATE:**

Candidates who have passed the M.S. Degree Examination other than that conducted by Chettinad University shall obtain Eligibility Certificate from this University at the time of admission and also remit recognition fee as prescribed.

e. **REGISTRATION:**

A candidate admitted to the Post Graduate Super Speciality Course shall register with the University by submitting the prescribed application form for registration, duly filled in along with the prescribed fee, through the Head of the Institution.

f. **DURATION OF THE COURSE**

The period of training for obtaining the degree shall be three completed years (including the examination period) after obtaining MS / Degree or equivalent/recognised qualifications in the required subject.

g. **ADMISSION AND COMMENCEMENT OF COURSES**

On the basis of academic merit as determined based on the competitive All India Common Entrance Examination conducted by the Chettinad Academic of Research & Education. Time schedule for the completion of admission process for super speciality courses is as per statutory norms prevalent at that point of time.

h. **SYLLABUS**

The Syllabus for the course shall be as specified in the annexure to these regulations.

i. **MEDIUM OF INSTRUCTION:**

English shall be the medium of instruction for M. Ch Super Speciality Courses.

j. **WORKING DAYS/ATTENDANCE:**

All candidates joining the Super Speciality Course shall work as full-time residents during the period of training, attending not less than 80% (Eighty percent) of the training during each academic year, and given full time responsibility, assignments assessed full time responsibilities and participation in all facets of the educational process.

It is desirable that the candidates should have 100 per cent attendance to enable their objective to be achieved. However, a minimum of at least 80 per cent attendance and achievement of satisfactory standards in both theoretical and clinical would be required for every academic year before they are allowed to appear for the University Examination.

The Attendance details may be submitted to the Controller of Examinations at the end of every academic year. The student should also be intimated quarterly regarding the lack of attendance.

13. (a) STIPEND AND GRANT OF LEAVE

The Post Graduate students undergoing Post Graduate Degree / Diploma/Super-Specialty course shall be paid stipend on par with the stipend being paid to the Post Graduate

students of State Government Medical Institutions/Central Government Medical Institutions, in the State /Union Territory where the institution is located. Similarly, the matter of grant of leave to Post Graduate students shall be regulated as per the respective State Government rules.

14. CONDONATION FOR LACK OF ATTENDANCE

There shall be no condonation for lack of attendance.

15. MIGRATION

Under no circumstances, Migration/ Transfer of student in super speciality course shall be permitted by the University.

16. TRAINING PROGRAMME

The training given with due care to the Post Graduate students in the recognised institutions for the award of various Post Graduate medical degrees / super speciality degrees shall determine the expertise of the specialist and / or medical teachers produced as a result of the educational programme during the period of stay in the institution.

- (a) Every institution undertaking Post Graduate training programme shall set up an Academic cell or a curriculum committee, under the chairmanship of a senior faculty member, which shall work out the details of the training programme in each speciality in consultation with other department faculty staff and also coordinate and monitor the implementation of these training Programmes.
- (b) The training programmes shall be updated as and when required. The structured training programme shall be written up and strictly followed, to enable the examiners to determine the training undergone by the candidates and the Medical Council of India inspectors to assess the same at the time of inspection.

During the training for Super Speciality Courses to be awarded in clinical disciplines, there shall be proper training in basic medical sciences related to the disciplines concerned; during the training for the degree to be awarded in basic medical sciences, there shall be training in applied aspects of the subject; and there shall be training in allied subjects related to the disciplines concerned. In all Post Graduate training programmes, both clinical and basic medical sciences, emphasis is to be laid on preventive and social aspects and emergency care facilities for autopsies, biopsies, cytopsies, endoscopic and imaging etc. also be made available for training purposes.

The Post Graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.

Training in Medical Audit, Management, Health Economics, Health Information System, basics of statistics, exposure to human behaviour studies, knowledge of pharmaco – economics and introduction to non- linear mathematics shall be imparted to the Post Graduate students.

Implementation of the training programmes for the award of various Post Graduate Super Speciality Degree shall include the following:

Basic Medical Sciences

- (i) Lectures, Seminars, Journal Clubs, Group Discussions, Participation in laboratory and experimental work, and involvement in research studies in the concerned speciality and exposure to the applied aspects of the subject relevant to clinical specialities.

Clinical disciplines

- (ii) In service training, with the students being given graded responsibility in the management and treatment of patients entrusted to their care; participation in Seminars, Journal clubs, Group Discussions, Clinical Meetings, Grand rounds, and Clinico - Pathological Conferences; practical training in Diagnosis and medical and Surgical treatment; training in the Basic Medical Sciences, as well as in allied clinical specialities.

The training programme shall be on the same pattern as for M.D. / M.S. in clinical disciplines; practical training including advanced Diagnostic, Therapeutic and Laboratory techniques, relevant to the subject of specialisation. For M.Ch. Candidates, there shall be participation in surgical operations.

17. MAINTENANCE OF LOG BOOK

- a) Every Post Graduate student shall maintain a record (Log) book containing skills, the candidate has acquired during the training period certified by the various heads of department where the candidate has undergone training including outside the institution.
- b) The students shall maintain a Record Book (Log Book) of the work carried out by them & training program undergone during the period of training including details of procedures carried out independently or assisted by the candidate. The log book will be checked by the faculty members imparting the training.
- c) At the end of the course, the candidate should summarise the contents and get the record (Log) book certified by the Head of the Department.
- d) The record (Log) book should be submitted at the time of practical examination for the scrutiny of the Board of Examiners.
- e) It would be the constant endeavour of the faculty to develop desirable attitudes in the PG trainees during the course by personal examples, interaction and group discussion. Constant watch will be maintained during their work in the wards to ensure that this objective is being met. Although there will be no formal evaluation of attitude, some aspects of this domain would be covered during the formative

evaluation as noted below for continued internal assessment. Formative evaluation will be carried out over following activities of the P.G. resident.

- i) Ward work
- ii) Case presentation
- iii) P.G. Lecture
- iv) Journal club
- v) General assessment of affective function attitude by medical & paramedical staff;
- vi) Internal Assessment

Candidates can appear for theory examination only after being certified on the basis of Internal assessment.

18. THESIS / DISSERTATION AND EVALUATION

- a) All Candidates admitted to undergo M.Ch super speciality courses shall be assigned a topic for dissertation / thesis by the Head of the concerned unit and the title of the topic assigned to the candidates be intimated to the Controller of Examination of the University by the Head of the Department through the Head of the Institution before end of the First year.
- b) The dissertation / thesis shall be a bound volume of minimum 50 pages not exceeding 75 pages of typed matter (double line spacing and on one side only) excluding certification, acknowledgements, annexure and bibliography.
- c) Four copies of dissertation shall be submitted six months prior to the commencement of the examination on the prescribed date to the controller of examination of the University.
- d) Two copies are to be submitted as an electronic version of the entire dissertation in a standard C.D. format mentioning the details and technicalities used in the C.D. format.
- e) The concerned Professors / Readers are to supervise and to see that the dissertations are done properly utilising the clinical materials of their own department / institution. The students must learn the design and interpretation of research studies, responsible use of informed consent and research methodology and interpretation of data and statistical analysis. They should seek the help of qualified staff members in the conduct of research. They must learn to use library and the computer-based research. This training will help them to develop skills in planning, designing and conduct of research studies.
- f) All candidates on admission will be allotted one of the department faculties who have fulfilled the requirement to be guides for purposes of guiding

Dissertation/thesis. The topic for dissertation shall be finalized and discussed in the departmental faculty meeting and allotted to the individual candidates before the completion of 3 months after admission. The purpose of dissertation is to develop in the candidate the ability to perform an independent study keeping the principles and research methodology in mind. The candidate will therefore work on the prospective problem either within the department or in collaboration with other departments. There will be continuous monitoring of the dissertation work by the guides and co-guide and by the other department staff throughout the course. The candidate will present the progress of the dissertation to the faculty on the completion of 1 ½ years for monitoring and feedback. The completed dissertation should be submitted not later than 6 months before final examination.

- g) The theory examinations shall be held sufficiently earlier than the Clinical and Practical examination, so that the answer books can be assessed and evaluated well before the commencement of the Clinical/Practical and Oral examination.
- h) The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical. A candidate shall appear for Theory & Clinical examination only after the acceptance of thesis by the examiners. The thesis shall be evaluated under the following heading:
 - 1) Approved
 - 2) Not Approved

In all cases the approval shall be given before 3 months of the date of appearing for the examination and this will be essential before the candidate is allowed to appear for the written examination.

19. SCHEDULE OF EXAMINATIONS

The examination for M.Ch. courses shall be held at the end of 3rd Academic year. An Academic term shall mean six month's training period.

*** 20. SCHEME OF EXAMINATIONS**

Post graduate examinations shall consist of Dissertation / Thesis, Written Papers (Theory), Clinical and Viva voce.

The examinations shall be organised on the basis of "Grading" or "Marking system" to evaluate and certify candidate's level of knowledge, skill and competence at the end of the training.

- a. Dissertation / Thesis: Every candidate shall carry out and submit a Dissertation / Thesis as explained and approval of Dissertation / Thesis shall be precondition for a candidate to appear for the final year examination.

- b. students admitted to this course would be required to present one poster presentation to read one paper at a national / state conference and to present one research paper which should be published / accepted for publication / sent for publication during the period of his Postgraduate studies so as to make him eligible to appear at the Postgraduate super speciality degree examination as prescribed in the Postgraduate Medical Education Regulations.
- c. **Theory:** A Written Examination shall consist of four theory papers each of three hours duration. Each paper carries 100 marks (Total 400 marks). Out of these one shall be of Basic Medical Sciences and one shall be of recent advances.
- d. **Clinical Examination:** Clinical examination for the subjects in Clinical Sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/Teacher, for which candidates shall examine a minimum one long case and two short cases.
- e. **Oral Examination:** The Oral examination shall be thorough and shall aim at assessing the candidate knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the speciality, which form a part of the examination.

PASSING MINIMUM

Marks Distribution	
No. of Theory Papers	4
Marks for each Theory Paper	100*
Total marks for Theory Papers	400
Passing Minimum for Theory Papers	200/400
Total Marks for Clinical	300
Passing Minimum for Clinical	150/300
Viva voce	100
Passing minimum for Clinical including Viva voce	200/400

(i) If any candidate fails even under one head, he/she has to re-appear for whole examinations.

(ii) Theory paper consists of 2 essay questions of 25 marks each (2 X 25 = 50) & 5 short notes of 10 marks each (5 X 10 = 50). Total = 100 marks each.

- **Sl.No.20(ii) Amended vide XVIII meeting of Academic Council dated 15.04.2014.*

- *Resolved to approve 2 Essay Questions (2 x 20 marks) and 10 short notes (10 x 6 marks) for each theory paper in D.M. /M.Ch courses which will take effect from 2013-14 batch .*
- Resolved to approve 2 essays (2 x 20 marks) and 6 short notes (6 x 10 marks) for theory paper in all M.Ch. Courses by the Academic Council in its XX meeting held on 25.03.2015
- **Resolved to approve that an examinee should obtain minimum 40% marks in each theory*
- *paper and not less than 50% marks cumulatively in all the four papers in P.G. degree*
- *examination to be cleared as passed which will be implemented prospectively. (Academic Council in its XX meeting held on 25.03.2015).*

21. EXAMINERS

(a) All the Post Graduate Examiners for super speciality courses shall be recognised super speciality Post Graduate Teachers holding recognised Post Graduate qualifications in the subject concerned.

(b) For all Post Graduate Examinations, the minimum number of Examiners shall be four, out of which at least two (50%) shall be External Examiners, who shall be invited from other recognised universities from outside the State/outside University. The remaining two will be internal examiners. The qualification and teaching experience for appointment of examiners shall be as laid down by the guidelines of Medical Council of India in force from time to time.

(c) 'No person shall be appointed as an internal examiner in any subject unless he/she has three years experience as recognized PG teacher in the concerned subject. For external examiners, he/she should have minimum six years of experience as recognized PG teacher in the concerned subject'. "An examiner shall ordinarily be appointed for not more than two consecutive terms"

(d) Under exceptional circumstances, examinations may be held with 3 (three) examiners provided two of them are external and Medical Council of India is intimated the justification of such action prior to publication of result for approval. Under no circumstances, result shall be published in such cases without the approval of Medical Council of India.

22. NUMBER OF CANDIDATES

The maximum number of candidates to be examined in Clinical / practical and Oral on any day shall not exceed three for M. Ch examinations.

23. * NUMBER OF EXAMINATIONS

The University shall conduct not more than two examinations in a year, for any subject, with an interval of not less than 4 and not more than 6 months between the two examinations. The examination shall be conducted in September and March.

*** SI. No.23 Amended in XXI meeting of Academic Council dated 22.07.2015
Resolved to approve the commencement of M.Ch. University examination
in August (for Regular Batch) and February (for Supplementary Batch).**

24. REVALUATION.

There is no revaluation of answer papers. However, re-totalling is allowed in the failed subject with the payment of required fees fixed by the University (from time to time) within 15 days from the date of receipt of statement of marks.

SYLLABUS for M.Ch. (UROLOGY)

PREAMBLE

The objective of M.Ch (Urology) degree course is to produce highly competent medical manpower in Urology. The training ingredients should provide in-depth knowledge of the entire urology and relevant basic allied subjects. The course is expected to bring about a change in attitude towards better scientific approach with logic and analysis. More stress should be given to development of psychomotor skills. This should culminate in shaping of a shrewd clinician, confident surgeon and a knowledgeable teacher insured to basic research methodology. Basis of an ideal training Programme will be a powerful urology service complete in every sense. Today, a urology-teaching department should include complete adult and paediatric urology services with fully developed sub specialties such as gynaecological urology, uro oncology, neuro-urology, Andrology, paediatric urology, Urodynamics, & sexual dysfunction, newer modalities of stone management like endourological techniques and extracorporeal shock wave lithotripsy and renal transplantation. However, it has to be kept in mind is urologist has to be perfect in Endo- urological techniques,

Goals and educational objectives

- a. The goal of postgraduate medical education in M.Ch. urology shall be to produce a competent expert in the field of urology and a medical teacher in urology
- b. He/She shall recognize the health needs of community and carry out professional obligations ethically and keeping in mind the objectives of national health policy
- c. He/She shall have mastered most the competencies pertaining to urology that are required in clinical practice and for tertiary level healthcare delivery system
- d. He/She shall be aware of contemporary advances and development in the field of
 - a. urology.
- e. He/She shall have acquired a spate of scientific inquiry and is oriented to the principles of research methodology and epidemiology
- f. He/She shall have acquired the basic skills in teaching to medical graduates and surgical post graduates.
- g. He/She should be competent enough to offer super specialties services in the area of

urology to other sister specialties like gynaecology, oncology, nephrology, transplantation etc.

SYLLABUS

It will cover wide spectrum of the diseases of urogenital system & retro peritoneum. Apart from the clinical aspect of these subjects, candidate has to acquire in-depth knowledge of the related basic subjects like applied anatomy; embryology, physiology; biochemistry, pharmacology; pathology, microbiology epidemiology, immunology etc.

1. Anatomy and Embryology of GU tracts, adrenal & retro peritoneum.
2. Applied physiology and biochemistry pertaining to Urology, Nephrology, renal transplantation and Reno vascular hypertension.
3. Investigative urology & Genito-urinary radiology and imaging including nuclear medicine.
4. Male Infertility, Andrology and Urological endocrinology.
5. Sexual dysfunction- investigations and management.
6. Perioperative care, management of urological complications and care of the critically ill patients.
7. Urodynamics and Neurology.
8. Genito-urinary trauma.

9. Urolithiasis-Medical, Biochemical & Surgical aspects.
10. Uro-oncology-Adult & Paediatric
11. Reconstructive Urology.
12. Paediatric Urology-congenital malformations and acquired diseases.
13. Urinary tract infections and sexually transmitted diseases.
14. Obstructive Uropathy.
15. Renal transplantation (including transplant immunology medical & surgical aspects).
16. Reno vascular Hypertension.
17. Gynaecological urology.
18. Newer developments in urology.
19. Operative Urology-open & endoscopic Endourology
21. Behavioural and social aspects of urology.
22. Neonatal problems in Urology.
23. Electro coagulation, lasers, fibreoptic instruments, catheters, endoscopes etc.
24. Retroperitoneal Diseases & Management.
25. Medical aspects of the kidney diseases.
26. Laparoscopic Urologic Surgery.
27. Energy Sources In Urology
- 28 Robotics surgery
29. Sutures in Surgery
30. Medical Instrumentation
31. Nutrition in Urology

Apart from above mentioned subjects, each candidate should have basic knowledge of the following:

1. Biostatistics & Epidemiology.
2. Computer Sciences.
3. Experimental & Research methodology and Evidence Based Medicine.
4. Scientific presentation.
5. Cardio-pulmonary resuscitation.
6. Ethics in medicine.

TRAINING & TEACHING METHODOLOGY

Components of post graduate curriculum

1. Theoretical knowledge
2. Practical and clinical skills
3. Thesis skills
4. Attitudes and communication skills
5. Training in research methodology

Besides didactic lectures (delivered by the faculty members, national & international visiting teachers, seminar symposium and journal clubs is to be organized. Problem oriented training to be given in the form of case discussions, ward rounds, interdisciplinary meetings and department statistical meetings. If possible, problem-based learning approach may be applied. Every candidate is supposed to discuss a minimum of 2 clinico-pathological conferences. Practical training is to be imparted by full time residency training Programme, where a trainee will be given full responsibility of the patients. He/She will be encouraged to improve and develop his decision-making ability under supervision of teachers. Weekly clinical meetings with related department like pathology, radiology, microbiology, nephrology etc should be arranged.

Research

Each candidate has to carry out two dissertation or studies for thesis, which should be acceptable for publication in a Indian Journal or any International Journal.

1. Experimental Research Project – One May be
 - a) Animal lab work or
 - b) Associated with a Basic science Dept.
2. Clinical Research Project – At least one Clinical skills and competencies in field of

Urology

TRAINING IN OPERATIVE UROLOGY

Special attention should to be paid to improve the operative skill of the candidate. He/She shall be trained to take independent operative decisions. In a time bound schedule an opportunity will be accorded to perform all the major open as well as endoscopic procedures so as to let him develop mastery in the essential procedures. Candidates will be required to

maintain a logbook of operative procedures with details of complications, if any, and their management. This will be reviewed every three months. Completed logbook is to be submitted before the practical examination and will be reviewed by the external examiners.

First Two Years

Each Candidate should spend time for basic research specially related to animal laboratory or in collaboration with basic department i.e. biochemistry, biotechnology and Pathology

0-6 Months

A candidate is supposed to master following procedures.

1. Cystourethroscopy, filiform, dilatation, retrograde pyelography. Interpretation of normal and abnormal findings in relation to gross inflammations, obstructive and neoplastic changes in the lower urinary tract.
2. **Minor Urological Procedures:** Needle biopsy of the prostate, dilatation, trocar cystostomy, open cystostomy, orchiectomy, circumcision, meatotomy/Meatoplasty
3. **Uro-Radiological & Imaging Techniques:** During this period a candidate should perform various uroradiological & Imaging procedures like Retrograde Urethrograms & Micturating, Cystourethrogram, cystogram, triplecystogram, nephrostogram, sinogram, antegrade pyelography, interpretation of Ultrasound & computerized tomography's scans and renography, MRI, CT Angiogram.

06-09 Months

A candidate should learn, perform and interpret Urodynamics studies like Cystometrogram, electro myography & Urethral pressure profile & Video Urodynamics. He/She will also perform and interpret various tests of sexual dysfunction such as dynamic cavernosography, papavarin test, Penile-Brachial Index, Nocturnal penile tumescence, regiscan, sacral latency period and other evoked potential studies.

9-23 Months

He/She will assist and perform following procedures.

- (a) **Endoscopic Surgery:** Internal urothrotomy, Bladder neck Incision, Litholopaxy, cystolithotripsy, insertion & retrieval of bladder & ureteral stent, ureteral meatotomy, endoscopic suspension of bladder neck, Transurethral resection of bladder tumour.
- (b) **Surgical Procedures:** Simple nephrectomy, radical nephrectomy, cystolithotomy ureterolithotomy, pyelolithotomy, nephrostomy, pyeloplasty, various urethroplasties. Retropubic & transvesical prostatectomy, surgery for undescended testis, partial and total amputation of penis, extended pyelolithotomy, VVF repair.

24-36 Months

Open Surgery

Candidate should learn more complex surgical procedures like-transpubic urethroplasty, Hypospadias repair, Augmentation cystoplasty, Anatomic Nephrolithotomy under hypothermia, Boari's flap procedure, urinary diversion, ureteroneocystostomy, partial and total cystectomy, nephroureterectomy, penile prosthesis, Renal transplant surgery and AV fistulae.,

Endoscopic Procedure

Transurethral resection of prostate, Percutaneous Nephrolithotomy, Uretero-rensoscopy, Laser Surgery, other endourological procedures etc.

Efforts will be made that candidate is able to perform the following minimum stipulated number of procedures within three years of his training.

1. Endoscopies 100
2. Urethroplasties 5
3. Internal urethrotomy 10
- 4 Urinary tract reconstructions 5
5. Repair of vesicovaginal fistulae 5
6. Pyeloplasty 5
7. Hypospadias repair 5
8. Transurethral Resection of Prostate 10 - 15
9. Uretero-Renoscopy 25
10. Percutaneous Nephrolithotomy & endopyelotomy 15
11. Donor Nephrectomy 5}
12. Recipient Surgery 2} will assist Renal Transplantation

In addition to above mentioned procedures candidates will perform/assist minimum of two or five of each of following procedures depending upon the availability of the case material.

- ← Nephrectomy for pyonephrosis-Surgical treatment of stress urinary incontinence
- ← Radical Cystoprostatectomy /Radical prostatectomy
- ← Radical Nephrectomy
- ← Ureteroneocystostomy
- ← Retroperitoneal lymph node dissection-Ileal replacement
- ← Different type of Urinary diversion of orthotopic Neobaldder-
- Surgical management of Renal and Urethral trauma
- ← Tran pubic urethroplasty
- ← Augmentation cystoplasty
- Nephroureterectomy – Udiversion
- ← Anatomic Nephrolithotomy
- ← Laparoscopic Urologic Surgery
- ← Paediatric surgical procedures.

In course Training

Since it will be a full-time residency cum M Ch course, a candidate will be responsible for the total care of the patients. He/She will be encouraged to take independent decisions. Every day there will be at least one-hour academic activity to a maximum of 10 hours/week in which all the faculty members & residents will participate. Case discusser will take place weekly with 3rd year resident as a moderator. Other academic activities like journal clubs, seminars, group discussions statistical meetings will be a fortnightly feature where deaths, complications, operations and consultations rendered will be discussed consultation to the other department and in emergency will only be attended by the II- & III-year Senior Residents. Consultations given to other departments should also be discussed every morning with the respective consultants. In OPD a candidate will see the cases independently and will make all the pertinent notes. In problematic cases and a special referral, it is mandatory to show the case to the respective consultant. A candidate will not be allowed to provide independent consultations for first six months.

A candidate will have to attend all post-mortem examination done for the department. Inter-departmental meetings like uro-radiology, uro-nephrology, uro-radiotherapy & medical oncology, uro-pathology, uro-imaging will provide an opportunity for open discussion on a common subject and it will also provide an opportunity to learn views of the specialists on these subjects.

Posting

A candidate will be sent to Nephrology department for one month to learn medical aspect of Kidney diseases (except the renal transplantation). This posting should be after one to 1.1/2 year after joining the course. It is highly desirable to formulate a reasonable teaching curriculum for this posting and a candidate is to be evaluated by the Nephrologist at the end of the posting. An unsuccessful candidate has to repeat his posting.

Exchange Programme

In view of expanding field of urology, it is difficult to see, observe and have training in all newer subspecialties. Therefore, it is imperative to inculcate exchange Programme and resident should be rotated to two or three centers as per advice by the department committee. It is also suggested that department week in some subspecialty should invite visiting professor from other centers to strengthen the course.

BOOKS AND JOURNALS

The following books, journals and periodicals should be made available through Central/Departmental Library for perusal of residents so as to enable them to keep abreast with latest developments in the field of Urology. It is also important that department should have an Internet facility which would enable residents to browse and use Medline search.

General Urology

Book Editor

1. Campbell urology-3 Volumes Edited by Walsh, et al
2. Urogenital trauma Macaminch
3. Adult & Paediatric Urology Gillenwater et al

Paediatric Urology

1. Pediatric Urology Kelalis & King – 2 vol.

Uro-oncology

1. Genito-urinary cancer management Backeman & Paulson
2. Genitourinary cancer Dekerrionetal
3. Testicular cancer Javadopor

Urodynamics

1. Urodynamics principle & practise Mundy

Stone Diseases

1. Stone disease Diagnosis & management by Rous
2. Endourology Carson
3. Extracorporeal shock wave Lithotripsy Gravernstein
4. Endourology Arthur Smith

Infertility

1. Male Infertility Amelar
2. Reproductive infertility Silber
3. Microsurgery in male and female

Reconstructive and Female Urology

1. Operative Gynaecology Te Linde
2. Female urology Blandy
3. Urinary Incontinence Dat. D.O.'Donnel
4. Urogynaecology & urodynamics Obstargard & Bent
5. Reconstructive urologic surgery Libertino

Renal Transplantation

1. Kidney transplantation Peter morris

Operative Urology

1. Glen's operative urology

Laparoscopy

1. Laparoscopic urology Ralph V. Clayman, E.M. McDougall

Paper I : Basic Sciences Applied to Urology - 100

Paper II: *Clinical Urology - 100

Paper III: *Urological Surgery - 100

Paper IV: Recent Advances in Urology - 100

***Modification by the Acad. Council noted below:**

Paper II * Clinical Urology and Investigative Urology

Paper III* Urological surgery and reconstruction

(amended in XXIV meeting of Acad. Council dated 29.07.2016 from 2013-14 batch)

Journals

Indian J. Urology
Journal of Urology
British J. Urology

Periodicals

Urological clinics of North America
Recent Advances in Urology

PRACTICAL SCHEME FOR M.Ch. UROLOGY

SL.NO.	PARTICULARS	MARKS
01	Long Case - 1 (1 x 100)	100
02	Short Case - 2 (2 x 50)	100
03	Ward Rounds	100
04	Viva Voce Instruments - 25 Operative Surgery - 25 <u>Imaging</u> - 25 X-Ray, USG, CT Scan, MRI, Nuclear Scan <u>Pathology</u> - 25 Specimen Slide	100
	Total	400

Distribution of marks for Clinical examination is approved by the Academic Council in its XXIII Meeting held on 10.05.2016.