

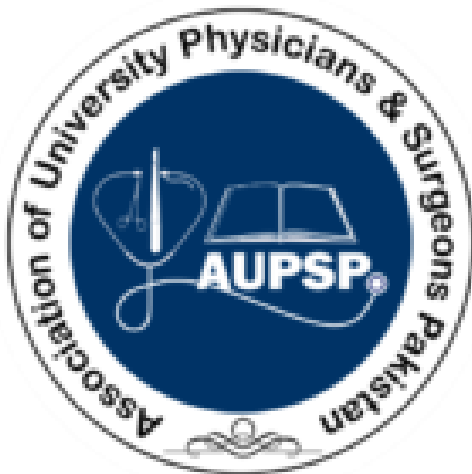
**UNMRP**  
**UNIVERSITY NATIONAL MEDICAL RESIDENCY**  
**PROGRAM PAKISTAN**

**UNIFIED CURRICULA REGISTRY**  
**MEDICAL UNIVERSITIES OF**  
**PAKISTAN**

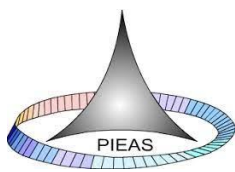
**CURRICULUM**

**MASTER OF SURGERY**  
**MS**  
**UROLOGY**

5 years, residential, clinical, stipend based, full time



# UNIVERSITY NATIONAL MEDICAL RESIDENCY PROGRAM PAKISTAN



جامعة الإسراء  
Isra University



NUMS  
NATIONAL UNIVERSITY  
OF MEDICAL SCIENCES



World Health  
Organization



United Nations Academic Network (UNAN)  
The UNESCO via the NEQMAP Bangkok

**Note: All universities are included the international WHO directory discovered on the website of WHO and are duly recognized by the United Nations Academic Network (UNAN) and the UNESCO via the NEQMAP Bangkok**

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## STATUTES

### Nomenclature of the Proposed Course

The name of degree program shall be MS Urology. This name is well recognized and established for the last many decades worldwide.

#### Course Title:

MS Urology

#### Training Centers

Departments of Urology (accredited by University) in affiliated hospitals of Medical University

#### Duration of Course

The duration of MS Urology course shall be five (5) years (first year in Part I, first two years in Part II and next three years in Part III) with structured training in a recognized department under the guidance of an approved supervisor. The course is structured in three parts:

**Part I** is structured for the 1<sup>st</sup> calendar year. The candidate shall undertake didactic training in Basic Medical Sciences, Behavioral Sciences and Bio statistics & Research Methodology. The clinical training in fundamental concepts of Surgery shall start from the 1<sup>st</sup> day of enrollment and will go to surgery rotation for 1 ½ year.

**Part II** is structured after 2<sup>nd</sup> calendar years. The candidate shall undertake clinical training in fundamental concepts of Surgery. At the end of 2<sup>nd</sup> year the examination shall be held in fundamental concepts of surgery. The clinical training in Urology shall start from 3<sup>rd</sup> year onwards in the recognized institutions.

**Part III** is structured for 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> calendar years in MS Urology. It has two components; Clinical and Research. The candidate shall undergo clinical training to achieve educational objectives of MS Urology (knowledge & skills)

Over the five years duration of the course, candidate will spend total time equivalent to one calendar year for research during the training. Research can be done as one block in 5<sup>th</sup> year of training or it can be done in the form of regular periodic rotations over five years as long as total research time is equivalent to one calendar year.

#### Admission Criteria

For admission in MS Urology course, the candidate shall be required to have:

- ❖ MBBS degree
- ❖ Completed one year House Job

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- ❖ One year experience in Urology/General surgery/Allied surgical discipline in the given order of preference
- ❖ Registration with PMDC
- ❖ Passed Entry Test conducted by JCAT Joint Commission Admission Testing under Central Induction Program of PRP ( Pakistan Residency Program) & aptitude interview by the Institute concerned
- ❖ Having up to the mark credentials as per university rules (no. of attempts in each professional, any gold medals or distinctions, relevant work experience, Rural/ Army services, research experience in a recognized institution, any research article published in a National or International Journal) may also be considered on case to case basis.
- ❖ Exemptions: A candidate holding FCPS/MRCS/Diplomat/equivalent qualification in General Surgery shall be exempted from Part-I & Part-II Examinations and shall be directly admitted to Part-III Examinations, subject to fulfillment of requirements for the examination.

### Registration and Enrollment

- ❖ Total number of students enrolled for the course must not exceed 2 persupervisor/year.
- ❖ The maximum number of trainees that can be attached with a supervisor at a given point of time (inclusive of trainees in all years/phases of MS training), must not exceed 6.
- ❖ Beds to trainee ratio at the approved teaching site shall be at least 5 beds per trainee.
- ❖ The University will approve supervisors for MS courses.
- ❖ Candidates selected for the courses after their enrollment at the relevant institutions shall be registered with university as per prescribed Registration Regulation.

### Accreditation Related Issues Of The Institution

- ❖ **Faculty**
  - Properly qualified teaching staff in accordance with the requirements of Pakistan Medical and Dental Council (PMDC)
- ❖ **Adequate Space**
  - Including class-rooms (with audiovisual aids), demonstration rooms, computer lab and clinical pathology lab etc.

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### ❖ Library

- Departmental library should have latest editions of recommended books, reference books and latest journals (National and International).
- Accreditation of Urology training program can be suspended on temporary or permanent basis by the University, if the program does not comply with requirements for residents training as laid out in this curriculum.
- Program should be presented to the University along with a plan for implementation of curriculum for training of residents.
- To ensure a uniform and standardized quality of training and availability of the training facilities, the University reserves the right to make surprise visits of the training program for monitoring purposes and may take appropriate action if deemed necessary.

## AIMS AND OBJECTIVES OF THE COURSE

The aim of five years MS program in Urology is to train residents to acquire the competency of a specialist in the field so that they can become good teachers, researchers and clinicians in their specialty after completion of their training.

### GENERAL OBJECTIVES

MS Urology training should enable a student to:

- ❖ Access and apply relevant knowledge to clinical practice:
  - Maintain currency of knowledge
  - Apply scientific knowledge in practice
  - Appropriate to patient need and context
  - Critically evaluate new technology
- ❖ Safely and effectively performs appropriate surgical procedures:
  - Consistently demonstrate sound surgical skills
  - Demonstrate procedural knowledge and technical skill at a level appropriate to the level of training
  - Demonstrate manual dexterity required to carry out procedures
  - Adapt their skills in the context of each patient and procedure
  - Maintain and acquire new skills
  - Approach and carries out procedures with due attention to safety of patient, self and others
  - Critically analyze their own clinical performance for continuous improvement
- ❖ Design and implement effective management plans:
  - Recognize the clinical features, accurately diagnose and manage urological problems
  - Formulate a well-reasoned provisional diagnosis and management plan based on a thorough history and examination
  - Formulate a differential diagnosis based on investigative findings
  - Manage patients in ways that demonstrate sensitivity to their physical, social, cultural and psychological needs
  - Recognize disorders of the urological system and differentiate those amenable to surgical treatment
  - Effectively manage the care of patients with urological trauma including multiple system trauma
  - Effectively recognize and manage complications
  - Accurately identify the benefits, risks and mechanisms of action of current and evolving treatment modalities
  - Indicate alternatives in the process of interpreting investigations and in decision-making
  - Manage complexity and uncertainty

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- Consider all issues relevant to the patient
  - Identify risk
  - Assess and implement a risk management plan
  - Critically evaluate and integrate new technologies and techniques.
- ❖ Organize diagnostic testing, imaging and consultation as needed:
- Select medically appropriate investigative tools and monitoring techniques in a cost-effective and useful manner
  - Appraise and interpret appropriate diagnostic imaging and investigations according to patients' needs
  - Critically evaluates the advantages and disadvantages of different investigative modalities
- ❖ Communicate effectively:
- Communicate appropriate information to patients (and their family) about procedures, potentialities and risks associated with surgery in ways that encourage their participation in informed decision making
  - Communicate with the patient (and their family) the treatment options including benefits and risks of each
  - Communicate with and co-ordinate health management teams to achieve an optimal surgical environment
  - Initiate the resolution of misunderstandings or disputes
  - Modify communication to accommodate cultural and linguistic sensitivities of the patient
- ❖ Recognize the value of knowledge and research and its application to clinical practice:
- Assume responsibility for self-directed learning
  - Critically appraise new trends in Urology
  - Facilitate the learning of others.
- ❖ Appreciate ethical issues associated with Urology:
- Consistently apply ethical principles
  - Identify ethical expectations that impact on medico-legal issues
  - Recognize the current legal aspects of informed consent and confidentiality
  - Be accountable for the management of their patients.
- ❖ Professionalism by:
- Employing a critically reflective approach to Urology
  - Adhering with current regulations concerning workplace harassment
  - Regularly carrying out self and peer reviewed audit



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- Acknowledging and have insight into their own limitations
- Acknowledging and learning from mistakes
- ❖ Work in collaboration with members of an interdisciplinary team where appropriate
  - Collaborate with other professionals in the selection and use of various types of treatments assessing and weighing the indications and contraindications associated with each type
  - Develop a care plan for a patient in collaboration with members of an interdisciplinary team
  - Employ a consultative approach with colleagues and other professionals
  - Recognize the need to refer patients to other professionals.
- ❖ Management and Leadership
  - Effective use of resources to balance patient care and system resources
  - Identify and differentiate between system resources and patient needs
  - Prioritize needs and demands dealing with limited system resources.
  - Manage and lead clinical teams
  - Recognize the importance of different types of expertise which contribute to the effective functioning of clinical team.
  - Maintain clinically relevant and accurate contemporaneous records
- ❖ Health advocacy:
  - Promote health maintenance of patients
  - Advocate for appropriate health resource allocation
  - Promote health maintenance of colleagues and self-scholar and Curriculum/Statutes & Regulations-MS Urology

## SPECIFIC LEARNING OUTCOMES

On completion of the training program, Urology trainees pursuing an academic pathway will be expected to have demonstrated competence in all aspects of the published syllabus. The specific training component would be targeted for establishing clearly defined standards of knowledge and skills required to practice Urology at secondary and tertiary care level with proficiency in the basic and applied clinical sciences, intensive care and emergency (A&E) medicine related to Urology and complementary surgical disciplines.

**Cognitive knowledge:** Describe embryology, applied anatomy, physiology, pathology, clinical features, diagnostic procedures and the therapeutics including preventive methods, (medical/surgical) pertaining to Urology -

### **Clinical Decision Making & Management Expertise for the patient with:**

- Stone disease
- Acute or chronic abdominal pain referable to the urinary tract
- Upper and lower urinary tract urinary tract obstruction
- Acute or chronic urinary retention
- Hematuria
- Urethral stricture
- Benign & malignant lesions of male genitalia skin.
- A scrotal swelling
- Urinary incontinence.
- Prostate cancer
- Bladder cancer
- Renal cancer
- Infertility, ejaculatory disorders etc
- Erectile dysfunction
- Penile deformity, priapism, penile fracture etc.
- The common urological conditions of childhood
  
- Renal failure
- Multiple injuries.
- Trauma of the renal tract according to accepted protocols.

### **Cognitive Skills:**

- Evaluation and principles of management of a patient with hematuria (microscopic and gross)
- Evaluation of a patient with acute renal, bladder or urethral injury and principles of management

- Diagnosis and treatment of a patient with urinary infection including: acute cystitis and pyelonephritis, recurrent cystitis, persistent urinary tract infection, prostatitis (acute and chronic) and epididymo-orchitis
- Diagnosis and management of a patient with a common urological malignancy including the treatment options for the various stages of carcinoma prostate, bladder, testis and kidney and ureters with an understanding of the multidisciplinary approaches to these disease processes
- including the palliative care of a patient with advanced stage metastatic carcinoma
- Diagnosis and management of a patient with urinary obstruction (prostatic, bladder neck or ureteric)
- Diagnosis and management options for a patient with urolithiasis (including acute renal colic and chronic renal calculi)
- Evaluation and diagnosis of the common pediatric urological problems including hydrocele, cryptorchidism, ureteropelvic junction obstruction and vesicoureteric reflux
- Evaluation and diagnosis of various forms of urinary incontinence
- Diagnosis and management of various scrotal masses including hydrocele, epididymal cysts, orchitis, testis tumor, varicocele, torsion testis or appendages
- Principles and practice of renal transplantation - including organ harvesting including multi-organ harvesting, organ preservation, implantation and immunosuppression
- Psychological and emotional aspects of urological diseases including the emotional implications of a diagnosis of malignant disease, anesthetic hazards in the elderly and in the management of acute confusional states in the elderly, medical/legal and ethical issues arising in urological patients with respect to transplantation, infertility and impotence evaluation, and the awareness of the concept of body image in surgical patients.

#### **Principles of Preoperative Assessment of the Surgical Patient**

- Routine preoperative assessment of surgical patient with particular reference to patients with renal disease
- Assessment of patients with various co-morbidities (cardiac, pulmonary, renal and metabolic)
- Examination and management of a patient in shock (septic due to urinary infection vs. Hypovolemic, neurogenic, cardiogenic shock)

#### **Emergency Urological Care:**

- Management of the patient with an acute ureteric colic
- Management of the patient with acute urinary infection including a patient with urosepsis
- Management of a child with an acute scrotum
- Principles of management of a patient with urological trauma
- Suprapubic catheterization

#### **Renal Transplantation:**

- Immunosuppression (including principles of management of rejection)
- Recipient selection

- Relevant transplantation immunology
- Congenital and Developmental Abnormalities**

- Cystic diseases of the kidney
- Horseshoe kidney and other renal anomalies
- Scrotal and external genital anomalies
- Vesicoureteral reflux
- Epispadias and extrophy
- Hypospadias and chordae
- External genital anomalies
- Intersex
- Undescended testis
- Scrotal and external genital anomalies
- Other anomalies

**Obstructive Disease of the Upper Urinary Tract**

- Obstructive uropathy, hydronephrosis and obstructive renal failure
- Ureteropelvic junction obstruction

**Obstructive Disease of the Lower Urinary Tract**

- Bladder outflow obstruction
- Benign prostatic hypertrophy
- Lower urinary tract symptoms (“luts”)
- Renal and ureteral calculi
- Bladder calculi
- Posterior urethral valves
- Functional obstruction secondary to neurological disorders

**Trauma**

(Including the management and evaluation of a patient with multisystem trauma involving the GU Tract and the role of the urologist in multidisciplinary approach to multisystem trauma)

- Renal trauma
- Ureteral trauma
- Vesical trauma
- Urethral trauma
- External genital trauma

**Urological Oncology**

- For tumors (benign and malignant) of the genital-urinary tract, etiology, prevention, nutritional and environmental aspects of urologic malignant disease, including the natural history, histology and pathology.
- Cancer of the kidney
- Cancer of the prostate
- Cancer of the testis

**Voiding Disorders including Relevant Neuro-urology**

- Urinary incontinence (including stress urinary incontinence, urgency incontinence, total incontinence)
- Voiding dysfunction due to neurological disease
- Enuresis

**Urinary and Genital Infections and Sexually Transmitted Disease**

- Bacterial (complicated and uncomplicated) and non-bacterial cystitis and urethritis
- Pyelonephritis and other renal infections
- Prostatitis including prostatodynia
- Genito-urinary tuberculosis
- Fungal/yeast urinary tract infections
- Other granulomatous infections (including xanthogranulomatous disease)
- Other genital infections (including Fournier's gangrene)

**Systemic Diseases and Other Processes Affecting the Urinary Tract**

- Urological manifestations of systemic diseases (including e.g. diabetes mellitus, sepsis, AIDS, immune compromised or immune incompetent patients)
- The urinary tract in pregnancy (including normal physiologic and anatomic changes and management of urinary tract problems in the pregnant patient)

**Reno vascular Hypertension**

- Surgically correctable hypertension

**Andrology**

- Male sexual function and dysfunction
- Fertility and male factor infertility

**Adrenal Diseases**

- Adrenal cysts, hyperplasia
- Adrenal hyperfunction and hypofunction and associated syndromes

**Male Sexual Function and Dysfunction**

- Fertility and male factor infertility

**Miscellaneous**

- External genital problems (including hydrocele, varicocele, spermatocele, cysts)
- Torsion of testis, cord and appendages
- Dermatological lesions of the male external genitalia (including benign, pre-malignant and malignant lesions)
- Interstitial cystitis
- Male sexual dysfunction

## Technical Skills & Procedures

### Technical Skills:

- Catheterization including urinary catheter care.
- Urethral manipulation and dilatation using filiforms and followers
- Cystoscopy
- Installation of intravesical therapeutic agents
- Wound closure
- Vasectomy (if resident is so interested)
- Introduction to therapeutic technologies including electrosurgery, Extracorporeal ShockWave Lithotripsy, lasers in urology (carbon dioxide, Nd/YAG, Holmium-YAG).

### Diagnostic Skills:

- Urinalysis, including routine urinalysis, urine culture techniques, urinary collections for metabolic studies and urine cytological studies
- Renal function tests
- Adrenal function tests
- Tumor markers - e.g. alpha-feto protein, b-HCG, PSA, etc.
- Radiological Studies Including intravenous excretory urography voiding cystourethrography
- Ultrasonography - including Doppler studies
- Radioisotope Studies, DTPA, DMSA scans
- CT scanning and MRI Scanning of the urinary tract
- Intravenous excretory urography
- Micturition cystourethrography

**Endoscopic Procedures:**

- Cystoscopy and urethroscopy, ureteric catheterization including ureteric stent insertion and removal, retrograde pyelography
- Urethral dilatation and visual internal urethrotomy
- Transurethral biopsy of bladder and urethra
- Transurethral resection of prostate
- Urethral dilatation and visual internal urethrotomy
- Transurethral resection of bladder tumors
- Ureteroscopy and lithotripsy of ureteric calculi, RIRS
- Transurethral resection/ incision of ureterocele
- Percutaneous renal surgery including ultrasound / electrohydraulic (PCNL) energy source

**Open Surgical Procedures:**

- Circumcision
- Suprapubic catheterization
- Fulguration of venereal warts, biopsy of penile lesions
- Cavernosal shunting procedures for priapism
- Testicular biopsy
- Vasovasostomy
- Vasectomy
- Scrotal surgery - hydrocele, epididymal cyst, epididymectomy, orchidectomy
- Inguinal surgery - varicocele, herniotomy, orchidopexy
- Radical orchidectomy
- Repair of testis torsion
- Orchidopexy for undescended testis
- Insertion testis prosthesis
- cystectomy + urinary diversion, orthotopic bladder
- Vesical neck suspension and procedures for stress urinary incontinence
- Pelvic lymphadenectomy
- Simple retropubic prostatectomy / Radical prostatectomy

**Therapeutic Technologies**

- The resident will be able to describe the basic physics and technological application of the following therapeutic modalities. He/she will be able to describe the indications, contraindications, peri-operative and post-operative complications specific for each modality:
- Electrosurgery
- Extracorporeal Shock Wave Lithotripsy
- Lasers in urology - carbon dioxide, Nd/YAG, Holmium-YAG, etc.
- Transurethral prostatic hyperthermia/thermotherapy and other alternative modalities used in the

**Imaging Studies**

- Radiological studies - intravenous excretory urography angiography of the kidneys and pelvic vessels
- Venography (including vena cavography)
- Loop-o-graphy

- Voiding cystourethrography
- Ultrasonography -
- Radioisotope studies -
- The indications, application to clinical urology, principles, pharmacokinetics and application of radiopharmaceuticals used in:
- Renal imaging (including function studies)
  - Voiding cystograms
  - Bone scans for staging of malignant disease
  - For adrenal localization
- CT scanning and MRI scanning of the urinary tract
- Urodynamic studies including e.g
- Uroflowmetry
- Voiding pressure studies
- Pelvic floor electromyography
- Videourodynamic studies
- Intravenous excretory urography
- Retrograde urethrography, cystography and antegrade pyelography
- Doppler studies of renal, gonadal and penile vessels



**REGULATIONS**

***1. Scheme of the Course***

Program	Credit Hours
MS Urology Program is five Years	05 Years Program = 60 credit hours

A summary of five years course in MS Urology is presented as under:

Course Structure	Components	Examination
Part I	<b>Basic Medical Sciences</b> Anatomy, Physiology, Biochemistry, Pathology, Pharmacology, Behavioral Sciences and Biostatistics & Research Methodology	Part-I examination at the end of 1st year of MS Urology program. <ul style="list-style-type: none"> <li>• <b>Written:</b></li> </ul> Paper I: MCQs Paper II: SEQs
Part-II	<b>Fundamental Concepts in Surgery :</b> Training in clinical techniques Of Surgery with compulsory rotations for two years starting from first day of enrollment	Part-II examination at the end of 2 <sup>nd</sup> year of MS Urology program. <ul style="list-style-type: none"> <li>• <b>Written:</b></li> </ul> Papers 1 & 2: Basic Principles of Surgery <ul style="list-style-type: none"> <li>• <b>Oral &amp; Practical/ Clinical Examination</b></li> <li>• OSCE</li> <li>• Clinical Examination (Long case, Short cases</li> <li>• <b>Log Book</b></li> </ul>
Part-III	<p><b><u>Clinical component of Part III</u></b></p> <ul style="list-style-type: none"> <li>• <b>Professional Education in Urology :</b></li> </ul> Training in Urology during 3rd, 4th & 5th year of MS Urology program. Three years of training with compulsory & optional rotations in relevant fields. <p><b><u>Research component of Part III</u></b></p> <ul style="list-style-type: none"> <li>• <b>Research and Thesis Writing:</b></li> </ul> Research work/Thesis writing project must be completed and thesis be submitted before the end of training.	Part-III examination in specialized components of Urology at the end of 5th year of MS Urology program. <ul style="list-style-type: none"> <li>• <b>Written:</b></li> </ul> s 1 & 2: Problem-based questions in the subject <ul style="list-style-type: none"> <li>• <b>Oral &amp; Practical/ Clinical Examination</b></li> <li>• OSCE/</li> <li>• Clinical Examination (Long case, Short cases )</li> <li>• <b>Log Book</b></li> </ul> Part III thesis examination with defense at the end of fifth (5th) year of MS Urology program.

## Examinations

### Part-I Examination

1. All candidates admitted in MS Urology course shall appear in Part-I examination at the end of 2<sup>nd</sup> calendar year.
2. The examination shall be held on biannual basis.
3. The candidate who fails to pass the examination in 3 consecutive attempts available or un-availed, shall be dropped from the course.
4. The examination shall have two components:
  - Paper-I MCQs (single best) 100 Marks
  - Paper-II SEQs 100 Marks
5. Subjects to be examined shall be Basic Sciences relevant to Urology (Anatomy, Physiology, Biochemistry, Pathology, Pharmacology), Behavioral Sciences and Biostatistics & Research Methodology.
6. To be eligible to appear in Part-I examination the candidate must submit;
  - ❖ duly filled, prescribed Admission Form to the Controller of Examinations duly recommended by the Principal/Head of the Institution in which he/she is enrolled;
  - ❖ a certificate by the Principal/Head of the Institution, that the candidate has attended at least 90% of the lectures, seminars, practical/clinical demonstrations;
  - ❖ Examination fee as prescribed by the University
7. To be declared successful in Part-I examination the candidate must secure 75% marks in each paper.

### Part-II Examination

- ❖ All candidates admitted in MS Urology course shall appear in Part-II examination at the end of second calendar year.
- ❖ The examination shall be held on biannual basis.
- ❖ The candidate who fails to pass the examination within 3 years of passing the Part-I examination shall be dropped from the course.
- ❖ The examination shall have the following components:  
Written                      300 Marks    MCQs 200 + SEQs 100
- ❖ The types of questions shall be of Short/Modified essay type and MCQs (singlebest).
- ❖ Oral & practical/clinical examination shall be held in clinical techniques in General Surgery.
- ❖ To be declared successful in Part-II examination the candidate must secure 75% marks in each component
- ❖ Only those candidates, who pass in theory papers, will be eligible to appear in the Oral & Practical/clinical Examination.
- ❖ The candidates, who have passed written examination but failed in oral & practical/ clinical examination, will re-appear only in oral & practical/clinical examination.
- ❖ The maximum number of attempts to re-appear in oral & practical /clinical Examination alone shall be three, after which the candidate shall have to appear in both written and oral & practical/clinical examinations as a whole.
- ❖ To be eligible to appear in Part-II examination the candidate must submit;
  - duly filled, prescribed Admission Form to the Controller of Examinations duly recommended by the Principal/Head of the Institution in which he/she is enrolled;
  - certificate by the Principal/Head of the Institution, that the candidate has attended at least 75% of the lectures, seminars, practical/clinical demonstrations;
  - a certificate of having passed the Part-I examination;
  - Examination fee as prescribed by the University.

### Part-III Examination

- ❖ All candidates admitted in MS Urology course shall appear in Part-III (clinical) examination at the end of structured training program (end of 5th calendar year), and having passed the part I & II examinations. However, a candidate holding FCPS / MRCS / Diplomat / equivalent qualification in General Surgery shall be exempted from Part-I & Part-II Examinations and shall be directly admitted to Part-III Examinations, subject to fulfillment of requirements for the examination.
- ❖ The examination shall be held on biannual basis.
- ❖ To be eligible to appear in Part-III examination the candidate must submit;
  - duly filled, prescribed Admission Form to the Controller of Examinations duly recommended by the Principal/Head of the Institution in which he/she is enrolled;
  - a certificate by the Principal/Head of the Institution, that the candidate has attended at least 75% of the lectures, seminars, practical/clinical demonstrations;
  - Original Log Book complete in all respect and duly signed by the Supervisor (for Oral & practical/clinical Examination);
  - certificates of having passed the Part-I & part-II examinations;
  - Examination fee as prescribed by the University.
- ❖ The Part-III clinical examination shall have the following components:
  - ❖ Written 300 marks
  - ❖ Oral & practical/clinical examination 300 marks
  - ❖ Log Book Evaluation 120 marks (40 marks per year)
- ❖ There shall be two written papers of 150 marks each.
- ❖ Both papers shall have problem-based Short/Modified essay questions and MCQs.
- ❖ Oral & practical/clinical examination shall have 300 marks for:

i. 1 Long Case	100
ii. 4 Short Cases	100(25 marks each)
iii. OSCE	100
- ❖ To be declared successful in Part-III examination the candidate must secure 75% marks in each component
- ❖ Only those candidates, who pass in theory papers, will be eligible to appear in the Oral & Practical/ Clinical Examination.
- ❖ The candidates, who have passed written examination but failed in Oral & Practical/ Clinical Examination, will re-appear only in Oral & Practical / Clinical examination.
- ❖ The maximum number of attempts to re-appear in oral & practical /clinical Examination alone shall be three, after which the candidate shall have to appear in both written and oral & practical/clinical examinations as a whole.
- ❖ The candidate with 80% or above marks shall be deemed to have passed with distinction.
- ❖ *Log Book/Assignments:* Throughout the length of the course, the performance of

the candidate shall be recorded on the Log Book.

- ❖ The Supervisor shall certify every year that the Log Book is being maintained and signed regularly.
- ❖ The Log Book will be developed & approved by the Advanced Studies & Research Board.
- ❖ The evaluation will be maintained by the Supervisor (in consultation with the Co-Supervisor, if appointed).
- ❖ The performance of the candidate shall be evaluated on annual basis, e.g., 40 marks for each year in five years MS Urology course. The total marks for LogBook shall be 200. The log book shall reflect the performance of the candidate on following parameters:
  - Year wise record of the competence of skills.
  - Year wise record of the assignments.
  - Year wise record of the evaluation regarding attitude & behavior
  - Year wise record of journal club / lectures / presentations / clinico-pathologic conferences attended & / or made by the candidate.

#### Submission / Evaluation of Synopsis

- ❖ The candidates shall prepare their synopsis as per guidelines provided by the Advanced Studies & Research Board, available on university website.
- ❖ The research topic in clinical subject should have 30% component related to basic sciences and 70% component related to applied clinical sciences. The research topic must consist of a reasonable sample size and sufficient numbers of variables to give training to the candidate to conduct research, to collect & analyze the data.
- ❖ Synopsis of research project shall be submitted by the end of the 3<sup>rd</sup> year of MS program. The synopsis after review by an Institutional Review Committee, shall be submitted to the University for consideration by the Advanced Studies & Research Board, through the Principal / Dean / Head of the institution.

#### Submission of Thesis

- ❖ Thesis shall be submitted by the candidate duly recommended by the Supervisor.
- ❖ The minimum duration between approval of synopsis and submission of thesis shall be one year, but the thesis cannot be submitted later than 8 years of enrolment.
- ❖ The research thesis must be compiled and bound in accordance with the Thesis Format Guidelines approved by the University and available on website.
- ❖ The research thesis will be submitted along with the fee prescribed by the University.

#### Thesis Examination

- ❖ All candidates admitted in MS course shall appear in Part-III thesis examination at the end of 5<sup>th</sup> year of their training course.
- ❖ Only those candidates shall be eligible for thesis evaluation who have passed Part I, II & III (clinical) Examinations.
- ❖ The examination shall include thesis evaluation with defense.

- ❖ The Vice Chancellor shall appoint three external examiners for thesis evaluation, preferably from other universities and from abroad, out of the panel of examiners approved by the Advanced Studies & Research Board. The examiners shall be appointed from respective specialty. Specialists from General Surgery and Allied surgical Disciplines may also be appointed/co-opted, where deemed necessary.
- ❖ The thesis shall be sent to the external examiners for evaluation, well in time before the date of defense examination and should be approved by all the examiners.
- ❖ After the approval of thesis by the evaluators, the thesis defense examination shall be held within the University on such date as may be notified by the Controller of Examinations. The Controller of Examinations shall make appropriate arrangements for the conduct of thesis defense examination in consultation with the supervisor, who will co-ordinate the defense examination.
- ❖ The thesis defense examination shall be conducted by two External Examiners who shall submit a report on the suitability of the candidate for the award of degree. The supervisor shall act as coordinator.

#### **6. Award of MS Urology Degree**

After successful completion of the structured courses of MS Urology and qualifying Part-I, Part-II and Part-III examinations, the degree with title MS Urology shall be awarded.

CONTENT OUTLINE

Part I MS Urology

Basic Sciences:

Student is expected to acquire comprehensive knowledge of Anatomy, Physiology, Pathology (Microbiology), Biochemistry, Pharmacology relevant to surgical practice appropriate for Urology

## 1. Anatomy

- ❖ Clinical and functional anatomy with pathological and operative relevance
- ❖ Surgical approaches to the renal and urinary structures
- ❖ Histology and embryology related to Urology
- ❖ Cell Biology: Cytoplasm - Cytoplasmic matrix, cell membrane, cell organelles, cytoskeleton, cell inclusions, cilia and flagella.
- ❖ Nucleus - nuclear envelope, nuclear matrix, DNA and other components of chromatin, protein synthesis, nucleolus, nuclear changes indicating cell death.
- ❖ Cell cycle, mitosis, meiosis, cell renewal.
- ❖ Cellular differentiation and proliferation.
- ❖ Tissues of Body: Light and electron microscopic details and structural basis of function, regeneration and degeneration. Confocal microscopy.
- ❖ The systems/organs of body - Cellular organization, light and electron microscopic features, structure function correlations, and cellular organization.

## Embryology

- ❖ General Features of Human Development
- ❖ Features of mitotic and meiotic modes of cell division. Genetic consequences of meiotic division.
- ❖ Abnormal mitotic and meiotic divisions of clinical importance.
- ❖ Early Embryonic Development:
  - ❖ Cleavage, morula and blastocyst formation and implantation.
  - ❖ Formation of the three primary germ layers.
  - ❖ List of the derivatives of the respective germ layers.
- ❖ Period of the Growing Fetus:
  - ❖ Various stages and salient features of the fetus development
- ❖ Extra embryonic Membranes:
  - ❖ Development, functions and anomalies of yolk sac, amnion, chorion, allantois, umbilical cord and placenta.
- ❖ Development of kidney
- ❖ Urogenital sinus & its transformation
- ❖ Origin of Mullerian system
- ❖ Development/ Descent of Testis
- ❖ Endocrinological influences on male & female genitalia
- ❖ Development of adrenals
- ❖ Embryology of extrophy, hypo / epispadias
- ❖ Teratogenesis:
  - ❖ Factors known to be involved in the development of congenital anomalies especially related to the urological system.
  - ❖ Concept of critical periods.



**Histology:**

**Structural and Functional Organization of the Tissues of Body**

- ❖ Classification of tissues and identification of various tissues particularly those related to the urological system, in routine histological preparations under the light microscope.
- ❖ The Epithelial Tissue
- ❖ General structure, functions and classification of epithelia
- ❖ Their location in the body
- ❖ The Connective Tissue
- ❖ Histology of the kidney

**Anatomy:**

- ❖ Anterior abdominal wall and loin with reference to surgical incisions & hernia.
- ❖ Anatomy & relations of kidneys & ureters and suprarenal glands.
- ❖ Anatomy of pelvic fascia & diaphragm.
- ❖ Anatomy of perineum including perineal pouches.
- ❖ Urinary bladder ----- ligaments & blood supply.
- ❖ Prostate ---- zones ,lobes & fascial sheaths.
- ❖ Lymphatic drainage of pelvis and posterior abdominal wall.
- ❖ Anatomy of urethra, penis, scrotum, testes, epididymis, vas deferens & seminal vesicles.
- ❖ Anatomy and relation of female reproductive and genital tract.
- ❖ Neuro anatomy/ nerves with reference to bladder, erectile and ejaculatory function.

**2. Physiology**

- ❖ Functional anatomy of kidney, nephron-structure, parts, function, types.
- ❖ Juxtaglomerular apparatus: auto regulation, peculiarities, measurements.
- ❖ Renal circulation: Auto regulation, peculiarities, and measurement
- ❖ Glomerular filtration: filtration barrier, forces governing filtration, measurement.
- ❖ Tubular functions: re-absorption, secretion, Tm values
- ❖ Regulation of ECF-volume, osmolality and electrolytes
- ❖ Micturition
- ❖ Renal function tests, renal clearance, abnormal constituents of urine
- ❖ Excretory functions of skin
- ❖ Control of water balance & fluid compartments
- ❖ Acid base balance
- ❖ edema & lymphatic function in renal disease
- ❖ Calcium metabolism
- ❖ Testicular function ----- Spermatogenesis & Endocrine

- ❖ Renal & Suprarenal Endocrines
- ❖ Physiology of Bladder-innervation
- ❖ Micturition reflex
- ❖ Clinical and applied physiology

### 3. Biochemistry

- ❖ Membrane biochemistry and signal transduction
- ❖ Gene expression and the synthesis of proteins
- ❖ Bioenergetics; fuel oxidation and the generation of ATP
- ❖ Carbohydrate metabolism
- ❖ Lipid metabolism
- ❖ Nitrogen metabolism
- ❖ Enzymes and biologic catalysis
- ❖ Tissue metabolism
- ❖ Biotechnology and concepts of molecular biology with special emphasis on use of recombinant DNA techniques in medicine and the molecular biology of cancer
- ❖ General principles of biochemical investigations
- ❖ Basic techniques in molecular biology
- ❖ Cloning and gene analysis
- ❖ Immunochemical techniques
- ❖ Protein chemistry and enzymology
- ❖ Cloning & PCR
- ❖ Protein chemistry and quantification
- ❖ Electrophoretic techniques; PAGE
- ❖ Immuno blotting
- ❖ Raising and purifying antibodies
- ❖ ELISA
- ❖ Composition of intracellular and extracellular compartment fluids.
- ❖ Water and sodium balance. Role of kidney in its maintenance.
- ❖ Renal mechanism for pH regulation.

### 4. Pharmacology

- The evolution of medical drugs
- British pharmacopeia
- Introduction to pharmacology
- Receptors
- Mechanisms of drug action
- Pharmacokinetics
- Pharmacokinetic process
  - Absorption
  - Distribution
  - Metabolism
  - Desired plasma concentration
  - Volume of distribution
  - Elimination

- Drug effect
- Elimination rate constant and half life
  - Creatinine clearance
  
  - Beneficial responses
  - Harmful responses
  - Allergic responses
- ❖ Drug dependence, addiction, abuse and tolerance
  - ❖ Applied aspects related to pharmacokinetics
  - ❖ Drug therapies of renal failure ( including drug interactions)
  - ❖ Commonly used drugs (antihypertensive, anti diabetic drugs, diuretics etc.)
  - ❖ Principals and use of anti microbial therapy
  - ❖ Antiseptics
  - ❖ Drug interactions
  - ❖ Dialysis
  - ❖ Drug use in pregnancy and in children
  - ❖ Renal toxicity and medication

### 5. Pathology

Pathological alterations at cellular and structural level in infection, inflammation, ischaemia, neoplasia and trauma affecting the genitourinary tract.

#### Cell Injury and adaptation

- ❖ Reversible and Irreversible Injury
- ❖ Fatty change, Pathologic calcification
- ❖ Necrosis and Gangrene
- ❖ Cellular adaptation
- ❖ Atrophy, Hypertrophy,
- ❖ Hyperplasia, Metaplasia, Aplasia

#### Inflammation

- ❖ Acute inflammation
- ❖ Cellular components and chemical mediators of acute inflammation
- ❖ Exudates and transudate
- ❖ Sequelae of acute inflammation
- ❖ Chronic inflammation
- ❖ Etiological factors and pathogenesis
- ❖ Distinction between acute and chronic (duration) inflammation
- ❖ Histologic hallmarks
- ❖ Types and causes of chronic inflammation, non-granulomatous & granulomatous,

#### Hemodynamic disorders

- ❖ Etiology, pathogenesis, classification and morphological and clinical manifestations of Edema, Hemorrhage, Thrombosis, Embolism, Infarction & Hyperemia
- ❖ Shock; classification etiology, and pathogenesis, manifestations.
- ❖ Compensatory mechanisms involved in shock
- ❖ Pathogenesis and possible consequences of thrombosis

- ❖ Difference between arterial and venous emboli

#### Neoplasia

##### Dysplasia and Neoplasia

- ❖ Benign and malignant neoplasms
- ❖ Etiological factors for neoplasia
- ❖ Different modes of metastasis
- ❖ Tumor staging system and tumor grade

#### Immunity and Hypersensitivity

- ❖ Immunity
- ❖ Immune response
- ❖ Diagnostic procedures in a clinical Immunology laboratory
- ❖ Protective immunity to microbial diseases
- ❖ Tumour immunology
- ❖ Immunological tolerance, autoimmunity and autoimmune diseases.
- ❖ Transplantation immunology
- ❖ Hypersensitivity
- ❖ Immunodeficiency disorders
- ❖ Immunoprophylaxis & Immunotherapy

#### Related Microbiology

- Role of microbes in various urological disorders
- Infection source
- Nosocomial infections
- Bacterial growth and death
- Pathogenic bacteria
- Vegetative organisms
- Spores
- Important viruses
- Important parasites
- Surgically important microorganisms
- Sources of infection
- Asepsis and antisepsis
- Sterilization and disinfection
- Infection prevention
- Immunization
- Personnel protection from communicable diseases
- Use of investigation and procedures in laboratory
- Basics in allergy and immunology

#### Special Pathology

##### Kidney and ureter

- Congenital lesions
- Obstruction
- Calculus
- Infection
- Tumors
- Cystic diseases
- Medical nephropathies
- Vascular

- Renal transplantation
- Trauma
- Bladder
  - Congenital lesions
  - Obstruction
  - Inflammatory
  - Tumors
  - Trauma
  - Incontinence & functional disorders
  - Urinary diversion
- Urethra
  - Congenital lesions
  - Strictures
  - Diverticula
  - Trauma
- Prostate & Seminal Vesicles
  - Congenital lesions
  - Benign prostatic hypertrophy
  - Inflammatory
  - Tumors
- Testis & scrotum
  - Congenital lesions
  - Inflammatory
  - Torsion
  - Tumors
- Adrenal
  - Masses

## 6. Biostatistics & Research Methodology

- Introduction to Bio-Statistics
- Introduction to Bio- Medical Research
- Why research is important?
- What research to do?
  - Selecting a Field for Research
  - Drivers for Health Research
  - Participation in National and International Research
  - Participation in Pharmaceutical Company Research
  - Where do research ideas come from
  - Criteria for a good research topic
  - Ethics in Health Research
  - Writing a Scientific Paper
  - Making a Scientific Presentation
  - Searching the Literature

## 7. Behavioral Sciences

- Bio-psycho-social (BPS) model of health care
- Use of non-medicinal interventions in clinical practice
- Communication skills
- Counseling
  - Informational skills
  - Crisis intervention/disaster management
  - Conflict resolution
  - Breaking bad news

Medical ethics, professionalism and doctor-patient relationship

- Hippocratic oath
- Four pillars of medical ethics (autonomy, beneficence, non-maleficence and justice)
- Informed consent and confidentiality
- Ethical dilemmas in a doctor's life

Delivery of culturally relevant care and cultural sensitivity

- Psychological aspects of health and disease
- Psychological aspect of health
- Psychological aspect of disease
- Stress and its management
- Psychological aspect of pain
- Psychological aspect of aging

## **Part II MS Urology**

### **Fundamental Principles of Surgery**

- ❖ History of surgery
- ❖ Preparing a patient for surgery
- ❖ Principles of operative surgery: asepsis, sterilization and antiseptics
- ❖ Surgical infections and antibiotics
- ❖ Basic principles of anesthesia and pain management
- ❖ Acute life support and critical care:
  - Pathophysiology and management of shock
  - Fluids and electrolyte balance/ acid base metabolism
  - Hemostasis, blood transfusion
- ❖ Trauma: assessment of poly trauma, triage, basic and advanced trauma
- ❖ Accident and emergency surgery
- ❖ Wound healing and wound management
- ❖ Nutrition and metabolism
- ❖ Principles of burn management
- ❖ Principles of surgical oncology
- ❖ Principles of laparoscopy and endoscopy
- ❖ Organ transplantation
- ❖ Informed consent and medicolegal issues
- ❖ Molecular biology and genetics
- ❖ Operative procedures for common surgical manifestations e.g cysts, sinuses, fistula, abscess, nodules, basic plastic and reconstructive surgery

### **Common Surgical Skills**

#### **Incision of skin and subcutaneous tissue:**

- ❖ Langer's lines
- ❖ Healing mechanism
- ❖ Choice of instrument
- ❖ Safe practice

#### **Closure of skin and subcutaneous tissue:**

- ❖ Options for closure
- ❖ Suture and needle choice
- ❖ Safe practice

#### **Knot tying:**

- ❖ Choice of material
- ❖ Single handed
- ❖ Double handed
- ❖ Superficial
- ❖ Deep

**Tissue retraction:**

- ❖ Choice of instruments
- ❖ Placement of wound retractors
- ❖ Tissue forceps

**Use of drains:**

- ❖ Indications
- ❖ Types
- ❖ Insertion
- ❖ Fixation
- ❖ Management/removal

**Incision of skin and subcutaneous tissue:**

- ❖ Ability to use scalpel, diathermy and scissors

**Closure of skin and subcutaneous tissue:**

- ❖ Accurate and tension free apposition of wound edges

**Hemostasis:**

- ❖ Control of bleeding vessel (superficial)
- ❖ Diathermy
- ❖ Suture ligation
- ❖ Tie ligation
- ❖ Clip application
- ❖ Plan investigations
- ❖ Clinical decision making
- ❖ Case work up and evaluation; risk management

**Pre-operative assessment and management:**

Cardiorespiratory physiology

- ❖ Diabetes mellitus
- ❖ Renal failure
- ❖ Pathophysiology of blood loss
- ❖ Pathophysiology of sepsis
- ❖ Risk factors for surgery
- ❖ Principles of day surgery
- ❖ Management of comorbidity

**Intraoperative care:**

- ❖ Safety in theatre
- ❖ Sharps safety
- ❖ Diathermy, laser use
- ❖ Infection risks
- ❖ Radiation use and risks
- ❖ Tourniquets
- ❖ Principles of local, regional and general anesthesia

**Post-operative care:**

- ❖ Monitoring of postoperative patient
- ❖ Postoperative analgesia



- ❖ Fluid and electrolyte management
- ❖ Detection of impending organ failure
- ❖ Initial management of organ failure
- ❖ Complications specific to particular operation
- ❖ Critical care

**Blood products:**

- ❖ Components of blood
- ❖ Alternatives to use of blood products
- ❖ Management of the complications of blood product transfusion including children

**Antibiotics:**

- ❖ Common pathogens in surgical patients
- ❖ Antibiotic sensitivities
- ❖ Antibiotic side-effects
- ❖ Principles of prophylaxis and treatment

**Safely assess the multiply injured patient:**

- ❖ History and examination
- ❖ Investigation
- ❖ Resuscitation and early management
- ❖ Referral to appropriate surgical subspecialties

**Technical Skills**

- ❖ Central venous line insertion
- ❖ Chest drain insertion
- ❖ Diagnostic peritoneal lavage
- ❖ Bleeding diathesis & corrective measures, e.g. warming, packing O Clotting mechanism; Effect of surgery and trauma on coagulation O Tests for thrombophilia and other disorders of coagulation
- ❖ Methods of investigation for suspected thromboembolic disease
- ❖ Anticoagulation, heparin and warfarin
- ❖ Role of V/Q scanning, CT angiography and thrombolysis
- ❖ Place of pulmonary embolectomy
- ❖ Awareness of symptoms and signs associated with pulmonary embolism and DVT
- ❖ Role of duplex scanning, venography and d-dimer measurement
- ❖ Initiate and monitor treatment

**Diagnosis and Management of Common Pediatric Surgical Conditions:**

- ❖ Child with abdominal pain
- ❖ Vomiting child
- ❖ Trauma
- ❖ Groin conditions
  - Hernia
  - Hydrocele
  - Penile inflammatory conditions
  - Undescended testis
  - Acute scrotum

- ❖ Abdominal wall pathologies
- ❖ Urological conditions
- ❖ Abscess

In terms of general experience it is expected that trainees would have gained exposure to the following procedures and to be able to perform those marked (\*) under direct supervision.

- ❖ Elective Procedures
  - ❖ Inguinal hernia
- ❖ (not neo-natal)
  - Orchidopexy
  - Circumcision
  - Lymph node biopsy
  - Abdominal wall hernia
  - Insertion of CV lines
- ❖ Emergency Procedures
  - Incision and drainage of abscess
  - Operation for testicular torsion
  - Insertion of suprapubic catheter

## Part III- MS Urology Clinical Component

Students should be familiar with typical clinical presentation, key physical findings, radiological findings and differential diagnosis, initial treatment, and referral indications for common urological diseases

### 1. GENERAL UROLOGY

- ❖ Anatomy and embryology of genitourinary system
- ❖ Urologic laboratory examination including renal function tests..
- ❖ Radiology & radio nuclide imaging of urinary tract.
- ❖ Vascular interventional radiology.
- ❖ Urodynamic.
- ❖ Principles of chemo-, radio- & immunotherapy as applied to urologic practice.
- ❖ Genetics as applied to genitourinary surgical conditions.
- ❖ Management of oliguria & acute renal failure.
- ❖ Ch. Renal failure & dialysis, angioaccess
- ❖ Immunology, immune suppression, immune response
- ❖ Pathophysiology of rejection., tissue typing & lymphocyte cross match
- ❖ Congenital anomalies of kidney, ureter, bladder, urethra and genitalia, ambiguous genitalia
- ❖ Infections of urinary tract, sexually transmitted diseases, specific urologic infections)
- ❖ Disorders of kidneys, ureters, bladder, prostate, seminal vesicles and urethra
- ❖ Pathophysiology of obstruction, stasis & reflux
- ❖ Pathophysiology of neurogenic bladder.
- ❖ Pathophysiology of incontinence (neuromuscular dysfunction)
- ❖ Disorder of scrotum, testis, and spermatic cord
- ❖ Skin disease of external genitalia
- ❖ Urolithiasis
- ❖ Extracorporeal shockwave lithotripsy
- ❖ Hypertension with reference to kidney & adrenals, secondary hypertension, malignant hypertension.
- ❖ Principles of endourology, laparoscopic urology, lasers as applied to urology.

### 2. SPECIAL UROLOGY

#### Operative Urology

- ❖ Urethral catheterization/ urethral dilatation
- ❖ Suprapubic cystostomy
- ❖ Tumors of renal parenchyma

- ❖ Prostatectomy for benign and malignant disease, principles of radical surgery
- ❖ Principles of retroperitoneal surgery
- ❖ Radical cystectomy
- ❖ Urethroplasty, principles of hypospadias surgery, anastomosis & substitution
- ❖ Techniques in urethral stricture disease
- ❖ Urinary diversion, ureterosigmoidostomy, orthotopic pouches & continent
- ❖ Urinary diversion , resume of current technique in vogue
- ❖ Principles of surgery in hydrocele, epididymal cysts & spermatoceles.
- ❖ Surgery for vesico vaginal/ uterine fistulae
- ❖ Pediatric urology: principles of orchidopexy, pyeloplasty , anti-reflux
- ❖ Procedures & scrotal swellings
- ❖ Kidney transplantation
- ❖ Endourology, retrograde catheterization, cystourethroscopy, ureterorenoscopy.
- ❖ Endoscopic management of urethral, prostatic, bladder, ureteral & renal pathologies, retrograde instrumentation of ureter, laparoscopic urological surgery, percutaneous renal surgery.

#### **Uro-Oncology**

- ❖ Diagnosis, management of renal tumors, bladder malignancies, other neoplasms of urothelium and prostatic carcinoma; testicular tumors; adrenal masses.
- ❖ Carcinoma penis, metastatic tumors involving genitourinary tract

#### **Genitourinary Trauma**

- ❖ Mode/ mechanics of renal, ureteric, bladder, urethral & scrotal injuries, clinical presentation, management & complications

#### **Incontinence**

- ❖ Classification; indication of surgical intervention, artificial sphincters and bladder substitution
- ❖ Neurogenic bladder, immediate as well as long term management

#### **Female Urology**

- ❖ Urethral stenosis
- ❖ Etiology, diagnosis and management of stress, urge, true incontinence and genitourinary fistulae

#### **Pediatric Urology**

- ❖ Antenatal diagnosis, PUJ, vesicoureteric reflux, posterior urethral valves
- ❖ Childhood tumors & disorders of penis and male urethra

### Andrology

- ❖ Male Infertility
- ❖ Etiology, pathophysiology of erectile dysfunction
- ❖ Clinical presentation, diagnosis and therapeutic modalities including drugs & prosthesis;
- ❖ Management of priapism; Pyronie's disease

### Kidney Transplantation:

- ❖ Selection & preparation of donor & recipient for kidney transplantation
- ❖ Immunosuppression, donor nephrectomy, transplantation, post op management and complications

### Operative procedures MINOR

- ❖ *Operative procedures* MINOR Arterial Blood Sampling.
- ❖ Central venous cannulation
- ❖ Lumbar Puncture.
- ❖ E.T. intubation.
- ❖ Pleural aspiration.
- ❖ Peritoneal aspiration
- ❖ Insertion of peritoneal catheter. (APD) (CAPD)
- ❖ Aspiration of scrotal cysts.
- ❖ Urethral catheterization.
- ❖ Suprapubic cystostomy.
- ❖ Circumcision.
- ❖ Retrograde cystourethrogram., MCU, Anti/Retrograde Pyelography.
- ❖ Prostatic Biopsy
- ❖ Cystoscopy

### MEDIUM

- ❖ Retrograde catheterization (ureteric).
- ❖ PCN.
- ❖ Orchiectomy.
- ❖ Vesicolithotomy.
- ❖ Litholapaxy.
- ❖ Ureterolithotomy.
- ❖ Varicocelelectomy.
- ❖ Testicular Biopsy/ orchiectomy
- ❖ Urethroscopy / D.J. removal / internal urethrotomy
- ❖ Check cystoscopy.
- ❖ A.V. Fistula

### MAJOR

- ❖ Open Prostatectomy
- ❖ Exposure of kidney / Pyelolithotomy.
- ❖ Recipient bed.
- ❖ TURP.
- ❖ TURBT.

- ❖ Colposuspension.
- ❖ Exposure of urethra in urethroplasty.
- ❖ Pyeloplasty.
- ❖ Hypospadias surgery.
- ❖ Ureteroscopy / Intracorporeal Lithotripsy
- ❖ Orchidopexy.
- ❖ PCNL
- ❖ Laparoscopic Urological Surgery.

## **Extraordinary**

- ❖ Radical prostatectomy
- ❖ Radical cystectomy
- ❖ Radical nephrectomy
- ❖ RPLND
- ❖ Donor Nephrectomy.
- ❖ Kidney Transplant.

## Part-III Thesis Component

(Fifth year of MS Urology Program)

### RESEARCH THEISIS WRITING

Total of one year will be allocated for work on a research project with thesis writing. Project must be completed and thesis be submitted before the end of training. Research can be done as one block in 5 year of training or it can be stretched over five years of training in the form of regular periodic rotations during the course as long as total research time is equivalent to one calendar year.

#### Research Experience

The active research component program must ensure meaningful, supervised research experience with appropriate protected time for each resident while maintaining the essential clinical experience. Recent productivity by the program faculty and by the residents will be required, including publications in peer- reviewed journals. Residents must learn the design and interpretation of research studies, responsible use of informed consent, and research methodology and interpretation of data. The program must provide instruction in the critical assessment of new therapies and of the surgical literature. Residents should be advised and supervised by qualified staff members in the conduct of research.

#### Clinical Research

Each resident will participate in at least one clinical research study to become familiar with:

- ❖ Research design
- ❖ Research involving human subjects including informed consent and operations of the Institutional Review Board and ethics of human experimentation
- ❖ Data collection and data analysis
- ❖ Research ethics and honesty
  
- ❖ Peer review process

This usually is done during the consultation and outpatient clinic rotations.

#### Case Studies or Literature Reviews

Each resident will write, and submit for publication in a peer-reviewed journal, a case study or literature review on a topic of his/her choice.

## Laboratory Research

### *Bench Research*

Participation in laboratory research is at the option of the resident and may be arranged through any faculty member of the Division. When appropriate, the research may be done at other institutions.

### *Research involving animals*

Each resident participating in research involving animals is required to:

- ❖ Become familiar with the pertinent Rules and Regulations of the University i.e. those relating to "Health and Medical Surveillance Program for Laboratory Animal Care Personnel" and "Care and Use of Vertebrate Animals as Subjects in Research and Teaching"
- ❖ Read the "Guide for the Care and Use of Laboratory Animals"
- ❖ View the videotape of the symposium on Humane Animal Care

### *Research involving Radioactivity*

Each resident participating in research involving radioactive materials is required to

- ❖ Attend a Radiation Review session
- ❖ Work with an Authorized User and receive appropriate instruction from him/her.



## METHODS OF INSTRUCTION/COURSE CONDUCTION

As a policy, active participation of students at all levels will be encouraged. Following teaching modalities will be employed:

- ❖ Lectures
- ❖ Seminar Presentation and Journal Club Presentations
- ❖ Group Discussions
- ❖ Grand Rounds
- ❖ Clinico-pathological Conferences
- ❖ SEQ as assignments on the content areas
- ❖ Skill teaching in ICU, Operation theatres, emergency and ward settings
- ❖ Attend genetic clinics and rounds for at least one month.
- ❖ Self study, assignments and use of internet
- ❖ Bedside teaching rounds in ward
- ❖ OPD & Follow up clinics
- ❖ Long and short case presentations

In addition to the conventional teaching methodologies interactive strategies like conferences will also be introduced to improve both communication and clinical skills in the upcoming consultants. Conferences must be conducted regularly as scheduled and attended by all available faculty and residents. Residents must actively request autopsies and participate in formal review of gross and microscopic pathological material from patients who have been under their care. It is essential that residents participate in planning and in conducting conferences.

### **1. Clinical Case Conference**

Each resident will be responsible for at least one clinical case conference each month. The cases discussed may be those seen on either the consultation or clinic service or during rotations in specialty areas. The resident, with the advice of the Attending Surgeon on the Consultation Service, will prepare and present the case(s) and review the relevant literature.

### **2. Monthly Student Meetings**

Each affiliated medical college approved to conduct training for MS Urology will provide a room for student meetings/discussions such as:

- a. Journal Club Meeting
- b. Core Curriculum Meetings
- c. Skill Development

***a. Journal Club Meeting***

A resident will be assigned to present, in depth, a research article or topic of his/her choice of actual or potential broad interest and/or application. Two hours per month should be allocated to discussion of any current articles or topics introduced by any participant. Faculty or outside researchers will be invited to present outlines or results of current research activities. The article should be critically evaluated and its applicable results should be highlighted, which can be incorporated in clinical practice. Record of all such articles should be maintained in the relevant department.

***b. Core Curriculum Meetings***

All the core topics of Urology should be thoroughly discussed during these sessions. The duration of each session should be at least two hours once a month. It should be chaired by the chief resident (elected by the residents of the relevant discipline). Each resident should be given an opportunity to brainstorm all topics included in the course and to generate new ideas regarding the improvement of the course structure

***c. Skill Development***

Two hours twice a month should be assigned for learning and practicing clinical skills.

**List of skills to be learnt during these sessions is as follows:**

- ❖ Residents must develop a comprehensive understanding of the indications, contraindications, limitations, complications, techniques, and interpretation of results of those technical procedures integral to the discipline
- ❖ Residents must acquire knowledge of and skill in educating patients about the technique, rationale and ramifications of procedures and in obtaining procedure-specific informed consent. Faculty supervision of residents in their performance is required, and each resident's experience in such procedures must be documented by the program director.
- ❖ Residents must have instruction in the evaluation of medical literature, clinical epidemiology, clinical study design, relative and absolute risks of disease, medical statistics and medical decision-making.
- ❖ Training must include cultural, social, family, behavioral and economic issues, such as confidentiality of information, indications for life support systems, and allocation of limited resources.
- ❖ Residents must be taught the social and economic impact of their decisions on patients, the primary care physician and society. This can be achieved by attending the bioethics lectures
- ❖ Residents should have instruction and experience with patient counseling skills and community education.

## UNIVERSITY NATIONAL MEDICAL RESIDENCY PROGRAM PAKISTAN

- ❖ This training should emphasize effective communication techniques for diverse populations, as well as organizational resources useful for patient and community education.
- ❖ Residents should have experience in the performance of Urology related clinical laboratory and radionuclide studies and basic laboratory techniques, including quality control, quality assurance and proficiency standards
- ❖ Each resident will manage at least the following essential Urological cases and observe and participate in each of the following procedures, preferably done on patients under supervision initially and then independently. (pg. 36-37)

LOG BOOK

The residents must maintain a log book and get it signed regularly by the supervisor. A complete and duly certified log book should be part of the requirement to sit for MS examination. Log book should include adequate number of diagnostic and therapeutic procedures observed and performed, the indications for the procedure, any complications and the interpretation of the results, routine and emergency management of patients, case presentations in CPCs, journal club meetings and literature review.

**Proposed Format of Log Book is as follows:**

Candidate's Name: \_\_\_\_\_

Roll No. \_\_\_\_\_

The above mentioned procedures shall be entered in the log book as per format:

**Procedures Performed**

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure Performed	Supervisor's Signature
1.					
2.					
3.					
4.					

**Emergencies Handled**

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure /Management	Supervisor's Signature
1					
2					
3					
4					

**Case Presented**

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure /Management	Supervisor's Signature
1					
2					
3					
4					

**Seminar/Journal Club Presentation**

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure /Management	Supervisor's Signature
1.					
2.					
3.					
4.					

**Evaluation Record**

(Excellent, Good, Adequate, Inadequate, Poor)

At the end of the rotation, each faculty member will provide an evaluation of the clinical performance of the fellow.

Sr.#	Date	Method of Evaluation (Oral, Practical, Theory)	Rating	Supervisor's Signature
1				
2				
3				
4				

## **EVALUATION & ASSESSMENT STRATEGIES**

### **Assessment**

It will consist of action and professional growth oriented *student-centered integrated assessment* with an additional component of *informal internal assessment*, *formative assessment* and measurement-based *summative assessment*.

### **Student-Centered Integrated Assessment**

It views students as decision-makers in need of information about their own performance. Integrated Assessment is meant to give students responsibility for deciding what to evaluate, as well as how to evaluate it, encourages students to 'own' the evaluation and to use it as a basis for self-improvement. Therefore, it tends to be growth-oriented, student-controlled, collaborative, dynamic, contextualized, informal, flexible and action-oriented.

In the proposed curriculum, it will be based on:

- Self Assessment by the student
- Peer Assessment
- Informal Internal Assessment by the Faculty

### ***Self Assessment by the Student***

Each student will be provided with a pre-designed self-assessment form to evaluate his/her level of comfort and competency in dealing with different relevant clinical situations. It will be the responsibility of the student to correctly identify his/her areas of weakness and to take appropriate measures to address those weaknesses.

### ***Peer Assessment***

The students will also be expected to evaluate their peers after the monthly small group meeting. These should be followed by a constructive feedback according to the prescribed guidelines and should be non-judgmental in nature. This will enable students to become good mentors in future.

### ***Informal Internal Assessment by the Faculty***

There will be no formal allocation of marks for the component of Internal Assessment so that students are willing to confront their weaknesses rather than hiding them from their instructors.

It will include:

- a. Punctuality
- b. Ward work
- c. Monthly assessment (written tests to indicate particular areas of weaknesses)
- d. Participation in interactive sessions

#### **Formative Assessment**

Will help to improve the existing instructional methods and the curriculum in use

#### ***Feedback to the faculty by the students:***

After every three months students will be providing a written feedback regarding their course components and teaching methods. This will help to identify strengths and weaknesses of the relevant course, faculty members and to ascertain areas for further improvement.

#### **Summative Assessment**

It will be carried out at the end of the program to empirically evaluate cognitive, psychomotor and affective domains in order to award diplomas for successful completion of courses.

## MS Urology Examinations

### Part I MS Urology

Total Marks: 200

All candidates admitted in MS Urology course shall appear in Part I examination at the end of first calendar year.

#### Components of Part-I Examination:

Paper-I, 100 MCQs	(single best, having one mark each)	100 Marks
Paper-II, 10 SEQs	(having 10 marks each)	100 Marks

#### Topics included in papers:

	Paper-I	Paper-II
❖ Anatomy	(20 MCQs)	(2 SEQs)
❖ Physiology	(20 MCQs)	(2 SEQs)
❖ Pathology	(20 MCQs)	(2 SEQs)
❖ Biochemistry	(15 MCQs)	(1 SEQs)
❖ Pharmacology	(15 MCQs)	(1 SEQ)
❖ Behavioral Sciences	(05 MCQs)	(1 SEQ)
❖ Biostatistics & Research Methodology	(05 MCQs)	(1 SEQ)

### Part II- MS Urology Total

Marks: 430

All candidates admitted in MS Urology course shall appear in Part II examination at the end of second calendar year.

There shall be two written papers of 100 marks each, Oral & practical/ clinical examination of 150 marks and log book assessment of 80 marks.

#### Topics included in papers 1 & 2:

Basic Principles of Surgery

#### Components of Part II Examination

##### Theory:

Paper 1:	<u>100 Marks</u>	3 Hours
10 SEQs (No Choice; 05 marks each)	50 Marks	
50 MCQs	50 Marks	
paper 2:	<u>100 Marks</u>	3Hours



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10 SEQs (No Choice; 05 marks each) 50 Marks

50 MCQs 50 Marks

Only those candidates who pass in theory papers, will be eligible to appear in the Oral & Practical/Clinical Examination.

Oral & Practical/ Clinical Examination shall be held in clinical techniques relevant to General Surgery.

**OSCE** 50 Marks

10 stations each carrying 05 marks of 10 minutes duration; each evaluating performance based assessment with five of them interactive

**Clinical** 100 Marks

Four short cases (each 15 marks) 60 Marks

One long case: 40 Marks

**Log Book** 80 Marks

**Part III MS Urology Total  
Marks: 920**

All candidates admitted in MS Urology course shall appear in Part-III examination at the end of structured training program (end of 5th calendar year and after clearing Part I & II examinations).

There shall be two written papers of 150 marks each, Oral & Practical/ Clinical examination of 300 marks, log book assessment of 120 marks and thesis examination of 200 marks.

**Part III MS Urology  
Clinical Examination  
Total Marks: 720**

**Topics included in paper 1**  
General Urology

**Topics included in paper 2**  
Special Urology/clinical urology

**Components of Part III Clinical Examination Theory**

**Note**(this theory exam consist of two Mcqs papers each with 100 Mcqs with total marks 150 so each Mcq is 1.5 mark)

<b>Paper I</b>	<b>150 Marks</b>	<b>2 Hours</b>
100 MCQs	150 Marks	
<b>Paper II</b>	<b>150 Marks</b>	<b>2 Hours</b>
100 MCQs	150 Marks	

Only those candidates who pass in theory papers, will be eligible to appear in the Oral & Practical/ Clinical Examination.

**OSCE** **100 Marks**

10 stations each carrying 10 marks of 10 minutes duration; each evaluating performance based assessment with five of them interactive

OSCE exam is compulsory to pass if candidate pass this exam next time HE/SHE will go into short and long cases and candidate will have two attempts to sit in short and long cases so short and long have to pass separately

**Clinical** **200 Marks**  
Four short cases (each 25 marks) 100 Marks.

One long case:  
Log Book

100 Mark  
120 Marks

**Part III MS Urology Thesis  
Examination Total Marks:  
200**

All candidates admitted in MS Urology course shall appear in Part-III (thesis examination) at the end of 5<sup>th</sup> year of the MS program and not later than 8th calendar year of enrolment. The examination shall include thesis evaluation with defense.

### RECOMMENDED BOOKS

- 1.** General Pathology by J.B Walter & M.S. Israel published by ChurchillLiving stone.
- 2.** Physiology - Board Review series by Linda S. Costanza
- 3.** Anatomy: Regional and Applied by R.J. Last
- 4.** Longman's Medical Embryology T.W. Sadler
- 5.** Short Practice of Surgery by Bailey & Love Published by Chapman andHall.
- 6.** Essential Surgical Practice Vol: 1 by Cuschieri published by ButterworthHeimann
- 7.** Smith's General Urology
- 8.** Camp bell's Urology
- 9.** Scientific Foundations of Urology
- 10.** Scheward's Surgery
- 11.** Fathalla M. F. and Fathalla M. M. F. A Practical Guide
- 12.** for Health Researcher. Cairo: World Health Organization; 2004.
- 13.** Rana M. H., Ali S. Mustafa M. A Handnook of Behavioral Sciences for Medical and Dental Students. Lahore: University of Health Science; 2007.