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The Constituent College

SHRI. B. M. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, VIJAYAPURA

DEPARTMENT OF UROLOGY

REF.NO.URO.:2018/NOV / **Minutes of BOS,**

Date: 17-11-2018.

To,

The Registrar,
BLDE University,
VIJAYPUR.

Sub : - Minutes of BOS

Respected Sir,

The Board of Studies meeting in Urology was held on 17-11-2018 in University Premises.
Following members were present;

- | | | |
|--|---|--------------------|
| 1) Dr.S.B..Patil, Prof.& HOD | - | In Absentia |
| 2) Dr.Vinay.S.Kundargi, Professor | - | In-charge chairman |
| 3) Dr.B.S.Patil, Asst.Prof. | - | Member |
| 4) Dr.Santosh Patil, Asst.prof.(Urology) | - | Member |
| 5) Dr.R.B.Nerli, Prof. & HOD, of urology -
J.N.M.C., Belgaum. | - | Member(External) |

AGENDA OF THE MEETING

- i) Minutes of the previous meeting were read and discussed
- ii) Working on the curriculum of UG & PG Courses : suggestion for 10 questions of 10 marks each as per DNB/ RGUHS pattern
- iii) Curriculum of allied courses: Discussion was regarding 1 year Certificate course in
 - a)ESWL
 - b)Urodynamics
 - c)Flourosocopy (C-ARM)
 - d) Minor OTEach course spanning for 3 month, entire course for 1 year.
It was discussed to prepare curriculum after discussion with reputed colleges providing the same courses.

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It was decided to conduct 6 monthly one day CMEs, totally accounting for 2 CMEs/year.

- iv) **NEW COURSES:** It was decided to cover/ include topics like epidemiology of stone disease, oncology etc; for Ph.D Courses and attract Basic Science Post Graduate to take up this research.
- v) **REVIEW OF EXISTING COURSES:** Not applicable
- vi) **REVIEW OF Ph.D Programmes:** Not applicable
- vii) **Recognition of Ph.D Guide/ PG Teachers:** Already 2 Ph.D and PG teachers are available

Question Paper V/s Result analysis - One Candidate appeared and successfully passed M.Ch Exam during this period

- viii) **Preparation of curriculum of Area of specialization for Pre Ph.D Examination (Background paper):** Pre Ph.D Short Questionnaires can be prepared depending upon the areas of interest like stone disease, oncology.
- ix) **Review of progress Report of Ph .D.Scholars:** No candidates
- x) Panel of Examiners – Dr Rajeev.T.P, Professor & Head, Dept. of Urology, Guwahati Medical College & Hospital, Guwahati, Assam. (Mob: 9864064374; email: rajeevtpuro@gmail.com) to be added as new examiner.
- xi) Any other matter with the permission of chair: The meeting ended with vote of thanks by the Chairman.

Thanking You,

Your's sincerely,

(Dr.V.S.Kundargi)

Professor, Dept. of Urology

PROFESSOR & HOD

DEPT. OF UROLOGY

BLDE (Deemed to be University)

Shri B.M.Patil Medical College

Hospital & R.C. VIJAYAPURA-586103

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DEPARTMENT OF UROLOGY

Sl.No.	Content	Existing	Changes Made
1	Goals	GOALS: M.Ch. (UROLOGY) course is designed to train the candidates in the principles and practice of advanced urology, to equip them to function as faculty/consultants and researcher in urology.	Nil
2	Objectives	OBJECTIVES: The following objectives are laid out to achieve the goals of the course. These objectives are to be achieved by the time the candidate completes the course. The objectives may be considered under the sub headings. <ol style="list-style-type: none">1. Knowledge2. Skills3. Human values, ethical practice and communication abilities. KNOWLEDGE: <ol style="list-style-type: none">1. To train doctors in the scientific aspects of the specialty of urology, with competence, care and Compassion thereby delivering the highest standard of urological care to the community.2. To provide the candidate with the current, latest, scientific and evidence based knowledge.3. To empower the trainee in academic and research aspects of urology, to empower the trainee to become an effective teacher and communicator in urology. SKILLS: <ol style="list-style-type: none">1. To impart the skills to undertake independent clinical practice in the above areas of urology and to provide opportunities to the practice of these skills in a graded manner.2. To include in the candidate an attitude of responsibility, accountability and caring, to empower the candidate with a good and sound foundation of ethical	Nil

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		<p>values in the practice of urology and to develop in the candidate the ability to effectively communicate with patients, peers, superiors and the community in the discharge of his/her clinical and research role.</p> <p>3. HUMAN VALUES, ETHICAL PRACTICE AND COMMUNICATION ABILITIES:</p> <ul style="list-style-type: none">• Adopt ethical principles in all aspects of his/her practice; professional honesty and integrity are to be fostered. Care is to be delivered irrespective of the social status, caste, creed or religion of the patient.• Develop communication skills, in particular the skill to explain various options available in management and to obtain a true informed consent from the patient.• Apply high moral and ethical standard while carrying out human or animal research.• Be humble and accept the limitations in these knowledge and skill and to ask for help from colleagues when needed.	
3	Course Content	<p>Basic Sciences as applied to Urology</p> <ul style="list-style-type: none">• Surgical Anatomy of Genito-Urinary Tract and Retroperitoneum• Normal Renal Physiology• Renal Biochemistry – Acid base and fluid regulation• Renal Endocrinology• Physiology & Pharmacology of Renal Pelvis & Ureter• Physiology of Urinary Bladder• Genetic determinants of Urologic Diseases• Pathophysiology of Urinary Tract Obstruction :Upper Urinary Tract, Lower Urinary Tract	nil

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	<ul style="list-style-type: none">• Embryology & Normal Development of the Genitourinary tract• Embryology of Congenital Anomalies of the G.U. Tract : Vesico-Ureteric Reflux, Megs Ureter & Ureteral Re-implantation, Ectopic Ureter & Ureterocoele, Exstrophy of the Bladder, Epispadias & other Bladder Anomalies, Cloacal Malformations, Prune Belly Syndrome, Posterior Urethral Valves & other Urethral Anomalies, Hypospadias, Congenital Anomalies of Testes• Renal Function in Foetus & Neonates• Renal Dysplasia & Cystic disease of Kidney• Disorders of Sexual Differentiation• Normal and abnormal spermatogenesis• Urologic Examination & Diagnostic Techniques – Imaging of the G.U. Tract : Conventional Radiography of Urogenital system and Retro-peritoneal area, Urologic Ultrasonography, Excretory & Retrograde Pyelography, Conventional Lower Urinary Tact Radiography, CT, MRI, Angiography and other Imaging modalities• Radionuclide studies in Urology• Pathologic Techniques in Urology: Urine Analysis, Urinary Cytology, Flow Cytometry Fine Needle Aspiration Cytology (FNAC), Needle Biopsy, Immunohistochemistry and other relevant Special Techniques.• Urinary tract changes in Pregnancy and Puerperium• Overview of Genital and Urinary Tract Pathogens	
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		<p>Infections & Inflammations of G.U. Tract</p> <ul style="list-style-type: none">• Host Defence Mechanism against Urinary Tract Infections• Bacterial infections of the Urinary tract – Diagnosis & Management• Urinary Tract infections in Pregnancy – Screening, Evaluation & Management• Management of Acute & Chronic Pyelonephritis, Emphysematous Pyelonephritis• Approach to Management of Urinary Tract Infection in Infants & Children• Diagnosis & Management of Prostatitis & Related disorders• Diagnosis & Management of Sexually transmitted diseases• Diagnosis & Management of Cutaneous diseases of External Genitalia• Diagnosis & Management of Parasitic diseases of G.U. Tract• Diagnosis & Management of Fungal infections of Urinary Tract• Diagnosis & Management of Genito-Urinary Tuberculosis• Management of Fournier’s Gangrene and other Soft Tissue Infections• Diagnosis and Management of Interstitial Cystitis & Related Syndromes• Antimicrobial agents used in treatment of G.U. Tract infections• Urologic manifestations of HIV infections, AIDS and related syndromes <p>Genito-Urinary Trauma</p> <ul style="list-style-type: none">• Diagnosis & Management in Blunt Renal Trauma• Diagnosis & Management in Penetrating Renal Trauma• Diagnosis & Management of	
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		<p>Renovascular injuries</p> <ul style="list-style-type: none">• Diagnosis & Management of Iatrogenic and Intraoperative Ureteral injuries• Diagnosis & Management of Bladder injuries• Diagnosis & Management of Urethral injuries• Diagnosis & Management of Penile injuries• Diagnosis & Management of Scrotal and Testicular trauma• Diagnosis & Management of Retroperitoneal Haematoma <p>Adrenal Disorders</p> <ul style="list-style-type: none">• Evaluation and Management of Adrenal Cortical Disorders• Evaluation and Management of Adrenal Medullary Disorders• Evaluation and Management of Adrenal Carcinoma <p>Renal Failure & Renal Replacement Therapy</p> <ul style="list-style-type: none">• Aetiology of Acute and Chronic Renal Failure• Management of Acute Renal Failure• Management Chronic Renal Failure• Complications of Renal Failure and their Management• Principles of Dialysis therapy – Haemodialysis, Peritoneal Dialysis• Immunological considerations in Renal Transplantation• Live Donor evaluation for Renal Transplantation• Cadaver Donor evaluation for Renal Transplantation	
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		<p>Urinary Calculus Disease</p> <ul style="list-style-type: none">• Etiopathogenesis of Urinary Tract Calculi : Theories of Urolithiasis, Endocrine factors in development of Urolithiasis, Role of Modulators, Types of composition of Urinary Calculi, Role of Stone Analysis and types of stone analysis• Dietary and Medical Management of Calculus Disease• Principles and Practice of Extracorporeal Shock Wave Lithotripsy (ESWL) : Evolution of ESWL, Types of Lithotriptors, Indications of ESWL, Post ESWL management, Complications of ESWL and follow up <p>Benign Prostatic Hyperplasia</p> <ul style="list-style-type: none">• Pathophysiology of Benign Prostatic Hyperplasia• Clinical evaluation of Benign Prostatic Hyperplasia• Medical Management of Benign Prostatic Hyperplasia• Minimally Invasive Therapy in Benign Prostatic Hyperplasia• LASERS <p>Urologic Oncology</p> <ul style="list-style-type: none">• Overview of Cancer Biology & Principles of Urologic Oncology• Paediatric Urogenital tumours• Benign & Malignant tumours of the G.U. Tract in Adults : Renal tumours, Upper tract Transitional Cell Tumours, Bladder tumours, Tumours of the Prostate, Tumours of the Seminal Vesicles, Tumours of the Urethra, Tumours of the Penis, Tumours of the Penile & Scrotal Skin, Testicular tumours, Extragonadal germ-cell tumours, Retroperitoneal tumours, Metastatic tumours of the G.U. Tract	
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		<ul style="list-style-type: none">• Radiotherapy in Genitourinary tumours• Chemotherapy of Genitourinary tumours• Gene therapy in Genitourinary tumours• Other advanced therapeutic modalities in Genitourinary tumours <p>Foetal & Perinatal Urology</p> <ul style="list-style-type: none">• Prenatal & Postnatal Urologic diagnosis and Management• Neonatal & Perinatal Emergencies – Diagnosis & Management <p>Paediatric Urology</p> <ul style="list-style-type: none">• Cryptorchidism and Ectopic Testes : Etiopathogenesis, Diagnosis and Imaging, Hormone therapy, Surgical Management• Vesico-ureteric reflux : Primary and Secondary Vesico-ureteric reflux, Evaluation and Principles of Management of Primary Vesico-ureteric reflux, Urinary Tract Infections Role of Chemoprophylaxis, Renal and Bladder complications in Vesico-ureteric reflux• Megaureter : Primary obstructive Megaureter – Diagnosis & Management, Principles of Ureteric Reimplantation• Ectopic Ureter and Ureterocoele – Diagnosis & Management• Exstrophy – Epispadias complex – Principles of Management• Cloacal Malformations – Principles of Management• Diagnosis & Management of Prune Belly Syndrome• Posterior Urethral Valves & other Urethral Anomalies : Diagnosis, Complications, Principles of Management <p>Andrology</p> <ul style="list-style-type: none">• Normal Physiology of Male Reproduction	
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	<ul style="list-style-type: none">• Diagnosis Approach in Male Infertility• Varicocele – Diagnosis & Management• Endocrine & Medical Management of Male Infertility• Surgical Management of Male infertility• Overview of Assisted Reproduction Techniques• Physiology & Pharmacology of Penile Erection and Pathophysiology of Erectile Dysfunction• Diagnostic tests in Erectile Dysfunction• Medical and other therapies in Erectile Dysfunction• Peyronie’s Disease• Penile Prosthesis implantation – Types, indications and complications• Phallic reconstruction following trauma. <p>Neuro Urology</p> <ul style="list-style-type: none">• Neurophysiology and Pharmacology of Micturition and Continence• Pathophysiology of Neurovesical dysfunction : CNS Disorders, Spinal trauma, Spinal dysraphism, Pelvic surgery, Diabetes• Urodynamics & its applications in Incontinence of Voiding dysfunction : Uroflowmetry, Cystometrogram, Urethral Pressure Profile & EMG, Videourodynamics, Ambulatory Urodynamics• Medical Management of Urinary Incontinence• Female Urinary Incontinence – Evaluation & Management: Urge Incontinence, Stress Incontinence, Mixed Incontinence• Implantation of Artificial Urinary Sphincter in men and women• Reconstruction of Dysfunctional Urinary Tract	
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		<p>Female Urology</p> <ul style="list-style-type: none">• Management of Urologic conditions in Pregnancy• Management of Urogenital Fistulae in women• Gynaecological tumours & the Female Urinary Tract• Female Lower Urinary Tract Reconstruction• Urinary incontinence in females• Treatment of Stress Incontinence• Surgery for Incontinence• Stress Incontinence and Cystocele• Posterior Vaginal Wall Prolapse• Enterocoele• Uterine Prolapse• Urethral Diverticulum• Vesico Vaginal Fistula• Injuries (iatrogenic) during Gynaecologic procedures and management• Pathology affecting primarily Genital organs in females - causing secondary effects on urinary organs and management. <p>Renal Transplantation</p> <ul style="list-style-type: none">• Immunological considerations in Renal Transplantation• Live Donor evaluation for Renal Transplantation• Recipient evaluation for Renal Transplantation• Complications of Renal Transplantation and their management : Medical, Surgical• Transplantation in Special Groups : Patients with Neuropathic Bladder/Urinary Diversions, Paediatric patients, Previously transplanted patients, Multiple Organ	
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		<p>Recipients</p> <ul style="list-style-type: none">• Cadaver Donor evaluation for Renal Transplantation : Evaluation of Cadaver Donor, Cadaver Donor Management, Certification of Brain Death, Organ retrieval, storage and transport• Legal and Ethical aspects of Organ Transplantation <p>Reconstructive Urology</p> <ul style="list-style-type: none">• Principles of Urethral Reconstruction• Principles of Bladder Reconstruction• Principles of Bladder Substitution procedures• Principles governing use of Intestinal Segments in Urological Reconstruction• Autologous tissue transfer options in Urology• Principles of Urinary Diversion & Undiversion• Complications of Urinary Diversion <p>Endo Urology</p> <ul style="list-style-type: none">• Endoscopic anatomy of the Upper and Lower Urinary Tract• Physics governing Endourologic equipment• Basic technical aspects of Endourologic equipment : Cystoscope, Resectoscope, Ureterorenoscope, Nephroscope, Laparoscope, Associated accessories• Anaesthetic consideration in Endourologic surgery• Endourologic procedures – Indications, Performance and Complications : Lower Urinary Tract Endoscopy, Transurethral Resection of Prostate, Transurethral Resection of Bladder Tumours, Ureterorenoscopy, Percutaneous Nephroscopy, Intracorporeal	
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		<p>Lithotripsy devices, Endoscopic Reconstructive Procedures, Endoscopic Laser Applications</p> <ul style="list-style-type: none">• Implants, Biomaterials and others : Urethral Catheters, Urethral Stents, Ureteric Catheters, Ureteric Stents, Baskets & Graspers, Endoscopic Laser Devices, Ureteric Dilators, Guide Wires, Autologus Biomaterials, Synthetic Biomaterials, Prosthesis & Sphincter Implants, Tissue Culture Products <p>Operative Urology</p> <ul style="list-style-type: none">• Surgical approaches to the Kidneys• Surgical approaches to the Adrenals• Surgery of the Kidneys : Surgery in Renal Trauma, Surgical procedures in Renovascular disease, Auto transplantation of the Kidney, Surgical procedures for Pelvic-ureteric junction obstruction, Surgical procedures on Adrenals, Nephrectomy for benign disease, Nephrectomy for malignant disease, Nephron sparing Surgical procedures• Surgical procedures for Renal Calculi : Pyelolithotomy & Extended - pyelolithotomy, Anatomic Nephrolithotomy, Coagulum Pyelolithotomy, Nephrolithotomy, Percutaneous Nephrostolithotomy (PCNL)• Surgery of the Adrenal Glands : Adrenal Tumours, Adrenal Cysts, Pheochromocytoma• Surgery of the Ureter : Ureterolithotomy, Uretero-ureterostomy, Trans Uretero-ureterostomy, Ureteral replacement, Ureteral Tailoring and Reimplantation, Boari's Flap Reimplantation, Ureterolysis & Ureteral Transposition	
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		<ul style="list-style-type: none">• Surgery of the Urinary Bladder : Suprapubic Cystostomy, Surgery for Vesical Calculi, Bladder diverticulectomy, Augmentation Cystoplasty, Partial Cystectomy, Radical Cystectomy, Transurethral Resection of Bladder tumour, Repair of Vesico-vaginal Fistulae Vaginal repair, Abdominal repair, Repair of complex fistulae:, Repair of Rectovesical Fistulae, Bladder neck reconstruction.• Surgery of the Prostate : Transurethral Resection of the Prostate, Retropubic Prostatectomy ,Transvesical Prostatectomy, Radical Retropubic Prostatectomy, Radical Perineal Prostatectomy, Nerve Sparing Prostatectomy.• Surgery of the Urethra: Reconstruction of Posterior Urethral Strictures, Reconstruction of Bulbar Urethral Strictures, Reconstruction of Anterior Urethral Strictures, Endoscopic Urethrotomy, Perineal Urethrotomy, Meatoplasty & Glanuloplasty, Single-stage repair of Hypospadias, Staged repair of Hypospadias, Surgery of Urethral Carcinoma.• Surgery in Male Infertility: Varicocele ligation, Ejaculatory duct incision, Vaso-vasostomy, Vaso-epididymostomy, Vaso-epididymal Fistulae.• Surgery of the Scrotum : Surgery for Hydrocoele & Chylocoele, Surgery for Haematocoele, Reconstructive procedures in trauma	
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	<ul style="list-style-type: none">• Surgery for Testes: Orchidopexy in Cryptorchidism, Orchidopexy in Torsion, Orchidectomy for benign conditions, Orchidectomy for malignant conditions, Testicular biopsy, Testicular reimplantation.• Surgery of the Penis : Surgery for Penile Curvature, Biopsy of Penile lesion, Circumcision, Partial Penectomy, Total Penectomy, Organ conserving procedures in Penile Carcinoma, Post traumatic Penile reconstruction, Penile Prosthesis Implantation Urinary Diversion: Vesicostomy, Cutaneous Ureterostomy, Ileal conduit, Continent diversions using ileum, Continent diversions using ileo-caecal valve, Orthotopic Neobladder, Mitrofanoff and Benchecron Procedures, Ureterosigmoidostomy• Surgery for associated Conditions : Retroperitoneal Lymphadenectomy, Nerve sparing Retroperitoneal Lymphadenectomy, Ilio-inguinal Lymphadenectomy• Renal Transplantation : Techniques of Renal Transplantation, Cadaver & Live Donor harvesting technique, Complications of Donor Nephrectomy & Transplantation: Medical, Surgical:, Vascular access in Renal failure• Surgery for incontinence : Endoscopic Bladder Neck Suspension, Transabdominal Bladder Neck Suspension, Abdominal & Vaginal Sling Procedures, Endoscopic Injection Procedure,	
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		<p>Artificial Sphincter implantation</p> <ul style="list-style-type: none">• Basic Principles of Laparoscopic procedures in Urology• Robotics	
4	Teaching-learning methods	<p>A) Theoretical Teaching:</p> <ol style="list-style-type: none">1. Lectures: Lectures are to be kept to a minimum. Certain selected topics can be taken as lectures. Lectures may be didactic or integrated.2. Journal Club: Recommended to be held once a week. All the PG students are expected to attend and actively participate in discussion and enter in the Log Book the relevant details. The presentations would be evaluated using check lists and would carry weightage for internal assessment. A time table with names of the students and the moderator should be announced in advance.3. Subject Seminar: Recommended to be held once a week. All the PG students are expected to attend and actively participate in discussion and enter in the Log Book relevant details. The presentations would be evaluated using check lists and would carry weightage for internal assessment. A timetable for the subject with names of the students and the moderator should be announced in advance.4. Case Discussion: Recommended to be held once a week. All the PG students are expected to attend and actively participate in discussion and enter in the Log Book relevant details. The presentations would be evaluated using check lists and would carry weightage for internal assessment. A timetable for the case presentation with names of the students should be announced in advance.	<p><u>1.Uro-Radiogv Meet-</u> <u>Recommended once a month for all post graduate students. Presentation to be done by rotation. Presentations will be assessed using checklist.</u></p> <p><u>2.Posting to Nephrology department:</u> <u>Postgraduate students will be posted to Nephrology for 1 month during 2nd. year. The modality of posting will be finalized by the Department in consultation with department of Nephrology. The same shall be entered in the log book by the student and attested by the Nephrology faculty in charge of the student.</u></p> <p><u>3. Student exchange programme:</u> In view of expanding field of Urology, it is difficult to see, observe and have training in all newer sub-specialties. Therefore it is imperative to inculcate exchange programme. The student will be posted for one month to institutes of national repute at the end of 2nd year or beginning of 3rd. year. The details of the programme and mode of exchange will be decided by the department.(It was decided to have <u>MOU with other reputed institutes that will benefit university and students).</u></p>

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		<p>5. Ward Rounds: Ward rounds may be service or teaching rounds.</p> <p>a) Service Rounds: Postgraduate students should do service rounds every day for the care of the patients. Newly admitted patients should be worked up by the post graduate student and presented to the faculty members the following day.</p> <p>b) Teaching Rounds: Every unit should have 'grand rounds' for teaching purpose at the bed side. A diary should be maintained for day-to-day activities by the post-graduate students. Entries of (a) and (b) should be made in the Log book.</p> <p>6. Clinico-Pathological Conference: Recommended once a month for all post graduate students. Presentation to be done by rotation. Presentations will be assessed using checklist. If cases are not available due to lack of clinical postmortems, it could be supplemented by published CPCs.</p> <p>7. Inter Departmental Meetings: Strongly recommended particularly with related departments like Nephrology, Pathology, Radiology and Radiation Oncology at least once a month. These meetings should be attended by post-graduate students and relevant entries must be made in the Log Book.</p> <p>8. Mortality Meeting: The mortality meeting should be conducted in the department every month. The post graduate student should prepare the details regarding the cause of death after going through the case records in detail, and should present during the mortality meeting. The death records will be discussed in detail during this meeting</p>	
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	<p>9. Teaching Skills: Post-graduate students must teach under graduate students (eg. Medical, Nursing) by taking demonstrations, bedside clinics, tutorials, lectures etc. Assessment is made using a checklist by medical faculty as well as by the students. Record of their participation is to be kept in Log Book. Training of postgraduate students in Educational Science and Technology is recommended</p> <p>10. Continuing Medical Education Programmes (CME): Recommended that at least one national and state level CME programmes should be attended by each student during the course. CME will carry credits.</p> <p>11. Conferences: Attending conference is compulsory. Post-graduate student should Attend at least one national and one state level conference during the course. Present at least one paper in National & 2 papers in state /zonal conference.</p> <p>12. Research Activities: The candidate shall submit for publication at least one research work performed by him six months prior to taking final examination.</p> <p>13. Posting to other department: Postgraduate students will be posted to Anatomy Department for 15 days after completion of 1st. year. The modality of posting will be finalized by the Department in consultation with department of Anatomy. The same shall be entered in the log book by the student and attested by the Anatomy faculty in charge of the student.</p> <p>14. Periodic Tests: During the course of 3 years the department will conduct 5 periodic tests at the interval of 6 months. The performance in the tests</p>	
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