



## **UROLOGY**

**Residency Training Program  
Leading to the degree of**

**Master of Surgery (MS Urology)**

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**SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY  
ISLAMABAD**

## DEDICATION

Dedicated to all faculty Members of Curriculum Committee whose persistent efforts in the field of medical education will always be reminisced.



## PREFACE

The Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU), a public sector federal University, was established in the premises of postgraduate medical institute, Pakistan Institute of Medical Sciences, Islamabad by an ordinance of national assembly on 21 March, 2013.

Since its inception the university has made an impact in the field of healthcare, undergraduate, postgraduate medical education and research pertaining to grave health problems faced by our country. The Shaheed Zulfiqar Ali Bhutto Medical University is offering 27 post-graduation MD/MS programs. Currently the University is offering 11 Master of Surgery (MS) Programs in field of Surgery and Allied. These are four to six years' programs, classified as a Level III degree by Pakistan Medical Council and fall within Level 7 Category, as per National Qualifications Framework, Higher Education Commission of Pakistan.

In order to meet the standards of the World Federation of Medical Education a paradigm shift has ensued in the field of medical education. The standards provide a template for Institutes carrying out Post Graduate Programs. This led to developing the curriculum as per international standards of Medical Education and in congruence with the cultural, regional and demographic facets of the country.

Department of medical education of SZABMU started functioning in 2014. DME is headed by Dean and has various co-opted members including Dr. Fouzia Sultana and Dr. Zainab Abdullah who worked diligently and integrated the undergraduate curriculum in October 2021. It was also made possible by the conscientious efforts of different curriculum committees who clipped it according to the requirement of Higher Education Commission. The final draft of the curriculum is an attribute to all those who remained involved in the planning, development and evaluation of the curriculum.

Prof. Tanwir Khaliq  
Vice Chancellor, SZABMU

## ACKNOWLEDGEMENTS

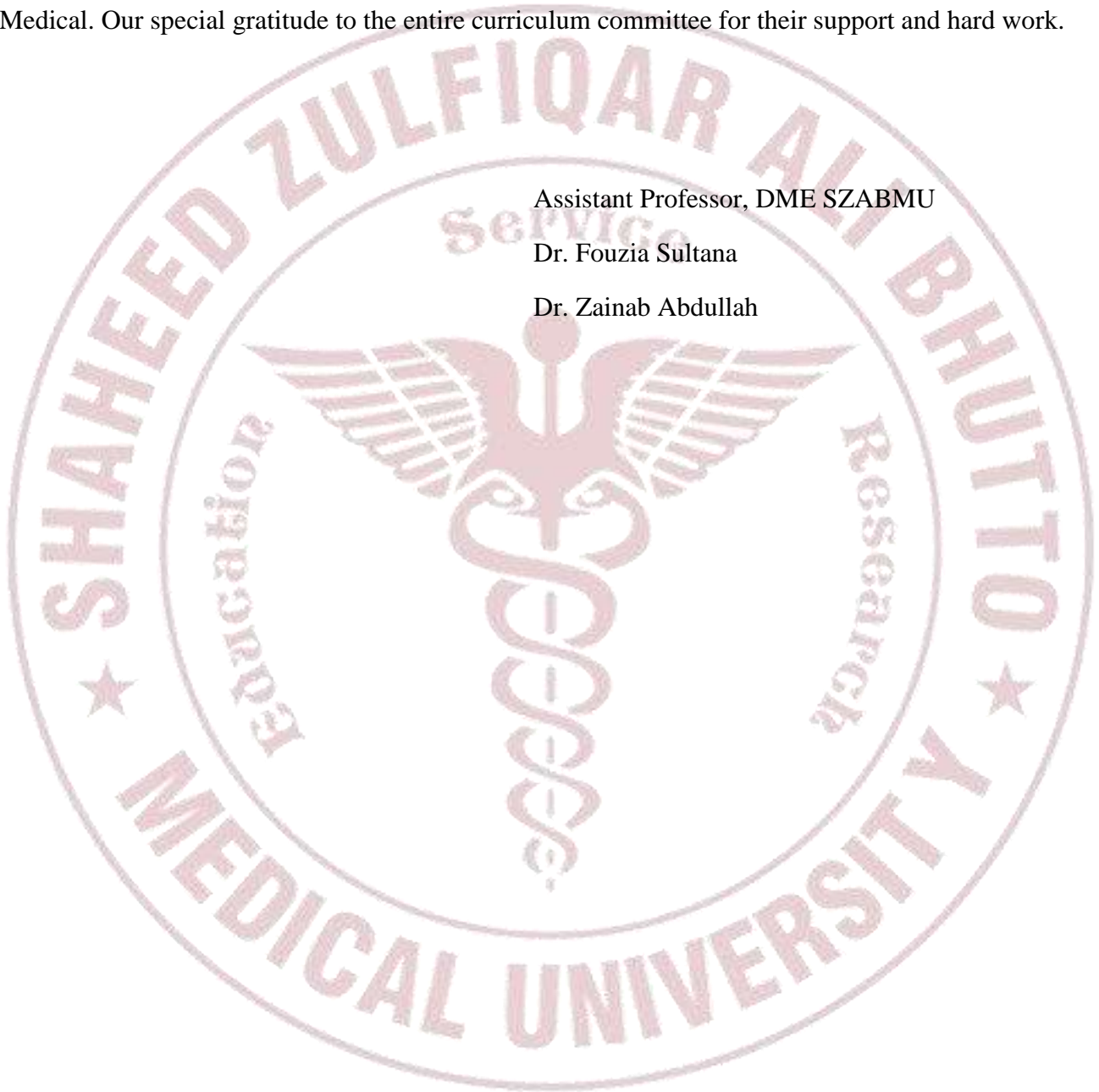
We would like to express our gratitude and appreciation to all those who gave us the opportunity to complete the curriculum.

Department of Medical Education is very grateful to the Worthy Vice Chancellor Prof. Tanwir Khaliq for his vision in initiating the revised curriculum for MS programs in Shaheed Zulfiqar Ali Bhutto Medical. Our special gratitude to the entire curriculum committee for their support and hard work.

Assistant Professor, DME SZABMU

Dr. Fouzia Sultana

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# CURRICULUM

Master of Surgery (MS)

Urology

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This Curriculum is developed by the following committee:

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# **ROAD MAP OF MS UROLOGY**

## **(A Brief Summary)**

### **GENERAL INFORMATION AND PROGRAM GOALS:**

The Shaheed Zulfiqar Ali Bhutto Medical University is offering 27 post-graduation programs of MS and MD. The University came into being in 2013 and over a course of time she has produced intelligent health care professionals with unique leadership attributes and professional proficiency. The Master of Surgery (MS) in Urology is a course aimed to attract candidates who yearn to become a competent surgeon. It is a five years' program, classified as a Level III degree by Pakistan Medical Council and falls within Level 7 Category, as per National Qualifications Framework, Higher Education Commission of Pakistan.

The Curriculum focuses on formal teaching, acquisition of knowledge, skill and competence. The student will develop into a skillful researcher so that ultimately a degree holder of MS Urology is an evidence based proficient surgeon with modified attitude and practice towards patient management. The students, upon graduation, are expected to demonstrate a high level of expertise in the field of Urology.

### **COURSE DESCRIPTION:**

The course provides continuous medical education to the students with dedicated mentorship in clinical training. The students are taught the essentials of Surgery in general in conjunction with Urology both with Trauma related and non-trauma related Emergency Surgery. The students undergo academic sessions in lectures and small groups, in emergency, ward, Out Patient department and Operation rooms for minor and major procedures, in pursue of Emergency and Elective Surgical context. Management attributes may be shared by the Intensivists. Patients are evaluated in light of laboratory and imaging modalities and multidisciplinary approach is taught as the basis of patient management.

The Course can be described in the following subsequent points in time:

- MS Urology Part I Examination and Admission
- 1<sup>st</sup> and 2<sup>nd</sup> years of Clinical Training with predilection towards:
  - Principals of Surgery in General
  - Basic Surgical Skills
  - Emergency Surgery
  - Preoperative preparation
  - Intraoperative Management
  - Post Operative care and managing early and late Complications
  - Wound Care
  - The Mandatory Workshops are covered preferentially in early training.
  - The Research Question is put up, the Synopsis devised and applied for approval in the 1st year to the ERB and AS&RB.
  - Quaternary Formative Assessment of the Candidate by the supervisor is submitted



- Summative Mid Term Assessment (MTA) by the University
- 3rd and 4th year of Clinical Training with Prediliction towards:
  - Specialized Surgery
  - Higher Level of Competency in Surgical Procedures
  - Mandatory Surgical Rotations if not allotted earlier in training
  - Comencement of Research work
- 5th year of Clinical Training in MS Urology Concludes with:
  - Leadership Skills and Teamwork and teaching competency
  - Proficiency in planing patient management
  - Eliciting the recommended Surgical Competency
  - Research Writing Orientation and conclusion of Reasearch work with submission of Thesis for Approaval
- Summative Final Examination of MS Urology
  - Theory Examination (Papers A and B)
  - OSCE
  - Long Case
  - Short Cases
  - Thesis Defence

Attention to the topics listed will ensure that the trainee has covered, to a substantial degree, those areas of each discipline considered as essential core knowledge. The coverage that each discipline receives below is not indicative of the relative importance placed on each discipline in the training program, or in the Examination.

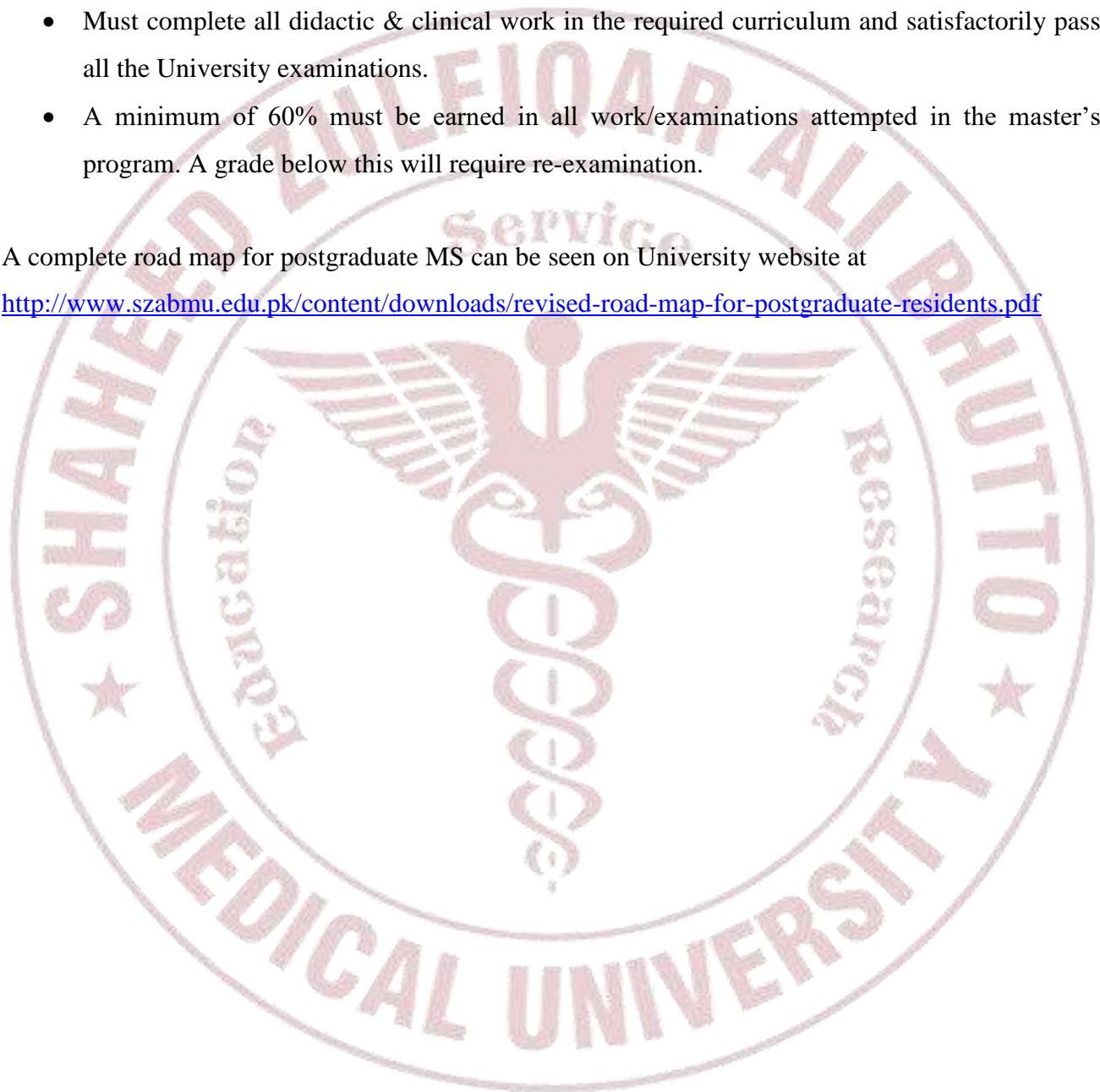
It is understood that each trainee will not have the opportunity to become proficient in all skills during a five-year training program. However, each trainee should endeavor to at least observe every procedure being performed and, if possible, to participate in it as actively as possible.

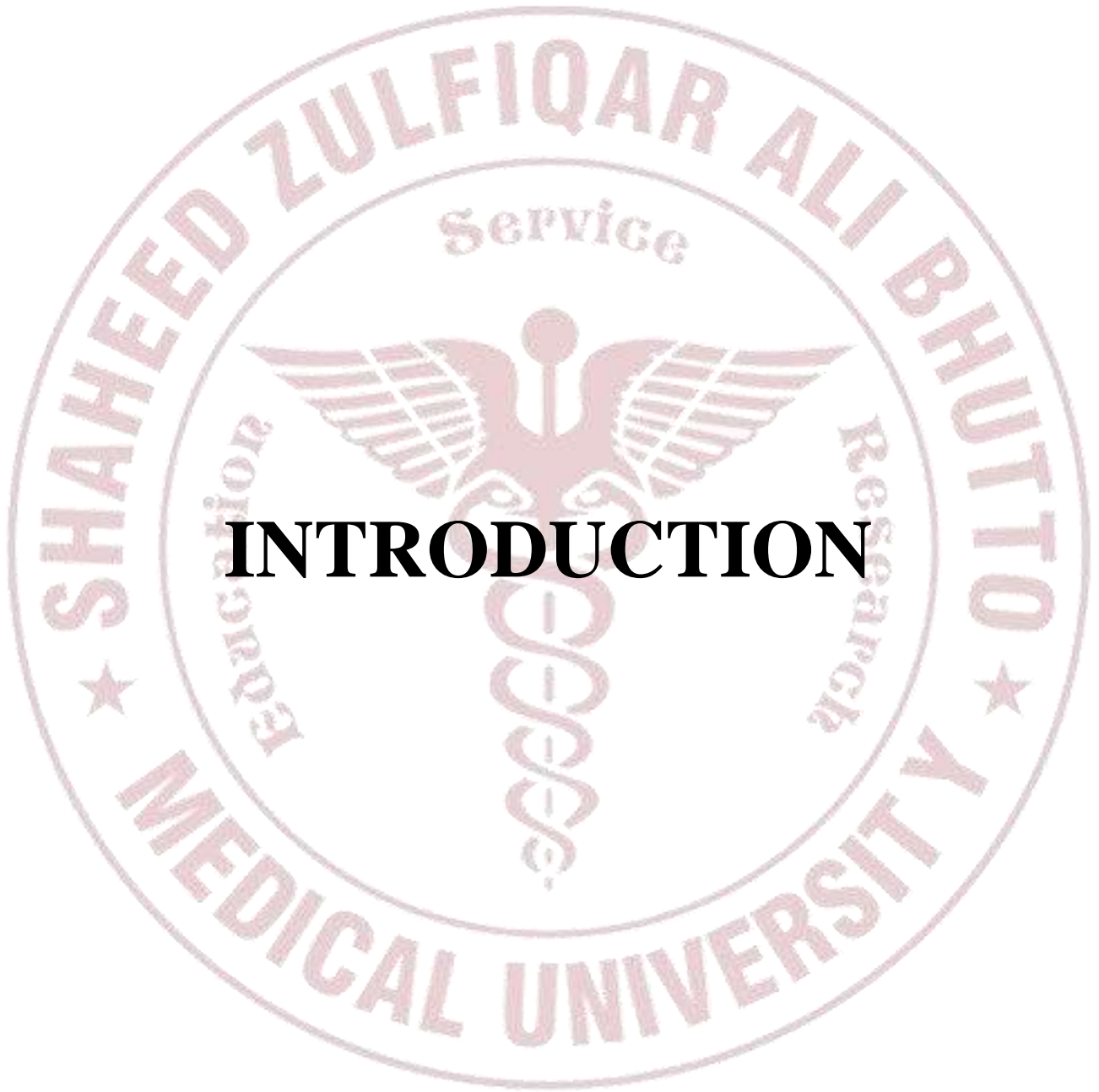
### **Requirements of MS Urology to Enroll Graduate Students in the Program**

- Fulfillment of University requirements for postgraduate study.
- Five (5) years of consecutive full-time advanced study and clinical training.
- Complete and approved master's thesis based on original research during the course of study in an area related to specialty, suitable for publication in a reputable medical & surgery journal.
- Must complete all didactic & clinical work in the required curriculum and satisfactorily pass all the University examinations.
- A minimum of 60% must be earned in all work/examinations attempted in the master's program. A grade below this will require re-examination.

A complete road map for postgraduate MS can be seen on University website at

<http://www.szabmu.edu.pk/content/downloads/revised-road-map-for-postgraduate-residents.pdf>





# INTRODUCTION

## INTRODUCTION

The residency program in Urology is a five year course covering all aspects of Surgery in General & Special Surgery, leading to the degree of Masters Surgery (MS) in Urology. This curriculum has been developed in light of the core General Surgical Knowledge and basic Surgical skills required for a Level 7 category program and is indicative of the competencies required at the varying levels of training. The requirements within the specialty are delineated together with the knowledge, skills and attitudes achieved by the trainee in acquiring those competencies. The training has been devised on the basis of:

- Greater protection of the public interest by providing clear information as to the level of training achieved.
- Improved access to specialty training than general practitioners.
- Greater flexibility of training through the availability of multiple instructors.
- Producing a competent workforce with the appropriate skills and knowledge necessary to meet the varying levels of treatment complexity, as well as considering the relative need and demand of potential patients.
- Acquire the experience to carry out research projects, critically evaluate scientific publications and communicate clinical and research papers in journals and conferences.



## **RATIONALE:**

### **Need of program**

This training program is structured keeping in view the need of the society. Effective provision of Urology facilities to the public at large especially in remote areas is need of the hour. An institute yielding proficient surgeons, well aware of the recent statutes of health care, is duly requires as a valuable addition to the health care system.

### **Purpose of training**

The purpose of this curriculum is to guide the training of an individual to the core level of competence required for specialist and consultant. This training will produce consultant who are specialists in their field.

### **Context of Training**

To provide an organized educational program with guidance and supervision, a structured training program will be followed so that each trainee is exposed to different aspects of the subject and acquires special knowledge and skill as expected in this program. The training will provide a basis for the candidate to develop into a lifelong learner who is capable of self-reflection and self-directed learning. It will provide a basis for further ongoing development in the field.

### **Duration of training**

The program leading to MS Urology will be of 05 years full time.



# **AIMS & OBJECTIVES**

# **AIMS & OBJECTIVES**

## **Aims of Training**

The candidate should acquire and become proficient in the skills required for Urology practice with an emphasis on Trauma and non- Trauma related Emergency Surgery, basic General Surgical Skills, Preoperative preparation, Intraoperative and post-operative care and management of complication with long term follow up. There is special concern for wound management and decision of treatment regimens and holistic management involving multidisciplinary treatment planning, and Intensive Care treatments. Due importance is paid to history taking and examination skills and appropriate use of laboratory and Imaging facilities for efficient and timely Correct diagnosis. The Competency required for a surgeon in specialty surgical procedures is primarily vested in the student. The candidate should demonstrate attitudes necessary for the achievement of high standards of surgery practice both in relation to the health needs of the population and to his/her own personal development.

## **Learning Objectives**

At the end of the clinical training for MS Urology a trainee shall be able to: -

1. Initially assessing the patient seeking advice for problems related to the kidneys and urinary tract by:
  - obtaining pertinent history.
  - performing physical examination correctly.
  - formulating a working diagnosis.
  - deciding whether the patient requires.
  - ambulatory care or hospitalization.
  - referral to other health professionals.
  - emergency care including life saving measures.
  
2. Managing patients requiring treatment by:
  - Planning an enquiry strategy i.e. ordering appropriate investigations and interpreting the results.
  - Performing specified surgical procedures independently and competently.
  - Dealing effectively and promptly with complications which may occur during the course of disease.
  - Maintaining records of patients including summarization and indexing.



- Seeking consultation from seniors when needed.
  - Carrying out effective and efficient management of emergency situations.
3. Undertake research and publish findings.
  4. Acquiring new information; assessing its utility and making appropriate applications.
  5. Recognizing the role of teamwork and functioning as an effective member/leader of the team.
  6. Advising the community on matters relating to promotion of health and disease prevention.
  7. Training paraprofessionals and other junior members of the team.

On completion of training, the trainee will be able to achieve following aptitudes:

- 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 carry 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 surgical 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

### **Specific Skill**

- Take history and conduct clinical examination and investigations that allow evaluation of all surgical patients.
- Determine the differential, provisional and definitive diagnosis by interpreting and correlating findings from the history, clinical & radiographic examination together with other diagnostic tests.
- Devise treatment plans specific to the needs and expectations of individual patients.
- Execute conventional and contemporary techniques of all the domains of general surgery.
- Demonstrate competency in teaching methods, use of information technology, appraisal and assessment techniques and development of appropriate learning methods for lifelong learning.
- Show evidence of ability to undertake research.

### **Attitude**

- Demonstrate a professional and ethical approach to patient care.
- Demonstrate a professional attitude to all the members of the team.
- Demonstrate full and clear understanding of equality and diversity legislation as it applies to the workplace and to professional practice.



# ENTRY CRITERIA

## ENTRY CRITERIA

### Eligibility to apply for MS Urology

- Candidate must possess MBBS or equivalent degree and one-year house job from PMC recognized Institutions.
- Permanent valid registration with PMC.
- Declared successful in MS Part-I for University programs.
- In case of foreign candidate, valid registration with Medical Council of their country of origin must be produced.

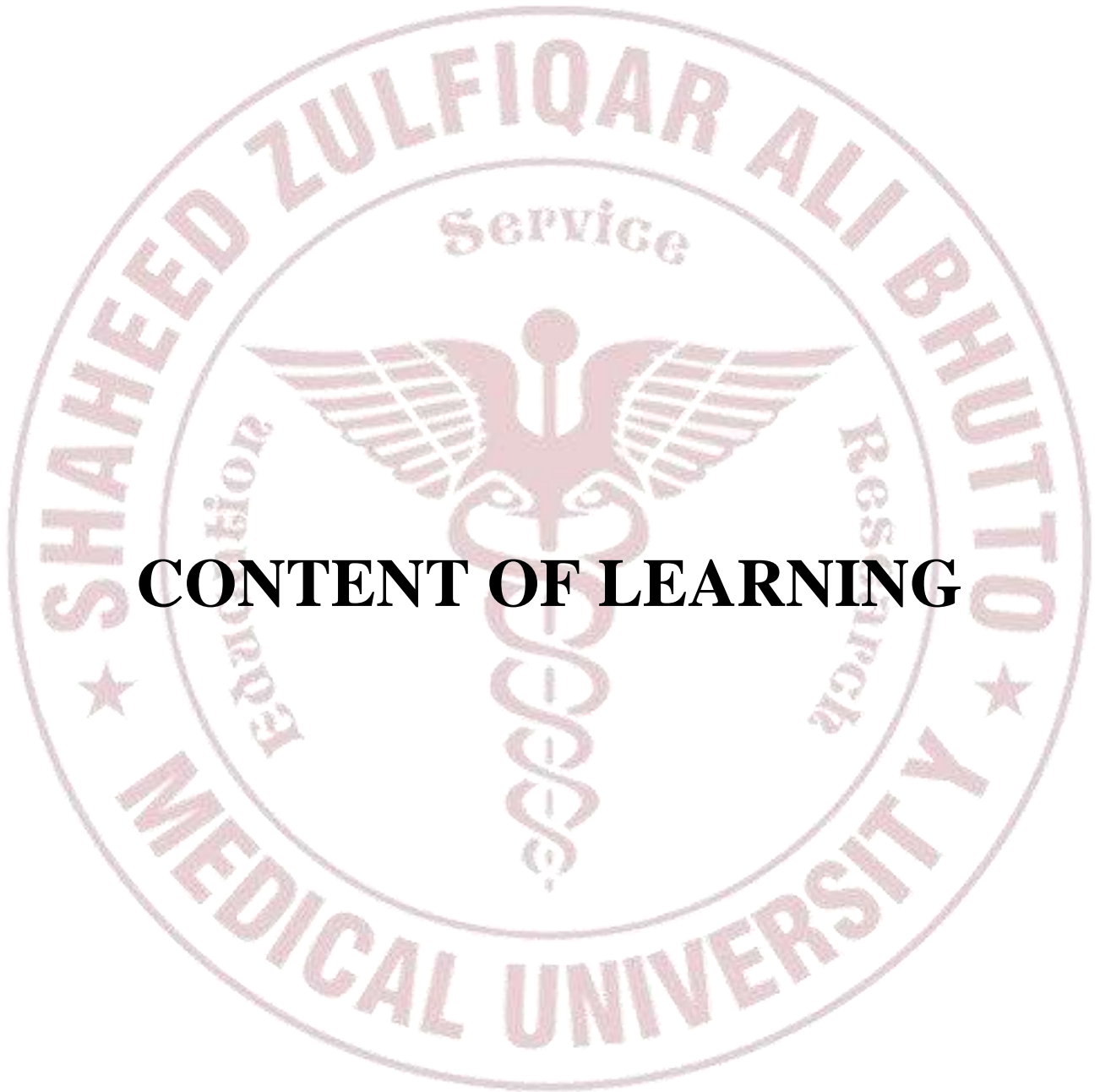
### Required Documents

Attested photo copies of the following documents must be attached with the application form:

- Computerized National Identity Card (CNIC)
- Domicile certificate
- Matric/O Level, FSc/A Level, Certificates or equivalent
- MBBS degree with detail marks certificates of all professional
- MBBS Attempts certificates of all professional
- NEB pass certificate (for foreign graduates)
- House Job certificates
- PMC valid permanent registration certificate
- MS Part-I passing certificate
- Experience Certificates (if any)
- Migration Certificate (To be produced at the time of admission)

### Admission Procedure

- Details of admission procedure is available on university website at <http://www.szabmu.edu.pk/admission/postgraduate-admission>



# CONTENT OF LEARNING

## CONTENT OF LEARNING

The program outline addresses both the knowledge needed in a General Surgical Patient. A minimum of five years of formal training through a graded system of education as specified will equip the trainee with knowledge, skill and attitude at its completion to be able to practice basic general surgery competently.

The specific training component would include the following areas:

MS Urology training should enable a student to:

1. 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
2. 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
3. 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
  - Consider all issues relevant to the patient
  - Identify risk Assess and implement a risk management plan
  - Critically evaluate and integrate new technologies and techniques.
4. 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.
5. 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
6. 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.
7. 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.
8. Professionalism by:
- Employing a critically reflective approach to Urology
  - Adhering with current regulations concerning workplace harassment
  - Regularly carrying out self and peer reviewed audit
  - Acknowledging and have insight into their own limitations
  - Acknowledging and learning from mistakes
9. 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 11.

#### **Health advocacy:**

- Promote health maintenance of patients
- Advocate for appropriate health resource allocation
- Promote health maintenance of colleagues and self scholar and teacher.

#### **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
- Haematuria
- 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 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 paediatric 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, anaesthetic 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)

#### 10. 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

#### 11. 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 chordee
- 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 genito-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

#### 12. 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, immunocompromised or immunoincompetent patients)
- The urinary tract in pregnancy (including normal physiologic and anatomic changes and management of urinary tract problems in the pregnant patient) Renovascular 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)

13. Introduction to therapeutic technologies including electrosurgery, Extracorporeal Shock Wave Lithotripsy, lasers in urology (carbon dioxide, Nd/YAG, Holmium-YAG).

14. Diagnostic Skills:

- Urinalysis, including routine urinalysis, urine culture techniques, urinary collections for metabolic studies and urine cytologic 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
- CT scanning and MRI Scanning of the urinary tract
- Intravenous excretory urography
- Voiding 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 biopsy of bladder and urethra
- Transurethral resection of prostate
- Transurethral resection of bladder tumors
- Ureteroscopy and lithotripsy of ureteric calculi
- Transurethral resection/ incision of ureterocele
- Ureteroscopy and lithotripsy of ureteric calculi
- Percutaneous renal surgery including nephrolithotomy with ultrasound / electrohydraulic / laser lithotripsy

#### Open Surgical Procedures:

- Circumcision
- Suprapubic catheterization
- Fulguration of venereal warts, biopsy of penile lesions
- Cavernosal shunting procedures for priapism
- Testis biopsy
- Vasovasostomy
- Vasectomy
- Scrotal surgery - hydrocele, epididymal cyst, epididymectomy, simple orchidectomy
- Inguinal surgery - varicocele, herniotomy, orchidopexy
- Radical orchidectomy
- Repair of testis torsion
- Orchidopexy for undescended testis
- Insertion testis prosthesis
- Vesical neck suspension and procedures for stress urinary incontinence
- Pelvic lymphadenectomy
- Simple retropubic 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 postoperative 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
- Transurethral prostatic hyperthermia/thermotherapy and other alternative modalities used in:
  - the Management of patients with benign prostatic hyperplasia 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
- Cystometrogram
- 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



# COMPETENCIES



## COMPETENCIES

All students are expected to reach a level of competence in different years of training after performing at least a said number of procedures at various levels of competence. Students are initially observing with the supervisor performing, later they are directly involved for assistance. Subsequently the skill acquisition level is raised with the student performing under direct supervision and later independently, when supervision is indirect.

Given here is a list of competencies that the student is supposed to achieve working with the supervisor in charge, peaking the graph at an achievable pace for the student. The level of competency is denoted by a number, as mentioned, and the minimal number of cases listed.

Observer Status=1, Assistant status=2, Under Direct Supervision=3, Under Indirect Supervision=4

<b>COMPETENCIES MS UROLOGY</b>						
<b>Competency</b>	<b>FIRST YEAR</b>		<b>SECOND &amp; THIRD YEARS</b>		<b>FOURTH AND FINAL YEARS</b>	
	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>
<b>A) Kidney</b>						
<b>A1) Open</b>						
Simple Nephrectomy	1	07	2	20	3	12
Donor Nephrectomy	1	08	2	12	2 & 3	12
Radical Nephrectomy	1	12	2	20	2	08
Radical nephrectomy with caval thrombectomy	-	-	-	-	1	04
Partial Nephrectomy	1	03	1	4	1	04
Nephroureterectomy	1	02	1	11	1	04
Pyelolithotomy	1	14	1 & 2	20	3	12
Pyeloplasty	1	10	2	20	3	12
Decortication of cysts	-	-	2	08	3	04
Drainage of abscess	2	20	2	20	3	12
Nephrostomy	1 & 2	40	3	20	3	20
Renal biopsy	1	20	3	20	3	20
Renal transplantation	1	06	2	04	2	08

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	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>
<b>A2) Laparoscopic</b>						
Nephrectomy	1	12	1	12	2	04
Nephroureterectomy	1	04	1	04	1	04
Decortication of cyst	1	04	2	04	3	04
Nephropexy	1	04	1	04	1	04
<b>A3) Percutaneous</b>						
Nephrolithotomy	1	06	2 & 3	10	2	08
Nephrostomy	1	23	3 & 4	14	4	16
Ureterscopy						
• Rigid	1	29	1 & 3	28	1, 2 & 3	26
• Flexible	-	-	-	-	-	-
Pyeloplasty	2	08	2	8	3 & 4	14
Renoscopy	-	-	-	-	-	-
Retrograde pyelography	1 & 2	22	2 & 3	10	2	08
Insertion of D.J stent	1 & 2	28	4	18	2 & 3	10

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	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>
<b>B) URETER</b>						
<b>B1) Open</b>						
Ureterolithotomy	2	08	2	08	2	08
Ureterolysis	1	02	1	02	1	02
Ureterocalicostomy	1	01	1	02	-	-
Ureteric re-implantation	1	02	1	04	1	02
Boari's flap	1	02	1	02	2	04
Extended psoas hitch	1	01	1	01	-	-
Uretero-ureteroscopy			4	12	2	08
Ureterostomy						
• Ureteric replacement	1	01	4	12	1	02
Endoscopic						
Ureterorenoscopy (diag)	1	24	2	32	3 & 4	44
Ureteroscopy (therapeutic)						
• Stone	2	08	2	08	4	16
• Tumor	1	02	1	04	1	04
• Other	1	04	-	-	-	-

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	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>
<b>C) BLADDER</b>						
<b>C1) Open</b>						
Vesicolithotomy	1 & 2	12	2 & 3	17	3	11
Vesicostomy	1	12	2	08	2 & 3	08
Suprapubic cystostomy	1	20	2 & 3	12	4	12
Vesical diverticulectomy	1	06	2	06	2 & 3	08
Partial cystectomy	1	08	2	12	2 & 3	12
Simple cystectomy	1	09	2	09	2 & 3	10
Radical cystectomy	1	11	2	15	2 & 3	20
Repair of fistulae (vesico – colic, vesico–rectal)	-	-	-	-		
vesico -vaginal Fistula) Abdominal Route	1	12	2	18	2 & 3	20
Repair of bladder extrophy	1	04	2	06	2 & 3	04
Augmentation cystoplasty	1	07	2	04	2 & 3	06
<b>C2) Endoscopic</b>						
Cystolitholapexy	1	20	2	20	3	20
Cystoscopy (flexible)	1	50	3	60	3 & 4	40
Cystoscopy (rigid)	1	50	3	80	3 & 4	50

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	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>
TUR-BT	1	20	2	20	3	20
Removal of DJ stent	1	20	2 & 3	20	4	18
Biopsy of Bladder Lesions	1	18	2 & 3	18	3 & 4	16
De-roofing of Ureterocele	1	07	2	05	2	08
Others						
<b>D) PROSTATE</b>						
<b>D1) Open</b>						
Transvesical prostatectomy	1	06	2 & 3	08	3 & 4	08
Retropubic prostatectomy	1	08	2	08	2 & 3	08
Transrectal biopsy	1	19	2 & 3	20	3 & 4	20
Radical retropubic prostatectomy	1	12	2	14	2	11
Repair of fistulae (transabdominal)	1	04	2	04	2	03
Endoscopic						
TURP	1	40	2	40	3	20
TUIP	1	16	2	11	3	08
Laser prostatectomy	1	20	2	20	2 & 3	12

COMPETENCIES MS UROLOGY						
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	Level of Competence	Level of Competence	No. of cases	Level of Competence	No. of cases	Level of Competence
<b>E) URETHRA</b>						
<b>E1)</b>						
Urethral catheterization	1 & 2	40	3	40	4	20
Urethral dilatation	1 & 2	40	3	20	4	20
<b>E2)Open</b>						
Urethroplasty (single stage)	1	10	2	20	2 & 3	13
Urethroplasty (two staged)	1	10	2	12	2 & 3	12
Urethrectomy	1	03	2	08	2 & 3	18
Insertion of sphincter	1	04	2	04	2 & 3	04
Repair of hypospadias (proximal)	1	12	2	16	2	16
Repair of hypospadias (distal)	1 & 2	16	2	20	2 & 3	14
Repair of fistulae	1	06	2	04	2	10
Repair of epispadias	1	04	2	08	2	10
Reconstruction of congenital urethral						
<b>E3) Endoscopic Urethroscopy</b>	1 & 2	40	3	40	4	40
Optical Urethrotomy	1	40	2	40	3 & 4	20
Fulguration of posterior urethral valves	1	18	2	20	3	12
Injection of Teflon/Macroplastique/etc/others	1	04	2	04	2 & 3	04

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<b>F) PENIS</b>						
Correction of cordae (peyronic's disease)	1	01	1	02	-	-
Correction of priapism	1	02	1	02	1	04
Intracavernosal injection	2 & 4	12	2	04	2	08
Circumcision	4	20	2 & 4	12	3 & 4	14
Penectomy	-	-	-	-	-	-
Insertion of Prosthesis	-	-	-	-	-	-
<b>G) VAGINA</b>						
Neovaginal reconstruction	-	-	-	-	-	-
Repair of fistulae (VVF)	1 & 2	06	1 & 2	06	3	10
<b>H) AMBIGUOUS GENITALIA</b>						
Clitorectomy	-	-	-	-	-	-
Phalloplasty	-	-	1	02	-	-
<b>I) TESTIS</b>						
<b>I1) Open</b>						
Testicular biopsy	1 & 2	06	1	04	2 & 3	10
Orchidopexy	2 & 4	12	2	08	2 & 3	10
Orchidectomy	2 & 4	12	2	08	3 & 4	14
Radical orchidectomy	2 & 4	12	3 & 4	14	3 & 4	14
Laparoscopic	1 & 2	06	2	08	2	08
Orchidopexy	2 & 3	10	4	16	2	08



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	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>
<b>J) SCROTUM</b>						
<b>J1) Open</b>						
Hydrocelectomy	2 & 4	12	4	16	2	12
Vasectomy	2	08	2	08	2	08
Excision of epididymal cyst	2 & 4	12	2	08	1	04
High ligation of varicocele (open)	1 & 2	06	2	08	2	08
Insertion of Prosthesis	-	-	-	-	-	-
<b>J2) Laparoscopic</b>	2 & 3	10	1	04	1	04
Varicocele ligation	2 & 3	10	2	08	2	08
<b>K) RECONSTRUCTIVE PROCEDURES</b>						
Ureterosigmoidostomy	1	04	1	04	2	04
Ileal conduit	1	20	1 & 2	08	3	12
Colonic conduit	1	04	-	-	-	-
Continent reservoir reconstruction	1	08	1	04	-	-
Kock pouch	-	-	-	-	-	-
Ileal neobladder	1	04	1	04	1	04
Ileocolic neobladder	-	-	-	-	-	-
Gastrocystoplasty	-	-	-	-	-	-
Rectal neobladder	-	-	-	-	-	-
Sigmoid neobladder	-	-	-	-	-	-

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	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>	<b>Level of Competence</b>	<b>No. of cases</b>
<b>L) MISCELLANEOUS OPEN</b>						
<b>Pelvic lymphadenectomy</b>	<b>1</b>	<b>10</b>	<b>1</b>	<b>04</b>	<b>3</b>	<b>04</b>
<b>Retroperitoneal lymphadenectomy</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>04</b>	<b>1</b>	<b>04</b>
<b>Inguinal hernia repair</b>	<b>1</b>	<b>10</b>	<b>2</b>	<b>20</b>	<b>3</b>	<b>12</b>
<b>Pelvic extenteration</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>04</b>	<b>2</b>	<b>08</b>
<b>Seminal vesiculectomy</b>	<b>1</b>	<b>04</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Inguinal lymphadenectomy</b>	<b>1 &amp; 2</b>	<b>20</b>	<b>1</b>	<b>04</b>	<b>1</b>	<b>04</b>
<b>Vasectomy</b>	<b>1</b>	<b>04</b>	<b>3</b>	<b>12</b>	<b>3</b>	<b>12</b>
<b>Vasovasotomy</b>	<b>1</b>	<b>12</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>04</b>
<b>Laparoscopic Pelvic lymph node dissection</b>	<b>1</b>	<b>08</b>	<b>1</b>	<b>04</b>	<b>2</b>	<b>08</b>
<b>Adrenalectomy</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>04</b>	<b>2</b>	<b>08</b>
<b>Retroperitoneal lymphadenectomy</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>04</b>
<b>M) TRAUMA</b>						
<b>Nephrectomy</b>	<b>1</b>	<b>12</b>	<b>1</b>	<b>08</b>	<b>1</b>	<b>04</b>
<b>Repair of urinary tract injuries</b>	<b>1</b>	<b>04</b>	<b>1</b>	<b>12</b>	<b>3</b>	<b>12</b>

## Log Book -Record of Clinical Cases

### Longitudinal evaluation (Logbook, Assignments, Assessments)

Throughout the length of the course the performance of the candidate will be recorded on the Log Book. Completed and duly certified logbook will form a part of the application for appearing in the final examination. The Log Book will reflect the performance of the candidate in the following parameters:

- Entries in log book should be on regular basis, and signed by the supervisor, certifying the work.
- Record of competence of technical skills.
- Record of the assignments.
- Record of affective and interpersonal behaviors.
- Record of Journal clubs, conferences, lectures and workshops attended.

Table: Specimen from Log book

DATE	HOSPITAL No.	NAME, AGE, SEX	DIAGNOSIS	PROCEDURE PERFORMED	PERFORMANCE OF TRAINEE*	SIGNED BY IMMEDIATE SUPERVISOR

\*Key 1) Observer Status                      3) Performed under supervision  
 2) Assistant Status                        4) Performed independently

## **Mandatory Workshops**

During training candidate will attend the following mandatory workshops arranged by the University:

### **I. Communication skills**

The aim is acquisition of the students with an art of communication for an effective doctor patient relationship, where the art of history taking and the skill of advice and instruction communication is pivotal. This will also enhance the interpersonal communication at the hospital amongst early colleges and those in various departments of the hospital setting. Furthermore, the appearance of our students in clinical meetings, workshops, conferences and seminars will be exceptionally didactic both as participants and as presenters. Furthermore, a better skill to communicate will empower the students to present better in their assessments for the very program, especially, OSPE, long case, short case and thesis defense.

### **II. Research methodology, Biostatistics & Medical writing**

As Research and recent advances are part and parcel of evidence-based practice, the university intends to endow in the students to raise intrigued healthcare professionals who intend to develop ease, both for the patient and the system by means of their queries and research. An elaborated session will provide a guideline as the first basic step towards thesis writing. Biostatistics will be introduced and statistics software introduction and basics workshop is carried out. Furthermore, the university provides the students with available Research and Biostatistics department as a continuum of guidance and help in their research works. Research Work is encouraged and a well-established ethical board and review committees for check of quality and virtues at all levels.

### **III. Computer and internet skills**

Since literature review is the essence of research, an effective student must vest in him the recent updates in regards to the available search engines and gadgets, the software and platforms which lead to better understanding of topics. The aim of the workshop is to empower the students to better inquire for their research questions and to be able to avail the maximum out of the broad horizon of information available.

### **IV. Basic Life Support**

Basic knowledge and skills for emergency situations in an unresponsive patient as per recent updates and protocols are delivered to the students, ensuring an up to the mark health care professional for the society at large. The workshops are well equipped and test the candidate both in knowledge and hands on.

## V. Surgical skills

This workshop is the pivotal for the emerging surgeons and provides knowledge together with hands on practice. The students see, learn, perform and continue to implement well learnt basic practices over the course of the clinical training.

Candidate will be Certified of the above-mentioned workshops by the University.

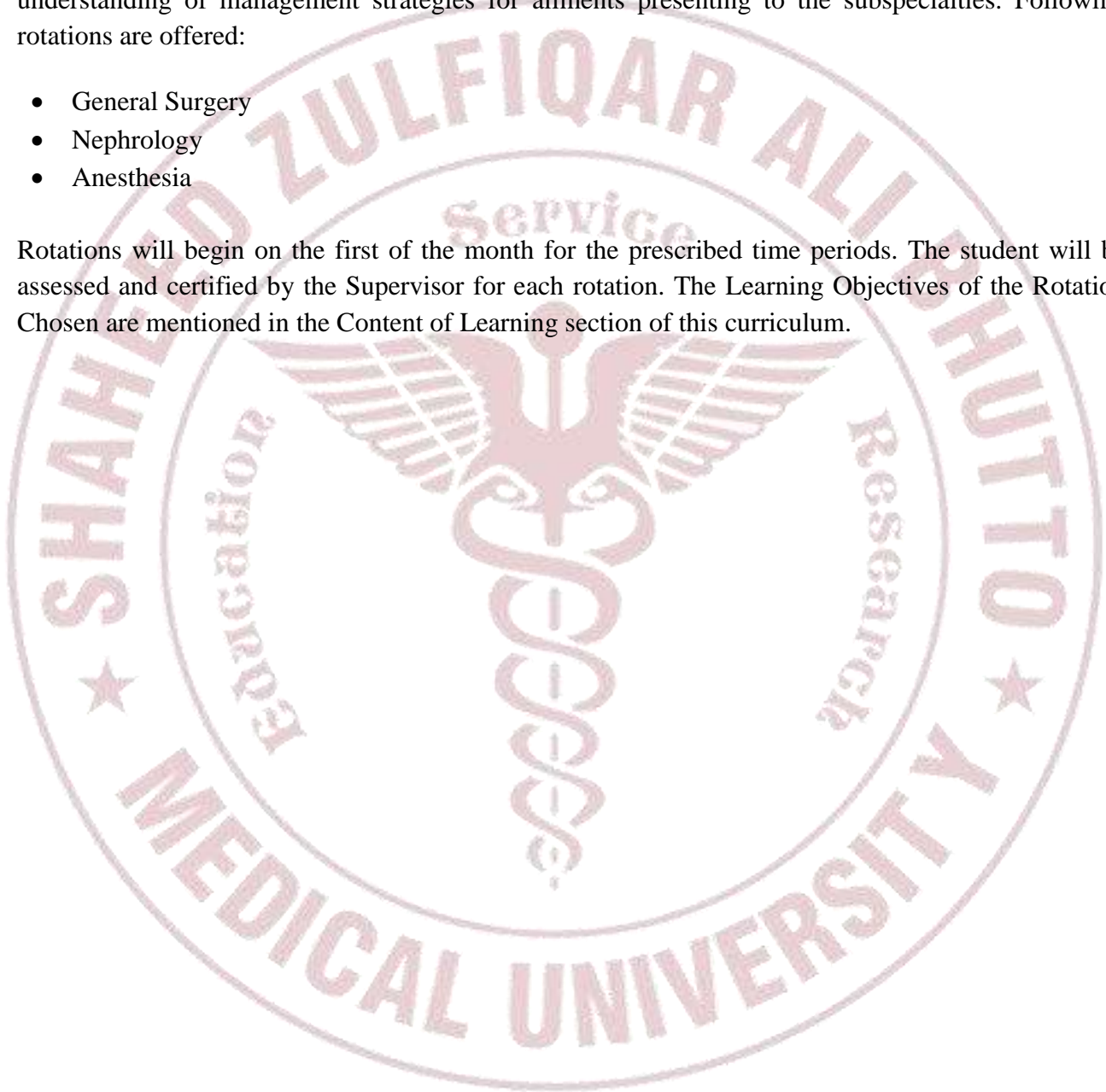


## ROTATIONS

In the five years' clinical course in the department of Urology, mandatory rotation as an elective of six (06) months may be selected subject to the availability of slot, discretion of the supervisor, and willingness of the PG Trainee. Rotation is carried out in the allied specialties and aids for better understanding of management strategies for ailments presenting to the subspecialties. Following rotations are offered:

- General Surgery
- Nephrology
- Anesthesia

Rotations will begin on the first of the month for the prescribed time periods. The student will be assessed and certified by the Supervisor for each rotation. The Learning Objectives of the Rotation Chosen are mentioned in the Content of Learning section of this curriculum.



## Thesis

One of the training requirements for the Degree is to undertake a research and write a Thesis on a topic related to the field of specialization. Firstly, the student shall prepare a synopsis under guidance of his supervisor. The synopsis should be in accordance with the guidelines to Synopsis written recommended by the University. Synopsis of the research must be approved from the Ethical Review Board (ERB) and the Advanced study & research board (AS&RB) before starting the research work. During process of Research the resident has to submit study data/result of project on quarterly basis to the Department of Medical Education (DME) and Biostatistician. Once the research is commenced, an elaborative document of the guided structure, the Thesis, is then submitted for approval. The thesis must be submitted for approval during the beginning of fourth year of training program. After review by three external examiners, approval of thesis from AS&RB, the Resident can appear in the final examination. The Thesis is then to be subjected to a seminar of thesis defence. A candidate shall be eligible for defence of thesis examination whether he/she shall be declared pass or fail in the theory examination. Defence of thesis examination comprising of a presentation and question/Answer session with a panel of examination. A score of 70% or above will fulfill the passing criteria.

The guideline for synopsis and thesis writing is available on University website at

<http://www.szabmu.edu.pk/content/downloads/guidelines-for-synopsis-writing.pdf>

<http://www.szabmu.edu.pk/content/downloads/guidelines-for-thesis-writing.pdf>

The thesis submitted by all post graduate residents shall comply with the instructions and guidelines for Thesis writing issued by the University. It shall form a distinct contribution to knowledge and afford evidence of originality, shown by the discovery of new facts, by the exercise of independent critical judgment and / or by the invention of new methods of investigation. It shall not include research work for which a degree has already been conferred in this or any other university/college. In the wake of fundamental improvements being introduced in the system of Higher Education in Pakistan, the credit, respect, recognition of research and scholarly publications, career development and financial gains are now linked with such original works accomplished without replicating the efforts of other researchers. Students are guided to work in light of HEC Plagiarism policy and put original effort to light.

### I. Thesis Evaluation

There shall be a standing list of External Examiners for each discipline consisting of persons of eminence in the respective field of research. The list shall be suggested from time to time by the Board of Studies of the Department/ Institute, Board of Faculty concerned and approved by the Research Board. The External Examiners will be requested to critically examine the thesis for its suitability for acceptance.

The candidate shall in the first instance submit four unbound copies of his/her complete thesis along

with an application on prescribed form for the evaluation of his/ her thesis, duly forwarded by his/her supervisor and the Head of Urology Department. The Vice Chancellor shall appoint three External Examiners from the approved list of External Examiners.

The reports of the examiners shall be placed before the Research Board for consideration. If two of the three Examiners find that the thesis is wholly inadequate it may be rejected by the Research Board.

If any of the examiners suggests modification/ revision of the thesis, the candidate shall be required to resubmit a revised version of the thesis duly certified by the supervisor, within one year (in case of Major Correction). The revised version of the thesis shall be approved by the same examiners (s) who suggested modification/ revision of the thesis (in case of Major Correction).

If any examiner finds the thesis adequate but suggests minor modification/ revision, this may be incorporated without referring again to the examiners. However, supervisor will recommend the correction.

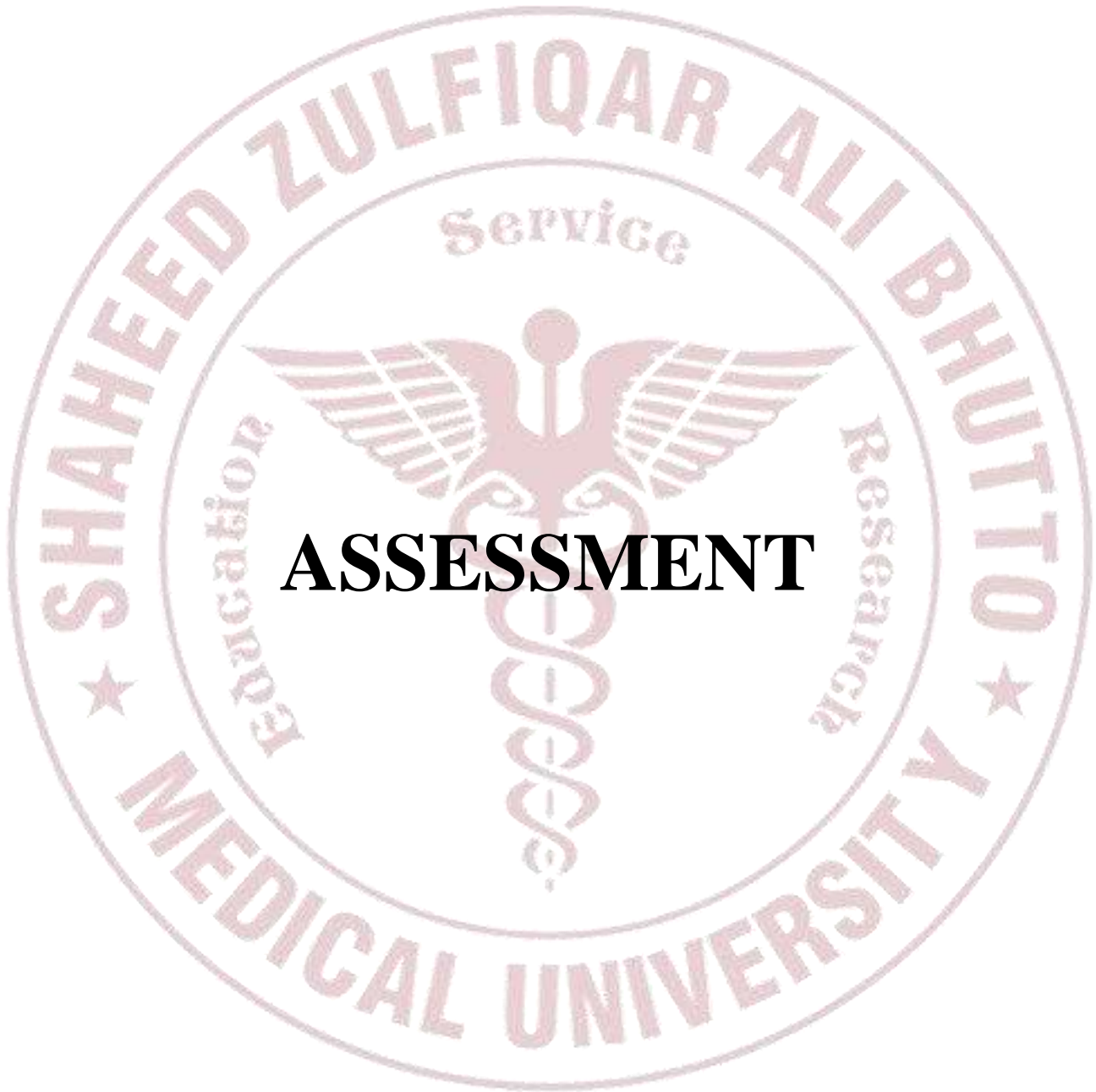
The candidate will submit the research thesis in the final year of training, six months before completion of the training.

## **II. Thesis Evaluation Criteria for AS & RB**

In pursuance of recommendations of Academic Council, decisions were taken about thesis evaluation of MS Urology thesis. Three (03) copies of thesis will be sent to three (03) external examiners for evaluation (28th February for Aug/Sep exam & 31st August for Mar/Apr Exam). In consideration of thesis evaluation reports, the Board's decision for thesis evaluation is as follows:

- If three examiners have accepted thesis with minor correction in present/accepted form thesis should be sent to the Advanced Studies & Research Boards (AS & RB) for further necessary action.
- In case two external examiners accepted thesis as minor in present/accepted form and third examiner reject the thesis, all thesis report will be rejected, and student must rewrite thesis.
- In case of two minor and one major corrections student will resubmit the thesis after three months.
- Time required for Thesis evaluation is within one year.





## ASSESSMENT

Assessment of trainees will cover the cognitive, psychomotor and affective domains. It will take two forms:

- Formative Assessment
- Summative Assessment

### Formative Assessment

It is the continuous assessment of progress and competence. It will be conducted through workplace-based assessment throughout the training. Assessment will be undertaken by a range of assessors and will cover a range of procedures appropriate to the stage of training. Formative assessment will include:

- Directly observed practical skills (DOPS)
- Case based discussion (CbD)
- Mini clinical examination exercises (Mini-CEX)
- Multiple source feedback (MSF)

Residents will be evaluated by Supervisor quarterly throughout the Residency according to the syllabus/curriculum and report will be submitted to the Registrar office. A specified template form is used to submit the report (Annexure).

### Summative Assessment

Summative assessment will be held twice:

1. Mid Term Assessment (MTA) Examination (At the end of 2nd year)
2. Final/Exit Examination (At the end of Final Year)

The level of performance required for passing the exam will depend on the knowledge and skills necessary for acceptable performance and will not be adjusted to regulate the number or proportion of persons passing the examination. The pass point will be determined by careful analysis and judgment of acceptable performance.

## **STANDARD ASSESSMENT PROTOCOLS / FORMAT OF EXAMINATIONS**

### **Mid Term Assessment (MTA)**

The Mid Term Assessment (MTA) examination is mandatory eligibility requirement for all Postgraduate Final examinations. Candidates are required to have passed MS Part-I, complete two years training in Urology, get approval of their Synopsis from AS&RB and take the MTA Examination. In case of failure in the MTA examination, the trainees are permitted to continue their training but must pass the MTA examination prior to appear in the final examination.

### **Format of Examination**

MTA Examination consists of the following components:

<b>ASSESSMENT</b>		
<b>Written</b>	Paper:100 One Best MCQs (100 Marks)  <b>Part-A:</b> 50% MCQs from General Principles  <b>Part-B:</b> 50% MCQs from Specialty Oriented	Pass Marks 60% Aggregate and Not Less than 55% in any Part (A Or B)
<b>Assessment of Clinical &amp; Technical Skills (ACTS/OSCE)</b>	100 Marks  8-12 Stations	Pass Marks 60%
<b>Total Marks</b>		<b>200</b>

### **Format of Mid Term Assessment (MTA)**

#### **1. Multiple Choice Questions (MCQs)**

The MTA comprises of two parts; A and B. Each MCQ carries 2 marks. There is no negative marking. MCQs are choose the best one type. Time available is minutes for each paper with a gap of minutes in between both A and B papers.

- Paper A comprises of 50 MCQs from Surgery in General.
- Paper B comprises of 50 MCQs from Allied specialties.

## 2. Assessment of Clinical & Technical Skills (ACTS/OSCE)

- **Eligibility**

A candidate shall be eligible for the ACTS/OSCE after passing MTA examination. He can avail three consecutive clinical examinations after passing the exam.

A candidate availing/missed all the three consecutive chances of clinical examination after passing an MTA examination, he shall appear again in the theory examination.

- **Format**

ACTS/ OSCE will comprise of 12-18 stations of 5 to 8 minutes each with a change time of one minute for the candidate to move from one station to the other. The stations would have an examiner, a patient or both. Structured clinical tasks will be set at each station. The examiners using a global rating scale will assess the performance of each candidate. On stations where no examiner is present the candidates will have to submit written responses to short answer questions on a response sheet. There will be two types of stations: static and interactive. On static stations the candidate will be presented with patient data, a clinical problem or a research study and will be asked to give written responses to questions asked. In the interactive stations the candidate will have to perform a procedure, for example, taking history, performing clinical examination, counseling, assembling an instrument etc. One examiner will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem-solving skills.

### **Final Postgraduate Examination**

Final Postgraduate examination of MS Urology is comprising of following three (03) main components:

1. Theory Examination
2. OSCE & Clinical Examination
3. Defence of Thesis

## 1. Theory Examination

- **Format & Passing Criteria**

Paper	Type	Marks	Duration	Passing Criteria
Paper – I	One Best Type MCQ Paper	100	03 Hours	75 % in Aggregate and Not Less than 70% in any Paper
Paper – II	One Best Type MCQ Paper	100	03 Hours	

## 2. OSCE & Clinical Examinations

- **Eligibility**

A candidate shall be eligible for the OSCE & Clinical Examination after passing theory examination. He can avail three consecutive clinical examinations after passing a final theory examination.

A candidate availing/missed all the three consecutive chances of clinical examination after passing a theory examination, he shall appear again in the theory examination

- **Format & Passing Criteria**

OSCE & Clinical Examination is comprising of three components

- i. OSCE
- ii. Long Case
- iii. Short Case

- i. Format of OSCE**

Observed Structured Clinical Examination (OSCE) will comprise of 12-18 stations of 5 to 8 minutes each with a change time of one minute for the candidate to move from one station to the other. The stations would have an examiner, a patient or both. Structured clinical tasks will be set at each station. The examiners using a global rating scale will assess the performance of each candidate. On stations where no examiner is present the candidates will have to submit written responses to short answer questions on a response sheet. There will be two types of stations: static and interactive. On static stations the candidate will be presented with patient data, a clinical problem or a research study and will be asked to give written responses to questions asked. In the interactive stations the candidate will have to perform a procedure, for example, taking history, performing clinical examination, counseling, assembling an instrument etc. One examiner will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem-solving skills.

## ii. Format of long case

For assessment of the holistic approach of the candidate regarding patient management, each candidate will be allotted one long case and allowed 30 minutes for history taking and clinical examination. Candidates should take a careful history from the patient (or relative) and after a thorough physical examination identify the problems which the patient presents with. During the period a pair of examiners will observe the candidate. In this section the candidates will be assessed on the following areas:

- **Interviewing skills**

- Introduces one self. Listens patiently and is polite with the patient.
- Is able to extract relevant information.

- **Clinical examination skills**

- Takes informed consent
- Uses correct clinical methods systematically (including appropriate exposure and re-draping).

- **Case presentation/ discussion**

- Presents skillfully
- Gives correct findings.
- Gives logical interpretations of findings and discusses differential diagnosis.
- Enumerates and justifies relevant investigations.
- Outlines and justifies treatment plan (including rehabilitation).
- Discusses prevention and prognosis.
- Has knowledge of recent advances relevant to the case.
- During case discussion the candidate may ask the examiners for laboratory investigations which shall be provided, if available. Even if they are not available and are relevant, candidates will receive credit for the suggestion.

## iii. Format of short cases

Candidates will be examined in at least four short cases for a total of 40 minutes jointly by a pair of examiners. Candidates will be given a specific task to perform on patients, one case at a time. During this part of the examination, the candidate will be assessed in:

- **Clinical examination skills**

- Takes informed consent.
- Uses correct clinical methods including appropriate exposure and re-draping.
- Examines systematically.

- **Discussion**

- Gives correct findings.
- Gives logical interpretations of findings.

- Justifies diagnosis/es.
- As the time for this section is short, the answers given by the candidates should be precise, succinct and relevant to the patient under discussion.

Component	Protocol Description	Marks	Duration	Passing Criteria
OSCE	8-12 Stations 60% Interactive 40% Static	100	5 to 6 minutes per stations	60% in Aggregate and Not Less than 55% in any Paper
Long Case	One (01) Case	100	50 Minutes	
Short Case	Four (04) Case	100	40 Minutes (10 Minutes for each case)	

If a candidate securing 60% or more marks in OSCE component He/She shall be exempted from this component in the next clinical examination until & unless he reappears in the theory examination.

### 3. Defence of Thesis

- **Eligibility**

A candidate shall be eligible for defence of thesis examination whether he/she shall be declared pass or fail in the theory examination

- **Format of Examination**

Defence of thesis examination comprising of a presentation and question/Answer session with a panel of examination.

- **Passing criteria**

A score of 70% or above marks is required to pass.

If a candidate shall be declared pass in the Defence of thesis examination, he/she shall be exempted from this component forever. Provisional Certificate, Transcript and Degree will be awarded only after passing all the components of the final MS Urology examination.



# LEARNING RESOURCES



## LEARNING RESOURCES

### List of Essential Readings

#### Books:

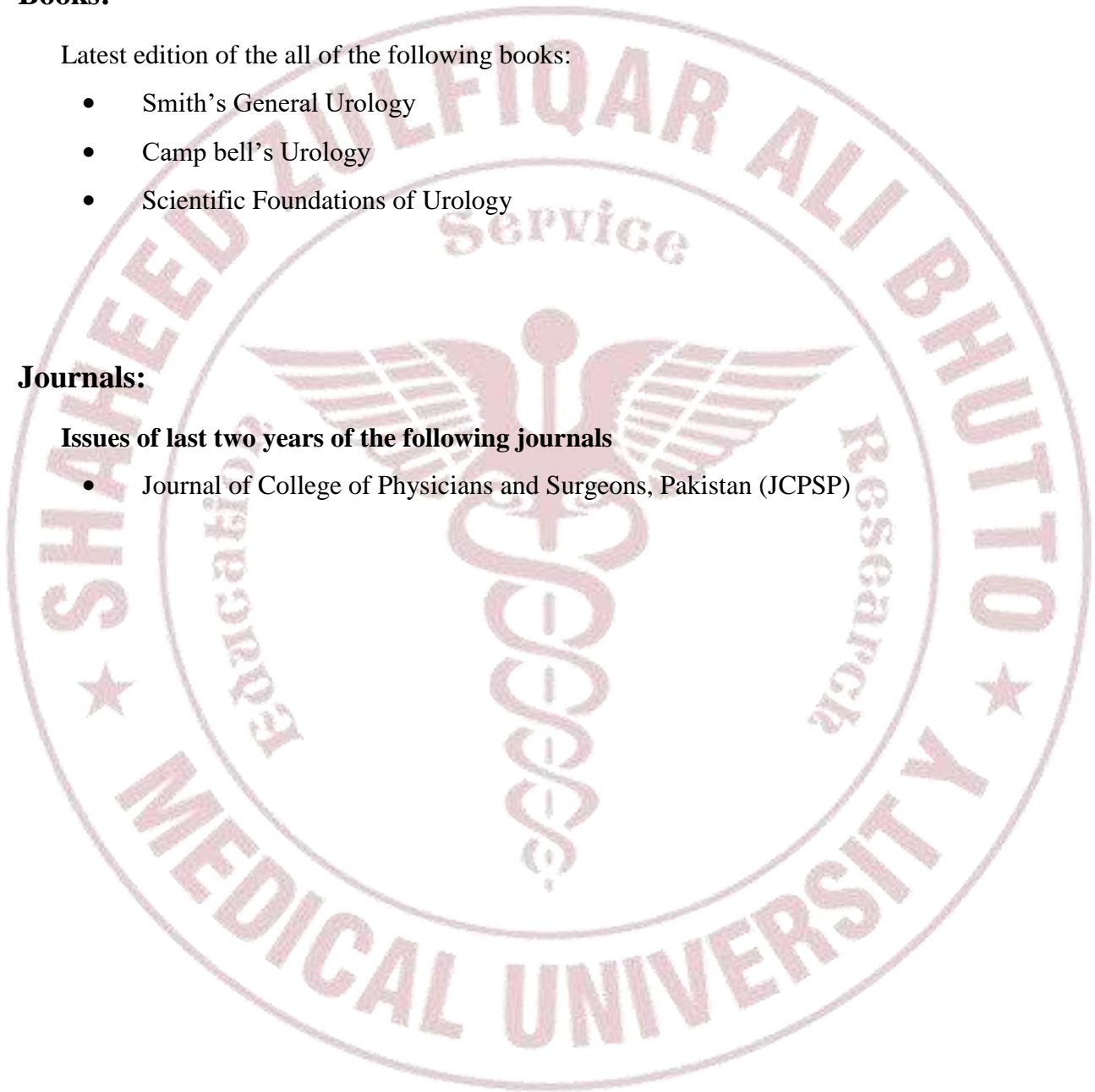
Latest edition of the all of the following books:

- Smith's General Urology
- Camp bell's Urology
- Scientific Foundations of Urology

#### Journals:

Issues of last two years of the following journals

- Journal of College of Physicians and Surgeons, Pakistan (JCPSP)



# ANNEXURE

## Supervisor Evaluation Form

### SUPERVISOR'S INTERNAL ASSESMENT/EVALUATION PROFORMA FOR MS

PGR Name: \_\_\_\_\_ Session: \_\_\_\_\_ Specialty: \_\_\_\_\_

University Registration No: \_\_\_\_\_

Period: From \_\_\_\_\_ To \_\_\_\_\_

1.	Generic Competencies		
	(Please score from 1 - 100. 75% shall be the pass marks)		Component Score
		Patient Care	20
		Medical Knowledge and Research	20
	i	Practice and System Based Learning • Journal Clubs	04
		• Audit Projects	04
		• Medical Error Investigation and Root Cause Analysis	04
		• Morbidity / Mortality / Review meetings	04
		• Awareness of Health Care Facilities	04
	iv.	Communication Skills	10
		• Informed Consent	10
		• End of life decisions	10
	v.	Professionalism	04
		• Punctuality and time keeping	04
		• Patient doctor relationship	04
	• Relationship with colleagues	04	
	• Awareness of ethical issues	04	
	• Honesty and integrity	04	
2.	Specialty specific competencies		
	Please score from 1 - 100. 75% shall be the pass marks		Score achieved
	Operative Skills / Procedural Skills		

3.	<b>Multisource Feedback Evaluation</b> (Please score from 1 - 100. 75% shall be the pass marks)		
4.	<b>Candidates Training Portfolio</b> (Please score from 1 - 100.75% shall be the pass marks)		
	(Please score from 1 -100. 75% shall be the pass marks)	Component Score	Score achieved
	I. Log book of operations and procedures	25	
	II. Record of participation and presentation in academic activities	25	
	III. Record of publications	25	
	IV. Record of results of assessments and examinations	25	

Total marks obtained \_\_\_\_\_ Signature of Supervisor \_\_\_\_\_

Name & Stamp \_\_\_\_\_

