

**Regulations and Curriculum (Modified) for
Super Speciality Postgraduate Degree Course Master of
Chirurgiae (M.Ch) in Urology-2016**

(As per Medical Council of India Postgraduate Medical Education
Regulations, 2000 (Amended up to February, 2016))



(Deemed to be University under Section 3 of UGC Act, 1956)
(Placed under Category 'A' by MHRD, Govt. of India, Accredited with 'A' Grade by NAAC)
University Enclave, Deralakatte, Mangaluru – 575 018
Tel: +91-824-2204300/01/02/03 | Fax: 91-824-2204305
Website: www.nitte.edu.in E-mail: info@nitte.edu.in

VISION

to build a humane society through excellence in education and healthcare

MISSION

To develop

Nitte (Deemed to be University)

*As a centre of excellence imparting quality education,
generating competent, skilled manpower to face the scientific and social
challenges with a high degree of credibility, integrity,
ethical standards & social concern*

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No. F.9-13/2007-U.3 (A)
Government of India
Ministry of Human Resource Development
(Department of Higher Education)
U.3 (A) Section

Shastri Bhawan, New Delhi,
Dated: 4th June, 2008

NOTIFICATION

1. Whereas the Central Government is empowered under Section 3 of the University Grants Commission (UGC) Act, 1956 to declare, on the advice of the UGC, an institution of higher learning as a deemed-to-be-university;
2. And whereas, a proposal was received in February, 2007 from Nitte Education Trust, Mangalore, Karnataka seeking grant of status of deemed-to-be-university in the name of Nitte University under Section 3 of the UGC Act, 1956;
3. And whereas, the University Grants Commission has examined the said proposal and vide its communication bearing No. F.26-10/2007(CPP-I/DU) dated the 10th March, 2008 has recommended conferment of status of 'deemed-to-be-university' in the name and style of Nitte University, Mangalore, Karnataka, comprising A.B. Shetty Memorial Institution of Dental Sciences, Mangalore;
4. Now, therefore, in exercise of the powers conferred by section 3 of the UGC Act, 1956, the central Government, on the advice of the University Grants Commission (UGC), hereby declare that Nitte University, Mangalore, Karnataka, comprising A.B. Shetty Memorial Institution of Dental Sciences, Deralakatte, Mangalore, shall be deemed to be a University for the Purposes of the aforesaid Act.

Sd/
(Sunil Kumar)
Joint Secretary to the Government of India

(True Extract of the Notification)



**University Grants Commission
Bahadurshah Zafar Marg
New Delhi - 110002**

No.F.26-5/2008 (CPP-I)

Dated: 24th March, 2009

OFFICE MEMORANDUM

1. Whereas the Government of India, Ministry of Human Resource Development, Department of Higher Education vide Notification No. F.9-13/2007-U.3 (A) dated 4th June, 2008 declared Nitte University, Mangalore, Karnataka comprising A.B. Shetty Memorial Institution of Dental Sciences, Deralakatte, Mangalore as Deemed to be University under Section 3 of UGC Act, 1956.
2. And whereas now, the University Grants Commission, on the recommendation of an Expert Committee constituted by the Chairman, UGC has agreed for bringing (i) K.S. Hegde Medical Academy, Deralakatte, Mangalore, (ii) Nitte Usha Institution of Nursing Sciences, Deralakatte, Mangalore, (iii) Nitte Gulabi Shetty Memorial Institution of Pharmaceutical Sciences, Deralakatte, Mangalore, (iv) Nitte Institution of Physiotherapy, Deralakatte, Mangalore under the ambit of Nitte University, Deralakatte, Mangalore.

Sd/
(K.P. Singh)
Joint Secretary
University Grants Commission

(True Extract of the Notification)



Nitte University

(Deemed to be University under Section 3 of UGC Act, 1956)

University Enclave, Medical Sciences Complex, Deralakatte, Mangalore – 575 018,
Karnataka INDIA

Tel: +91-824-2204300/01/02/03 Fax: 91-824-2204305

www.nitte.edu.in E-mail: info@nitte.edu.in

NOTIFICATION

Sub: Approval of Regulations and Course Curriculum for M.Ch. in Urology under Faculty of Medicine.

In exercise of the powers conferred under Rule No.R.9 of the MoA, the Academic Council in its 28th meeting held on 13-05-2016 under the agenda item no. AC/10(IV)-28/16 has been pleased to approve the Regulations and Course Curriculum for M.Ch. in Urology under the Faculty of Medicine and start the program from the Academic Year 2016-17, subject to the permission of the Medical Council of India. (MCI)

By order,

REGISTRAR



Nitte University

(Deemed to be University under Section 3 of UGC Act, 1956)

University Enclave, Medical Sciences Complex, Deralakatte, Mangalore – 575 018,
Karnataka INDIA

Tel: +91-824-2204300/01/02/03 Fax: 91-824-2204305

www.nitte.edu.in E-mail: info@nitte.edu.in

NOTIFICATION

Sub: Regulations and Course Curriculum of M.Ch (Urology).

In exercise of the powers conferred under Rule No.R.9 of the MoA, the Academic Council in its 32nd meeting held on 16-06-2016 under the agenda item no. AC/3(a)-31/17 has accepted the Modified Regulations and Course Curriculum of M.Ch (Urology).

By order,

REGISTRAR



(Deemed to be University under section 3 of UGC Act 1956)
Placed under Category 'A' by MHRD, Govt. of India
Accredited as 'A' Grade University by NAAC
Mangaluru, Karnataka, India

Regulations and Curriculum (Modified) for Super Speciality Postgraduate Degree Course Master of Chirurgiae (M.Ch) in Urology-2016

(As per Medical Council of India Postgraduate Medical Education Regulations, 2000
(Amended up to February, 2016))

Chapter I

Preamble:

K.S. Hegde Medical Academy imparting education and training in Medical Sciences since 1999 and started Post graduate Degree Courses in Medical Sciences Specialties (MD/MS) in 2006, in order to carry out quality research and prepare specialists in Medical sciences. The institution started Superspeciality Postgraduate Degree Course Master of Chirurgiae (M.Ch) in Urology in 2016-17. The regulations for the M.Ch in Urology course are formulated as under and are in conformance to Medical Council of India Postgraduate Medical Education Regulations, 2000 (Amended up to February, 2016).

1. Introduction:

- 1.1 These regulations shall be called Nitte (Deemed to be University) Regulations for M.Ch in Urology and govern the policies and procedures including selection, admission, imparting of instructions, conduct of examinations, evaluation and certification of candidate's performance and all amendments there to, leading to the award of M.Ch degree.
- 1.2 This set of regulations shall be binding on all the candidates undergoing the said degree course.
- 1.3 These regulations are in conformance to the Medical Council of India Postgraduate Medical Education Regulations, 2000 (Amended up to February, 2016). These regulations may be modified from time to time as mandated by the statutes of the University and the Medical Council of India (MCI). These provisions shall be applicable to any new specialties that may be introduced from time to time.

- 1.4 This set of regulations may evolve and get refined or updated or amended or modified or changed through appropriate approvals from the Academic Council and the Board of Management (BoM) from time to time and shall be binding on all parties concerned including the students, faculty, staff, departments, and authorities of the Institution.
- 1.5 All disputes arising from this set of regulations shall be addressed to the BoM. The decision of the BoM is final and binding on all parties concerned. Further, any legal disputes arising out of this set of regulations shall be limited to jurisdiction of Courts of Mangalore only.

2. Definitions:

Unless the context otherwise requires:

- *BoM* means Board of Management of Nitte (Deemed to be University)
- *BoS* means Board of Studies in Medical Sciences (UG and PG)
- *Constituent College* means any institution under the ambit of the Nitte (Deemed to be University)
- *He* includes both genders He and She; similarly his and/or him, himself includes her, herself as well, in all cases.
- *Head of the Institution* means the Dean/Principal of the College
- *Institution/College* means K.S. Hegde Medical Academy
- *MCI* means Medical Council of India
- *Regulations* means this set of academic regulations
- *Regulatory Authority* means Authority appointed/constituted by the Central/ State Government/s and statutory bodies to regulate medical science education
- *Teaching Hospital* means the Hospital attached to K S Hegde Medical Academy or any other Hospital owned by, or under the management of the University
- *University* means Nitte (Deemed to be University)

3. Branches of Study:

The following specialities are offered in M.Ch. course

- 3.1 **M.Ch. (Master of Chirurgiae)** in Urology and such other subjects that shall be introduced by the Institution from time with due permission from the MCI.

4. Duration of the Course:

The duration of Master of Chirurgiae (M.Ch.) degree course shall be of three academic years, consisting of six terms. Each academic term is of six months duration.

5. Eligibility for Admissions:

A student who has passed M.S. (General Surgery) or equivalent examination from a medical college recognized by the MCI and has obtained permanent registration of any State Medical Council shall be eligible for admission to M.Ch degree Course.

The student seeking admission will have to secure an eligibility certificate from Nitte (Deemed to be University) by making an application along with the following documents and the prescribed fee:

- a. MBBS and MS /DNB (General Surgery) pass/degree certificate.
- b. Copies of marks cards of all the university exams.
- c. Attempt certificate issued by the principal of the college.
- d. Internship completion certificate.
- e. Certificate regarding the recognition of the last studied medical college by the MCI issued by Dean/Principal of the college.
- f. In case internship was done in a non Teaching hospital, a certificate from the MCI that the hospital has been recognized for internship.
- g. Registration by any state medical council.
- h. Proof of SC/ST as the case may be, if applicable.

Note: Foreign nationals and candidates qualified from a foreign university should obtain the temporary registration and permission from the MCI prior to the admission to the M.Ch. Course.

6. Selection of Eligible Candidates:

Selection to M.Ch in Urology degree course shall be based on the basis of merit obtained in the qualifying examination.

7. Withdrawal -Temporary and Permanent:

7.1. Temporary Withdrawal:

7.1.1 A student who has been admitted to the course may be permitted to withdraw temporarily for a period of six months or more up to one year on the grounds of prolonged illness, grave calamity in the family etc, provided:

- a. He applies stating the reason for withdrawal with supporting documents and endorsement by parent/guardian.

- b. The Institution is satisfied that without counting the period of withdrawal, the student is likely to complete his requirement of the degree within maximum time specified.
 - c. There are no outstanding dues or demands with the department, library, hostel, Institution etc.
- 7.1.2 The tuition fee for the subsequent year may be collected in advance based on the severity of the case before giving approval for any such temporary withdrawal.
- 7.1.3 Scholarship holders are bound by the appropriate rules applicable
- 7.1.4 The decision of the Institution/University regarding withdrawal of a student is final and binding.

7.2. Permanent Withdrawal:

- 7.2.1 A student who withdraws admission before closing date of admission for the academic session is eligible for the refund as per the rules of the University. The fees once paid will not be refunded on any account.
- 7.2.2 Once the admission for the year is closed, and if a student wants to leave the institution, he will be permitted to do so and take the Transfer Certificate from the institution, if only after remitting all the tuition fees for the remaining years.
- 7.2.3 Those students who have received any scholarship/stipend/other forms of assistance from the institution shall repay all such amounts in addition to those mentioned in the clause above.
- 7.2.4 The decision of the institution/university regarding withdrawal of a student is final and binding.

8. Migration:

Under no circumstance, migration/transfer of a student undergoing any Superspeciality degree course shall be permitted.

9. Conduct and discipline:

- 9.1** Candidates shall conduct themselves within and outside the premises of the Institution in a manner befitting the student of professional institution.
- 9.2** As per the order of Honourable Supreme Court of India, ragging in any form is considered as a criminal offence and is banned. Any form of ragging will be severely dealt with.
- 9.3** The following act of omission and/or commission shall constitute gross violation of the code of conduct and are liable to invoke disciplinary measures:
- 9.3.1. Ragging as defined and described by the Supreme Court/

Government.

- 9.3.2. Lack of courtesy and decorum, indecent behaviour anywhere within or outside the campus.
 - 9.3.3. Wilful damage or stealthy removal of any property/belongings of the Institution/Hostel or of fellow candidates/citizens.
 - 9.3.4. Possession, consumption or distribution of alcoholic drinks or any kind of hallucinogenic drugs.
 - 9.3.5. Mutilation or unauthorized possession of library books.
 - 9.3.6. Noisy or unruly behaviour, disturbing studies of fellow candidates.
 - 9.3.7. Hacking in computer systems (such as entering into other person's domain without prior permission, manipulation and/or damage to the computer hardware and software or any other cyber crimes etc.)
 - 9.3.8. Plagiarism of any nature.
 - 9.3.9. Any other act of gross indiscipline as decided by the Board of management from time to time.
- 9.4** Commensurate with the gravity of offense, the punishment may be: reprimand, fine, expulsion from the hostel, debarment from an examination, disallowing the use of certain facilities of the Institution, rustication for a specific period or even outright expulsion from the Institution, or even handing over the case to appropriate law enforcement authorities or the judiciary, as required by the circumstances.
- 9.5** For any offence committed in (i) a hostel (ii) a department or in a classroom and (iii) elsewhere, the Chief Warden, the Head of the Department and the Head of the Institution, respectively, shall have the authority to reprimand or impose fine.
- 9.6** All cases involving punishment other than reprimand shall be reported to the Vice-chancellor.
- 9.7** Cases of adoption of unfair means and/or any malpractice in an examination shall be reported to the Controller of Examinations for taking appropriate action.

10. Graduation Requirements:

A Student shall be declared eligible for the award of the degree if he has:

- Fulfilled Degree Requirement, including passing the required exam.
- No dues to the University, Institution, Departments, Hostels, Library, etc...
- No disciplinary action pending against him.
- The award of the degree must be recommended by the BoM

11. Convocation:

Degrees will be awarded in person for the candidates who have graduated during the preceding academic year. Degrees will be awarded *in absentia* to such students who are unable to attend the convocation. Students are required to apply for the convocation along with prescribed fee within the specified date, after having satisfactorily completed all degree requirements, in order to arrange for the award of degree during the convocation.

12. Academic Appeals Board:

There shall be an Academic Appeals Board constituted by the University

Constitution:

- | | |
|--|------------------|
| i. Head of the Institution | Chairperson |
| ii. A Professor from a constituent college
(Nominated by the Vice-Chancellor) | Member |
| iii. Three faculty members
(Nominated by the Vice-Chancellor) | Members |
| iv. The Controller of Examinations | Member Secretary |

Note:

- The Chairman may co-opt and/or invite more members.
- Depending on the prevailing circumstances, the senior most member in the Board shall act as chairperson.
- The quorum of each meeting shall be minimum of Four members.

Functions of the Board:

- To receive grievances/ complaints in writing from the students regarding anomaly in award of marks due to bias, victimization, erratic evaluation, etc., and redress the complaints.
- To interact with the concerned teacher and the student separately, before taking the decision.

13. Attendance and Monitoring Learning Progress:

13.1 Attendance:

- 13.1.1 A student pursuing M.Ch course shall work in the concerned department of the Institution for the entire period as a full time candidate. No student is permitted to run a clinic/laboratory/ work in any laboratory / institution / hospital / nursing home etc., during the period of study. No student should join any other course of study or appear for any other degree examination conducted by this university

or any other university in India or abroad during the period of registration.

- 13.1.2 Each year shall be taken as a unit for the purpose of calculating attendance.
- 13.1.3 A student shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department / Institution / University and not absent himself without a valid reason.
- 13.1.4 A student is required to attend a minimum of 80% of training during each academic year. Provided further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% attendance of training period every year.
- 13.1.5 Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the University examinations.

13.2 Teaching-Learning Activities:

The students shall be given graded responsibility in the management and treatment of patients entrusted to their care; participation in lectures seminars, journal clubs, group discussions, clinical meetings, grand rounds, and Clinico-pathological conferences; practical training in diagnosis and medical and surgical treatment; training in the basic medical sciences, as well as in allied clinical specialities.

The students shall undergo practical training including advanced diagnostic, therapeutic and laboratory techniques, relevant to the subject of urology. They shall also participate in surgical operations.

- 13.2.1 The predominant course related activity would involve working in the hospital – OPD's, wards, operation theatres, and affiliated laboratories, diagnostic facilities etc.
- 13.2.2 Practical teaching and learning activities will involve case presentations, demonstrations, imaging and diagnostic procedures and such other related activities.
- 13.2.3 Additional teaching and learning activities will include:
 - i. Visits to other institutions of excellence.
 - ii. Visits to laboratories, diagnostic facilities, rehabilitation units, community-based units and such other areas as may be deemed necessary from time to time.

- iii. Attending continuing education programs, seminars, conferences, workshop etc., in furtherance of the course objectives.
- iv. Presenting papers, topics, lectures, posters, and similar activities to peer groups in furtherance of the learning objectives of the course.

13.3 Monitoring Progress of Studies:

- 13.3.1 A student shall maintain a work dairy/log book and record his participation in the training programs such as review of journal, seminars etc. conducted by the department/ Institution.
- 13.3.2 The work dairy shall be scrutinized by the guide /unit chief at the end of every term and certified by the Head of the Department and Head of the institution and presented in the University practical/clinical examination.
- 13.3.3 Special mention may be made of the presentations by the student as well as details clinical or laboratory procedures, conducted by the students.
- 13.3.4 The concerned department shall conduct three examinations: At the end of the first and the second year, there shall be one examination each, and the third examination shall be conducted three months before the final examinations. The exam shall include written papers, practical/clinical and viva voce.

13.4 Procedure for Defaulters:

There shall be a Committee comprising of Head of the Department, three faculty members (maximum) of the department and the Guide. The students shall be monitored by this Committee and assessed once in **six** months, the record of which shall be maintained. A student whose progress is found to be unsatisfactory will be counselled by the Committee giving chances to improve. If the student continues to be defaulting, the Committee can recommend with holding the student from appearing for the University examinations.

14. Dissertation/Thesis:

14.1 Preparation of Dissertation/Thesis:

- 14.1.1 A student is required to carry out a study on a selected research project under the guidance of a recognized postgraduate teacher. The results of such a study shall be submitted in the form of a dissertation.
- 14.1.2 The dissertation/thesis is aimed at training a M.Ch student in research methodology and techniques. It includes identification of the problem,

formulation of a hypothesis, review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, and comparison of results and drawing conclusions.

- 14.1.3 The dissertation /thesis is should be written under the following headings in order.
- i. Introduction
 - ii. Aims and Objectives of the study
 - iii. Review of literature
 - iv. Materials and Methods
 - v. Results
 - vi. Discussion
 - vii. Summary and Conclusions
 - viii. References
 - ix. Tables
 - x. Annexures
- 14.1.4 The writing text of dissertation shall be not less than 50 pages and shall not exceed 200 pages excluding references, tables, questionnaires and other annexures. It should be neatly typed with double line spacing on one side of the paper (A4 size: 8.27 x 11.69”) and bound properly. Spiral binding should be avoided. A soft copy of the dissertation should also be submitted.
- 14.1.5 A guide shall be a full time post graduate teacher in the respective department of the college and recognized by MCI/ Nitte (Deemed to be University) as a guide for supervision of dissertation work. However, a co- guide can be opted wherever required with prior permission of the college and university. The co-guide should be a Postgraduate Teacher, recognized by MCI/Nitte (Deemed to be University).
- 14.1.6 He shall submit synopsis of the study to the University through the Guide, HoD and Head of the Institution. The synopsis shall be submitted within six months of commencement of the course or within the date notified by the University.
- 14.1.7 Once the synopsis is approved and registered by the University no change in the topic or guide shall be made without the prior approval of the university.
- 14.1.8 In the event of registered guide leaving the institution or in the event of the death of the guide, the guide may be changed with prior permission from the university.

14.2 Submission and Acceptance of Dissertation/Thesis:

- 14.2.1 The final dissertation/thesis in the prescribed format and certified by the Guide and co-guide if any, Head of the Department and Head of the Institution should be submitted to the University six months before the final examination or as notified by the University.
- 14.2.2 A student is eligible to appear for the University theory, clinical, and viva-voce examinations, only if his dissertation/thesis has been accepted by the Examiners after due evaluation.

15. Examinations:

15.1 University Examinations:

The University examination shall be held at the end of 3 academic years (six academic terms). The academic terms shall mean six months training period. The examinations shall consist of dissertation/thesis, theory papers, practical/clinical and oral examinations. The University shall conduct two examinations in an academic year at an interval of four to six months between the examinations

15.2 Scheme of Examinations:

The Examination shall consist of dissertation/thesis, written paper (theory), practical/ Clinical and Viva-voce examinations.

15.2.1 Eligibility to appear for University Examinations:

A student who fulfils all of the following condition shall be permitted to appear for the University examinations.

- i. A minimum attendance of 80% prescribed in each academic year;
- ii. Satisfactory completion of the requirements of the course certified by Head of the Department and Head of the Institution;
- iii. Acceptance of the thesis/ dissertation by the University;
- iv. Presented one poster, read one paper at a national/state conference and presented one research paper which should be published / accepted for publication/sent for publication during the period of his M.Ch studies; and
- v. Any other requirement that may be prescribed by the University from time to time.

15.2.2 A student whose dissertation/thesis has been accepted by the examiners, but who is declared to have failed at the examination will be permitted to reappear at the subsequent examination without having to prepare a new dissertation/thesis, if however, the dissertation/thesis is rejected, the authorities shall give reasons thereof

and suggestion for the improvement of the same and the dissertation/thesis thus improved will have to be re-submitted to the University and accepted before appearing for the University Examination.

15.2.3 Theory Papers:

- There shall be four theory papers viz., Papers I, II, III and IV, each of three hours duration and each paper carrying 100 marks.
- Paper I, II III and IV shall consist of **two** long essay questions of 20 marks each and **six** short essay questions of 10 mark each.

Note: The distribution of topics in each paper is given under Part II.

15.2.4 Clinical Examination:

The total marks for clinical examination shall be 300. Clinical examination shall be conducted to test the knowledge and competence of the student for undertaking independent work as a specialist/teacher, for which students shall examine a minimum of one long case and two short cases, followed by three ward round discussions"

15.2.5 Viva-Voce Examination:

Oral examination shall be comprehensive to test the candidate's overall knowledge of the subject.

The total marks for Viva-Voce examination shall be 100 marks.

16. Criteria for Pass:

To pass in the university examinations, a student shall appear for all theory papers scoring a minimum of 40% in each paper and secure a minimum of 50% of total marks allotted for theory subjects (i.e. 200 marks out of 400) in aggregate and 50% marks allotted in practical/ clinical and viva voce put together (minimum of 200 marks out of 400 marks) in aggregate.

A student securing less than 50% marks shall be declared to have failed in the examination. The reasons for failing a student shall be documented in the case sheet and signed by all Examiners. Failed students may reappear in any subsequent examination as notified by the University.

17. Declaration of Class:

Class will be awarded only to those students who pass the entire examination in the first attempt and minimum duration (three years), and shall be as follows:

- 75% and above: Passed with Distinction
- 50% and above but below 75%: Pass class

A student who passes the examinations in more than one attempt shall be declared as 'Pass' irrespective of the percentage of marks secured.

18. Supplementary Examination:

Supplementary examination shall be conducted by the university for the benefit of unsuccessful students which will be held within six months from the date of announcement of results.

A student detained for lack of attendance will be barred from appearing for the supplementary examinations unless he has fulfilled the requirement of attendance.

19. Award of Merit Certificates:

Merit Certificate is awarded only if a student passes with 75% and above in the first attempt.

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Chapter II

GOALS AND GENERAL OBJECTIVES OF POSTGRADUATE MEDICAL EDUCATION COURSE

1. Goals:

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

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

2. General Objectives of Post-Graduate Training:

At the end of the postgraduate training in the discipline concerned the student shall be able to:

- i. Recognize the importance to the concerned speciality in the context of the health needs of the community and the national priorities in the health sector;
- ii. Practice the speciality Urology ethically and in step with the principles of primary health care;
- iii. Demonstrate sufficient understanding of the basic sciences relevant to the concerned Speciality;
- iv. Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measures/strategies;

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

3. Statement of the Competencies

Keeping in view the general objectives of postgraduate training, each discipline shall aim at development of specific competencies which shall be defined and spelt out in clear terms. Each department shall produce a statement and bring it to the notice of the trainees in the beginning of the course so that he or she can direct the efforts towards the attainment of these competencies.

4. Components of the Postgraduate Curriculum

The major components of the Postgraduate curriculum shall be:

- Theoretical knowledge
- Practical and clinical skills
- Writing Dissertation/Research articles
- Attitudes including communication skills
- Training in Research Methodology, Medical Ethics and Medico-legal aspects

[Source: The Medical Council of India Postgraduate Medical Education Regulations, 2000 (Amended up to February, 2016)

Chapter III

Course Curriculum For

M.Ch. IN UROLOGY

Course Description

A. General Conditions:

- i) The M.Ch. Postgraduate education in the super speciality of Urology shall be of three years duration after MS (Surgery) / equivalent degree prescribed by M.Ch
- ii) The M.Ch. Postgraduate (PG) curriculum in Urology shall be competency based.
- iii) Learning in the postgraduate course shall be essentially autonomous and self directed.
- iv) A combination of both formative and summative assessment is vital for the successful completion of the PG course.
- v) A modular approach to the course curriculum is essential for achieving a systematic exposure to the various sub specialities concerned with Urology.
- vi) The training of the PG students shall involve learning experience 'derived from' or 'targeted to' the needs of the community. It shall, therefore, be necessary to expose the students to community based activities.

B. Course Description and Competency

1. To train doctors in the scientific and clinical aspects of the speciality of urology.
2. To empower them to practice the speciality of urology with competence, care, and compassion thereby delivering the highest standard of urologic care to the community.
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.
4. To establish the required training methods, evaluation methodology, and qualifying norms for the successful completion of the M.Ch. course in Urology. Urology includes the areas of General Urology, Endourology, Paediatric Urology, Urologic Oncology, Reconstructive Urology, Genitourinary Trauma, Female Urology, Neuro-urology and Incontinence, Andrology and

Reproductive Urology, Renal Transplantation and such other fields as may form part of the speciality of Urology in its future evolution.

C. Statement of Objectives

1. To provide student with the current, latest, scientific and evidence-based Knowledge pertaining to the above-mentioned areas in Urology.
2. 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 and under suitable supervision to a point where the student is capable of practising these skills independently.
3. To inculcate in the student an attitude of responsibility, accountability and caring; to empower the student with a good and sound foundation of ethical values in the practice of urology; and to develop in the student the ability to effectively communicate with patients, peers, superiors, and the community in the discharge of his/her clinical role.

SYLLABUS

The syllabus will cover the entire scope of Urology. The theory will comprise four parts:

- I. Basic Sciences related to Urology
- II. Clinical and Medical Urology
- III. Urological Surgery
- IV. Recent Advances in Urology

I. Basic Sciences Related to Urology

1. Urological Anatomy

Comprehensive knowledge of gross, regional, developmental and microscopic anatomy of the kidneys, ureters, bladder, urethra, male and female genital systems, male and female pelvis, perineum, adrenals, retroperitoneum and abdominal wall including the embryological basis of congenital anomalies of the above organs and parts, basic genetics relevant to urological diseases and the application of above knowledge in the understanding and management of urological diseases

2. Urological Physiology

Comprehensive knowledge of physiology of the kidneys, upper urinary tract, lower

urinary tract, adrenals, male and female genital systems including the role of kidneys in homeostasis of the body, acid-base and electrolyte balance, urinary transport, storage and emptying, and male reproductive physiology.

3. Urological Biochemistry

Comprehensive knowledge of biochemistry relevant to kidneys, urinary tract and male genital system and their application in the understanding and management of urological diseases including metabolic aspects of stone disease and renal failure, etc.

4. Urological Pathology

Comprehensive knowledge of the pathological basis of the diseases affecting the kidneys, urinary tract, male genital system and adrenals with special reference to clinical correlation including traumatic, inflammatory, metabolic, degenerative and neoplastic diseases, pathophysiology of urinary tract obstruction both neurogenic and non-neurogenic, pathophysiology of erectile dysfunction and acute and chronic renal failure.

5. Urological Microbiology

Comprehensive knowledge of various microbiological aspects of infective diseases of kidneys, urogenital tract and adrenals including urinary tract infection, genitourinary tuberculosis, urinary tract fungal infection, filariasis and hydatidosis affecting the urogenital system, gram negative septicaemia, postoperative infection and sexually transmitted diseases.

6. Urological Pharmacology

Comprehensive knowledge of the pharmacology of drugs used in the diagnosis and management of diseases of the kidneys, urogenital system and adrenals including antibiotics, anticholinergics, alpha blockers, androgens and antiandrogens, antineoplastic drugs, immunosuppressive agents, etc., adverse effects of drugs on renal function, male genital tract function and urinary tract function and dose modification in patients with renal failure.

7. Urological Jurisprudence

Comprehensive knowledge of urological jurisprudence including informed consent, consumer protection act, organ transplantation act, medical record keeping, laws relating male and female sterilization, etc.

8. Urological Molecular and Cellular Biology

Comprehensive knowledge of cellular and molecular biology relevant to the

understanding and management of urological diseases including basic principles of immunology, molecular genetics and cancer biology and tissue engineering and cell therapy.

9. Urological Research

Comprehensive knowledge of principles and application of urological research including urological epidemiology, clinical trials and essential medical statistics, etc.

10. Information and Communication Technology

Comprehensive knowledge of principles and application of information and communication technology in Urology including use of this in patient care, research, management and education.

II. Clinical and Medical Urology

Comprehensive knowledge of the evaluation and diagnosis and medical management of congenital, hereditary, traumatic, inflammatory, neoplastic, metabolic, degenerative, idiopathic and other urological diseases and disorders of the kidneys, ureters, bladder, urethra, male and female genital systems, male and female pelvis, perineum, adrenals, retroperitoneum and abdominal wall.

Basic knowledge of the diseases of other surgical and medical specialities relevant to the evaluation, diagnosis and management of urological problems.

1. Clinical Urology

Clinical Urology comprises history, physical examination, use of investigations, diagnostic decision making and formulating management plans. It includes principles and application of laboratory investigations like urinalysis, urine, blood, serum, other body fluid and tissue investigations (biochemical, microbiological, pathological, haematological, immunological, pharmacological, etc.), principles and application of radiology and imaging in the evaluation of urinary system, genital system, adrenals and retroperitoneum and the principles and application of urodynamic studies.

It will also include principles and application of diagnostic cystourethroscopy and knowledge of related instruments and equipment's and andrological investigations like nocturnal penile tumescence.

2. Medical Urology

It comprises pharmacological and non-pharmacological management of all urological diseases and disorders.

Pharmacological management includes use of drugs in the management of urological diseases and disorders like genitourinary infective and inflammatory diseases, benign prostatic hyperplasia, urolithiasis, neurogenic and non-neurogenic transport, storage and emptying dysfunctions, male and female sexual dysfunctions, male infertility, urological cancers, renovascular hypertension, genetic and developmental urogenital disorders, cutaneous diseases of genitalia, geriatric urological disorders, acute and chronic renal failure, adrenal diseases, perioperative urological and co-morbid problems, etc.

Nonpharmacological management includes the principles, instrumentation and application of extracorporeal shock wave lithotripsy system, concepts of renal replacement therapy, concepts of male contraception, principles and application of radiotherapy in the management of urological cancers, principles and application of various energy sources like laser in the management of urological disorders, external appliances, behavioural therapy, life style modification, complementary and alternative therapies, community urology, preventive and promotive urology, clinical audit, health economics, quality of care and quality of life issues.

III. Urological Surgery

Comprehensive knowledge of the surgical management of urological diseases of the kidneys, ureters, bladder, urethra, male and female genital systems, male and female pelvis, perineum, adrenals, retroperitoneum and abdominal wall.

It includes preoperative evaluation, preoperative preparation, postoperative care, prevention and management of intraoperative and postoperative complications, basic knowledge of common medical and surgical diseases that impact on the safety of anaesthesia and surgery, basic knowledge of use of blood products and anesthesiological drugs and procedures relevant to Urology and prevention and management of perioperative infections.

It also includes comprehensive knowledge of principles and application of endoscopic, laparoscopic, open and other ultrasound guided and fluoroscopy guided minimally invasive surgical methods in the performance of urological operations, internal prostheses used in Urology, disposables and consumables used in various urological procedures and principles and maintenance of the

instruments and equipments used.

Knowledge for each surgical procedure will include indications, contraindications, awareness of co-morbidities and their impact, required preparation for safe surgery, outcomes and complications of surgery, anatomical basis of surgery, steps involved in the operative procedures, knowledge of alternative procedures in case of intraoperative problems and counselling and informed consent.

IV. Recent Advances

Comprehensive knowledge of recent advances pertaining to basic sciences related to Urology, clinical and medical Urology and urological surgery.

Current areas of recent advances in basic sciences related to Urology include cellular and molecular biology in the understanding of urological disease processes, newer tumour markers and tests, drug assays, developments in information and communication technology, etc.

Current areas of recent advances in clinical and medical Urology include technological advances in imaging, endoscopy, clinical laboratory testing and urodynamic studies, clinical decision making, drug therapy, non-invasive therapy, newer diseases.

Current areas of recent advances in urologic surgery include technological advances in minimal access and minimally invasive surgery (e.g. robotic surgery), endoscopic surgery, open surgery, energy sources, perioperative monitoring devices, operative techniques and their outcomes, information and communication technology as applied to urological surgery (e.g. telesurgery and telementored surgery), etc.

Recent advances keep changing with time and accordingly the course content will change with time.

A. Training Program

M.Ch course is a full time residency course and the student will be responsible for the total care of the patients. He will be encouraged to take independent decisions. Every day there will be at least one hour academic activity to a minimum of 10 hours/week in which all the faculty members and residents will participate. Case discussion will take place weekly.

Other academic activities like journal clubs, seminars, group discussions and statistical meetings will be a fortnightly feature where deaths, complications,

operations and consultations rendered will be discussed. Consultations given to other departments should also be discussed every morning with the respective consultants. In OPD the student will see the cases independently and will make all the pertinent notes. In problematic cases and a special referral, it is mandatory to show the case to the faculty. A student will not be allowed to provide independent consultations for first six months.

Interdepartmental meetings like uroradiology, uronephrology, uroradiotherapy and medical oncology, uropathology will provide an opportunity for open discussion on a common subject and it will also provide an opportunity to learn views of the specialists on these subjects. Frequent clinical interaction with Nephrology department to learn the medical aspects of kidney disease shall be held.

The student shall be exposed to the clinical work in basic departments and skill laboratory.

i. 0-6 Months

Mastery of the following procedures shall be achieved in the first six months.

- a. Cystourethroscopy, filiform dilatation, retrograde pyelography. Interpretation of normal and abnormal findings in relation to gross inflammations, obstructive and neoplastic changes in the lower urinary tract.
- b. Minor Urological Procedures like Needle biopsy of the prostate, trocar cystostomy, open cystostomy, orchiectomy, circumcision, Meatoplasty, Arterio-venous shunts, Excision of urethral caruncle.
- c. Uro-Radiological and Imaging Techniques: During this period a student should perform various uroradiological and Imaging procedures like Retrograde Urethrograms and Micturating Cystourethrogram, cystogram, nephrostogram, antegrade pyelography, interpretation of Ultrasound and computerized tomography's scans, nuclear scintigraphy and renal angiographic studies.

ii. 7-9 Months

In the next three months the student should learn, perform and interpret urodynamic studies like Cystometrogram, electro myography and Urethral pressure profile and Video urodynamics. He will also perform and interpret various tests of sexual dysfunction such as dynamic cavernosography, papavarine test and Penile-Brachial Index studies.

iii. 10-23 Months

During the next 14 months the student will assist and perform following procedures.

- a. **Endoscopic Surgery:** Internal urethrotomy, Bladder neck incision, Cystolithotripsy, Insertion and retrieval of ureteral stent, ureteric meatotomy, Ureterorenoscopy and transurethral resection of bladder tumour.
- b. **Surgical Procedures:** Simple nephrectomy, Radical nephrectomy, Cystolithotomy, Ureterolithotomy, Pyelolithotomy, Nephrostomy, Pyeloplasty, various urethroplasties. Retropubic and a transvesical prostatectomy, Orchidopexy, partial and total amputation of penis, VVF repairs.

iv. 24 – 36 months

- a. **Endoscopic Surgery:** The student will be trained in percutaneous Nephrolithotomy and Transurethral resection of prostate.
- b. **Laparoscopy:** The student will also need to acquire laparoscopic skills during the training period. He will learn procedures like Laparoscopic Ureterolithotomy, Simple and radical nephrectomy, Laparoscopic donor nephrectomy, Pyeloplasty and radical prostatectomy.
- c. **Open Surgery:** Student should learn more complex surgical procedures like-transpubic urethroplasty, Hypospadias repair, Augmentation cystoplasty, Anatomic Nephrolithotomy under hypothermia, Boari's flap procedure, urinary diversion, ureteroneocystostomy, partial and total cystectomy, nephroureterectomy, penile prosthesis, Artificial urinary sphincter, Microsurgical Vasoepididymostomy and vasovasostomy, Renal transplant surgery and AV fistulae, retroperitoneal lymphadenectomy.

B. Skills to be acquired in Operative Urology

Special attention shall be paid to improve the operative skills of the student. He shall be trained to take independent operative decisions. In a time bound schedule an opportunity will be given to perform all the major open as well as endoscopic procedures so as to let him develop mastery in the essential procedures. Students are required to maintain a logbook of operative procedures with details of complications, if any, and their management. This will be reviewed every three months. Completed logbook has to be submitted before the clinical examination and will be evaluated by the examiners.

The student shall perform following minimum stipulated number of procedures within three years of his training.

1. Endoscopies	100
2. Urethroplasties	5
3. Internal urethrotomy	20
4. Internal tract reconstructions	10
5. Repair of vesicovaginal fistulae	5
6. Pyeloplasties	5
7. Hypospadias repair	5
8. Transurethral Resection of Prostate	25
9. Uretero-Renoscapy	25
10. Percutaneous Nephrolithotomy	15
11. Donor Nephrectomies	5
12. Recipient Surgery	2

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

1. Simple Nephrectomy
2. Surgical treatment of stress urinary incontinence
3. Radical Cystoprostatectomy
4. Radical Nephrectomy
5. Ureteroneocystostomy
6. Retroperitoneal lymphnode dissection
7. Different type of Urinary diversion
8. Surgical management of Renal and Urethral trauma
9. Transpubic urethroplasty
10. Augmentation cystoplasty
11. Nephroureterectomy
12. Anatomic Nephrolithotomy
13. Laparoscopic Urologic Surgery
14. Paediatric surgical procedures.

C. External Postings:

In view of expanding field of urology, it is difficult to see, observe and have training in all newer subspecialties. Therefore, it is imperative to inculcate exchange programs for one month and resident shall be rotated to two or three centres.

EVALUATION

1. Monitoring the learning process (Formative Assessment)

- i. **Subject Seminar:** The topic shall be assigned to the students well in advance to facilitate in-depth study and held once a fortnight. Should learn to do literature search, understand the subject and present the same using appropriate audio visual aids (**Checklist No. 1**).
- ii. **Journal Club:** Should be able to choose an article, understand the scope, objectives and limitations of the paper, make adequate cross references, analyze the statistical significance and present using appropriate audio visual aids. Shall be held once a fortnight. (**Checklist No. 2**).
- iii. **Bedside Clinics:** Shall be held at least once a week where the student presents a case to the assigned teacher. Should mainly concentrate on analyzing the history, method of clinical examination and arrive at a clinical diagnosis / differential diagnosis (**Checklist No.3**).
- iv. **General Clinics:** Shall be held once a week wherein a student presents a case in detail and shall be attended by all post graduates and faculty members of the department. The evaluation includes completeness and clarity of history, accuracy of physical examination, ability to arrive at a diagnosis/ differential diagnosis, request for appropriate investigations and treatment plan. (**Checklist No. 3**)
- v. **Clinical Skills (Ward Work):** This pertains to day to day skills in the OPD and wards, ability to maintain the case records, follow up notes, interpretation of investigation reports and treatment plan. The evaluation includes the student's sincerity, punctuality, analytical ability and communication skills. (**Checklist No. 4**)
- vi. **Teaching Skills:** Student should be encouraged to teach undergraduate medical and para medical students. The performance should be assessed by the faculty members and from student feedback. (**Checklist No. 5**)
- vii. **Dissertation Work:** The guides shall periodically review (Once in six months) the dissertation works carried out by the student and record the same in the log book. (**Checklist No. 6a & 6b**)
- viii. **Log Book:** Every student shall maintain a log book and record his/her participation in training programmes conducted by the department. The log

book shall be scrutinized by Head of the Department and shall be made available to the University /MCI during examination or as and when required.

Periodic tests: Three tests shall be conducted: At the end of I and II year. The third test will be held two to three months before the final examination. The test will include a written paper and clinical examination.

2. University Examinations (Summative Assessment):

The University examination shall be held at the end of 3 academic years (six academic terms). The academic term shall mean six months training period. The examinations shall consist of dissertation/thesis, theory papers, practical/clinical and oral examinations. The University shall conduct two examinations in an academic year at an interval of not less than four months and not more than six months between the examinations.

3. Scheme of Examinations:

The Examination shall consist of dissertation/thesis, written paper (theory), clinical and viva-voce examinations.

Note: Satisfying all the prerequisites as indicated in Chapter 1 is a must to appear for the final examination. (See 16.2.3)

3.1. Theory Papers:

The total marks for theory shall be 400 marks. There shall be four theory papers, each for 100 marks. Each paper shall consist of consist of two long essay questions of 20 marks each and six short essay questions of 10 marks each.

The distribution of topics is as follows:

Paper I:	Basic Sciences applied to Urology	100 Marks
Paper II:	General Adult and Paediatric Urology	100 Marks
Paper III:	Regional Systemic Urology	100 Marks
Paper IV:	Recent Advances in Urology	100 Marks

	Total	400 Marks

Note: Questions on recent advances may be asked in any or all the papers.

3.2. Clinical Examination:

The total marks for clinical examination shall be 300 marks. Each student shall examine a minimum of one long case and two short cases. There will be ward rounds discussing three clinical cases.

	Type of Case	No. of Cases	Marks for each	Duration	Marks
i.	Long Case	One	80 Marks	One Hour	80
ii.	Short Case	Two	50 Marks	30 min each	100
iii.	Ward Rounds	Three	40 Marks	Total One Hour	120
Total					300 Marks

3.3. Viva-Voce Examination:

The total marks for viva-voce examination is 100 marks. It includes all components of the course contents. In addition, students will be given case reports, charts, gross specimens, Histo pathology slides, X-rays, Ultrasound, CT scan images, etc., for interpretation. Questions on operative surgery and use of instruments will be asked. It also includes discussion on the dissertation.

Maximum marks for	Theory	Clinical	Viva-voce	Total marks
	400	300	100	800

Recommended Text Books and Journals (Latest Editions)

Text Books

1. Wein (AJ) Etal: Campbell Walsh Urology
2. Gillenwater (JY) Etal: Adult and Paediatric Urology
3. Keane (TE), Graham (SD): Glenn's Urologic Surgery
4. McAninch (JW), Lue (TF): Smith and Tanagho's General Urology
5. McAninch (JW): Traumatic and Reconstructive Urology
6. Docimo (SG): The Kelalis – King – Belman text book of Clinical Pediatric Urology
7. Cardozo (L), Staskin (D): Textbook of Female Urology and Urogynecology
8. MacLenan (GT): Hinman's Atlas of Urosurgical Anatomy
9. Smith (JA) Jr, Etal: Hinman's atlas of Urologic Surgery
10. Richie (JP), D'Amico (A): Urologic Oncology
11. Mundy (AR) Etal: The Scientific basis of Urology
12. Skorecki (K) Etal: Brenner and Rector's The kidney
13. Morris (PJ), Knechtle (SJ): Kidney Transplantation-Principles and practice
14. Taneja (SS): Complications of Urologic Surgery-Prevention and management
15. Abrams (P): Urodynamics
16. Smith (AD) Etal: Smiths textbook of Endourology
17. Blandy (JP): Trans urethral resection
18. Blaivas (J) Etal: Atlas of Urodynamics
19. Resnick (MI), Novick (AC): Urologic Secrets
20. Hemal (AK): Laproscopic Urologic Surgery
21. Abrams (P): Case presentation in Urology
22. Mostofi (FK) Etal: Histological typing of kidney tumors
23. Mostofi (FK) Etal: Histological typing of urinary bladder tumours
24. Kulkarni (SB), Barbagli (G): Art of urethral reconstruction
25. Pollack (HM): Clinical Urography
26. Bishoff (JT), Kavoussi (LR): Atlas of Laparoscopic and Robotic Urologic surgery
27. Raz (S), Rodriguez (L): Female Urology
28. Nitti (VW) Etal: Vaginal surgery for the Urologist
29. Rao (PN), Preminger (GM), Kavanagh (JP): Urinary tract Stone disease

30. Wilson (SE): Vascular Access –principles and practice
31. Al Kandari (AM), Gill (IS): Difficult conditions in Laparoscopic Urologic surgery
32. Schill (W) Etal: Andrology for the clinician
33. Hu Reagen: Kidney Transplantation-management and clinical aspects
34. Hemal (AK), Menon (M): Robotics in Genitourinary surgery
35. Kreder (KJ), Stone (A): Urinary Diversion- Scientific foundations and clinical practice
36. Frank (JD) Etal: Operative Pediatric Urology
37. Rizk (BR) Etal: Medical and Surgical management of Male Infertility
38. Silverman (SG), Cohan (RH): CT Urography – An Atlas
39. Brandes (SB): Urethral Reconstructive Surgery
40. Hohenfellner (M), Santucci (RA): Emergencies in Urology
41. Walters (MD), Karram (MM): Urogynecology and Reconstructive pelvic surgery
42. Turner (N) Etal: Oxford text book of Clinical Nephrology
43. Petersen (RO) Etal: Urologic Pathology

Journals:

1. Indian Journal of Urology
2. Journal of Urology
3. European Urology
4. Urology
5. BJU International
6. Urological Clinics of North America
7. Indian Journal of Surgery
8. Scandinavian J. Urology and Nephrology
9. World Journal of Urology
10. Recent Advances in Urology
11. Year Book of Urology
12. Nephrology dialysis transplantation
13. Transplantation
14. Kidney International

The list of recommended journal may change with publications of newer journals or periodicals.

ANNEXURES

Check List No. 1

K S Hegde Medical Academy

A Constituent College of NITTE (Deemed to be University)

Evaluation of Seminar Presentations

Name of the Student:

Date:

Topic:

No.	Points to be Observed	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Whether other relevant publications consulted					
2.	Whether cross references have been consulted					
3.	Completeness of preparation					
4.	Clarity of presentation					
5.	Understanding of subject					
6.	Ability to answer questions					
7.	Time scheduling					
8.	Appropriate use of audio-visual aids					
Total						
Overall Performance		Poor/Below Average/Average/Good/Very Good				
Remark						

.....
Signature of the Faculty/Observer

K S Hegde Medical Academy
A Constituent College of NITTE (Deemed to be University)

Evaluation of Journal Review Presentations

Name of the Student:

Date:

Title of the Paper:

Journal Details:

No.	Points to be Observed	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Article chosen was					
2.	Extent of understanding of scope and objectives of the paper by the student					
3.	Whether cross references have been consulted					
4.	Whether other relevant publications consulted					
5.	Ability to respond to questions on the paper/subject					
6.	Audio -Visual aids used					
7.	Ability to defend the paper					
8.	Clarity of presentation					
Total						
Overall Performance		Poor/Below Average/Average/Good/Very Good				
Remark						

.....
Name & Signature of the Faculty/Observer

K S Hegde Medical Academy
A Constituent College of NITTE (Deemed to be University)

Evaluation of Clinical Presentations

Name of the Student:

Date:

No.	Points to be Observed	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Completeness of history					
2.	Whether all relevant points elicited					
3.	Clarity of presentation					
4.	Logical order					
5.	Mentioned all positive and negative points of importance					
6.	Accuracy of general physical examination					
7.	Whether all physical signs elicited correctly					
8.	Whether any major signs missed or misinterpreted					
9.	Diagnosis: Whether it follows logically from history and findings					
10.	Investigations required					
	• Complete list					
	• Relevant order					
	• Interpretation of investigation					
11.	Ability of react to questioning whether it follows logically from history and findings					
12.	Ability to defend diagnosis					
13.	Ability to justify differential diagnosis					
Total						
Overall Performance		Poor/Below Average/Average/Good/Very Good				
Remarks:						

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Name & Signature of the Faculty Observer

K S Hegde Medical Academy

A Constituent College of NITTE (Deemed to be University)

Evaluation of Clinical Work in Ward/OPD

(To be completed once in three months by respective Unit Head/HoD including posting in other departments)

Name of the Student:

Date:

No.	Points to be Observed	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Regularity of attendance					
2.	Punctuality					
3.	Interaction with colleagues and supportive staff					
4.	Maintenance of case records					
5.	Presentation of cases during rounds					
6.	Investigations work- up					
7.	Bedside manners					
8.	Rapport with patients					
9.	Counselling patient's relatives for blood donation or post-mortem and case follow- up					
	Total					
	Overall Quality of Ward Work					
Remarks:						

.....
Name & Signature of the Unit Head/HoD

Check List No. 5

K S Hegde Medical Academy
A Constituent College of NITTE (Deemed to be University)

Evaluation of Teaching Skill Practice

Name of the Student:

Date:

No.	Points to be Observed	Strong Point	Weak Point
1.	Communication of the purpose of the talk		
2.	Evokes audience interest in the subject		
3.	Introduction		
4.	Sequence of ideas		
5.	Use of practical examples and / or illustration		
6.	Speaking style (enjoyable, monotonous, etc., specify)		
7.	Attempts audience participation		
8.	Summary of the main points at the end		
9.	Asks questions		
10.	Answers questions asked by the audience		
11.	Rapport of speaker with his audience		
12.	Effective of the talk		
13.	Uses A-V aids appropriately		
Remarks:			

.....
Name & Signature of the Faculty Observer

Check List No.6a

K S Hegde Medical Academy
A Constituent College of NITTE (Deemed to be University)

Dissertation Presentation

Name of the Student:

Date:

Name of the Guide:

No.	Points to be Observed	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Interest shown in selecting a topic					
2.	Review of literature					
3.	Discussion with Guide and other Faculty					
4.	Quality of protocol					
5.	Preparation of Proforma					
Total Score						
Remarks:						

.....
Name & Signature of the Co-Guide (if any)

.....
Signature of Guide

K S Hegde Medical Academy

A Constituent College of NITTE (Deemed to be University)

Continuous Evaluation of Dissertation Work

Name of the Student:

Date:

Name of the Guide:

No.	Points to be Observed	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Periodic consultation with Guide/Co-guide					
2	Regular collection of case material					
3	Depth of analysis/discussion					
4	Departmental presentation of findings					
5	Quality of final output					
Total Score						
Remarks:						

.....
Name & Signature of Co-Guide (If any)

.....
Signature of Guide

