



## **College of Physicians and Surgeons of Mumbai**

### **Syllabus for CPS-PG-Course**

#### **DPURO-DIPLOMA IN PAEDIATRIC UROLOGY**

**College of Physicians and Surgeons of Mumbai**

CPS House, Dr. E. Borges Marg, Parel, Mumbai – 400012.

## **DPURO-DIPLOMA IN PAEDIATRIC UROLOGY**

### **COURSE DESCRIPTION**

#### Eligibility Criteria for Candidates:

i. A candidate should possess MBBS degree/ equivalent degree as per provisions of Indian Medical Council Act.

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ii. Candidates having a recognized 3 years degree Qualification (MD/MS/DNB) in Surgery or 2 years Diploma Qualification in Surgery specialty

Duration of the Course : 2 years

### **SYLLABUS**

#### **SURGICAL TRAINING**

The candidate should gain the ability to do all index cases alone. Index cases refer to standard Ped Urology Procedures like

#### **OPEN PROCEDURES**

Pyeloplasty including infants

Ureteric reimplant with or without tapering of ureter

Introduction of Teneckhoff catheters (both open and laparoscopy)

#### **DAY CARE PROCEDURES**

Circumcision Hernia, hydrocele Orchidopexy

Testis and appendix of testis torsion Ovarian torsion

#### **CYSTOSCOPY AND RELATED PROCEDURES**

Cystoscopy RGP

Stent removal

Insertion of DJ stent under fluoroscopy PUV fulguration (including newborns) Cold knife stricturotomy

Deflux injection Botox injection Ureterocelederoofing

#### **LAPAROSCOPY**

Diagnostic Orchidopexy Nephrectomy Biopsy

Insertion of peritoneal dialysis catheter

#### HYPOSPADIAS

TIP

Onlay

Tubed pedicle flaps Staged procedures

Buccal mucosa (harvesting and onlay)

#### RECONSTRUCTIVE UROLOGY

Mitrofanoff and Monti procedures (appendix, ureter, small bowel) Augmentation cystoplasty (Ileum, colon)

Preparation and creating of pouches (like Indiana Pouch) Exstrophy repairs (including bladder closure in newborns) Bladder neck procedures (like YDL bladder neck plasty) Use of slings to elevate the bladder neck

Epispadias repair Ureterosigmoidostomy

#### ONCOLOGY

Wilms' tumor Neuroblastoma

Testicular and Ovarian tumors Rhabdomyosarcoma – biopsy

#### MANAGEMENT STONE

Uretero-renoscopy and lithotripsy PCN – access to the kidney ESWL in children

#### OPD TRAINING

The candidate should screen patients in a Pediatric Urology OPD on a daily basis and formulate a plan of management for every case that should be discussed with the consultant

#### URODYNAMICS AND UROFLOW

The candidate should be in charge of doing all urodynamic and uroflow studies on children presenting to the department. The results of the study should be discussed with the consultant who can then assess the grasp of the candidate.

#### CONTRAST STUDIES IN AN X-RAY SUITE

The candidate should be able to perform contrast studies in children in the radiology department under fluoroscopy – like MCU, AUG etc.

The candidate should actively participate in all interventional radiology procedures in children.

#### NUCLEAR MEDICINE STUDIES

The candidate should become thoroughly familiar with all aspects of Nuclear Medicine Studies like DTPA, DMSA, DRC etc. A short period of attachment to the department may be needed for this.

#### RENAL ULTRASOUND

The candidate should have a working knowledge of how to do a renal ultrasound. If feasible the candidate can be attached to a ped ultrasonologist and can become thoroughly familiar with the performance of a renal ultrasound.

#### ANTENATAL ULTRASOUND AND INTERVENTIONS

The candidate should be encouraged to have a working knowledge of antenatal ultrasound and participate if possible in antenatal interventional procedures

#### DIALYSIS AND TRANSPLANTATION

The candidate should have a working knowledge of peritoneal and hemodialysis in children. A short period of attachment to a pediatric nephrology department may be needed.

The candidate should have a working knowledge of renal transplantation in children including scrubbing up and assisting in transplants.

#### PRESENTATIONS & PUBLICATIONS

The candidate should be encouraged to actively present in all hospital, departmental and city meets.

This will encourage clear thinking, ability to answer questions and also encourage study.

The candidate should present at least one paper in a national conference The candidate should publish at least one paper in a referred journal

#### RETROSPECTIVE OUTCOME ANALYSIS

The candidate should be encouraged to carry out a retrospective study of departmental material and do a critical analysis of outcome

#### CLINICAL PROBLEM STUDY

Instead of a formal thesis the candidate can be asked to formulate a clinical question and carry out one prospective study in an attempt to answer the question.

#### GRAND ROUNDS

The candidate can be taken on a round of all the clinical cases once every week and can be quizzed at the bedside like a clinical exam. This will enable a problem based approach to become familiar

#### JOURNAL CLUB & TOPIC DISCUSSION

Weekly journal clubs (at least one publication should be thoroughly analyzed every week) One topic can be discussed every week so that in one year the entire subject can be covered

#### LOG BOOK MAINTENANCE

The candidate should maintain a logbook of all procedures assisted and done independently. Follow-up notes of adverse events are mandatory.

#### ROTATIONS IN OTHER DEPARTMENTS

Rotations in other departments (like Ped Nephrology / Nuclear Medicine / Transplantation) can be an internal arrangement. However the candidate should not spend more than one month away from the parent department during the training year. This one month period can be spread throughout the training year so that the candidate is not absent for a prolonged period of time from the parent department. Another way of getting the candidate to get maximum exposure to all subspecialty areas is to get the relevant departments to call the candidate if there is a suitable case. In this way time away from the parental department is at a minimum.

#### EXIT EXAMINATION (for certification)

##### *Content:*

*Theory* – For a duration of 3 hours in the form of short clinical based problems or notes on recent advances. The questions should be aimed at testing the ability of the candidate to think clearly and apply his knowledge to difficult clinical situations. The candidate should be questioned on complications of commonly done procedures and assessed if he can come up with a clear algorithm of management.

*Practical* – A set of short cases with completed investigations can be discussed along with a ward round. This can be coupled with a discussion on operative technique, an oral on recent advances, and a thorough discussion of the log book, a discussion on the prospective study done by the

candidate, a discussion on instruments and scopes, investigations (CT Scan, MR Urogram, IVP, ultrasound, urodynamics)

*Place of Examination* – This can be decided after discussion with the Vice Chancellor of the TN DR MGR Medical University depending on number of candidates and willingness of the concerned department to host the examination

*Examiners* – These can be chosen from any of the states of India and overseas after due discussion and approval by the Vice Chancellor of the TN DR MGR Medical University

**DPURO-DIPLOMA IN PAEDIATRIC UROLOGY****EXAMINATION PATTERN****Theory Examination:**

<b>PAPER I</b>	<b>PAPER II</b>	<b>PAPER III</b>
ANATOMY, PHYSIOLOGY	THERAPEUTICS	APPLIED SCIENCES
<b>Section I</b>	<b>Section I</b>	<b>Section I</b>
Q.1. 10 Marks	Q.1. 10 Marks	Q.1. 10 Marks
Q.2. 10 Marks	Q.2. 10 Marks	Q.2. 10 Marks
Q.3. 10 Marks	Q.3. 10 Marks	Q.3. 10 Marks
Q.4. 10 Marks	Q.4. 10 Marks	Q.4. 10 Marks
Q.5. 10 Marks	Q.5. 10 Marks	Q.5. 10 Marks
<b>Total 50 Marks</b>	<b>Total 50 Marks</b>	<b>Total 50 Marks</b>
<b>Section II</b>	<b>Section II</b>	<b>Section II</b>
Q.6. 10 Marks	Q.6. 10 Marks	Q.6. 10 Marks
Q.7. 10 Marks	Q.7. 10 Marks	Q.7. 10 Marks
Q.8. 10 Marks	Q.8. 10 Marks	Q.8. 10 Marks
Q.9. 10 Marks	Q.9. 10 Marks	Q.9. 10 Marks
Q.10. 10 Marks	Q.10. 10 Marks	Q.10. 10 Marks
<b>Total 50 Marks</b>	<b>Total 50 Marks</b>	<b>Total 50 Marks</b>
Section I + II = 100 Marks	Section I + II = 100 Marks	Section I + II = 100 Marks
<b>Total Theory = 300 Marks, Passing = 150 (i.e. 50%) Marks in aggregate</b>		

<b>Practical Examination:</b>		<b>Marks</b>
<b>Paper - IV</b>	Clinical Practical	100
<b>Paper - V</b>	Oral & Viva	100
<b>Paper - VI</b>	Case	100
<b>Total Marks</b>	<b>(Aggregate marks for passing is 50% out of total.)</b>	<b>300</b>