



YENEPOYA

(DEEMED TO BE UNIVERSITY)

Recognized under Sec 3(A) of the UGC Act 1956
Accredited by NAAC with 'A' Grade

YENEPOYA MEDICAL COLLEGE

PROGRAM AND PROGRAM SPECIFIC/COURSE OUTCOMES

POST DOCTORAL FELLOWSHIP IN UROLOGY

 **ATTESTED**

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PROGRAM OUTCOMES

POST DOCTORAL FELLOWSHIP IN UROLOGY

(K=Knowledge, S=Skill, A=Attitude)

- PO 1-**Recognize the key importance of urological problems in the context of the health priority of the country.(K)
- PO 2-**Take detailed history, perform full physical examination and make a clinical diagnosis. (S)
- PO 3-**Perform and interpret relevant investigations (Imaging and Laboratory). (S)
- PO 4 -** Perform and interpret important diagnostic procedures. (S)
- PO 5 -**Diagnose the illnesses in adults based on the analysis history, physical examination and investigative work up.(K,S)
- PO 6 -** Plan and deliver comprehensive treatment for illness using principles of rational drug therapy. (S,A)
- PO 7-**Demonstrate skills in documentation of case details, and of morbidity and mortality data relevant to the assigned situation. (S,A)
- PO 8-** Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities. (S,A)
- PO 9-** Demonstrate communication skills of a high order in explaining management and prognosis, providing counseling and giving health education messages to patients, families and communities. (S,A)
- PO 10-** Develop skills as a self-directed learner, recognize continuing educational needs; use appropriate learning resources, and critically analyze relevant published literature in order to practice evidence-based medicine. (S,A)
- PO 11-** Demonstrate competence in basic concepts of research methodology and epidemiology.(K,S)
- PO 12-** Facilitate learning of medical/nursing students, practicing physicians, paramedical health workers and other providers as a teacher-trainer. (S,A)
- PO 13-** Play the assigned role in the implementation of national health programs, effectively and responsibly. (K,S,A)
- PO 14-** Function as a productive member of a team engaged in health care, research and education. (K,S,A)

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COURSE OUTCOMES

POST DOCTORAL FELLOWSHIP IN UROLOGY

A. Cognitive domain

A post doctoral fellowship student upon successfully qualifying in the fellowship examination should have acquired the following broad theoretical competencies and should be:

1. Capable of offering a high quality diagnostic opinion in a given clinical situation with an appropriate and relevant laboratory and radiological investigations etc. for the purpose of diagnosis and overall wellbeing of the ill.
2. Able to teach and share his knowledge and competence with others. The student should be imparted training in teaching methods in the subject which may enable the student to take up teaching assignments in Medical Colleges/Institutes.
3. Capable of pursuing clinical and laboratory based research. He/she should be introduced to basic research methodology so that he/she can conduct fundamental and applied research.

B. Affective domain

1. The student will show integrity, accountability, respect, compassion and dedicated patient care. The student will demonstrate a commitment to excellence and continuous professional development.

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2. The student should demonstrate a commitment to ethical principles relating to providing patient care, confidentiality of patient information and informed consent.
3. The student should show sensitivity and responsiveness to patients' culture, age, gender and disabilities.

C. Psychomotor domain:

At the end of the course, the student should have acquired skills, as described below: Surgical Skills

D. History, examination and writing of records:

1. History taking should include the background information, presenting complaints and the history of present illness, history of previous illness, family history, social and occupational history and treatment history. Detailed physical examination should include general physical and CVS examination
2. Skills in writing up notes, maintaining problem-oriented medical records (POMR), progress notes, and presentation of cases during ward rounds, planning investigation and making a treatment plan should be taught.
4. Other Urology procedures- investigative Urological Procedures like uroflowmetry, CNG, Doppler, Ultrasound & Ultrasound guided procedures.

E. Clinical Teaching :

1. General, Physical and specific examinations of Genitourinary should be mastered. The resident should be able to analyse history and correlate it with Clinical findings. He should be well versed with all radiological procedures like IVU, Nephrostogram and RGP, Ascending aortogram. He should present his daily admissions in morning report and try to improve management skills, fluid balance, choice of drugs. He should clinically analyse the patient & decide for pertinent Investigations required for specific patient.

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F. Bedside Procedures

The following guidelines should be observed strictly:

1. Be aware of the indications and contraindications for the procedure and record it in the case sheet. Rule out contraindications like low platelet count, prolonged prothrombin time, etc.
2. Plan the procedure during routine working hours, unless it is an emergency. Explain the procedure with its complications to the patient and his/her relative and obtain written informed consent on a proper form. Perform the procedure under strict aseptic precautions using standard techniques. Emergency tray should be ready during the procedure.
3. Make a brief note on the case sheet with the date, time, nature of the procedure and immediate complications, if any.
4. Monitor the patient and watch for complications(s).

G.OT responsibilities

1. The 1st year resident observes the general layout and working of the OT, understands the importance of maintaining sanctity of the OT, scrubbing, working and sterilization of all the OT Instrument, knowhow of endoscopes.
2. He/ She is responsible shifting of OT patients, for participating in surgery as 2nd assistant and for post operative management of patient in recovery and in ward.
3. The 2nd year resident is responsible for pre op work up of the patient, surgical planning and understanding the rationale of surgery. He/she is the first assistant in surgery and is responsible for anticipating intra op and post op complications and managing them. He should also be able to perform minor/medium/major surgeries independently and assist in medium/major/extra major surgeries. He/she should be able to handle all emergencies and post op complications independently and is responsible for supervision and guidance of his/her juniors.

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