

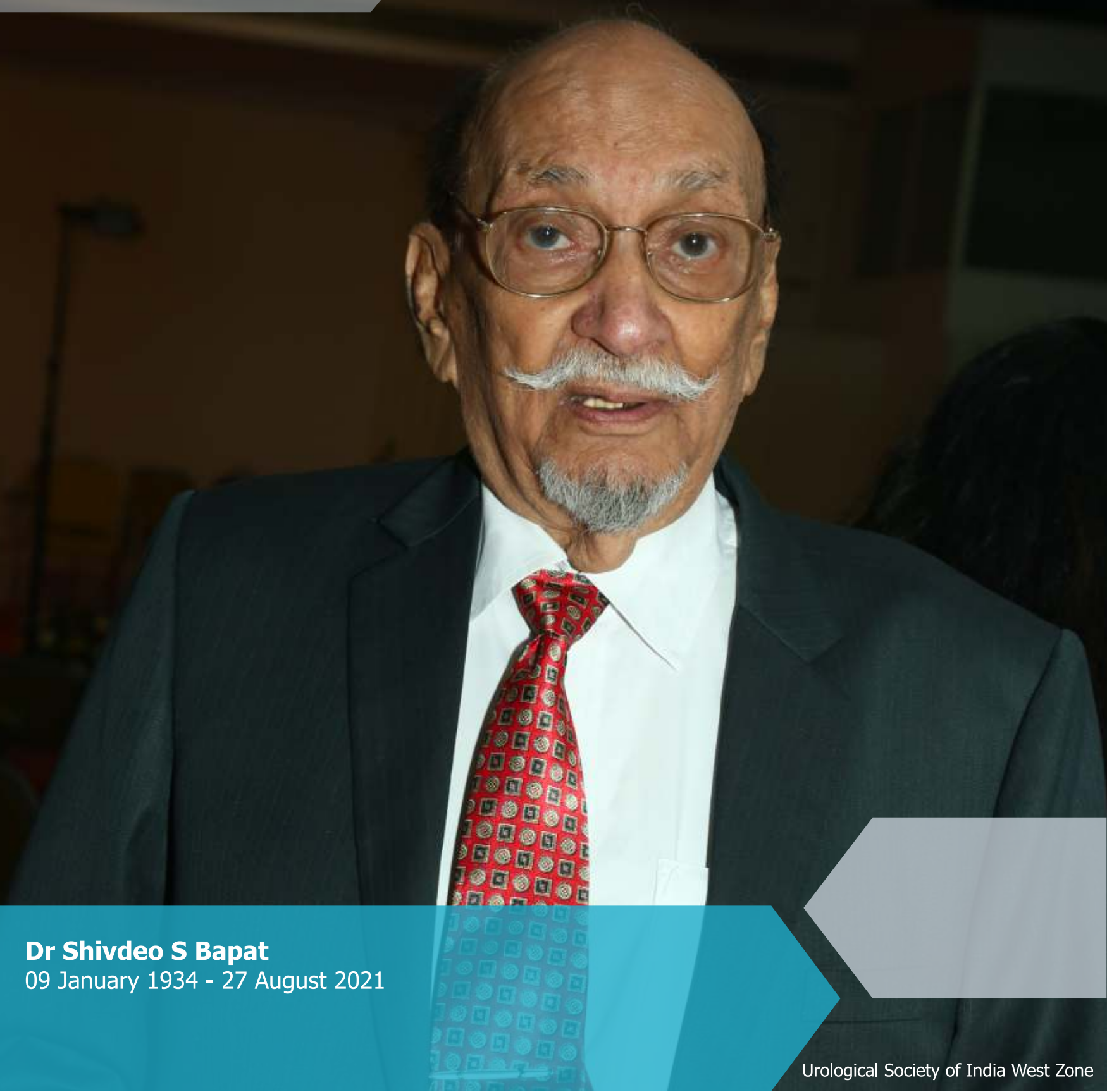
NEWSLETTER

Urological Society of India West Zone

5th September, 2021



Teacher's Day Special Issue "UROLOGY EDUCATION"



Dr Shivdeo S Bapat
09 January 1934 - 27 August 2021

Urological Society of India West Zone

West Zone USI Council

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Dr. Rajesh Kukreja



A teacher par excellence

Dear West Zone family members,

We have lost a great teacher, Dr S S Bapat. The man who innovated a lot of new things, a man who was associated with three national USICONs, a man who spearheaded the progress of endourology in India, a man who started urology training program outside Mumbai in Maharashtra, a man who had been our past president, a man who never seemed to age until we lost him...

There are a lot of firsts to his credit. But he was a humble, down to earth man. Easily accessible to everyone in the society. What a sad coincidence that we lost him just before the teachers' day. This section of the newsletter is dedicated to the loving memory of Dr Shivdeo Bapat.

Team USIWZ

SIR AND ME

I was very fortunate to have Dr. SSB as my teacher. I shared a very special bond with him, which no words can express. For me Sir was always a fatherly figure and at the same time a friend, guide and mentor.

I vividly remember my first day with sir .He was operating on a child and demonstrating an upper polar nephrectomy, he was like an artist, taking care of every small detail and securing every structure. At this very moment I knew that I have finally reached the right place and found the teacher I was in search of.

My training started with him personally demonstrating the different instruments, how to hold them, use them and finally how to take care of them. In the initial days he used to be in OR and teach us how to do a scopy by holding our hands ensuring that we negotiated all the angles of the urethra gently.

He was a very kind hearted Human. Pune urological society had a monthly meet and he always wanted his students to participate in the scientific discussions. In my initial days he realized that I didn't have transport to reach the meeting and he made it a point to pick me and drop me back at the late hour even though it was not on his route home.

When it came to Teaching Sir was interested in all round development of his student. On his OPD days after a quick ward round he used to make us sit with him in his OPD with a instruction to observe him how he interacts with different patients .He used to always greet them cordially, offer a chair address the patient as dada ,tai, bal making them comfortable and then listen to their problems .

When in OT it was a 'no nonsense' attitude. He was punctual, atmosphere was friendly yet non-compromising with lot of stress on asepsis. He was very systematic person. Sir had a SOP for everything right from positioning the patient, painting, draping number of clips to be used. Every surgical procedure was divided into steps so that learning was easy and you could always retrace your steps if in trouble. He had a unique way of expressing his displeasure -He used to say "till you are here you have to follow my way once you are out you can do your way", and we would understand that he was unhappy with what we have done.

Sir was an all-rounder good at all surgeries (open and endo).He was very passionate about 3 surgeries 'TURP' which he had mastered the hard way. He used to always tell us that we were very lucky to have cameras in OR and that during his time he used to mount prostate from cadavers resect them and at the end open it to see completeness of the same.

'PCNL' of which he was the master. He thought us safe punctures and technique but the most important point he emphasized is whenever in trouble, no ego back out and stage it. Live to fight on another day. 'Reconstructive surgeries' His emphasis was always on good dissection and minimum handling of tissues and first time is the best time to do the most of it.

He had liking for ice creams and his favorite flavor was mango. During mango season many times after Sunday rounds I would get an invite from Sir to accompany him home and he used serve mango ice-cream made by him.

After completion when I was leaving Pune his advice was

"Whenever in trouble keep calm and think what I would have told you to do. I am just a phone call away don't hesitate to call. Be honest to your self and your patients. Don't compete with your colleagues" and he gave me a copy of his Video book.

As destiny would have it he was by my side in Goa at every major moment in life be it my marriage, hospital inauguration ,laser installation and the list goes on...he always showered me with his blessings and presence whenever I needed him ...

This is 'Dr SSB' for me a perfect human who lived life the fullest on his own terms. A LIFE TRUELY TO BE CELEBRATED.

Dr. Shailesh Kamat (Goa)

6th student of Dr SSB

Dr. Shivdeo Bapat : A legend

As we were sitting in the Department of surgery having a cup of morning tea, a tall young consultant walked in energetically and opened a direct conversation with our head of the department, Dr. Mrs Mehta. He was emphatic and dynamic as he disclosed that he was inviting a national Urology meeting "USICON '77" in Pune and was asking if it could be hosted in the premises of BJ medical College on behalf of the Department of Surgery.

Mrs. Mehta was more than happy to accept the invitation; but this news literally galvanised our department. This tall young consultant was no other than Dr. Shivdeo Bapat who was going to ignite a different complexion to our lives then. We only knew him as a surgeon, who has been experimenting with newer technologies in Urology time and again. But his motivating character sparked off a new wave of enthusiasm in our department.

My goodness! What a wonderful experience this was! I had just completed my M.S. in general surgery and was looking to start my practice in Pune. However this proposal literally transformed my life and my career thereon. Dr Bapat recruited four of us as volunteers in this Conference. This was a fabulous meeting where Dr. Bapat led the torch of efficient and humble leadership and we all worked happily under his stewardship. It was for the first time that we got to see and the stalwarts like Dr. Colabawalla, Prof. Venugopal, Dr. Karanjawalla and of course another dynamic young man called Dr. Ajit Phadke. This was a mesmerising moment in our lives and knew for the first time what Modern Urology really was. I can never thank Dr Bapat enough for giving us this sublime experience which happened to be a turning point in my life and I decided to take on Urology as my career of the future. For want of adequate opportunities, I had to take the path of Ireland and UK for my further training.

However the first meeting of BAUS in London that I attended was dominated by the same Indian stalwart who presented his personal experience of performing 178 PCNL's in one centre. This was the first Indian to have struggled to get the appropriate equipment and made local revisions and modifications to make this technology work effectively under Indian conditions.

When I returned to India, what was popular in Pune and around was his "Journey through the Urethra", a photographic voyage into the lower urinary tract, entirely conceived and popularised by Dr Bapat. As I returned to Pune in 1986, I readily joined the "Urology Society of Pune", an informal group created by Dr. Bapat himself. This happened to be the most cohesive and popular group of consultants conceived and run by him very efficiently. We would then hold meetings at the homes of individual members and was a story of great success in the city. They were popularly named "Spiritual Meetings" in the city of Pune.

Subsequently the time came for the next USICON in Pune. Dr. Bapat won the bid for Pune successfully in 1990. I remember he personally called me and asked me if I would accept to be the Organising Secretary of the national USICON in Pune. Although it was a surprise, it also meant a great honour coming from a stalwart and this was difficult to resist. We had a memorable meeting in Pune in December 1992. This was followed by Annual "Urofests" in Pune, again entirely conceived by Dr Bapat. This activity went on for several years after.

My real emotional connection with Dr Bapat was realised when I asked him if I could commence Urodynamics Service in the city. To my utter surprise he took the personal initiative and motivated me to start this service as early as practically possible. As I finalised the equipment, he offered me a space in Maharashtra Medical Foundation and also helped me to procure the import license for the equipment. I can never thank him enough for lighting the flame of Urodynamics in me and for supporting me immensely throughout this effort. The current "Crystal Centre for Urinary Incontinence and Neurourology" could not have come up without the vision and a strong helping hand that Dr. Bapat consistently offered.

SSB as he was popularly known, had some emotional connection with every Urologist in Pune (and around). No USP meeting took place without his presence. He not only had a great sense of humour but was responsible for all those spiritual meetings that we rejoiced all these years. Despite several academic accolades and despite being a very popular teacher, he was humble to the core. In the past seven years or so, he would ask me if I could escort him to the meeting venue. In fact it was an honour to go to his home, pick him up from the gate, enjoy the meeting and leave him again back to his home after the meeting. We had tremendous time together.

But every time there was a meeting, I used to get call from him in the evening, "Shirish can I ask you for a favour?" A man who gave everything to his colleagues all his life was immensely kind to ask for a favour! How do we ever return the favour that you have done to all of us all your life?

How do can we ever say goodbye to you Sir?

No Urology meeting ever took place without you. You made Urology of Pune proud. You moulded and redefined the practice of Urology in India. How do we ever return the "favour" which you have done to all of us?

You lived such a tall yet humble life that I am sure in my mind that even God was obliged to ask you "for a favour", when he wanted you to join Him in the journey of eternity.

Dr. Shirish Yande

Pune

29th August 2021



Dr. Shivdeo Bapat

Dr Shivdeo Bapat was born on Jan 9 1934 at Hyderabad. His schooling up to matriculation took place at Vivek Vardhini High School,Hyderabad, while his college education was at NM Wadia College, Pune.He completed MBBS (1958) and MS General Surgery (1962) from BJ Medical College & Sassoon general Hospital, Pune.

He married Mangala Godbole on June 10 1962.

He proceeded to England to complete his FRCS Edinburgh (Oct 1964) and FRCS England (Dec 1964). He continued to work for one more year in England to gain more experience in Urology.He returned to Pune and joined his alma mater BJ Medical College and Sassoon General Hospital as Honorary General Surgeon in 1966.He started his own private clinic at Kunte Chowk in Pune in 1967.

Dr Bapat took lead in getting together like minded doctors to start Maharashtra Medical Foundation in May 1978 which has grown to present day multi speciality hospitals (Joshi Hospital and Ratna Memorial Hospital) catering to Pune population.

He continued to provide his expertise to needy patients in Sassoon General Hospital for next 26 years until his retirement as Professor of Surgery in 1992. He has trained and inspired many students to take up Urology as a career.

Urology Career:

Dr Bapat has many firsts to his credit. He did the first TURP surgery in Pune in 1966 at Sassoon General Hospital with his own set of instruments. This was a path breaking moment saving many patients the morbidity of open prostate surgery in that era. He developed the visual endoscopic Janhavi urethral dilator for stricture urethra in 1979. He also did the first PCNL in India at Sassoon General Hospital in May 1983. This was again after his visit to Germany to learn and implement new technology. He always tried to adapt the technology to Indian working situations.

He started DNB Urology teaching program at Ratna Memorial Hospital in 1993. This was the first Urology teaching program outside of Bombay in Maharashtra. This program has trained 30 Urologists.

Dr Bapat was always in sync with newer technologies and innovations for the benefit of his patients and students. When endo camera and allied technology was in infancy, he went on to develop a unique Video book of all per urethral endourological procedures in 1995. This textbook was accompanied by two video CDs which demonstrated various procedures along with commentary. This became like Bible for all lower urinary tract endourology procedures. He also adapted to Holmium Laser technology & RIRS for prostate and stone work in later years.

He was actively involved in Urology knowledge propagation by organizing numerous endourology workshops, Urofest (Biannual operative workshops for practicing Urologists and General Surgeons), Zonal and national conferences.

Work for Urology Society of India at National, Zonal and City level:

In 1977 Pune conference, he took initiative along with Drs A G Phadke ,Venugopal, Colabawalla & Karanjawala to propose separation of Urology from Association of Surgeons of India. This was a visionary step which has led to growth of Urology Society of India to its present form. Subsequently he helped organize various zonal national conferences in Pune in 1992,2000 & 2013 in various capacities like Organizing Secretary, Chairman & Patron. He served as the President of Urology Society of India in 1994-1995.

Dr Bapat has received numerous awards and delivered several prestigious orations in his illustrious career. He was honored with President's Gold Medal by Urology Society of India in Dec 1991, Urology Gold Medal in Dec 1995 and Dr B C Roy National award from Medical Council of India in 1999. Urology Society of India established an annual award for Innovation in Urology since 2009 to honour Dr Bapat.

Dr Bapat preached and practiced ethical clinical practice, honesty and sincerity towards patients and was always passionate about teaching Urology to one and all. And to his credit, he did not ever reserve any knowledge or hold back anything. He also advocated work life balance to his students.

In short, Dr Shivdeo Bapat was a thorough gentleman, passionate teacher, innovator and a person with perpetual zest for life.

Urologist par Excellence!
Om Sadgati!

Dr Bhalchandra Kashyapi
Urologic Cancer Surgeon
Pune



Dr SSB the DON of Urology.....

If I have been asked to describe Dr. Shivdeo Bapat as his student in one line, I would say "A teacher who taught us surgery by holding your hand" in literal sense, in Marathi what we call "Hatth dharun shikwane". Very few people in this world of surgery have such a passion for teaching their student .In contrast what is generally observed is, as a surgical resident you learn either watching your seniors or through your own mistakes. I had never seen a teacher who would go to such an extent that he would allow his student to commit mistake till the time the student himself realizes it. And then use to come that million dollar dialogue from his mouth "Hey, Don't teach me new complications at the fag end of my career."

Sir was a perfect example of a "perfectionist". Be it holding your cystoscope in your right hand and operating the irrigation channel with the same hand index finger, or his peculiar way of PCNL draping, what we use to call a "Zoli", so that there won't be a swimming pool scenario at the end of surgery and his unique way of fixing the towel clips so they won't interfere in C arm image. These all small things use to be a joke for us in those residency days but as you become mature we realize the importance of such things in final surgical outcome and your peace of mind during crunch situation in surgery. His golden words still linger in my mind "there is only one of way of doing it and that's the correct way".

His energy and zeal throughout the day was phenomenal, every morning fixed rounds at swimming pool, and despite that use of elevator in the hospital for the daily rounds was not his cup of tea. A Sunday afternoon where every resident in world would dream of relaxing nap and sir would call us to discuss about a paper to be sent for the journal or an upcoming conference. Amongst the many great things sir has taught us one important thing was 'Never lie to your patient. If complication has happened, tell the patient the truth and do what is best possible to sort out the complication". I still remember an incidence where one VIP patient underwent complete ureteric avulsion while doing a ureteroscopy by one of the resident. Sir calmly went outside the OT and explained the relatives the entire truth and taking onus on himself. Later he came back in OT did a fantastic ileal interposition to correct it.

He always had guilt in his mind regarding not able to render the best training in all fields of urology. In those days renal transplant and laparoscopy urology were not so commonly done in our hospitals. Sir would call in other hospital colleagues and would request them to let us attend the transplant cases at their centre.

To perceive and keep yourself updated about the latest in every field at the age of 70yrs, that is something sir will be always remembered for. And that is just not only applicable to urology, (holmium YAG laser for HOLEP or latest flexible ureteroscope for RIRS) but also for latest android mobile and its application. Sir would not hesitate to learn from his student about latest application in a mobile or a computer. The flow of thought in my mind about sir won't just stop like that and pages would insufficient for that. In end all I can say that "I was extremely lucky to be your student sir and it was such bliss. Sir whatever I am today is because of you." Still one cannot accept the fact he has been called by heaven. May his soul rest in peace.

Dr. Satyajeet Purnapatre
DNB Urology Chalisgaon
Jalgaon



"SECTION A"

EDITORIALS AND MESSAGES

(For internal circulation only)

Involve me and I learn

Dr. Prashant Bhagwat,

Editor
Council member, USIWZ



The process of receiving or giving instructions, information or knowledge is what defines Education. True education is beyond earning degree, it is more than bookish knowledge. Education means inculcating moral values, positive thinking, helping attitude and giving back to the society in the background of ethical values.

“The only constant thing in life is change”

Let me congratulate Dr Ravindra Sabnis, Dr Prashant Mulawkar and Dr Ajit Sawant who have taken tremendous efforts to compile this newsletter, with excellent articles on various aspects of Urological education. The views expressed may be a Pandora's box, but unless we ponder over the various aspects of education system, progress to excellence is not possible.

With exponential increase in technology in medical field (more so in urology) are we getting dependent on machines to come to a diagnosis?

Are we losing the clinical acumen which our teachers had? I remember one of my colleague was about to operate a lower ureteric stone on a patient with hollow viscus perforation, as he failed to examine Pre operatively.

In era of super specialization and sub specialization, is general Urology taking a back seat? We can't be having institute of Right kidney and left kidney only.

Serving in three tier city is different ball game altogether. But I feel that person in his/her residency should be able to decide the place where he/she intends to practice and therefore tailor make his learning after residency.

Dr. A. G. Phadke, the doyen of Urology and my mentor shared his pearls of wisdom when I met him after clearing DNB (Urology). He said you cannot learn all aspects of Urology at one center and that you have simply cleared the exam but your learning should be continuous.

With technology to the rescue learning urology is much simpler and accessible, just at your fingertips.

“I am always ready to learn, although I do not always like to be taught”

Winston Churchill.

“Tell me and I forget, teach me and I may remember, involve me and I learn”

Benjamin Franklin.

An investment in Knowledge

Dr. Anil Bradoo

President



Long long ago Urology was a part of general surgery. Then it evolved into a superspeciality and today has distinct subspecialties. Surgeries now are fine-tuned with Endourology, minimal access and robotics. It is said that an oven fresh surgeon who has just qualified in his Speciality be it Urology or any other branch is the most poised in terms of knowledge and updates theoretically. Honing of skills is the next natural progression towards application in practice. Though with time, experience and expertise improve, there is no substitute for upgrading oneself with rapidly advancing urology.

Sincere introspection will help us realize that those of us in our fifties and beyond have to work the hardest to keep pace with times and technology. The current techniques and digital instruments were not an integral part of our formative urology years as is with current curriculum. Disruptive technologies naturally produce an inherent resistance at the outset which has to be necessarily overcome. This is a challenge that our professional urology bodies are trying to help resolve. The COVID pandemic has come as a dampener to all “hands on” learning experiences. Postgraduates have been hit the hardest with COVID duties taking up precious time off their residency training. We as a professional body take full cognizance of this crucial learning loss.

The Indian Urology scene has great Urology training centers. However the populace of new Urologists is rightfully burgeoning to meet the demands of national urology healthcare. We at Urology Society of West Zone are doing our best to help the education link simmering throughout the pandemic. We realize how crucial the refined skills and knowledge picked up from diving into CME activities will help urologists improve overall patient care and positive outcomes.

Memberships to professional bodies like ours can lead to multiple benefits including increased reputation amongst peers, patients, institutions, and more. Do encourage neo-urologists and all postgraduates to take up memberships. Senior leaders and members of professional bodies like ours can play a vital role in enabling learning experiences.

I am grateful to the efforts put in by our scientific committee spear headed by our hard working Secretary Dr Prashant Mulawkar who have put in their best to conduct relevant webinars and panel discussions on most relevant topics. Innovative methods like short debates on the social media and compiling the best of our thoughts and putting them on the newsletter in cleverly compiled editions are very healthy trends in Urology education.

The old and the new need to amalgamate as they finally stand to benefit from other each in many ways. Learning never stops. Teaching and best practices never go out of fashion.

*An investment in knowledge pays the best interest Benjamin Franklin *

Before signing of, I wish to thank section editors Dr Ravindra Sabnis and Dr Ajit Sawant who have done a commendable job in bringing out this newsletter.

As we know a good education can change anyone but a good teacher can change everything! Here's to all our great teachers who made the difference.....

**Sincerely
Anil Bradoo**

Secretary's Message

"Can I do it better than Percy?"

Prashant Motiram Mulawkar

Urologist, Tirthankar Superspeciality Hospital,
Gaddam Plots, Akola
Tutor in Urology, University of Edinburgh, UK
Hon Secretary, USI West zone



"Denaryane det jaave, Ghenaryane get Jaave; Gheta gheta ek divas, Denaryache haat Ghyave"

(The one who gives should continue giving. The one who receives should continue receiving. One day you should also receive the hands which give.)

-Vinda Karandikar

We read in our ancient texts – the Ramayana and Mahabharata – that boys were sent to the Gurukuls not only to be educated but to learn the way of life. Thus, the teacher in the gurukul was parent, guru and mentor; three souls in one body. We never know when a teacher becomes a parent or guru or mentor. The demarcation is thin. Teachers have created livelihood for all of us. Teachers have three loves: love of learning, love of learners, and the love of bringing the first two loves together. A true teacher is always a good student first, because only then he would know what a student wants. A teacher will always invigorate the student with his own enthusiasm.

It is our time to acknowledge the efforts taken by teachers in shaping our lives. On the occasion of Teacher's day USIWZ council desired to come out with a newsletter dedicated to urology education. This newsletter is the result of hard work of six months by all the contributors. Yes, it took us six months to plan and prepare this newsletter. The lead section of this newsletter is edited by Dr Ravindra Sabnis. His efforts are par excellence. He was after each contributor to get the article in time. And most of the times he used to report to the USIWZ office about progress of the project.

Another important section of this newsletter is the alumni list of all teaching institutes in West Zone. This was a mammoth task. This was accomplished superbly by section editor Dr Ajit Sawant. I am aware there are many corrections to this list. Hence we decided to publish this newsletter in soft format and finally will come out with printed version once we receive all the corrections. We hope the alumni will give back to their Alma mater. Let this newsletter be the stimulus for this movement.

Dr Prashant Bhagwat has been the newsletter editor last year. He has come out with memorable issues. His term is nearing end now and this is the last newsletter of his tenure. He deserves an applause from all West Zone members. The issues are worth preserving.

And before signing off, I do not think I can do PCNL better than Percy. And if that is the case, I am sure Percy would not be the happiest person around!

Dr Prashant Mulawkar

**Guru Gobind dono khade,
kaake lagoon paaye.
Balihari guru aapne,
gobind diyo bataye.**

(I stand before the teacher and god. To whom should I pay obeisance first. All glory to the guru who showed me the path to god.)

-Kabir

It was somewhere in 1994. We were having our weekly late evening urology class at JJ hospital. These were case discussions done by residents. In those days JJ hospital was the leading hospital training students in endourology. First PCNL in public hospital was performed by Percy (Dr Percy Jal Chibber). Residents were proud of this achievement and most of them got to do many PCNLs before they passed out from JJ. In one of the night class the discussion came to PCNL. We were all discussing how it started, how we can excel in it. During the course of discussion I said, we have a very good ground work and Percy is there to teach us and bail us out if in trouble. One day we all are going to do PCNL better than Percy! Listening this one of my colleague was perturbed. He said, "Do you mean you can do PCNL better than Percy?" I replied, "Look, he is teaching us all what he knows. He has imparted on us all his experience. Assume that he started his journey at point A. You joined at point B. You have to go to point C, D and so on. We all have to excel him and learn and device new techniques eventually we have to shine". Nobody seemed to agree with me.

Having grown in a family where eight out of ten close relatives were teachers, I knew that every teacher wants his student to excel him. I have seen the joy of students' achievements in my parents' eyes. The very purpose of a teacher's existence is to inspire his disciples to one day out-shine him. Because nine tenth of education is encouragement, teachers give much more to the society than they can ever receive. They want their students to be better than themselves

"SECTION B"
TEACHER'S DAY THEME ARTICLES

UROLOGY EDUCATION

Guest Editorial



Dr. Ravindra Sabnis

Chairman, Department of Urology
Muljibhai Patel Urological Hospital, Nadiad, Gujrat
President Elect, Urological society of India

Dear Friends,

It gives me immense pleasure to be a guest editor to this special edition of WZUSI newsletter dedicated to Urology education to commemorate with Teachers day. I must thank WZUSI council in general & WZ secretary in particular for giving me this opportunity. It was nice & innovative gesture of Dr Bradoo, Dr Mulawkar & Dr Prashant Bhagwat to come out with special edition dedicated to women WZUSI on women's day & now to education on teacher's day.

Urology education has grown by leaps & bound since the time this specialty was formerly separate – 4-5 decades back. Teachers then took lot of struggle to establish Urology education & today we are testing fruits of that – with almost 300 urologists being trained every year across the country. West zone has always remained in forefront of urology education.

Urology has seen radical changes in the way patient management is done. Open surgery is now virtually replaced by minimally invasive surgeries. Laparoscopy, robotic surgery, flexible endoscopy have become key areas in urology procedures. Obviously the training has also changed. MIS is far more challenging to teach & to learn. Teaching modern urology procedures is no longer easy because

- i) Instruments have become costly & hence patient pays high cost of therapy & hence obviously demands best.
- ii) Growing number of litigations.
- iii) Govt hospitals have constant pressure to increase seats without corresponding increase in infrastructure. And in private hospitals, there is reduction in patient load because of constantly growing number of urologists in the town & increasing cost of therapy.
- iv) Very less margin of error in minimally invasive surgeries.

All these have posed challenges in how to train the residents in current

era. However these challenges have opened new avenues like use of social media, YouTube for educational purposes. Covid pandemic has shown us what can be done just by sitting at home.

In this special edition, I have tried to bring various facets of urology education. I am extremely thankful to all contributors. They all agreed instantaneously to write an article without any hesitation. Everyone has done a wonderful job. All of them are teachers par excellence & have huge experience in Urology education. In fact their well thought & well studied articles have made this special edition – collector's issue as envisaged by Dr. Mulawkar. I must thank & congratulate young budding urologists for their thoughts on what they think of the current training system. Their write up has added value to this special edition. Last but not least, icing on cake is guest article by none other than Dr. Percy Chibber on History of Urology education in India. He has taken us through the journey of 50 years of Urological teaching.

As a guest editor, I have great pleasure, pride & privilege to release this special edition of WZUSI newsletter.

Dr. Percy Jal Chibber

Director Urology & Renal Transplantation
Sir H N Reliance Foundation Hospital.



**Urological Teaching in India –
A Fifty Year Old Bloom**

“Teachers have three loves: love of learning, love of learners, and the love of bringing the first two loves together” -Scott Hayden

The year was 1973 and I was about to start my first surgical registrar’s post. The outgoing registrars gave me some good advice: “Boss likes the undergraduate students to be kept busy with bedside clinics” they suggested. The Boss referred to here was Dr K. C. Mehta the one person more than any other responsible for igniting my passion for urology and teaching. Consequently, on my first day on the ward, I had assembled all the students around one of the patient cots, and took a clinic for them. To this day I recall the topic of the clinic – The rational use of drains in surgical patients. Needless to say that this had its desired effect on Dr K C Mehta, who became my friend, mentor and guide for life, and I, one of his favorite students. More importantly I discovered my life-time passion for teaching. I also discovered that especially for doctors, teaching cannot be a duty or a responsibility, it has to be a calling to impassion and empower the next generation of hungry students.

Urology started as a sub-section of the Association of Surgeons of India in 1961 at the Baroda meeting, with Dr G M Phadke as President and Dr Baji N Colabawala as the Secretary. Up until then, in most hospitals, urology departments were subsections of Surgical departments, with a few cots allocated to persons with interest and training (achieved mostly abroad) in urology. In Mumbai, Dr B. N. Colabawala and Dr Dara Karanjawala were the earliest to practice urology exclusively at the St George’s Hospital and Bombay Hospitals (along with Dr Ajit Phadke) respectively.

Dr Colabawala had set up an exclusive Urology Department at the St George’s Hospital, Mumbai, which to the best of my knowledge was the first such department in the country. In 1959, Dr Roger Barnes, the legendary urologist from Loma Linda was working at the Christian Medical College in Vellore, and this planted the seed for the setting up of the very first teaching urology department offering an M.Ch in Urology in India, in 1965, headed by Professor H S Bhat. Within the next few years, teaching departments offering M.Ch courses were set up in Madras (Dr A Venugopal), AIIMS, Delhi (Dr Surinder Mansingh), PGI, Chandigarh (Dr B C



Bapna). The west zone got its first teaching urology department at the Grant Medical College in 1974, headed by Dr G H Tilak, with Dr M H Kamat and Dr Shriram Joshi. I joined this department as a teacher in 1982. By 1980, KEM (GSMC), Nair (TNMC) and Sion (LTMC) had all started M.Ch courses. Bombay Hospital got recognition for M Ch Urology in 1990 under the chairmanship of Dr Ajit Phadke, through the tireless efforts of Dr B K Goyal. Over the next 50 years, urology teaching and the training of urologists has blossomed to include 89 centres that offer 280 M.Ch seats per year.

A parallel body for credentialing the training of urologists in India is the National Board of Examinations in Medicine. The precursor to the NBE was the National Academy of Medical Sciences set up by PM Shri Jawaharlal Nehru in 1961. In 1975, the NAMS set up the National Board of Examinations in Medicine which started conferring diplomas in Urology since 1982. At present there are 65 DNB accredited department, mostly in private hospitals (Corporate or Charitable Trust-run Hospitals) offering 124 seats annually. Of these 32 seats are in the West Zone

Indian Urology as a super specialty is 56 years old. It is time we took stock of how training of urologists has matured in our country. What is the role played by:

- a. The institutes training and universities credentialing urologists (M. Ch)
- b. The National Credentialing and Accreditation body viz. NBE and
- c. The society we have gifted ourselves viz. the Urological Society of India.

There is no gainsaying that, with the exception of some institutes that have maintained a high standard of training from their very inception to the present day, most other institutes and several newer institutes have ripened over the years, exponentially improving their capacity to impart good training. Consequently, the urology trainee of today is, I feel, better trained and abreast with international standard-of-care urological practices.

The one significant deficiency/drawback of training of urologists in our country is, in my opinion, the lack of uniformity. Training centres are loosely bracketed as public (government owned non-profit institutes staffed by full-time or part-time teacher urologists) and private (for-profit institutes, corporate or trust-run, and staffed by salaried or fee-for-service urologists, many of whom have operating facilities at other hospitals). This was the situation that prevailed up to a couple of decades ago. I have had the opportunity of being a long-standing teacher with both systems (at Grant Medical College and at Jaslok Hospital), giving me an opportunity to understand the pros and cons of each.

Both systems had their unique set of problems and advantages. Public institutes “claimed” paucity of funds, resulting in tardiness in updating their equipment and poor upkeep/replacement of existing equipment. Also, emoluments paid to the full-time faculty was way below what a person with similar experience could make in the private sector, encouraging defections to the private sector, or clandestinely working in both systems. In the case of honorary teachers (part-time teachers, who until barely 15 years ago were permitted to teach and even head departments), there was always the nagging allegation that they were not devoting enough time to teaching. Many of these departments were incomplete in lacking certain sub-specialties such as Renal Transplantation. The up-side of training in these centres was that it was certainly more hands-on for the trainee, giving him full responsibility. The resident matured earlier in terms of surgical skills and

decision-making. In private centres, there was often a larger contingent of consultant staff, with differing sub-specialty interests, state-of-the-art equipment, both in operation rooms and with ancillary services. Consequently, the trainees witnessed a wider variety of work, often with greater expertise. However, at the nascent stage of the trainee's career, he or she was perhaps more interested in acquiring and perfecting urologic technique for basic common or garden procedures. There was a lesser opportunity for such hands-on experience in private hospitals on account of a private contractual obligation for the operating surgeons to be wholly responsible to their patients.

What I have mentioned above is largely historic and things have changed mostly for the better over the last 20 years or so.

The National Board of Examinations

Much of the responsibility for this improvement in private hospitals can be arguably attributed to the NBE. They have accredited a large number of institutes, after a careful scrutiny (in most cases) of facilities and faculty. As a result of this a large number of gifted urologists with a penchant and passion for teaching have been enrolled onto the teaching force of the country. They have, over the last ten years or so insisted on full-time teachers and have sought to inspect these institutes periodically. They have demanded logs of procedures carried out by residents, and all these measures, when followed by departments asked to implement them, has in fact slowly but surely improved the quality of training. I call this the top-down setting. Let me explain. Private hospitals are largely concerned with patients and profits. In order to satisfy their patients and enhance profitability, they traditionally sought better faculty and equipment than their competitors. Despite numerous attempts from me and other clinicians to stress the importance of residents, there was no appreciation or incentive to consider resident doctors (and less so, nurses) as a most important variable in this equation of patient satisfaction and profitability. Enter the NBE; most larger private hospitals were vying for accreditation. Having acquired accreditation, at a reasonable expense, in terms of inspection/accreditation fees, stipulated salaries for doctors and enhancement of facilities, eg library etc, they would want a bang for their buck. It was then apparent that the resident doctors had a choice, and those who scored better at the entrance exam, chose centres with a proven record of good training/teaching programs. So, it became evident to most private hospitals that if you desired good quality residents (their importance was now proven), you had to have a decent teaching/training program as assessed by the trainees. At this point, I would like to address another lacuna in the teaching set-up of most private hospitals, especially the corporate-run ones. Following the format of running a business enterprise, most of these centres are headed by a CEO, who is often a non-medical person. There is no academic dean/ medical director who has significant autonomy or authority that can only come from years of academic involvement. One needs such a person to envision and execute the development and nurturing of the various departments that this hospital, which now claims to be a teaching institute, should have. Nevertheless, one factor is of prime importance: the passion and drive of a committed faculty is far more important than any extraneous factor in maintaining excellence of service and training. Two examples readily come to mind, though I am sure there may be others. Since its inception, Christian Medical College, Vellore has stood as a beacon in the dedication of its faculty to teaching and service. A more recent exemplar is the Mulibhai Patel Urological Hospital, Nadiad, which has shaped up to be one of our country's better urological training

centres through the passion and commitment of its faculty.

Government-run Public Hospitals

Now let us consider the public hospitals. Over the years government funding of public hospitals has gone up remarkably and has resulted in great improvement in quality of equipment at these centres. It is however important to note that the usual preference for M Ch courses over the DNB ones is fast eroding, and the writing is on the wall, that if public hospitals do not improve and enhance the quality of their teachers and teaching courses they may no longer be preferred centres for residents. In many of these centres the impetus to maintain the quality of urology education is entirely born by the committed heads of these departments who are impassioned teachers. There is practically no drive from above i.e. the government who runs these hospitals or the universities that grant the degrees: the bottom-up setting. There is another change in the running of public teaching hospitals that is worthy of note. Apparently aware of their inability to pay their full-time faculty salaries commensurate with those paid in private hospitals, and yet desirous of holding on to good faculty, many of them have resorted to allowing their teaching staff to hold attachments at private hospitals, while insisting, at least on paper, on a mandatory number of hours of attendance at the primary hospital. The pros and cons of such relaxation is arguable and I will raise this matter later in this article.

The Urological Society of India

Now, let us switch our gaze to the role of the Urological Society of India in the education of our young urologists. For the first nearly 20 years all that the USI would concern itself in doing was to conduct the annual meeting, and later the zonal meetings. This meant that there was some form of non-structured teaching activity for those trainees who were interested twice a year. The rest of the year they were left to their own devices, which was fine, if they were in good academic department with teaching activity round the year. It was felt that this situation was far from satisfactory and that the USI should initiate their own programme of teaching activity round the year. In the last less than a decade, this role of the USI has gathered great strength and there are now a good many focused or general teaching activities round the year.

During my term as president of the USI in 2015, I had heard of the amazing popularity and success of the EUREP (European Urology Resident Education Program). Consequently, Dr Venkatesh and myself, attended the program in person to see if we could implement our own program on those lines. This was a one-week program held once a year in Prague and attended by 150 European senior residents. It consisted of 5 modules of didactic lectures covering the entire urology syllabus. The faculty consisted of 20 teachers (chosen from a European board of teachers), and believe me, senior urologist throughout Europe would vie to be on that list. There was also a very impressive Hands On Training (HOT) program, which was a great favourite of the residents. It was from this germ that the URO-MET of the USI was born, which I believe, is a popular and successful program thanks to the able team that runs it today. One of hidden benefits of the COVID restrictions, has been a mushrooming of online educational programs organized by the USI and by various centres and other subspecialty bodies.

A couple of decades ago, the quality of presentations at the USI was lamentable. While there was an attempt to encourage young trainees to prepare and present their work, in the absence good data collection

practices and guidance to the trainees, the results in this sphere of urological education was less than optimal. It was lamentable to see the annual conference filled with case reports, "how I do it's and " in my experience" presentations, sending an inadequate message to young trainees. The last 20 years have seen a sea change in this sphere. The impressive rise in the standard of the Indian Journal of Urology under dedicated and accomplished editorship along with collaboration with international urological societies of Europe and USA, has resulted in a world class IJU. During each USICON, the IJU has tried successfully, to propagate a culture conducive to good practices in data collection and presentation. Consequently, large proportion of urological trainees are now capable of collating data and presenting world class material. In summary, I would say that the Urological Society of India, has played a most vital role in uplifting the general standard of urological education in the country.

The Way Forward

Urologists of India have come of age. It is now exceedingly important to model the future on solid grounds with a homogenous standard of urological education throughout the country. To this end, I feel that there should be one national body which lays down the syllabus and a structured program of training spread over 3 years. An additional year of research (could be optional to start with) should be strongly considered, so that the country has a body of young researchers, led by senior researchers who have entered through the same portal and chosen to stay on, in pure research. We need to understand that the pure research of today will be the clinical application of tomorrow, and is our only safeguard from being underrun by the juggernaut of disruption and obsolescence in science. After credentialing a centre, the national body needs to monitor the training of each trainee through semi-annual or annual evaluations. Rather than insisting on rigid full-time criteria for its teachers (as in the DNB set-up) or permitting teachers to seek private hospital attachments, while maintaining minimum hours of attendance, on paper (as in some M Ch centres), it is far more important to monitor the progress of training by each centre by the national body. Every teaching centre should have a mandated budget allocation for the specialty to enable expenses such as library books, online subscriptions and funding the attendance of trainees at conferences and courses.

I feel it is a good time to be a urological trainee in India and hopefully, if the national body does its job pro-actively without throttling individual initiative, and the USI complements this by improving its all-year programs, we will churn out some very competent urologists in the future.

In conclusion I would say that teaching and learning is an eternal continuum –In learning you will teach, and in teaching you will learn.

Faculty Promotion In Medical Colleges - What are current criteria and what is the ideal

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In Medical science, knowledge needs to be learnt, assimilated and propagated in order to improve the quality of life for local, regional & global community. The responsibility of education falls upon the shoulders of medical teaching faculties to make future clinicians. It is the duty of a medical teacher to assume multiple roles like training clinical skills and evidence base medicine, teaching ethical codes and facilitating research in the medical system. The ideal medical teacher should have utmost passion and integrity and at the same time should motivate his student and junior colleagues to developed leadership qualities.

The faculty development is essential to improve the quality of education, to keep up with the pace of rapidly changing curriculum and in turn bringing excellence in the system. The institutions across state and national levels are adopting policies to select and promote faculty based on talent suitable to enhance health care delivery and to respond to the newer changing environment. The admission committee in each institution has selection criteria depending on academic achievements to select a compassionate physician who will be ready to work as a team, adapt to multiple situations and is able think critically and ethically.

The criteria for faculty appointment and promotions should consider the total activities and achievements of the faculty members. The profile of the faculty should include excellence in clinical and academic fields. The senior faculties should have excellence in teaching as well as administrative activities. The promotion cadres in most of the institutions are Assistant Professor, Associate Professor, Professor, Professor & Head of the department. At the Assistant professor level, the candidate must have clear potential for initial appointment in his clinical field in terms of expertise and academic knowledge. For the appointment/ promotions of Associate Professor, candidate must have distinguished services as an Assistant professor, should have reputation as an expert in his field with an active role in teaching and research activities. For the appointment/ promotion to Professor, in addition to distinguished services as an associate professor, the candidate should have leadership and administrative qualities.

The Medical Council of India (MCI) was the supreme authority for framing laws and regulations for education systems in medical colleges across the whole country. The National Medical Commission (NMC) has replaced MCI on 25th September 2020 and has now become the body that regulates medical educations and medical professionals. It has recommended minimum qualifications mandatory for appointment and promotions of faculty in teaching positions. The two main criteria for promotion are the duration of service and the number of publications. The minimum qualifications for teachers in medical institutions which were initially formulated in 2009, has undergone amendments from time to time (Table 1) intending to encourage clinical research and maintain the uniform standard

Year (amendment notification)	2009	2010	2015	2017	2019 (circular dated February 2020)
Circular date	No.MCI-12(2) / 2009 -Med. Misc. / 56925	No.MCI-12(2)/2010-Med. Misc. /33038	No.MCI-12(1)/2015-TEQ/131880	No.MCI-12(1)/2017-Med. Misc./115698	No.MCI-12(2)/2019-Med.Misc./189334
Number of publications (assistant to associate professor)	At least two	At least two	At least two	At least two	At least <i>one</i>
Manuscript type	Original research paper	Original research paper	Original research articles Original research papers	Original research articles Original research papers	Original articles <i>Systematic reviews</i> <i>Meta-analysis</i> <i>Case series</i>
Authorship	First author	First author, second author	First author, second author	First author, corresponding author	First <i>three</i> authors or the corresponding author
Nationality of journal	Journals by the National Associations/ Societies	National journal accepted/published	National/international journal	National/international journal	<i>Removed both words</i>
Indexing agencies	Choice of indexing services not specified	Choice of indexing services not specified	Scopus PubMed Medline Embase Excerpta Medica Index medicus Index Copernicus	Scopus PubMed Medline Embase Excerpta Medica Index medicus Index Copernicus	Directory of Open access journals (DoAJ) PubMed Central Citation index Sciences citation indexExpanded Embase Medline Scopus
E-journals	Not included	Excluded	Excluded	Excluded	DOAJ included

for medical faculties across the country. The medical professionals had raised concern regarding these guidelines like credit to be given only to first and corresponding author, inclusion of only original research papers, exclusion of e-journals, categorizing journals as national or international. The latest MCI amendment as per Gazette Notification on February 12, 2020, has addressed some of these previous concerns (Table 2).

Table 1 MCI amendments regarding faculty promotion over the years

Ref: Patra A, Gibikote S, Khera PS, Kalra N, Keshava SN. Publication Parameters for Medical Faculty Promotions: A Survey on the Medical Council of India Amendment 2019 with Review of Literature. Annals of the National Academy of Medical Sciences (India). 2021 Feb 1.

Table 2: Gazette Notification (CG-DL-E-19022020-216263) on February 12, 2020 for Promotion of faculty

Posts	Academic Qualification	Teaching & Research Experience
Professor/ Addl. Professor (5 years of Post Super Speciality experience)	A super speciality post graduate qualification in DM/M.Ch./DNB in the concerned subject and as per these Regulations.	<p>(i) Associate Professor in the subject for 3 years in a permitted/approved/recognized medical college/ institution with three Research publications (atleast two as Associate Professor) (only original papers, meta-analysis, systematic reviews, and case series that are published in journals included in Medline, Pubmed Central, Citation index, Sciences Citation index, Expanded Embase, Scopus, Directory of Open access journals (DoAJ) will be considered). The author must be amongst first three or should be the Corresponding author.</p> <p>(ii) Should have completed the MCI recognized Basic course in Medical Education Technology.</p> <p>(iii) Should have completed the Basic course in biomedical research from Institution(s) designated by MCI.</p> <p>Further provided that for the transitory period of 2 years w.e.f. the date of this notification, the appointment/ promotion to the post of Professor can be made by the institution in accordance with the Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 as prevailing before issuance of this notification.</p>
Associate Professor/ (2 years of Post Super Speciality experience)	A super speciality post graduate qualification in DM/M.Ch./DNB in the concerned subject and as per these Regulations.	<p>(i) As Assistant Professor in the subject for 2 years in a permitted/approved/recognized medical college/institution with one Research publication (only original papers, meta-analysis, systematic reviews, and case series that are published in journals included in Medline, Pubmed Central, Citation index, Sciences Citation index, Expanded Embase, Scopus, Directory of Open access journals (DoAJ) will be considered). The author must be amongst first three or should be the Corresponding author.</p> <p>(ii) Research project in lieu of publication/authorship can be considered only if the person is</p>

		<p>Principal or Co-Principal investigator (P1/CoPI) of a research project funded by a national research body such as Indian Council for Medical Research (ICMR), Department of Science & Technology (DST), Department of Bio- Technology (DBT) or any such body.</p> <p>(iii) Should have completed the Basic course in Medical Education Technology from Institution(s) designated by MCI.</p> <p>(iv) Should have completed the Basic course in biomedical research from Institution(s) designated by MCI.</p> <p>Further provided that for the transitory period of 2 years w.e.f. the date of this notification, the appointment/promotion to the post of Associate Professor can be made by the institution in accordance with the Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 as prevailing before issuance of this notification.</p>
Assistant Professor	A Super Speciality post graduate qualification in DM/M.Ch./DNB equated to DM/M.Ch. in terms of clause 4A of Schedule – I in the concerned subject and as per these Regulations.	
Senior Resident	Registered for M.Ch./DM in the concerned subject	

Equivalence of qualification of DNB (broad specialties) with MD/MS & DNB (super-specialties) with DM/M.Ch.

- Those candidates who have undergone DNB training in an institution which now run MCI recognized postgraduate degree courses in a given subject, their DNB qualifications shall be considered at par with MCI recognized qualifications that subject only.
- Those candidates who have undergone DNB training in a multi-specialty teaching hospital with at least 500 beds, involved in various postgraduate/ super-specialty teaching programmes provided that the one out of three DNB supervisors (teachers) qualify as postgraduate teacher as per MCI norms in their previous appointment; and one out of remaining two should qualify as postgraduate teacher as per MCI regulations.

Such qualifications shall be considered at par with MCI recognized qualification.

(iii) Additional training of one year for equivalence of qualification of DNB (broad Specialties) with MD/MS & DNB (super-specialties) with DM/M.Ch.

Those candidates who have undergone DNB training (both broad specialties and super-specialties) in hospital/ institution other than mentioned in (ii) above, shall undergo one additional year of senior residency or equivalent training or research job in an MCI recognized hospital/ institution, provided such qualifications are notified in the Postgraduate Medical Education Regulations 2000".

There is a continuous debate in promotion of faculty and lack of time bound promotion system which results in higher stress, dissatisfaction and lower productivity of quality work. There is a need for more comprehensive assessment in terms of teaching activities, clinical skills and research. Such assessment may be done by including teaching awards, students and peer group feedback, number of publications and citations in journals, number of presentations in national and international meetings , for consideration of promotions. The above reforms will encourage the younger generation to explore their career in medical teaching.

**Simulation based training:
The Ideal, The present, The future**

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Halstead promoted the knowledge imparting methodology of "Each one teach one". Those were the days when getting treatment from a hospital and having a doctor to treat you was a privilege. Over the last century patients got more aware of their rights, the available treatment options and google science. Today every aspect of the treatment imparted to them has to be book style with no complications acceptable. Hence today's mentor is not very happy to leave anything to chance or to the mistakes committed by his trainee students. The other side of the coin features the surgical trainee who has joined an institution in order to learn the skills of surgery. The patient, the doctor and the surgical trainee are all placed in their correct shoes; creating a deadlock to Halsteadian principal of knowledge and skill transfer. Hence globally has arisen the need for training the trainee along an alternative pathway till the time he/she is skilled enough to handle the actual patient. A concept though new to the mentor, student and the medical simulation industry –is an old and accepted concept in the aviation industry.

What is expected from simulation today? It should allow the trainee to learn the anatomy, physiology, decision making, surgery planning, instrument handling, correct techniques, Operating room ethics, Operating room habits, Intra and post-operative complication detection and management during any procedure, just to mention a few. Today many simulators are available ranging from high fidelity expensive to low cost indigenous models. In the future we expect the simulation training to produce exact training of the sensory and motor systems of the trainee.

This opens various imaginary but achievable avenues. Imagine the future simulation training centre build in an innovative way in which we have a simulation based hospital where all the patients are mannequin based simulators. The trainee would train in an anatomy preclinical lab/ward, followed by a simulated patient ward, the simulated operating room and post-operative room and so on. All the possible clinical scenarios in each department would be possibly represented in such simulated departments. The advantages would be manifold. All the clinical knowledge, clinical acumen, manual dexterity and skill acquisition would be done in a controlled environment under mentor supervision and without risking an actual patient's life. The trainee skills would then be quantifiable giving the mentors the confidence of allowing or not allowing the trainee to interact with the actual patients.

Future simulator training should allow detection inappropriate operative habits in the trainee and should be able to guide the trainee and the mentor to rectify them.

All this requires algorithms to be developed for each simulation prototype and module. Future simulators would also be aimed at providing scenarios with various difficulty levels for the trainee.

Other advantages of simulation are that they are non-biologic and hygienic and allow tailored training and unlimited practice of skill till the trainee reaches perfection. An important issue with today's simulators which is being addressed globally is lack of natural haptics.

The future simulation programs and models should also satisfy the emerging issues of animal rights, trainee and trainer rights, model borne diseases, biocompatibility and models which can be easily disposed of in an environment friendly way.

Many innovative solutions would have to be recruited to fulfil the expectations from simulation. An example is the concept of microsimulation introduced by the authors Rawandale et al for percutaneous nephrolithotomy. The concept involves splitting of a surgery into smaller tasks or steps called microtasks and then training the trainee on these micro simulators which replicate each step of the surgery. The authors have used separate simulators to teach the trainee the three-dimensional renal anatomy, calyceal orientation, choice of desired calyx, steps of initial puncture, dilatation of tract, stone manipulation. The trainees are then oriented to fuse all the microtasks that they have learnt into the complete procedure. This helps the trainee to learn and master every aspect of PCNL at his own pace in a stress free environment.

Today objective assessment tools need to be developed for better assessment of the trainees. Post training assessment and transferability of skills from the simulation room to the operating room needs to be focussed upon while developing new models and simulation based training will have to be seamlessly fused to the OR training in the near future.

Simulation in Urology is still in its consolidation and futuristic development stages. The unseen tasks of standardisation of simulators, training schedules and algorithms, trainer training, teaching and evaluation algorithms are still on the back seat. The Bureau of Indian Standards along with the author have recently taken up the task of standardisation of the surgical simulators.

Another issue to be addressed after the present COVID 19 scenario would be

the possibility of decreasing clinical experience during such pandemics. During such pandemics there are hurdles for imparting physical simulation training sessions; during the inevitable lockdown periods. Remote distant learning simulation courses would have to be devised which would facilitate seamless training even during such pandemics. This is a task much complex and steep to achieve than it appears to be.

Further development of simulation would unravel newer problems which would have to be troubleshooted as and when they come along.

Simulation in urology has started gaining momentum on the practical grounds during the recent times. Considering the necessity of a parallel / basic training avenue for the trainee in urology the National Medical Council as well as the National Board of Examinations have now made simulation training compulsory and a lot has been contributed by the Urology Society of India vide the simulation training programs conducted by it. Simulation is and would be an important facet of skill acquisition in the future and it is imperative that all the teaching facilities now adopt this new teaching tool.

Nevertheless the discussion on the topic cannot be concluded without mentioning the need for maintaining cost effectivity while providing such training solutions and this has opened the doors to many indigenous simulators.

Making simulation an ideal training and learning environment in all aspects is the gist of the future of simulation.

The trainee, the teachers, the industry, the national councils, the government policy makers and all of us need to adapt to the present simulation avenues, contribute to the existing knowledge of simulation and protect the rights of the patient.

**Current training –
Is it doing justice?**

Dr. Chaitanya Deshmukh
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I am currently practicing as a consultant urologist in a tier two city, mostly doing freelance urology practice. It has been two years since I completed my training in DNB, Urology. Having gone through three years of residency, I personally feel that DNB Urology program is one of the best training courses in the country that one can think of. However, to no one's surprise, practicing urology outside your institute is altogether a different ballgame. Working as a solo practitioner and interacting with my contemporary urologists, I have realized that there are certain areas that demand more attention to make the DNB training more robust and comprehensive.

The first and foremost point of focus should be clinical and arduous bedside urology teaching. The approach to assess a patient in the OPD or at bedside, drawing a diagnosis or considering its differentials should be a rigorous exercise. These are stepping stones in planning a precise management. The goal is to train an individual to be a clinician first. Recognizing and accepting a complication is a challenge in practice and so is framing its appropriate management. One should know not just how to operate but also, when to

operate and more importantly when not to operate. These are certain aspects of great clinical significance that one must learn during training. These facets are as important as getting a hands-on experience in operative procedures. Even in today's times, exposure to the patients in the OPDs, hands-on training in the OTs are the experiences that residents find lacking in some institutes. The teaching faculty in the DNB institutes need to do more in this regard, put the residents in the position where they have to make clinical judgements and take decisions as well as equip them with correct surgical techniques and skills. What's more important while addressing this issue is that, this needs to be done in a supervised manner so as to fine-tune their clinical acumen.

Urology has now evolved to encompass a multitude of sub-specialties to an extent that now we, freshly cleared DNB candidates, are compelled to think about what subspecialty to head into and develop subspecialty dedicated practice. It thus, becomes imperative that as a resident, throughout his/her training period, one gets exposed to as many sub-specialties as possible. Currently, the core sub-specialties that most of the institutes offer training in are endourology, uro-oncology, and to some extent lower tract reconstruction. Urology is beyond these few sub-specialties and much more. In private practice there are certain sub-specialties that demand your skill and knowledge and form a considerable bulk of your practice, for example andrology, female urology, pediatric urology, functional urology, vascular access and renal transplant sciences. These practicing trends too vary from region to region. Unfortunately, there are only a handful of DNB institutes which will cover most of these sub-specialties if not all. The training faculty should strive towards expanding the exposure to these varied urology services so as to pass on the benefit to their residents undergoing training. Alternatively, training programs can be designed in a manner that allows residents to go through short term rotatory postings in dedicated sub-specialty centric institutes. This holistic attitude towards training which involves exchange of residents between educational institutions will only contribute in creating a healthier academic environment in the dynamic realm of urology. The main goal should be towards achieving some sort of a standardization in training programs across the country. The DNB board should design a curriculum and make institutes accountable to ensure that each resident by the end of his training has adequate exposure across the sub-specialties that urology has to offer.

Lastly, coming into private practice I did find myself in situations where, for the lack of facilities, I had to perform certain procedures that one often does not see in today's times being performed in the educational institutions. With the arrival of robotic surgery and minimal access urology on the scene, one may think the era of open surgery in urology is a bygone one. However true it may be, but, in a country like ours, where urologists are now settling in tier three and tier four cities too, facilities like robot and laparoscopy are far from reach. I do feel that procedures like open radical prostatectomy, Millin's prostatectomy, Frey's prostatectomy and anatrophic nephrolithomy, to name a few, do have a relevance in such places even in current times. The material on these procedures has been on a decline with each coming edition, from the Western literature which we often fall back on for references. It is essential, that senior professors, who are well versed in open urology, take cognizance of this issue and address it while developing their own training programs. Experienced urologists who are still performing these procedures should document and publish literature on these procedures in books and journals, for the current generation of Indian urologists to learn.

I personally feel the current DNB training program, with the amount of teaching related activities being organized round the year across the country, specially by the USI, is already an academically vibrant training program. In my opinion, if these few areas of lacunae in training are paid a little more attention to, DNB urology training program in this country would reach a level to be at par with the world's best, if not better.

Current training in urology- is it doing justice?

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Introduction

The 32 member Urology society of India established in 1961 has grown leaps and bounds over the years (1). The training in urology also has seen a lot of changes over the period of years. As a recently passed out M.Ch. urologist from a tertiary care high volume government institute, I intend to pen down the strengths and the disadvantages of training in these institutes.

Strengths in training in tertiary care high volume government institute

The biggest virtue of working in a government institute is what we learn in the first six months of training - **endurance and patience**. Get up at 6 am, rush to the wards while sipping a cup of coffee, present ward round with accuracy despite those sleepy eyes, rush to the minor surgical theatre before the patients' relatives voice their annoyance for being late, listen to your seniors for not having aptly prepared the endourology and transplant theatre, have a 6pm lunch plus dinner, go through the late evening round without complaining and last but not the least patiently wait and dream about the next six month when you shall enter the endourology theatre.

The next one year and a half is when you learn most of the aspects of urology under the **apt guidance of mentors**. The stalwarts in the field of urology over the years have been guiding the young brains in the surgical aspects as well as educating them. Daily ward rounds with frequent presentations of urology cases made us competent enough not only to sail through the exams with flying colors but also ready to face challenges in urology once we are out in practice.

With a waiting list of 150 patients and about half dozen patients sleeping outside wards daily requesting for admission in the wards, meant an OT list on minimum 10 endourology procedures a day. This **extensive endourology exposure** was the most important asset that any urologist could ask for. More the number of surgeries, more the resident urologists got trained in managing the post operative complications and hence when a trainee is out from his/her residency program, he/she is more qualified to handle intra operative and post operative adversities.

Being a high volume centre in a tertiary care hospital, **there was enough exposure to multiple subspecialties of urology**. Unlike few private institutes, there was no need to imagine how a perineal hypospadias looked like or how to manage vesicoenteric fistula. We were also competent enough handle to renal transplants which few residents had an opportunity to

manage.

Disadvantages of training in tertiary care high volume government institute.

I still remember my first day when my senior accidently dropped the inner sheath and broke the beak. The look on my seniors, face said it all. **Repairing and procurement of new instruments** was one of the biggest challenges of working in a government tertiary care institute. For about one year we couldn't perform a bipolar TURP (transurethral resection of prostate). This surely hampered the training among residents. I still remember performing ureteroscopy with my eyes glued to the ureterscope which is an unusual experience in recent years as the camera system was out for repair for a few days. Procurement of a new laser machine took about 2 years which is why most of us needed to learn RIRS post our residency. Witnessing robotic surgery during training still remains a distant dream.

Inadequate documentation of the surgical work along with lack of intent for research among residents is an important fallacy in these institutes. The importance of paperwork is sometimes not emphasized enough. Although these centers perform excellent surgical work we lack showcasing the same as most of the work doesn't get recorded. Lack of enough documentation has lead to a few medicolegal issues.

Jack of all trades but master of few is one of the biggest challenges a resident faces **due to lack of sufficient number of faculty trained in all aspects of urology**. Although we witnessed all types of surgeries, few of the subspecialties always took a back seat owing to specific interest among mentors.

Recent upsurge in the number of residency seats would surely count as an disadvantage. The virtue of "surgical hands on" in endourology has substantially gone down. Trainees tend to be complacent and over a period of time lack intent in work as they are no longer stretching themselves to their limits in their initial days of training. This also meant the hierarchy among residents. This dissolved the bond among the first and second year residents who previously worked as a team.

Lack of structure and expectations from residents in each semester have never been defined which adds to the list

Conclusion

The training in urology in any institute would have some fallacies. Student exchange programs among universities and structured curriculum with more focus on research and documentation would surely strengthen these training programs.

However, after training in a high volume government institute most of the urology trainees do manage to perform endourology procedures without complications, they endure themselves to wake up in the middle of the night to see emergencies, they intend to publish their work despite a tiring day at work, they have the desire to learn new techniques and procedures. Thus, the current training in urology is surely justified.

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Research during Urology training

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"I did my DNB Urology from a reputed 400 plus bedded hospital in India. I had worked on 4 scientific projects during my residency which included my thesis which was a randomized comparative study and it was difficult to conduct since there was lack of manpower support, documentation was suboptimal but collaboration of radiology, laboratory reports and operative surgery video records was not easy to say the least due to a lack of a well organized centralized hospital information management system. So I had to collect the patient details first, go to medical records department, give an application, get the patient files, the files did not contain any investigations either preoperative or postoperative. A lot of data was missing So, I had to go to the laboratory ask for the patient lab reports of a particular date and do a reverse analysis

Then I had to go to radiology, sift through the important images and select them and since we did not scan the radiological images, the images done outside the hospital were not available, so had to scan the images as the patients came with personal mobile phone. Operative surgery videos were recorded only if the patients had asked for it preoperative. I had to contact a third party statistician through a senior for analyzing the patient data that was collected with much efforts, which took time and personal financing. Then the write-up, which required time and efforts and corrections and multiple meetings between the mentor and mentee. This full process was exhausting. I surmise, the situation would be even more difficult in government institutes "

"Anonymous Resident in Urology"

This narrative from an anonymous resident doing his residency speaks volumes of the bottlenecks a urology resident has to face while performing research. To put it in perspective the challenges narrated include lack of documentation, lack of human resources, lack of time, checks and balances in place et al. In spite of these shortcomings India is home to one of the finest innovations in the field which includes outstanding work in endourology and renal transplantation. In this article we try to address the problems, challenges and discuss possible solutions a resident face during residency to complete his research work

The issue of research in training is multifaceted. Research during training is a area which is looked upon by the trainee more as a necessity or a regulatory requirement that has to be fulfilled to get the coveted degree and graduate. More often this is confused with writing a dissertation or presenting in conferences or making sure that the mandatory publications which need to be done see the light of the day.

The definition of research states that it is "Any creative systematic activity undertaken in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this knowledge to devise new applications."

A critical analysis of this definition indicates that this is a systematic activity and ultimately involves use and deployment of knowledge for the betterment of the society and mankind at large.

Thus medical research helps us develop, refine and extend the scientific knowledge, it helps in continued medical education, forms basis for evidence based medicine (EBM), addresses knowledge gaps and most important enhances professional identity.

Introduction :

All Indian Universities and National Board of Examination in Medical sciences

(NBEMS) have a thesis or dissertation compulsory for a 3 year medical post graduate degree course and it is also a requirement all the super specialties of NBEMS and majority of Indian universities. Also , promotions for consultants/Lecturers/Professors in medical colleges, the numbers of research publications are increasingly being focused upon. This has led to an increase in the scientific material being reported out of India. But there are certain problems still faced by a Urology resident in India which need to be addressed and analysed

The Problems

1. Time – In most of the residency programmes the residents are burden with clinical work and hence hardly find time to think beyond wards, patients and the operating rooms . In addition they also have to strike a balance between work and home. This complex conundrum places research and similar activities in the backburner
2. Lack of mentorship – Unavailability of suitable mentor, or a mentor with lack of experience or interest acts as a biggest hinderance.
3. Mindset and attitude – Attitudinal problem, reductionist view of seeing residency only as a means to get a degree and focusing only on skill improvement and passing exams is a major hinderance for furthering urology research. In addition, two factors add to the complexity namely, residency stress and burnout.
4. Challenges of the environment – Fractured and non-uniform medical curriculum (NBEMS versus University), lack of incentives (both academic and financial), lack of timely positive and constructive feedbacks, institutional work culture, patient/service/economic centric, lack of dedicated funding, lack of awareness and lack importance given by hospital administration to research aspect of training.

All the above problems need to be addressed in a systematic manner with possible solutions as follows

Solutions

1. Provision of supervised research protected time. For instance, a few hours in aday or a few hours in a week should be earmarked for research related activity
2. Providing departmental research manpower support – statistician, clinical research co-ordinator, research administrators. This will eliminate the hassles of running from pillar to post to get these expertise
3. Research mentorship – Better matching of mentor-mentee(mentor with topic expertise, choosing mid-career faculty, Approachable, Accessible, Available), co-mentoring, incentive program for faculty involvement
4. Training of residents –basic biostatistics, study planning, manuscript writing and Publication. This can be achieved by structured programmes
5. Journal clubs, poster presentations, seminars, workshops and conferences – important for inculcating scientific thinking
6. Attitudinal improvements on the part of the resident – develop and imbibe professionalism, honesty, integrity, compassion, empathy,

self-awareness of strength and limitations, altruism, networking and collaboration

Thus, finally we feel, the quantity and quality of scientific material reported from India can be qualitatively and quantitatively increased by the strategies outlined. Currently research is considered more of a compulsion during residency than a vocation which can be pursued as a passion. This perception needs to be changed. The solutions outlined above will help in easing the situation to some extent.

**Pitfalls in current education system-
From Urology point of view-**

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Dr. Vivek Shaw, Dr. Mayank Agrawal, Dr. Prakash Sankapal,
Dr. Mudit Maheshwari, Dr. Sabby L. Dias, Dr. Naresh Badlani.



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“Education means process by which character is formed, strength of mind is increase and intellect is sharpened as a result of which one can stand on ones own feet”

-Swami Vivekanand.

Introduction -

Robust teaching and training program is an essential need of society in which residents training depends on characteristics of students, quality of teacher, available infrastructure and learning environment of center.[1]

In 1978, Urology was separated from general surgery and in 1979, Urology Society of India (USI) formed as independent organization.[2]Urology practice has transformed from open followed by endourology to laparoscopy and now robotic Urology with constant refinement in various Urology speciality.[3]

Current residency program was designed when Urology was limited speciality. Urology is still most sought after branch to pursue as a career. Residents determines the shape of this dynamic field, so their training should match rapid innovations happening in Urology.[4,5]

The goal is to have most efficient training program with effective use of information, technology, interactive systems and simulations, to produce well trained Urologists having sufficient overall knowledge about the subject.[3,6]

Current Scenario of Urology Training-

Current Urology training in our country is based on Halstead's Apprenticeship model which is obsolete in many parts of the world where they follow an integrated Urology residency model.[1,6,7]

M.ch and DrNB are two officially recognized teaching programs having three year duration in India.[1]

Entry to Urology training is after completion of three year training in surgery through single National Eligibility cum entrance test (NEET) except in autonomous centers.[2] M.ch is university and DNB is National Board of Examinations (NBE) accredited degree. National Board is single apex body which gives accreditation to institutes having adequate faculties and

facilities which controls selections and examination standards, so carry more weight internationally.[2]

As per 2019 data, 89 M.ch and 50 DNB centers offer more than 300 urology seats per year in India.[5,8] Length of Urology training in USA is 5 years,7 years in Australia and 9 years in UK compared to 3 years in India.[9]

We don't have data to calculate number of urologists needed for Indian population. However, Urologist to population ratio is 1:564171.[8]

Current training program is delivered via observation and hands on training, operative workshops, online teaching, USI mock exam, CME, conferences, traveling fellowship and webinars.[2]

Common perception among faculties and trainee about teaching program is to learn basic Urology which will earn 90% of revenue hence advance complex surgeries are not high in their priority list. Currently most accredited centers provides training in basic urology, while they falter on advanced procedures as three years are only enough to train residents in basic urology.[10]

Pitfalls in current scenario-

Large patient population of India is a double-edged sword for training as it provides ample opportunity to gain experience on one side and causing overcrowding, delayed diagnosis and treatment on other side.[2]

Lack of structured and standardized curriculum, different centers having different focus in Urology results into trainees having varying level of skills and knowledge. Operative work done either unsupervised or under immediate residency senior due to lack of devoted senior faculties.[3,5]

Lack of Urology training at MBBS, General Surgery level, arbitrary fixed course duration(3 years) and rapid strides in Urology results into training having inadequate Urology competency[2,5,6]. Currently first year of residency usually vanishes in doing paper work and by the time resident gets some surgical freedom, the training period gets over.[4].So current training program is enough for those having preexisting Urological training[3].

No single center gives candidates exposure to all areas of Urology due to low faculty strength, trainers expert in selected area, non-uniformity teaching and lack of sub-specialization.[2]

Government setup lacks in equipment, trained faculties and number of seats while private setup has limited patients, deficient hands-on experience and costly treatment resulting into inadequate training in both the sectors.[2]

Recent survey of 1469 residents showed only 45.5% faculty participation in academic activity and 37% resident friendly working place which means there is need of committed teachers. In current training model, faculty judges the students, points out their strength and weaknesses but students rarely get opportunity to judge the teacher.[1,2,7]

Currently Research is most neglected component in training due to difficulty in getting funds, laboratory space/mentorship, time constraint and large patient load.[2,4,11]

Teaching program in India have differences in exit exam for certification, like DNB have blind expert and center and in M.ch, it is usually at trainee's own center with one known internal expert[1]

Recommendations to improve the Urology training-

- We need to have Competency based Training system that encourages lifelong acquisition of knowledge and its skillful application.
- Ideal Urology Curriculum should be standardized throughout the country by maximizing the educational component.
- Current three year training should be increased upto 5 years.(1+3+1) Curriculum should be as follows.
 - 1[Last year of general surgical training should be devoted to basic urological surgical principle]+3[Clinical Urology]+1[Sub-speciality which trainee wants to pursue in either same or nearby center with making memorandum of understanding (MOU)]
 2. Two research publications(International / Society Journal)+two research presentations(one state/zonal and one national)with research thesis should be compulsory before exit exam.
 3. Compulsory 6 monthly assessment of trainer, department and trainee.
- Training program can be improved by sending trainees to other centers to learn and observe the unseen procedures, using simulators, dry and wet lab, increasing Fellowship programs, by making free access to e-learning material, inter-departmental meetings and forming MOU with institutes inside the country and overseas.
- Supervised Simulation should be integrated in curriculum as an important adjunct to model competency-based Urology training.
- Urological education needs to be regulated by Board of Urology recommended by USI which should work under NMC and held responsible for the curriculum, structure, quality of medical education.
- Common nationwide competitive exam for entry and exit from the Urology training.
- There should be enough exposure of Urology in MBBS curriculum.
- To match the population to Urologist ratio, training centers and seats should be increased to have even distribution of Urologists in urban and rural areas to avoid supersaturation in metropolitan cities, which can be made by making 1 year compulsory nationwide bond and increasing well equipped Urological centers in rural India. While increasing seats, discourage accreditation to centers having inadequate infrastructure and teachers.
- Sub specialization centers should be increased atleast in teaching institutes to improve the care, decreases the risk in diagnosis and treatment resulting into improved teaching and research
- Strong research program should be integral part of curriculum to have efficient faculty to provide scientific ground, skill and knowledge to residents and fellows.

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Growing Specialities – How to Impart training to students

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Urology as a speciality has evolved and expanded vastly in the last decade. With the increase in the number of residents becoming certified urologists each year the residents need to acquire sufficient knowledge about each subspeciality during the course of their training. It is imperative that they are well versed with all the specialties to become a complete Urologist.

Students instead of getting directly into practice should look into such prospects and develop skills in the specialties to complete their training. One mindset among the residents that needs to change is that obtaining a degree in Urology doesn't mean one knows everything in Urology. The training is still not complete and needs fine tuning and further learning. Also if they attain this additional expertise this would make them a more complete and competent urologist. In addition to this, exposure to these sub specialties is also important to those residents who aspire to pursue a particular subspeciality as their prime specialty in their Practice.

The current scenario in most of the institutes offering residency in urology is the unavailability of exposure to all the varied sub specialties in any single institute. To further explain the scenario, most institutes have good exposure for Endourology and basic Uro-oncology . Exposure to other specialties like Pediatric Urology, Andrology, Robotics and Female Urology is insufficient at

some of the institutes. The exposure to renal transplantation is also very variable among the institutes with some institutes in the periphery having complete absence of transplant units and many of the above-mentioned specialities. This scenario is worsened by the absence of structured fellowships for these specialities in India barring a few opportunities in select institutes, creating a conundrum for the newly passed Urology Resident. Absence of practical exposure in many aspects makes him feel not confident and somewhat incomplete with need to seek advice and support frequently during his practice.

This problem has been highlighted very well in the article In Indian Journal of Urology in 2019 by Tamhankar et al , wherein via questionnaires filled by urology resident their adequacy of training in subspecialties was determined. They concluded that residents get a fair exposure to Endourology, Uro-oncology, Female Urology and Reconstructive Urology during their residency. However, the same did not hold true for Paediatric Urology, Andrology and Laparoscopic/Robotic surgery. 90% of the residents expressed an inclination towards academic practice, while 76.5% were interested in sub-specialization. 60% of the residents felt that they had obtained adequate exposure during residency to make a decision in this regard. This again highlights the inadequacy of training in certain subspecialties at many institutes.

As teachers In order to impart complete knowledge to the students a proper solution needs to be agreed upon by the seniors and head of Department of various institutes. If the exposure to such specialties has been not possible during the tenure of residency the seniors have to encourage and help the residents acquire such exposure in the Post MCh training period by collaborating with other institutes. Another way for providing the training is arranging for workshops and discussions for each subspecialty. USI has started arranging webinars and discussions under the smart learning program for residents in each sub specialty. This is a step in the right direction.

Each zone has some institutes which have very good exposure to a particular speciality. Private and autonomous institutes have greater exposure to Laparoscopy, Robotics and Andrology and government aided institutes have greater exposure to Andourology, Uro-oncology and general urology. All zones have a few centers of excellence in each speciality. So each zone should plan to have rotating postings in 2nd year of residency for 2 months each in any 3 specialities selected by the candidate at other centers. The DNB residents can have rotation in government and other institutes of excellence having these specialities and vice versa for MCh residents. This will give the candidates enough exposure to decide whether they have interest in a particular field and want to pursue the same after their residency. This way most students will be exposed to all specialities.

In government hospitals the students have post residency Bond tenure to fulfil. With the support of the head of department this period can be utilised for attaining an observership or fellowship under the teacher of his choice in the institute in the region of his parent college wherein the post duty hours or even with adjustments, few duty hours can also be utilised to attend the OPD and procedures in the speciality of interest under their mentor of choice.

More speciality OPD's should be started in all institutes and students interested in them should be encouraged to start these OPD's as a modest beginning. In future this can lead to the emergence of new stalwarts in the

specialities. I as a lecturer had started the paediatric urology OPD as a first in Maharashtra and those seeds have blossomed and lead to an established paediatric urology facility at our institute. We have recently started the Andrology OPD at our institute with one of our passed out residents gaining experience under Dr Rupin Shah's guidance.

By specialization the patient benefits by getting good care in way of clinical decision making and availability of skilled surgeons.

One can take a leaf out of the book from institutes like MPUH Nadiad and SGPGI who under the able leadership of Dr Mahesh Desai, Dr Sabnis and Dr Ansari have been able to develop the most complete departments in our country with exposure to most specialities. With vision, long term planning and adequate funding other institutes can aim to attain similar heights in the long term.

Thus, with efforts from the faculty and WZ-USI and interest and dedication from the students we can fulfil our goal of complete Urological education and training in our community.

“Specialization, concentration and consistency is the key to outstanding performance”

Today's students – how they are different from past

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Medicine is a branch where you remain student forever. As we all know education is our passport to the future, for tomorrow belongs to the people who prepare for it today. Recent pandemic has taught the world about importance of medical profession! Future doctors are reflection of healthy and happy society. I being teacher in premier institute since more than 2 decades now am really worried about current medical students and their future.

When we started our undergraduate study as a medical students, family, society used to feel proud about us getting admission in medicines. Colleges were few and were teaching a true human life and its value in various aspects. Starting from anatomy dissection to performing robotic surgery currently has been a wonderful learning experience due to quality education of medical colleges, passionate and enthusiastic teachers, clinical exposures to various and numerous patients and support of colleagues of various fields .In current scenario number of medical colleges are pouring in each and every states of India but quality premium teaching institutions are lacking. Current education system has brought privatization in medical studies where medical admissions are just a few pennies away.

Undergraduate studies form the foundation of postgraduate and super-specialised studies or of medical practices. Current generation is blessed to have beautiful colourful books of all subjects instead of heavy boring books of our time. Technological advancement has brought dissection table on laptops or phones. Are these advancements are boon or curse in the fields

like medicine? Time will tell. In depth study of every undergraduate subject made our foundation strong. Current students are reading selective topics just to pass. Clinical terms are replaced by just library, online classes. Their aim is to clear NEET or other entrance exams or test. During M.B.B.S. most of the students are retraining away from big books & going for shortest. SHORT WAY IS ALWAYS A WRONG WAY. Current Education system is also equally responsible for developing this attitude in medical students.

Students sitting in the college lawns with bones in their hand have been replaced by café with phones in hand. Lifestyle of medical student is no more different than other faculty student which is an alarming change. Tough duty hours, night calls, difficult challenges makes dedicated doctors. Internship which used to be considered best time for practical teaching and considered to be a golden period has been replaced completely by just a period for preparing for entrance exams. Due to this they lack clinical exposures of basic procedures like catheterisation, IV cannula, RT insertion etc. That also affects confidence in clinical diagnosis, interaction, communication and decision making abilities.

Again institutes offering postgraduate residency programs are many more but most of them lack in Infrastructure, quality teachers and number of patients. Since development of sub speciality in all departments there has been lack of overall exposure during training. Due to advent of investigation based treatment, clinical training is severely lacking in present day teachings. Ward life -a treasure of postgraduate studies has helped us to develop qualities like team work, Respect to seniors, gratitude for teachers and sympathy towards patients. Present students are not getting or taking enough opportunities to explore these important life lessons.

Students paying hefty fees for their medical education may not feel obliged towards society or patients. They may start comparing medical practice with business model. Even as medical students or residents we used to get lot of respect from patients, relatives and society at large. Now days there are so many incidents of quarrel and frictions between resident doctors and relatives. So there is lack of trust and respect on both ends.

“Every Generation needs REGENERATION ”– Charles Spurgeon. Both current generations - teachers at senile age and students at tender age needs to press refresh buttons for betterment of society and mankind. We need to focus on similarities of treating patients and not the differences of approaches. Keeping communications open and alive senior needs to encourage and promote mentoring and juniors needs to value seniors as well as offer respects. India is a culture that value diversity so extending same approach in medical science teaching –the blending of different thought process, sharing experiences and serving a society with best available technology is key to making a multi-generation environment work.

Debate: Bond after MCh: For and Against

Bond system for MCh students, Is it justified?

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A bond system exists like an albatross hung across the necks of students appearing for MCh through NEET SS exams.

There is no uniform bond policy regarding period to be served or financial penalties. Heavy financial penalties are asked which is even more than combined 3 year fees of a private medical college for any super speciality course.

There is no service bond for students studying in government institute of Engineering, MBA, Law or any other government sponsored courses. Why only medical courses offered by government medical colleges have to serve bond? In a developing nation like ours it is said that medical bond is an essential service then so is law, infrastructure and management. In developed nations there are no bond policies and if its there the salaries are at par with private sector.

For Mch degree, doctors have to study for 2 dozen years completing school and degree. After spending so many years, by the time you become a bread earner for your family the prime of your youth is behind you and a lot of responsibilities are already with you. In this era of NEET deserving candidates with higher ranks have to suffer after getting selected.

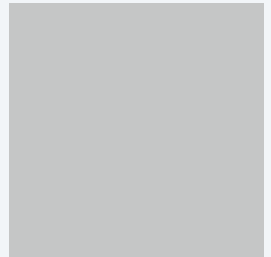
Now student are coming to Medical college from small cities and village if they go back to their native place they might be able to serve well as they are aware of local diseases and problems.

Government has to reconsider the bond issue. Many times a doctor ends up enduring the wrath of patient's attendants besides a long period of sacrifice to become a doctor. This bond system might prove to be a final nail in the coffin wherein bright students may stop choosing the profession all together.

Bond system for MCh students, it is mandatory!

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Various state governments have imposed a clause on completion of Post Graduation and Super Speciality courses which requires the doctor to render service in a state government hospital for a period ranging from one to five years, as set by the respective state government. If the doctor wishes to opt out of rendering service, he/she is required to pay a government agreed bond amount.

There had been an ongoing debate on the pros and cons of this issue. Many fresh postgraduate doctors have vehemently opposed this decision and appealed to revoke it.

I am, however, of the absolutely convinced opinion that this decision is apt for the betterment and benefit of the society as a whole, including the doctors.

Practitioners of all forms of medicine have been held in high esteem since times immemorial. They have had the honor of being highly respected members of the society. Therefore it follows that doctors should regard their social responsibility seriously and inculcate a sense of joy in serving the community in their capacity to express their gratitude. It is their moral duty to keep larger public interest in mind and contribute back to the community by public service.

There has been scarcity of skilled Urologist in semi urban and rural population. In 2018, the number of full members of Urological society of India was 2025 and another 1489 were associate members. With 2019 census, the Indian population was 1.37 billion and this translates to one urologist for 564171 population in contrast to 12,660 practicing urologists in USA, there were 3.89 urologists amongst 100,000 population. Majority of urologists in India are practicing in A and B grade cities and large parts of country do not have access to skilled urology services. This led to concept of roaming urologist with its associated problems. It's therefore the Government should place newly graduated urologists in semi urban and rural population to complete the bond. This will serve two ways the government will make the necessary infrastructure necessary for practice of urologist and the urologists will get hands on experience to manage the basic urology problems.

The time period of service gives the fresh post-graduates an opportunity to gain more hands-on experience in their field and prepares them to be independent consultants. It shapes them as responsible and accountable practitioners. They learn to balance academic careers and personal incentives. They cultivate the habit of working as a team and are provided with teaching experience.

Huge infrastructure has to be developed and maintained by the government in medical colleges in order to offer Post Graduate and Super Specialty courses. The admission fees are meagre and the stipend is reasonable. Therefore, doctors are national assets, and to utilize the services of those who have been beneficiaries of government assistance to complete their education can't be termed unjustified.

There is also the fact that the doctors have made an informed decision to avail the benefits of admission in Government College and receive highly subsidized education. They need to look at medical education and rendering required service as a composite package.

Prompt and skilled healthcare is a basic need for everyone. There is a huge scarcity of specialists and super specialists in peripheral areas. Compulsory service is thus required to bridge this gap. The government is obligated to safeguard the right to life of every person. Failure on the part of the government to provide timely medical treatment results in violation of this right. Healthcare can be provided to everyone, especially from the far-flung rural regions and deprived sections of the society only if every doctor contributes to this objective by rendering stipulated service as directed by the government.

I would like to conclude by saying that everyone stands to gain by the clause requiring fulfilment of few years of service after post graduation by young doctors. The state governments, on their part, need to ensure there is nationwide uniformity in the bond structure, flexibility and reasonability in forfeiting conditions, and decent pay and working conditions for the doctors. The fact remains, however, that the doctors can't shirk their obligation to the society and to the government and must realize the importance of offering their services to their nation with considerable pride and joy.

**Direct Six year MCh / DNB Urology:
A way to go?**

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Hon Secretary, USI West zone



Introduction

The aim of MCh and DNB training in urology would be to impart adequate knowledge in the subject, covering both theoretical and practical aspects of it so as to prepare a candidate who has acquired knowledge, skills, aptitude and attitudes to be able to function as an independent clinician/consultant and a teacher. The commonest path so far has been a three year MS/DNB course in general surgery followed by three year MCh/ DNB course in urology. Direct five or six year courses in Plastic surgery, Paediatric Surgery, Cardiothoracic surgery or Neuro surgery are being conducted. As of today there are no direct six year courses in urology in India. There have been demands to start a six year course in Urology also. It has become imperative to discuss the pros and cons of such a course.

Eligibility and Admission process

National board of examinations (NBE) conducts unified entrance examination for all super speciality courses in India (except AIIMS, New Delhi and other AIIMS, PGIMER, Chandigarh, JIPMER, Puducherry, NIMHANS, Bengaluru and SCTIMST, Thiruvananthapuram). Six year direct course is to be taken after MBBS. For a six year direct course the candidate will have to answer only one entrance examination. But in 3+3 system there would be two entrance examinations, NEET PG and NEET SS.

Training process

In direct six year course first year is a posting in general surgery to learn basic principles of surgery, basic surgical skills, exposure to patients and operative procedures in general surgery with rotation to allied specialities. In some institutes (AIIMS in particular) two research projects, one prospective and one retrospective, is required.

Examination

Candidates opting for 6 year course are required to qualify the Part I examination. This is held at the end of 2 years. This examination consists of two papers, one in general surgery and one in basic sciences as applied to super speciality and a practical examination. The part II examination is held at the end of 5 years. The part II examination is common for both the 3 year and 6 year candidates. The part II examination consists of three papers. Direct 6 year candidates have to appear for only paper II and paper III. The 3 year candidates have to answer paper I, II and III [1].

Points against six year course

1. Less general surgery exposure (which is necessary to develop basic surgical approach which is much more important than actual surgical procedure) [2]. The academic distribution of six year course does not give proper justice to surgical training. The current system of 3 year general surgery helps in building general surgical skills, which form the basic part of any surgical speciality [3].

2. A candidate who is pursuing direct six year urology course may not be much attentive or interested in the first year of general surgery rotation. Moreover the surgical unit wherein he is posted may not be much interested to teach him the basics. It is possible that such a candidate would be relegated less important work in surgery. The direct course is likely to produce a urologist having through knowledge of one subject only and minimal knowledge of others. So there are chances of missing important signs and symptoms of other organs. It reduces surgeon's ability to diagnose [4].
3. It is too difficult to choose a super speciality course just after MBBS. The MBBS graduate is unlikely to have adequate exposure and information to make such an important decision at that stage. Soon after MBBS, there is no way most of us can be sure of our super specialisation choices. It becomes a risky endeavour then to choose a six year course and end up not liking it after six months [5].
4. One can give a thought again over your surgical specialisation after completing General Surgery(as human mind is dynamic!) [2]. With the current system, one gets an opportunity to see and choose what they like [6].
5. It is always a fun to learn other organ surgery [4].
6. One can always fall back on general surgery in case you have the inclination and wish to do so.
7. If one gets in to a wrong institution, there is no way out to correct that decision. Moreover the faculty under whom you get training may change.

Points in Favour of six year course

1. If one is quite sure in their mind as to they want to practice urology and nothing else, a six year course is dream come true. [2] This is especially if they have a family owned, inherited urology practice or want to become a part of such a practice.
2. In a six year course the "exposure" one gets to the speciality will always be more. In the current system the candidate works in general surgery for three year and then goes for urology training for another three year. On the contrary in a six year course first one year is general surgery rotation. But after that the candidate gets to work in urology for five years. Such a candidate is likely to get more exposure of urology than a 3+3 year candidate [7]. Such a candidate is likely to be more focussed in urology [4]
3. In the six year course the exit examination is at five year end.
4. The six year course saves time.

What can be done?

Most of the BTech courses in IITs have an option of dual degree course. This is a five year programme where, upon successful completion, a student is awarded two Degrees: BTech. Degree of the parent department and MTech Degree of the Specialization within the parent department [8]. Such a provision is unfortunately not available in medical sciences. But the training processes and requirements of the professionals is totally different in these two fields. Candidates with better ranks take BTech course and not the dual degree. The employment dynamics of doctors and IIT graduates is totally different. It may be worthwhile for our policymakers to think of a dual degree in medical field too.

So what's the take home point?

For a focussed candidate, direct six year course is a boon. But for the majority the 3+3 year system gives breathing time and thinking time to take concrete decision.

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Internet Explosion – Its role in Urology Education

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Landmarks in Communications:

- Facebook – Feb 2004
- YouTube – Feb 2005
- Twitter – March 2006
- WhatsApp – Feb 2009
- Zoom – April 2011

The first online meetings started somewhere around the 1970s !!! And it took a small VIRUS to cause a Global Explosion of online meetings from March 2020 !

It's taken a Pandemic for us to change the way we think. The Virus has caused an exponential increase in Internet utility as not merely a means of communication but also as an important tool for education. Right from preschool children to Urology residents and Consultants, each one started using the internet effectively for EDUCATION ! **But each coin has two sides.**

The Bright Side in Urology Education:

Many new Facebook groups created. And those already existing added new followers. It became easier. We can now sit in the comfort of our homes/workspaces and start learning from the experts at the click of a button. Pre-COVID, it took a lot of efforts to organize and register for meetings. Then came the tedious job of arranging the logistics, flights, time zones, leaves and locums and hotels. The NEW NORMAL just did away with all of this. At the click of a button we are now able to listen to experts from all over the world.

The world is now moving towards expertise and subspecialty development. Urology has started widening its horizon. Fellowships are now in demand. The young generation realizes it is important to develop practice in area of interest. And the Online Platform has done just that. YouTube, Facebook groups have started streaming live surgeries, expert lectures and even meetings. WhatsApp has made communication easy. Gone are the days of invitation by letters and emails. Even the USI is turning towards making the IJU as an online event henceforth. So it's just a click and the insatiable hunger for more knowledge to make the most of this Internet Explosion.

Zoom was a game changer. The IT sector was using it. It just became accessible to the common man. So much so that in lockdowns, families too met up using this platform.

I could not have imagined 2 years back, that would attend the USI, SIU and the EAU meetings online. But we did. And the learning from experts did not change despite the change in the platform.

The resident training programmes of the USI, WZ and USI are the greatest achievements. It is of utmost benefit to the students to attend these clinics and now it can be done online.

I still remember my residency days, where I had to travel 4 hours Pune – Mumbai every Wednesday and Friday night to attend the clinics of Dr. Percy Chibber and late Dr. Sameer Desai at Jaslok and Lilavati Hospital. The clinics would start at 11pm and go on till the wee hours of the morning. And then be back at the parent institute for work. All this was physically exhausting and all in attempt to learn something more. In our field we remain a student till the last day, the learning never stops, so the Internet Explosion comes as a blessing for all the residents, now the e-learning is just a click away.

Digital media is eternal till another virus destroys it. So its so easy to revisit a meeting, or a live surgery demo in case some finer aspects are missed !

The FLIPSIDE in education:

The pandemic sure opened up its own Pandoras box. Masked faces, lack of social gatherings, no travelling, no free air. Man is a social animal and all of us somewhere want this to stop. We want the pre covid era back. Also the Internet Era can be physically and mentally straining. Long hours of sitting in front of screens. Strain on the eyes. Meeting etiquettes, Camera off, mic on mute has become the reality. Its improper to leave a meeting midway. Many a times multiple meetings at the same time create a dilemma to choose. Meetings may also clash in time zones. The race for online education is in a frenzy. Earlier we could choose the programme, the city and attend physically being in the moment. With online events, sometimes it is difficult to choose lectures of interest since we cannot stop our work.

The other issue is of Facebook classifying Penile surgeries as pornography. Facebook should have hired doctors to screen the content while publishing it and also issue disclaimers if required.

Criticism has become easier and Appreciation has decreased due to the wide content available. Perhaps we are losing the charm of doing these things real time. But we need to take all this with a pinch of salt. Imagine, our kids have learnt to be in online class, so can we.

Silver lining:

I met Dr Guido Barbagli many times through my Guru, Dr Kulkarni. And he still uses a simple phone .He says phones have become smarter ,but humans need to be smarter than phones. So let's starting using a smart phone more smartly. Let's use the internet more wisely and effectively.

The time forward :

Chose our subspecialty .Choose our area of interest. Every brochure we see, we need to understand if it ignites our brain and choice . We need to be selective of the programs we wish to attend and not feel guilty of missing out on a few. See one ,Assist One and DO one is the principle on which we grew in Surgery .So do not miss on Live Surgery workshops. We always grow watching others operate. We are surgeons and we needs to make it safer and give the best results to our patients .

Mantra:

Primary aim for a Urology trainee is to read, learn ,and become better in performing in exams. But eventually exams will give you a degree .We need to learn the art and science of performing Surgeries .Learn the tricks to be a better surgeon ,by using online platform, keenly observing .Learn from experience of others . At the end of the day, we can't be Online surgeons. Let's remember the values of humane touch .

“How should we give training to Urology students in future?”

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Urology has evolved significantly since its inception in India. The traditional teaching of urology is to evaluate patient clinically and investigate appropriately has changed to significantly with the availability of internet and self searching about the condition of the patient, investigations and treatment. **Patient education** is more important than ever before and it must be emphasised in current urology training. Not giving adequate information to the patient about his disease, evaluation and treatment may cost you distrust between patient doctor relationship and even law sue.

Knowledge of law to practice medicine is lacking in most of the medical curriculum and urology has not exception. One of the most important law is about transplantation of human organ act and rules. Trainee must know about the legality of the procedure and responsibility of physician and surgeon and the hospital. Registration of the patient, doctor, health care worker and hospital, and, permission from Appropriate Authorisation Committee are mandatory. System of organ procurement from deceased donor and allocation criteria are part of national program.

Training in urology is further to be **standardised**. At government hospitals, there are several patients but limited resources and vise versa at private

hospitals. Training to students at different centers based on availability of equipments and instruments and number of patients. Laparoscopy and Robotic surgery are prime examples. Urology is technology driven but exposure to technology and hands on training are available only to the limited students. Students have to opt for specialisation after clearing their exams and further training is for few years. Students should be rotated for training at various centers to overcome such deficiencies.

Development of sub specialty in Urology is growing fast. I believe the trainee urology resident should decide to get trained further in any one sub specialty early in his residency program. Pediatric urology, female urology, andrology, renal transplantation, endourology, reconstructive urology etc are learnt during residency; however, one should aim to practice any one predominantly and master the subject. Better understanding will lead to better outcome.

Hands on surgical experience is one of the most important aspect of Urology training. Many students, following clearing their final exams in Urology, are not confident in carrying out several procedures independently. Clear guidelines are needed. Role of teacher is to be defined clearly; e.g. during fellowship for renal transplant, the trainee should have carried out at least 20 recipient operations under guidance of the teacher and performance note and outcome of transplant should be the part of certificate. Curriculum for training need better definitions.

Reading, writing, listening and speaking are important modules of learning. Writing skill need to be encouraged. Writing and publishing in appropriate journal or book will make students more expressive and competitive.

SARS Covid-19 infection time has taught how to **learn online**. Use of social media like Facebook, YouTube or platforms like Zoom, WebEx etc, are essential to learn online. Standard operation procedures are better learnt now than before since plethora of material is available online. Student can learn simply by searching online can get varieties of information including lectures, videos and other education material before he enters to operation room. Information is ready at hand with smart phones and tablets. Telemedicine, though has several restrictions and limitations, is in vogue and practice widely than ever before. Online office urology is flourishing leading to increase comfort level at both patient and urologist end. Even large scale conferences are on electronic platforms and have potential to replace conventional way of conducting conferences and interaction. Multiple-institutional standard program of lectures or teaching operative procedure is the future.

Lastly, education in Urology should be in collaboration with other specialty as multiple-disciplinary approach; e.g. management of sepsis requires infection disease specialist, or treating a child with myelomeningocele requires help from neurosurgeon, psychiatrist, physiotherapist, special schools for disable children and encouragement to parents. Role of urologist should not be only "fit and forget" but to commit for life long for the care of the patient and family. Another example is requirement of Tumour Board before one practices urooncology.

Development of epidemiology in urology is limited in India; e.g. Screening programs for early identification of urological diseases in children, or in pregnant ladies or in elderly are very limited. Leadership and funding are required for prevention, early diagnosis and treatment of population suffering from urological diseases and an internship for resident or fellows in urology should be implemented as part of social responsibility.

Current examination system – is it doing justice?



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When we take exit exam at the end of completion of training – what is the purpose of such exercise? I feel broad objectives of taking exam are

- 1) To assess whether a candidate has acquired sound knowledge about Urology subject as a whole
- 2) Whether his concepts about evaluation & management of various urological diseases are clear. Whether he will be able to identify & handle various complications?
- 3) Whether candidates know indications & contraindications of various surgeries. This will ensure that he is safe to practice Urology in the community.

Big question we need to find answer – "Is current system of examination - fulfilling these objectives? Is it doing justice to candidate & to the community?"

Let's try to find out answers to all such questions.

Current examination pattern for DNB & MCh courses are almost the same – with some differences. It consists of

- 1) Theory papers – which covers full syllabus – tests theoretical knowledge, journal reading, new developments...etc.
- 2) Cases discussion – 3 or 4 cases – where candidate examines cases & answers questions, - This tests his knowledge about arriving logical diagnosis, investigations interpretation & management.
- 3) Ward round cases – case is presented to candidate & questions asked. This tests his ability to think extempore & make logical conclusions.
- 4) Viva – This tests various components – like his knowledge about pathology specimen, radiology, operative surgery, knowledge about instruments, recent advances, research methodology...etc.

In practical examination, candidate is assessed in for 2 ½-3 hrs.

What are the strong points in current system?

- 1) In a given situation this is best which can be implemented.
- 2) Its tests almost every aspect of candidate – theory knowledge, application knowledge in a given situation.

What are the flaws –?

- 1) Although best system – implementing may have several flaws.
- 2) Many centers – different examiners – which make unequal assessment. Some centers give 90% pass result & some center gives 30% pass result – even though candidates are evenly distributed across the centers. This is fact & has happened.
- 3) 3 years of training is assessed in less than 3 hrs. – sometimes it is hurried

& made less than 2 hrs. This duration may not be adequate to have proper assessment.

- 4) Present system may have huge bias – towards some candidates - although this is nullified to greater extent by 4 number of examiners. And by not having examiners from same institute – Like DNB exam. In MCh there is one internal examiner – which is unfair & can have bias.
- 5) Even a good candidates may have bad day, thought block, system is not geared to overcome this. Hence many times good candidates fail while below average candidate may pass.
- 6) Urology is vast subject – just 4 cases & 2 ward round cases – is not truly representative of his in depth knowledge. It may do injustice to candidate, who may be weak in some areas.
- 7) Candidate's assessment is purely on exit exam performance – his performance, behavior, sincerity, grasp – in 3 years of training is not considered – which is very valuable.

So do we have full proof system which will do justice to candidate? Different patterns are suggested – but each method has pros & cons.

What are the solutions? How to remove flaws in current systems

Patients during practical examination

Whether patients should be brought to exam hall? This is big debate. Many countries have stopped having patients for examinations. Those who are in favor have following points –

- 1) Candidate's ability to interact with patient is important. History taking is an art & communication skill is tested.
- 2) Signs are to be elicited -like palpable lump details, DRE findings, neurological signs...etc.

Those who are against have following points

- 1) All candidates are MBBS & MS passed. Hence ability of communication, history taking, etc. is already tested. If you still wish to further test these skills, you are not believing your own degree of MBBS & MS.
- 2) Many candidates do not understand language of patient – so they are at disadvantage & whole purpose of communication testing is defeated.
- 3) Most urological diseases have no signs – so it is waste of efforts.
- 4) It is morally & ethically incorrect to make real patients to be examined by multiple candidates

What can be done to overcome flaws?

- 1) Dummy patients – who are healthy volunteers who are trained to be like patients. They will give proper history. Language problem will not exist. Ethical issues will be eliminated. Communicate with candidates in proper way. Feedback from these volunteers can also be obtained to assess candidate – about manners, communication ability, history taking ...etc.
- 2) How to elicit signs can be demonstrated on volunteers – like neurological examination, palpation of kidney lump...etc.

Venue of examination –

Currently MCh candidates are examined in their own center / city while DNB candidates are examined in unknown center. Also there is one internal examiner as against all unknown in DNB.

To overcome this problem – if we omit bringing patients to examination, then all candidates can be examined at one place for example – DNB / NMC office at Delhi. There could be specially designated examination set up. This also can be monitored by CC TV by a vigilance committee. So that examiner's attitude, way of asking questions ...etc. can also be marked. There will be recording of candidate's performance. This can be open to reevaluation by third party – to bring transparency in system. At any given time – multiple examiners can be called & 4-5 groups of 4 examiners can take exam in office. So whole practical exam can be finished in few days. This will reduce the delay in finishing all practical exams. This will also significantly reduce cost of taking practical exam.

OSCE –

Introduction of OSCE - this system is implemented for practical assessment during pandemic. OSCE is successfully used in many countries & universities to assess candidates. OSCE is good method but can't be the only method to assess. So in current system if OSCE is added it will have value. Specific benefits would be – vast portion can be covered. Various clinical scenarios can be included – which in current system are never discussed.

Internal assessment / FAT (formative assessment test)

NBE has started FAT – which is good idea. But it should be conducted by all seriousness. If not conducted well, whole concept can bring disrepute to system. Which is what happened to internal assessment. Which is full of bias & does not serve the purpose for which it was started.

Duration of practical examination

Presently everything is finished in one day for logistic reasons. But if venue is common, then examination can be conducted for 2-3 days & all aspects can be covered. Presently almost 60-70% syllabus is not considered in exam. Combination of OSCE, clinical cases discussion & viva – tables can cover majority of syllabus. This will do justice to candidates with fair assessment & also give standard to the examination system.

So current examination system is doing justice to some extent but far more can be done to ensure fair assessment.

Increasing Seats And Maintaining Standard Of Training; Balancing On Tightrope.



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At the beginning I would like to clear that the world of urology in a private institute and public hospital is way different in various aspects. The reasons for increasing seats is also obviously different in the two sectors, with no need to explain. The government obviously wants more seats to provide healthcare in the rural area. The seat increase has to be validated by NMC based on criteria which ideally place emphasis on infrastructure, faculty and research. So, if the official permission is uniformly obtained where is the problem in increasing the seats– is it quality, quantity or variety or something

else? As of 2021, full members are 2841 & associate members are 1233 registered with USI. As of 2019, 1:564,171 population was deducted to be the ratio of urologist versus population. Urology has 370 seats per year which is the highest number of seats are available in any superspeciality subject in India. However, 90% of the urologists stay in metropolitan cities. Smaller towns are rendered by the roaming urologist only in the beginning of the his/her career. Lack of proper infrastructure, education to children are few reasons why urologists don't stay in smaller towns. So, in short, we don't achieve much by increase of seats in terms of rural urology care.

The infrastructure in public medical colleges is stagnant to some extent, for the last 20-30 years. Modern technology is not adapted as early as in private hospitals. Most of the administrators feel that primary healthcare is their priority and the questions asked to me when I ask for a robot is the justification of cost per patient. So probably the economically unaffording patient doesn't need a minimally invasive surgery. The irony of the situation is that an executive sitting in an AC office probably requires, to get back to work earlier than a daily wage worker.

The aim of training a student should be to mould a reasonably trained general urologist understanding common problems and being able to perform common operations safely would be my definition. Does It match the expectation of the general students? most of the students would like to learn laparoscopy, RIRS, Robotic Surgery all in one go. But it is not possible to train a student with hands on experience in all the modern surgical procedures. Even though, laparoscopic & Robotic will be the future of surgery, basic knowledge of open surgery cannot be neglected. A medical educationist's definition of a medical post graduate student is a person proficient in-patient care, medical knowledge, practice-based learning interpersonal skills, professionalism and system-based practices. But what is the reality is there is no structured training model. Training is based on poorly defined goals, haphazard experiences, which in turn depend upon the skills of the trainee, trainer and the type of patient flow. The student in a private institute may know how to setup a robot but not seen a pan urethral stricture. This wide gap is becoming wider due to modern technology. Students in private institutes and public institutes have totally different skill sets. Clinics Journal Clubs, Research, Inter-departmental reviews, involvement of multiple teachers are only on paper. Forget the training is there is no standardization in exit exams. Majority of present teachers want their students to pass at first attempt. Deemed universities keep the right of 50% marking internally. Does then the opinion of the external examiner even matter? Is the training of 3 years versus 6 years in the USA justified? I feel after basic training the students can presume subspecialty training in difference center. It also means that he/she is studying till the age of 32-34.

Thus it is a sea of unanswered questions. A few suggestions to sum up are standardization of curriculum training, standard exit exam practice with 6 monthly reviews. Rotation among institutions so that major sub-specialty are touched upon. A audit of institutions providing training seems to be needed to identify their Achilles heel. I can say many things but who is listening is also important.

Cheers.

Current curriculum for training in urology - its flaws and how to overcome them.

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UROLOGY as a speciality has grown in leaps and bounds. During my training period of two years, the curriculum of Urology was designed to focus on understanding of renal physiology and developing open surgical skills to handle renal surgery and endoscopy training to treat lower tract problems. It was in 1965 that M Ch in Urology was introduced at the Madras Medical College. We have crossed more than 50 years in this speciality. There has been a paradigm shift in the way we practice urology today.

The technological advances, imaging accuracy, miniaturising of instruments, pharmacological research with its application in patient management and expectations of an informed patient with information accessibility on various platforms has completely changed Urology practice. The tremendous surge in technology has metamorphosed Open Surgery to Endoscopic surgery to Laparoscopic Surgery to Robotic surgery to use of Artificial Intelligence in patient care.

It becomes our duty to train the next generation of urologists to understand these challenges and prepare them adequately to become competent in their knowledge of the subject, develop adequate skills to handle the technology, wisdom to take appropriate decisions to offer safe and the best options for the patient care, attitude towards research, ethical conduct, compassion to handle human behaviour, communication skills and competence to achieve personal financial, physical and mental wellbeing leading to a successful and satisfying life. It's a tall order. It is not possible to inculcate all these virtues by teachers during their training period but steering them to the right direction may not be impossible.

If we read any document prescribing the goal of training program, it is unanimously agreeing to create competent expert in the field of urology and urology teaching with in-depth knowledge of the subject, scientific approach, adequate psychomotor skills and it's judicious applications in providing safe, evidence based and state of the art urology services to community.

Let us review our present training program and its relevance in present time. Only change in curriculum cannot be effective unless all the components of training program is addressed to. Any training program has to have various components.

1. Trainee
2. Teachers
3. Institution and its infrastructure
4. Curriculum to fulfil the objective of training program by expert Policy makers
5. Regulatory bodies
6. Certification process at the end of the training program.

It is not my brief to cover the whole subject in this article but some of the issues may be worth pondering upon to initiate the changes in the system.

Unfortunately, the entrance exam "score" has become the most important parameter at every level for furthering a trainee's career. The quest for score becomes so important, that throughout their medical training, they focus only on preparing themselves for art of getting marks to crack entrance exam and not honing their skills for clinical medicine and other virtues to become a successful medical specialist as expected by the society. Teachers and institutions have no role in selection of students and have to train them in given time. Many a times inadequate training in surgical skills during their earlier training makes it difficult to train them for higher skills. There is no scope for assessing any other faculty of a candidate except marks in their entrance exam. It may be important to assess the level of acquired training, attitude, aptitude and emotional quotient of the student when they enter, for guiding them and smoothening of work environment if they are going to spend a long time in the department. These suggestions sound theoretical but I am convinced, this approach will become mandatory in the coming years.

When a trainee finishes his/her training, he/she has following options,

1. Individual practice with Nursing home set up.
2. Institutional practice with attachment to one institution with full time commitment
3. Institutional practice with multiple attachments
4. Academic attachment with teaching institution.
5. To practice exclusively sub speciality
6. Group practice and practice of office urology, not popular in our country.

The present training program or even trainees do not have any clarity about their future path. COUNSELLING at the initial phase of training may be important.

Let us look at the present challenges:

1. The duration of training is three years and which I think is inadequate.
2. The training program is not uniform. The two streams of education pattern in India, MCh and DNB have different curriculum, the training modules and assessment methodology for certification. M Ch in Urology is managed by local corporations or state government and Diplomate in National Board is governed by a central body.
3. The M Ch course training is available in Public or trust hospitals whereas most of the DNB training is in private hospitals.
4. The Infrastructure, faculty strength and patient load is variable in these institutions. These variabilities does not allow uniform training for all the urology students.
5. Urology is now compartmentalised in so many sub specialities like Endourology and stone management, Urooncology, Paediatric Urology, Transplantation, Laparoscopic and Robotics, BPH and LUTS management, Andrology, Female Urology, and of course General Urology. It is impossible for limited faculty in any one institution to train all the students in these various sub specialities in three years.
6. Education has become expensive. Fee structure is so variable and

figure can vary from thousands to lakhs to crores. Student's perspective and expectations have changed.

7. At present the training program focuses on imparting theoretical knowledge and skill development in urology. This is inadequate as today's patient and practice has changed completely. Patient has become a client, Doctors have become service providers and Institutions are getting converted into health industry. Our present curriculum does not prepare our young urologists to face these challenges.
8. Urology is becoming technology dependent speciality. The skill development options are shrinking, which may be due to lack of uniform infrastructure, inadequate faculty, inadequate patient load or excess students load. The Government in its enthusiasm is increasing the number of trainees without making available the infrastructure in terms of faculty, operating time, operation theatres, and equipment etc. in some of the government set up.

As a result after spending more than 12 to 13 years in medical education, appearing for numerous examinations and spending huge amount of money and super speciality degree, when a student enters the real world of practice, his struggle starts again for survival and if training is not up to the mark, lack of confidence makes it more challenging for the young urologist. Every year more than 300 candidates enter various institutions to become a Urologist. Few of them may be lucky to find opportunities, others may not be so lucky.

At present there is no proper and reliable platform for a young urologist to find placement after exit exam.

Let us look at the possible solutions:

1. At present it is difficult to change the existing system of admission, but when a trainee is admitted to the institution, it may be important to evaluate his existing skills and behaviour pattern with emotional quotient to charter his further training and stay in the department. It will be important to know his future goal and career options to help him in deciding his training priorities. The role of the counsellor will play an important role not only in decision making for career path but also to look after the mental health of the trainee in the present competitive and stressful environment. Normally this role is taken up by the teacher but more professional help may be required in these modern times.
2. The training period should be extended-to 4 years. The Third year of training should be a rotation in different sub specialities. However, this will become meaningful only if there are adequate centres and departments with patient load and competent faculty practicing sub speciality be it public or private institution. The Development of Centre of Excellence in various sub specialities in different teaching hospitals will be a win - win situation for trainee and patients. The approval criteria of these centres should be stringent. The same centres can also offer fellowship in those specialities post MCh or DNB. This can become possible if there is a private and public partnership between various institutions in the same city or the state. The healthy interpersonal relationship between faculties of different institutions can make this possible. The Regulatory bodies can play an important role. The Urological Society of India and Zonal Societies

can use its members' goodwill to stimulate government agencies to make this possible.

3. Efforts should be made to have uniform curriculum, training facilities, teaching modules and exit assessment across the country or at least across the state as health is a state subject. If entrance exam can be common, I see no reason why exit exam cannot be uniform. It should be well structured and more objective than subjective.
4. The Periodic assessment and the evaluation should be added to the final results. This will allow for better assessment of knowledge and skills gained throughout the training program.
5. The skill development for surgical speciality is very important. We need to have multiple centres in every state to impart training through simulation program. It is expensive affair but zonal society can take a lead in investing in setting up and maintaining such facilities.

A Compulsory log book and its strict evaluation to see whether the candidate has performed designated number of operative procedures under supervision. It is very unfortunate that many centres lack in this commitment due to various reasons.

6. There are other areas which should be covered in the curriculum. Communication Skills, Medical Ethics, Management Skills, Research Methodology, Medicolegal Awareness, Financial Skills, Mental and Physical health awareness. I am happy to see many such programs are being organised by professional societies. The Short certificate courses should be conducted by professional bodies and students must attend and submit these certificates before appearing for the exams. This will assure student participation in the program.
7. There is need for more research work, presentations and publications by students. The Curriculum will have to facilitate promoting such participation.

The Change in curriculum is only possible if we have adequate changes in the other arms of the training program. The Teacher is the most important component.

If a teacher has to give his best, his wellbeing must be kept in mind. There is a large discrepancy in the remuneration received between teaching faculty and private practitioner. This keeps away many faculties from joining teaching institutions. They leave after few years for better pasture and the department suffers. There is always a shortage of experienced staff. If there is no incentive and recognition, senior staff may start losing interest as they are burdened with administrative responsibilities, struggling for availability of equipment, handling large patient load, and teaching commitment. An Adequate staff to assist is very important. With increase in subspecialties, it is impossible for a few teachers to be master in all the skills. Increase in faculty number is important. This can be achieved by honorary system where sub-specialist can be appointed on contract basis. This will also help students and patients in getting best of the care. If this selection is done by the recommendation of the faculty of the department, it can become more productive. It is also important to train teachers. The Pre appointment training and assessment may help in selecting good teachers.

Institutional support, Government Participation and now participation of professional society like Urological Society can go a long way in moulding

the future of the young urologists.

These Changes are never easy. It sounds difficult but somewhere it has to start. Bridges are not built in one day. The fact that we have decided to discuss this issue itself is a good beginning. Big changes start with small steps. Let us make this a beginning.

Presentation and Publication during Training. Is it really necessary?

Dr. Shirish Yande

Urology Consultant and Director of
Academics (education), Ruby Hall Clinic, Pune
Director, Crystal Centre for Urinary
Incontinence and Neurourology, Pune



"Sir, I have been asked to talk about Energy Sources in Urology. I am totally baffled. Because I have never done this. I can write everything, but please sir, do not ask me to give a presentation."

I was naturally shocked. He is such a conscientious and sensible student; Quiet but knowledgeable. I knew he could do it. But he said he does not like to speak in public and had never done it before. But this is not an exceptional case. Many of our students have never done it and somehow lack the courage and self-confidence to believe that they can do it.

Looking at the other angle, presentation is a way of communication with others. This happens to be an integral part of Medical profession. Indeed an ability to communicate well distinguishes a Medical Doctor from other professionals. Not all professions are blessed with this art that we imbibe in the course of our training.

Unfortunately, the art of presentation is not formally taught and is not an essential part of our curriculum either. Knowing Urology is one thing and the ability to drive home the concepts and clinical decisions to your patients and to your colleagues is another. Incidentally, there are a number of opportunities in our training period.

1. Ward rounds and Bedside clinics offer a modest beginning of a good presentation.
2. Communicating effectively with patients of diverse ages, cultures, faiths and social strata perhaps gives them a lifetime opportunity of building up their communication skills.
3. Another opportunity is when they communicate with their colleagues and consultants.
4. They learn to perform a convincing (yet humble) argument with their patients about the correct choice of management of a problem.

This is usually a modest beginning of their learning of the presentation skills. The art of public speaking is an enviable virtue and not everybody will have to imbibe it; but to be able to communicate effectively is an essential part of medical profession.

As for medical presentations, it offers a great opportunity to educate, communicate, dissipate knowledge and convince our colleagues, seniors and public at large. Repeated presentations will give you all that. Among other things, presentation of your work makes you a better clinician. Our

postgraduate students certainly have a number of opportunities of presenting their work at various meetings and conferences. However, it is also a duty of we consultants to make sure they do a good scientific presentation and at the right places.

Having had an experience of more than two decades with postgraduate students, I would like to make some suggestions based on some vital observations I have done so far.

Teach your own colleague. It gives you a number of benefits.

1. You get to know the gaps in your own knowledge.
2. In effect, you get to understand the subject better
3. Refines your own skills of communication.
4. Takes the "fear factor" away from the art of public speaking.
5. Your convincing arguments can boost your self esteem
6. The person you are teaching may even benefit in understanding the concept.

In fact, my message to all postgraduates is that whatever you want to say, convey it in the way of Presentations. There are a number of ways to learn how to make a good presentation. However I would give them some very basic suggestions which could be useful in making a good presentation

- Write the Complete Text of your presentation (before making slides).
- Use Simple Language
- Make fewer but clear slides (Do not use animations and silly transitions)
- Know the Needs of the Audience (Do not show off)
- Make Sound preparation and Rehearsal
- Speak slowly, clearly and confidently.

Finally to be able to perform a good presentation is an inseparable part of our postgraduate training. You do not have to win an argument in a crowd, but you should never fail to drive your point home powerfully and convincingly.

Scientific Publications on the other hand, is an entirely distinct proposition. Again the importance of scientific writing has not been emphasized in our postgraduate training as much it should have been. However, it forms a vital part of the postgraduate training for the following reasons.

1. It gives them a good experience in Research methods
2. They learn how to search the literature
3. They get to know the real role of statistics
4. They imbibe the habit of writing a scientific research paper
5. They also get to know about plagiarism and copying the data

However the effort of scientific publication have following aspects which may deter the students from the attempt.

1. It is a time consuming work.
2. It is labour intensive and demands tenacity.
3. The first publication in life is always a demanding experience and the

student compliance may get stretched at any point.

4. This is also a challenge to the teacher to keep up the interest alive.

In spite of all these, if the research is clinically relevant, the interest may be kept alive. The first publication may be something very simple such as a Case Report. Once this gets accepted, it may trigger interest in further more serious effort such as a prospective clinical study. I feel every Urology postgraduate should aim during his entire tenure for at least one good clinical study, worth publishing in an indexed journal. This will keep his interest alive and will keep him motivated to perform more original work in the future.

I would suggest that every Urology postgraduate should aspire to publish one quality paper each year. This will keep the research time within limits and will not deter him from the research work either. However, I have seen a number of meetings where many unmoderated posters presented, do not have a good scientific content and yet get recognitions from the scientific bodies. This needs to be meticulously monitored by the consultants all the time.

Clinical research is the demand of the present time. Contributing in scientific literature adds a vitally important dimension in the making of a modern Urologist. In the present time of a vibrant scientific world, a young Urologist cannot survive without a robust research experience. Thus it becomes an important experience and makes him a more complete Urologist in the modern world.

"SECTION C"
WEST ZONE ALUMNI LISTS

**Section Editor's
Message**

Dr. Ajit Sawant

Professor and Head
Department of Urology
Lokamanya Tilak Municipal Medical College and
General Hospital, Sion, Mumbai



Medical teaching institutions are temples of medical education system which impart highest level of professional teaching. They play fundamental role in creating knowledgeable and compassionate doctors of today and tomorrow. Medical institutions have dual role to play, primarily providing standard of care to patients and secondly training graduates to become professionally qualified. I was given the task by WZUSI to collect data of alumni and faculties of all the urological teaching institutes of West Zone which I have tried to do to the best of my capacity.

The word "ALUMNUS" comes from combination of Latin words "foster" and "child". Alumni group has a commendable role in growth of the institution and they play a formidable role as brand ambassadors of their institutions. The institutes should view their students as lifelong commitment, that do not end with graduation, but should continue and maintain good relationship with alumni for their success. The aim of this exercise was to create data base which would help the institutes to create positive healthy relationship between the alumni and their alma mater. Institutes with active alumni group encourage current students to remain actively involved after graduation and can help them in their future placements. Alumni can help institutes to procure newer technologies through their contacts, donations and volunteerism. Healthy relation between alumni and institute is a win-win situation. It will help the alumni to return back to their alma mater to refresh their knowledge and skills and to cherish memories of past. I think the success of any institute is measured by the contribution made by their alumni. I thank faculty and residents of my institute who helped me to collect and compile the whole data in the given time limit, my sincere apologies if have missed any anyone in the faculty and alumni list. I will end my editorial with quote of Mr. N. R. Narayana Murthy "Nobody is bothered about an Institution more than its alumni".

****Note from Hon Secretary:**

Friends,

Dr Ajit Sawant has taken great efforts to compile this data to the best of his efforts. He needs an applause from all of us. Of course, errors are possible.

The list is editable. If you want to edit the list, please visit <https://bit.ly/usiwzalumni>

While editing, please use **RED** text colour so that we can make necessary changes easily. Please communicate to us by e mail on secretaryusiwz@gmail.com or WhatsApp on +919607960747 if you face any difficulty. This newsletter is currently being published in soft format.

Once all corrections are received, it will be printed. Moreover the years of establishments of various institutes and names and joining dates of the faculty are received from various sources and we have not checked the authenticity of these entries.

Dr Prashant Mulawkar

Hon Secretary USIWZ

List of Teaching institutes in West Zone

Sr No	College	City	State
1	BJ Medical College	Ahmedabad	Gujrat
2	Zydus Hospital	Ahmedabad	Gujrat
3	Muljibhai Patel Urological Hospital	Nadiad	Gujrat
4	BT Savani Kidney Hospital	Rajkot	Gujrat
5	AIIMS	Bhopal	Madhya Pradesh
6	Sri Aurobindo Medical College and Post Graduate Institute*	Indore	Madhya Pradesh
7	Mahatma Gandhi Missions Medical College	Aurangabad	Maharashtra
8	Institute of Urology	Dhule	Maharashtra
9	IUKRC	Jalgaon	Maharashtra
10	Krishna Institute of Medical Sciences*	Karad	Maharashtra
11	Global Hospital - Super Specialty and Transplant Centre	Mumbai	Maharashtra
12	Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute	Mumbai	Maharashtra
13	P.D. Hinduja National Hospital and Medical Research Centre*	Mumbai	Maharashtra
14	Saifee Hospital	Mumbai	Maharashtra
15	Jaslok Hospital and Research Centre	Mumbai	Maharashtra
16	Lilavati Hospital and Research Centre	Mumbai	Maharashtra
17	Bombay Hospital Institute of Medical Sciences	Mumbai	Maharashtra
18	Lokmanya Tilak Municipal Medical College (Sion)	Mumbai	Maharashtra
19	Seth GS Medical College	Mumbai	Maharashtra
20	Topiwala National Medical College	Mumbai	Maharashtra
21	Grant Medical College	Mumbai	Maharashtra
22	Padmashree Dr. D.Y.Patil Medical College*	Navi Mumbai	Maharashtra
23	Mahatma Gandhi Missions Medical College	Navi Mumbai	Maharashtra
24	Aditya Birla Memorial Hospital	Pune	Maharashtra
25	Ruby Hall Clinic	Pune	Maharashtra
26	Deenanath Mangeshkar Hospital and Research Centre.	Pune	Maharashtra
27	Dr. DY Patil Medical College, Hospital and Research Centre	Pune	Maharashtra
28	Bharati Vidyapeeth University Medical College	Pune	Maharashtra
29	Fortis	Mumbai	Maharashtra
30	HN Mumbai	Mumbai	Maharashtra
31	MMRF Ratna	Pune	Maharashtra

* Data from these institutes is awaited

**BJMC AND CIVIL HOSPITAL,
AHMEDABAD**

Dr Shrenik Shah

Professor and Head,
Department of Urology,
BJ Medical College AND
CIVIL HOSPITAL, AHMEDABAD



Brief profile of the institute

In 1971 Department of Urology was established in civil hospital Ahmedabad and started to provide MCH degree since 1983 under the able guidance of Dr. P.C. Patel & Dr. K.N.Shah. Till date department has 71 alumni from all over the nation. Dr. Ketan Desai (ex-president of World Medical Association) and Dr. Janak Desai (inventor of Ultra mini-PCNL) were the first batch of the department. Department is well known for its hands-on experience and research work for the residents. So far, department has organised six LAPURO workshop since 2009 every alternate year in presence of well known national & international faculties.

List of Teaching faculty

Sr. No	FACULTY LIST	POST	TENURE	Cell no	E mail address
1	DR P C PATEL				
2	DR K N SHAH				
3	DR KETAN DESAI Associate professor Professor & Head of department	Assistant Professor FEB 1992- FEB 1997 FEB 1997- JUNE 2017	JAN 1990- FEB 1992		
4	DR SHRENIK SHAH Associate Professor Professor & Head of department	Assistant Professor JULY 2004- JUNE 2017 JUNE 2017- TILL DATE	APRIL 2002- JULY 2004		
5	DR NEELKAMAL JOSHI				
6	DR SHAILESH BAJANIYA	Assistant Professor	NOV 2015- TILL DATE		
7	DR KETAN SHUKLA	Assistant Professor	APRIL 2002- TILL DATE		
8	DR KALPESH KAPADIYA	Assistant Professor	JULY 2012- TILL DFATE		

List of students from inception till date

S.NO.	NAME	YEAR	Place	Cell no	E-mail address
1	DR. KETAN D. DESAI	1985	Ahmedabad		
2	DR. JANAK D. DESAI	1985	Ahmedabad	9824047750	drjanakddesai@gmail.com
3	DR. JAYANT PATEL	1988	Valsad	9825091262	jayantpateluro@gmail.com
4	DR. TEJANSU SHAH	1988	Ahmedabad	9824044171	drtejanshushah@gmail.com
5	DR. SANJIV SHAH	1990	Vadodara	9825091172	urocarebaroda@yahoo.co.in
6	DR. JITENRA AMLANI	1990	Rajkot	9825077701	jcamlani@yahoo.com
7	DR. DEEPAK RAJYAGURU	1990	Mehasana	9825051366	drrajyaguru@yahoo.co.in
8	DR. HANIF MOTIWALA	1991	Essex	44 (0)1702 435555	hanifmotiwala@hotmail.com
9	DR. SAMEER JOSHI	1991	Bhavnagar	9879597575	dr_samir@hotmail.com

S.NO.	NAME	YEAR	Place	Cell no	E-mail address
10	DR. KIRTIPAL VISANA	1991	Ahemdabad	9825022075	kirtipalvisana@gmail.com
11	DR. HEMANG BAXI	1992	Ahemdabad	9825050336	bakshihemang@yahoo.co.in
12	DR. DINESH PATEL	1992	Ahemdabad	9825038181	dinesh301961@yahoo.com
13	DR. SURESH THAKKAR	1994	Patan	9825078408	astha_patan@yahoo.in
14	DR. KANDARP PARIKH	1994	Ahemdabad	9824047767	pkandarp@hotmail.com
15	DR. PRAGNESH PATEL	1995	Ahemdabad	9825065054	drpatelpragnesh@gmail.com
16	DR. CHANDRESH SHAH	1995	-		
17	DR. KETAN RAJYAGURU	1996	Ahemdabad	9824014256	ketanguru@yahoo.com
18	DR. PRAVIN SINHA	1996	-		
19	DR. SHRENIK SHAH	1998	Ahemdabad	9824086834	drshreniks@gmail.com
20	DR. NILKAMAL JOSHI	1998	Ahemdabad	96625 65682	drnilkamal@gmail.com
21	DR. HIMANSHU SHAH	1999	Ahemdabad	9825020714	doctorhimanshushah@yahoo.com
22	DR. ASHVIN GABANI	1999	Surat	9825035586	a_gabani@yahoo.com
23	DR. DARSHAN SHAH	2000	Ahemdabad	9925002868	ritudarshan@hotmail.com
24	DR. RAMESH ETHIRAJAN	2000	-		
25	DR. SUNIL MOTERIA	2001	Rajkot	9825673334	drsunilmoteria@gmail.com
26	DR. MANOJ SHARMA	2001	-		
27	DR. CHANDAN CHAUDHARY	2002	-		
28	DR. MAYANK GUPTA	2002	-		
29	DR. CHETAN GOKANI	2003	Porbandar	9426357022	chetangokani@yahoo.com
30	DR. JITENRA SINGH	2003	-		
31	DR. ASHVIN GAMI	2004	Palanpur	9824269506	amgami@yahoo.co.in
32	DR. PAVAN MEHTA	2004	-		
33	DR. VISHAL GOUR	2005	-		
34	DR. SUNIL MITTAL	2006	-		
35	DR. RANJIT CHAUDHARY	2007	Bhopal	9425026670	drnidhiranjit@gmail.com
36	DR. ARVIND DHAMELIA	2007	Rajkot	9904525927	arvinddhameliya@icloud.com
37	DR. ALTAF KHAN	2008	Aurangabad	9321407585	altaf_uros@yahoo.com
38	DR. KALIPRASAD SATAPATHY	2008	Ahemdabad	-	drkaliprasad@rediffmail.com
39	DR VISHAL GOYAL	2009	-		
40	DR RAJESH SACHAR	2009	-		

List of students from inception till date

S.NO.	NAME	YEAR	Place	Cell no	E-mail address
41	DR NITESH JAIN	2010	-		
42	DR ARUP KUMAR NATH	2010	-		
43	DR KALPESH KAPADIA	2011	Ahemdabad	9979889478	kalpeshkpadia@gmail.com,
44	DR SHAILESH BAJANIYA	2011	Junagarh	9727458492	sbajaniya@yahoo.co.in
45	DR RUPESH PRIYA	2012	Ahemdabad	990998299	priyarupesh@yahoo.com
46	DR SHABBIR RAJA	2012	Ahemdabad	9099021752	drshabbir81@gmail.com
47	DR BODHRAJ PASSI	2013	-		
48	DR ABHINAV KUMAR	2013	Ahemdabad	9099038360	abhinavkmr@yahoo.com
49	DR PRAKASH CHAUDHARY	2014	-		
50	DR BHARAT CHETA	2014	-		
51	DR RAKESH PANDEY	2014	-		
52	DR SUGNA RAM DAUKIA	2015	-		
53	DR DEVENDRA JALDE	2015	-		
54	DR PRAKASH.C.CHINNANAVAR	2015	-		
55	DR YASH VAIDYA	2016	-		
56	DR BHOORARAM CHAUDHARY	2016	-		
57	DR MUKESH SEVAG	2016	-		
58	DR RAJESH DHAKE	2016	-		
59	DR RANVIR KUMAR	2017	-		
60	DR VINEET AJITSARIA	2017	-		
61	DR VINEET SINGH SOMVANSHI	2017	-		
62	DR RAGHVENDRA KASHYAP	2017	-		
63	DR HARDIK YADAV	2018	-		
64	DR KRUNAL PATEL	2018	-		
65	DR PRASHANT PATEL	2018	-		
66	DR DUSHYANT PAWAR	2019	-		
67	DR PRANAL SAHARE	2019	-		
68	DR TANAY SINGH	2019	-		
69	DR ABHINAV VEERWAL	2020	-		
70	DR AKASH SHAH	2020	-		
71	DR ANKIT GOEL	2020	-		

**Muljibhai Patel
Urological Hospital**

Dr. Ravindra Sabnis

Chairman, Department of Urology
Muljibhai Patel Urological Hospital, Nadiad, Gujrat
President Elect, Urological society of India



Brief profile of the institute

(MPUH) is located at Nadiad, Gujarat. Since its inception in 1978, it caters to only Urology & Nephrology patients. Its 140 beds hospital with ultra modern state of the art facilities. 6 operation theatres (includes Storz OR1 & Wolf CORE modular theatres) catering only to Urology & transplantation equipped with – Robot, 4K Laparoscopy system, 4 laser machines -with latest of 60W TFL, Shock pulse, trilogly, Fiberoptic, digital & single use disposable FURS & Variety of routines instruments. Hospital has full back up of NABL accredited Laboratory. Hospital was accredited by NBE for Urology since 1993 & so far 88 students have passed out.

List of Current Teaching faculty

Sr. No	FACULTY LIST	POST	TENURE	Cell no	E mail address
1	Dr. Mahesh Desai	Manging Trustee	since inception	9824028041	mrdesai@mpuh.org
2	DR. RAVINDRA SABNIS	UROLOGY	13 years	9426422002	rbsabnis@gmail.com; rbsabnis@mpuh.org
3	Dr. Arvind Ganpule	Vice Chairman	9yrs	9824188685	doctorarvind1@gmail.com
4	Rashesh Desai	Senior Consultant	5 yrs	9824092118	raseshdesai61@hotmail.com
5	Dr.Abhishek Singh	Senior Consultant	7yrs	9537264656	drabhisheksingh82@gmail.com
6	Dr. Abhijit Patil	Consultant1yrs	3yrs	7710035283	dr.abhip@gmail.com
7	Dr. Rohan Batra	Consultant	2yrs	9033221763	dr.rohanbatra@gmail.com
8	Dr. Niramya pathak	Consultant	1 yr	9428503526	niramya.pathak@gmail.com

List of Past Teaching faculty

Sr No	Name of Doctors		Date		Mobile No	Email
1	Late Dr. Virendra Desai					
2	Late Dr. Snehal Patel					
3	Dr. Satish Shah	Cosultant	1978	till date	9825139824	dakshasatishshah@hotmail.com
4	DR. Dinesh R Agrawal	Consulatant	10-02-92	02-08-94	98241 14488	dhawaldnaik@gmail.com
5	DR. Rajesh Soni	Consulatant	01-06-92	08-07-93	07122766508 / 2767217	rpsoni_ngp@sancharnet.net
6	DR. Makarand V Kochikar	Consulatant	04-07-92	15-05-93	98220 52731	khochikar@gmail.com
7	DR.ANIL BRADDOO	Consulatant	04-01-93	16-01-94	9820303774 \5560771/5563612 (bombay)	bradooda@gmail.com
8	DR. Vinit J Shah	Consulatant	01-02-93	15-12-93	9821116004/351147 /3889421 (bombay)	drvinshah@hotmail.com
9	Late DR. Ravindra Kumar Sah	Consulatant	01-07-93	31-08-94		rksahvns2002@yahoo.co.in

List of Past Teaching faculty

Sr No	Name of Doctors		Date		Mobile No	Email
10	DR. Anil D Huddedar	Consulatant	01-01-94	31-12-95	02164 – 225210	dranilhuddedar@gmail.com
11	DR.VASUDEO RIDHORKAR	Consulatant	18-03-96	30-06-98	0112-765969 /769855 (nagpur)	vasu.ridhorkar@gmail.com
12	DR.RASESH M DESAI	Consulatant	01-05-97	28-02-01	9824092118	raseshdesai61@hotmail.com
13	DR.ASHISH J JASANI	Consulatant	01-07-98	31/03/99	0281 – 2465681	ajasani@rediffmail.com ash2868jas@yahoo.co.in
14	DR SANJIV B PATEL	Consulatant	Jul-1999	30/06/01	98240 47725	urocenter2003@yahoo.com,
15	DR.RAJESH KUKREJA	Consulatant	01-07-01	11-11-03	9826611100	drkukreja@hotmail.com, drkukrejarajesh@gmail.com
16	DR.ANJALI BHOSLE	Consulatant	01-10-01	31/07/03	022-28743240 /56936175	dranjolib@rediffmail.com
17	DR.PRAJAY SHRIVASTAV	Consulatant	01-10-01	31/03/06	9927025776 /9829028445	prajay2112@yahoo.co.in
18	DR.HARBANSINGH	Consulatant	16-01-03	30-06-06		harbanspruthi@hotmail.com
19	DR.ABRAHAM KURIEN	Consulatant	25/06/08	31/03/11	044-52014083 /09841132229	abrkurien@gmail.com, abkurien@hotmail.com, abkurien@yahoo.com
20	DR V MUTHU	Consulatant	27/02/06	31/05/11	9445950701	muthuv65@rediffmail.com
21	DR SANJEEV MEHROTRA	Consulatant	01-06-11	30/11/11	033-66520000 /9898000140 /9163696666	sanjeevnehrotra@hotmail.com
22	DR.SHASHIKANT MISHRA	Consulatant	01-09-11	15/02/16	94273 89237	mishra@mpuh.org
23	DR PRASHANT JAIN	Consulatant	13/09/11	15/01/12	05313-250185 /9215140501 /9868374830 /9415745819	
24	DR.JIGISH VYAS	Consulatant	01-02-12	10-05-14	94272 89237 /9879191727	jigish77@gmail.com drjigishvyas1977@yahoo.co.in
25	DR.LOKESH SINHA	Consulatant	14/05/12	28/03/13	079-27661098 /09998824202 /09725196131	dr_lokeshsinha@yahoo.com
26	DR.MOHANKUMAR V	consultant	01-08-16	30/04/19	95589 31574	drvmohankumar@gmail.com
27	DR.SUDHARSAN S.B.	consultant	01-06-17	31/05/19	87587 51985	sudharsan.smc@gmail.com
28	DR.GOPAL R.TAK	consultant	Jan,15	Dec,17	97644 41344	drgopaltak@gmail.com
29	Dr. Rajan Sharma	consultant	2010	2011	9781259933	rajan927@yahoo.com

List of Past Teaching faculty

Sr No	Name of Doctors		Date		Mobile No	Email
30	Dr. Raghuram	consultant	2011	2012	8056605828	dr_raguramg@yahoo.co.in
31	Dr. Jitendra Jagtap	consultant	2012	2014	8879698208	drjitendrajagtap@gmail.com
32	Dr. Amit bhattu	consultant	2013	2015	17864956521	amitmpuh@gmail.com
33	Dr. Jaspreet Chhabra	consultant	2014	2016	9909724464	jpsc135@yahoo.co.in
34	Dr. T. Manohar	consultant	2005	2007	9902035090	manohar68@hotmail.com
35	Dr. Thakorbbhai Patel				98250 57811 / 02637 241619	darpan14@gmail.com
38	AjayBhandarkar				9825300222	ajaybhandarkar@hotmail.com
40	Vijay Oza				098423 34423	
41	Narendra Basarge				9325661963	narendra_basarge@yahoo.com
42	Pankaj patel				9426302402 / 2370722/2353034	pankaj.prpatel@gmail.com
47	Jaydeep Date					
48	Vinit Sancheti				9974094840	vineet_sancheti@hotmail.com
52	Dr. Poulouse Chally					
53	Dr. Rahul Sinha					rahuljanaksinha@yahoo.co.in rahuljanaksinha@rediffmail.com
57	Dr. Abdul Salam					abdulsalamahmadi@hotmail.com
58	DR. ARCHIS NERLIKAR				9823063868	archisnerlikar@gmail.com

List of students

Sr No	Name of the candidate	Year of Joining	Place	Cell no	E mail address
1	Dr.Kumar Naik			M - 9825115767, 2464287 / 2461357 (O)	drkumar_63@hotmail.com
2	Dr.Dhawal Naik			9824114488, 2694488 (H)	dhawaldnaik@gmail.com
3	Dr.Ashit Shah			98240 21219	ashit@aashrauro.com
4	Dr.Suresh Agrawal			0265 6295 / 329 9449 (C), 0181-481205, 206/233823 (H)	drsbaggarwal@yahoo.com
5	Dr.Ashish Jasani			0281 – 2465681	ash2868jas@yahoo.co.in
6	Dr.Rahul Gune			0231 2627012 / 2624961 (Hosp.)	endo_uro@yahoo.com
7	Dr.Mihir Desai				mihir.desai@usc.edu

Sr No	Name of the candidate	Year of Joining	Place	Cell no	E mail address
8	Dr.Sanjiv Patel			98240 47725, 0281 2482630 / 2483530	urocenter2003@yahoo.com
9	Dr.Poulose Chally			9349111340, 0495-2723272-80 (O) / 2741465 ®	drroychally@yahoo.co.in
10	Dr.Pradeep Rao			098203 36193, 0251 – 2432321 / 2432381 (H)	pprao@mac.com
11	Dr.Rajesh Kukreja			9826611100, 0731 - 5070508	drkukrejarajesh@gmail.com
12	Dr.Anshuman Kapoor			98142 12238,0172 – 2732136 ® 2378192 /	dranshumaan@hotmail.com
13	Dr.Brajesh Singhal			0751 5079737, 0751 2579737 (H) 2450407 (R)	brajeshsinghal@yahoo.com
14	Dr.Ashwin Limbasia			98242 – 80565	drashwinlimbasia@gmail.com
15	Dr.Kishor Wani			94265 43766	kishorwani1@rediffmail.com
16	Dr.Sumeet Mhaskar			98251 32472	sumeetmhaskar@hotmail.com
17	Dr.Deepak Mahajan			9872223727	mahajandr@gmail.com
18	Dr.Rahul Bhatt			9828111050	bhattrahu1@rediffmail.com
19	Dr.Amit Chaddha			98983 95549	drachadha@yahoo.com
20	Dr.Kapil Thakkar			9825276278	kapilthakkar@rediffmail.com
21	Dr.S.K.Raghunath			0261 2236036 (H)	draghunathsk@yahoo.com
22	Dr.Alok Kumar Jha			9731209671	dralokkumarjha@rediffmail.com
23	Dr.Shilpi Tiwari			9213127227	drshilpitiwari@rediffmail.com
24	Dr.T.Manohar			0612 3334355	manohar68@hotmail.com
25	Dr.C.Badrakumar			9868810348	badrakumar@hotmail.com
26	Dr.Jignesh Ghevariya			9902035090	drjigneshghevariya@yahoo.co.in
27	Dr.Arvind Ganpule			080 41329354	doctorarvind@rediffmail.com
28	Dr.Rahul Gupta			9426715630 /9978966636	rajaguptadr@rediffmail.com
29	Dr.Harprit Singh			0261 2491373	harprimbekool@yahoo.com
30	Dr.Vineet Malhotra			9427609778	dr_vineet@lycos.com
31	Dr.Haresh Thummar			9228115209/06572311286	kpharesht@yahoo.co.in
32	Dr.Nanda Kishore			9350868268	nkgudigar@rediffmail.com

Sr No	Name of the candidate	Year of Joining	Place	Cell no	E mail address
33	Dr.Abraham Kurien			9825847478	abrkurien@gmail.com
34	Dr.Rishi Grover			8939587185	doctorgrover@rediffmail.com
35	Dr.Anil Ramachandran			9824795922	anilrchn@gmail.com anilrchn@rediffmail.com
36	Dr.Shashikant Mishra				
37	Dr.Rajan Sharma				rajan927@yahoo.com
38	Dr.Prashant Jain				drprashant_jain@yahoo.com
39	Dr.Kartik J.Shah				drkartik1@gmail.com
40	Dr.Jigish B.Vyas				drjigishvyas1977@yahoo.co.in
41	Dr.Vikas Jain				dr_vikasin@yahoo.co.in
42	Dr.Ajay S.Shetty				shetty_ajay@rediffmail.com
43	Dr.Raman Kumar Baishya				ramenin@rediffmail.com
44	Dr.Divya Ratna Dhawan				dr_divyadhawan@yahoo.co.in
45	Dr.Rajesh K.Patel				
46	Dr.Chandra Prakash				
47	Dr.Prabhat Ranjan				
48	Dr.Lokesh Sinha				
49	Dr.Madhuja S.Sawaikar				
50	Dr.Jitendra V.Jagtap				
51	Dr.Amit Patel				
52	Dr.Naushad Harun Khatri				
53	Dr.Rajeev Sarpal				
54	Dr.Amit Satish Bhattu				
55	Dr.Vikas Agarwal				
56	Dr.Chetankumar Sheladia				
57	Dr.Amit Doshi				
58	Dr.Pratik D.Shah				
59	Dr.Narendra Parekh				
60	Dr.Sachin Abrol				
61	Dr.Abhishek Laddha				
62	Dr.Ashishkumar G.Goti				
63	Dr. Mohankumar V				

Sr No	Name of the candidate	Year of Joining	Place	Cell no	E mail address
64	Dr. Darshan Shah				
65	Dr. Ankush Jairath				
66	Dr. Vinod M				
67	Dr.Sudarshan B				
68	Abhinav jain				
69	Vinayak Kore				
70	Shashank Abhishek				
71	Shrikant Jai				
72	Gopal tak				
73	Jaimin Shah				
74	Ankur Malpani				
75	Chaitnya Deshmukh				
76	Aditya Sengar				
77	Parag Sonawane				
78	Rohit Maheshwari				
79	Shailendra Gupta				
80	Vikas garg				
81	Rajnikant Joshi				
82	Krshnendu Biswas				
83	Naveen Raddy	31/03/2018		9481677069/ 8660534311	naveenreddy@gmail.com
84	Shashank Agrawal	23/03/2018		7905522016	shank789agrawal@gmail.com
85	Pawan Survase	02-04-2018		9850961487	pandya14@gmail.com
86	Saurabh Kumar Arya	26/03/2018		8218030993	saurabh.mbbs06@gmail.com
87	Rohan Sharma	23/03/2018		9672744014	rohansharma0071@gmail.com
88	Zeeshan Kareem	26/03/2018		9920436827	zeeshankareem570@gmail.com
89	DR ADITYA KANDARP PARIKH	02-09-19		9825061790	adityaparikh26@gmail.com
90	DR ANKIT PRADEEP GUPTA	02-09-19		9018194388	ankitsurg@gmail.com
91	DR DIPAL HARJIBHAI PANARA	02-09-19		9099042325	dipal.panara122@gmail.com
92	DR ANKUSH PURI	02-09-19		9106708412	ankushpuri2008@gmail.com
93	DR DHRUV D PATEL	25/12/2020		9601778992	mail2doctordhruv@yahoo.in
94	DR DEVAL B PARIKH	25/12/2020		9687053572	deval.parikh@gmail.com
95	DR ANSHUL AGRAWAL	29/12/2020		9575402488	dranshulagrawal13@gmail.com

Sr No	Name of the candidate	Year of Joining	Place	Cell no	E mail address
96	DR KRISHNA MOHAN	30/12/2020		9044140813	kmkkgmu@gmail.com
97	DR NISHANTH S	30/12/2020		9632394780	nishanthinmmc@gmail.com
98	DR KARTHIK U S	30/12/2020		9538560355	karthi.us@gmail.com

Brief profile of the institute

**B. T. Savani Kidney Hospital,
Rajkot**

Dr. Vivek Joshi
Current head



B. T. Savani Kidney Hospital, managed by Saurashtra Kidney Research Institute, is a 162 bedded tertiary care urology and nephrology centre, located in Saurashtra region of Gujarat. Established in 2003, has DNB Urology and Nephrology program since 2014, It is a charitable hospital with low charging pattern with affiliation to various health schemes like MA Yojana & AB-PMJAY. Typically, it has a busy urology OPD with above 10500 new patients and 25000 follow-up patients annually. Patient includes wide pattern of urological cases, including uro-oncology, pediatric urology, female urology and andrology. Multiple urology OPDs are equipped with ultrasound units. 5 well equipped operation theatres are busy all through the year, performing close to 6500

major surgeries in a year. This includes advance laparoscopic surgeries, RIRS, PCNL & Mini PCNL, URS, pediatric urology etc... We are also recognized centre for renal transplantation under the chairmanship of Dr. Vivek Joshi, team of 5 well qualified, experienced and enthusiastic urologist are engaged in training DNB residents. Structured program for theory and adequate surgical exposure gives ample opportunity to learn theory and master the art of urological surgeries. Probably that is why our centre ranked higher up in priority of selection by eligible candidates. Our students have done well at National and International level in conference and competitions.

List of Teaching faculty

Sr. No.	Name	Position	Duration	Contact No.	E mail address
1	Dr. Vivek Joshi	Sr. Consultant Chairman (Division of Urology)		9824042874	
2	Dr. Jitendra Amlani	Sr. Consultant		98250 77701	
3	Dr. Pankaj Dholaria	Sr. Consultant		99798 75392	
4	Dr. Amish Mehta	Sr. Consultant		99251 34899	
5	Dr. Sunil Moteria	Sr. Consultant		98256 73334	

List of students from inception till date

Sr. No.	Name	Year of Passing	Place	Contact No.	E mail address
1	Dr. Gopesh Panwar	Dec – 2016		94145 62201	
2	Dr. Pratik Shah	Dec – 2017		98240 59129	
3	Dr. Parthraj Jadeja	Dec – 2019		94294 70603	
4	Dr. Chirag Shah	Dec – 2019		75748 35944	
5	Dr. Path Shah	On Going		99254 54547	
6	Dr. Jay Joshi	On Going		94270 19534	

Sr. No.	Name	Year of Passing	Place	Contact No.	E mail address
7	Dr. Jay Makadia	On Going		98255 42232	
8	Dr. Kaushik Darji	On Going		90990 92998	
9	Dr. Brijesh Ka Patel	On Going		90337 51931	
10	Dr. Sagar Katudia	On Going		90990 67657	

Brief Profile of the Institute

**All India Institute of
Medical Sciences, Bhopal**

Dr. Manoj Biswas
Current head



The Department of Urology at AIIMS Bhopal was established in October 2019 and started the MCH Urology program in January 2021 under Dr. Manoj Biswas & Dr. Devashish Kaushal. In the last 1 ½ year period, the department has started doing all types of Endourological procedures, Uro-Oncological Procedures, Minimally Invasive (Laparoscopic) procedures, along with all kinds of Reconstructive procedures. We were planning to start Renal Transplant Program sooner. Department of Urology has conducted a Webinar on Renal Transplants during the COVID period (August 2020). Future planning is to start Robotic Program and various Skill labs at AIIMS Bhopal.

List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	Email address
1	Dr. Manoj Biswas	Associate Professor & Incharge	April 2020 Onwards till date	9675480523	manojbiswas2006@gmail.com
2	Dr. Devashish Kaushal	Associate Professor	August 2020 Onwards till date	9013518570	devashish.urology@aiimsbhopal.edu.in
3	Dr. Ketan Mehra	Assistant Professor	October 2019 Onwards till date	9827572577	ketan.urology@aiimsbhopal.edu.in
4	Dr. Kumar Madhvan	Assistant Professor	May 2021 Onwards till date	9555616040	madhavanranjit@gmail.com

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	Email address
1	Dr M.R.Viswas	January 2021		9036550261	viswasmr@gmail.com
2	Dr AbhineethK.P.	January 2021		9560252097	abhineeth007@gmail.com

**Mahatma Gandhi Mission's
Medical College and Hospital.
Aurangabad. Maharashtra**

Dr. Martand Patil
Current head

Brief profile of the institute

Mahatma Gandhi Mission's Medical College and Hospital is one of the largest Medical College in the region of Marathwada. It is a deemed University with NAAC grade A category having a separate Urology department since 2005. As the Urology department was having a huge workload of patients with wide variety of work ranging from Endourology, Pediatric Urology, Uro- oncology and Andrology, the MGM University applied and started M.Ch Urology program from 2013. The Urology department is unique in having a full-fledged Urodynamics study facility and state-of-the-art Siemens Lithostar ESWL machine. The departments has all the latest endoscopes and apart from routine Endourology work like PCNLs, URSLs and TURPs, we also routinely perform

HOLEP and RIRS with a 100 watts Holmium Laser machine. The Residents routinely have presentation and have won the best paper, best poster prizes and have also won the Urology quiz during the West zone urology conferences. The faculty have multiple National and International publications to their credit. The Urology department routinely perform Kidney Transplant surgeries.

List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	E mail address
1	Dr. Martand Patil	Professor and Head	12 years	9823043957	drmartandpatil@gmail.com
2	Dr. Abhay Mahajan	Professor	15 years	9822321224	drabhaymahajan@gmail.com
3	Dr. Prashant Darakh	Lecturer	6.5 years	9422240007	drparshu@yahoo.com
4	Dr. Sandeep Bathe	Lecturer	6 years	7509206534	drsandeepbathe@gmail.com

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
1	Dhruvi Amlani	2013		9819088234	drdhrutimahajan@gmail.com
2	Bhushan Dodia	2014		9825670233	dr.bhushandodia@gmail.com
3	Abhinav Agrawal	2015		9910831179	abhinav202020@gmail.com
4	Neel Patel	2016		9925738125	neel.d.patel@gmail.com
5	Lakshman Pal Singh	2017		9756697836	lakshman.pal@gmail.com
6	Arpit Sharma	2018		9929999770	arpit_capri85@yahoo.co.in
7	Rohan Jain	2020		9669699665	dr.rohan1804@gmail.com

**Tejnaksh Healthcare's
Institute of Urology, Dhule**

Dr. Ashish Patil
Current head



Brief profile of the institute

Institute of Urology was started under aegis of Tejnaksh Healthcare in 2003 by Dr. Ashish Rawandale-Patil. The institute was accredited to National Board of Examinations, New Delhi since 2009 and provides DNB in Genitourinary Surgery.

The institute so far has 7 alumni till date from all over the country.

The institute is well known for its hands on training as well as simulation training for the residents along with heavy patient load. We have conducted various simulation sessions for the trainee urologist's for PCNL, RIRS, URS and TURP on national forums. The institute has trained more than 100 residents and junior consultants.

The institute has a specialized research cell for research and development of various innovations, instruments and simulators for urological training. Tejnaksh Innovation research is certified by Department of Scientific and Industrial Research (DSIR), India. Innovations division holds five patents granted and 18 patents applied as of today.

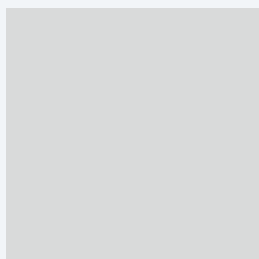
List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	E mail address
1	Dr. Ashish Rawandale-Patil	Professor & Head	18 yrs	9422788113	instituteofurology@gmail.com
2	Dr. Lokesh Patni	Senior Consultant	6 yrs	7798431830	patnilokeshind@gmail.com

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
1	Dr. Chandrahas Kurane	2009	Sangli	9850071179	chandrahaskurane@gmail.com
2	Dr. Lokesh Patni	2010	Ujjain	7798431830	patnilokeshind@gmail.com
3	Dr. Yaser Ahmed	2014	Srinagar	9168134321	yasserahmad009@gmail.com
4	Dr. Gautam Ladumor	2015	Surat	9909655402	gautamladumor1987@gmail.com
5	Dr. Parag Gulhane	2016	Akola	7720082555	drparaggulhane@gmail.com
6	Dr. Abhinav Gade	2017	Nashik	9960912675	Abhinavgade16@yahoo.com
7	Dr. Shakul Prakash Kaushik	2018	Meerut	8690215780	drshakul@gmail.com
8	Dr. Tushar Kharmate	2019	Beed	9975900627	tusharkharmate@gmail.com
9	Dr. Shashwat Singh	2021	Ghaziabad	8826236202	Shashwatsingh25@gmail.com

**Department of urology
Institute of Urology and Kidney
Research center, Jalgaon**



Brief profile of the institute

IUKRS DNB training institute was established in 2006. Dr Ravi Mahajan is the director and chief of institute. Till date three students have passed DNB from this institute. DNB training program is not functional now.

List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	E mail address
1	Dr Ravi Mahajan	Chairman, Director	2006-till date	9422292116	drrekhamahajan@gmail.com
2	Dr Jaideep Mahajani	Asso Prof	2006-2014	9823005068	jmahajani@hotmail.com
3	Dr Prashant Mulawkar	Asso Prof	2006-2014	9823043864	pmulawkar@hotmail.com

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
1	Manoj Biswas	2006	Bhopal	9675480523	manojbiswas2006@gmail.com
2	Sanjeev Narang	2007		8003745718	drsanjeevnarang@yahoo.com
3	Anurag Gupta	2009	Agra	8279487900	dranugupta007@gmail.com

Global Hospital- Super Speciality and Transplant Centre, Mumbai

Dr. P P Rao
Current head



Brief profile of the institute

In 2012 the Department of Urology was established in Global Hospital-Super Specialty and Transplant Centre. It started to providing the DNB Urology degree in 2019 under the able guidance of Dr. Pradeep Rao and Dr Jitendra Jagtap. Being a relatively new teaching program, the current urology resident strength is two. Dr. Vinod Kansara is the first trainee of our department. Department is well known for being one of the busiest renal transplant programs in Mumbai with all donor nephrectomies done laparoscopically. It provides the latest endourological advances in form of RIRS with disposable flexible ureteroscopy, Thulium laser enucleation of prostate, Microperc, etc.

List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	E mail address
1	Dr Pradeep Rao	Head of Department	9 years	9820336193	pprao@mac.com
2	Dr Jitendra Jagtap	Consultant Urologist	7 years	8879698208	drjitendrajagtap@gmail.com
3	Dr Lokesh Sinha	Consultant Urologist	8 years	9029226680	dr_lokeshsinha@yahoo.com

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
1	Dr Vinod Kansara	2019		9408863771	vinodkan1501@gmail.com
2	Dr Sagar Joshi	2020		9099985459	sagarjoshi133@gmail.com

**Kokilaben Dhirubhai Ambani Hospital
and Medical Research Institute, Mumbai**

Dr. Sanjay pandey
Current head



Brief profile of the institute

In 2017, Department of Urology in Kokilaben Dhirubhai Ambani Hospital started to provide DNB degree under the guidance of Dr Sanjay Pandey, Dr Bejoy Abraham, Dr T B Yuvaraja and Dr Attar Mohammad Ismail. Till date Department of Urology has 4 alumni. The first batch of DNB students have passed in 2020. Department is well known for its advanced procedures and hands on experience and research work for the residents.

List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	E mail address
1	Dr Sanjay Pandey	Seniour consultant and Head of the Department Urology	2017 - till present	9324718283	sanjaypdr@gmail.com
2	Dr Bejoy Abraham	Senior consultant Urology	2017 - till present	7498040484	bejoyabraham@hotmail.com
3	Dr T B Yuvaraja	Senior consultant Urooncology	2017 - till present	9321322505	tb.yuvaraja@gmail.com
4	Dr Attar Mohammad Ismail	Senior consultant Urology	2017 - till present	9022330964	attarmohammad@rediffmail.com
5	Dr. Santosh S. Waigankar	Consultant Urologic Oncology	2021 - till present	9820382606	sandoc2005@yahoo.com

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
1	Naresh Badlani	2017	Akola	8999616766	bnaresh25@gmail.com
2	Archan Khandekar	2017	Ahmedabad	9825051329	archankhandekar@gmail.com
3	Ashish Asari	2018		9879935432	asariashish@gmail.com
4	Ojas Potdar	2019		9664128639	ojaspotdar@yahoo.com
5	Yaseer Iqbal Lone	2019		7051728766	yasirocky009@gmail.com
6	Vibhushit Kaul	2021		9501551153	vibhushitk@gmail.com
7	Dixit Prajapati	2021		9924323672	dixitprajapati72@gmail.com

Saifi Hospital, Mumbai

Dr Gaurang Shah
Current head



Brief profile of the institute

"In 2012 Department of Urology was established in Saifee hospital and started to provide DNB degree since 2017 under the able guidance of Dr. Gaurang Shah. Till date department has 4 alumni from all over the nation. Dr. Tanvi Shah was the first student of the department. Department is well known for its hands-on experience and research work for the residents. So far, department has organised 2 international conferences, one on kidney and ureter and second on bladder and prostate. We have also organized a workshop on HOLEP and RIRS. We have also hosted a one year fellowship program for MIS of upper

tract under MUHS in 2016, a first of its kind in India. Student was Dr. Nishant Kathale."

List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	E mail address
1	Dr. Gaurang Shah	Head of department	6 years	9821019432	drgrshah@gmail.com
2	Dr. Anup Ramani	Associate professor	4 years	9930859696	
3	Dr. Hiren Sodha	Associate professor	4 years	9821555502	
4	Dr. Ketan Desai	Associate professor	4 years	9820042861	

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
1	Dr. Tanvi Shah	2017		9820526412	tanvigshah@gmail.com
2	Dr. Shams Tabrej Ansari	2018		9892520792	drshamstabrej@gmail.com
3	Dr. Prashant Sarawade	2019		8805596108	Sarwade89@gmail.com
4	Dr. Achint Bajpai	2020		9936645878	

JASLOK HOSPITAL
AND RESEARCH CENTRE, Mumbai

Dr. Shailesh Raina
Current head



Brief profile of the institute

The Jaslok Hospital and Research Centre, Department of Urology was perhaps the first private hospital department of urology. The Department of Urology was established way back in 1973 by late Dr. B. N. Colabawalla, Dr. Madhav Kamat, late Dr. Fardoon Soonawalla and then joined by late Dr. S. S. Joshi. These stalwarts helped establish general urology, lower tract endourology, transurethral resection and renal transplantation. The department was accredited in 1984 by the National Board of Examinations and the trainee appeared for DNB Urology training after 1985. So far 50 urologists have obtained their training and graduation from this department of urology. We purchased the ESWL machine in 1989. The stone clinic was then established paving the way for upper tract

endourology(PCNL, URS, ultrasound, pneumatic, now holmium laser for stone fragmentation), followed by laser surgery for prostate (green light KTP/XPS laser for BPH), video endourology and later retrograde intrarenal surgery. Andrology including penile prosthesis surgery is being performed since 1990s' and with the help of a reputed Artificial Reproductive Unit techniques like microsurgical sperm retrieval techniques are being performed. The department started renal transplant way back in 1979 and since then has been performing an average of 100 renal transplant per year with a close cooperation and help from Department of Nephrology. Subspeciality clinics include female urology, pelvic floor clinics (with our gynaecology colleagues), neuro-urology clinics (with our neurological colleagues), incontinence clinic (with our physiotherapists) We have performed artificial urinary sphincters, male sling surgeries since early 2000. Besides laparoscopic urology, we acquired a daVinci Robot 4 years ago, which has helped us in uro-oncology especially nephron sparing surgery, radical prostatectomy, and pelvic surgeries. We also have the facility of urodynamics since 1996. Our teaching programme involves weekly teaching sessions, case presentations, monthly journal clubs, Uro-nephro meets, Uro-radiology meets and Grand Rounds on regular basis in the department. We have been blessed with reputed department of Radiology (interventional, CT, MRI, Ultrasound), Nuclear medicine and

Histopathology. Residents of other allied departments also join the department of urology in our monthly meetings. We have had the privilege and honour of having 4 past USI Presidents, Council USI members, Zonal Presidents and SIU National Delegates. We also have had the honour of teachers from USI faculties and also from AUA, EAU, BAUS faculty members teaching our faculty and students.

List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	E mail address
1	LATE DR B.N. COLABAWALLA	HONORARY CONSULTANT	1973		
2	DR. M. H. KAMAT	HONORARY CONSULTANT	1973		
3	LATE DR.F.P.SOONAWALLA	HONORARY CONSULTANT	1973		
4	LATE DR. S.S. JOSHI	HONORARY CONSULTANT	1980		
5	DR. P.J.CHIBBER	HONORARY CONSULTANT	1989		
6	DR. SHAILESH RAINA	DIRECTOR & HEAD OF THE DEPARTMENT OF UROLOGY	1989		
7	DR. AJIT M.VAZE	HONORARY CONSULTANT	1989		
8	DR. P.F.SOONAWALLA	HONORARY CONSULTANT	1997		
9	DR. VINIT SHAH	HONORARY CONSULTANT	1998		
10	DR. J. G. LALMALANI	HONORARY CONSULTANT	2002		
11	DR. ASHIQ RAVAL	HONORARY CONSULTANT	2002		
12	DR. KETAN DESAI	HONORARY CONSULTANT	2002		
13	DR. VIMAL PATEL	HONORARY CONSULTANT	2003		
14	DR. SANTOSH GAWLI	HONORARY CONSULTANT	2012		
15	DR. ALAP MEHENDALE	HONORARY CONSULTANT	2019		
16	DR. MALAV MODI	ASSOCIATE CONSULTANT	2019		

List of students from inception till date | DNB Urology, Year of Accreditation 1984

Sr no	Name	Year of Joining	Place	Cell no	E mail address
1.	Dr. Rajesh Saboo	1984 to 1990	-	-	-
2.	Dr. S. W. Thatte	1984 to 1990	Mumbai	9820095112	sadanandthatte@gmail.com
3.	Dr. N. Mishra	1984 to 1990	Ahemdabad	9824022035	nagendraad1@yahoo.com
4.	Dr. N. Vilekar	1984 to 1990	Nashik	9823055162	nandanvilekar@yahoo.co.in
5.	Dr. S. Shinde	1984 to 1990	Indore	9827022385	drsanjayshinde@gmail.com

List of students from inception till date | DNB Urology, Year of Accreditation 1984

Sr no	Name	Year of Joining	Place	Cell no	E mail address
6.	Dr. S. Khanna	1984 to 1990	Sagar	9425171361	-
7.	Dr. Ravi Deshmukh	1990 to 1999	Nagpur	9823056120	dravi1962@gmail.com
8.	Dr. Vimal Patel	1990 to 1999	Mumbai	9821164668	drvimalpatel@gmail.com
9.	Dr. P. Solanki	1990 to 1999	-	-	-
10.	Dr. Azam Nawaz	1990 to 1999	Bhopal	9826054209	drazamnawaz@gmail.com
11.	Dr. J. Kanaskar	1990 to 1999	Raipur	9893158790	jayantkanaskar@yahoo.in
12.	Dr. S. Agrawal	1990 to 1999	?		
13.	Dr. Anoop Theraney	1990 to 1999	?		
14.	Dr. P. Vyawahre	1990 to 1999	-	-	-
15.	Dr. Sanjay Popat	1990 to 1999	Rajkot	9824211235	sanpopat@rediffmail.com
16.	Dr. P. Kulkarni	1990 to 1999	?		
17.	Dr. Shyam Somaiya	2000 to 2009	?		
18.	Dr. S.S. Nazir	2000 to 2009	-	-	-
19.	Dr. Vikram Barua	2000 to 2009	-	-	-
20.	Dr. Atul Jain	2000 to 2009	-	-	-
21.	Dr. V. Dhankar	2000 to 2009	-	-	-
22.	Dr. Ravi Nagar	2000 to 2009	Indore	9826368623	ravinagaruro@gmail.com
23.	Dr. Amol Mahajan	2000 to 2009	-	-	-
24.	Dr. Galaxy Shah	2000 to 2009	-	-	-
25.	Dr. Prashank Hungud	2000 to 2009	-	-	-
26.	Dr. Manju Jain	2000 to 2009	Mumbai	9820454724	drmanjujain7@gmail.com, drjmanoj@gmail.com
27.	Dr. Santosh Gawali	2010 to 2020	Latur	9320523034	drsantosh2277@Rediffmail.com
28.	Dr. Gagan Prakash	2010 to 2020	Mumbai	9833722711	gagan2311@gmail.com
29.	Dr. Santosh Waigankar	2010 to 2020	Mumbai	9820382606	sandoc2005@yahoo.com
30.	Dr. Dashrath Guge	2010 to 2020	Raigad	9923506779	aspiringsurgeon24778@yahoo.com

Lilavati Hospital & Research Centre, Mumbai

Dr. Hemant Pathak
Current head



Brief profile of the institute

The department was established in the year 2002. The department had its first post graduate student in the year 2003. There are good numbers of renal transplant done adult and pediatric (both living and cadaveric) under the astute leadership of Dr Hemant Pathak on a regular basis. The department is well equipped with in-house facilities of urodynamics under vigilance of Dr B K Dastur. The department has a very high operative load of Endourology managed by most efficient consultants. There is a dedicated Andrology OPD under the expertise of Dr Rupin Shah. The aim of the department has always been to

provide the latest state of art technology to their patients. The academic achievements of the post graduate students and faculty are result of the able training done by the faculty within a very positive and encouraging atmosphere.

List of Teaching faculty

Sr no	Name	Post held	Cell no	E mail address
1	Dr Hemant Pathak	Consultant	9820364294	hemantrpathak@gmail.com
2	Dr Nayan Sanghvi	Consultant	9821111964	neetans@yahoo.co.in
3	Dr Ajit Vaze	Consultant	9821023637	avaze@hotmail.com
4	Dr Rupin Shah	Consultant	9821033224	drrupinshah@gmail.com
5	Dr Sharad Shah	Consultant	9821012879	sharadsh@gmail.com
6	Dr B K Dastur	Consultant	9821371913	bakhtu4@yahoo.com
7	Dr Dilip Raja	Consultant	9820074649	drdilipraja@gmail.com
8	Dr Shailesh Raina	Consultant	9820081553	drshailraina@hotmail.com
9	Dr Anand Utture	Consultant	9820305548	anandsuttire@gmail.com
10	Dr Anup Ramani	Consultant	9930859696	mumbairoboticsurgeon@gmail.com

List of students from inception till date

Sr no.	Name of the student	Tenure	Mobile no.	Email id	City
1	Dr Virendra Shetty	2003-2006	9740069692	veeren5563@gmail.com	Karnataka
2	Dr Nikunj Goel	2004-2007	9917239996	docnikunj@yahoo.co.in	Bareilly
3	Dr Devendra Patil	2005-2008	9322106422	urodev@gmail.com	Vasai
4	Dr Hemant Nemade	2006-2009	4.47761E+11	drhemantn@gmail.com	U K
5	Dr Arun Chinchole	2007-2010	8888115374	drarunchinchole@gmail.com	Aurangabad
6	Dr Amol Mutkekar	2008-2011	9518782744	dramolmutkekar@yahoo.com	Dubai
7	Dr Sandeep Bhate	2009-2012	7509296534	drsandeepbhate@gmail.com	Raipur
8	Dr Navnath Fulari	2011-2014	9822981350	drnfulhari778@gmail.com	Solapur
9	Dr Manu Gupta	2013-2016	8879397636	manugupta846@gmail.com	Mathura
10	Dr Deepak Kumar	2013-2016	9819250492	deepaknimmi2006@rediffmail.com	Chandigarh

List of students from inception till date

Sr no.	Name of the student	Tenure	Mobile no.	Email id	City
11	Dr Pawan Rahangdale	2014-2017	9860668228	pawanr229@gmail.com	Pune
12	Dr Vedant Lakhe	2014-2017	7715975758	vedantlakhe@yahoo.in	Yavatmal
13	Dr Chirag Gupta	2015-2018	7506943955	drchirag845@gmail.com	Jaipur
14	Dr Irfan Khan	2015-2018	9619710744	drkhanirfan83@gmail.com	Mumbai
15	Dr Uday Chandankhede	2016-2019	7838048920	dr.uday17@gmail.com	Mumbai
16	Dr Sumeet Agrawal	2016-2019	8828479290	drsumeet186@gmail.com	Mumbai
17	Dr Monish Patil	2017-2020	9967770134	montypatil87@gmail.com	Chiplun
18	Dr Amit Tripathi	2017-2020	9793832869	snmcamit@gmail.com	Allahabad

Bombay Hospital Institute of medical sciences, Mumbai

Dr. Umesh Oza
Current head



subspecialties in Urology. This avoided unnecessary competition and promoted excellent relationship in the department between faculties. This concept allowed all the trainees to have exposure to different fields in Urology. Many of them are now pursuing a successful career in Urology subspecialty in India and Abroad.

Bombay Hospital Institute of Medical Sciences started DNB in Urology in 1984 and M.Ch. in Urology in the year 1990. It is very satisfying to see all of them doing very well all around the world and in different parts of the country, offering their services for urology care. Many of them are heading department of Urology in various academic teaching institutions and continuing the legacy of our seniors in training the future generation of Urologists.

The Department has contributed significantly in Publications of books, articles, papers and Presentations nationally and Internationally. The Faculty has been in the forefront in academic activities and teaching programs. They have also occupied prestigious positions and leadership at various national and international organisations and received awards and accolades for their contribution. Dr D D Gaur's contribution in the field of Retroperitoneal Laparoscopy worldwide is a matter of pride for the institution. The Department and alumni also help in conducting and supporting various urology camps for the benefit of needy patients

We pray to the Almighty that this journey continues a long way to reach greater heights of glory and success.

List of Teaching faculty: Who have served in past

Sr no	Name	Post	Tenure	Cell No	E mail
1	DR. D K KARANJAWALA.				
2	DR A G PHADKE.				
3	DR V SRINIVAS.				
4	DR (MRS.) B. K DASTUR				

Sr no	Name	Post	Tenure	Cell No	E mail
5	DR. MAHESH. SANE				
6	DR. RAJEEV. JOSHI.				
7	DR. RAJESH. BHATT				
8	DR. VIVEK. MASTE				
9	DR. NASREEN GITE				

List of Teaching faculty: Current

Sr no	Name	Post	Tenure	Cell No	E mail
1	DR D D GAUR				
2	DR R K GARG				
3	DR H M PUNJANI				
4	DR S. W. THATTE				
5	DR. J. N. KULKARNI				
6	DR. U. G. OZA				
7	DR. P. K. PATTNAIK				
8	DR. MUKUND ANDANKAR				
9	DR. DEEPAK. GUPTA				
10	DR VARUN GUNVANTHE				

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
1	DR. DILIP RAJA	1984	Mumbai	9820074649	drdilipraja@gmail.com
2	DR. ARVIND JOSHI	1985	Bhopal	9826021646	drarvindjoshi@hotmail.com
3	DR. SUHAS SALPEKAR	1986	Nagpur	9822470600	drsalspekar@yahoo.com
4	DR. BRIJESH AGRAWAL	1987	-	-	-
5	DR. SHIRISH BHAVE	1987	Pune	9822035637	shirishbhave@hotmail.com
6	DR. VINIT SHAH	1988	Mumbai	9821116004	docvinitshah@gmail.com
7	DR. MAKRAND KOCHIKAR	1989	-	-	-
8	DR. SUDHANSHU CHITALE	1989	London	0044 7748 944385	Chitalenorwich@aol.com
9	DR. AMOD TILAK	1989	Mumbai	9821018738	amod_tilak@hotmail.com
10	DR. RAJEEV CHAUDHARY	1990	Pune	9822052661	rrcpune@gmail.com

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
11	DR. PRASHANT KUNDARGI	1990	Bhopal	9893221318	p_kundargi@yahoo.com
12	DR. DINESH AGRAWAL	1990	-	-	-
13	DR. SHASHANK KULKARNI	1991	Mumbai	-	-
14	DR. NAGESH NAGAPURKAR	1991	-	-	-
15	DR. NITIN GADGIL	1991	Pune	9822217796	gadgilnitin@yahoo.co.in
16	DR. RAVI SHANKAR K	1991	-	-	-
17	LATE DR. ABHIJIT DARSHANE	1992	-	-	-
18	DR. DESAI DIVYESH YASHWANT	1992	Mumbai	-	-
19	DR. SANE MAHESH SUDHAKAR	1992	Mumbai	9820048251	drmaheshsane@hotmail.com
20	DR. SHAH HIRENYA KISHORE	1993	-	-	-
21	DR. DHABALIA JAYESH VINOD	1993	Mumbai	9820100940	drjayeshdhabalia@rediffmail.com
22	DR. GARG SANJAYKUMAR	1994	-	-	-
23	DR. KASHYAPI BHALCHANDRA D	1994	Pune	9822406084	kashyapi1@gmail.com
24	DR. JAIN MAHENDRA	1995	-	-	-
25	DR. GUNDETI MOHAN SAHEB	1995	Solapur	9850075699	mgundeti@surgery.bsd.uchicago.edu
26	DR. JOSHI ANAND SHIVKUMAR	1996	Dhule	9823151192	dranandjoshi@gmail.com
27	DR. BOKARE DHANANJAY SURESH	1996	Nagpur	9823099198	dsbokare@gmail.com
28	DR. RATHI SUSHIL SHIVLAL	1997	Nanded	9822086224	sushilrathi1@gmail.com
29	DR. MEHTA VIVEK HANSRAJ	1997	-	-	-
30	DR. MADHUSUDHANA H.R.	1998	-	-	-
31	DR. RAWANDALE ASHISH VISHWAS	1998	Dhule	9422788113	instituteofurology@gmail.com
32	DR. MUTYALAPATI GOPICHAND	1999	-	-	-
33	DR. TRIVEDI SAMEER	1999	-	-	-
34	DR. PRABHUDESAI MADHUMOHAN R	2000	Goa	9850468669	goaurologydepartment@gmail.com
35	DR. DUBEY MANISH KAILASHNATH	2000	Mumbai	9987111625	drmdubey@gmail.com
36	DR. ACHARYA PURUSHOTTAM P	2001	-	-	-
37	DR. RIZVI SYED JAMAL	2001	Ahemdabad	9328262946	hoblingoblin@yahoo.com
38	DR. VERMA RAVINDRA	2002	-	-	-
39	DR. K.S. SHIVAKUMAR	2002	-	-	-
40	DR. ARORA AVANISH	2003	Mumbai	9820196392	avanisharora@gmail.com

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
41	DR. JAIN BHARAT KUMAR	2003	-	-	-
42	DR. DESHMUKH SANDEEP SHRIJRISHI	2004	Nagpur	9766321910	drsandeepsd@gmail.com
43	DR. MANJUNATH U.N.	2004	-	-	-
44	DR. DINESHKUMAR T.P	2005	-	-	-
45	DR. JAYANTH A.S	2005	-	-	-
46	DR. GUPTA HOTILALA	2006	-	-	-
47	DR. MISHRA VISHAL BADRIPRASAD	2006	Rewa	9589800992	drvishalmishrarewa@gmail.com
48	DR. AVINASH T.S.	2007	Mumbai	9769243651	dravinashts@rediffmail.com
49	DR. JAIN ANUPKUMAR ANAND	2007	Jabalpur	9009111028	anupnidhi123@yahoo.com
50	DR. SHYAM CHOWDHARY PUSKAR	2008	Mumbai	9322201099	-
51	DR. SINGH DAYALPRASAD SURINDER	2008	-	-	-
52	DR.VALSANGKAR ROHAN SATISH	2009	Mumbai	9220274158	rsvalsangkar@gmail.com
53	DR. GUPTA PRASHANT MURARILAL	2009	Mumbai	9833212012	drprashant.gupta@yahoo.co.in
54	DR. JADHAV YOGESH RAMAKANT	2010	Mumbai	9860430303	dryogeshjadhav@yahoo.co.in
55	DR. HANAMSETTI SATISH R	2010	-	-	-
56	DR. GITE NASREEN ANWAR	2011	Mumbai	9769340735	nasreen_gite@yahoo.com
57	DR. GUNVANTHE VARUN SANJAY	2011	Mumbai	9920282201	varunuro@gmail.com
58	DR. DHALE ABHIJIT SHRIDHAR	2012	Yavatmal	9819689564	abhi_dhale@hotmail.com
59	DR. CHOUDHARY DEVENDRA N.	2012	-	-	-
60	DR. ATLURI VENKATSAI SHRIKANT	2013	-	-	-
61	DR. TAMBOLI MOHD. AREEF	2013	-	-	-
62	DR. JAJU ROHAN GOPIKISHAN	2014	-	-	-
63	DR. AZMI JAMAL AKHTAR S	2014	Mumbai	9867616490	dr.jamalakhtar.azmi@gmail.com
64	DR. AGARWAL HIMANSHU	2015	-	-	-
65	DR. MAHATME PRAJWAL	2015	Nagpur	8767001211	prajwal725@gmail.com
66	DR. PANCHOLI CHANDRAKANT	2016	-	-	-
67	DR. JADHAO VIVEK G	2016	-	-	-
68	DR. DALVI MAYUR RAOSAHEB	2017	-	-	-
69	DR. NIMJE ROHIT KESHAV	2017	-	-	-
70	DR. GOSALIA DHAVAL NILESH	2018	-	-	-

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
71	DR. NAIK MEKHALA DEEPAK	2018	-	-	-
72	DR.CHIRDE PRATIK PRAMOD	2019	-	-	-
73	DR.SHASTRI APOORV	2019	-	-	-
74	DR. VAIBHAV VINKARE	2020	-	-	-
75	DR. NAVINKUMAR PATIL	2020	-	-	-

LTMHC & LTMGH Sion

Dr Ajit Sawant
Current head



Brief profile of the institute

LTMHC & LTMGH Sion was established on 1st January 1978. It was one of the first Urology Department among the three municipal medical colleges in Mumbai. On 15th July 1980 recognition was granted by the University of Bombay for the degree of M.Ch. Urology with Dr.S.D.Bapat as Head and Dr.R.M.Prabhu, Dr.C.T.Patel as faculties. On 27th March 1997, the first cadaver kidney transplantation in the state of Maharashtra was carried out by Dr.V.D.Trivedi and team at LTMGH. Since then, LTMGH is designated as the

Zonal Co-Ordination Centre for Cadaver Transplant in Maharashtra. Guinness Book of World Records has bestowed the record of "Heaviest Kidney Tumor" to Dr.Ajit Sawant and team in 2017 for successfully removing the heaviest renal tumor weighing 5.5 kgs. Urology Department of LTMGH also provides urological and andrological care to paraplegic patients at Half Way Home established by the Paraplegia Foundation. Various sub-specialties of urology like adult and paediatric reconstructive urology, Female Urology, Uro-oncology, Endourology, Infertility & Impotence counselling and treatment are well established. The Department has a separate OPD & a 40 bedded ward. At present the Department has four faculty and 12 residents with a yearly intake of four MCh residents. LTMGH Sion stands tall at the entrance of Mumbai and caters to patients from the city, state and country.

List of Teaching faculty

LIST OF HODs IN DEPARTMENT OF UROLOGY LTMHC & GH

No	Name	TENURE
1	DR. S D BAPAT	1980-1990
2	DR. SULBHA PUNEKAR	1990-1991
3	DR. VATSALA TRIVEDI	1991 TO SEPT.2004
4	DR SUJATA PATWARDHAN	OCT 2004 TO JULY 2009
5	DR. JAYESH DHABALIA	AUGUST 2009 TO APRIL 2014
6	DR. AJIT SAWANT	2014 ONWARDS

No	Lecturer	mobile	email
1	VINOD JOSHI	9869233790	vinod65@gmail.com
2	VIVEK BIRLA	9322233605	manjushreebirla@yahoo.com
3	ATUL M. SHAH	98202 86897/88505 09780	dratulmshah@hotmail.com

LIST OF LECTURERS IN DEPARTMENT OF UROLOGY LTMMC & GH

No	Lecturer	mobile	email
4	KETAN VARTAK	9822053645	kpvartak@gmail.com
5	RAVINDRA SABNIS	9426422002	rbsabnis@gmail.com
6	SUJATA PATWARDHAN	9819075202	sujata.patwardhan@rediffmail.com
7	AVINASH BADANE	9820898468	dravinashbadne@gmail.com
8	NITIN DANDEKAR	9821042064	dandekarhospital@gmail.com
9	HODARKAR	9821010123	rdhodarkar@yahoo.com
10	BAKHTAWAR KAIKHUSROO DASTUR	98213 71913	
11	PRAKASH PAWAR	9819426263	praxpawar@gmail.com
12	VIKASH KUMAR	9820163302	drvikashkumar2010@gmail.com
13	RASESH MOHANBHAI DESAI	9824092118	raseshdesai61@hotmail.com
14	VIJAY KULKARNI	9821131711	drvijaykulkarni@rediffmail.com
15	SUNIL PATIL	9820765073	sunil7887@gmail.com
16	MOHD. HAMID SHAFIQUE AHMED	7387064456	khanmohdhamid@gmail.com

List of students from inception till date

No	NAME	Tenure	Place	Phone No.	Email
1	HARSHAD PUNJANI	1981-1984		98339 87313	punjanih@gmail.com
2	AJIT MAHADEO VAZE	1981-1984		9821023637/9820352662	amvaze@hotmail.com
3	PRAFUL RAMRAO KULKARNI	1981-1984		9820070147	prafulkulkarni@hotmail.com
4	RAVINDRA HODARKAR	1981-1984		9821010123	rdhodarkar@yahoo.com
5	UMESH GUNVANTRAI OZA	1981-1984		9820058623	drumeshoza@gmail.com
6	SHRIKANT BADWE	1981-1984		9324051779	drbadwe@yahoo.co
7	DILIP C DHANPAL	1982-1985		9845028082	drdilupdhanpal@gmail.com
8	SUBRAMANIAM	1983-1985		9820106287	vksubramaniam@gmail.com
9	JAIKRISHIN G. LALMALANI	1983-1985		9820071046	lalmalani@hotmail.com
10	PRAVIN SAVANT	1984-1986		9820029489	dr.pravinsavant@gmail.com
11	SANJAY SHIVAJI NABAR	1984-1986		9820088014	sanjaynabar@gmail.com
12	PRASHANT PATTNAIK	1986-1988		9820080161	drpkpattnaik@yahoo.com
13	RAVINDRA SABNIS	1986-1988		9426422002	rbsabnis@gmail.com
14	HEMANT RANGNATH PATHAK	1987-1989		98203 64294	hemantpathak@gmail.com

List of students from inception till date

No	NAME	Tenure	Place	Phone No.	Email
15	RASESH DESAI	1988-1990		9824092118	raseshdesai61@hotmail.com
16	HEMANT SHARAD KELKAR	1988-1991		98231 13494	hemantkelkar2002@yahoo.co.in
17	RAJESH BHATT	1988-1991		9930301831	drmbhatt@gmail.com
18	ANIL MOHANLAL BRADDOO	1990-1993		9820303744	bradoo@gmail.com
19	AJAY KANBUR	1991-1993		98207 75070	ajaykanbur@hotmail.com
20	NITIN DANDEKAR	1991-1993		9821042064	dandekarhospital@gmail.com
21	VILAS SABLE	1992-1995		9822004630	
22	SANJAY KOLTE	1992-1995		9881402494	spkolte5@gmail.com
23	SUJATA PATWARDHAN	1993-1996		9819075202	sujata.patwardhan@rediffmail.com
24	NITIN S JOSHI	1994-1997		9820961499	
25	SHAILESH KULKARNI	1993-1996		00 447984405104	
26	KETAN PADMAKAR VARTAK	1994-1997		98220 53645	kpvartak@gmail.com
27	MOHANARANGAM T	1994-1997		00 447738570279	drtmohan@gmail.com
28	MUKUND ANDANKAR	1995-1998		9820159060	mukundandankar@gmail.com
29	AFTAB ANSARI	1995-1998		91-9819069262	draftab_40@rediffmail.com
30	AJIT SAWANT	1996-1999		9833112612	drajitsawant@gmail.com
31	ANAND SHANKARRAO UTTURE	1996-1999		9820305548	aulture@hotmail.com
32	AMIT LAXMAN SAPLE	1997-2000		9848241798	
33	ANURAG AWASTHI	1997-2000		9822659289	
34	GIRISH G NELIVIGI	1998-2001		9901063252	drgirishgn@yahoo.co.in
35	ANUP RAMANI	1998-2001		9967666060/9930859696	mumbairoboticsurgeon@gmail.com
36	RISHIKESH R. PANDYA	1999-2002		9820032419/00971508368604	drppandya@yahoo.com
37	RAJESH BAJPAI	1999-2002		00 14696184589	drrajeshb@rediffmail.com
38	MUHAMMAD FAROOQ V P	2001-2004		9447384419	farooq_urology@yahoo.co.in
39	HEMALI TRIVEDI	2002-2005		9870106503	hemalitrivedi@gmail.com
40	VIKRANT PATHAK	2003-2006		9820700291	
41	NAGABHUSHAN	2004-2007		9481453379	
42	SHYAM VERMA	2005-2008		9705010900	drshyamradhe@gmail.com
43	MOHAMMAD ISMAIL	2006-2009		9022330964	attarmohammad@rediffmail.com
44	UJJWAL BANSAL	2007-2010		9602974074	drujjwalbansal@yahoo.com

List of students from inception till date

No	NAME	Tenure	Place	Phone No.	Email
45	PIYUSH UMESH CHAND VARSHNEY	2008-2011		9320029459	drpiyushvarshney@rediffmail.com
46	AVINASH BABURAO BADNE	2009-2012		9820898468/7276816723	dravinashbadne@gmail.com
47	JUNED SHAIKH	2010-2013		9820234273	junedahmed@gmail.com
48	PRAKASH WAMANRAO PAWAR	2010-2013		9819426263	praxpawar@gmail.com
49	KUNAL ATERKAR	2010-2013		9913777445	kunal.aterkar@gmail.com
50	PIYUSH SINGH	2010-2013		9818009459	drpiyush_24@rediffmail.com
51	ANKUR SURESH KUMAR ARYA	2011-2014		9594976834	drankurarya8@gmail.com
52	ABHIJEET KATKAR	2011-2014		9850955022	drabhi.katkar@gmail.com
53	NIRAJ GANDHI	2011-2014		8108700757	niraj_contact@yahoo.co.in
54	SAGAR BHALERAO	2011-2014		9819846896	bhaleraosagar@gmail.com
55	ROHIT SINGHAL	2012-2015		9167733004	singhaldrohit@gmail.com
56	VIPIN KUMAR	2012-2015		8194007555	vipinkumarkem@gmail.com
57	VISHAL BAHEKAR	2012-2015		9860193985	bahekarvishal@gmail.com
58	PRASHANT NANDKISHORE PATIL	2012-2015		9823264430	prashanthg04@gmail.com
59	SUMIT BANSAL	2013-2016		9930230183	drbansalsumit@gmail.com
60	GAURAV KASAT	2013-2016		7738536649	gauravkasat@gmail.com
61	ASHWIN TAMHANKAR	2013-2016		8879730787	ashwintamhankar@gmail.com
62	LOMESH KAPADNIS	2013-2016		9220082866	drlomeshkapadnis@gmail.com
63	SUNIL PATIL	2014-2017		9820765073	sunil7887@gmail.com
64	ABHISHEK SAVALIA	2014-2017		9082690759	abhisheksavalia@gmail.com
65	SHANKAR MUNDHE	2014-2017		9820107217	shankar.mundhe@gmail.com
66	SAYALEE NARVADE PATIL	2014-2017		8424017951	drsayaleepatil14@gmail.com
67	BHUSHAN VISPUTE	2015-2018		7620203021	idrbhushan@gmail.com
68	HARSHAD TOSHNIWAL	2015-2018		9970110106	toshniwalharshad@gmail.com
69	AKSHAY PATIL	2015-2018		9970212557	akspat1588@gmail.com
70	PRAMOL HAMBARDE	2015-2018		9823555095	pramols@gmail.com
71	AMANDEEP ARORA	2016-2019		9833739090	amanarora12389@gmail.com
72	SACHIN ANBHULE	2016-2019		9922540490	sachin.mbbs1987@gmail.com
73	SURESH DEMBRA	2016-2019		9099001142	sureshdembra9@gmail.com
74	MOHD. HAMID SHAFIQUE AHMED	2016-2019		7387064456	khanmohdhamid@gmail.com

List of students from inception till date

No	NAME	Tenure	Place	Phone No.	Email
75	ADITYA DESHPANDE	2017-2020		9822954229	adeedeshpande0210@gmail.com
76	MUDIT MAHESHWARI	2017-2020		9978407834	muditk999@gmail.com
77	NEEL SHAH	2017-2020		9987819718	neel1989@gmail.com
78	SWAROOP S	2017-2020		9449494220	swaroop0appu@gmail.com
79	VIKAS BHISE	2018-2021		9654975836	drvikasbhisegsmc@gmail.com
80	MOHAN GADODIA	2018-2021		9893551543	mgadodia7@gmail.com
81	JITENDRA KUMAR SAKHRANI	2018-2021		7976088472	jksakhrani@gmail.com
82	ALI ABBAS	2018-2021		8779849210	draliabbas09@gmail.com
83	MANOJ KHARADE	2019-2022		9892719889	manojskharade88@gmail.com
84	SANJAY DANGE	2019-2022		9167055651	drsanjayyd@gmail.com
85	UMANG TRIVEDI	2019-2022		9920780133	umangatrivedi@yahoo.com
86	RAUNAK SHEWALE	2019-2022		7350477225	raunakshewale91@gmail.com
87	SANKET CHAUDHARY	2020-2023		7057413528	sanketcgaudhari90@yahoo.co.in
88	AMIT CHIDDARWAR	2020-2023		8830590602	amitchiddarwar1993@gmail.com
89	VISHNU PRATAP	2020-2023		9881061639	vishnupratap1401@gmail.com
90	JAIDEEP DALVI	2020-2023		9021485981	jd08125@gmail.com

**Department of urology
GS Medical College And
KEM Hospital, Mumbai**

Dr. Sujata Partwardhan

Current head



Brief profile of the institute

It was in 1978 that urology was separated from general surgery and upgraded at the University of Bombay for the M. Ch degree. Dr. D. S. Pardnanani took charge as the first full time Professor and Head of recognized urology in 1980. Dr. S. V. Punekar, Professor in urology took charge in 1991. The Department of urology has contributed by bringing in the changes in the practice of urology to give it, the status of superspeciality. Urology has achieved global recognition. The members and students of this department have a major share in bringing this glory to the department.

List of Heads of Department

No	Name	Period	Mobile	Qualification	E mail
1	Dr. D. S. Pardnanani	HOD 1981 -1991	9321622846	Mch-1980	devpardnanani@hotmail.com
2	Dr. Sulabha Punekar	HOD 1991-2003	9869249510	DNB,(MNAMS) 1980	p.sulabha@gmail.com
3	Dr. Sandhya Rao	HOD 2005-2006	--	Mch	--
4	Dr. Jayesh Dabhalia	I/C 2002-2009	9820100940	Mch-1996	drjayeshdhabalia@rediffmail.com
5	Sujata Patwardhan	HOD 2009-Till Date	9819075202	Mch-1995	sujata.patwardhan@rediffmail.com

List of students from inception till date

Sr no	Name of the student	Year of Joining	Place	Cell no	E mail address
1	Dr. Edgar Francisco Silveira	1980			
2	Dr. Deepak Vasant Seth	1981			
3	Dr. Manu Sobti	1982			
4	Dr. Sharad R. Shah	1983			
5	Dr. Arun Biharilal Shah	1984			
6	Dr. Rupin Shah	1984			
7	Dr. Bhalchandra Gurukumar Parulkar	1985			
8	Dr. Sanjay Prabhakar Purohit	1985			
9	Dr. Chandrashekhar Shridhar Aparadh	1986			
10	Dr. Avinash Gulanikar	1986			
11	Dr. Atul M. Shah	1987			
12	Dr. Satej Vasant Sabnis	1987			
13	Dr. Phiroze Soonawalla	1988			
14	Dr. Kirloskar Milind Sharad	1988			
15	Dr. A. R. Prem	1989			
16	Dr. Anita Pankaj Patel	1989			
17	Dr. Anand R. Kelkar	1991			
18	Dr. Jaydeep Arun Date	1992			
19	Dr. Vasudeo Ridhorkar	1993			
20	Dr. Subodh R. Shivde	1993			
21	Dr. Abhay Dattatray Khandekar	1993			
22	Dr. Mohan K.	1993			
23	Dr. Parag M. Gavande	1994			
24	Dr. Dipen J. Parekh	1995			
25	Dr. Buch Dhiren N.	1995			
26	Dr. Atul Balkishan Soni	1996			
27	Dr. Gajanan Umakant Swami	1996			
28	Dr. Sunil Karhadkar	1997			
29	Dr. J. Satish Kinne	1997			
30	Dr. Sunil Suryakant Gogate	1998			

List of students from inception till date

Sr no	Name of the student	Year of Joining	Place	Cell no	E mail address
31	Dr. Sandeep S. Choudhri	1998			
32	Dr. Ram Kishanrao Chidrawar	1999			
33	Dr. Neil Narendra Trivedi	1999			
34	Dr. Ketul K. Shah	2000			
35	Dr. Somashekhar B. Kerudi	2000			
36	Dr. Shiv Narain Goel	2001			
37	Dr. Nilesh Jain	2002			
38	Dr. Manav Suryavanshi	2003			
39	Dr. Shal Kakkattil	2004			
40	Dr. Vikas Kumar	2005			
41	Dr. Mahendra Punia	2006			
42	Dr. Aniruddha Gokhale	2007			
43	Dr. Venkatesh Rao	2008			
44	Dr. Bhushan Patil	2009			
45	Dr. Abhishek Singh	2010			
46	Dr. Altaf Shaikh	2010			
47	Dr. Pranav Chajed	2010			
48	Dr. Sunil Mhaske	2010			
49	Dr. Anand Sharma	2011			
50	Dr. Ajay Gajengi	2011			
51	Dr. Rahul Chirmade	2011			
52	Dr. Piyush	2011			
53	Dr. Umesh Shelke	2012			
54	Dr. Vidyasagar Baheti	2012			
55	Dr. Yogesh Kaje	2012			
56	Dr. Vinayak	2012			
57	Dr. Sudarshan Daga	2013			
58	Dr. Siddhart Keni	2013			
59	Dr. Harshwardhan Tanwar	2013			
60	Dr. Anaga Kulkarni	2013			

List of students from inception till date

Sr no	Name of the student	Year of Joining	Place	Cell no	E mail address
61	Dr. Sachin Sarode	2014			
62	Dr. Dipak Kaddu	2014			
63	Dr. Yash Pamecha	2015			
64	Dr. Rishikesh Velhal	2015			
65	Dr. Sheshang Kamath	2016			
66	Dr. Neerja Tillu	2016			
67	Dr. Amit B.	2017			
68	Dr. Pankajkumar Z.	2017			
69	Dr. Nikhar Jain	2017			
70	Dr. Nikhilesh J.	2018			
71	Dr. Hitesh Kamal	2018			
72	Dr. Tarun R.	2019			
73	Dr. Kamlesh Singh	2019			
74	Dr. Ankit V.	2019			
75	Dr. Aadhar Jain	2019			
76	Dr. Supradip N	2020			
77	Dr. Gaurav Malvi	2020			
78	Dr. Nirmal Agrwal	2020			
79	Dr. Saumya Nayak	2020			

B.Y.L Nair Ch Hospital & TNMC, Mumbai

Dr H R Pathak
Current head



of the department in year 1995 and the 1st Cadaveric transplant was done in year 1997. Under his guidance a dedicated Pediatric Urology OPD was started which is the only such OPD in Maharashtra. The department since then has a very high operative load of endourology with more than 2000 endourological procedures done annually. First RIRS and HOLEP were done in year 2008. Many educational workshops and seminars were conducted at the department including Holmium laser workshop in year 2008, Tumour Board, RIRS workshop in year 2016, 2017 and 2019 and URORECON in May 2019 which was attended by urologist throughout the country. Modular OT was commenced on 30 July 2018 further augmenting transplant programme. Recent acquisitions by the department are, state of art Siemens C Arm, Urodynamic system and 100-Watt Holmium laser machine. The aim of the department has always been to provide the latest state of art technology to more than 16000 OPD patients and 2000 IPD patients who are treated by us annually. A dedicated Andrology Clinic has been started in February 2021. The academic achievements of the postgraduate students and faculty are result of the able training done by Professors and faculty

Brief profile of the institute

The Department started in the year 1990 under the astute leadership of Dr Shobha Lal (Professor and Head), Dr Harshad Punjani and Dr Hemant Pathak. A separate urology OT with 25 bedded male and 10 bedded female wards were established. The department had its first postgraduate student in the year 1992 which increased to 3 in 2010. First Urodynamic machine in Maharashtra was installed in year 1985. Dr Hemant Pathak took over as head

within a very positive and encouraging atmosphere. Constant upgradation and maintenance of the department has been possible due to various donations via the MCGM, Budhrani trust, Bagadiya Brothers, Nair Alumni and Gharda Chemicals to whom we are grateful.

List of Teaching faculty

Present Faculty

No	Name	Post	Contact	E mail id
1	Dr Hemant Pathak	Professor and HOD	9820364294	hemantrpathak@gmail.com
2	Dr Mukund Andankar	Professor	9820159060	mukundandankar@gmail.com
3	Dr Tarun Jain	Associate Professor	9892985082	Tarunjain891986@gmail.com
4	Dr Sandesh Parab	Assistant Professor	9820708171	sandy17187@yahoo.co.in
5	Dr Priyank Kothari	Assistant Professor	9819064424	pdkothari1990@gmail.com

Heads of Department

No	Name	No	Tenure	E mail
1	Dr.Shobha Lal		1991-1995	
2	Dr.Hemant Pathak	9820364294	1995 – till date	hemantrpathak@gmail.com

Other teaching Faculty

No	Name	Contact No	Tenure	Post	E mail id
1	Dr Anil Bradoo	9820303774	1993-94	Asst Prof	bradooa@gmail.com
2	Dr Rajesh Bhatt	9930301831	1992-97	Asst Prof	drmbhatt@gmail.com
3	Dr Ramesh Mahajan	9820183413	1994-96	Asst Prof	uromahajan@gmail.com
4	Dr Sandhya Rao		2000 – 05	Associate Professor	sandyrrao@gmail.com
5	Dr Jayesh Dabalia	9820100940	2000-02	Associate Prof	drjayeshdhabalia@rediffmail.com
6	Dr Mukund Andankar	9820159060	1999-06 2006-12	Asst Prof Prof Associate	mukundandankar@gmail.com
7	Dr Sanjay Swain		2006-09	Asst Prof	s.swain@med.miami.edu
8	Dr Vikash Kumar	9820163302	2014-2015	Associate Prof	drvikashkumar2010@gmail.com
9	Dr Rajeev Desai	447438314156	2013-2016	Associate Prof	drdesairajiv@yahoo.co.in
10	Dr Piyush Singhania	9324964818	2009-2011	Asst Prof	piyushsngn@yahoo.co.in
11	Dr Amit Sharma	8691898668	2015 - 19	Asst Prof	dramiturology@gmail.com

List of students from inception till date

Sr. No.	NAME OF THE STUDENT	TENURE	MOBILE NO	E-MAIL ID	City
1	Dr. Vinod Joshi	1990 to 94	9869233790	vinod65@gmail.com	Mumbai
2	Late Dr Sameer Desai	1991 to 94			
3	Dr Ramesh Mahajan	1992 to 94	9820183413	uromahajan@gmail.com	Mumbai
4	Dr Mukti Senapati	1992 to 95	9431386119	mksenapati1@gmail.com	Ranchi
5	Dr Sandhya Rao	1993 to 96	1 408-507-5739	sandyrrao@gmail.com	California. USA
6	Dr Rajendra Shivannavar	1993 to 96	9422406810	rssshivannavar@gmail.com	Miraj
7	Dr Vivek Maste	1994to 97	9821761880	vivekmaste@yahoo.com	Borivali
8	Dr Raviraj Raykar	1994 to 97	9448117647	ravirajraykar1@gmail.com	Hubli
9	Dr Abhay Mahajan	1995 to 98	9822321224	drabhaymahajan@gmail.com	Aurangabad
10	Dr Madhav Sanzgiri	1996 to 99	9822103595	sanzms2003@yahoo.com	Goa
11	Late Dr Nilesh Ranganekar	1996 to 99			
12	Dr Imdad Ali	1997 to 2000	9448075553	drimdadali@gmail.com	Belgaum
13	Dr Vijay Dahiphale	1997 to 2000	9822326248	drvijaydahiphale@gmail.com	Aurangabad
14	Dr Sanjeev Kaul	1998 to 2001	13134859479	sanjeevkumar.kaul@chs-mi.com	Michigan, USA
15	Dr Basavesh Patil	1998 to 2001	9880367898	basaveshspatil@gmail.com	Bagalkot
16	Dr Deepak Bolbandi	1999 to 2002	9448011263	deepakbolbandi@gmail.com	Hyderabad
17	Dr Ninaad Awsare	1999 to 2002	4.47799E+11	ninaad_awsare@hotmail.com	Chester,UK
18	Dr Vinay Chougule	2000 to 03	9325001151	drvinayc74@gmail.com	Kolhapur
19	Late Dr Kalyan Babli	2000 to 03			
20	Dr Vikas Jhunhunwala	2001 to 04	9336080082	vikasjw@gmail.com	Kanpur
21	Dr Prabal Biswas	2002 to 2005	9323932194	prawal_biswas@yahoo.com	Mumbai
22	Dr Siddhalingeswar Neeli	2002 to 2005	9880977367	sineeli@gmail.com	Belgaum
23	Dr Abhilash Anthony	2003-06	9495318388	drabhilashantony@gmail.com	Kannur
24	Dr Surendra Srivastava	2003 -06	9301970015	drskshrivastava@yahoo.com	Bhopal
25	Dr Rahul Kapur	2004-07	9755037246	drrahulkapoor@yahoo.com	Raipur
26	Dr Fanindra Solanki	2004-07	9424314043	fanindrasolanki@gmail.com	Jabalpur
27	Dr Bhupendra Singh	2005-08	7607858018	bpsbhu@yahoo.com	Lucknow
28	Dr Piyush Singhania	2005-08	9324964818	piyushsngn@yahoo.co.in	Vashi
29	Dr Krishanu Das	2006-09	97366907199	drkrishanu_das@yahoo.co.in	Bahrain
30	Dr Vimal Dassi	2006-09	9873349613	drvimaldassi@gmail.com	Delhi

List of students from inception till date

Sr. No.	NAME OF THE STUDENT	TENURE	MOBILE NO	E-MAIL ID	City
31	Dr Vipul Agrawal	2007-10	9999919574	vipags@gmail.com	Dubai
32	Dr Harish Kaswan	2007-10	7597649137	drharishkaswan@gmail.com	Jaipur
33	Dr Mayank Rastogi	2008-11	7417560616	drmayank08@rediffmail.com	Bareilly
34	Dr P.Vamsi Krishna	2008-11	9490190102	vamsiurologist@gmail.com	Hyderabad
35	Dr Amarendra Choudhury	2009-12	9757411166	dramaruro@gmail.com	Vashi
36	Dr Alagappan Chockalingam	2009-12	9791788768	dralgates09@gmail.com	Trichi
37	Dr Amit Kolekar	2010-13	9920211007	amitko_1999@yahoo.com	Mumbai
38	Dr. Ashish Chhajer	2010-13	9907742434	drashishmch@gmail.com	Indore
39	Dr Rana Kumar	2010-13	9892654280	dranakumar05@gmail.com	Noida
40	Dr Dhiraj Hedda	2011-14	9028185040	drhdhiraj@rediffmail.com	Latur
41	Dr Manu Sharma	2011-14	7690927237	drmanusharma@rediff.com	Rajasthan
42	Late Dr Pankaj Chaudhary	2011-14			
43	Dr Radheshyam Chaudhari	2012-15	9421841207	drshyamradhe@gmail.com	Nashik
44	Dr Irfan Shaikh	2012-15	7276375388	drirfanshaikh.social@gmail.com	Pune
45	Dr Amit Sharma	2012-15	8691898668	dramiturology@gmail.com	Raipur
46	Dr Kunal Meshram	2013-16	7738906549	themekunal@gmail.com	Dubai
47	Dr Tarun Jain	2013-16	9892985082	doctarunjain@gmail.com	Mumbai
48	Dr Sachin Bhujbal	2013-16	9930002812	dr.sabhujbal@gmail.com	Mumbai
49	Dr Narsingh Mane	2014-17	9987409430	narsingkjn@gmail.com	Nashik
50	Dr Abhijit Patil	2014-17	7710035383	dr.abhip@gmail.com	Nadiad
51	Dr Chetan Gaddekar	2014-17	9619856229	chetangaddekar9@gmail.com	Mumbai
52	Dr Sandesh Parab	2015-18	9820708171	drsandesparab@gmail.com	Mumbai
53	Dr Gaurav Goyal	2015-18	9630538862	drgauravgrmc@gmail.com	Raipur
54	Dr Sudarshan Jadhav	2015-18	9503476681	sudarshan57jadhav@gmail.com	Aurangabad
55	Dr Anil Pawar	2016-19	8452002787	anil.pwr@gmail.com	Aurangabad
56	Dr Aakil Khan	2016-19	7045727387	aakilkhan694@gmail.com	Thane
57	Dr Varun Agrawal	2016-19	9819811788	drvarunagarwal11@gmail.com	Mumbai
58	Dr Priyank Kothari	2017 -20	9819064424	pdkothari1990@gmail.com	Mumbai
59	Dr Jitendra Malviya	2017 -20	9987240150	jitu.malviya979@gmail.com	Vasai
60	Dr Ajit Patel	2017 -20	7715070186	drajit87@gmail.com	Nagpur

List of students from inception till date

Sr. No.	NAME OF THE STUDENT	TENURE	MOBILE NO	E-MAIL ID	City
61	Dr Naresh Kaul	2018	9560394991	nareshkaul@gmail.com	Delhi
62	Dr Siddharth Gupta	2018	9968859554	sidd_20_9@yahoo.com	Delhi
63	Dr Abheesh Hegde	2018	9900924015	abhi.vhegde@gmail.com	Mangluru
64	Dr Prasad Brahme	2019	9867083812	brahmeprasad@gmail.com	Mumbai
65	Dr Maitreyi Joshi	2019	9727724491	dr.maitreyjoshi@gmail.com	Rajkot
66	Dr Neel Patel	2019	9426580017	drneelmpatel@gmail.com	Ahmedabad
67	Dr Chetan Tikar	2020	8355845726	crtikar@gmail.com	Akola
68	Dr Dip Joshi	2020	9909930014	dipjoshi2311@gmail.com	Valsad
69	Dr Pradeep Jain	2020	8319271169	docpradeep31@gmail.com	Raipur

Grant Medical College and Sir JJ Group of hospitals, Mumbai
This institute has two units:
SIR JJ Hospital and ST George's Hospital, Mumbai

Dr Venkat Gite

Current head



Brief profile of the institute

Mumbai's first dedicated Urology Unit was established in St George's Hospital in the early 1960s under the late Dr B J Colabawalla, who was also the founding Secretary of the Urological Society of India. Dr Anup Gokarn later joined Dr Colabawala, and the Urology Unit grew to become the premier Urology referral centre in Mumbai. Later Dr G H Tilak started a urology unit in Sir JJ Hospital. Stalwarts like Dr M H Kamat, Dr S S Joshi, Dr A V Rao and Dr Percy Jal Chibber worked in these departments. At present department of Urology at Sir JJ hospital, which has 30 beds is headed by Dr Venkat

Arjunrao Gite. All kinds of procedures, diagnostic as well as therapeutics are performed at JJ hospital. The department has facilities like ESWL and urodynamic studies. Along with that various surgeries like endoscopy, laparoscopy, open and reconstructive surgeries are performed at Sir JJ Hospital, catering to the vast population of Maharashtra and nearby states. Recently the department got the permission to start fellowship in reconstructive urology approved by MUHS becoming the only government centre to have such fellowship under the course director Dr Venkat Arjunrao Gite.

Heads of the department

No	Faculty	Post	Tenure
1	Dr G H Tilak	Hon Prof & Head	1979-1982
2	Dr M H Kamat	Hon Prof & Head	1982-1994
3	Dr Percy Jal Chibber	Asst Hon	1982-1995
4	Dr A V Rao	Asso Prof & Head	1994-1994
5	Dr Percy Jal Chibber	Hon Prof & Head	1995-1999
6	Dr A V Rao	Prof & Head	1999-2006
7	Dr Jagdish Balu Bhawani	Head	2008-2011
8	Dr Mohd Ayub Siddiqui	Asso Prof & Head	2011-2017
9	Dr Mohd Ayub Siddiqui	Ad Hoc Prof HOD	2018
10	Dr Venkat Arjun Gite	Asso Prof & Head	2018-2020
11	Dr Venkat Arjun Gite	Prof & Head	2020-till date

Faculty List Sir JJ Hospital

(arranged chronologically according to joining year)

No	Faculty	Post	Tenure
1	Dr G H Tilak	Hon Prof & Head	1979-1982
2	Dr M H Kamat	Asst Hon Prof	1979-1982
3	Dr M H Kamat	Hon Prof & Head	1982-1994
4	Dr S S Joshi	Asst Hon Prof	1979-
5	Dr Mahavir Kothari	Lecturer	1979-
6	Dr A A Rawal	Lecturer	1980-
7	Dr Suresh Sharma	Lecturer / Reader	1981-1986
8	Dr Percy Jal Chibber	Asst Hon	1982-1995
9	Dr Percy Jal Chibber	Hon Prof & Head	1995-1999
10	Dr Percy Jal Chibber	Hon Prof	1999-2007
11	Dr Jagdish Balu Bhawani	Lecturer	1982-2008
12	Dr Jagdish Balu Bhawani	Head	2008-2011
13	Dr Anil M Shrikhande	Lecturer	1994-1997
14	Dr A V Rao	Asso Prof & Head	1994-1994
15	Dr A V Rao	Prof & Head	1999-2006
16	Dr Prashant Mulawkar	Lecturer	1996-1997
17	Dr Ajay Oswal	Lecturer	1997-1998
18	Dr Martand Patil	Asst prof	1997-
19	Dr Anil M Khandkar	Asst Hon Prof	2001-
20	Dr Shahid Khan	Lecturer	2002-
21	Dr Harshad Punjani	Asst Hon	2003-2010
22	Dr Hemali Trivedi	Lecturer	2005-2008
23	Dr Vatsala Trivedi	Hon Prof	2007-2010
24	Dr Saurabh Singh	Lecturer	2009-2012
25	Dr Mahesh Sane	Asst Hon Prof	2011-
26	Dr Mohd Ayub Siddiqui	Asso Prof & Head	2011-2017
27	Dr Mohd Ayub Siddiqui	Ad Hoc Prof HOD	2018
28	Dr Somen Dey	Lecturer	2012-2013
29	Dr Venkat Arjun Gite	Asso Prof	2013
30	Dr Venkat Arjun Gite	Asso Prof & Head	2018-2020

Faculty List Sir JJ Hospital

(arranged chronologically according to joining year)

No	Faculty	Post	Tenure
31	Dr Venkar Arjun Gite	Prof & Head	2020-till date
32	Dr Ashish Gupta	Lecturer	2013
33	Dr Sachin Bote	Lecturer	2015-2017
34	Dr Salim Omer Shaikh	Lecturer	2017-
35	Dr Jay Dharamshi	Lecturer	2017
36	Dr Rohan Jajoo	Lecturer	2018
37	Dr Bhushan Dodia	Lecturer	2018-
38	Dr Gaurang Shah	Asst Hon	2019-till date
39	Dr Pankaj Maheshwari	Asst Hon	2019-till date
40	Dr Joseph Sengol	Lecturer	2019-
41	Dr Saurabh Kale	Lecturer	2019-
42	Dr Prakash Sankapal	Lecturer	2020-
43	Dr Mudit Maheshwari	Lecturer	2020-
44	Dr Sabby Dias	Lecturer	2020-
45	Dr Akash Shah	Lecturer	2021-
46	Dr Naresh Badlani	Lecturer	2012-

Faculty List St George's Hospital (arranged chronologically according to joining year)

No	Faculty	Post	Tenure
1	Dr. Burjorji Nusserwanji Colabawalla (Dr Colabawalla started Urology unit in St Georges Hospital in 1961 This was the first urology unit independent of General surgery in India.)	Hon Prof & Head	1961-1976
2	Dr Anup Gokarn	Asst Hon Prof	1963-1977
3	Dr Anup Gokarn	Hon Prof HOD	1977-1979
4	Dr A V Rao	Asso Prof HOD	1979-2006
5	Dr Anil Khandkar	Asst Hon Prof	1983-
6	Dr Raut	Lecturer	1984-
7	Dr J B Bhawani	Lecturer	1997-
8	Dr J B Bhawani	HOU	2012-2017
9	Dr Ajay Oswal	Lecturer	1998-1999
10	Dr Ayub Siddiqui	Lecturer	2002-2006
11	Dr Ayub Siddiqui	Ass Prof HOU	2007-2012

Alumni List

Sr no	Name of the student	Year of Joining	Place	Cell no	E mail address
1	Ashique Rawal	1980	Mumbai	9820049466	ashiqraval@yahoo.co.in
2	Suresh Sharma	1980	-	99308 65464	-
3	Suresh Patankar	1980	Pune	9881256992	sureshpatankarace@gmail.com
4	J P Bhawani	1981	Mumbai	-	
5	Pradeep Bhawe	1982	Thane	9820152164	poojanhome@gmail.com
6	Suresh Rawat	1983	-	-	
7	Martand Patil	1984	Aurangabad		
8	Krishna Patil	1984	-	-	-
9	Jagdish Kulkarni	1984	Mumbai	9820021490	jnkulkarni@gmail.com
10	Prakash Vaswani	1984	Mumbai	9820022025	pn.vaswani@gmail.com
11	Rajan Patni	1984	Nashik	9823086500	rajanpatani@yahoo.com
12	Sharad Sagade	1985	Mumbai	(expired)	
13	Gaurang Shah	1986	Mumbai	9821019432	drgrshah@gmail.com
14	Mobin Siddiqui	1986	Dhule	9823155884	siddiquimms@gmail.com
15	Anil Shrikhande	1987	Nagpur	9823017600	anilshrikhande1996@gmail.com
16	Anil D Huddedar	1987	Karad	9422401068	dranilhuddedar@gmail.com
17	Prakash Patwardhan	1987	Pune	9822051576	drprakashurosurgeon@gmail.com
18	Dhiraj Shah	1988	Mumbai	9820181474	drdhirajshah@gmail.com
19	Rajeev Kore	1988	Kolhapur	9822015130	korern@hotmail.com
20	Deepak Gupta	1988	-	-	-
21	Niraj Sharma	1988	Rajkot	9176665992	docneerajsharma79@gmail.com
22	Naresh Rao	1989	Pune	9822057168	nrrao31@yahoo.com
23	Rajesh Soni	1989	Nagpur	9970163632	rpsoni806@gmail.com
24	Anand Malik	1989	Aurangabad	-	-
25	Madhav Vaze	1989	Goa	9822124476	waze2003@gmail.com
26	Shishir Jirge	1990	Kolhapur	9881848935	shishirjirge@gmail.com
27	Ketan Desai	1990	Mumbai	9820042861	drkmdesai63@gmail.com
28	Vivek Birla	1990	Thane	9322233605	manjushreebirla@yahoo.com
29	Rajeev Joshi	1992	Mumbai	9820106028	rajeevjoshi11@hotmail.com
30	Manidipto RoyChuwdhary	1992	-	-	-

Alumni List

Sr no	Name of the student	Year of Joining	Place	Cell no	E mail address
31	Dinesh Suman	1992	New Delhi	-	-
32	Bharat Khetey	1992	Gulbarga	-	-
33	Ramesh Raju	1992	Vishakhapatnam		--
34	Atul Mokashi	1992	Thane	9820045815	mokashinursinghome@gmail.com
35	Debashish Sengupta	1992	Dubai	-	-
36	Pankaj Maheshwari (Mum)	1993	Mumbai	8879350085	dr.maheshwaripn@gmail.com
37	Akhilesh Chandra (Lucknow)	1993	Lucknow	-	-
38	Nagesh Kamat (Vadodara)	1993	Vadodara	9376215277	kamatnn@gmail.com
39	Prashant Mulawkar	1993	Akola	9823043864	pmulawkar@hotmail.com
40	Shrawan Singhani (Guwahati)	1994	Guwahati	-	-
41	Ajay Oswal (Aurangabad)	1994	Aurangabad	9422180051	ajayoswal@gmail.com
42	Sushil Bhatia (Indore)	1994	Indore	9425062299	drsushilbhatia@gmail.com
43	Ketan Shukla	1994	Ahmedabad	9825097767	ketanshukla1968@gmail.com
44	Nanjappa (Mum)	1995	Kalyan	9820106425	drnanjappa@yahoo.in
45	Gyanendra Sharma (Solapur)	1995	Solapur	9822195058	drgrsharma@gmail.com
46	Ajay Parashar (Raipur)	1995	Raipur	9425502713	drajayp67@gmail.com
47	Sumit Mehta	1996	(Mumbai)	9833622001	sumitvmehta@hotmail.com
48	Rakesh Khera	1996	(Delhi)	-	-
49	Pramod Choudhary	1996	(Mumbai)	-	-
50	Sharad Somani	1997	(A'bad)	9822036100	suyashnursinghome@gmail.com
51	Sadashiv Bhole	1997	(NGP)	9822041307	sadashivbhole@gmail.com
52	Anjali Bhosle	1998	(Mumbai)	9819298251	dranjolib@rediffmail.com
53	Yuvaraja TB	1998	(Mumbai)	9321322505	tb.yuvaraja@gmail.com
54	Ayub S	1998	(Mumbai)	-	-
55	Hemendra Shah	1999	(US)	9869346201	drhemendrashah@yahoo.co.in
56	Dhawal Rasal	1999	(pune)	9422362218	dhawalrasal@hotmail.com
57	Samir S	2000	(Mumbai)	-	-
58	Ganesh Bakshi	2000	(Mumbai)	9869331584	gkbakshi1973@gmail.com
59	Narendra Wankhade	2000	(Nagar)	9822047115	nhwankhade@gmail.com
60	Pritesh Jain	2001	(Gwalior)	9.19893E+11	drjainmch@gmail.com

Alumni List

Sr no	Name of the student	Year of Joining	Place	Cell no	E mail address
61	Vipin Gupta	2001	(Delhi)	-	-
62	Sandip Sharma	2001	(Jalinder)	-	-
63	Narendra S	2002	(Bangalore)	-	-
64	Ashish Dhande	2002	(Mumbai)	-	-
65	Rajiv TP	2002	(Mangalore)	-	-
66	Amit Bhat	2003	Mumbai	9821929080	dramitbhat@gmail.com
67	Jay Murugan	2004	(Coimbatore)	-	-
68	Saurabh singh	2005	(UAE)	9920530324	drsaurabh1977@gmail.com
69	Kumar Raj	2006	(Mysore)	-	-
70	Santosh BS	2007	(Bangalore)	-	-
71	Souymen Dey	2008	(Mumbai)	-	-
72	Dhananjay Selukar	2009	(Nagpur)	9225234197	vazirgmc@gmail.com
73	Aashish Gupta	2010	(Mumbai)	9833072976	drashishgupta79@yahoo.co.in
74	Sachin Bote	2011	Solapur	9552542856	drsachinbote81@yahoo.com
75	Jay Dharamasi	2012	Pusad	9892501998	jdsmile030680@gmail.com
76	Saurabh Patil	2013	-	-	-
77	Jayant Nikose	2014	Nagpur	-	dr.jayantnikose@gmail.com
78	Hitesh Jain	2015	-	-	-
79	Atul Singal	2016	-	-	-
80	Prakash Sankapal	2017	-	-	-
81	Mayank Agrawal	2018	-	-	-
82	Vivek Shaw	2019	-	-	-
83	Shashank Sharma	2020	-	-	-

**MGM Medical College,
Navi Mumbai**

Dr Piyush Singhania
Current head

Brief profile of the institute

Department of Urology was established in MGM Medical College in 2011. In 2012, after developing sufficient clinical work, the department was granted 2 DNB seats. In 2013, MCI inspection was carried out and 1Mch.(Urology) seat was granted. In 2020, MCI reinspected the department and increased the intake to 3 Mch seats every year. The department provides entire spectrum of endourology, urolaparoscopy, reconstructive urology, paediatric urology and oncurology services. The department is well equipped and also has State of the art Siemens Variostar ESWL machine. The department has an

active and robust academic programme and has published 19 publications in indexed journals. The Department is now under the leadership of Professor & HOD Dr.Piyush Singhania (2018-present). Dr V.K Subramanium is the Associate Professor and Dr. Ajinkya Patil is the Assistant professor.

List of Teaching faculty

Past Faculty

Sr. No.	Name	Position	Duration	Contact No.	E mail address
1	Dr.Nitin Joshi	Ex.HOD	2013-2018		
2	Dr.Sanish Shringarpure	Ex.Assistant Professor			

Present Faculty

Sr no	Name	Post	Duration	Cell no	E mail address
1	Dr Piyush Singhania	Prof & Hed	2018-till date		
2	Dr V K Subramanium	Associate Prof			
3	Dr Ajinkya Patil	Assistant Professor			

List of students from inception till date :MCh Urology Course

Sr no	Name of the student	Year of Joining	Place	Mobile	E mail address
1	Dr Joseph S	2016			
2	Dr Parth Nathwani	2017			
3	Dr Dheeraj Shamsukha	2018			
4	Dr Ajinkya Patil	2020			
5	Dr Aman Agarwal	2020			

List of students from inception till date :DNB Urology Course

Sr no	Name of the student	Year of Joining	Place	Mobile	E mail address
1	Dr Rajpal Lamba	2017			
2	Dr Nandkishor Raut	2017			
3	Dr Saket Sathe	2018			
4	Dr Neeraj Tiwari	2018			

Aditya birla Memorial Hospital Pune

Dr Anand Dharaskar
Current head



Brief profile of the institute

The department of urology was set up right in the beginning of Hospital in November 2006 by Dr Pankaj Maheshwari and others . Hospital is 500 bedded tertiary care set up accredited by JCI , NABH, NABL and national board of examinations. Department is well equipped with Dornier lithotripter, 100 W holmium by Luminus, flexible URS ,4K and 3 D laparoscopy along with da Vinci surgical robot. All sort of endourology procedures like RIRS mini PCNL URS TURP and HoLEP are routinely done. Kidney transplant programme is very well established with more than 330 transplants done so far including Pediatric

and ABO incompatible ones. Female urology and reconstructive urology , uro-oncology are other areas of expertise available in department. Department works in close association with Nephrology for vascular access and CAPD catheter placement and academic interests. DNB UROLOGY curriculum (1 seat)was started in year 2020 in ABMH . This year second student was accepted.

List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	E mail address
1	Dr Anand Dharaksar		11 years	9922009251	
2	Dr Rahul Patil		2 years		
3	Dr Akhilesh mane		2 years		

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
1	Dr Sumit Chaudhary	2020			
2	Dr Faizan Mohammad	2021			

Deenanath Mangeshkar Hospital and Research Centre, Pune

Dr. Subodh R Shivde
consultant and Head



Brief profile of the institute

Awaited

Sr no	Name	Post held	Duration	Cell no	E mail address
1	Dr. Subodh R Shivde	consultant and Head			
2	Dr Prakash Patwardhan				
3	Dr. Deepak Bhirud	Lecturer			

List of students from inception till date

Sr no	Name of the student	Year of Joining	Place	Mobile	E mail address
1	Dr. Gorde Vaibhav Arunrao	Jul-06			
2	Dr. Pankaj Joshi	Jul-07			
3	Dr. Raja Langer	Jan-08			
4	Dr. Deshmukh Hrishikesh Satish	Jan-09			
5	Dr. Nilesh Anil Sadawarte	Jan-10			
6	Dr. Khairnar Prashant Laxman	Jan-11			
7	Dr. Imran Mir	Jan-12			
8	Dr. Kaustubh Babubhai Patel	Jan-13			
9	Dr. Ram Naresh Daga	Jan-14			
10	Dr. Ghule Rahul Ramdas	Jan-15			
11	Dr. Mane Akhil Sarjerao	Jan-16			
12	Dr. Akshay Shyamlal Nathani	Jan-17			
13	Dr. Gopal Omprakash Rathi	Jan-17			
14	Chetan Rajendra Kulkarni	Jan-18			
15	Swapnil Prakash Vaidya	Jan-18			
16	Nayan Jethabhai Odedra	Jul-19			
17	Ankit Joshi	Jul-19			
18	Chaudhari Gajanan Ramesh	Jul-20			

**Bharati Vidyapeeth
(Deemed to be University)
Medical College, Pune-411043**

Dr. Brig D K Jain
Current head

Brief profile of the institute

Department was established since Jan 2014 and was permitted by MCI for yearly uptake of two M Ch candidates since 2016 and finally recognized in 2019 when first batch of two M Ch candidates passed out successfully from the department. Since then one more batch of two MCh candidates passed out successfully in 2020. Dept is well equipped with all modern endoscopic and laparoscopic equipments. Dept has a well structured training program and all residents are encouraged to get hands on experience of all major urological procedures during the course of training, Dept is headed by Dr (Brig) D

K Jain , M Ch, Professor, since its inception. All Faculty and residents are encouraged and incentivized for participating in academic and research activities, as a result about 20 papers have been published in national and international journals in last three years all residents present papers in national and international conferences. Alumni of the dept are very well established in their practice in society in short time after their passing out from this dept. Four alumni of this dept are as follows :-

List of Teaching faculty

List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	E mail address
	Dr Brig D K Jain	Professor and Head	2014 till date		
1	Dr Ketan Vartak,	MCh, Professor			
2	Dr Sachin Patil	MCh, Asso Prof			
3	Dr Rajesh Dhake	M Ch, Asst Prof			
4	Dr Shams Iqbal	DNB, Asst Prof			
5	Dr Hrishikesh Deshmukh	DNB, Asst prof			
6	Dr Pawan Rhangdale	DNB, asst Prof			

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
1	Dr Ksihtij Raghuvanshi	-			
2	Dr Abid Raval	-			
3	Dr Ashish Yevale	-			
4	Dr Siddharth Dube	-			

**Fortis Hospital Mulund,
Mulund, Mumbai**

Dr. Pankaj maheshwari
Current head



Brief profile of the institute

Fortis Hospital Mulund started in 2004. Two seats for DNB Urology have been approved recently in 2021. This is a well-equipped urology department with facilities for endourology, holmium laser, ESWL, urodynamics, kidney transplant and robotic urology. All aspects of adult and pediatric urology are managed at Fortis Hospital Mulund

List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	E mail address
1	Pankaj N Maheshwari	Senior consultant & Chief	2013-date	8879350085	Dr.maheshwaripn@gmail.com
2	Ramesh Mahajan	Senior Consultant	2004-date	9820183413	uromahajan@gmail.com
3	Saurabh Patil	Consultant	2019-date	8422979398	dr.saurabhpatil@gmail.com
4	J N Kulkarni	Visiting Consultant	Jan 2021-date	9820021490	jnkulkarni@gmail.com
5	Suresh Bhagat	Consultant	2018-date	9646350900	drskbhagat@gmail.com
6	Anjali Bhosale	Consultant	2012-date	9819298251	
7	Deepak Gupte	Visiting consultant	Jan 2021-date	9820055990	deepakgupte62@gmail.com
8	Dhruvi Mahajan	Visiting Consultant	2020-date	9819088234	drdhrutimahajan@gmail.com

List of students from inception till date

We are yet to receive our first batch of students

**SIR. H. N. Hospital N Research
Centre Girgaon Mumbai**

Dr. Nayan Sanghvi
Current head

Brief profile of the institute

Sir H. N. Hospital was founded in 1925 by Gordhandas Bhagwandas Narottamdas, Inaugurated by Lesli Wilson the Governor of Bombay. UROLOGY Department was started in 70s under Dr. C. T. Patel as Head of department. He was also the first teacher in Sion hospital among three for MCh urology in 1980. Dr A. R. Patel as associate Hon. Dr Nayan sanghavi as assistant Hon in 1981. Dr Nayan Sanghvi became head of department urology in 1996

List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	E mail address
1	Dr C. T. PATEL	HOD	Till 1996		
2	Dr Nayan Sanghavi	HOD	1996 to present	9821111964	
3	Dr VINIT SHAH	Associate	1994	9821116004	
4	DR GAURANG R. SHAH	ASSOCIATE	2000	9821019432	

List of students from inception till date

Sr no	Name	Year of Joining	Place	Cell no	E mail address
1	Dr Mukesh Shah				
2	Dr Kamlesh Patel				
3	Dr SM. Bokade	1999			
4	Dr. Rajesh Ganatra	2000			
5	Dr Rajkumaar Khasgiwal	2001		9352005770	
6	Dr. Vivek Jha	2002		9826720200	
7	Dr Hiren Sodha	2003		9821555501	
8	Dr Pranay Vijaywargiya	2004		7742178142	
9	Dr. Shivraj Tengse	2005			
10	Dr. Sachin Pahade	2006		9987073399	
11	Dr Rajeev Desai	2007			
12	Dr Vimal Keswani	2010		9987400703	

**RUBY HALL CLINIC,
PUNE**

Dr. Rajeev Chaudhary
Current head



Brief profile of the institute

In 1992, Department of Urology was established in prestigious tertiary care centre, Ruby Hall Clinic, Pune and started to provide DNB (Genitourinary Surgery) Urology degree since 2003. Till date department has 29 alumni from all over the nation. Department of urology is known for its academic activities. It also provides exposure to open, endourologic, laparoscopic, Paediatric & Reconstructive and robotic surgeries to the students. Department is well known for its hands-on experience and research work for the residents.

List of Teaching faculty

Sr no	Name	Post held	Duration	Cell no	E mail address
1	Dr. Rajeev Chaudhari	Professor & Head of Department	1995-till date	9822052661	rrcpune@gmail.com
2	Dr. Shirish Yande	Professor	1990 – till date	9822038848	Shirishdyande@gmail.com
3	Dr. Bhoopat Bhati	Assistant Professor	2012 – till date	9881237992	drbhoopatbhati@gmail.com
4	Dr. Himesh Gandhi	Assistant Professor	2015-till date	9048069848	Himeshgandhi1983@gmail.com

List of students from inception till date

Sr no	Name	Year of Joining	Cell no	E mail address
1	Dr. Vitthal Krishna	2003-06	9822604007	vitthal.krishna@gmail.com
2	Dr. Abhijeet Phade	2003-06		
3	Dr. Deepakkumar Mane	01.07.04 - 30.06.07	9371009103	deepak_mane@yahoo.com
4	Dr. VikramSarda	01.07.05 - 30.06.08	9823061152	
5	Dr. Bhoopatsingh Bhati	01.07.06 - 30.06.09	9881237992	drbhoopatbhati@gmail.com
6	Dr. Chintaman Choudhary	01.01.07 - 31.12.10	9423186852	drchintaman@gmail.com
7	Dr. Rahul Potode	01.03.08 - 28.02.11	9370101378	
8	Dr. Ibrahim Kothawala	20.02.09 - 19.02.12	9960778652	dribrahimkothawala@gmail.com
9	Dr. Niraj Shah	30.04.10 - 29.04.13	9892222565	drnirajshah@gmail.com
10	Dr. Sanjay Dhangar	09.03.12 - 08.03.15	9326509990	sanjayamrapali18@gmail.com
11	Dr. Ravi Jain	11.02.13 - 10.02.16	7507008531	ravijainy2k@gmail.com
12	Dr. OmkarJoglekar	28.01.14 - 27.01.17	9561687131	drom2002@gmail.com
13	Dr. UlhasNikam	07.03.15 - 06.03.18	9619044304	ulhas121@gmail.com
14	Dr. Dipen Patel	07.03.15 - 06.03.18	9112075062	dipen23patelr@gmail.com
15	Dr. ShahilKhant	07.03.15 - 06.03.18	9112030141	shahil_141@yahoo.co.in
16	Dr. Satyadeo B. Sharma	13.02.16 - 12.02.19	7772967744	satyadeo2004@gmail.com
17	Dr. KrutikRaval	17.02.16 - 16.02.19	7350079372	krutik_raval@yahoo.com
18	Dr. Rishikesh Kore	17.02.16 - 16.02.19	7350079372	hrishi.kore@gmail.com

List of students from inception till date

Sr no	Name	Year of Joining	Cell no	E mail address
19	Dr. Darshan Patel	21.03.17 - 20.03.20	9099019151	darshan1820@gmail.com
20	Dr. Priyank Shah	21.03.17 - 20.03.20	9428802114	priyank311288@gmail.com
21	Dr. Bonny Shah	21.03.17 - 20.03.20	9998902215	bonnyshah45@gmail.com
22	Dr. Pranaykumar J. Patel	26.03.18 - 25.03.21	8141723999	pranaypatel168@gmail.com
23	Dr. Vijaykumar Shukla	28.03.18 - 27.03.21	8227010609	vijayshukla109@gmail.com
24	Dr. Kunal Borade	28.03.18 - 27.03.21	7710010718	krunal.406@gmail.com
25	Dr. Suraj T. Bhondave	28.08.19 - 27.08.22	7447304703	dr.surajb@gmail.com
26	Dr. Tarun Singh	09.09.19 - 08.09.22	8114483014	drtarun@hotmail.co.uk
27	Dr. Aman Gupta	10.09.19 - 09.09.22	8054154725	aman_gupta_sans@yahoo.co.in
28	Dr. Kartik Patel	30.12.20 - 29.12.23	9909906463	kartikpatel1291990@gmail.com
29	Dr. Abhijeet Jha	30.12.20 - 29.12.23	9650387469	abhijeetjha1986@gmail.com

MMRF Ratna

Maharashtra Medical Research foundation's Ratna Hospital was the first DNB training center outside Mumbai in Maharashtra. DNB Uro 1st recognition since 1993. Total students admitted till date approx 35. Last recognition upto Dec 2017. The DNB training program is not functional as of now. Two students are settled in UK as Urourgeons. Rest spread out in India. About 10 students are settled in Pune. All are having good work

Detailed data is awaited

Section D
WZUSICON 2021 Scientific program



Scientific Program: WZUSICON 2021

Friday 01-Oct-2021 to Sunday 03-Oct-2021

Taj Resort and Convention Centre, Vainguinim Beach, Dona Paula, Panaji, Goa , 403004

“A Breath of Fresh Air”

Dear Members,

It gives us great pleasure in releasing the scientific program of the WZUSICON 2021. This is a physical + virtual (hybrid conference) after a long gap. We take pride in inviting you to be a part of this show.

The program for the conference been meticulously crafted looking at the responses received from the member survey. Most of the members requested discussion on topics of interest to a practicing urologist and majority wanted to see new faces as faculty. Around half of the faculty in this conference has new faces. And the topics covered are of interest to a common urologist. Hence this program is aptly titled “A Breath of Fresh Air”

Hope you like it!

Team USIWZ



Category	Colour Code
Program Title	Yellow
General Urology	Light red Berry 3
Andrology	Light red 3
Female Urology	Light yellow 3
Infections	Light green 3
Laparoscopy and Robotics	Light cyan 3
Medico-legal aspects	Light cornflower blue 3
Paediatric + Adolescent urology	Light purple 3
Practice management	Light magenta 3
Stone disease	Light orange 2
Transplant	Light yellow 2
Reconstructive urology + Trauma	Light green 2
Urology education and training	Light cyan 2
Urological oncology	Light blue 2

Day 1	Program Title	Speaker/Moderator	Time
Friday 01/October/2021			
13:00 to 14:00	Lunch		
14:00 to 14:20	Formal welcome		20 min
	Anil Bradoo, Prashant Mulawkar		
14:20 to 15:00	COVID Pandemic and Urology: The good, The bad and the ugly		40 min
	Moderators	Martand Patil Sadashiv Bhole	
14:20	COVID19 and urology work in Public hospital	Mukund Andankar	8 min
14:30	Endourology / Laparoscopy work in COVID pandemic in corporate set up	Jitendra Jagtap	8 min
14:40	Time well spent: Excelling in Music	Manu Sobti	5 min
14:45	Time well spent: Excelling in Music	Dhiraj Shah	5 min
14:50	COVID 19 and my fitness	Sadashiv Bhole	5 min
14:55	Concluding remarks	Moderators	5 min

Day 1	Program Title	Speaker/Moderator	Time
15:00 to 17:00	Semilive surgeries		120 min
	Learning Objective	crisp to the point demonstrations	
	Moderators	Kandarp Parikh Rajan Patni Anil Takvani	
15:00	Modified politano leadbetter reimplantation	Anil Takvani	8 min
15:10	RIRS in calyceal diverticulum	K nanjappa M	8 min
15:20	Management of IVC tear in lap nephrectomy	Arvind Ganpule	8 min
15:30	Lap Radical Prostatectomy	Shrenik Shah	8 min
15:40	Biplanar PCNL puncture (triangulation)	Gyanendra Sharma	8 min
15:50	Otis Urethrotomy	Deepak Kirpekar	5 min
15:55	Ventral DVIU	Pankaj Joshi	5 min
16:00	Managing double renal vein and or artery during transplant	Ashiq Rawal	8 min
16:10	RIRS in anomalous kidney	Kandarp Parikh	8 min
16:20	Using USG effectively in PCNL	Shailesh Kamat	8 min
16:30	THUFLEP	Abhay Mahajan	8 min
Friday 01/October/2021			
16:40	Lap Boari Flap	Kapil Thakkar	8 min
16:50	Female BMG urethroplasty	Shailesh Shah	8 min
17:00 to 18:00	Play Safe		60 min
	Learning Objective	Practical tips for day to day practice to avoid medicolegal consequences	
	Moderators	Umesh Oza Rajesh Bhatt	
17:00	Choosing the right indemnity cover	Amit Gaur	8 min
17:10	Residual stones: medicolegal implications	Sushil Karia	8 min
17:20	Forgotten stent: Whose child is it?	Gaurang Shah	8 min
17:30	Important supreme court judgements	Sunil Joshi	8 min
17:40	How medical council handles the complaints?	Jaikrishin Lalmalani	8 min
17:50	Open House	Moderators to conduct	
18:00 to 19:00	Invited talk		
	Moderator	TBD	
19:00 to 20:30	Inauguration and Keynote Address		
20:30 to 22:00	Banquet		

Day 2	Program Title	Speaker/Moderator	Time
Saturday 02/Oct/2021			
08:00 to 09:00	Free paper / Poster / Videos		60 min
	Moderator	Ajit Sawant	
09:00 to 10:00	Making technology work better for you		60 min
	Learning objective	Nuances of technological failure of the equipment intra-op and how to overcome the obstacles. Simple tips and tricks and ready in hand Substitutes	
	Moderators	Ashish Patil Shrenik Shah	
09:00	Intracorporeal lithotripsy machine errors	Dhiren Buch	8 min
09:10	Laser machine errors	Ajay Bhandarkar	8 min
09:20	Camera malfunction	Abhishek Singh	8 min
09:30	Monopolar/ bipolar cautery malfunction	Sunil Gogate	8 min
09:40	CO2 insufflator malfunction	Kalpesh Kapadia	8 min
09:50	SWL: common errors	Deepak Joshi	8 min
10:00 to 10:30	V V Desai Oration		30 min
	Chairpersons	Anil Bradoo Prashant Mulawkar	
	How safe are we?	Lalit Shah	
10:30 to 11:00	A G Phadke Oration		30 Min
	Chairpersons	Anil Bradoo Prashant Mulawkar	
	What has changed in the management of NMIBC and MIBC : lessons learnt in last three decades	Ashish Kamat	
11:00 to 11:20	Guest Lecture 1		20 min
	Chairpersons	Lalit Shah	

Day 2	Program Title	Speaker/Moderator	Time
		Ajay Bhandarkar	
	Future of stone treatment	Andreas Gross	
11:20 to 11:40	Guest Lecture 2		20 min
	Chairpersons	Anil Bradoo	
		Prashant Mulawkar	
	TBD	TBD	
11:40 to 12:30	Hey! Can you do this better than me?		
	Learning objective	Solutions to common problems in clinical urology	
	Moderators	Sadanand Thatte	
		Anil Bandi	
		Suhas salpekar	
11:40	CPPS (female patient): difficulties faced	Harshawardhan Tanwar	3 min
	CPPS (female patient): Stepwise management	Nagendranath Mishra	5 min
11:50	Chyluria: Difficulties in management	Yogesh Barapatre	3 min
	Chyluria: Ease of Management	Atul Shah	5 min
12:00	Parental anxiety about small genitalia: difficulties	Vikram Deshmukh	3 min
	Parental anxiety about small genitalia: How to deal with it?	Suhas Salpekar	5 min
12:10	Idiopathic ED in young male: a nagging problem	Satyajeet Poornapatre	3 min
	Idiopathic ED in young male is easy to manage	Narendra Mohta	5 min
12:20	Intravesical BCG: So many issues	Sushil Rathi	3 min
	Intravesical BCG: Practical solutions	Shrivatsan R	5 min

Day 2	Program Title	Speaker/Moderator	Time
12:30 to 13:00	Lunch break		30 min
13:00 to 14:10	Point of no return		70 min
	Learning Objectives	<p>PONR is the point beyond which if one continues surgery dreadful complications are possible.</p> <p>And it is not possible to undo that step. Turning back is impossible. Common complications which are anticipated by an expert before these happen and how to avoid these.</p> <p>How does an expert identify a point of no return and sails through avoiding a catastrophe.</p>	
	Moderators	<p>Pankaj Maheshwari</p> <p>Ajay Kanbur</p> <p>Ajay Oswal</p>	
13:00	What's the point of no return?	Pankaj Maheshwari	5 min
13:05	Transplant: Recipient surgery	Ajay Oswal	5 min
13:10	Transplant: Live donor surgery	Sanjay Kolte	5 min
13:15	Transplant: Cadaveric organ harvest	Syed Jamal Rizvi	5 min
13:20	Transplant: Sailing through difficult times	Sunil Shroff	5 min
13:25	Prostate: HOLEP	Pankaj Maheshwari	5 min
13:30	Prostate: TURP	Prashant Bhagwat	5 min
13:35	Prostate: When things can go wrong ...	Suresh Patankar	5 min
13:40	Stone surgery: PCNL	Vasudev Ridhorkar	5 min
13:45	Stone surgery: Semirigid URS	Ketan Shukla	5 min
13:50	Anastomotic urethroplasty	Rajiv Kore	5 min
13:55	Urodynamics	Anjali Bhosle	5 min
14:00	Audience interaction / Buffer time	Moderators can take questions here	10 min

Day 2	Program Title	Speaker/Moderator	Time
14:10 to 14:40	Gen Next		30 min
	Learning Objective	Live interview of Father/ Son or mother / daughter. Two generations of urologists in one family	
	Interviewer	Rishi Grover	
	Interviewer	Haresh Thummar	
	Participants	Jayesh & Sharmad Kudchadkar	
		Shailesh Shah, Utsav Shah	
		Ulhas Sathaye, Siddartha sathaye, Shekhar Sathaye	
		Vatsala Trivedi, Hemali Trivedi	
		Umesh Bhalerao, Abhishek Bhalerao	
14:40 to 15:40	USI Guidelines		60 min
	Learning Objectives	Brief review of guidelines: What do USI guidelines tell us?	
	Moderators	N P Gupta	
		Ravindra sabnis	
		Sanjay Kulkarni	
14:40	Opening Remarks	N P Gupta	5 min
14:45	BPH	Rohit Joshi	8 min
14:55	Stricture Urethra	Pankaj Joshi	8 min
15:05	Paediatric UTI	M S Ansari	8 min
15:15	Nonneurogenic Urinary Incontinence in Adults	Shailesh Raina	8 min
15:25	Male infertility	Shivam Priyadarshi	8 min
15:35	Concluding Remarks	Ravindra Sabnis/ Sanjay Kulkarni	5 min

Day 2	Program Title	Speaker/Moderator	Time
15:40 to 16:30	Drugs		50 min
	Learning objectives	Drugs : Everything you wanted to know but were afraid to ask	
	Moderators	Naresh Rao	
		Manoj Biswas	
15:40	ADT: which drug ? when? How long	Amandeep Singh Arora	8 min
15:50	Antimuscarinic: which? When? Beta 3 agonist: When?	Phiroze Soonawalla	8 min
16:00	PDE5i: which? When?	Sadashiv Bhole	8 min
16:10	Pharmacotherapy of PNE	Rahul Kapoor	8 min
16:20	Botox	Mohammad Attar	5 min
16:25	Deflux	Rajeev Chaudhary	5 min
16:30 to 17:00	Gadgets		
	Learning objectives	New gadgets launched recently. Do they live up to the expectations. First hand user experience	
	Moderators	Abhay Khandekar	
		Hiren Sodha	
16:30	Indian Digital ureteroscope	Parimalsingh Ghariar	5 min
16:35	Need of Plasma sterilizer	Vishwanath Magdum	5 min
16:40	ATOMS	TB Yuvaraja	8 min
16:50	Trilogy and Shockpulse	Rohan Batra	8 min
17:00 to 18:00	Karanjawala Symposium		60 min
	Learning Objectives	Diagnosis and management of Ca Penis	

Day 2	Program Title	Speaker/Moderator	Time
	Moderator	Ganesh Bakshi	
	DD of suspicious/red lesions over penis OR Penile lesions: Benign spectrum.	Sumit Mehta	8 min
	Role of Imaging in Ca Penis	Santosh Waigaonkar	6 min
	Principles of Managing Lymph nodes in Ca Penis	Gagan Prakash	6+2 min
	Video: Modified inguinal LN	Mahendra Pal	4 min
	Video : RA VEIL	T B Yuvaraja	4 min
	Panel Discussion	Ganesh Bakshi	25 min
	Panellists	Dhananjay Bokare	
		Keval patel	
	Karanjawala Symposium contd..	Hemang Bakshi	
		Vedang Murthy	
		Akhil Kapoor	
		Hemant Tongaonkar	
		Bhalchandra Kashyapi	
		Devendra Kumar Jain	
		Amit Sharma	
18:00 to 18:30	Know your Guru		30 min
	Moderator	Bhalchandra Kashyapi	
	Moderator	Dhananjay Bokare	
	Guru	Umesh Oza	
18:30 to 19:30	AGM (Followed by Dinner)		60 min

Day 3	Program Title	Topic	Description
Sunday 03/Oct/2021			
08:00 to 09:00	Free paper / Poster / Videos		60 min
	Moderator	Ajit Sawant	
09:00 to 10:00	Chitale Travelling Fellowship Quiz		60 min
	Quiz master	Jayesh Dhabaliya	
	Quiz master	Prakash Pawar	
	Quiz support	Ravi Jain	
10:00 to 10:20	Who is Mr Right?		20 min
	Learning Objectives	Theme based debates without rebuttal: 5+5	
	Moderators	Rasesh Desai	
		Lokesh Patni	
10:00	Asymptomatic renal calculi: treat	Deepak Rajyaguru	5 min
10:05	Asymptomatic renal calculi: Do not treat	Sushil Bhatia	5 min
10:10	Social media in Urology: For	Sanjay Pandey	5 min
10:15	Social media in Urology: Against	GG Laxman Prabhu	5 min
10:20 to 10:50	Hard talk		30 min
	Learning Objectives	Practice management	
	Moderators	Ganesh Kamath	
		Rajeev Joshi	
10:20	ART vs reconstructive andrology: Have we missed the bus? Have we lost andrology to fertility specialists?	Ashit Shah	8 min
10:30	Office urology: the way forward.. (Indian Perspective)	Jaikrishin Lalmalani	8 min
10:40	Office urology: the way forward.. (US Perspective)	Avinash Gulanikar	8 min

Day 3	Program Title	Topic	Description
10:50 to 11:20	Career in Urology		30 min
	Learning Objectives	Career options after DNB, MCh	
	Panel Discussion	Vinit Shah	
	Career options after DNB, MCh	Vilas Sabale	
		Venkat Gite	
		Sujata Patwardhan	
		PP Rao	
		Rajesh Kukreja	
11:20 to 11:50	180 degree- 360 degree		30 min
	Learning objectives	New ways of doing old things: How science progresses, sometimes you do exactly the opposite (180 degree) and sometimes you revisit the same procedure with different technology (360 Degree)	
	Moderators	Shirish Yande	
		Sanjay Purohit	
	Prostate: 360 Degree From Millin's to Transurethral Enucleation	Anita Patel	
		Prawal Biswas	
	Large Upper ureteric Stone: 180 Degree From Lumbotomy to ...	Aalap Mehendale	
	... Semirigid URS	Atul Soni	
	Complex staghorn: 180 & 360 from Anatropic nephrolithotomy to ...		
 PCNL	Ravindra B Sabnis	
11:50 to 12:10	Female pelvic floor: Basics and beyond		20 min
	Learning objectives	Basics of female pelvic floor and its applied importance	
	Panel Discussion: Female pelvic floor: Basics and Beyond	Anita Patel	
		Aparna Hegde	
		Tanvi Shah	

Day 3	Program Title	Topic	Description
12:10 to 12:40	2031 AD		30 min
	Learning Objective (Talk Show)	How do you see yourself 10 year down the line	
	Host	Janak Desai	
	Host	Anil Bradoo	
	2031 A: Planning Retirement		
	Participants	Jaideep Date	
		Aravind Joshi	
		Azam Nawaz	
		Nagesh Kamat	
		Jayant Kanaskar	
12:40 to 13:40	Major complications of PCNL		60 min
	Learning objectives	Managing life threatening or kidney threatening complications of PCNL: case based discussion	
	Moderators	Kumar Naik	
		Nitin Gadgil	
	Life threatening or Kidney threatening complications of PCNL		
	Panellists	Amish Mehta	
		Kalana Parana Palliya Guruge (Sri Lanka)	
		Nitin Gadgil	
		Rajesh Bajpai (USA)	
		Pramod Rai	
		Kishor Wani	
		Kaushik Shah	
		Sumeet Mhaskar	
		Sanjay Shinde	
		Suresh Thakkar	
13:40 to 14:30	Valedictory Function		

SECTION E
Program reports & Gurupornima Messages

Report on Clinical Meeting



The Indore Urology Society conducted a focused meeting on "Energy sources in stones" under the auspices of West zone chapter of Urology society of India on the 7th August 2021. It was a hybrid meeting with the local society having a physical meeting and the the faculty and rest of the delegates linked online. There

were 78 online registrations for the same along with 20 local delegates.

Dr Anil Bradoo (President, WZ-USI) gave the opening and concluding remarks. Dr Rajesh Kukreja conducted the meeting successfully. Interesting cases of stones with different volumes in different locations were discussed regarding the modality of stone fragmentation energy to be used.

Dr Rajesh Kukreja

Thanks for being my Teacher

Dr Shirish Yande



Ruby Hall Clinic Pune

Message:

The perfect Guru is the one who just doesn't teach or preach but the one who enlightens the desire and the inquest in the student's mind.

The zeal to learn,
the desire to dive,

the vision to empower,
and not just simply thrive!

You taught us to the roots, that we bear sweet fruits,
folded hands and bowed heads, only if we can fill in your boots!

Keep encouraging young minds and ravishing hearts Yande Sir with your Urology and Philosophy.

Thank you.

Ravi Jain
+917507008531
ravijainy2k@gmail.com

Thanks for being my Teacher

Prof Percy Chibber



JJ Hospital and Grant Medical College

Message:

Dear Sir,

There are so many things in life that one learns during our training years (urology and non urology). If it was not for you, I would not have learnt PCNL . You gave us the

liberty to do these procedures and only intervene when it was absolutely necessary. Your selection of English phrases is unique and helped us to learn a few of these. You are gifted with a uncanny ability to make your students comfortable and I was one of the fortunate ones to experience this . Thanks a million for all that you have done and continue to do.

Dr Shishir Jirge
9881848935
shishir.jirge@gmail.com

Thanks for being my Teacher

Dr Venkat Arjun Gite



Grant Medical College and Sir JJ Group of Hospitals

Message:

One is truly blessed to have a Guru in life. My Urology Guru, Dr Venkat Arjun Gite has been kind and generous in imparting me the urological skills and knowledge. He is a constant motivator and someone who always make you go one step further. He is my teacher, father figure, friend, and my mentor. As Sadhguru ji said, "A Guru is a friend who constantly tramples your ego. It's a very delicate operation". Learning becomes easy when your Guru becomes your friend. He has been like one.

Dr Mayank Agrawal, Grant Medical College and Sir JJ Hospital, Mumbai

MAYANK AGRAWAL
+919818581852
drmayankagarwal1988@gmail.com

Thanks for being my Teacher

Ravindra Sabnis



MPUH

Message:

Most unique way of teaching and one of the last breed of teachers who hold your hand and teach you the correct techniques. Simple person with complex achievements.

Parag Sonawane
8452075375

drparag.sonawane@gmail.com

Thanks for being my Teacher

Percy Chibber



Sir JJ grp of hospital...Grant medical college..Mumbai

Message:

I bow down to my Guru and thank you so much for enlightening me and inspiring me always. You had shown faith in me and always given opportunities to show my abilities during the training period. Not

everyone is lucky enough to find a guru like you, and I was one of the fortunate one. You are respected by all, and has a wonderful knowledge passing on to your students and making them great personalities in some way or the other. As a guru, you have made my basics in urology very strong during the training, on which I have built up my career to my satisfaction.

Anjali Bhosle

+919819298251

dranjlib@rediffmail.com

Thanks for being my Teacher

Dr. D. S. Pardanani



Seth G. S. Medical College & K. E. M. Hospital

Message:

Dr. D. S. Pardanani was an epitome of aspirations of every young entrant to department. Having been a progeny of KEMH, he understood & nurtured

every member of his department like a true head of a family. He symbolized and thought us love, empathy, candour, fearlessness, integrity apart from Urology, hardwork, discipline and protocol. His zeal for versatility and diversity created one of the best equipped and multidisciplinary Urology departments in the country. DSP sir was a Friend, Philosopher and Guide to us in every sense. It was our good Karma that we had the fortune to be with Sir.

ATUL MOHANLAL SHAH

+919820286897

DRATULMSHAH@HOTMAIL.COM

Thanks for being my Teacher

Prof. Santosh Kumar



JIPMER

Message:

You choose me as an empty cup to fill my cup full of knowledge, wisdom, dedication, commitment and scientific attitude. You taught me the basics

of urology so well that whenever I am in trouble, it rescues me. It allowed me to grow, prosper and contribute. your philosophy that there is a student in a teacher and a teacher in a student. It made me modest and humble and eager to learn at any age. Thanks for choosing me as your student.

Kaushik Shah

9898033900

shahkv60@gmail.com

USIWZ council Elections

The elections are being held for the post of President Elect, Hon Secretary Elect, Hon Treasurer Elect and Council member (One post each)

The nominees are

- President Elect: Kandarp Parikh Elected unopposed)
- Hon Secretary Elect: Gaurang Shah (elected unopposed)
- Hon Treasurer Elect: Rohit Joshi (elected unopposed)
- Council Member: Haresh Thummar and Nitin Gadgil

Candidate Profiles:



President elect:
Kandarp Parikh

Educational Appointments

- ◆ Chairman, Shyam urosurgical Hospital
- ◆ Consultant Urologist, Department of urology and kidney transplant, Sterling Hospitals, Ahemdabad
- ◆ Recognized Referral Centre by Karl Storz, India.

Professional Positions:

- ◆ 199-2001: Jt. Secretary Ahmedabad Urology Association
- ◆ 2001-2033: Secretary Ahmedabad Urology Association
- ◆ 200-2004: Council Member, WZUSI (West Zone Urology Society Of India)
- ◆ 200-2012: Founder Secretary, Gujrat Urology Association
- ◆ 2011-2013: Treasurer, West Zone Urology Society Of India.
- ◆ 2014-2016: Secretary, West Zone Urology Society Of India
- ◆ 2016-2018: Secretary, West Zone Urology Society Of India
- ◆ 2017-2019: Council member, Urological secretary of India.
- ◆ 2020: Onwards: International board member of EULIS.

Conferences Organized

- ◆ 2002: Organizing secretary, Annual conference of Ahmedabad.
- ◆ 2003: Organizing secretary, Annual conference of Ahmedabad. Urology association
- ◆ 2003: Organizing secretary, Minimal Access Surgery Ahmedabad
- ◆ 2004: Active Member of Organizing Committee, Annual Conference USICON 200, Ahmedabad.

- ◆ 2007: Joint Secretary, CA Prostate Workshop organized by MP. Shah Cancer Hospital, Ahemdabad
- ◆ 2013: Organizing chairman, "Advancement in Endourology 2013",
- ◆ 2016: Organizing chairman, "Advancement in Endourology 2016"
- ◆ 2018: Organizing chairman, "Advancement in Endourology 2018",
- ◆ 2019: Organizing chairman, "Advancement in Endourology 2019",

Training Programs:

We run MINIMAL ACCESS SURGERY TRAINING INSTITUTE (MASTI) at Shyam Urological Hospital Ahemdabad Where we are conducting RIRS and Laser prostatectomy Workshop at regular intervals. Urologists from India and Neighboring countries participated in this program. More than 250 urologists from across the world are benefitted through this training program.

Mentorship: Faculty for CEMAST (Mumbai), ISU (India Society Of Urology)

International Training of Honour

Dr. Parikh has visited various prestigious institutes in the world like Cleveland clinic (USA), UCLA (USA), St. Augustin Clinic (France) Tenon Hospital (France), Singapore General Hospital (Singapore), Corcell (USA) for his training in endourology and laparoscopy.

Live Operative International RIRS workshops:

Ankara Turkey, Kathmandu Nepal, Dhaka Bangladesh, Mombasa Kenya, China

Speaker and invited faculty at many international conferences

Live operative RIRS demonstrations

- ◆ USICON: 2015, 2016, 2017, 2018
- ◆ Zonal USICON: 2016, 2017, 2017, 2019, 2019
- ◆ Live operative National RIRS workshops: at many places

Social Services: Through Priyank Parikh foundation, medical camps in India and Abroad

Publications: six, Books: Two



Hon Secretary Elect
Gaurang Shah

(Elected unopposed)

As I stand for the post of Secretary of WZUSI, I would just like to reiterate my commitment to efficient use of resources, encouraging academics, especially among our young Urologists and fostering cooperation and unity amongst all fellow Urologists



Hon Treasurer Elect:
Rohit Joshi

Elected unopposed

A young, dynamic and progressive Urologist having vision for excellence in the field of medical fraternity.

Area of Practice:

Endo-Urology, Laser Urology, Uro-oncology, Reconstructive Uro-surgery and Transplantation.

Current Position:

- ◆ CHAIRMAN, AASH, Aarna Superspeciality Hospital Parimal Underbridge, Paldi, Ahmedabad
- ◆ DIRECTOR, Uro-Cure Associates, Aarna Superspeciality Hospital, ShantPrabha Height, Maninagar, Ahmedabad
- ◆ MANAGING TRUSTEE, AASH Foundation Charitable Trust, Ahmedabad

Work Experience:

- ◆ Cumulative experience of 8 years in the faculty of UROSURGERY AND RENAL TRANSPLANTATIONS at I.K.D.R.C., a premier institute with 400 indoor beds, 60-70 OPD per day and 250 -300 surgeries per month.
- ◆ Extended services as Honorary Uro-Ocologist at G. C. R. I., a renowned cancer hospital, Ahmedabad
- ◆ In private practice since 2007 till now with experience of over 25000 urological procedures

Accolades:

- ◆ Youngest Urologist to have Holmium 100 Watts laser and have done over 750 procedures
- ◆ Including HoLEP and RIRS
- ◆ On Global Panel of Lumenis HoLEP training program as mentor
- ◆ Has conducted several live operative workshops and has been a regular faculty in various national and international conferences

Publications:

- ◆ Anterior Urethral Diverticulum in an ESRD Patient: A Case Report -- Indian Journal of Urology
- ◆ Vaginal Metastasis from RENAL Cell Carcinoma: A Case Report -- Indian Journal of Urology
- ◆ Ureterocalycostomy: A Salvage Procedure for Complex UPJ Stricture-- Indian Journal of Urology



Council Member:
Haresh Thummar

Graduated from M S University with gold medal and best candidate awards.

Urology training (DNB) from prestigious MPUH, Nadiad having world leader Dr Mahesh Desai as a PG teacher & mentor.

Completed advanced Endourology fellowship at New York under esteem guidance of Dr Mantu Gupta & Father of Endourology Dr Arthur Smith as a mentor.

Received prestigious USI & WZUSI fellowships like Dr G M Phadke & Eagle travelling fellowships and completed it at AIIMS, N Delhi and PGIMER, Chandigarh.

Presented research papers in various national & international conferences during DNB training and won many awards & prizes (4 papers were selected among best category out of my total during World congress of Endourology congress at Cleveland 2006).

Had also done post WCE Endourology fellowship @ Cleveland clinic during 2006.

Organised various conferences & workshops at New York, Rajkot, and Vadodara to continue & update highest level of academics.

Presented more than 150 papers in various national & international conferences including WCE, AUA etc.

Has been invited as a faculty in various national & international academic conferences & workshops.

At present lead consultant at BAGH and director & chair urology @VKC.

Having rich clinical and academic experience at all three major kidney institutions in Gujrat(IKDRc,MPUH,BTSK).has opportunity to work with world leaders in urology like Dr Arthur smith, De Mahesh Desai , Dr Gopal Badlani, Dr Ashutosh Tewari, Dr Mantu Gupta, Dr Ketan Badani, Dr Stoller ,Dr Patrick Walsh ,Dr Alen Partin, Dr Peter Schegel , Dr Mark Goldstein , Dr Rupin shah and so many,

Goal is to serve society for better tomorrow.



Council Member:
Nitin Gadgil

Hello

I am Dr. Nitin Gadgil working as a Senior Consultant Urologist at Jehangir Hospital Pune for last 18 years.

Did my initial residency at KEM Pune, MPUH Nadiad, and finally DNB UROLOGY from BOMBAY HOSPITAL Mumbai in 1994.

Went for Advanced Course in Urology at SGH and NUH Singapore in 1996.

Did fellowship in Endourology from Melbourne Australia in 1997.

I am contesting for the post of Council Member in forthcoming elections to USIWZ.

I need your support and blessings in these elections.

Why Me?

Enthusiastically and tirelessly working for zone for last 25 years.

Was an official member of the organizing committee for USICON 2013 at Pune.

Active in academics.

Faculty in many USICON AND USIWZ.

Recently elected as President of Urology Society of Pune.

Felicitated for completing 500 Renal Transplants with my team at Jehangir Hospital.

USIWZ has given so much to all members including me so I think it's payback time for me by becoming Council Member.

Expecting your whole hearted support.

Thanks.

Dr. Nitin Gadgil

Job Vacancy

Tejnakh hospitals is looking forward to a full time urologist for the centers in Navi Mumbai and Uran. The urologist should have expertise in lower and upper tract endourology, including PCNL. Kindly pass on the message and contact +91 6000307050 (WhatsApp message only)