

**UNIVERSITY OF ALBERTA  
POSTGRADUATE MEDICAL EDUCATION  
UROLOGY – IN-TRAINING EVALUATION REPORT**

<b>Name:</b> <<Resident	<b>PGY</b> <<1 & 2>>
<b>Report Covers Training Period:</b> <<Date>>	
<b>Preceptor(s):</b> <<Surgeon Name>>	<b>Rotation:</b> <<General Urology 1 >>

EXPECTATIONS: (for rotation/level of training) This rotation covers specific objectives of Laparoscopic Principles, UTI, and Hematuria	Does not apply	Could not evaluate	Unsatisfactory	Below Expectations	Meets Expectations	Exceeds Expectations	Superior
			1	2	3	4	5
<b>MEDICAL EXPERT</b>							
<b>Basic Science Knowledge</b>							
a) Understanding physiologic changes induced with pneumoperitoneum and alternatives to CO2 pneumoperitoneum							
b) Able to define/classify UTI/STD/chronic inflammatory conditions and describe incidence, epidemiology and pathophysiological factors involved in acute, chronic, uncomplicated and complicated infections of the urinary tract and sexually transmitted diseases							
c) Understands the classes and actions of antimicrobial agents used in treating UTI's and STD's							
d) Understands the definition of microscopic hematuria; aware of other causes of red urine; and differing red blood cell morphology on microscopy and how those differences influence the differential diagnosis and subsequent investigative algorithm.							
<b>Clinical Knowledge</b>							
a) Demonstrates appropriate integration of available medical information (hx, phx, phys exam) so as to be able to formulate a recommendation of the suitability of a particular laparoscopic procedure for a specific patient with a specific disease process							
b) Describes and recognizes the symptoms and signs of a patient presenting with upper and lower urinary tract infection and able to take appropriate history and perform a physical examination in order to facilitate the diagnosis of UTI							
c) Describes and orders appropriate diagnostic tests to confirm diagnosis and define etiologic factors in patients with UTI/STD/ chronic inflammatory conditions and then presents logical management plan for treatment							
d) Takes appropriate history concerning timing and location of gross blood; Describes and orders appropriate diagnostic tests to confirm the dx for both gross and microscopic hematuria							
e) Aware of CUA guidelines regarding investigation for asymptomatic microscopic hematuria and able to read and interpret the common radiologic and laboratory tests used in this investigation							
<b>Recognition &amp; Management of Emergencies</b>							
a) Able to describe the appropriate management of intra-operative laparoscopic complications (bleeding, bowel injury, hypercapnea, CO2 embolus); knows indications for open surgical conversion							
b) Understands presentation and management of delayed post-operative bowel injury and bleed							
c) Able to diagnose and describe appropriate management of the patient with urinary tract sepsis or acute prostatitis							
d) Able to manage the patient with gross hematuria and clot retention							
e) Able to recognize/diagnose, manage the acutely ill patient in the ward-setting							
<b>B. COMMUNICATOR</b>							
a) Able to develop rapport and trust with patients and families							
b) Accurately elicits and synthesizes relevant information from patients/families, colleagues and other professionals							
c) Accurately conveys relevant information and explanations to patients/families, colleagues and other professionals							
d) Able to develop a common understanding/shared plan on issues, problems and goals with patients/families, colleagues and other professionals							
e) Written documentation of medical encounters is accurate and timely							
<b>C. COLLABORATOR</b>							
a) Participates and works effectively in the healthcare team; able to negotiate/resolve interprofessional conflicts							
b) Consults and delegates appropriately for level of training							
<b>D. MANAGER</b>							
a) Manages individual time and career training effectively							
b) Allocates healthcare resources appropriately							
c) Serves in administration and leadership roles as per level of training							
d) Meets deadlines, is punctual for rounds, clinics, OR, academic activity; meets commitments made							
e) Attends clinics and ambulatory clinical activity as outlined in objectives							

<b>E. HEALTH ADVOCATE</b>							
a) Responds to individual patient health needs and issues as part of patient care							
b) Assists patients by advocating for their investigation/treatment, and mobilizes hospital/community resources when necessary							
<b>F. SCHOLAR</b>							
a) Demonstrates evidence of active reading/studying/research around cases, weekly seminars, and monthly journal clubs.							
b) Critically evaluates information and its sources, and applies this appropriately to career training and future practice decisions							
c) Facilitate the learning of patients, families, students, residents other health professional, the public, and others as appropriate							
<b>G. PROFESSIONAL</b>							
a) Demonstrates a commitment to patients, profession and society through ethical behavior, integrity, honesty, compassion and respect							
b) Demonstrates evidence of being able to practice effectively within bounds of a self-regulating profession (ie- seeks/accepts advice, demonstrates awareness of personal limitations)							
c) Demonstrates a commitment to physician health and sustainable career training and practice (ie- personal health/well-being/resiliency, personal & career development)							
<b>H. TECHNICAL &amp; SURGICAL SKILLS</b>							
<b>General Endoscopic Skills</b>							
a) Rigid cystoscopy, retrograde pyelography							
b) Flexible cystoscopy, insertion of guidewire and insertion of stent							
c) TUR-BT of small to medium-sized tumors							
d) Resection of posterior lobe of prostate in TURP							
<b>General Open Surgical Skills</b>							
a) Holds and uses instruments in a proper and efficient manner & ties square surgical knots (one and two-handed ties)							
b) For prostatectomy, open and establish appropriate exposure for insertion of Bookwalter retractor (by early PGY3)							
c) Completion of pelvic lymph node dissection (end of PGY3)							
d) For radical nephrectomy or partial nephrectomy, open and establish appropriate exposure for insertion of Bookwalter retractor (end of PGY3)							
e) Able to close a flank, anterior abdominal and thoraco-abdominal incisions							
f) Knows the appropriate steps in surgical procedure (s)							
<b>General Laparoscopic Skills</b>							
a) Insertion of camera port using Hasson technique and additional ports during above procedure							
b) Able to properly assist primary operator as the camera person							
c) Opening and closing of kidney extraction site during radical nephrectomy/nephroureterectomy							
d) Closure of camera and laparoscopic ports							
e) Able to mobilize large bowel exposing retroperitoneum during LRN (end of PGY3)							
f) Able to mobilize lateral and inferior attachments to kidney and place specimen in lap sac (end of PGY3)							

Has this resident met the core objectives of this rotation? YES  NO

Comments: (your comments especially relating to ratings 0, 1 and 4 are specifically requested).

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Was this evaluation made by a committee	YES <input type="checkbox"/>	NO <input type="checkbox"/>
or		
by a single or principal evaluator	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Principal Evaluator _____	Signature _____	Date _____
Resident _____		

This evaluation has been reviewed with me.

YES

NO

If no, why not?

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Comments:

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Resident

<<Resident Name>>

PRINT

Signature

Date

Program Director

Dr Tim Wollin

PRINT

Signature

Date

**PLEASE RETURN TO:**

UROLOGY RESIDENCY TRAINING PROGRAM

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