

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

Name: <<Resident	PGY <<4&5>>
Report Covers Training Period: <<Date>>	
Preceptor(s): <<Surgeon Name>>	Rotation: <<Oncology 2/BPH >>

EXPECTATIONS: (for rotation/level of training) This rotation covers specific objectives for Oncology 2 (Bladder and Prostate Cancer) and BPH	Does not apply	Could not evaluate	Unsatisfactory	Below Expectations	Meets Expectations	Exceeds Expectations	Superior
			1	2	3	4	5
MEDICAL EXPERT							
Basic Science Knowledge							
a) Able to describe embryology, anatomy and physiology of the prostate gland, including the anatomic zones of the prostate							
b) Able to describe the epidemiological aspects of bladder cancer (including etiology and risk factors); have a basic understanding of the theories of the origin and dissemination of TCC							
c) Understands the etiology, pathophysiology and epidemiology of BPH and prostate cancer, including the intrinsic factors (genetics, age and hormonal factors) and extrinsic factors (diet, geography, occupation, etc.) that influence prostate cancer and BPH							
d) Able to describe the basic principles of radiation and hormonal therapy for prostate cancer							
Clinical Knowledge							
a) Able to describe/recognize the signs/symptoms of a patient presenting with prostatic disease or a urothelial tumor and describe the appropriate laboratory, radiologic, and endoscopic evaluation of the patient with BPH or prostate/urothelial cancer							
b) Able to stage prostate and urothelial cancer							
c) Able to read and interpret radiologic and laboratory tests used to diagnose urothelial and prostate cancer (CT scan, U/S, RPG, IVP, TRUS, PSA)							
d) Able to outline stage specific treatments/surveillance for prostate and urothelial tumors and to describe the side effects/complications of these treatments (including TURBT/P, intravesical therapy, radical prostatectomy/cystectomy and urinary diversions)							
e) Able to describe the medical therapy for BPH (including its effectiveness and safety) and outline the various endoscopic and open surgical treatments for symptomatic BPH							
f) Identify key factors predictive of prognosis post therapy for localized PCa; able to discuss management of hormonal therapy, PSA progression after definitive therapy, and symptomatic metastatic disease.							
Recognition & Management of Emergencies							
a) Able to recognize/diagnose the common emergency scenarios in the patient with prostate or urothelial cancer (urinary/clot retention, ureteric obstruction, acute spinal cord compression, pathologic fracture); able to order appropriate management for these patients							
b) Able to recognize/diagnose the common emergency scenarios in the patient with symptomatic BPH (including obstructive renal failure, intra-op TURP bleeding, TURP syndrome, and post-TURP bleed, urosepsis); able to order appropriate management for these patients							
c) Able to describe and appropriately manage the patient with complications following open prostatectomy for BPH (acute blood loss, urinary extravasation, clot retention, etc)							
d) Able to recognize/diagnose, manage the acutely ill patient in the ward-setting							
B. COMMUNICATOR							
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							

Rotation Specific f) Able to discuss with patients the advantages/disadvantages of treatment options for localized PCa (RP, conformal RT, Brachytherapy, and cryotherapy) and invasive bladder ca (bladder preservation, radical cystectomy/diversion, neoadj chemo)							
C. COLLABORATOR a) Participates and works effectively in the healthcare team; able to negotiate/resolve interprofessional conflicts							
b) Consults and delegates appropriately for level of training							
D. MANAGER 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							
E. HEALTH ADVOCATE 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							
F. SCHOLAR 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							
G. PROFESSIONAL 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)							
H. TECHNICAL & SURGICAL SKILLS							
General Endoscopic Skills a) Rigid cystoscopy, retrograde pyelography b) Flexible cystoscopy, insertion of guidewire and insertion of stent c) TUR-BT of all bladder tumors							
Rotation Specific Endoscopic Skills a) Able to insert flexible ureteroscope into upper urinary tract and systematically inspect renal calyces for assessment of upper tract TCC							
b) Able to perform a TURP for a medium to large prostate gland (20 to 80 grams)							
c) Able to perform open retropubic/suprapubic prostatectomy for the treatment of BPH							
General Open Surgical Skills a) For radical cystectomy, open/establish appropriate exposure for insertion of Bookwalter retractor; perform extended PLND, radical cystectomy, urinary diversion (end of PGY 5)							
b) For prostatectomy, open/establish appropriate exposure for insertion of Bookwalter retractor; perform open radical prostatectomy (beginning of PGY 5)							
c) For open renal surgery, open/establish appropriate exposure for insertion of Bookwalter retractor; perform open radical nephrectomy and open radical nephro-ureterectomy (end of PGY5)							
Rotation Specific Open Skills a) Be able to perform an open radical prostatectomy and intra-op maneuvers for: correction of perforation of the rectum, control bleeding from the dorsal venus complex, identify and spare the peri-prostatic neurovascular bundles, reconstruct the bladder neck							
b) Able to perform extended PLND for radical cystectomy (male and female patient)							
c) Able to perform radical cystectomy and urinary diversion including ileal conduit, heterotopic and orthotopic diversions							
General Laparoscopic Skills a) Insertion of camera port using Hasson technique and additional ports during procedure							

PLEASE RETURN TO:

UROLOGY RESIDENCY TRAINING PROGRAM

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