

**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 1/GU Reconstruction >>

EXPECTATIONS: (for rotation/level of training) This rotation covers specific objectives for Oncology 1 (Testes and Penile cancer) and GU Reconstruction	Does not apply	Could not evaluate	Unsatisfactory	Below Expectations	Meets Expectations	Exceeds Expectations	Superior
MEDICAL EXPERT			1	2	3	4	5
Basic Science Knowledge							
a) Learn and apply penile, urethral, and male perineal anatomy as it relates to vascularity, innervation and fascial layers							
b) Basic knowledge of chemoTx (cell cycle specific vs. nonspecific) and mechanism of action (cisplatin, vinblastine, etoposide (VP16) and bleomycin); has understanding of mechanism of action of radioTx and the radiation sensitivity of the various germ cell elements and toxicities							
c) Describe the epidemiologic and etiologic aspects of squamous cell carcinoma of the penis							
Clinical Knowledge							
a) Describe in detail the surgical options for strictures of the lower GU tract; describe the utility of the flaps commonly used in urologic reconstruction							
b) Able to manage sexual dysfunction associated with Peyronie’s disease (medical & surgical)							
c) Understands the principles of reconstruction for traumatic upper & lower GU trauma							
d) Dx/management of residual retroperitoneal mass in patient with testes ca (RTx vs chemo vs surgery); indications for chemotherapy post RPLND; indication for autologous bone marrow transplant							
e) Understands late complications of chemoTx and radioTX for treatment of testes ca							
Recognition & Management of Emergencies							
a) Know the indications for emergent operative exploration of injuries to the genito-urinary tract							
b) Learn to manage major traumatic genital skin defects							
c) 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							
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) Flexible cystoscopy, insertion of guidewire and insertion of stent								
b) TUR-BT of all tumors								
c) TURP for a medium to large prostate gland (20 to 80 grams)								
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) Perform standard reconstructive urologic techniques (excision/primary anastomosis for short bulbous stricture, operative exposure of penile neurovascular structures, simple graft onlay/suturing techniques, implantation of penile prostheses)								
b) Learn to harvest and to describe the indications and merits of grafts used in urologic reconstruction								
c) Perform partial and radical penectomy; able to perform inguinal (superficial and complete) lymphadenectomy when treating high grade and/or invasive penile cancer								
d) For RPLND able to mobilize peritoneal contents, has respect/appreciation for tissues/plans post chemoTx; able to perform vascular control and suturing								
General Laparoscopic Skills								
a) Insertion of camera port using Hasson technique and additional ports during procedure								
b) Able to mobilize bowel, enter correct anatomical planes and begin to acquire the skills for hilar dissection during laparoscopic radical nephrectomy								
c) Open/close kidney extraction site during radical nephrectomy/nephroureterectomy								
d) Able to mobilize lateral and inferior attachments to kidney and place specimen in lap sac								

OVER ⇌

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).

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 _____
	PRINT	

Resident

This evaluation has been reviewed with me.

YES

NO

If no, why not?

Comments:

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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