

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

Name: <<Resident	PGY <<2 & 3>>
Report Covers Training Period: <<Date>>	
Preceptor(s): <<Surgeon Name>>	Rotation: <<>>

EXPECTATIONS: (for rotation/level of training) This rotation covers specific objectives for Oncology 3 (Renal Tumors and Adrenal Disease)	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 classify renal tumors (benign and malignant) and outline the epidemiology and etiology of benign and malignant renal tumors							
b) Able to describe the anatomy, histology and embryology of the adrenal glands							
c) Able to outline physiology of adrenal cortex and adrenal medulla							
Clinical Knowledge							
a) Able to outline the TNM classification for RCC and outline the steps in staging and diagnosing the patient with a renal tumor							
b) Able to describe the treatment of localized RCC and outline treatment of locally advanced and metastatic RCC							
c) Able to describe the clinical presentation and diagnosis of patients with Cushing’s syndrome, primary hyperaldosteronism, and pheochromocytoma							
d) Able to discuss and outline a diagnostic and management plan for the patient with an incidentally discovered adrenal mass							
e) Able to outline the surgical options and operative techniques for nephrectomy and adrenalectomy							
Recognition & Management of Emergencies							
a) Able to outline the operative steps for gaining control of an acute intra-operative hemorrhage during radical nephrectomy and adrenalectomy (open & laparoscopic)							
b) Able to outline the appropriate steps for managing the hypotensive patient that is status post-nephrectomy/adrenalectomy)							
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) 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							
General Open Surgical Skills							
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)							
Rotation Specific Open and Laparoscopic Skills							
a) Able to act as the primary assistant during open radical nephrectomy/adrenalectomy; and camera-operator during laparoscopic nephrectomy/adrenalectomy							
b) Able to mobilize bowel and define correct surgical planes during open and laparoscopic radical nephrectomy/adrenalectomy; able to mobilize kidney from retroperitoneum once the hilum has been controlled							
General Laparoscopic Skills							
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)							

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 _____	_____	_____
	PRINT	Signature Date
Resident		
This evaluation has been reviewed with me.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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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