

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

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

EXPECTATIONS: (for rotation/level of training) This rotation covers specific objectives of renal transplantation	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) Understands pathophysiology of the allo response and the immune mechanisms involved in allograft rejection							
b) Understands mechanism of action, dosage and side effects of the immunosuppressive agents used in clinical practice							
c) Demonstrate knowledge of different tissue typing techniques, their indications and interpretation of results							
d) Describes the pathologic classification of rejection and outlines the management of each type of rejection							
Clinical Knowledge							
a) Can perform a pre transplant surgical assessment outlining: Indications and contraindications for transplantation, assessment of the urologic tract and indications for pre transplant nephrectomy							
b) Assess a living related donor for transplantation outlining: Indications and contraindications for living related renal donation, and risks of living related renal donation							
c) Able to assess a deceased donor for suitability for donation							
Recognition & Management of Emergencies							
a) Able to recognize and manage the short and long term surgical complications of renal transplantation							
b) Able to assess a renal allograft that is nonfunctioning early in the perioperative period demonstrating a knowledge of: ATN, calcineurin toxicity, urine leak, vascular complication, perinephric fluid collections, rejection, and recurrent disease							
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 Skills a) Able to open and close the incision on a renal transplant b) Able to perform an open renal biopsy c) Able to sew a portion of the renal vein								
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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