

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

<b>Name:</b> <<Resident	<b>PGY</b> <<4&5>>
<b>Report Covers Training Period:</b> <<Date>>	
<b>Preceptor(s):</b> <<Surgeon Name>>	<b>Rotation:</b> <<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
<b>MEDICAL EXPERT</b>							
<b>Basic Science Knowledge</b>							
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							
<b>Clinical Knowledge</b>							
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) List the indications for a transplant nephrectomy							
d) Demonstrates a knowledge of the various techniques for live donor nephrectomy open versus laparoscopic							
<b>Recognition &amp; Management of Emergencies</b>							
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>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) 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)							
<b>General Open Surgical Skills</b>							
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)							
d) Knows the appropriate steps in surgical procedure (s)							
<b>Rotation Specific Open Skills</b>							
a) Assist with a renal transplant demonstrating an ability to: Develop the exposure to the pelvis and iliac vessels, perform a vascular anastomosis, an extravesical ureteral reimplantation							
b) Able to perform a deceased donor nephrectomy							
<b>General Laparoscopic Skills</b>							
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).

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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	_____	_____
	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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