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: <<Oncology 2/BPH >>

EXPECTATIONS: (for rotation/level of training)
This rotation covers specific objectives for Oncology 2 (Bladder and Prostate Cancer) and BPH

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, US, 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

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 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) Able to complete a TURP for a small to medium-sized prostate gland (15-30 grams)

#### 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) TUIP for small prostate (< 20 gms) or for treatment of bladder neck contracture

#### General Open Surgical Skills

a) Holds and uses instruments in a proper and efficient manner

b) Ties square surgical knots (one and two-handed ties)
c) Knows the appropriate steps in surgical procedure (s)

d) For radical nephrectomy or partial nephrectomy, open and establish appropriate exposure for insertion of Bookwalter retractor (end of PGY3)

#### Rotation Specific Open Skills

a) Completion of standard PLND (end of PGY3)
b) For radical prostatectomy and radical cystectomy, open and establish appropriate exposure for insertion of Bookwalter retractor (by early PGY3)
c) Able to perform extended PLND for radical cystectomy (male and female patient)

#### General Laparoscopic Skills

a) Insertion of camera port using Hasson technique

b) Insertion of additional ports during above procedure

c) Able to properly assist primary operator as the camera person
d) Opening and closing of kidney extraction site during radical nephrectomy/nephroureterectomy
e) Closure of camera and laparoscopic ports

f) Able to mobilize large bowel exposing retroperitoneum during LRN (end of PGY3)
g) Able to mobilize lateral and inferior attachments to kidney and place specimen in lap sac (end of PGY3)

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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OVER ☑
Was this evaluation made by a committee   YES ☐ NO ☐

or by a single or principal evaluator  YES ☐ NO ☐

Principal Evaluato   __________________________________   ___________________________________   ____________________

             PRINT                                                                       Signature                                                        Date

Resident
This evaluation has been reviewed with me.   YES ☐ NO ☐

If no, why not?

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Comments:

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Resident  "<Resident Name>"   __________________________________   ____________________

             PRINT                                                                       Signature                                                        Date

Program Director  Dr Tim Wollin   ___________________________________   ____________________

             PRINT                                                                       Signature                                                        Date

PLEASE RETURN TO:
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