**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>>

**EXPECTATIONS:** (for rotation/level of training)  
This rotation covers specific objectives for Oncology 3 (Renal Tumors and Adrenal Disease)

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<th>Does not apply</th>
<th>Could not evaluate</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
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**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 (i.e. seeks/accepts advice, demonstrates awareness of personal limitations)

c) Demonstrates a commitment to physician health and sustainable career training and practice (i.e. personal health/well-being/resiliency, personal & career development)

### H. TECHNICAL & SURGICAL SKILLS

#### General Endoscopic Skills

- Rigid cystoscopy, retrograde pyelography
- Flexible cystoscopy, insertion of guidewire and insertion of stent
- TUR-BT of small to medium-sized tumors
- Resection of posterior lobe of prostate in TURP

#### General Open Surgical Skills

- Holds and uses instruments in a proper and efficient manner & ties square surgical knots (one and two-handed ties)
- For prostatectomy, open and establish appropriate exposure for insertion of Bookwalter retractor (by early PGY3)
- For radical nephrectomy or partial nephrectomy, open and establish appropriate exposure for insertion of Bookwalter retractor (end of PGY3)
- Able to close a flank, anterior abdominal and thoraco-abdominal incisions
- Knows the appropriate steps in surgical procedure(s)

#### General Laparoscopic Skills

- Insertion of camera port using Hasson technique and additional ports during above procedure
- Able to properly assist primary operator as the camera person
- Opening and closing of kidney extraction site during radical nephrectomy/nephroureterectomy
- Closure of camera and laparoscopic ports
- Able to mobilize large bowel exposing retroperitoneum during LRN (end of PGY3)
- Able to mobilize lateral and inferior attachments to kidney and place specimen in lap sac (end of PGY3)

#### Rotation Specific Open and Laparoscopic Skills

- Able to act as the primary assistant during open radical nephrectomy/adrenalectomy; and camera-operator during laparoscopic nephrectomy/adrenalectomy
- 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
- Able to mobilize large bowel exposing retroperitoneum during LRN (end of PGY3)
- Able to mobilize lateral and inferior attachments to kidney and place specimen in lap sac (end of PGY3)

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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 [ ]  

NO [ ]

by a single or principal evaluator  

YES [ ]  

NO [ ]

Principal Evaluator  

PRINT  

Signature  

Date  

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Resident  

This evaluation has been reviewed with me.  

YES [ ]  

NO [ ]

If no, why not?
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<th>Dr Tim Wollin</th>
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**PLEASE RETURN TO:**

**UROLOGY RESIDENCY TRAINING PROGRAM**

**ALBERTA UROLOGY INSTITUTE INC.**

**SUITE 400 HYS CENTRE, 11010-101 STREET**

**EDMONTON, AB T5H 4B9**

**FAX: (780) 990-7092 PHONE: (780) 441-2579**