**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: <<Pediatric Urology>>

### EXPECTATIONS: (for rotation/level of training)

This rotation covers specific objectives of Pediatric Urology for PGY 3.

<table>
<thead>
<tr>
<th>Does not apply</th>
<th>Could not evaluate</th>
<th>Unsatisfactory</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### MEDICAL EXPERT

**Basic Science Knowledge**

- a) Basic urologic embryology and embryology of congenital abnormalities
- b) Anatomy: inguinal canal, scrotum, flank, pelvis, and inguinal canal
- c) Has understanding of the pathophysiology of kidney obstruction

**Clinical Knowledge**

- a) Able to manage pre and post-operative patients including fluids, electrolytes, pain, wound care, and know drug dosages of antibiotics, analgesics, anticholinergics
- b) Able to take pediatric history and physical of child and history from parent
- c) Able to work up and investigate UTI, incontinence, and hydronephrosis
- d) Understands management of penile complaints in children
- e) Able to plan follow-up of neuropathic bladder and recognizes signs of decompensation
- f) Understands management options in reflux and obstruction

#### Recognition & Management of Emergencies

- a) Able to perform complete evaluation and suggest management of ill pediatric patients
- b) Able to investigate and manage pediatric trauma, testicular pain and sepsis

#### 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).

<table>
<thead>
<tr>
<th>H. TECHNICAL &amp; SURGICAL SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Endoscopic Skills</td>
</tr>
<tr>
<td>a) Rigid cystoscopy, retrograde pyelography</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Open Surgical Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Holds and uses instruments in a proper and efficient manner &amp; ties square surgical knots (one and two-handed ties)</td>
</tr>
<tr>
<td>b) Able to close a flank, anterior abdominal and thoraco-abdominal incisions</td>
</tr>
<tr>
<td>c) Knows the appropriate steps in surgical procedure(s)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rotation Specific Open Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Capable of circumcision, orchidopexy, communicating, hydrocele, torsion tests, scrotal surgery, incision to flank and pelvis</td>
</tr>
<tr>
<td>b) Able to properly assist primary operator as the camera person</td>
</tr>
<tr>
<td>c) Opening and closing of kidney extraction site during nephrectomy/nephroureterectomy</td>
</tr>
<tr>
<td>d) Closure of camera and laparoscopic ports</td>
</tr>
<tr>
<td>e) Able to mobilize large bowel exposing retroperitoneum during laparoscopic procedures (end of PGY3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Laparoscopic Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Insertion of camera port using Hasson technique and additional ports during above procedure</td>
</tr>
<tr>
<td>b) Able to properly assist primary operator as the camera person</td>
</tr>
<tr>
<td>c) Opening and closing of kidney extraction site during nephrectomy/nephroureterectomy</td>
</tr>
<tr>
<td>d) Closure of camera and laparoscopic ports</td>
</tr>
<tr>
<td>e) Able to mobilize large bowel exposing retroperitoneum during laparoscopic procedures (end of PGY3)</td>
</tr>
</tbody>
</table>

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 ☐ NO ☐

or by a single or principal evaluator YES ☐ NO ☐

Principal Evaluator ___________________________ ___________________________ ___________________________

PRINT Signature Date

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

If no, why not?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Comments:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

OVER ⇒
<table>
<thead>
<tr>
<th>Resident</th>
<th>&lt;&lt;Resident Name&gt;&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PRINT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Director</th>
<th>Dr Tim Wollin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PRINT</td>
</tr>
</tbody>
</table>

**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**