**UNIVERSITY OF ALBERTA**

**POSTGRADUATE MEDICAL EDUCATION**

**UROLOGY – IN-TRAINING EVALUATION REPORT**

Name: <>Resident\n
PGY: <<3>>

Report Covers Training Period: <<Date>>

Preceptor(s): <<Surgeon Name>>

Rotation: <<Stones/Female Urology>>

<table>
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<tr>
<th>EXPECTATIONS: (for rotation/level of training)</th>
<th>Does not apply</th>
<th>Could not evaluate</th>
<th>Rarely meets</th>
<th>Inconsistently meets</th>
<th>Generally meets</th>
<th>Sometimes exceeds</th>
<th>Consistently exceeds</th>
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<tr>
<td>This rotation covers specific objectives of Stones/Endourology and Female Urology PGY 3</td>
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**MEDICAL EXPERT**

### Basic Science Knowledge

- a) Understands/describes the epidemiology and pathophysiology of stone formation
- b) Understands the effects of ureteral obstruction on renal function (acute and chronic changes) and able to describe the pathogenesis of ureteral pelvic junction obstruction (UPJO)
- c) Able to describe and categorize the pathophysiology of voiding dysfunction (abnormalities of filling/storage) and incontinence

### Clinical Knowledge

- a) Describes/recognizes symptoms/signs of a patient with acute renal colic; orders appropriate diagnostic tests; able to interpret common radiologic tests used to diagnose urinary tract obstruction (KUB, IVP, CT scan, U/S, RPG)
- b) Can describe the surgical/endourological treatment options for urinary tract stones depending on their location
- c) Can describe/order the appropriate tests used for the diagnosis of UPJO and describe the indications and options for intervention in the patient with UPJO
- d) Describe/outline the appropriate laboratory, radiologic, endoscopic and urodynamic evaluation of the patient with voiding dysfunction
- e) Describe treatment for the patient with neuropathic voiding dysfunction (facilitate bladder filling/storage; bladder emptying)

### Recognition & Management of Emergencies

- a) Able to recognize/diagnose the common emergency scenarios in the patient with urinary tract stones (bilateral ureteral obstruction, solitary kidney, infected hydronephrosis); able to order appropriate management for these patients
- b) 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

Rotation Specific Endoscopic Skills
a) Rigid ureteroscopy with laser fragmentation of a ureteral stone, stone basket extraction
b) Able to insert flexible ureteroscope into upper urinary tract and systematically inspect renal calyces
c) Perform rigid nephroscopy, intracorporeal lithotripsy, and stone extraction during PCNL

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) For prostatectomy, open and establish appropriate exposure for insertion of Bookwalter retractor (by early PGY3)
d) Completion of pelvic lymph node dissection (end of PGY3)
e) For radical nephrectomy or partial nephrectomy, open and establish appropriate exposure for insertion of Bookwalter retractor (end of PGY3)
f) Knows the appropriate steps in surgical procedure(s)

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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______________________________________________________________________________

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?

______________________________________________________________________________

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Resident

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Program Director

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<th>Dr Tim Wollin</th>
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**PLEASE RETURN TO:**

UROLOGY RESIDENCY TRAINING PROGRAM  
ALBERTA UROLOGY INSTITUTE INC.  
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