Vancouver General Hospital

Rotation Goals and Objectives

General Objectives

The rotation at VGH provides training in tertiary-care adult urology. VGH is the major referral center for the province of British Columbia and is the site of our program’s largest and most active clinical teaching unit (as well as the location of our departmental offices). There is broad interaction with other medical and surgical specialties and the rotation offers excellent exposure to all aspects of general adult urology and the urologic sub-specialty fields. There is particular emphasis on urologic oncology, stone disease, endourology, minimally invasive surgery, urologic trauma, renal transplantation, surgical robotics, Men's Health and andrology.

The goals and objectives for the rotation will vary according to the PGY level of the resident and are broadly categorized into “junior” and “senior” and “Chief” levels. The resident will be evaluated according to the goals and objectives appropriate for his/her level. The “rotation” at VGH is a longitudinal experience. A resident will typically spend 4 to 6 discontinuous blocks at VGH in the junior role, 4 to 6 discontinuous blocks in the senior role and 4 uninterrupted blocks as Chief Resident. The time spent in the junior role will be spread over PGY 1 and PGY2 years; the senior rotation will take place during the PGY3 and PGY4 years; Chief Resident rotations for the three residents are 4 blocks duration and begin in March of the PGY4 year. Although and ITER will be issued at the end of each block, it is recognized that most residents will require 3 to 4 blocks in the junior and senior roles to achieve the competencies required of this rotation.
Chief and Senior Residents

Chief and senior residents are expected to attain a consultant’s level of expertise in diagnostics and surgical technical skills related to adult urology.

Chief and senior residents are expected to attain a consultant’s level of expertise in the delivery of patient-centered care and be able to address issues of gender, age, culture and ethnicity as they pertain to adult urology.

Chief and senior residents are expected to work in an ethical and professional manner consistent with the highest standards of our profession.

Chief and senior residents will be expected to attain a consultant’s level of expertise for working within a health care team. When working with colleagues, nurses and allied-health personnel, they will show the required communication skills and personal attitudes to provide optimal patient centered care.

Chief and senior residents are expected to attain a consultant’s level of expertise in teaching junior residents, medical students, nurses and other learners.

Junior Residents

Junior residents will be expected to understand the scope of practice and the level of knowledge and skill required of a specialist in urology.

Junior residents are expected to attain a consultant’s level of expertise in certain, basic diagnostic and technical skills:
- elicit a history pertinent to common urologic complaints
- perform a relevant physical exam for common urologic complaints
- know the indications and be able to insert a foley catheter in male and female patients
- perform flexible and rigid cystoscopy
- know the indications and contraindications for common radiologic studies (ultrasound, CT, MRI) in patients presenting with urologic conditions
- interpret standard radiologic studies (ultrasound, CT, MRI) for common urologic disorders

Junior residents are expected to demonstrate progressive acquisition of collaborative and communication skills relevant to surgical practice. They will appreciate the level of skill required of a specialist in urology in order to provide optimal patient centered care.
Urology Competencies

Medical Expert:

At the completion of a **junior, senior and chief** rotation at VGH, the resident will demonstrate insight regarding the limits of their own expertise and seek assistance from other health care professionals when necessary.

At the completion of a **junior and senior** rotation at VGH, the resident will be capable of providing a thorough urology consult and make a presentation of the findings (both verbal and written) at the request of another health care professional. A thorough consult will include a pertinent medical history and physical examination but will also include an assessment of relevant ethical issues and due consideration of patient preferences, patient age, sex, ethnicity and culture when providing a final recommendation.

At the completion of a **Chief** rotation at VGH, the resident will demonstrate that he/she has acquired knowledge of clinical urology to the level of a consultant urologist. This will include detailed and practical familiarity with CUA guidelines, Campbell’s textbook of urology, review articles from CUAJ and the Journal of Urology and important clinical trials from other journals.

At the completion of a **senior** rotation at VGH, the resident will be able to apply and interpret diagnostic studies in a resource-effective manner. Specifically, the resident will be able to describe the tests to patients, know the indications, contraindications and limitations of all diagnostic tests. The resident will also know the estimated cost of all diagnostic tests. These tests include:

- urine studies (urinalysis, culture, cytology, metabolic studies for stone formation)
- radiologic studies (abdominal, genital, transrectal, transvaginal ultrasound, doppler U/S of kidneys and genitalia, CT scan +/- IV contrast, MRI +/- IV contrast, cystogram and VCUG, renal angiography)
- retrograde pyelograms
- loopography
- nuclear renography including DTPA, Mag-3 and DMSA isotopes
- interpretation of biopsies of kidney, prostate, bladder and indeterminate abdominal, pelvic or genital lesions
At the completion of a **Chief** rotation at VGH, the resident will be fully competent to perform the procedures listed below. The **senior** resident will be knowledgeable and proficient at these procedures but will not yet be competent to perform them:

- Cystoscopy and retrograde pyelograms
- Visual internal urethrotomy
- TURP
- TURBT
- Ureteroscopy and in-situ lithotripsy of calculus
- Percutaneous nephrolithotripsy
- Circumcision
- Scrotal surgery for hydrocele and spermatocoele
- Percutaneous aspiration and shunting for priapism
- Radical orchiectomy
- Ureteral reimplantation
- Radical retropubic prostatectomy
- Pelvic lymph node dissection for cancer of the bladder or prostate
- Radical cystectomy
- Urinary diversion – ileal conduit
- Laparoscopic nephrectomy – donor, radical and simple
- Nephroureterectomy – open or laparoscopic
- Partial nephrectomy – open or laparoscopic

At the completion of a **Chief** rotation at VGH, the resident will be knowledgeable and proficient in the following procedures (the resident may not be ‘fully competent’ as there may not be sufficient exposure during the rotation to attain this level):

- renal transplantation
- laparoscopic adrenalectomy
- laparoscopic pyeloplasty
- orthotopic urinary reservoir following cystectomy
- repair of traumatic fracture of the penis
- repair of testicular torsion or fracture
- transplant nephrectomy (of failed allograft)
- below diaphragm multi-organ retrieval

At the completion of a **senior** rotation at VGH, the resident will be capable of explaining the procedures listed above to patients and families in order to obtain informed consent. The resident will be knowledgeable regarding the indications, contraindications, potential complications (both common and serious) of each procedure and be apply this knowledge to a patient while considering the patient’s preferences, concerns and associated medical conditions.
These competencies will be taught and assessed in the following ways:

1. Assignment to a high-quality clinical service. Attending urologists at VGH will be knowledgeable of the rotation goals and objectives and will be highly motivated to ensure each resident has sufficient exposure to clinical material.
2. High volume of emergency surgical cases and emergency room consultations where residents will be the primary responders.
3. Review of diagnostic testing, radiology, surgical indications, issues related to informed consent, procedural complications and various technical considerations prior to surgical procedures.
4. Careful review of resident documentation (dictated consults, OR reports and discharge summaries) to teach and evaluate communication and professional skills.
5. Real-time teaching and assessment of technical skills during each procedure.
6. Use of the OR report card – as requested by the resident.
7. Written ITER at the end of each block.
8. Face-to-face feedback (in real time) throughout the rotation and at the end of the block.
Communicator:

At the completion of a senior rotation at VGH, the resident will:

- Be capable of establishing a meaningful therapeutic relationship with patients and families at times of elective medical encounters as well as times of emergency encounters. This will be achieved by speaking honestly, respectfully and with patience as well as listening effectively.
- Respect patient privacy and confidentiality and be knowledgeable of the Vancouver Coastal Health Authority and UBC policy on patient confidentiality.
- Be capable of conveying relevant medical information to patients and families in a manner that is understandable and encourages shared decision-making.

At the completion of a Chief rotation at VGH, the resident will:

- Be capable of more advanced communication skills appropriate for experienced clinicians. These include synthesizing clinical information with patient concerns, preferences, issues of age, gender, ethnicity, culture and ethical considerations into a final recommendation or plan of care.
- Be able to address challenging encounters such as delivering bad news, discussing medical errors and obtaining informed consent.

At the completion of a junior and senior rotation at VGH, the resident will be capable of producing verbal and dictated consultations to other clinicians that are thorough but succinct.

These competencies will be taught and evaluated in the following ways:

1. During direct patient care, the residents will have the opportunity to speak and assess patients in the presence of the attending urologists. Issues related to communication will be explicitly discussed and developed with the attending at an appropriate time.
2. During the surgical “time out” residents will be taught and evaluated regarding their knowledge of the case and their synthesis of patient concerns, clinical information and patient safety. Their ability to communicate in a manner that encourages shared decision-making will also be assessed.
3. Nursing evaluation of the junior residents’ communication skills will be done at the end of each block. This will typically be done by the Nursing leader on the urology ward and be based on the junior residents’ written and verbal skills during elective and emergency cases.
4. All written reports (consults, OR reports, discharge summaries) will be reviewed by the attendings and feedback given.
5. During scholarly presentations that may occur during the rotation (presentation of grand rounds, preparation for NWUS meeting or resident research day), residents may receive help or feedback on effective communication and presentation skills from the attending surgeons.
Collaborator:

At the completion of a junior rotation at VGH, the resident will be capable of describing the roles and responsibilities of other health care professionals that interact with urology patients and families. These other health care providers include nurses, social workers, physiotherapists, occupational therapists, unit clerks and radiology technicians.

At the completion of a junior rotation at VGH, the resident will understand inter-professional team function and demonstrate that they can work with others to minimize team conflict and optimize patient-centered care.

These competencies will be taught and evaluated in the following ways:

1. Junior resident are involved in the multidisciplinary process of discharge planning from the hospital. Residents are required to work closely with ward nurses, home-care nursing, family practitioners, patients and families to help patients transit through the health care system. The attending surgeon will evaluate their interaction with the various healthcare providers.

2. Feedback from ward nursing will be obtained through a one45 on-line evaluation form – to evaluate the junior residents’ collaborative skills with other health care providers (see above).

3. During the surgical time-out, issues of collaboration will be discussed and the residents’ will receive feedback whenever they are given responsibility for the time out.

4. The residents will receive daily feedback from the attendings on issues of collaboration whenever the situation arises.
Manager:

At the completion of a **Chief** rotation at VGH, the resident will:

- Have served in administrative and leadership roles
- Be able to organize a priority list for surgery

At the completion of a **senior and Chief** rotation at VGH, the resident will understand the role surgeons play in health care expenditures and have a practical knowledge of cost-appropriate care for common urologic conditions

These competencies will be taught and evaluated in the following ways:

1. The Chief resident role is both a clinical and managerial role. The chief resident is responsible for the daily scheduling of the clinical teaching unit and assigns the daily work to the 3 or 4 other resident members of the team. They will receive daily teaching feedback from attending surgeons.
2. Chief resident is responsible for arranging surgery for in-patients at VGH and will discuss matters daily with the on-call urologist. Teaching and feedback will be given daily.
3. Daily teaching and feedback will be given by the on-call urologist on cost-effective care.
Scholar:

At the completion of a Chief rotation at VGH, the resident will be an effective teacher of medical students and junior residents regarding clinical urology, the urologic sciences and relevant technical skills.

At the completion of a Chief rotation at VGH, the resident will be able to give effective feedback to medical students and junior residents.

These competencies will be taught and evaluated in the following ways:

1. In the operating room, Chief residents are required to teach fundamental steps and basic procedures to the junior members of the CTU. The attending surgeons observe these encounters and feedback will be given.
2. On the ward, during daily rounds, the Chief resident will teach the junior residents matters of clinical urology, patient management and technical skills. The Chief resident will also give feedback to the junior residents on their clinical management of various patients.
Professional:

At the completion of a junior and senior rotation at VGH, the resident will demonstrate a commitment to personal health and sustainable practice.

These competencies will be taught and evaluated in the following ways:

1. The attending urologists and the residents will discuss matters of personal health, workload, strategies for studying, career goals and personal achievement as required.