St. Paul’s Hospital & Mt. St. Joseph’s Hospital

Rotation Goals & Objectives

General Objectives

The rotation at SPH & MSJ provides training in tertiary-care adult urology. There is a particular emphasis on renal stone disease, renal transplantation and laparoscopic surgery for renal and pelvic disorders. There is also training in broad-based, general urologic practice including uro-oncology, reconstructive surgery for female incontinence, benign prostatic diseases, trauma, interstitial cystitis and chronic pelvic pain syndromes.

The expectations for the rotation will vary according to the PGY level of the resident and are broadly categorized into “junior” and “senior” levels. The resident will be evaluated according to the goals and objectives appropriate for his/her level. The “rotation” at SPH/MSJ is better described as a longitudinal experience. A resident will typically spend three to four blocks at SPH/MSJ in the junior role and another three to four blocks in the senior role. The time spent in the junior role will be spread over the PGY1 through PGY3 years. Similarly, the senior “rotation” will be spread out over the PGY4 and PGY5 years. Although an ITER will be issued at the end of each block, it is recognized that most residents will require three to four blocks in the junior and senior roles to achieve the competencies required of this rotation.

Although the seven CanMEDS competencies will be taught and evaluated specifically during the residency, it is not possible to teach all aspects of each competency while on rotation at SPH/MSJ.
It should be recognized that much of the teaching during this rotation will occur during, or a result of, direct patient care. The resident will recognize that their own education is intricately linked to delivery of patient care and that, through service, their education will be optimized.

**Senior Residents**

Senior residents are expected to:

- Attain a consultant’s level of expertise in diagnostics and surgical technical skills related to adult urology.
- 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.
- Work in an ethical and professional manner consistent with the highest standards of our profession.
- 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.
- Attain a consultant’s level of expertise in teaching junior residents, medical students, nurses and other learners.

**Junior Residents**

Junior residents are expected to:

- Understand the scope of practice and the level of knowledge and skill required of a specialist in urology.
- 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
• 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.

**Diagnostic Tests and Procedural Skills**

According to the Royal College Objectives of Training in Urology (2009), the Resident will be able to:

**(A) Appropriately use and interpret diagnostic tests relevant to urology**

- 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

**(B) Demonstrate proficiency in the following procedural skills**

- 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
- TVT, TOT or other surgeries for the correction of SUI
- 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
• 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

**Urology Competencies**

**Medical Expert:**

At the completion of a junior and senior rotation at SPH/MSJ, 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 rotation at SPH/MSJ, 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 senior rotation at SPH/MSJ, 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 SPH/MSJ, the resident will be able to apply and interpret diagnostic studies in a resource-effective manner (see preamble for a list of diagnostic tests).

At the completion of a senior rotation at SPH/MSJ, the resident will be proficient in technical skills as outlined in the Royal College Objectives of Training in Urology (see preamble).
At the completion of a senior rotation at SPH/MSJ, 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 SPH/MSJ 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 during the weekly “indication” rounds on Monday mornings.
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 **junior** rotation at SPH/MSJ, 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 **senior** rotation at SPH/MSJ, 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.
- 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 SPH/MSJ, the resident will:

- Be capable of producing verbal and dictated consultations to other clinicians that are thorough but succinct.
- Respect the SPH/MSJ requirement that all media requests for information be referred to PHC Media Services before they give any information themselves.
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. Residents will be directly observed doing patient interviews during the multi-disciplinary renal transplant clinics. Issues related to communication will be taught and assessed.
4. 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 in the OR and be based on the junior residents’ written and verbal skills during elective and emergency cases.
5. All written reports (consults, OR reports, discharge summaries) will be reviewed by the attendings and feedback given.
6. During scholarly presentations that may occur during the rotation (presentation of grand rounds, preparation for NWUS meeting or resident research day), residents will receive help or feedback on effective communication and presentation skills from the attending surgeons.
**Collaborator:**

At the completion of a **junior** rotation at SPH/MSJ, 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, PT, OT, unit clerks and radiology technicians.
- 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 participation in the multidisciplinary transplant clinic and attending the multi-disciplinary transplant assessment meeting each week at SPH. Residents will present the surgical opinion of the patients they have seen that week and listen to the medical, nursing and social work opinions of the same patients. Their interaction with the various healthcare providers will be evaluated by the attending surgeon.
2. Feedback from OR nursing will be obtained through a one45 on-line evaluation form – to evaluate the junior residents’ collaborative skills with anaesthesia and nursing in the OR.
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 end of a junior or senior rotation the resident will be capable of the following:

- Recognize the need for cost containment regarding the judicious ordering of diagnostic tests, performance of outpatient vs. inpatient procedures, and timely discharge of inpatients.
- Participate in office ambulatory clinics in order to gain understanding of the managerial and business aspects of running a clinical practice within a hospital setting.
- Prepare on-call lists in conjunction with other residents in the call group.
- Manage time and utilize information technology effectively.
Health Advocate:

At the end of a junior or senior rotation the resident will be capable of the following:

- Discuss modifiable risk factors for common urologic conditions with patients and families.
- Able to direct patients and families to appropriate specialists, community support groups or online information sources to provide optimal care.

Scholar:

Throughout a junior or senior rotation the resident will be capable of:

- Facilitate learning of house staff, students and other health care professionals.
**Professional:**

During the rotation at SPH, all residents will demonstrate gracious acceptance of advice and feedback.

During the rotation at SPH, all residents will demonstrate punctuality and commitment to any reasonable deadlines required by the service.

During the rotation at SPH, the resident will demonstrate a commitment to appropriate personal behaviors, personal health and sustainable practice.

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

1. Residents will attend the multidisciplinary transplant clinic at SPH where medical ethics, conflict of interest and related issues are routinely debated. The residents’ participation in these discussions is expected and will be evaluated.
2. The program director is at SPH daily and the residents will discuss matters of personal health, workload, strategies for studying, career goals and personal achievement regularly.