UBC Hospital

Rotation Goals and Objectives

General Objectives

The rotation at UBC Hospital provides training in tertiary-care adult urology. There is a particular emphasis on ambulatory care surgery and general urologic practice. The attending urologists are primarily situated at VGH site so there is a slight emphasis on uro-oncology, stone disease and minimally invasive surgery.

UBC Hospital is also the site of the UBC Bladder Care Centre. There is an opportunity to attend clinics and participate in specialized studies such as videourodynamics. Community urologists with specialized training in incontinence and lower urinary tract reconstruction occasionally see patients and use the diagnostic facilities at the Bladder Care Centre.

This is the only rotation with responsibilities for in-patients and emergency room referrals where the resident is typically by themselves (no other urology residents at the same site). It is a good opportunity for a PGY3 to begin taking primary responsibility for patient management. The typical acuity of patient illness and volume of cases are appropriate for the PGY3 level.

The goals and objectives for the rotation are written for the “mid-level” resident (late PGY2 to early PGY4). A resident will typically spend four to five blocks at UBC Hospital during the five year residency. Although an ITER will be issued at the end of each block, it is recognized that most residents will require several blocks to achieve the competencies required of this rotation.
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
- Know the indications and be able to interpret standard urodynamic studies and videourodynamics studies

(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
- Radical retropubic prostatectomy
- Pelvic lymph node dissection for cancer of the bladder or prostate
- Laparoscopic nephrectomy – radical and simple
**Urology Competencies**

**Medical Expert:**

At the completion of a rotation at UBC Hospital, 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 rotation at UBC Hospital, 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 rotation at UBC Hospital, the resident will be able to apply and interpret diagnostic studies in a resource-effective manner (see preamble for list of diagnostic studies).

At the completion of a rotation at UBC Hospital, 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 rotation at UBC Hospital, 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 UBC Hospital 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 elective ambulatory surgical cases where residents will be the primary surgeon or first assistant.
3. Review of diagnostic testing, radiology, surgical indications, issues related to informed consent, procedural complications and various technical considerations with the urology attendings prior to surgery.
4. Attending urologists will carefully review resident documentation (dictated consults, OR reports and discharge summaries) to teach and evaluate medical expert competencies.
5. Case-based 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 rotation at UBC Hospital, the resident will:

- Be capable of establishing a meaningful therapeutic relationship with patients and families at times of elective medical 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.
- 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. All written reports (consults, OR reports, discharge summaries) will be reviewed by the attendings and feedback given.
4. 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 rotation at UBC Hospital, the resident will be capable of describing the roles and responsibilities of other health care professionals that interact with urology patients and families.

At the completion of a rotation at UBC Hospital, 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. The resident will have primary responsibility for in-patient management including admitting patients, daily rounds, discussions with consultants from other services, discussions with ward nurses and physiotherapists and discussions with patients and family members. This will often be the first time the mid-level resident has this amount of responsibility. These encounters will be closely monitored by the attending urologist who will use appropriate examples as teaching moments and give feedback on an ongoing basis.
2. 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.
Manager:

At the completion of a rotation at UBC Hospital, the resident will have an understanding of common urologic procedures that may be performed as an outpatient and those that require admission to hospital.

At the completion of a rotation at UBC Hospital, the resident will recognize the need for cost-effective use of diagnostic tests and timely discharge of inpatients.

This competency will be taught and evaluated in the following way:

1. Through case-based teaching, the attending urologists will review cost-effective management of common urologic conditions and strategies to minimize patient time in hospital in order to contain health care expenditures.

Scholar:

During a UBC Hospital rotation, the resident will facilitate learning of house staff, students and other health care professionals

Professional:

During a rotation at UBC Hospital, the resident will be capable of the following:

- Graciously accepting advice and feedback.
- Demonstrating a commitment to ethical practice and high personal standards of behavior.
- Demonstrating punctuality and a commitment to any reasonable deadlines required by the service.
- Understanding the limits of their expertise and seeking advice/help from other clinicians in order to provide optimal patient-centered care.