



Urology Residency Program – Rotation Plan

Pediatric Urology Rotation - Core

CBD STAGE:	Core
LENGTH OF ROTATION:	3 4-week blocks
ROTATION OFFERED AT:	Toronto

FOCUS OF THIS ROTATION

This rotation focuses on specialized education and clinical experiences in diagnosing and treating urological disorders in infants, children, and adolescents. The resident will gain competence in managing a wide range of conditions affecting the urinary tract and genitalia in pediatric patients.

Residents will gain experience in the perioperative care of children, and pediatric urologic surgery, and learn basic laparoscopic principles and endourology skills. They will also learn about the evaluation and management of outpatient urologic conditions in this population, including the interpretation of urodynamics in children.

This rotation will be an opportunity for resident to participate in and conduct pediatric urologic procedures such as circumcision, scrotal/groin surgery, hypospadias, pyeloplasty and surgery for reflux, and outpatient pediatric urologic surgical perioperative management. In addition, residents will gain experience in performing more complex duties in patient care coordination and intra-service communication.

EPAS FOR THIS ROTATION

The EPAS that should be prioritized in this rotation are those highlighted in **green**.

EPA Number	EPA Description
Urology	
C 4	Assessing and managing urinary tract and/or genital anomalies in children
C 16	Providing post-operative care for children following a urologic intervention

EPA Objectives

The following are the objectives resident will be assessed on through the EPAs. These outline the expectations regarding the level of competence residents are required to demonstrate to achieve their EPAs, at this stage of training.

Note that the objectives in green font should be prioritized in this rotation.

CanMEDS ROLES LEGEND	
ME	Medical expert
COM	Communicator
COL	Collaborator
HA	Health Advocate
P	Professional
S	Scholar
L	Leader

Urology

C 4

ME 2.2 Elicit a history, including the perinatal history as relevant

ME 2.2 Perform the physical exam in a manner that minimizes discomfort or distress, without excluding key elements

ME 2.2 Adapt the clinical assessment to the child's age and development

ME 2.2 Select investigations, considering the limitations of blood volume on laboratory testing and the challenges of medical imaging in children

ME 2.2 Interpret investigations

ME 2.2 Distinguish disorders of sexual differentiation from others in the differential diagnosis

ME 2.4 Develop a management plan, which may include observation, medical management or surgical intervention

COM 3.1 Provide information to the patient and/or family clearly and compassionately

C16

ME 2.4 Provide routine post-operative care, managing intravenous fluids, diet, wound care, and medications

ME 1.4 Perform clinical assessments of pediatric patients that address all relevant issues

ME 2.4 Provide appropriate pain management

ME 2.4 Adjust medication dosing for patient age, size, and/or renal function

ME 2.4 Manage issues related to wound healing, as well as tubes and drains

COM 3.1 Share information and explanations that are clear, accurate, and timely while checking for patient and/or family understanding

COL 1.2 Work effectively with other health professionals