



Urology Residency Program – Rotation Plan

Urology Transplant Rotation - Foundations

CBD STAGE:	Foundations
LENGTH OF ROTATION:	1 4-week block
ROTATION OFFERED AT:	Toronto

FOCUS OF THIS ROTATION

In this rotation the resident will have the opportunity to learn about the principles of pre and postoperative management of transplantation. They will observe and participate in kidney transplant surgeries; develop basic knowledge of vascular anastomosis skills; develop some of their surgical techniques; learn about organ preservation. This could include both deceased donor and living donor kidney transplants. Residents will participate in interdisciplinary rounds and meetings to discuss patient care.

EPAS FOR THIS ROTATION

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

EPA Number	EPA Description
Surgical Foundations	
TTD 3	Documenting clinical encounters
TTD 4	Demonstrating handover technique
TTD 5	Demonstrating ability to function in the operating room
TTD 6	Suturing incisions
TTD 7	Managing tubes, drains and central lines
F 1	Providing initial management for critically ill patients
F 4	Providing risk assessment and management for preoperative patients in preparation for surgery
F 5	Providing patient education and informed consent in preparation for surgical care
F 6	Participating in surgical procedures
F 7	Managing patients with an uncomplicated post-operative course

F 8	Managing post-operative patients with complications
F 9	Supervising junior learners in the clinical setting

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

Surgical Foundations

TTD3

ME 2.2 Synthesize and interpret information from the clinical assessment

COM 5.1 Organize information in appropriate sections within the medical record

COM 5.1 Provide a clear plan for ongoing management

P 1.1 Complete assigned responsibilities in a timely fashion

TTD4

ME 5.2 Use structured handover tools and strategies to enhance patient safety

ME 2.1 Identify patients at risk for sudden deterioration in clinical status

COL 3.2 Summarize and prioritize patient issues providing rationale for key decisions

COL 3.2 Communicate plans for ongoing management of patients, such as outstanding investigations and anticipated events or outcomes

COL 3.2 Answer questions from the receiving physician(s) during transitions in care, clarifying issues as needed

TTD5

ME 3.4 Demonstrate effective procedure preparation, including the use of a pre-procedure time-out or surgical safety checklist as appropriate

ME 3.4 Hand-cleanse, gown and glove
ME 3.4 Establish and maintain a sterile field
ME 3.4 Maintain universal precautions
COL 1.2 Demonstrate knowledge of the roles and responsibilities of all participants in the operating room

TTD6

ME 3.4 Maintain sterile technique
ME 3.4 Obtain appropriate assistance
ME 3.4 Select and use suture materials
ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
ME 3.4 Assess the quality of the closure

TTD7

ME 1.3 Apply knowledge of the different tubes, drains and lines used in the care of the surgical patient, the indications for their use and the risks associated with them
ME 3.3 Determine the urgency with which various problems with in-situ tubes, drains and lines require intervention
ME 3.4 Troubleshoot tubes and drains including insertion, unblocking, repositioning, removal or replacement

FOUNDATIONS 1

ME 1.4 Perform the clinical assessment in a time-effective manner
ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
ME 2.2 Develop a specific differential diagnosis relevant to the patient's presentation
ME 2.2 Interpret common and simple investigational modalities
ME 2.4 Develop and implement initial management plans for common problems in surgical practice
ME 3.3 Consider urgency and potential for deterioration, in advocating for the timely execution of a procedure or therapy
COM 5.1 Document the clinical encounter to adequately convey clinical reasoning and the rationale for decisions
ME 4.1 Identify the need for and timing of consultation with another physician or health care professional

FOUNDATIONS 4

ME 1.4 Perform a focused clinical assessment that addresses all relevant issues
ME 2.2 Select and/or interpret appropriate investigations and/or imaging with sufficient attention to clinical details
ME 2.4 Develop and implement plans for preoperative optimization of patients
ME 5.2 Use preoperative care pathways, as appropriate
ME 2.4 Use appropriate prophylaxis

ME 3.3 Consider urgency and potential for deterioration, in advocating for the timely execution of a procedure or therapy

COL 1.2 Collaborate with other health care providers and all involved parties in booking the case including ICU, step down unit, or OR

HA 1.3 Identify modifiable risk factors and promote health and wellness

HA 1.3 Anticipate and advocate for the perioperative needs of patients belonging to vulnerable and marginalized populations

FOUNDATIONS 5

ME 3.2 Describe a proposed surgical care plan to the patient/family, including its risks, expected outcomes and alternative treatments

COM 3.1 Convey information about the post-operative care and issues, immediate and long-term, clearly and accurately

P 1.1 Disclose the role of surgical learners in the patient's procedure and care

COM 3.1 Use plain language and avoid medical jargon

COM 4.3 Answer questions from the patient and/or family

COM 5.1 Document the consent discussion and its outcome

FOUNDATIONS 6

ME 3.4 Set up, position and drape the patient for the procedure

ME 1.3 Apply knowledge of anatomy, key landmarks, and the surgical procedure

ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner

ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling

COL 1.2 Provide and/or use operative assistance effectively

P 1.1 Work within personal limits, asking for help as needed

COL 1.2 Work effectively with the OR team

FOUNDATIONS 7

ME 1.4 Perform a focused clinical assessment that addresses all relevant issues

ME 3.4 Perform wound surveillance and dressing care

ME 4.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved

ME 4.1 Develop and implement a plan for post-operative, immediate and/or long-term care

COL 3.2 Communicate with the patient's primary health care professional about the patient's care

COL 3.2 Summarize the patient's issues in the transfer summary, including plans to deal with the ongoing issues

HA 1.2 Select patient education resources related to surgical practice

HA 1.3 Anticipate and advocate for the perioperative needs of patients belonging to vulnerable and marginalized populations

Part B: Collaborative care

COL 1.2 Demonstrate understanding of the roles and scopes of practice of other health care providers related to surgical practice

COL 1.3 Integrate the patient's perspective and context into the collaborative care plan

COL 2.1 Actively listen to and engage in interactions with collaborators

COL 3.2 Arrange for the appropriate resources and health care assistance to be available for the surgical patient

P 4.1 Regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks

FOUNDATIONS 8

ME 1.4 Perform a focused clinical assessment that addresses all relevant issues

ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance

ME 2.2 Develop a specific differential diagnosis relevant to the patient's presentation

ME 2.2 Select and/or interpret appropriate investigations and/or imaging with sufficient attention to clinical details

ME 3.3 Consider urgency and potential for deterioration, in advocating for the timely execution of a procedure or therapy

ME 4.1 Implement a post-operative care plan for patients with a complicated post-operative course

COM 5.1 Document the clinical encounter to adequately convey clinical reasoning and the rationale for decisions

P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures, and clinical practice guidelines

FOUNDATIONS 9

S 2.4 Identify the learning needs of a junior learner

S 2.2 Create a positive learning environment

S 2.3 Demonstrate an understanding of the role of appropriate supervision

S 2.4 Plan learning activities appropriate to the level of the learner

S 2.5 Provide written or oral feedback to other learners, faculty and other members of the team