



Urology Residency Program – Rotation Plan

Urology Rotation - TTD

CBD STAGE:	Transition to Discipline (TTD)
LENGTH OF ROTATION:	1 4-week block
ROTATION OFFERED AT:	Thunder Bay

FOCUS OF THIS ROTATION

In this rotation, residents will receive orientation to the specialty of Urology and the Surgical Foundations program. This includes a Surgical Foundations Boot Camp in which residents will get oriented to Surgical Foundations and Urology, get a refresher on fundamental skills they learnt in medical school such as universal precautions, surgical skills, documentation, and patient consent. There will also be time spent in the simulation lab going over some of these skills as well as patient cases and handover techniques. In addition, Urology specific sessions will be given to the Urology residents.

This first block will give residents an opportunity to orient themselves to functioning in the hospital environment, and how the other specialties and health care providers collaborate with Urologists to provide optimal care.

***There are a large number of EPAs mapped to this rotation, however, residents will only have an introduction to these competencies, in a general way.

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
Urology	
TTD 1	Assessing patients with a urological presentation
TTD 2	Admitting patients to the urology service
TTD 3	Discharging patients from the urology service
TTD 4	Collaborating with other services
F 1	Assessing and managing patients with a difficult catheterization in an urgent setting
F2	Recognizing and managing urosepsis in patients with urinary obstruction
F3	Assessing and managing patients with acute scrotal/perineal pain
F4	Assessing and establishing a management plan for patients with common non-emergent urological presentations
F6	Performing flexible cystoscopy with examination in an elective setting
F8	Managing urology specific tubes and drains on the ward

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

Urology

TTD 1

- COM 2.1 Conduct the interview in a patient-centered manner
- ME 2.2 Elicit an accurate, relevant history
- ME 2.2 Perform a physical exam that informs the diagnosis
- ME 2.2 Synthesize patient information from the clinical assessment for the purpose of written or verbal summary to a supervisor
- COM 2.3 Identify other sources of information (e.g., family, medical record) that may assist in a given patient's care
- ME 1.4 Recognize urgent problems and seek assistance from more experienced physicians

TTD 2

COM 2.1 Conduct the interview in a patient-centered manner
ME 2.2 Elicit an accurate, relevant history
ME 2.2 Perform a physical exam that informs the diagnosis
ME 2.2 Synthesize patient information from the clinical assessment for the purpose of written or verbal summary to a supervisor
COM 2.3 Identify other sources of information (e.g., family, medical record) that may assist in a given patient's care
ME 1.4 Recognize urgent problems and seek assistance from more experienced physicians

TTD 3

ME 4.1 Organize follow-up plans
ME 5.2 Reconcile current and prior medication lists
COM 5.1 Prepare an accurate, comprehensive, and succinct summary of hospitalization
COL 3.2 Summarize the patient's issues for the receiving physician, including plans to deal with the ongoing issues
P 1.1 Complete assigned responsibilities in a timely fashion

TTD 4

ME 4.1 Formulate clear and appropriate requests for consultation
COL 2.1 Respond to requests in a timely manner
COL 2.1 Communicate with other health professionals clearly and respectfully
P 1.1 Complete assigned responsibilities in a timely fashion
P 1.1 Identify limits in own expertise and seek assistance, as needed

FOUNDATIONS 1

ME 2.1 Determine the acuity of the issue and establish priorities for patient care
ME 3.1 Determine the appropriate procedure
ME 3.4 Prepare, position, and drape the patient
ME 3.4 Perform common procedures in a skilful, fluid and safe manner - Catheter insertion

- Use of guidewires, dilators, and/or sounds to assist catheter insertion
- Cystoscopy for catheter insertion
- Percutaneous suprapubic catheter insertion

ME 3.4 Recognize and manage common outcomes/complications of difficult catheterization
ME 4.1 Determine the necessity of further investigation or intervention
COM 5.1 Document the encounter to convey the procedure, clinical findings and/or outcome

FOUNDATIONS 2

ME 2.1 Determine the acuity of the issue and establish priorities for patient care
ME 1.4 Perform a focused clinical assessment
ME 2.2 Interpret diagnostic imaging
ME 2.4 Develop and implement a management plan
ME 3.3 Consider urgency, and potential for deterioration, in advocating for the timely execution of a procedure or therapy
COL 3.1 Identify patients requiring handover to other physicians or health care professionals
COM 4.3 Answer questions from the patient and/or family
COM 5.1 Document the clinical encounter to adequately convey clinical reasoning and the rationale for decisions

FOUNDATIONS 3

- ME 2.1 Determine the acuity of the issue and establish priorities for patient care
- ME 2.2 Interpret the findings of the physical exam to recognize clinical significance
- ME 2.2 Interpret diagnostic imaging
- ME 2.4 Provide adequate and appropriate symptom management
- ME 3.1 Select surgical and/or medical interventions as appropriate
- ME 3.3 Consider urgency, and potential for deterioration, in advocating for the timely execution of a procedure or therapy
- COM 3.1 Provide information to the patient and/or family clearly and compassionately
- COM 4.3 Answer questions from the patient and/or family

FOUNDATIONS 4

- ME 2.2 Perform the history and physical exam in a timely manner, without excluding key elements
- ME 2.2 Select and/or interpret appropriate investigations
- ME 2.2 Develop a differential diagnosis relevant to the patient's presentation
- ME 2.4 Develop and implement a management plan
- COM 3.1 Provide information to the patient and/or family clearly and compassionately
- COM 4.3 Answer questions from the patient and/or family
- HA 1.1 Assess a patient's need for additional health services or resources
- ME 4.1 Determine the need and timing of follow-up

(Part B): Written Communication

- ME 2.2 Synthesize and interpret information from the clinical assessment
- COM 5.1 Organize information in appropriate sections
- COM 5.1 Document all relevant findings and investigations
- COM 5.1 Convey clinical reasoning and the rationale for decisions
- COM 5.1 Provide a clear plan for ongoing management
- COM 5.1 Complete clinical documentation in a timely manner

FOUNDATIONS 6

- ME 3.4 Prepare, position and drape the patient
- ME 3.4 Maintain sterile technique
- ME 3.4 Assemble and optimize endoscope function
- ME 1.3 Apply knowledge of anatomy, key landmarks and the surgical procedure
- ME 3.4 Manipulate endoscope appropriately, achieving stabilization, orientation and direction
- ME 3.4 Respect tissue vitality when handling tissue and instruments
- ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, forward progression
- COM 3.1 Communicate effectively with the patient during the procedure

FOUNDATIONS 8

- ME 2.2 Identify common issues and/or complications related to tubes and drains
- ME 3.1 Determine the appropriate timing and procedure for tube or drain irrigation or removal
- ME 3.4 Perform common procedures in a skilful, fluid, and safe manner
- P 1.1 Identify limits in own expertise and seek assistance, as needed
- ME 4.1 Develop plans for ongoing care
- COM 5.1 Document the clinical encounter to convey the procedure, clinical findings and/or outcome

