

*Effective for residents who enter training on or after July 1, 2018.*

## **DEFINITION**

Urology is that surgical branch of medicine concerned with the study, diagnosis, and treatment of abnormalities and diseases of the genitourinary tract of the male and the urinary tract of the female in adults and children.

## **UROLOGY PRACTICE**

Urologists provide care for male and female patients of all ages. This includes providing consultation for urgent and non-urgent presentations, performing diagnostic procedures, and providing acute and long-term medical management, active surveillance and/or surgical management of the patient's condition.

Urologists manage the medical and surgical aspects of a variety of congenital and acquired disorders and diseases of the kidneys, ureters, bladder, prostate, urethra and male external genitalia as well as the adrenal glands. This includes disorders of embryological, development and growth, sexual differentiation, and bladder function, and infectious, inflammatory, neoplastic, obstructive, or traumatic conditions of the genitourinary tract in both sexes, as well as disorders of male sexual function and fertility.

The diagnostic procedures performed by urologists include assessments of voiding function and erectile function, biopsies of the genitourinary tract and diagnostic endoscopy of the upper and lower urinary tract. Urologists use a variety of interventional techniques; they perform minimally invasive procedures such as laparoscopic surgery and therapeutic endoscopy of the upper and lower urinary tract, procedures of the genitalia, and open procedures of the abdomen, retroperitoneum, and pelvis.

Urologists practice in academic and community settings. Their scope of practice may be shaped by the diagnostic and therapeutic techniques available in their setting as some of the advanced technologies employed by Urology (e.g., robotics) are currently limited to large urban and/or academic centres. Urologists work in the clinic and hospital setting, and in the endoscopy and operating suites. They may operate diagnostic laboratories for vascular studies of the male genitalia or urodynamic studies.

The focus of urologists' expertise requires that they work effectively with a variety of other specialties, such as anesthesiologists, general surgeons, gynecologists, diagnostic and interventional radiologists, medical oncologists, radiation oncologists and nephrologists. Their patients benefit from their collaborative relationships with nurses, rehabilitation

professionals, and social workers.

The rapid evolution of therapeutic interventions in Urology has led to specialization within the discipline, with some surgeons undergoing advanced training and/or focusing their practice in areas such as pediatric urology, uro-oncology, female pelvic and reconstructive urology, voiding dysfunction, and robotics and minimally invasive surgery.

## UROLOGY COMPETENCIES

### Medical Expert

#### ***Definition:***

As *Medical Experts*, urologists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

#### ***Key and Enabling Competencies: Urologists are able to...***

### **1. Practise medicine within their defined scope of practice and expertise**

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into the practice of Urology
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Urology
  - 1.3.1. Embryology, and normal growth and development of the genitourinary tract
  - 1.3.2. Anatomy, physiology, and pathology of the genitourinary tract
    - 1.3.2.1. Adrenal glands
    - 1.3.2.2. Kidneys
    - 1.3.2.3. Ureters
    - 1.3.2.4. Bladder
    - 1.3.2.5. Prostate gland
    - 1.3.2.6. Urethra
    - 1.3.2.7. Male external genitalia
  - 1.3.3. Normal physiologic and anatomic changes of the urinary tract during pregnancy
  - 1.3.4. Male fertility, sexual, and gonadal function
  - 1.3.5. Pathophysiology of renovascular hypertension
  - 1.3.6. Immunology of transplantation
  - 1.3.7. Microbiology and antimicrobial resistance as it pertains to infections of the genitourinary tract

- 1.3.8. Pharmacology as it relates to pharmacokinetics, pharmacodynamics, mechanism of action, routes of delivery and elimination, and adverse effects of medications used to treat urologic conditions
- 1.3.9. Principles of oncology as they apply to neoplasms of the adrenal gland, kidney, urothelium, prostate, testis, penis, and malignancies metastatic to the genitourinary tract
  - 1.3.9.1. Risk factors, incidence and prevalence, genetic predisposition, and growth and dissemination patterns, and prognostic variables
  - 1.3.9.2. Use of tumour markers for screening and surveillance
  - 1.3.9.3. Staging of neoplasms using tumour-node-metastasis (TNM) staging system or other relevant classification system, and applicable predictive and prognostic indices
  - 1.3.9.4. Treatment options including the role of surgery, hormonal therapy, radiation therapy, chemotherapy, and immunotherapy
  - 1.3.9.5. Principles of palliative and end-of-life care
- 1.3.10. Biology and safety related to the use of radiation, laser and cytotoxic interventions
- 1.3.11. Principles of the therapeutic techniques used in urologic practice
  - 1.3.11.1. Botulinum toxin
  - 1.3.11.2. Cryotherapy
  - 1.3.11.3. Cytotoxic therapy
  - 1.3.11.4. Electrosurgery
  - 1.3.11.5. Extracorporeal shock wave lithotripsy
  - 1.3.11.6. Hormonal therapy
  - 1.3.11.7. Immunotherapy
  - 1.3.11.8. Laparoscopy
  - 1.3.11.9. Laser surgery
  - 1.3.11.10. Neurostimulation
  - 1.3.11.11. Radiofrequency ablation
  - 1.3.11.12. Transurethral prostatic hyperthermia/thermotherapy
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.5. Carry out professional duties in the face of multiple, competing demands
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in urologic practice

**2. Perform a patient-centred clinical assessment and establish a management plan**

- 2.1. Prioritize issues to be addressed in a patient encounter
  - 2.1.1. Determine the acuity of the condition(s) and the priorities for patient care
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
  - 2.2.1. Perform a focused physical exam and urological history, including past and present medical history relevant to the urological care of the patient
  - 2.2.2. Administer and interpret validated disease specific questionnaires, as appropriate
  - 2.2.3. Assess the patient's functional status and quality of life
  - 2.2.4. Assess peri-operative risk
  - 2.2.5. Formulate a differential and provisional diagnosis
  - 2.2.6. Select appropriate investigations and interpret the results
    - 2.2.6.1. Biochemical studies
    - 2.2.6.2. Tumour markers
    - 2.2.6.3. Urine tests
      - 2.2.6.3.1. Urinalysis
      - 2.2.6.3.2. Urine culture
      - 2.2.6.3.3. Urinary collections for metabolic studies
      - 2.2.6.3.4. Urine cytology
    - 2.2.6.4. Semen analysis: qualitative and quantitative
    - 2.2.6.5. Prostatic fluid examination, including microscopy
    - 2.2.6.6. Histopathology of benign, malignant and inflammatory lesions of the adrenal gland, kidney, urothelium, prostate, testis, and penis
    - 2.2.6.7. Medical imaging
      - 2.2.6.7.1. Voiding cystourethrography
      - 2.2.6.7.2. Ultrasonography of the kidney, bladder, prostate, and scrotal contents
        - 2.2.6.7.2.1. Vascular studies of the renal, gonadal, and penile vessels
        - 2.2.6.7.2.2. Ultrasound guided fine needle aspiration, needle core biopsy, and drainage
      - 2.2.6.7.3. Radioisotope studies
        - 2.2.6.7.3.1. Renal scans

- 2.2.6.7.3.2. Voiding cystogram
- 2.2.6.7.3.3. Bone scan for staging of malignancy
- 2.2.6.7.3.4. Localization of inflammatory lesions
- 2.2.6.7.3.5. Adrenal localization
- 2.2.6.7.4. Computed tomography (CT) of the abdomen and pelvis, including CT urogram
  - 2.2.6.7.4.1. CT guided fine needle aspiration, needle core biopsy, and drainage
- 2.2.6.7.5. Magnetic resonance imaging (MRI) scanning of the urinary tract
- 2.2.6.7.6. Angiography of the renal vasculature
- 2.2.6.8. Urodynamic studies
  - 2.2.6.8.1. Cystometrogram
  - 2.2.6.8.2. Uroflowmetry
  - 2.2.6.8.3. Voiding pressure studies
  - 2.2.6.8.4. Pelvic floor electromyography
  - 2.2.6.8.5. Videourodynamic studies
- 2.2.7. Synthesize clinical information to determine:
  - 2.2.7.1. Diagnosis
  - 2.2.7.2. Prognosis
  - 2.2.7.3. Suitability for medical or surgical intervention
  - 2.2.7.4. Response to treatment, side effects and/or treatment toxicity
- 2.2.8. Integrate the patient's other medical conditions, overall functioning and current health status into the decision regarding plan of care
- 2.3. Establish goals of care in collaboration with patients and their families<sup>1</sup>, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
  - 2.3.1. Share concerns about goals of care that are not felt to be achievable with the patient, in a constructive and respectful manner

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<sup>1</sup> Throughout this document, phrases such as "patients and their families" are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardian, and substitute decision-makers.

2.4. Establish a patient-centred management plan for patients with the following conditions:

- 2.4.1. Congenital and developmental abnormalities of the kidney, ureter, bladder, urethra, and the external genitalia
- 2.4.2. Obstructive disorders of the upper and lower urinary tract
- 2.4.3. Urinary calculus disease
- 2.4.4. Urinary fistulae
- 2.4.5. Infections and inflammatory conditions of the urinary tract and male genitalia
- 2.4.6. Trauma affecting the urinary tract and external genitalia, including the genitourinary aspects of multi-system trauma
- 2.4.7. Neoplasms of the genitourinary tract: benign and malignant
- 2.4.8. Disorders of andrology, including sexual dysfunction, male factor infertility, and hypogonadism
- 2.4.9. Disorders of voiding including relevant neurourology
- 2.4.10. Disorders of the male external genitalia, including cutaneous lesions
- 2.4.11. Disorders of the adrenal gland
- 2.4.12. Urological assessment for eligibility for renal transplantation
- 2.4.13. Urological complications of renal transplantation
- 2.4.14. Urological manifestations of systemic disease
- 2.4.15. Urological disorders in pregnancy

**3. Plan and perform procedures and therapies for the purpose of assessment and/or management**

3.1. Determine the most appropriate procedures or therapies

- 3.1.1. Medications: systemic and topical
- 3.1.2. Blood products and hemostatic agents
- 3.1.3. Injection of therapeutic substances into the lower urinary tract, such as botulinum toxin
- 3.1.4. Extracorporeal shock wave lithotripsy
- 3.1.5. Neurostimulation
- 3.1.6. Radiofrequency ablation/ cryotherapy
- 3.1.7. Intracavernosal therapies
- 3.1.8. Intravesicular therapies
- 3.1.9. Hormonal therapy
- 3.1.10. Diagnostic endoscopy of the upper and lower urinary tract
- 3.1.11. Therapeutic endoscopy of the upper and lower urinary tract

- 3.1.12. Laparoscopic surgery, including robot assisted laparoscopic surgery
- 3.1.13. Abdominal/retroperitoneal surgery
- 3.1.14. Pelvic surgery
- 3.1.15. Genital surgery
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances

#### **Diagnostic Procedures**

- 3.4.1. Rigid and flexible cystoscopy, and urethroscopy
- 3.4.2. Rigid and flexible ureteroscopy
- 3.4.3. Retrograde urethrography, cystography and pyelography
- 3.4.4. Antegrade nephrostography
- 3.4.5. Loopography
- 3.4.6. Urodynamic studies
  - 3.4.6.1. Cystometrogram
  - 3.4.6.2. Uroflowmetry
  - 3.4.6.3. Voiding pressure studies
  - 3.4.6.4. Pelvic floor electromyography
  - 3.4.6.5. Videourodynamic studies
- 3.4.7. Collection of cytological specimens from the genitourinary tract
- 3.4.8. Biopsy of lesions of urothelium; prostate; testis; and penis
- 3.4.9. Transurethral biopsy of bladder and urethra
- 3.4.10. Transrectal ultrasound with or without prostate biopsy

#### **Therapeutic Procedures**

##### Endoscopic and percutaneous procedures

- 3.4.11. Complex urinary catheter insertion
- 3.4.12. Suprapubic catheter insertion
- 3.4.13. Urethral dilatation and visual internal urethrotomy
- 3.4.14. Transurethral injection of therapeutic substances into lower urinary tract

- 3.4.15. Transurethral fulguration of bladder lesions
- 3.4.16. Transurethral resection of bladder tumours
- 3.4.17. Transurethral resection of prostate, using standard or alternative electrocautery or laser
- 3.4.18. Ureteric catheterization, including insertion and removal of ureteral catheter/stent
- 3.4.19. Cystoscopic/ureteroscopic stricture incision of the urinary tract
- 3.4.20. Rigid ureteroscopy, lithotripsy, and basket extraction of calculi of the upper urinary tract
- 3.4.21. Retrograde flexible ureteroscopy/nephroscopy and lithotripsy of upper urinary tract stones
- 3.4.22. Percutaneous nephroscopy and lithotripsy of the upper urinary tract
- 3.4.23. Apply the skills of laparoscopic/robotic assisted procedures, in the following
  - 3.4.23.1. Adrenalectomy
  - 3.4.23.2. Nephrectomy: simple, radical
  - 3.4.23.3. Partial nephrectomy
  - 3.4.23.4. Pyeloplasty
  - 3.4.23.5. Nephroureterectomy
  - 3.4.23.6. Cystectomy
  - 3.4.23.7. Prostatectomy
  - 3.4.23.8. Orchidectomy/orchidopexy
- 3.4.24. Apply the urologic surgical skills of open procedures, in the following
  - Abdomen and retroperitoneum
    - 3.4.24.1. Adrenalectomy
    - 3.4.24.2. Nephrectomy: simple, radical
    - 3.4.24.3. Partial nephrectomy
    - 3.4.24.4. Nephroureterectomy
    - 3.4.24.5. Ureterolysis
    - 3.4.24.6. Uretero-ureterostomy
    - 3.4.24.7. Retroperitoneal lymph node dissection
  - Pelvis
    - 3.4.24.8. Pelvic lymph node dissection
    - 3.4.24.9. Ureteric reconstruction



- 3.4.24.10. Bladder repair
- 3.4.24.11. Partial cystectomy
- 3.4.24.12. Cystectomy: simple and radical
- 3.4.24.13. Fistula repair
- 3.4.24.14. Augmentation cystoplasty
- 3.4.24.15. Prostatectomy: simple and radical
- 3.4.24.16. Urinary diversion: continent, incontinent
- 3.4.24.17. Renal transplantation

Scrotum and inguinal canal

- 3.4.24.18. Exploration for testicular torsion with or without orchidopexy
- 3.4.24.19. Orchiectomy: simple, radical, partial
- 3.4.24.20. Insertion of testicular prosthesis
- 3.4.24.21. Vasectomy
- 3.4.24.22. Vasovasostomy/vasoepididymostomy
- 3.4.24.23. Spermatocoelectomy/hydrocoelectomy
- 3.4.24.24. Varicocelectomy
- 3.4.24.25. Orchidopexy/pediatric hernia repair
- 3.4.24.26. Inguinal lymph node dissection
- 3.4.24.27. Drainage/debridement of genital abscess

Penis and male urethra

- 3.4.24.28. Repair of penile fracture
- 3.4.24.29. Circumcision
- 3.4.24.30. Cavernosal shunt: distal or proximal
- 3.4.24.31. Perineal urethrostomy
- 3.4.24.32. Penectomy: partial, radical, total
- 3.4.24.33. Correction of Peyronie's curvature: plication, incision, and grafting
- 3.4.24.34. Repair of hypospadias: distal, proximal
- 3.4.24.35. Male sling
- 3.4.24.36. Insertion of artificial sphincter
- 3.4.24.37. Insertion of penile prosthesis
- 3.4.24.38. Urethroplasty
- 3.4.24.39. Epispadias/exstrophy repair
- 3.4.24.40. Radical urethrectomy

Vagina and female pelvic floor

3.4.24.41. Mid-urethral sling

3.4.24.42. Repair of vesico-vaginal and/or urethro-vaginal fistula

3.4.24.43. Excision of urethral diverticulum

3.4.24.44. Repair of genital prolapse

3.4.24.45. Transvaginal mesh excision/removal

3.4.24.46. Pubovaginal sling using autologous rectus fascia

**4. Establish plans for ongoing care and, when appropriate, timely consultation**

4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation

4.1.1. Establish plans for ongoing care and/or surveillance

4.1.1.1. Determine appropriate timing of next visit based on planned investigations, clinical status, and/or anticipated clinical course

4.1.2. Identify indications for consultation with other health care professionals

4.1.2.1. Provide referral for advanced urological procedures

4.1.2.2. Identify indications and timing of consultation with medical and/or radiation oncologists

4.1.2.3. Identify indications and timing of intraoperative pathology consultation

4.1.3. Ensure patients receive appropriate end-of-life care

**5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety**

5.1. Recognize and respond to harm from health care delivery, including patient safety incidents

5.1.1. Recognize and manage complications of interventions and treatments

5.1.2. Report patient safety incidents using appropriate institutional procedures

5.1.3. Identify potential improvement opportunities arising from harmful safety incidents and near misses

5.2. Adopt strategies that promote patient safety and address human and system factors

5.2.1. Apply the surgical safety checklist

## **Communicator**

### ***Definition:***

As *Communicators*, urologists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

### ***Key and Enabling Competencies: Urologists are able to...***

#### **1. Establish professional therapeutic relationships with patients and their families**

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances
  - 1.6.1. Adapt to the communication needs of children and their families

#### **2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families**

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

#### **3. Share health care information and plans with patients and their families**

- 3.1. Share information and explanations that are clear, accurate, and timely while assessing for patient and family understanding
  - 3.1.1. Provide information to the patient and family in a compassionate and respectful manner
  - 3.1.2. Convey information about progression of disease and/or poor prognosis in an compassionate manner

- 3.2. Disclose harmful patient safety incidents to patients and their families accurately and appropriately

- 3.2.1. Communicate the reasons for unanticipated clinical outcomes

**4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals**

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health
  - 4.3.1. Answer patient questions and concerns related to the planned intervention
  - 4.3.2. Use shared decision making in the process of obtaining informed consent

**5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy**

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
  - 5.1.1. Document discussions regarding informed consent in an accurate and complete manner
  - 5.1.2. Prepare concise, clear descriptions of surgical procedures
  - 5.1.3. Prepare consultation, discharge, progress, or clinic notes that are well organized; document all relevant findings; and provide a clear opinion and plan for ongoing management
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding

**Collaborator**

**Definition:**

As *Collaborators*, urologists work effectively with other health care professionals to provide safe, high-quality patient-centred care.

**Key and Enabling Competencies: Urologists are able to...**

**1. Work effectively with physicians and other colleagues in the health care professions**

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
  - 1.1.1. Establish a positive working relationship with the consulting service/team
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
  - 1.2.1. Make effective use of the scope and expertise of other health care professionals
  - 1.2.2. Provide information regarding management plans to other health care professionals in a manner that ensures their effective participation
  - 1.2.3. Work effectively with other physicians or surgeons to provide all needed aspects of care
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
  - 1.3.1. Provide information regarding the steps necessary for patient management when acting as a consultant for other physicians
  - 1.3.2. Use referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise
  - 1.3.3. Engage the consulting surgical team in respectful shared decision-making during intra-operative consultation

**2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts**

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

**3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care**

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care

## **Leader**

### ***Definition:***

As *Leaders*, urologists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

### ***Key and Enabling Competencies: Urologists are able to...***

#### **1. Contribute to the improvement of health care delivery in teams, organizations, and systems**

- 1.1. Apply the science of quality improvement to contribute to improving systems of patient care
  - 1.1.1. Identify potential improvement opportunities arising from the review of patient outcomes
- 1.2. Contribute to a culture that promotes patient safety
  - 1.2.1. Participate in quality improvement activities
- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

#### **2. Engage in the stewardship of health care resources**

- 2.1. Allocate health care resources for optimal patient care
  - 2.1.1. Determine priority of surgical cases based on clinical urgency and available resources
  - 2.1.2. Consider costs when choosing care options
  - 2.1.3. Use clinical judgment to minimize wasteful practices
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

#### **3. Demonstrate leadership in professional practice**

- 3.1. Demonstrate leadership skills to enhance health care
  - 3.1.1. Demonstrate an understanding of the administrative operations of urology clinical programs
  - 3.1.2. Demonstrate knowledge of equipment costs and the process for capital equipment requests

- 3.1.3. Demonstrate knowledge of the care and maintenance of the equipment used in urologic procedures

- 3.2. Facilitate change in health care to enhance services and outcomes

- 3.2.1. Contribute to improvements in urology professional practice

- 4. Manage career planning, finances, and health human resources in a practice**

- 4.1. Set priorities and manage time to integrate practice and personal life

- 4.1.1. Organize work to manage clinical, scholarly, and other responsibilities
    - 4.1.2. Optimize clinic flow by managing scheduling

- 4.2. Manage a career and a practice

- 4.2.1. Demonstrate knowledge of issues pertaining to the management of a private office, including staffing, ethical billing practices, and maintenance of patient records
    - 4.2.2. Demonstrate leadership skills in the operating room and/or the endoscopy suite
    - 4.2.3. Adhere to occupational safety procedures to ensure personal and team safety during fluoroscopic, laser, and cytotoxic interventions

- 4.3. Implement processes to ensure personal practice improvement

## **Health Advocate**

### ***Definition:***

As *Health Advocates*, urologists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

### ***Key and Enabling Competencies: Urologists are able to...***

- 1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment**

- 1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources
    - 1.1.1. Assess a patient's needs for additional health services or resources
    - 1.1.2. Facilitate timely patient access to services and resources

- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
  - 1.2.1. Identify opportunities to discuss lifestyle changes that impact urological health
  - 1.2.2. Make effective use of patient education resources related to Urology
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
  - 1.3.1. Counsel patients about the potential benefits and harms of health screening
- 2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner**
  - 2.1. Work with a community or population to identify the determinants of health that affect them
  - 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
  - 2.3. Contribute to a process to improve health in the community or population they serve
    - 2.3.1. Demonstrate an understanding of the role of community-based patient support groups
    - 2.3.2. Support the activities of local and national organizations that promote urological and/or men's health

## **Scholar**

### ***Definition:***

As *Scholars*, urologists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating of evidence, and contributing to scholarship.

### ***Key and Enabling Competencies: Urologists are able to...***

- 1. Engage in the continuous enhancement of their professional activities through ongoing learning**
  - 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
    - 1.1.1. Define learning needs related to personal practice and/or career goals
    - 1.1.2. Interpret data on personal performance to identify opportunities for learning and improvement



- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

## **2. Teach students, residents, the public, and other health care professionals**

- 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
  - 2.3.1. Supervise junior learners to ensure patient safety
- 2.4. Plan and deliver learning activities
  - 2.4.1. Present information in an organized manner to facilitate understanding
  - 2.4.2. Use audiovisual aids effectively
  - 2.4.3. Provide adequate time for questions and discussion
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

## **3. Integrate best available evidence into practice**

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
  - 3.1.1. Formulate strategies to answer clinical questions through searches of the literature and other resources
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

## **4. Contribute to the creation and dissemination of knowledge and practices applicable to health**

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care

- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations
  - 4.2.1. Demonstrate an understanding of the ethics of animal and human experimentation
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
  - 4.4.1. Generate focused questions for scholarly investigation
  - 4.4.2. Select appropriate methods of addressing a given scholarly question
  - 4.4.3. Identify, consult and collaborate with content experts and others in the conduct of scholarly work
  - 4.4.4. Integrate existing literature and findings of data collection
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

## **Professional**

### ***Definition:***

As *Professionals*, urologists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

### ***Key and Enabling Competencies: Urologists are able to...***

- 1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**
  - 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
    - 1.1.1. Respond to requests for assistance or consultation in a timely fashion
    - 1.1.2. Respect and preserve patient privacy and confidentiality
  - 1.2. Demonstrate a commitment to excellence in all aspects of practice
    - 1.2.1. Demonstrate adherence to the best available practice, including referral to other qualified practitioners when appropriate

- 1.3. Recognize and respond to ethical issues encountered in practice
  - 1.3.1. Incorporate gender, cultural, and ethnic perspectives in research methodology, data presentation, and analysis
  - 1.3.2. Demonstrate knowledge of the ethical issues of human organ procurement for the purposes of transplantation
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication
- 2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**
  - 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
    - 2.1.1. Demonstrate a commitment to active participation in activities of the profession
  - 2.2. Demonstrate a commitment to patient safety and quality improvement
- 3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation**
  - 3.1. Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice
    - 3.1.1. Demonstrate knowledge of provincial and federal laws and regulations related to the practice of medicine in general and Urology in particular
    - 3.1.2. Demonstrate an understanding and appreciation for patients' legal rights in matters related to informed consent, delegated consent, and informed decision-making
    - 3.1.3. Demonstrate an understanding of medicolegal liability
  - 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
  - 3.3. Participate in peer assessment and standard-setting
- 4. Demonstrate a commitment to physician health and well-being to foster optimal patient care**
  - 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
    - 4.1.1. Demonstrate knowledge of occupational hazards in Urology and implement measures to minimize those risks

## UROLOGY COMPETENCIES (2018)

- 4.1.2. Manage the mental, physical, and environmental challenges that impact physician behaviour and/or performance in challenging or stressful clinical settings
- 4.1.3. Apply strategies to mitigate the personal impact of patient safety incidents and adverse outcomes
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
  - 4.2.1. Make use of a mentoring relationship for the discussion of personal and professional goals, conflicts and stresses
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

*This document is to be reviewed by the Specialty Committee in Urology by October 2019.*

**APPROVED** – Specialty Standards Review Committee – October 2017