

UROLOGY CURRICULUM MAP (revised 03.2020)

Senior Resident = PGY3-4

					ASSESSMENT & PLAN	
EPA	Description	# Assessments Required to Successfully Achieve	Observed/ Reviewed	Who How	Collect Information On	Details
TD1	Assessing patients with a urological presentation	3	Observed	2 = Senior Resident or Chief Resident 1 = Faculty	Presentation: gross hematuria, difficult catheterization, scrotal pain, testicular torsion, urinary retention, renal colic/septic stones	all sites 2 different presentations
TD2	Admitting patients to urology service	1	Reviewed	Senior Resident, Chief Resident or Faculty	Review of clinical documentation (admission and orders) by supervisor)	any site
TD3	Discharging patients from the urology service	1	Reviewed	Senior Resident, Chief Resident or Faculty	Review of clinical documentation (discharge documentation) by supervisor	any site
TD4A	Collaborating with other services (requesting consultation)	1	Observed Reviewed	Senior Resident, Chief Resident or Faculty	One of each (A & B)	any site
TD4B	Collaborating with other services (performing consultation)	1	Observed Reviewed	Senior Resident, Chief Resident or Faculty		any site
		7				

EPA	Description	# Assessments Required to Successfully Achieve	Observed/ Reviewed	Who How	ASSESSMENT & PLAN	
					Collect Information On	Details
F1	Assessing & managing patients with a difficult catheterization in an urgent setting	5	Observed Reviewed	Senior Resident, Chief Resident or Faculty	Gender: male, female Age: adult, peds Acute retention: yes, no Anesthetic: local, under sedation Procedure: different catheters, guidewires, dilators, cystoscopy, perc suprapubic catheter	all sites - at least 2 acute retention - at least 1 of (diff catheters, guidewires /dilators, cystoscopy)
F2	Recognizing & managing urosepsis in patients with urinary obstruction	3	Observed Reviewed	Faculty (variety)	Gender: male, female Patient features: stable, septic, potential for atypical organisms, pregnancy Site of obstruction: ureter, bladder outlet	all sites - at least 2 septic patients - at least 1 ureteral obstruction - at least 1 bladder outlet obstruction
F3	Assessing & managing patients with acute scrotal/perineal pain	3	Observed Reviewed	Faculty (variety)	Age: adult, peds Diagnosis: acute prostatitis, epididymitis, Fournier's gangrene, incarcerated hernia, trauma, torsion	all sites - at least 1 urological emergency
F4 (A)	Assessing & establishing a management plan for patients with common non-emergent urological presentations - patient assessment	20	Observed Reviewed	Faculty (at least 3 assessors)	Gender: male, female Presentation: voiding dysfunction, hematuria, sexual dysfunction, flank pain/stone, scrotal/penile pathologies, GU infections	all sites - at least 3 for each presentation (voiding dysfunction, sexual dysfunction, flank pain/stone, scrotal/penile pathologies, GU infection)
F4 (B)	Assessing & establishing a management plan for patients with common non-emergent urological presentations - written communication	3	Reviewed	Faculty (variety)		all sites
F5	Performing rigid cystoscopy with examination in an elective setting	5	Observed	Faculty (at least 2 assessors)	Gender: male, female Anesthetic: local, under sedation, general anesthetic Procedure: cystoscopy, RG pyelogram, insertion of ureteral catheter/stent, removal ureteral stent, evacuation of clots/fulguration, biopsy and fulguration	all sites - at least 3 male
F6	Performing flexible cystoscopy with examination in an elective setting	10	Observed	Faculty (at least 2 assessors)		all sites - mix of male and female - at least 5 local anesthetic
F7	Opening & closing an abdominal incision in low-complexity patients	3	Observed	Faculty (variety)		all sites
F8	Managing urology-specific tubes and drains on the ward	5	Observed	Senior Resident, Chief Resident or Faculty	Procedure: manual clot irrigation, JP removal	all sites - at least 3 manual clot irrigation - at least 1 uncomplicated JP removal
		57				

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EPA	Description	# Assessments Required to Successfully	Observed/ Reviewed	Who How		Details
C1	Performing an initial consultation and developing a plan for investigation or management for patients presenting to the ER	15	Observed Reviewed	Chief Resident or Faculty (at least 2 assessors)	Presentation: UTI/urosepsis, urinary tract obstruction, scrotal mass/tumor, scrotal abscess, epididymitis, torsion, priapism, Fournier's gangrene, paraphimosis, GU trauma Anatomic site: renal ureteric, bladder, urethral, genital Complexity of Case: low,high	all sites - at least 1 case of urosepsis high complexity - at least 1 each of all other (UTI/urosepsis, UT obstruction, scrotal mass/tumor, scrotal abscess, epididymitis, torsion, priapism, Fournier's, paraphimosis, GU trauma) - at least 2 patients with different anatomic sites affected by GU trauma
C2	Performing an initial consultation and developing a plan for investigation or management for patients presenting in the clinic or inpatient non-urgent setting	10	Observed Reviewed	Faculty (at least 3 assessors)	Presentation: complex UTI, cutaneous genital lesions, male infertility, genital &/or pelvic pain, adrenal mass, suspicious renal mass, suspicious scrotal mass, elevated PSA Complexity: low, high	all sites - at least 6 different presentations - at least 5 high complexity - at least 3 assessors
C3	Performing an intraoperative consultation for a simple scenario	2	Observed Reviewed	Faculty (different assessors)	Setting: clinical, simulation Issue: difficult catheterization, need for ureteric stent	all sites - at least one from clinical setting
C4	Assessing & managing urinary tract &/or genital anomalies in children	6	Observed Reviewed	Faculty (variety)	Congenital UT anomalies: hydronephrosis, antenatal, ureterocele, megaureter, posterior urethral valve, duplication anomalies, UPJO, vesicoureteral reflux,, extrophy, neurogenic foiding dysfunction Genital conditions: hydroceles/herniae, hypospadias, phimosis, neonatal torsion, concealed penis, testicular torsion, disorders of sexual differentiation, epispadias	Victoria Hospital site - at least 2 congenital urinary ttract anomalies - at least 2 genital conditions
C5 (A)	Performing transurethral resection of bladder tumors - surgical skills	10	Observed	Faculty (at least 2 assessors)	Tumor difficulty: high, low	all sites - at least 5 high tumor difficulty
C5 (B)	Performing transurethral resection of bladder tumors - log book	1	Reviewed	Competency Committee		
C6 (A)	Performing transurethral resection of the prostate - surgical skills	10	Observed	Faculty (at least 2 assessors)	Case complexity: normal, high Technique: standard electrocautery, alternative electrocautery, laser	all sites - at least 3 high complexity - at least 3 standard electrocautery
C6 (B)	Performing transurethral resection of the prostate - log book		Reviewed	Competency Committee		
C7 (A)	Performing a stricture incision of the lower urinary tract - surgical skills	3	Observed	Faculty	Technique: cold-knife, holmium laser	all sites
C7 (B)	Performing a stricture incision of the lower urinary tract - log book	1	Reviewed	Competency Committee		

					ASSESSMENT & PLAN	
EPA	Description	# Assess to Do	Observed/ Reviewed	Who How		Where
C8 (A)	Performing rigid ureteroscopy and lithotripsy of the upper urinary tract - surgical skills	10	Observed	Faculty (variety)	Gender: male, female Complexity: low, high	Victoria Hospital site - mix of male and female - at least 5 high complexity
C8 (B)	Performing rigid ureteroscopy and lithotripsy of the upper urinary tract - log book	1	Reviewed	Competency Committee		
C9 (A)	Performing retrograde flexible ureteroscopy / nephroscopy and lithotripsy of the upper urinary tract - surgical skills	10	Observed	Faculty (variety)	nephroscopy done: yes, no	all sites - at least 4 with nephroscopy
C9 (B)	Performing retrograde flexible ureteroscopy / nephroscopy and lithotripsy of the upper urinary tract - log book	1	Reviewed	Competency Committee		
C10 (A)	Performing percutaneous nephroscopy and lithotripsy of the upper urinary tract - surgical skills	5	Observed	Faculty (variety)	nephroscopy: flexible, rigid	all sites - nephroscopy: flexible, rigid
C10 (B)	Performing percutaneous nephroscopy and lithotripsy of the upper urinary tract - log book	1	Reviewed	Competency Committee		
C11 (A)	Performing laparoscopic renal surgeries - surgical skills	3	Observed	Faculty (variety)	Procedure: radical nephrectomy, simple nephrectomy, donor nephrectomy, nephroureterectomy, partial nephrectomy, pyeloplasty Case complexity: low, medium, high	all sites - at least 1 nephrectomy (radical, simple, donor or partial) - at least 1 nephroU
C11 (B)	Performing laparoscopic renal surgeries - log book	1	Reviewed	Competency Committee		
C12 (A)	Performing the surgical skills of open abdominal /retroperitoneal procedures - surg skills	10	Observed	Faculty (at least 2 assessors)	Component performed: mobilizing renal/perirenal structures, vascular hemostasis, quality components Procedure: radical nephrectomy, partial nephrectomy, RPLND, nephroureterectomy, open ureterolysis, uretero-ureterostomy, adrenalectomy, pyeloplasty	all sites - at least 5 mobilizing renal/perirenal structures - at least 5 vascular hemostasis - at least 5 in quality components - at least 5 during rad or part Nx - at least 2 during RPLND
C12 (B)	Performing the surgical skills of open abdominal /retroperitoneal procedures - log book	1	Reviewed	1 = Competency Committee		

EPA	Description	# Assess to Do	Observed/ Reviewed	Who How	ASSESSMENT & PLAN	
						Where
C13 (A)	Performing the surgical skills of open pelvic procedures - surgical skills	12	Observed	Faculty (at least 2 assessors)	Component performed: basic components of pelvic procedures, bowel components, ureteral components, bladder/urethral components, vascular hemostasis, PLND Procedure: bladder repair, repair of intraop bladder injury, partial cystectomy, simple cystectomy, radical cystectomy, fistula repair, ureteric reconstruction, iatrogenic ureteral injury, ureteral implant, simple prostatectomy, radical prostatectomy, open cystolithotomy, bladder diverticulectomy, augmentation cystoplasty/diversion	all sites - at least 5 in basic components of pelvic procedures - at least 5 in bowel components - at least 2 in ureteral components - at least 2 in bladder/urethral components - at least 2 in vascular hemostasis - at least 2 in PLND - at least the following (2 bladder repair/part cystectomy, 1 fistula repair, 1 simple prostatectomy, 1 ureteric reconstruction/managing injured ureter, 5 radical prostatectomy, 1 simple or radical cystectomy)
C13 (B)	Performing the surgical skills of open pelvic procedures - log book	1	Reviewed	Competency Committee		
C14 (A)	Performing genital procedures - Surgical Competence	5	Observed	Faculty (variety)	Type of procedure: scrotal/inguinal, penile/male urethral, vaginal	all sites
C14 (B)	Performing genital procedures - log book	1	Reviewed	Competency Committee		
C15 (A)	Providing care for patients with complications following urologic interventions - (a) patient management	7	Reviewed	Faculty / OSCE (variety)	Setting: inpatient, outpatient, ER, telephone consult Setting: clinical, simulation Age: adult, pediatric Type of surgery: endoscopy, percutaneous, genital, open, laparoscopic Type of complication: GU bleed, urine leak, urosepsis	all sites - at least 1 telephone consultation - no more than 2 simulation - at least 1 each (GU bleed, urosepsis, urine leak)
C15 (B)	Providing care for patients with complications following urologic interventions - (b) Disclosure to patient/family + reporting	1	Observed	Faculty / OSCE		all sites
C16	Providing post-operative care for children following a urologic intervention	3	Observed Reviewed	Faculty	Hospital stay: day surgeyr, same day admit, inpatient	Victoria Hospital - a range of hospital stays
C17	Providing management for patients with benign urologic conditions in the office setting, incl monitoring progress and ongoing treatment	10	Observed Reviewed	Faculty / OSCE (at least 3 assessors)	Gender: male, female Condition: genital and/or pelvic pain, genital lesions, recurrent infections, sexual and/or reproductive dysfunction, stones, voiding dysfunction Category: chronic, complex, elder/frail, not a surgical candidate Treatment: escalate/switch therapy, move to surgical approach, discharge	all sites - mix of gender - at least 4 different conditions - at least 2 from each category - a range of treatment decisions

EPA	Description	# Assess to Do	Observed/ Reviewed	Who How	ASSESSMENT & PLAN	
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C18 (A)	Providing management for patients with malignant urologic conditions in the office setting, incl monitoring progress and ongoing treatment - (a) initial discussion of cancer;	15	Observed / Reviewed	Faculty / OSCE (variety)	Setting: clinical, simulation Type of cancer: renal, bladder, prosate, testicular, penile, urethral, adrenal Stage of cancer: localized, invasive, metastatic, advanced Previous treatment: operative removal, TURBT Treatment planned: ongoing surveillance, adjuvant, palliative	all sites - at least 2 direction observations - at least 3 localized prostate cancer - at least 3 metastatic or advanced prostate cancer - at least 1 renal cancer - at least 1 patient post-cystectomy - at least 3 post TURBT, at least 1 invasive - at least 1 testicular cancer
C18 (B)	Providing management for patients with malignant urologic conditions in the office setting, incl monitoring progress and ongoing treatment -; (b) ongoing management, surveillance	15	Reviewed	Faculty	Type of cancer: renal, bladder, prostate, testicular, penile, urethral, adrenal Treatment plan: no change, switch/escalate therapy, switch to palliative, discharge, addressing issues of survivorship	all sites - mix of cancers - mix of treatment plans
C19 (A)	Supervising the urology service, including scheduling & teaching the junior learners	2	Observed / Reviewed	Junior Residents (PGY 1-3) - at least 2 different assessors	Complexity of case load: low, high	all sites - at least 1 case load of high complexity
C19 (B)	Supervising the urology service, including scheduling & teaching the junior learners	6	Observed / Reviewed	Coworkers (RN's, junior residents, students)	multiple observers collated to one report	all sites - at least 2 supervisors - at least 2 junior residents/students - at least 2 others (nurses, other health care professionals)
C20	Delivering effective teaching presentations	2	Observed	Faculty	multiple audience members provide feedback	rounds, seminars, res day - at least 2 evaluatoin from each teaching presentation
C21	Advancing the discipline through scholarly work	1	Observed / Reviewed	Faculty	Type of dissemination: publication, manuscript prepared for submission oral presentation: yes, no	Res Day, AUA, CUA
		182				

EPA	Description	# Assess to Do	Observed/ Reviewed	Who How		Where
TP1	Managing patients with urological conditions in the outpatient setting	3	Observed / Reviewed	Faculty (at least 2 different assessors)	Complexity: low, medium, high	all sites
TP2	Coordinating and executing the day's list of endoscopy (cystoscopy) procedures	2	Observed	Faculty (at least 2 assessors)		all sites
TP3 (A)	Coordinating, organizing and executing the day's list of core surgical procedures - surgical competence	3	Observed	Faculty (3 different assessors)	type of procedure: laparoscopic, endoscopic, open	all sites - at least 1 of each type of procedure
TP3 (B)	Coordinating, organizing and executing the day's list of core surgical procedures - Interprofessional teamwork	4	Observed	Colleagues (Anesthesia), Coworkers (RN's) - at least 1 anesthetist, at least 2 nurses	observer role	all sites
TP4	Performing an intraoperative consultation in a complex scenario	2	Observed / Reviewed	Faculty / OSCE	setting: clinical, simulation Issue: bladder injury, ureteric injury/need for reimplant, identification of ureter/ureterolysis, retroperitoneal mass/hematoma, new renal mass, mass involving bladder	all sites - at least 1 from a clinical setting
TP5	Contributing to administrative responsibilities	1	Observed / Reviewed	Competency Committee (summary of admin duties, summary of feedback)	summary of administrative activities OR a document summarizing feedback from those affected by their work (eg residents on call schedule, committee chair)	
TP6	Developing and implementing a personal learning plan geared to setting of future practice	1	Observed / Reviewed	Mentor	review of submission of personal learning plan	
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TOTAL EPAs		262				

Milestones (all required)

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