

DIVISION OF UROLOGY

CURRICULUM OUTLINE

The Urology Residency Program is 5 years duration.

The program length of training does not exceed the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada standard. The Urology Program meets the American Board of Urology requirements.

The Resident Training Committee consists of a senior resident representative, the Program Director, the Assistant Program Director and two or three faculty members who represent the three clinical sites. This committee meets regularly to discuss various aspects of the training program both on its own and individually with each resident. Regular in-training evaluation is given to all residents. Feedback regarding individual rotations is regularly sought from the trainees at these meetings. An anonymized survey of all training sites, rotations, CBME issues and wellness is conducted annually. In addition, an anonymized survey of teaching faculty is conducted annually.

The residents are given graded responsibilities on the ward, as well as in the Operating Room with the chief residents in charge of the clinical teaching units daily function and being able to perform all major surgical procedures under supervision, depending on their level of skill and knowledge.

The Urology Program initiated Competency Based Medical Education (CBME) in July 2018. All residents in the program are assessed by the Urology Competency Committee using the Royal College designed Entrustable Professional Activities (EPA's). The EPA's for Urology are divided into four phases of training: Transition to Discipline (4), Foundation (8), Core (21) and Transition to Practice (6).

The Urology program has been a leader in CBME implementation with resident representatives on Schulich Resident Advisory Committee for CBME. The Urology Program Administrator is Founder of the Western University Program Administrator Executive Committee, Past Chair of the ICRE Program Steering Committee and a member of the Royal College National Advisory Program Administrator Committee. Urology has a robust Competency Committee headed by the Assistant Program Director and includes robust 360 evaluation summaries based on EPAs, peer to peer evaluations and coworker/colleague evaluations. The Program is a leader in CBME implementation and evaluation at Western University and across Urology programs in Canada. The Program Director is a member of the CBME Western committee to evaluate and make changes to CBME.

ALL PGY YEARS:

- Community Urology electives take place in second, third and fourth years
- An annual research project is strongly encouraged with a year-end presentation at the annual JK Wyatt Urology Residents Research Day
- Evaluations are completed by the supervising consultant at the end of each rotation
- EPA (Entrustable Professional Activity) assessments as per CBME

The first two postgraduate years comprise the core surgical rotations common to all surgical subspecialties.

PGY-1 (one block = one four-week rotation total per year 13 blocks):

- urology – 5 blocks
- general surgery - 3 blocks (2 blocks general surgery team, 1 block general surgery access)
- internal medicine - 2 blocks

- emergency medicine – 1 block
- nephrology/transplant = 1 block
- Elective - 1 block (community Urology, etc. – a one month research elective is encouraged)
- Master of Surgery (optional)

PGY-2 (one block = one four-week rotation total per year 13 blocks):

- Urology - 8 blocks
- Community Urology - 1 block
- ICU/CCTC - 2 blocks
- Radiology - 1 block
- Elective – 1 block (community Urology, etc. – a one month research elective is encouraged)
- Master of Surgery (optional)

After the second year, residents will spend year 3 doing a wide variety of rotations in urology rotating through all hospital sites. Urologic endoscopic skills are developed. The management of urologic emergencies and routine problems in the ward and ambulatory setting will be targeted in the junior years. Residents will perform minor open and endoscopic urologic surgical procedures under supervision.

PGY-3

- Urology - 12 blocks (may include Community Urology block)
- Combined Medical Oncology / Radiation Oncology - 1 block
- Elective – 1 block (community Urology, etc. – a one month research elective is encouraged)

PGY-4

The intermediate/senior year provides opportunities for management of more complex cases, both on the ward and in the OR. The resident will often be in charge of the clinical teaching unit and is responsible for the day-to-day management of in-patients. Complex surgical cases will be performed in part by the resident under supervision. In-hospital and outpatient clinic consultations provide an opportunity for the residents to develop consultation skills. The residents also assume some teaching responsibilities for more junior members of the service.

- Urology - 12 blocks (may include Community Urology block)
- Elective – 1 block (community Urology, etc. – a one month research elective is encouraged)

PGY-5

The final year resident is responsible for complete management of the ward (pre-op, intra-op and post-op) and teaching of junior house staff on the Urology service. The resident will often be performing major surgical procedures in their entirety under supervision. At the conclusion of the final year of residency, the trainee should be able to function independently as a urologic consultant.

- Urology - 12 blocks (may include Community Urology block)
- Elective – 1 block (community Urology, etc. – a one month research elective is encouraged)

TEACHING:

The didactic activities include an academic half-day (Tuesday mornings) with protected time when teaching sessions are given by the urology and guest faculty. Weekly inter-hospital grand rounds are included in this time slot. There are separate weekly uro-radiology rounds and "practice examinations" which include both oral and written sessions. There is a monthly journal club.

Each resident is provided with a reading/study schedule as a suggested guide to complete the Campbell's textbook of Urology in the first four years of residency.

Visiting professors regularly participate in the didactic activities and give guest lectures. The didactic material required to satisfy the educational objectives is covered in the seminar/teaching sessions in a two-year cycle.

RESEARCH:

The Urology Program has a defined Residency Research Director (Dr. Stephen Pautler) who works with all residents to ensure the opportunity to conduct research and match residents to appropriate faculty based on area of interest. The Department of Surgery has four research nodes (Big Data/ICES, Surgical Education Research, Fundamental Sciences and Surgical Innovation, Quality Improvement and Patient Centered Research) with two of these nodes headed by Department of Urology faculty. In addition, Dr. Blayne Welk is an ICES scientist and Western University has its own ICES node.

There are full-time Ph.D. researchers running active urologic research laboratories with research opportunities offered to the interested residents as electives. There are two urologic libraries equipped with all the standard urology journals, textbooks as well as videos and other learning aids.

There is an annual Urology research day whereby the residents give a formal presentation on either their basic research work or on a clinical project. Residents are encouraged to participate in on-going research projects. Full support and guidance is provided by faculty.

Residents are matched to a faculty mentor.

The residents are encouraged to attend national and international conferences each year funded by the Division. They are also encouraged to submit their work for presentation at national and international meetings and will be funded to attend the meeting if their submissions are accepted.

(see below regarding Master of Surgery Program)

SUBSPECIALTIES OFFERED:

Andrology
EndoUrology
Incontinence and Reconstruction
Pediatric Urology
Transplantation
Uro-Oncology

OF SPECIAL INTEREST:

In conjunction with the Department of Surgery, the Division of Urology offers a ***Master of Science in Surgery*** (in the PGY1 or PGY2 years). This MSc is tailored to the unique needs of surgical trainees; providing an intensive research experience and a solid foundation for success as an academic surgeon. The MSc in Surgery is intended to fully prepare individuals specifically seeking future positions in Academic Health Science Centres for the demands of a research career in relation to the CanMeds roles of Medical Expert and Scholar. Demonstration of core competencies will be required through coursework, basic/clinical/applied research, thesis preparation and defense.

- Annual laparoscopic pig lab alternating with annual simulation lab
- Robotic training
- Mentorship Program
- Bi-Annual Objective Structured Clinical Exams (OSCE)

SOCIAL EVENTS:

- Annual Urology Olympics / Summer BBQ
- Annual Christmas Party
- Bi-annual Resident Dinners
- Monthly Journal Clubs