



UAEU

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NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Clinical Certificate in Robotic Surgery in Urology

Draft version 1

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Robotic Urology

EPA 1: Performing the surgical skills of robotic assisted abdominal/retroperitoneal

Key features: This EPA focuses on distinct groupings of surgical skills, rather than the performance of a specific case from beginning to end.

- Observation of these skills focuses on distinct components including:
 - Mobilizing renal/perirenal structures
 - Vascular hemostasis
 - Quality components
- These skills can be demonstrated across a variety of surgical procedures, such as radical nephrectomy, partial nephrectomy, retroperitoneal lymph node dissection (RPLND), nephroureterectomy, ureterolysis, uretero-ureterostomy, adrenalectomy, bowel mobilization, dissection of Gerota's fascia and identification of renal tumors, hilar clamping, mobilization of the renal pelvis and ureter, transection of the renal pelvis/PUJ/ureter, intracorporeal suturing, robotic ultrasonography, tumor/cyst excision, placement of ablation needles (RFA or cryotherapy), robotic biopsy, robotic lymph node dissection, target organ mobilization, and lymphadenectomy.

Assessment Plan:

Direct observation by a consultant robotic urologist

Assessment form collects information on:

- Component performed (*select all that apply*): mobilizing renal/perirenal structures; vascular hemostasis; quality components; other (write in)
- Procedure (*select all that apply*): radical nephrectomy; simple nephrectomy; partial nephrectomy; RPLND; nephroureterectomy; ureterolysis; uretero-ureterostomy; adrenalectomy; pyeloplasty; deroofing of renal cysts; other (write in)

Basis for formal entrustment decisions:

Collect observations in at least (5 procedures):

- At least 5 observations of achievement in mobilizing renal/perirenal structures
- At least 5 observations of achievement in vascular hemostasis
- At least 5 observations during simple, radical or partial nephrectomy
- At least 2 observations during RPLND

Relevant Tasks:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
2. ME 3.4 Set-up, position, and drape the patient for the procedure
3. ME 5.2 Participate in the surgical safety checklist or equivalent
4. ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
5. ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner like port placement, docking and targeting

6. ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
7. ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
8. ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
9. COL 1.2 Make effective use of operative assistants
10. P 1.1 Work within personal limits, asking for help as needed
11. COL 1.2 Work effectively with the OR team
12. COM 5.1 Document the surgical procedure in a complete and timely manner

EPA 2: Performing the surgical skills of robotic assisted pelvic procedures including prostate and bladder

Key features: This EPA focuses on distinct groupings of surgical skills, rather than the performance of a specific case from beginning to end.

- Observation of these skills focuses on distinct components including:
 - Basic components of pelvic procedures
 - Bowel components
 - Ureteral components
 - Bladder/urethral components
 - Vascular hemostasis
 - Pelvic lymph node dissection
- These skills can be observed in various pelvic surgical procedures, including bladder repair, partial cystectomy, fistula repair, simple prostatectomy, ureteric reconstruction, radical prostatectomy, simple cystectomy, radical cystectomy, and augmentation cystoplasty with or without diversion.

Assessment plan:

Direct observation by a consultant robotic urologist

Assessment form collects information on:

- Component performed (*select all that apply*): basic elements of pelvic procedures; bowel-related components; ureteral components; bladder/urethral components; vascular hemostasis; pelvic lymph node dissection; other (write in)
- Procedure (*select all that apply*): bladder repair; repair of intraoperative bladder injury; partial cystectomy; simple cystectomy; radical cystectomy; fistula repair; ureteric reconstruction; repair of iatrogenic ureteral injury; ureteral reimplantation; simple prostatectomy; radical prostatectomy; bladder diverticulectomy; augmentation cystoplasty with or without diversion; other (write in)

Basis on formal entrustment decisions:

- Observations must involve at least two different assessors.
- Collect at least 10 observations of achievement in surgical components:
 - o At least 5 observations demonstrating achievement in basic components of pelvic procedures.
 - o At least 5 observations demonstrating achievement in bowel components.
 - o At least 5 observations demonstrating achievement in ureteral components.
 - o At least 5 observations demonstrating achievement in bladder/urethral components.
 - o At least 5 observations demonstrating achievement in vascular hemostasis.
 - o At least 5 observations demonstrating achievement in pelvic lymph node dissection.
- Collect achievement in at least following surgical procedures:
 - o 10 bladder surgeries (including bladder repair, partial cystectomies, and radical cystectomies).
 - o 1 fistula repair (vesico-vaginal, vesico-enteric, or vesico-cutaneous).

- 10 prostate surgeries (including simple and radical prostatectomies).
- 5 ureteric surgeries (such as ureteric reimplantation, ureteric repair, or ureterostomy)

Relevant Tasks:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre-operative assessments/consults
2. ME 3.4 Set-up, position, and drape the patient for the procedure
3. ME 5.2 Participate in the surgical safety checklist or equivalent
4. ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
5. ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner like port placement, docking and targeting
6. ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
7. ME 3.4 Anticipate, recognize, and respond to intraoperative challenges
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