



UAEU

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# NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

## NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Urology

Draft version 1

2024/03/11



## **Urology**

### **EPA 1: Assessing patients with a urological presentation**

Key features: The focus of this EPA is the application of the clinical skills acquired in medical school in the new setting of urology residency.

- This includes performing the history and physical exam in patients with a urological presentation and identifying patients with an urgent or clinically significant illness and seeking assistance.
- It does not include developing management plans for the patient's care.

#### Assessment Plan:

Direct observation by supervisor.

Assessment form collects information on:

- Presentation: gross hematuria; difficult catheterization; scrotal pain/testicular torsion; urinary retention; renal colic/septic stones; others.

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement:

- At least 2 different presentations
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 1

#### Relevant Milestones:

- 1 COM 1.2** Optimize the physical environment for patient comfort, dignity, privacy, engagement and safety
- 2 COM 2.1** Conduct the interview in a patient-centered manner
- 3 ME 2.2** Elicit an accurate, relevant history
- 4 ME 2.2** Perform a physical exam that informs the diagnosis
- 5 ME 2.2** Synthesize patient information from the clinical assessment for the purpose of written or verbal summary to a supervisor
- 6 COM 2.3** Identify other sources of information (e.g., family, medical record) that may assist in a given patient's care
- 7 ME 3.3** Recognize the importance of triaging and timing a procedure or therapy
- 8 ME 1.4** Recognize urgent problems and seek assistance from more experienced physicians

## **Urology**

### **EPA 2: Admitting patients to the urology service**

Key Features: The focus of this EPA is the process of completing an admission with associated paperwork and initial orders.

- This EPA may be observed with admissions from the emergency department or from the clinic.

#### Assessment Plan:

Review of clinical documentation (admission and orders) by supervisor

Assessment form collects information on:

- Setting: emergency room; operating room

#### Basis for formal entrustment decisions:

Collect 2 observations of achievement:

- At least 1 in the emergency room and 1 in the operating room
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 1

#### Relevant Milestones:

- 1 ME 2.4** Document initial management plans for common problems in Urology
- 2 COM 5.1** Document the essential elements of a clinical encounter using a structured approach
- 3 COM 5.1** Maintain accurate and up-to-date problem lists and medication lists
- 4 COM 5.1** Document relevant patient care orders
- 5 P 1.1** Complete assigned responsibilities in a timely fashion

## **Urology**

### **EPA 3: Discharging patients from the urology service**

Key Features: The focus of this EPA is the process of completing a patient's discharge including the associated paperwork, communication with primary care provider as well as making arrangements for follow-up as appropriate.

- This EPA does not include making the decision about discharge, which is a skill of a more advanced stage.

#### Assessment Plan:

Review of clinical documentation (discharge documentation) by supervisor

#### Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: End of PGY 1

#### Relevant Milestones:

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

## **Urology**

### **EPA 4: Collaborating with other services**

Key Features: The focus of this EPA is collegial, respectful interaction with another healthcare professional/team.

- This EPA includes the interactions that occur when requesting the services of another service as well as those that occur when providing a consultation.
- The observation of this EPA is done based on direct observation by a supervisor, but should incorporate other perspectives (i.e., feedback from consulting service).

#### Assessment Plan:

Direct observation by supervisor and feedback from consulting service.

Assessment form collects information on:

- Category: requesting consultation; performing consultation

#### Basis for formal entrustment decisions:

Collect 2 observations of achievement:

- At least 1 from each category

When is unsupervised practice expected to be achieved: End of PGY 1

#### Relevant Milestones:

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

## **Urology**

### **EPA 5: Assessing and managing patients with a difficult catheterization in an urgent setting**

Key Features: This EPA focuses on identifying the acuity of the clinical issue, developing a differential diagnosis and management plan, and performing the appropriate procedure.

- This EPA includes immediate post-procedural care, which may include management of post-obstructive diuresis, sepsis and/or visible hematuria.

#### Assessment Plan

Case review by supervisor with direct observation of procedure

Assessment form collects information on:

- Gender: male; female
- Age: adult; pediatric
- Acute retention: yes; no
- Anesthetic: local; under sedation
- Procedure performed (select all that apply): different catheters; guidewires; dilators; cystoscopy; percutaneous suprapubic catheter.

#### Basis for formal entrustment decisions:

Collect 5 observations of achievement:

- At least 2 acute retention
- At least 1 of each of these categories of procedure: different catheters; guidewires or dilators; cystoscopy
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 3

#### Relevant Milestones:

- 1 ME 1.4** Perform a focused clinical assessment
- 2 ME 2.1 Determine the acuity of the issue and establish priorities for patient care**
- 3 ME 3.1 Determine the appropriate procedure**
- 4 ME 3.2** Obtain informed consent
- 5 ME 3.4** Prepare equipment/instruments for a procedure
- 6 ME 3.4 Prepare, position, and drape the patient**
- 7 ME 3.4 Perform common procedures in a skillful, 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

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

## **Urology**

### **EPA 6: Recognizing and managing urosepsis in patients with urinary obstruction**

Key Features: This EPA focuses on clinical assessment, resuscitation, and medical management.

- This EPA includes the development of a plan for relieving the obstruction, endoscopically or via interventional radiology procedure, that is appropriate to the urgency and nature of the clinical situation but does not include performing that procedure.

#### Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Gender: male; female
- Patient features: stable; septic; potential for atypical organisms; pregnancy
- Site of obstruction: ureter; bladder outlet

#### Basis for formal entrustment decisions:

Collect 4 observations of achievement:

- At least 2 septic patients
- At least 1 ureteral obstruction
- At least 1 bladder outlet obstruction
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 3

#### Relevant Milestones:

- 1 ME 2.1 Determine the acuity of the issue and establish priorities for patient care**
- 2 ME 2.1** Initiate volume resuscitation and/or antimicrobial therapy for patients with unstable presentations
- 3 ME 1.4 Perform a focused clinical assessment**
- 4 ME 2.2** Develop a differential diagnosis relevant to the patient's presentation
- 5 ME 2.2 Interpret diagnostic imaging**
- 6 ME 2.4 Develop and implement a management plan**
- 7 ME 3.1** Determine the appropriate procedure
- 8 ME 3.3 Consider urgency, and potential for deterioration, in advocating for the timely execution of a procedure or therapy**
- 9 COL 1.2** Consult as needed with other health care professionals, including other physicians
- 10 COL 3.1 Identify patients requiring handover to other physicians or health**



**care professionals**

**11 ME 3.4** Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered

**12 COM 3.1** Provide information to the patient and/or family clearly and compassionately

**13 COM 4.3** Answer questions from the patient and/or family

**14 COM 5.1** Document the clinical encounter to adequately convey clinical reasoning and the rationale for decisions

## **Urology**

### **EPA 7: Assessing and managing patients with acute scrotal/perineal pain**

Key Features: This EPA focuses on the recognition of an urgent clinical scenario, complete assessment to establish cause, and initiation of an initial management plan that includes medical management for non-surgical pain and/or seeking assistance for patients requiring an urgent surgical procedure.

- This EPA does not include performing a surgical procedure.

#### Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Age (*write in*):
- Diagnoses: acute prostatitis; epididymitis; necrotizing fasciitis; incarcerated hernia; trauma; torsion

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement:

- At least 1 urological emergency (torsion, necrotizing fasciitis, trauma)
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 3

#### Relevant Milestones:

- 1 ME 2.1 Determine the acuity of the issue and establish priorities for patient care**
- 2 COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety**
- 3 ME 2.2 Perform the history and physical exam in a timely manner, without excluding key elements**
- 4 ME 2.2 Interpret the findings of the physical exam to recognize clinical significance**
- 5 ME 2.2 Interpret diagnostic imaging**
- 6 ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
- 7 ME 2.4 Provide adequate and appropriate symptom management**
- 8 ME 3.1 Select surgical and/or medical interventions as appropriate**
- 9 ME 3.3 Consider urgency, and potential for deterioration, in advocating for the timely execution of a procedure or therapy**
- 10 COM 3.1 Provide information to the patient and/or family clearly and compassionately**
- 11 COM 4.3 Answer questions from the patient and/or family**

**12**    **COM 5.1** Document the clinical encounter to adequately convey clinical reasoning and the rationale for decisions

## **Urology**

### **EPA 8: Assessing and establishing a management plan for patients with common non- emergent urological presentations**

Key Features: This EPA focuses on common non-emergency urological presentations which may include voiding dysfunction, hematuria, sexual dysfunction, flank pain/stone, scrotal/penile pathologies, genitourinary infections.

- This EPA includes performing a focused history and physical examination, selecting and/or interpreting appropriate investigations, and communicating a differential diagnosis and management plan both directly to the patient as well as in written form to the referring physician.
- This EPA may be observed in any clinical setting including but not limited to inpatient ward, emergency department or outpatient clinic.
- The observation of this EPA is divided into two parts: patient assessment, and written communication (consult note).

#### Assessment Plan:

##### *Part A: Patient assessment*

Direct observation or case review by supervisor

Assessment form collects information on:

- Gender: male; female
- Presentation: voiding dysfunction; hematuria; sexual dysfunction; flank pain/stone; scrotal/penile pathologies; genitourinary infections

#### Basis for formal entrustment decisions:

Collect 20 observations of achievement:

- At least 3 observations for each presentation
- At least 3 different assessors

##### *Part B: Written communication*

Review of consultation letter/report by supervisor

Use assessment form.

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement.

When is unsupervised practice expected to be achieved: End of PGY 3

#### Relevant Milestones

(Part A): Patient Assessment

- 1 COM 2.1** Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information

- 2 **ME 2.2 Perform the history and physical exam in a timely manner, without excluding key elements**
- 3 **ME 2.2 Select and/or interpret appropriate investigations**
- 4 **ME 2.2 Interpret diagnostic imaging**
- 5 **ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
- 6 **ME 2.4 Develop and implement a management plan**
- 7 **L 2.1 Consider costs when choosing care options**
- 8 **ME 3.1 Describe the indications, contraindications, risks and alternatives for a given procedure or therapy**
- 9 **COM 3.1 Provide information to the patient and/or family clearly and compassionately**
- 10 **COM 4.3 Answer questions from the patient and/or family**
- 11 **HA 1.1 Assess a patient's need for additional health services or resources**
- 12 **HA 1.2 Select patient education resources related to Urology**
- 13 **ME 4.1 Determine the need and timing of follow-up**

(Part B): Written Communication

- 1 **ME 2.2 Synthesize and interpret information from the clinical assessment**
- 2 **COM 5.1 Organize information in appropriate sections**
- 3 **COM 5.1 Document all relevant findings and investigations**
- 4 **COM 5.1 Convey clinical reasoning and the rationale for decisions**
- 5 **COM 5.1 Provide a clear plan for ongoing management**
- 6 **COM 5.1 Complete clinical documentation in a timely manner**
- 7 **COL 1.3 Use referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise**

## **Urology**

### **EPA 9: Performing rigid cystoscopy with examination in an elective setting**

Key Features: This EPA focuses on the surgical skills of rigid cystoscopy, regardless of patient presentation.

- This EPA may be observed in the cystoscopy suite or operating room.

#### Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Gender: male; female
- Anesthetic: local; under sedation; general anesthetic
- Procedure: cystoscopy; retrograde pyelogram; insertion of ureteral catheter/stent; removal of ureteral stent; evacuation of clots/fulguration; biopsy and fulguration

#### Basis for formal entrustment decisions:

Collect 5 observations of achievement:

- At least 3 male patients
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 3

#### Relevant Milestones:

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

## **Urology**

### **EPA 10: Performing flexible cystoscopy with examination in an elective setting**

Key Features: This EPA focuses on the surgical skills of flexible cystoscopy, regardless of patient presentation.

- This EPA may be observed in the cystoscopy suite, the operating room, or the emergency department.

#### Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Gender: male; female
- Anesthetic: local; under sedation; general anesthetic
- Procedure: cystoscopy; retrograde pyelogram; insertion of ureteral catheter/stent; removal of ureteral stent; dilation of urethral stricture

#### Basis for formal entrustment decisions:

Collect 10 observations of achievement:

- Mix of male and female
- At least 5 local anesthetic
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 4

#### Relevant Milestones:

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

## **Urology**

### **EPA 11: Opening and closing an abdominal incision in low-complexity patients**

Key Features: This EPA focuses on the basic surgical skills of opening and closing an incision. It does not include planning the incision.

- This EPA may be observed in any abdominal surgery.

#### Assessment Plan:

Direct observation by supervisor

Use assessment form.

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement:

- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 3

#### Relevant Milestones:

- 1 ME 1.3** Apply knowledge of anatomy, key landmarks and the surgical procedure
- 2 ME 5.2** Apply the surgical safety checklist
- 3 ME 3.4 Prepare the operative field**
- 4 ME 3.4 Establish adequate exposure**
- 5 ME 3.4 Position retractors safely**
- 6 COL 1.2** Make appropriate use of assistants
- 7 ME 3.4 Insert abdominal drains**
- 8 ME 3.4 Close the layered abdominal incision**
- 9 ME 3.4 Respect tissue vitality when handling tissue and instruments**
- 10 P 1.1 Work within personal technical limitations, asking for assistance as needed**
- 11 COL 1.1** Respect established protocols of the operating room and team



## **Urology**

### **EPA 12: Managing urology specific tubes and drains on the ward**

Key Features: This EPA focuses on surgical decision making and technical ability.

Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Procedure: manual clot irrigation; JP removal; nephrostomy tube

Basis for formal entrustment decisions:

Collect 5 observations of achievement:

- At least 3 manual clot irrigation
- At least 1 uncomplicated JP removal
- At least 1 nephrostomy tube
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 2

Relevant Milestones:

- 1 P 1.1** Respond to nursing requests and concerns in a respectful and timely manner
- 2 ME 1.4** Perform a focused clinical assessment
- 3 ME 2.2** **Identify common issues and/or complications related to tubes and drains**
- 4 ME 3.1** **Determine the appropriate timing and procedure for tube or drain irrigation or removal**
- 5 ME 3.4** **Perform common procedures in a skillful, fluid, and safe manner**
- 6 P 1.1** **Identify limits in own expertise and seek assistance, as needed**
- 7 ME 3.4** Recognize and manage common complications of a procedure
- 8 ME 4.1** **Develop plans for ongoing care**
- 9 COM 5.1** **Document the clinical encounter to convey the procedure, clinical findings and/or outcome**

## Urology

### **EPA 13: Performing an initial consultation, and developing a plan for investigation or management, for patients presenting to the emergency department**

Key Features: This EPA focuses on the type of patient presentations that are typically seen in the emergency room setting and builds on the previously acquired skills to include patients with more complex presentations and/or conditions.

- This EPA includes a full clinical assessment, selection, interpretation and integration of investigations, and the development and implementation of a plan for further investigation and/or management, including both medical and surgical care.

#### Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Presentation: UTI/urosepsis; urinary tract obstruction; scrotal mass/tumor; scrotal abscess; epididymitis; torsion; priapism; Fournier's gangrene; paraphimosis; genitourinary trauma
- Anatomic site: not applicable; renal; ureteric; bladder; urethral; genital
- Complexity of case: low; high

#### Basis for formal entrustment decisions:

Collect 15 observations of achievement:

- At least 1 case of urosepsis with high complexity
- At least 1 each of all other presentations
- At least 2 patients with different anatomic sites affected by genitourinary trauma
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 2

#### Relevant Milestones:

- 1 P 4.1 Maintain calm despite stressful or negative interactions**
- 2 ME 2.1** Determine the acuity of the issue and establish priorities for patient care
- 3 ME 2.1 Treat the patient's urgent issues: provide relief from acute pain, stabilize hemodynamics and/or initiate antibiotics as appropriate**
- 4 ME 2.2** Perform a focused clinical assessment, without excluding any key elements
- 5 ME 2.2 Select, prioritize and interpret investigations**
- 6 ME 3.1** Develop a procedural or therapeutic plan that considers the risks and benefits of all treatment options
- 7 ME 3.3 Determine the necessity and timing of surgical intervention**
- 8 ME 4.1 Determine the necessity and timing of referral to another health care professional**

**9 COL 1.2 Work effectively with other physicians or surgeons to provide all needed aspects of care (emergency room or radiology staff, nephrology or trauma team)**

**10 COM 3.1 Provide information to the patient and/or family clearly and compassionately**

**11 HA 1.3 Identify opportunities to incorporate prevention and health promotion into the patient interaction**

## **Urology**

### **EPA 14: Performing an initial consultation, and developing a plan for investigation or management, for patients presenting in the clinic or inpatient non-urgent settings**

Key Features: This EPA focuses on the initial assessment of patients with non-urgent conditions and builds on the skills of Foundations to include patients with more complex presentations and/or diagnoses.

#### Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Presentation: complex UTI; cutaneous genital lesions; male infertility; genital and/or pelvic pain; adrenal mass; suspicious renal mass; suspicious scrotal mass; elevated PSA
- Complexity: low; high

#### Basis for formal entrustment decisions:

Collect 10 observations of achievement:

- At least 6 different presentations
- At least 5 high complexity
- At least 3 different assessors

When is unsupervised practice expected to be achieved: End of PGY 3

#### Relevant Milestones:

- 1 ME 1.4** Perform clinical assessments that address all relevant issues
- 2 ME 2.2 Administer and interpret disease specific questionnaires, as appropriate (e.g., erectile dysfunction)**
- 3 ME 2.2** Identify and interpret pertinent findings on physical examination
- 4 ME 2.2 Identify indications for, and interpret, specialized tests**
- 5 L 2.1** Use clinical judgment to minimize wasteful practices
- 6 ME 2.2 Integrate the patient's other medical problems, overall functioning and current health status into the decision regarding plan of care**
- 7 ME 2.4** Stratify risk for clinical progression/recurrence and identify patients that need further investigation (e.g., biopsy) and/or surgical intervention
- 8 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 9 ME 2.4 Develop and implement a plan, which may include further investigation, surveillance, medical treatment and/or surgical intervention**
- 10 ME 4.1** Determine the necessity and timing of referral to another health care professional
- 11 ME 2.3** Share concerns about goals of care that are not felt to be achievable with

the patient, in a constructive and respectful manner

**12 HA 1.2 Select and provide relevant patient education resources**

**13 COM 4.3 Use communication skills and strategies that help patients make informed decision about their health**

**14 ME 4.1 Establish plans for ongoing care and/or surveillance**

**15 COM 5.1 Document the clinical encounter to adequately convey clinical reasoning and the rationale for decisions**

## **Urology**

### **EPA 15: Performing an intraoperative consultation for a simple scenario**

Key Features: This EPA focuses on the urgent consultations requested by other surgical services during a non-urologic operation. At this stage, the focus is on simple scenarios such as difficult catheterization or need for ureteric stent.

- This EPA includes clinical assessment, surgical decision-making regarding the nature and timing of investigation and/or management as well as effective collaboration with other surgical teams.

#### Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Setting: clinical; simulation
- Issue: difficult catheterization; need for ureteric stent

#### Basis for formal entrustment decisions:

Collect 2 observations of achievement:

- At least 1 from clinical setting
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 4

#### Relevant Milestones:

- 1 P 1.1 Respond to requests for assistance or consultation in a timely fashion**
- 2 ME 2.2 Perform a focused clinical assessment, without excluding any key elements**
- 3 ME 2.4 Develop and implement a plan, which may include endoscopy, interventional radiology intervention and/or observation**
- 4 ME 1.4 Recognize when the problem needs the involvement of more experienced colleagues and seek assistance**

## **Urology**

### **EPA 16: Assessing and managing urinary tract and/or genital anomalies in children**

Key Features: This EPA focuses on clinical evaluation in the pediatric setting, including considerations such as prenatal history, adaptations to the physical exam, blood volume limitations of laboratory testing, imaging limitations in children and decision making with parents.

- This EPA includes distinguishing disorders of sexual differentiation as well as the rational assignment of surgical intervention.

#### Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Congenital urinary tract anomalies: not applicable; hydronephrosis: antenatal; ureterocele; megaureter; posterior urethral valve; duplication anomalies; ureteropelvic junction obstruction (UPJO); vesicoureteral reflux; exstrophy; neurogenic voiding dysfunction
- Genital conditions: not applicable; hydroceles/hernias; hypospadias; phimosis; neonatal torsion; concealed penis; testicular torsion; disorders of sexual differentiation; epispadias

#### Basis for formal entrustment decisions:

Collect 6 observations of achievement:

- At least 2 congenital urinary tract anomalies
- At least 2 genital conditions
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 4

#### Relevant Milestones:

- 1 ME 2.2 Elicit a history, including the perinatal history as relevant**
- 2 ME 2.2 Perform the physical exam in a manner that minimizes discomfort or distress, without excluding key elements**
- 3 ME 2.2 Adapt the clinical assessment to the child's age and development**
- 4 ME 2.2 Select investigations, considering the limitations of blood volume on laboratory testing and the challenges of medical imaging in children**
- 5 ME 2.2 Interpret investigations**
- 6 ME 2.2 Distinguish disorders of sexual differentiation from others in the differential diagnosis**
- 7 ME 2.4 Develop a management plan, which may include observation, medical management or surgical intervention**

- 8 **ME 3.1** Identify patients that would benefit from surgical intervention
- 9 **ME 3.2** Obtain informed consent
- 10 **COM 3.1 Provide information to the patient and/or family clearly and compassionately**
- 11 **COM 4.3** Answer questions from the patient and/or family
- 12 **P 1.1** Exhibit appropriate professional behaviors



## **Urology**

### **EPA 17: Performing transurethral resection of bladder tumors**

Key Features: This EPA focuses on surgical skills required for performing the appropriate procedure and includes immediate post-procedural care.

- After completion of this EPA, the residents are required to maintain a logbook of cystoscopic procedures.

Assessment Plan:

Direct observation by supervisor in the OR

Assessment form collects information on:

- Tumor difficulty: low; high

Basis for formal entrustment decisions:

Collect 10 observations of achievement:

- At least 5 should include high tumor difficulty
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 5

Relevant Milestones:

- 1 ME 3.4 Assemble and optimize endoscope function**
- 2 ME 1.3 Apply knowledge of anatomy, key landmarks and the surgical procedure**
- 3 ME 3.4 Manipulate endoscope appropriately, achieving stabilization, orientation and direction**
- 4 ME 3.4 Respect tissue vitality when handling tissue and instruments**
- 5 ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, forward progression**
- 6 ME 3.4 Resect and fulgurate tissue safely**

## **Urology**

### **EPA 18: Performing transurethral resection of prostate**

Key Features: This EPA focuses on surgical skills required for performing the appropriate procedure and includes immediate post-procedural care.

- After completion of this EPA, the residents are required to maintain a logbook of cystoscopic procedures which must include standard electrocautery; alternative electrocautery; laser.

#### Assessment Plan:

Direct observation by supervisor in the OR

Assessment form collects information on:

- Case complexity: normal; high
- Technique: standard electrocautery, alternative electrocautery; laser, MIS

#### Basis for formal entrustment decisions:

Collect 10 observations of achievement:

- At least 3 high complexity
- At least 3 standard electrocautery
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 5

#### Relevant Milestones:

- 1 ME 3.4 Assemble and optimize endoscope function**
- 2 ME 1.3 Apply knowledge of anatomy, key landmarks and the surgical procedure**
- 3 ME 3.4 Manipulate endoscope appropriately, achieving stabilization, orientation and direction**
- 4 ME 3.4 Respect tissue vitality when handling tissue and instruments**
- 5 ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, forward progression**
- 6 ME 3.4 Resect and fulgurate tissue safely**
- 7 ME 3.4 Determine that procedure is complete, hemostasis achieved**
- 8 ME 3.4 Implement an appropriate and safe exit strategy**

## **Urology**

### **EPA 19: Performing endoscopic treatment of lower urinary tract stenosis**

Key Features: This EPA focuses on surgical skills required for performing the appropriate procedure and includes immediate post-procedural care.

- After completion of this EPA, the residents are required to maintain a logbook of cystoscopic procedures.

Assessment Plan:

Direct observation by supervisor in the OR

Assessment form collects information on:

- Technique: cold knife; holmium laser; dilation

Basis for formal entrustment decisions:

Collect 3 observations of achievement:

- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 3

Relevant Milestones:

- 1 ME 3.4 Assemble and optimize endoscope function**
- 2 ME 1.3 Apply knowledge of anatomy, key landmarks and the surgical procedure**
- 3 ME 3.4 Manipulate endoscope appropriately, achieving stabilization, orientation and direction**
- 4 ME 3.4 Respect tissue vitality when handling tissue and instruments**
- 5 ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, forward progression**
- 6 ME 3.4 Incise or dilate tissue safely**
- 7 ME 3.4 Demonstrate appropriate and safe use of holmium laser, as applicable**
- 8 ME 3.4 Implement an appropriate and safe exit strategy**

## **Urology**

### **EPA 20: Performing rigid ureteroscopy and lithotripsy of the upper urinary tract**

Key Features: This EPA focuses on surgical skills required for performing the appropriate procedure and includes immediate post-procedural care.

- After completion of this EPA, the residents are required to maintain a logbook of cystoscopic procedures.

#### Assessment Plan:

Direct observation by supervisor in the OR

Assessment form collects information on:

- Gender: male; female
- Complexity: Low; High

#### Basis for formal entrustment decisions:

Collect 10 observations of achievement:

- Mix of male and female
- At least 5 high complexity
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 4

#### Relevant Milestones:

- 1 ME 3.4 Assemble and optimize endoscope function**
- 2 ME 1.3 Apply knowledge of anatomy, key landmarks and the surgical procedure**
- 3 ME 3.4 Manipulate endoscope appropriately, achieving stabilization, orientation, and direction**
- 4 ME 3.4 Respect tissue vitality when handling tissue and instruments**
- 5 ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, forward progression**
- 6 COL 1.2 Make appropriate use of assistants**
- 7 COL 1.3 Communicate effectively throughout the procedure**
- 8 ME 3.4 Demonstrate appropriate and safe use of ancillary equipment (guidewires, ureteral catheters, access sheaths, baskets)**
- 9 ME 3.4 Demonstrate appropriate and safe use of holmium laser**
- 10 ME 3.4 Demonstrate appropriate and safe use of fluoroscopy**
- 11 ME 3.4 Implement an appropriate and safe exit strategy**

## **Urology**

### **EPA 21: Performing retrograde flexible ureteroscopy/nephroscopy and lithotripsy of the upper urinary tract**

Key Features: This EPA focuses on surgical skills required for performing the appropriate procedure and includes immediate post-procedural care.

- After completion of this EPA, the residents are required to maintain a logbook of cystoscopic procedures.

#### Assessment Plan:

Direct observation by supervisor in the OR

Assessment form collects information on:

- Nephroscopy done: yes; no

#### Basis for formal entrustment decisions:

Collect 10 observations of achievement:

- At least 4 with nephroscopy
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 4

#### Relevant Milestones:

- 1 ME 3.4 Assemble and optimize endoscope function**
- 2 ME 1.3 Apply knowledge of anatomy, key landmarks and the surgical procedure**
- 3 ME 3.4 Manipulate endoscope appropriately, achieving stabilization, orientation and direction**
- 4 ME 3.4 Respect tissue vitality when handling tissue and instruments**
- 5 ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, forward progression**
- 6 ME 3.4 Perform nephroscopy**
- 7 ME 3.4 Demonstrate appropriate care of instruments**
- 8 ME 3.4 Demonstrate appropriate and safe use of ancillary equipment (guidewires, ureteral catheters, access sheaths, baskets)**
- 9 ME 3.4 Demonstrate appropriate and safe use of holmium laser**
- 10 ME 3.4 Demonstrate appropriate and safe use of fluoroscopy**
- 11 ME 3.4 Implement an appropriate and safe exit strategy**
- 12 COL 1.2 Make appropriate use of assistants**
- 13 COL 1.3 Communicate effectively throughout the procedure**

## **Urology**

### **EPA 22: Performing percutaneous nephroscopy and lithotripsy of the upper urinary tract**

Key Features: This EPA focuses on surgical skills required for performing the appropriate procedure and includes immediate post-procedural care.

#### Assessment Plan:

Direct observation by supervisor in the OR

Assessment form collects information on:

- Nephroscopy: flexible; rigid

#### Basis for formal entrustment decisions:

Collect 5 observations of achievement:

- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 5

#### Relevant Milestones:

- 1 ME 3.4 Assemble and optimize endoscope function**
- 2 ME 1.3 Apply knowledge of anatomy, key landmarks and the surgical procedure**
- 3 ME 3.4 Manipulate endoscope appropriately, achieving stabilization, orientation, and direction**
- 4 ME 3.4 Respect tissue vitality when handling tissue and instruments**
- 5 ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, forward progression**
- 6 COL 1.2 Make appropriate use of assistants**
- 7 COL 1.3 Communicate effectively throughout the procedure**
- 8 COL 1.3 Assist in planning access**
- 9 ME 3.4 Demonstrate appropriate and safe use of intracorporeal lithotripter**
- 10 ME 3.4 Demonstrate appropriate and safe use of fluoroscopy**
- 11 ME 3.4 Implement an appropriate and safe exit strategy**

## **Urology**

### **EPA 23: Performing the surgical skills of abdominal/retroperitoneal procedures including renal surgeries using open, laparoscopic, and/or robot-assisted technique**

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 may be observed in a range of surgical procedures. Examples include radical nephrectomy; partial nephrectomy; retroperitoneal lymph node dissection (RPLND); nephroureterectomy; uterolysis; uretero-ureterostomy; adrenalectomy; mobilization of bowel; Dissection of Gerota's and identification of renal tumor; Hilar clamping; Mobilization of renal pelvis and ureter; Transection of renal pelvis/UPJ/ureter; Intracorporeal suturing; Laparoscopic US; Excision of tumor/cyst; Placement of ablation needle (RFA or Cryotherapy); Laparoscopic biopsy; Laparoscopic lymph node dissection; Mobilization of target organ; Lymphadenectomy; Robotic setup; Robotic
- The observation of this EPA is direct observation of specific surgical skills within a procedure.

#### Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Component performed (*check all that apply*): mobilizing renal/perirenal structures; vascular hemostasis; quality components
- Procedure: radical nephrectomy; partial nephrectomy; RPLND; nephroureterectomy; uterolysis; uretero-ureterostomy; adrenalectomy; pyeloplasty; 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 of achievement in quality components
- At least 5 observations during simple, radical or partial nephrectomy
- At least 2 observations during RPLND
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 5

#### Relevant Milestones:

*Mobilizing renal/peri-renal structures*

- 1 ME 3.4 Mobilize retroperitoneal structures such as ureter, kidney, IVC, branches of IVC, thoracic duct, and aorta**
- 2 ME 3.4 Prepare, position and drape the patient**
- 3 ME 3.4 Establish laparoscopic access/port placement**
- 4 ME 3.4 Mobilize the bowel**
- 5 ME 3.4 Expose the retroperitoneum**
- 6 ME 3.4 Expose the renal hilum**
- 7 ME 3.4 Mobilize bowel to expose kidney**
- 8 ME 3.4 Mobilize bowel to identify and mobilize/dissect pelvic ureter down to bladder**
- 9 ME 3.4 Mobilize and dissect kidney circumferentially**
- 10 ME 3.4 Mobilize the adrenal**
- 11 ME 3.4 Mobilize the omentum**

*Hemostasis components*

- 12 ME 3.4 Dissect, isolate, and/or ligate a main artery and vein**
- 13 ME 3.4 Control a bleeding vessel**

*Quality components*

- 14 ME 3.4 Demonstrate appropriate tissue handling of bowel, ureter, vessels, etc. (non-traumatic, finesse, appropriate use of instruments)**
- 15 ME 3.4 Identify other structures and assess for possible injuries (i.e., pleural, pancreatic, splenic injury)**
- 16 P 1.1 Recognize own surgical limitations and request assistance as needed**
- 17 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, forward progression**



## Urology

### **EPA 24: Performing the surgical skills of pelvic procedures including prostate and bladder using open, laparoscopic, and/or robot assisted technique**

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 may be observed in a range of pelvic surgical procedures. Examples include: bladder repair; partial cystectomy; fistula repair; simple prostatectomy; ureteric reconstruction; radical prostatectomy; simple cystectomy; radical cystectomy; augmentation cystoplasty +/- diversion.

#### Assessment plan:

Direct observation by supervisor

Assessment form collects information on:

- Component performed (*select all the apply*): basic components of pelvic procedures; bowel components; ureteral components; bladder/urethral components; vascular hemostasis; pelvic lymph node dissection
- 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; other (*write in*)

#### Basis for formal entrustment decisions:

Collect observations in at least (10 procedures).

- At least 5 observations of achievement in basic components of pelvic procedures
- At least 5 observations of achievement in bowel components
- At least 2 observations of achievement in ureteral components
- At least 2 observations of achievement in bladder/urethral components
- At least 2 observations of achievement in vascular hemostasis
- At least 2 observations of achievement in pelvic lymph node dissection
- At least the following procedures:
  - 5 bladder surgeries (including bladder repair, partial & radical cystectomies)
  - 1 fistula repair (vesico-genital / vesico-enteric / vesico-cutaneous)

- 5 prostate surgeries (including simple & radical prostatectomies)
- 2 ureteric surgeries (ureteric replantation, ureteric repair, ureterostomy)
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 5

Relevant Milestones:

Surgical Skills

*Basic components of pelvic procedures*

**1 ME 3.4 Demonstrate development of space of Retzius and opening of endopelvic fascia**

*Bowel components*

**2 ME 3.4 Mobilize bladder and take down pedicles**

**3 ME 3.4 Isolate a segment of small bowel (identify proper location, ensure adequate supply, division and restoration of bowel continuity with suture and/or stapler)**

**4 ME 3.4 Suture and close off/repair lumen (enterotomy repair etc.)**

*Ureteral components*

**5 ME 3.4 Perform ureteral reimplantation (into bowel or bladder)**

**6 ME 3.4 Manage ureteral injury (Boari Flap or psoas hitch or ileal interposition) along with stenting**

*Bladder/urethral components*

**7 ME 3.4 Perform urethral and/or ureteral anastomosis (open or MIS)**

**8 ME 3.4 Open and/or close the bladder (i.e., rupture/iatrogenic bladder injury, open cystolithotomy)**

**9 ME 3.4 Perform bladder neck reconstruction**

*Vascular hemostasis*

**10 ME 3.4 Demonstrate approach and technique to control a bleeding vessel in the pelvis (i.e., DVC)**

*Pelvic lymph node dissection*

**11 ME 3.4 Perform pelvic lymph node dissection up to common iliac bifurcation**

*Quality components*

**12 ME 3.4 Demonstrate appropriate tissue handling of bowel, ureter, vessels, etc. (non-traumatic, finesse, appropriate use of instruments)**

**13 P 1.1 Recognize own surgical limitations and request assistance as needed**

**14 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement,**

**forward progression**

**15 ME 3.4 Identify other structures and assess for possible injuries (i.e., pleural, pancreatic, splenic injury)**

## **Urology**

### **EPA 25: Performing genital procedures**

Key features: The observation of this EPA is direct observation of specific surgical skills within a procedure.

#### Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Demographic: pediatric; adult
- Type of procedure: 1. scrotal/inguinal; 2. penile/male urethral; 3. vaginal/pelvic floor; other specific procedures:
  1. scrotal/inguinal: drainage/debridement of genital abscess; exploration for testicular torsion with or without orchidopexy; orchiectomy (simple or radical); vasectomy; spermatocelectomy/hydrocelectomy; varicocelectomy; testicular biopsy; orchidopexy/pediatric hernia repair; insertion of testicular prosthesis; vasovasostomy/vasoepididymostomy; inguinal lymph node dissection;
  2. penile/male urethral: repair of penile fracture; circumcision; cavernosal shunt (distal or proximal); perineal urethrostomy; partial penectomy; radical penectomy; correction of Peyronie's curvature (plication or incision & grafting); repair of hypospadias (distal or proximal); male sling; insertion of artificial sphincter; urethroplasty; epispadias; radical urethrectomy; insertion of penile prosthesis;
  3. vaginal/pelvic floor: mid-urethral sling (female); repair of vesico/urethro-vaginal fistula; excision of urethral diverticulum; repair of genital prolapse; transvaginal mesh excision/ removal; pubovaginal sling using autologous rectus fascia;
  4. Other (*write in*)

#### Basis for formal entrustment decisions:

Collect at least 30 observations of achievement

- at least 10 scrotal/inguinal surgeries
  - at least 1 drainage/debridement of genital abscess
  - at least 1 exploration for testicular torsion with or without orchidopexy
  - at least 2 orchiectomies (simple or radical)
  - at least 2 vasectomies
  - at least 3 spermatocelectomies/hydrocelectomies
- at least 10 penile/male urethral surgeries
  - at least 2 circumcisions
- at least 2 vaginal/pelvic floor surgeries
  - at least 2 mid-urethral slings

When is unsupervised practice expected to be achieved: End of PGY 4

Relevant Milestones:

- 1 ME 3.4 Prepare, position, and drape the patient**
- 2 ME 1.3 Apply knowledge of anatomy, key landmarks, and the surgical procedure**
- 3 ME 3.4 Select appropriate instruments and sutures for each step of the procedure**
- 4 ME 3.4 Open and close the incision**
- 5 ME 3.4 Use optical magnification appropriately**
- 6 ME 3.4 Perform safe tissue dissection of relevant structures and tissue layers with gentle tissue handling**
- 7 ME 3.4 Use instruments appropriately, including trocar placement and stay sutures**
- 8 ME 3.4 Perform suturing, suture ligation, and a spatulated anastomosis**
- 9 ME 3.4 Use drains and catheters/stents appropriately**
- 10 ME 3.4 Recognize and address immediate intra-operative complications**

## Urology

### **EPA 26: Providing care for patients with complications following urologic interventions**

Key Features: This EPA focuses on the assessment and medical/surgical decision-making regarding patients who experience a postoperative complication, including management of a patient safety event (managing patient care, disclosure, and communication with patient and/or family, follow-up or look back at events).

- This EPA may be observed in the simulation setting.
- The observation of this EPA is divided into two parts: managing patient care; disclosing patient safety events and reporting to institutional monitoring systems.

#### Assessment Plan:

##### *Part A: Patient Management*

Case discussion and chart review by supervisor

Assessment form collects information on:

- Location: inpatient; outpatient; emergency room; telephone consultation
- Setting: clinical; simulation
- Age group: adult; pediatric
- Type of surgery: endoscopy; percutaneous; genital; open; laparoscopic
- Type of complication: genitourinary bleeding; urine leak; urosepsis; other (*write in*)

#### Basis for formal entrustment decisions:

Collect 7 observations of achievement:

- At least 1 telephone consultation
- No more than 2 simulation
- At least 1 each: genitourinary bleeding, urosepsis, urine leak
- At least 2 different assessors

##### *Part B: Disclosure to Patient/Family and Reporting*

Direct observation by supervisor

Assessment form collects information on:

- Setting: clinical; simulation

#### Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: End of PGY 5

#### Relevant Milestones:

(Part A): Assessment and management of complications

**1 ME 2.1 Determine the acuity of the issue and establish priorities for patient**

care

- 2 **ME 2.2 Gather information about the patient's illness, including procedures performed and clinical course**
- 3 **ME 2.2 Select, prioritize, and interpret investigations**
- 4 **ME 2.2 Synthesize patient information to determine a diagnosis**
- 5 **ME 2.4 Develop and implement a management plan**
- 6 **COM 3.1 Convey information related to the patient's health status, care and needs in a timely, honest, and transparent manner**
- 7 **COM 5.1 Document the clinical encounter to adequately convey clinical information, clinical reasoning, and the rationale for decisions**
- 8 **P 3.1 Demonstrate an understanding of the medicolegal responsibilities of the most responsible physician, and the limits of resident autonomy**

(Part B): Disclosure and patient safety reporting

- 1 **COM 3.2 Communicate the reasons for unanticipated clinical outcomes and/or disclose patient safety incidents to patients and families**
- 2 **ME 5.1 Report patient safety incidents through appropriate institutional procedures**
- 3 **ME 5.1 Identify potential improvement opportunities arising from harmful safety incidents and near misses**
- 4 **COM 3.2 Plan and document follow-up to a harmful patient safety incident**

## **Urology**

### **EPA 27: Providing post-operative care for children following a urologic intervention**

Key Features: This EPA includes all aspects of writing postoperative orders and providing ongoing clinical care.

#### Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Hospital stay: day surgery; same day admit; inpatients

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement:

- A range of hospital stays
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 4

#### Relevant Milestones:

- 1 ME 2.4 Provide routine post-operative care, managing intravenous fluids, diet, wound care, and medications**
- 2 ME 1.4 Perform clinical assessments of pediatric patients that address all relevant issues**
- 3 ME 2.4 Provide appropriate pain management**
- 4 ME 2.4 Adjust medication dosing for patient age, size, and/or renal function**
- 5 ME 2.4 Manage issues related to wound healing, as well as tubes and drains**
- 6 ME 4.1 Develop plans for follow-up on investigations and/or ongoing care**
- 7 COM 1.6 Adapt to the communication needs of children and their families**
- 8 COM 3.1 Share information and explanations that are clear, accurate, and timely while checking for patient and/or family understanding**
- 9 COM 1.5 Recognize when strong emotions are affecting an interaction and respond appropriately**
- 10 COL 1.2 Work effectively with other health professionals**
- 11 HA 1.3 Incorporate health promotion into interactions with the patient and family**



## **Urology**

### **EPA 28: Providing management for patients with benign urologic conditions in the office setting, including monitoring progress and ongoing treatment**

Key Features: This EPA focuses on the ongoing management of patients with known urologic conditions, and includes interpretation of initial investigations, further investigation as appropriate, treatment, reassessment and ongoing care.

- This includes aspects of preventive care, health promotion and lifestyle modification as appropriate.

#### Assessment Plan:

Case discussion or chart review by supervisor

Assessment form collects information on:

- Gender: male; female
- Condition: genital and/or pelvic pain; genital lesions; recurrent infections; sexual and/or reproductive dysfunction; stones; voiding dysfunction
- Category: chronic; complex; elderly/frail; not a surgical candidate
- Treatment: escalate/switch therapy; move to surgical approach; discharge; other

#### Basis for formal entrustment decisions:

Collect 10 observations of achievement:

- Mix of gender
- At least 4 different conditions
- At least 1 genital and/or pelvic pain
- At least 2 from each category
- A range of treatment decisions
- At least 3 different assessors

When is unsupervised practice expected to be achieved: End of PGY 3

#### Relevant Milestones:

- 1 ME 1.4** Perform clinical assessments that address all relevant issues
- 2 ME 2.2 Interpret the results of investigations performed to monitor the condition and/or treatment**
- 3 ME 2.2 Synthesize patient information to determine response to treatment, side effects, and/or toxicity**
- 4 ME 2.4 Adjust management plans based on clinical status and/or response to treatment**
- 5 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 6 ME 2.2 Integrate the patient's other medical problems, overall functioning and current health status into the decision regarding plan of care**

- 7 **ME 3.1** Determine if the condition warrants surgical intervention and if the patient is a candidate for interventional procedures
- 8 **ME 4.1** Determine the necessity and timing of referral to another health care professional
- 9 **ME 4.1** Coordinate treatment and follow-up plans
- 10 **COM 4.3 Use communication skills and strategies that help patients make informed decisions about their health**
- 11 **ME 2.3** Share concerns about goals of care that are not felt to be achievable with the patient, in a constructive and respectful manner
- 12 **HA 1.1** Facilitate timely patient access to services and resources
- 13 **HA 1.3 Incorporate prevention, health promotion, and health surveillance into patient interactions**

## **Urology**

### **EPA 29: Providing management for patients with malignant urologic conditions in the office setting, including monitoring progress and ongoing treatment**

Key Features: This EPA focuses on the patient with known malignancy and includes an assessment of the status of his/her cancer, the development of further plans for surveillance and/or treatment, coordination/referral with other cancer specialists and communication with the patient and/or family.

- This EPA includes patients with any urologic malignancy, at any stage of treatment which may be active surveillance, adjuvant treatment, discharge and/or palliative care.
- The observation of this EPA is divided into two parts: initial visit for discussion of cancer status; and ongoing management/surveillance.

#### Assessment Plan:

##### *Part A: Initial Discussion*

Direct or indirect observation and/or case review by supervisor

Assessment form collects information on:

- Type of observation: direct; indirect
- Setting: clinical; simulation
- Type of cancer: renal; bladder; prostate; testicular; penile; urethral; adrenal
- Stage of cancer: localized; invasive; metastatic/advanced; other
- Previous treatment: operative removal; TURBT; other
- Treatment planned: ongoing surveillance; adjuvant; palliative care; other

#### Basis for formal entrustment decisions:

Collect 15 observations of achievement:

- At least 2 direct observations; may be simulation
- 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 patients post TURBT, at least 1 invasive
- At least 1 testicular cancer
- At least 2 different assessors

##### *Part B: Ongoing management/surveillance*

Case review by supervisor

Assessment form collects information on:

- Type of cancer: renal; bladder; prostate; testicular; penile; urethral; adrenal
- Treatment plan: no change; switch/escalate therapy; switch to palliative care; discharge; addressing issues of survivorship; other

Basis for formal entrustment decisions:

Collect 15 observations of achievement:

- Mix of cancers
- Mix of treatment plans
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 4

Relevant Milestones:

(Part A): Initial Discussion

- 1 ME 2.2 Assess the patient's functional status and quality of life**
- 2 ME 2.2 Interpret the results of investigations done for diagnosis and/or staging (pathology, imaging, tumor markers)**
- 3 ME 2.2 Synthesize patient information to determine diagnosis and prognosis**
- 4 ME 2.2 Identify features of the patient's condition or co-morbidities which modify the risk of disease progression and/or treatment**
- 5 COM 3.1 Provide information on diagnosis and prognosis clearly and compassionately**
- 6 COM 4.3 Use communication skills and strategies that help patients make informed decision about their health**
- 7 ME 2.4 Develop and implement a plan, which may include further investigation, surveillance, medical treatment and/or surgical intervention**
- 8 ME 4.1 Identify indications for adjuvant therapy and the timing of referral to other specialist**
- 9 COL 1.2 Consult, as needed, with other oncology professionals**
- 10 ME 4.1 Determine the frequency and timing of future investigations and visits**
- 11 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 12 ME 2.3 Share concerns about goals of care that are not felt to be achievable with the patient, in a constructive and respectful manner**

(Part B): Ongoing management/surveillance

- 1 ME 2.2 Assess the patient's functional status and quality of life**
- 2 ME 2.2 Interpret the results of investigations performed to monitor the condition and/or treatment**
- 3 ME 2.2 Synthesize patient information to determine response to treatment and/or toxicity**
- 4 ME 2.4 Adjust management plans based on clinical status and/or response to treatment**
- 5 ME 2.4 Develop a plan for management, which may include continuation of current treatment, change in therapy, escalation of therapy or a palliative approach**
- 6 ME 4.1 Determine the necessity and timing of referral to another health care**

professional

**7 ME 4.1** Determine the frequency and timing of future investigations and visits

**8 S 3.4 Integrate best evidence and clinical expertise into decision-making**

**9 COM 4.3** Use communication skills and strategies that help patients make informed decision about their health

**10 ME 2.3** Share concerns about goals of care that are not felt to be achievable with the patient, in a constructive and respectful manner

**11 HA 1.1** Facilitate timely patient access to services and resources

**12 HA 1.3 Incorporate prevention, health promotion, and health surveillance into patient interactions**

## **Urology**

### **EPA 30: Supervising the urology service, including scheduling and teaching the junior learners**

Key Features: This EPA focuses on the efficient management of an inpatient service in the role of the physician most responsible for patient care. This includes delegation of tasks to other residents and health care professionals as well as administrative duties relevant to organization of the team of physicians.

- The observation of this EPA is divided into two parts: overall patient care and working effectively with the interprofessional team.

#### Assessment Plan:

##### *Part A: Patient Care*

Direct observation and chart review by supervisor, every 1-3 blocks

Assessment form collects information on:

- Complexity of case load: low; high

#### Basis for formal entrustment decisions:

Collect 2 observations of achievement:

- At least 1 case load of high complexity

##### *Part B: Interprofessional Care/Supervision*

Multiple observers provide feedback individually, which is then collated to one report

Assessment form collects information on:

- Role of observer: supervisor; nurse; other health care professional; junior resident/student

#### Basis for formal entrustment decisions:

Collect feedback from 6 observers on at least one occasion

- At least 2 junior residents and/or students
- At least 2 others: nurse and/or other health care professionals
- At least 2 different supervisors

When is unsupervised practice expected to be achieved: End of PGY 4

#### Relevant Milestones:

(Part A): Patient Care

**1 ME 1.5 Carry out professional duties in the face of multiple, competing demands**

**2 ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management**

**3 ME 2.4 Develop and implement patient-centered discharge and follow-up**

plans

- 4 **ME 4.1** Ensure patients receive appropriate end of life care
- 5 **ME 4.1 Determine the necessity and timing of referral to another health care professional**
- 6 **S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 7 **ME 4.1 Coordinate investigation, treatment, and follow-up when multiple physicians and health care professionals are involved**
- 8 **HA 1.1 Facilitate timely patient access to services and resources**
- 9 **L 2.1** Allocate health care resources for optimal patient care
- 10 **L 4.1** Manage time and prioritize tasks
- 11 **L 3.1 Plan relevant work schedules for the service team**
- 12 **S 2.2** Ensure a safe learning environment for all members of the team
- 13 **S 2.3** Supervise junior learners to ensure patient safety

(Part B): Interprofessional care/supervision

- 1 **P 1.1 Exhibit appropriate professional behaviors**
- 2 **P 1.1 Respond punctually to requests from patients or other health care professionals**
- 3 **COL 1.2 Make effective use of the scope and expertise of other health care professionals**
- 4 **COL 1.1 Respond appropriately to input from other health care professionals**
- 5 **COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions**
- 6 **S 2.4 Provide formal and informal teaching for junior learners**
- 7 **S 2.4 Provide useful, timely, constructive feedback**

## **Urology**

### **EPA 31: Delivering effective teaching presentations**

Key Features: The focus of this EPA is clear, accurate information delivery targeted to the audiences' needs.

- This EPA may be observed in any formal teaching activity (e.g., grand rounds).

Assessment Plan:

Multiple audience members provide feedback based on observation of a teaching presentation.

Use assessment form or upload results from local teaching evaluation form.

Basis for formal entrustment decisions:

Collect evaluations from 2 teaching encounters:

- At least 2 evaluations from each teaching presentation

When is unsupervised practice expected to be achieved: End of PGY 4

Relevant Milestones:

- 1 S 2.4** Identify the learning needs and desired learning outcomes of others
- 2 S 2.4 Develop learning objectives for a teaching activity**
- 3 S 3.3 Critically evaluate the literature**
- 4 S 3.4** Integrate best evidence and clinical expertise
- 5 S 2.4 Present the information in an organized manner**
- 6 S 2.4 Use audiovisual aids effectively**
- 7 S 2.4 Provide adequate time for questions and discussion**



## **Urology**

### **EPA 32: Advancing the discipline through scholarly work**

Key Features: This EPA includes all aspects of performing scholarly work: identification of a question for investigation, literature review, data gathering, data analysis, reflective critique, and dissemination.

- This may include resident involvement in an established project.
- The completed scholarly project must be submitted to the research supervisor as a publication or manuscript prepared for submission.

#### Assessment Plan:

Review of completed scholarly project by research supervisor.

Assessment form collects information on:

- Type of dissemination: publication; manuscript prepared for submission
- Oral presentation: yes; no

#### Basis for formal entrustment decisions:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: End of PGY 4

#### Relevant Milestones:

- 1 L 4.1 Organize work to manage clinical, scholarly, and other responsibilities**
- 2 S 4.4 Identify, consult, and collaborate with content experts and others in the conduct of scholarly work**
- 3 S 4.4 Generate focused questions for scholarly investigation**
- 4 S 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature**
- 5 S 4.5 Summarize the findings of a literature review**
- 6 S 4.4 Select appropriate methods of addressing a given scholarly question**
- 7 S 4.2 Identify ethical principles in research**
- 8 S 4.4 Collect data for scholarly work**
- 9 S 4.4 Perform data analysis**
- 10 S 4.4 Integrate existing literature and findings of data collection**
- 11 S 4.4 Identify areas for further investigation**
- 12 S 4.5 Defend and disseminate the results of research**

## **Urology: Transition to Practice**

### **EPA 33: Managing patients with urological conditions in the outpatient setting**

Key Features: This EPA integrates the resident's medical decision-making abilities for individual cases with their abilities to function effectively in the outpatient setting, managing a clinic load, making appropriate clinical decisions, staying on time, and working effectively with other health professionals.

- This EPA may be observed in any outpatient clinic setting, with any patient mix.
- The observation of this EPA is based on at least a half day or full day of clinic.

#### Assessment Plan:

Direct observation and case review by supervisor, at end of a clinic day/half-day  
Assessment form collects information on:

- Complexity: low; medium; high

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 3

#### Relevant Milestones:

- 1 ME 1.3** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in Urology
- 2 ME 1.5** Carry out professional duties in the face of multiple, competing demands
- 3 COM 2.2 Manage the flow and timing of clinical encounters**
- 4 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 5 ME 2.4 Establish a patient-centered management plan for any Urology presentation**
- 6 ME 1.6** Recognize and respond to the complexity, uncertainty, and ambiguity in practice
- 7 ME 3.1** Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
- 8 ME 3.3 Prioritize procedures/therapies, taking into account clinical urgency and available resources**
- 9 ME 5.2** Use systems to track and follow-up on clinical data such as studies and laboratory tests
- 10 L 4.1** Review and act on test results in a timely manner
- 11 ME 4.1 Determine appropriate timing of next visit based on planned investigations, clinical status, and/or anticipated clinical course**
- 12 COL 3.1 Determine when care should be transferred to another physician or**

**health care professional**

**13 COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner**

**14 L 4.1 Manage time effectively to maintain clinic flow**

## **Urology: Transition to Practice**

### **EPA 34: Coordinating and executing the day's list of endoscopies (cystoscopy) procedures**

Key Features: This EPA integrates the resident's surgical abilities for individual cases with their abilities to function effectively as a surgeon; booking a case list, preparing for challenging cases, managing a case load, developing management plans based on endoscopic findings and working effectively with other health professionals.

- This EPA may be observed on any mix of procedures; the case load should be representative of a Urologist in early practice.
- The observation of this EPA is based on a single day, and should include feedback from nurses, other staff, patients and/or families, and/or junior learners.

#### Assessment Plan:

Direct observation by supervisor of a single day

Use assessment form.

#### Basis for formal entrustment decisions:

Collect 2 observations of achievement:

- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 4

#### Relevant Milestones:

- 1 P 1.2** Prepare for surgical procedures, reviewing the list of planned operations
- 2 ME 3.4** **Anticipate and prepare for technical challenges and/or significant findings**
- 3 L 4.1** **Manage endoscopy clinic scheduling to ensure appropriate case volume and complexity, and optimize clinic flow**
- 4 ME 3.2** **Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy**
- 5 ME 3.4** **Perform endoscopic procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances**
- 6 L 4.2** Adhere to occupational safety procedures to ensure personal and team safety during the application of fluoroscopic, laser, and cytotoxic interventions
- 7 ME 3.4** **Identify clinically significant findings of endoscopic procedures**
- 8 ME 3.1** Determine the most appropriate procedure or therapy for the purpose of ongoing assessment and/or management
- 9 ME 4.1** **Propose and implement plans for ongoing care, follow-up on investigations, and further treatment or referral**
- 10 COM 4.3** Use communication skills and strategies that help patients make informed

decisions about their health

**11 COM 5.1** Document surgical procedures in an accurate, complete, timely, and accessible manner

**12 L 4.2 Demonstrate leadership skills in the endoscopy suite**

**13 L 4.1 Manage time effectively to maintain clinic flow**

**14 P 4.1** Maintain professional clinical performance in demanding or stressful clinical settings

## **Urology: Transition to Practice**

### **EPA 35: Coordinating, organizing, and executing the day's list of surgical procedures**

Key Features: This EPA integrates the resident's surgical abilities for individual cases with their abilities to function effectively as a surgeon: managing a case load, prioritizing, supervising junior learners and working effectively with other health professionals.

- The observation of this EPA is divided into two parts: surgical competence and working effectively with the interprofessional team.

#### Assessment Plan:

##### *Part A: Surgical Competence*

Direct observation by supervisor, at end of a surgical day

Assessment form collects information on:

- Type of procedures: laparoscopic; endoscopic; open

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement:

- At least 1 of each type of procedure
- At least 3 different assessors

##### *Part B: Interprofessional Teamwork*

Multiple observers provide feedback individually, which is then collated to one report

Assessment form collects information on:

- Observer role: anesthetist; nurse

#### Basis for formal entrustment decisions:

Collect feedback from at least 4 observers on one occasion:

- At least 1 anesthetist
- At least 2 nurses

When is unsupervised practice expected to be achieved: End of PGY 5

#### Relevant Milestones:

(Part A): Surgical Competence

- 1 P 1.2 Prepare for surgical procedures, reviewing the list of planned operations**
- 2 ME 5.2 Lead the team in the use of the surgical safety checklist**
- 3 ME 3.4 Perform surgical procedures in a skillful and safe manner**
- 4 ME 3.4 Manage unexpected intraoperative findings and perioperative issues, adjusting the procedure as appropriate**
- 5 ME 4.1 Establish plans for post-operative care**
- 6 COL 3.2 Transition patient care safely to the post-operative team**
- 7 COM 3.1 Convey information about the procedure, operative findings, and**

**patient status to the family clearly and compassionately**

**8 COM 5.1** Document surgical procedures in an accurate, complete, timely and accessible manner

**9 P 4.1 Maintain professional clinical performance in demanding or stressful clinical settings**

(Part B): Interprofessional work/supervision

**1 L 4.2 Demonstrate leadership skills in the operating room**

**2 COL 1.2 Make effective use of the scope and expertise of other health care professionals**

**3 COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner**

**4 COL 1.3 Communicate effectively with the operating room team**

**5 S 2.3 Provide junior learners with opportunities for appropriate clinical responsibility**

**6 S 2.5 Provide junior learners with feedback to enhance learning and performance**

**7 P 1.1** Intervene when behaviors toward colleagues and/or learners undermine a respectful environment

**8 P 4.1 Maintain professional clinical performance in demanding or stressful clinical settings**

## **Urology: Transition to Practice**

### **EPA 36: Performing an intraoperative consultation in a complex scenario**

Key Features: This EPA focuses on the urgent consultations requested by other surgical services during a non-urologic operation. At this stage, the focus is on complex scenarios.

- This EPA includes clinical assessment, surgical decision making regarding the nature and timing of investigation and/or management as well as effective collaboration with other surgical teams.

#### Assessment Plan:

Direct observation or review of operative note by supervisor

Assessment form collects information on:

- Setting: clinical; simulation
- Issue: bladder injury; ureteric injury/ need for reimplant; identification of ureter/ ureterolysis; retroperitoneal mass/ hematoma; new renal mass; mass involving bladder

#### Basis for formal entrustment decisions:

Collect 2 observations of achievement:

- At least 1 from clinical setting
- At least 2 different assessors

When is unsupervised practice expected to be achieved: End of PGY 5

#### Relevant Milestones:

- 1 P 1.1 Respond to requests for assistance or consultation in a timely fashion**
- 2 ME 2.2 Perform a focused clinical assessment, without excluding any key elements**
- 3 ME 1.6 Recognize when the problem needs the involvement of more experienced colleagues and seek assistance**
- 4 ME 2.2 Determine the necessity and timing of any further investigations**
- 5 COL 1.3 Engage the consulting surgical team in respectful shared decision-making**
- 6 ME 2.4 Develop and implement a plan, which may include surgical intervention, endoscopy, interventional radiology intervention, medical management and/or observation**
- 7 ME 3.4 Select appropriate materials and equipment for a procedure or intervention**
- 8 ME 3.2 Obtain informed consent, as appropriate to the intraoperative consultation**
- 9 COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, clear, and compassionate manner**



**10 COL 3.2** Provide handover of the patient's status and ongoing care needs to the referring surgical team as well as one's own colleagues

## **Urology: Transition to Practice**

### **EPA 37: Contributing to administrative responsibilities**

Key Features: This EPA focuses on activities beyond clinical work that contribute to the program, the institution, or the discipline; engaging with others and sharing one's own expertise.

- This may include administrative activities such as program development, quality and safety review committee, residency selection committee, CARMS interviews, residency training committee, call schedule generation, and OR and clinic scheduling.
- The assessment of this EPA requires the resident to submit documents for Clinical Competence Committee review: examples may include a summary of their administrative activities or a document summarizing feedback from those affected by their work (e.g., residents on call schedule, committee chair).

#### Assessment Plan:

Competence Committee assesses achievement based on review of resident submissions to include:

- a summary of their administrative activities OR
- a document summarizing feedback from those affected by their work (e.g., residents on call schedule, committee chair)

Use assessment form.

When is unsupervised practice expected to be achieved: End of PGY 4

#### Relevant Milestones:

- 1 P 2.1** Demonstrate a commitment to active participation in the activities of the profession
- 2 L 3.1** Demonstrate an understanding of the administrative operations of urology programs
- 3 L 3.1** Contribute to improvements in urology professional practice
- 4 S 3.4** Integrate best evidence and clinical expertise into decision-making
- 5 COL 1.1** Receive and respond appropriately to input from others
- 6 COL 1.3** Work effectively with physicians and other colleagues
- 7 P 1.1** Exhibit appropriate professional behaviors

## **Urology: Transition to Practice**

### **EPA 38: Developing and implementing a personal learning plan geared to setting of future practice**

Key Features: This EPA may include a variety of scenarios. Examples include: a plan to act on the performance gaps identified in another EPA; a plan to prepare for fellowship training; a plan to prepare for practice in a specific setting (i.e., community) and/or a setting requiring distinct skills.

- Achievement of this EPA includes providing a) the rationale for a learning plan, b) self-reflection, c) personal needs assessment, d) time management and e) identification of the methods to achieve the personal learning plan such as literature review, clinical training, conference attendance and/or rounds attendance.

#### Assessment Plan:

Supervisor review of resident's submission of a personal learning plan  
Use assessment form.

When is unsupervised practice expected to be achieved: End of PGY 4

#### Relevant Milestones:

- 1 ME 1.1** Demonstrate an awareness of what is required to practice safely and effectively in the setting of future practice
- 2 S 1.2 Interpret data on personal performance to identify opportunities for learning and improvement**
- 3 L 4.2 Examine personal interests and career goals**
- 4 S 1.1 Define learning needs related to personal practice and/or career goals**
- 5 S 3.1 Generate focused questions that address practice uncertainty and knowledge gaps**
- 6 S 1.1 Create a learning plan that is feasible, includes clear deliverables, and a plan for monitoring ongoing achievement**
- 7 S 1.1 Identify resources required to implement a personal learning plan**
- 8 L 4.2** Adjust educational experiences to gain competencies necessary for future practice
- 9 P 2.1** Demonstrate a commitment to maintaining and enhancing competence

