Kuwait Institute of Medical Specialization

Urology Residency Training Program
# Program Manual

## 2015

## Table of Contents

- **Welcome from the Program Director** ................................................................. 5
- **Philosophy** ........................................................................................................... 6
- **General Objectives of the Urology Residency Training Program** ...................... 6
- **Program**: ................................................................................................................ 7
  1. Eligibility .................................................................................................................. 7
  2. Program Content ...................................................................................................... 7
  3. Academic Half day/Educational Activities ............................................................... 15
  4. On-call Duty .......................................................................................................... 18
  5. Evaluations ........................................................................................................... 18
Resident’s Rotations Schedules for 2012-2013.......................................................... 57

Appendix.......................................................................................................................... 61

Suggested Readings......................................................................................................... 62

Useful Urology Sites....................................................................................................... 62

IN-TRAINING EVALUATION FORM............................................................................ 66

RESIDENT EVALUATION OF ROTATION FORM..................................................... 69

ACADEMIC HALFDAY PRESENTATION EVALUATION FORM ......................... 71

MID-POINT ROTATION EVALUATION FORM......................................................... 72

CHANGE OF ROTATION FORM .................................................................................. 73

FORM FOR SUBMITTING LEAVE.............................................................................. 74

FORM FOR REJOINING FROM LEAVE ....................................................................... 75

FORM FOR REJOINING FROM SICK LEAVE ............................................................... 76
Welcome from the Program Director

Congratulations and welcome to the Program! You are among a very few selected and privileged individuals to be training in Kuwait Urology Residency Training Program.

During your journey through the 5-year Program, you will find it to be both a very exciting yet demanding experience as you seek excellence and look for to become a leader in this unique specialty. During your residency you will be traveling across many different specialty areas of Urology. This will enable you to learn about the urgent and non-urgent problems of each specialty.

The goal of the Program is to make you an excellent, all round urologist and help you become future leaders in Urology. We aim that our graduates can be found throughout various leadership positions.

Have fun and work hard,

Dr. Abdullatif Al-Terki
Program Director, Urology Residency Training Program
Kuwait Institution for Medical Specialties
Philosophy

The Urology Residency Training Program at Kuwait Institute for Medical Specialization (KIMS) is dedicated to providing excellence in patient care, education, and scientific innovation. Similarly, it is hoped that all trainees will emerge from the program with first class clinical skills, the ability and desire to continue to learn throughout their career, and the ability to ask appropriate questions and contribute to understanding and knowledge in their field of interest.

We aim to graduate general urologists; however seeking subspecialisation is highly encouraged and is anticipated from our graduates.

General Objectives of the Urology Residency Training Program

1. To provide broad-based clinical and academic training in urology with the goal of creating the foundation required for the academically rigorous practice of general and subspecialty Urology.

2. To provide safe surgical practice and skills with sound decision making.
3. To ensure training in critical appraisal, research methodology, and the application of evidence-based medicine to practice.

4. To emphasize development of teaching and research skills.

5. To provide graded responsibility in the acquisition of leadership skills.

6. To provide the environment, mentorship and experience which will allow each resident to achieve the goals outlined above.

Similar to all KIMS program, the timeline for the academic year of our program is October 1 to September 30.

Program:

1. Eligibility

Residency positions are available mainly to Kuwait Citizens as priority but in general 1-2 position will be offered to excellent candidates from other countries. Interviews are held every year in May to select new trainees. Candidates must carry Bachelor of Medicine and Surgery (MBBS) or its equivalent from recognized university. Furthermore, completion of 6 months of General Surgery post internship year is highly recommended prior to the application to the program.

2. Program Content
The Urology Residency Training is a five year program with the one year spent in core rotations other than urology & four years in Urology.

1. All the residents must finish one year of core rotations (preference to do 6 months of general surgery post internship prior to application to Urology residency program – in order to increase their exposure)- these rotations must be completed within the first 2 years of the program
   - 6 months in General Surgery
   - 2 months in Vascular Surgery
   - 3 months in critical care
   - 1 month in Nephrology

2. All the residents must complete the following Mandatory rotations during 4 years of Core Urology Residency training:
   - 42 months in General Urology
   - 5 months in Paediatric Urology
   - 1 month elective (research vs. Attachment abroad)

3. Elective period can be offered in third or fourth year in order to provide an opportunity to focus on specific areas of interest. A multitude of elective opportunities exists. In addition, electives at other institutions can be arranged. All elective experiences must be approved in advance by the Program Director, and all such experiences are evaluated in the same manner as other rotations

The above rotations are distributed on the five core years as follow:
First Year (PGY1):

This year is designed to provide a broad exposure to General Surgery and urology. Under careful supervision by senior residents and staff, trainees will have ample opportunity to learn and refine the clinical skills considered fundamental to General Surgery and Urology, and to begin to build a sound basic surgical knowledge base.

Included in the first year are the following experiences:

- General Surgery 6 months
- General Urology 6 months

End points (objectives of first year general surgery rotation) include:

By the end of the first six months of rotation (General surgery), the candidate is expected to know and will be assessed for the following:

I. Pre-operative assessment:

- assessment for fitness for anesthesia

- management of associated medical conditions
  - Diabetes
  - Respiratory disease
  - Cardiovascular disease
- Steroids

- Pre-medications

- Prophylaxis for Thromboembolic diseases

II. Operative:

1) Classification of surgical wounds

2) Wound healing

3) Suture material and surgical knots and wound closure

4) Skin antiseptics for surgical wounds and post operative wound care

5) Local and regional anesthesia

III. Post-operative management:

- Pain control

- Blood transfusion, complications, hazards and its management

- Nutritional support, total parental nutrition, indications and technique.

- Post-operative complications:
  
  Prevention

  Recognition

  Management
General Surgery candidate is expected to learn:

1) Hernia repair

2) get acquainted with basics of bowel surgery
   2.1: different preparation for bowel surgery
   2.2: bowel resection and its principles
   2.3: end to end anastomosis

3) Basics of laparoscopic surgery

4) Different abdominal incisions

5) Wound closure
   
   The candidate is expected assist and performs as many procedures as possible
**Second Year (PGY2):**

This year the resident completes core rotations and joins General Urology. Prior to the end of this year the residents are expected to sit and complete the Principle Of Surgery (POS) exam

Experiences include:

Vascular Surgery 2 months (where our objectives from the candidate is to know

1. Diagnosis and management of ischemia
   2. Coagulopathies and its management
   3. Principles of Vascular anastomosis
   4. Saphenous graft
   5. Performing A.V fistula and its complications

- critical care 3 months (Objectives include basics of management of critically ill patient, polytrauma cases, cases with sepsis and different ICU cases)
- Nephrology 1 months (Objectives of this rotation is to know management of uremic cases, patients on dialysis and management of electrolyte and acid base imbalance)
- General Urology 6 months (Objectives of first year urology rotation are familiarity with urologic emergencies history tacking ward management. Basic urologic surgeries as inguinoscrotal surgeries and simple endourologic procedures. Assist in major open, endourologic and laparoscopic procedures.)
Third Year (PGY3):

This is a year in which the senior resident is expected to function in a supervisory role. He/she will have the overall responsibility for running the Urology ward at their hospital under the supervision of the chief resident. He/she expected to attend clinics with operating rooms together with teaching junior staff.

Experiences available to the PGY3 include:

- General Urology 12 months

Objectives of third year urology rotations: He performs cystolitholapaxy, ureteric stent insertion, ureteroscopy, and stone fragmentation and retrieval. He should start to initiate TURP under close supervision on the monitor.

In the field of open surgery, to expose the ureter, kidney, and to mobilize the kidney and get familiar with different exposure incisions.

Fourth Year (PGY4):

This is the year in which the resident should be functioning as the senior member of the team. He/she will be evaluated based on the ability to be functioning at a senior level.

Experiences available to the PGY4 include:

- General Urology 8 months
- Pediatric Urology 3 month
- Elective Rotations 1 months

Objectives of fourth year rotations: He will have the opportunities for management of more complex cases on the ward and in the theatre.
He is responsible from the day to day management of the in-patients.

Complex surgical procedure will be performed in part by the trainee e.g. Open and laparoscopic nephrectomy, PCNL, TURP

He will manage the follow up clinic and examine the referred cases in outpatient and inpatients in consultation with the more senior members of the staff. He is responsible to teach the more junior residents.

Fifth Year (PGY5):

This is the year in which the resident will be the chief resident which entails running the service and making decisions in a senior registrar capacity, he/she will be responsible for staff allocation on the ward and clinics together with organizing the on-call rota

He/she can manage complicated cases on the ward & take appropriate decisions regarding their management including surgical intervention for which will be included in the assessment.

Objective of the fifth year urology rotations is to enable the candidate to perform complete ward management, teaching junior house staff and run outpatient clinics. He will perform major surgical procedures under supervision and gradually independent. At the conclusion of the final year he should be able to function independently as a urologist

The rotations will be held in the following sites:

The resident will be rotating in the following hospitals for general Urology and most of the subspecialty rotations:

- Al-Amiri Hospital
- Mubarak Al-Kabeer Hospital
- Al-Farwaniya Hospital
- Al-Jahra Hospital
- Alsabah Hospital
Furthermore, few subspecialty rotations will be held at specialized centres including:

- Sabah Al-Ahmed Urology Center, Al-Sabah Health District
- Paediatric Urology at Ibn Sina Hospital, Al-Sabah Health District

The program is considering and working on the possibility of conducting elective rotations outside of Kuwait by cooperating with large academic centres within Arab Gulf regions like King Faisal Specialist Hospital and Research Centre (KFSHRC) in Riyadh, KSA, or other centers in Europe or North America

### 3. Academic Half day/Educational Activities

Clinical training in Urology is complemented by an extensive schedule of rounds, seminars, guest lectures and journal clubs. The Academic half day is held every Thursday from 7.30 a.m. - 11.30 p.m. starting from the beginning of October until the end of June each academic year. In general, it is divided in four main parts where the first hour will be a case presentation by the resident with staff acting as mentors for the session. The second hour is a state of art lecture by resident or staff then the third hour rotates between uropathology, uroradiology, journal club and clinical quiz. Finally, the forth hour there will be a tutorial run by the residents with one staff mentoring.

**Cases presentation:**

- Each hospital to present in a row according to the distributed schedule
- Three interesting cases to be prepared in power point presentation slides
- The cases should preferably be prepared and presented by KIMS urology residents. If not possible then any member of staff can present
• Each case is assigned 20 minutes inclusive of presentation and discussion
• Discussion is open to all audience

Lecture presentation:
• Lectures to cover wide range of urological topics as well as other interesting topics related to urology and surgery in general
• A topic and presenter are assigned based on availability
• A presenter list to include
  o Staff Urologists
  o Non-urologist local speakers
  o KIMS urology residents
  o Urology registrars
  o Visiting professors and speakers
  o

Uropathology:
• Takes place once a month
• To cover all urology curriculum
• KIMS urology residents to prepare a case/cases when possible in power point presentation slides then a pathologist to comment and elaborate further
• A uropathologist to provide further guidance and teaching

Uroradiology:
• Takes place once a month
- To cover all urology curriculum
- KIMS urology residents to prepare a case/cases when possible in power point presentation slides
- A uroradiologist to provide further guidance and teaching

Journal club:
- Takes place once a month
- A number of KIMS urology residents will be assigned papers to comment on and critique
- Evidence based practice and research values will be discussed
- The residents should be able to discuss the research validity of each paper
- Depending on the number of papers discussed, each to have 10-15 minutes with a total number of at least 4 papers per session
- A staff/staffs (urology) to guide the sessions and provide feedback

Slide show test and quiz:
- A number of power point presentation slides to be displayed
- All KIMS urology residents to get involved
- Examples of topics include x-rays, lab tests, pathology slides, histopathology slides, urodynamic traces, radiology, endoscopic and operative slides, in addition to others
- All residents will be quizzed based on their levels of training

Tutorials:
- To cover all urology curriculum
- All KIMS urology residents to get involved
- All residents will be quizzed based on their levels of training
- Testing to simulate written or OSCE exam situations leading to board certification
- A topic for discussion to be announced in advance and residents must prepare accordingly
- The sessions are governed by an attending urologist
- The type of quizzing depends on the staff urologist discretion

Each resident is allowed to take one week conference leave per academic year. The program is looking at the possibility of sponsoring residents who are presenting in national and international conferences. Furthermore, yearly local Urology conference is organized by the faculty of Urology at KIMS with Kuwait Urological Association staff (KUA) where many local and international speakers are invited to give updates on various topics in Urology. Residents are strongly encouraged to present in this meeting and participate actively.

4. On-call Duty

In general, all residents are required to do on call duty for a frequency of 1 in 4. Most rotations in the program are on a 1 in 4 schedule, residents are expected to do evening rounds on operated and critical cases. All residents should do their calls in their base hospital unless stated otherwise.

5. Evaluations

A new format of evaluations for both academic half day and rotations are introduced this year in accordance with CanMEDS roles of the Royal College of Physicians and Surgeons of Canada (RCPSC). The supervisor is expected to discuss the evaluations with the trainees before completing them. Furthermore, midpoint evaluations are introduced for the first time this coming academic year in
order to facilitate communication and improve the utility of rotation early on (see Appendix for evaluation form).

Evaluation works both ways in which the resident will have the opportunity to evaluate each rotation. In addition, members of the Postgraduate Residency Program Committee conduct an overall revision of the evaluations of each rotation. This information has an important role in the implementation of improvement in the program.

Half yearly formal exams are arranged by the program to review Academic Half Day topics covered over the preceding six months. The format is designed to help prepare for the Final Exam and consists of a multiple choice, short answer, radiological and OSCE style stations.

6. Examinations

The Urology Residency Training Program examination consists of two parts examination

Part One Examination (principle of surgery POS):

A written examination will be taken by the end of the second year of core Urology training. The examination will be held on October of every year. The exam consists of two parts

- Written examination (consist of 2 papers)
  - Paper 1 tests applied basic sciences and principles of surgery, and has 100 single best answer question
  - Paper 2 tests systemic surgery and has 100 single best answer questions
o Carries an overall 60% of whole examination

- Objective structured clinical examination (OSCE)
  o Consist of 16-20 stations
  o Stations assess knowledge and skills in five main subject areas
    ▪ Anatomy and surgical pathology
    ▪ Surgical skills and patient safety
    ▪ Communication skills and history taking
    ▪ Applied physiology and critical care
    ▪ Clinical skills and examination
  o Carries an overall 40% of whole examination

Principle of Surgery rules and regulations together with list of topics and recommended textbooks are found in details in POS manual produced by KIMS

The resident who successfully completes part one exam will be eligible for promotion to a registrar level.

Only 3 attempts are given to sit for POS exam, if not successful after third attempt, he/she will be excluded from the residency program

**Part Two Examination:**

Residents who complete five years of urology training and successfully completed part one exam, as well as Final In-Training Evaluation Report (FITER)

will be eligible for part two examination. The exam will be held on October of every year.
It consists of both a written exam and OSCE based exam.

a. **Written Component**

   The written component consists of two three-hour papers on the principles, practice and basic sciences as applied to Urology.

   - **Paper 1** - Short-answer questions
   - **Paper 2** - Multiple choice questions

b. **OSCE Component**

   The OSCE component consists of multiple standardized examination stations, of approximately five hours duration, which:

   - will include structured oral questions based on clinical cases encountered in urological practice.
   - will consist of radiologic studies (organ imaging), photographs of imaging or histopathological sections and common neurourological findings (paper or computer). The candidates will be asked to review these and provide written answers to a series of related questions.
   - may include a simulated patient station. The candidate will be provided with information relative to discuss and answer questions related to the medical problem. Performance on this test will be marked by an observing examiner including communication skills relative to the CanMeds Communicator Role.
   - may include a telephone consultation from a referring physician where candidates will be asked structured oral questions.

External examiners will be invited to participate in the final examination and feedback from all examiners will be given to Program Director at the end of the examination.

Pass mark for the final examination is set at 60% of whole examination

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7. **Leave Policy**

**Rules and Regulations**
1. **Annual vacation leave:** 4 weeks of vacation leave is allowed annually (including public holidays). It is not accumulative. The leave should be approved by the program director or his assistant in his/her absence. The vacation leave should not affect the structure and the objective of the rotation. **It should be 1 week/month.**

2. **Study leave:** A total of two weeks of study leave is allowed for each resident during his/her residency program (It can be divided for Part 1 and Final Part or can be taken at once).
   - Scenario 1: One week for Part 1 Exam and one week for Final Part Exam
   - Scenario 2: Two weeks for Part 1 Exam
   - Scenario 3: Two week for Final Part Exam

3. **Sick leave:** Each resident is allowed for 15 days of interrupted sick leaves annually. If sick leaves were continuous or exceeded 15 days, the condition needs to be evaluated individually by a committee assigned by KIMS.

4. **Maternity leaves:**
   - A. Two maternity leaves (30 days/leave) are allowed during the five year residency program.
   - B. The resident is not allowed to take more than 60 days per year including the maternity and vacation leave.
   - C. Resident has the right to take this leave as consecutive or divided.
     - Scenario 1: Maternity leave 30 days at once and no annual leave or
     - Scenario 2: Maternity leave 30 days at once and 1 week/month annual Leave or
     - Scenario 3: Maternity leave 15 days at once and 15 days at once and no Annual leave or
Scenario 4: Maternity leave 15 days at once and 15 days at once and
1 week/month annual leave

5. **On-call duties exemption:** There are no on-call duty exemptions during the residency program. Unless the resident produces medical paper then this can be looked at by KIMS Committee.

6. **Incidental leaves (Aridha):** Are not allowed during the residency program.

7. **Leave of absence (LOA):** Should not exceed one year. Under the circumstances that it will exceed one year, the condition will be assessed by a committee formed by a secretary general of KIMS. Upon return from LOA the resident continue his/her residency from the last position left. The resident may only take the LOA from October - September not in-between. It must start at the beginning of the academic year and end at the end of the academic year (October - September).

8. The total number of missed days during training will be assessed by a committee from KIMS (Assessment of training committee) for eligibility to write the final board examination (Part 2).

9. **Haj Leave:** each resident is allowed to take 1 Haj leave per residency program (4 weeks); however it should not exceed 8 weeks/year inclusive of other leaves.

10. **Conference Leave:** each resident is allowed 1 week conference leave per academic year approved by program director.
**Committees and Roles**

**Residency Program Committee (PGME – Postgraduate Medical Education)**

This Committee has overall responsibility for the quality and function of the residency training program. It meets every three months and generally has a very full agenda. The Committee reviews all matters pertaining to the urology training program including curriculum, rotation specific objectives, review of teaching and teachers, review of resident evaluation and promotion. This Committee makes recommendations to the Chairman of the Faculty of Urology. In turn, the Chairman uses this Committee as a sounding board on all matters related to education of residents.

**Member**

- Prof. Adel Al-Hunayan (Chairman of Faculty of Urology, KIMS)
- Dr. Abdullatif Al-Terki (Program Director of Urology Residency Program)
- Prof. Elijah Kehinde (Chief of exam committee)
- Dr. Mohamed Al-Shazly (Assistant Program Director for administration)
- Dr. Tariq Al-Shaiji (Assistant Program Director for academic affairs)
- Dr. Saad Aldosari (Assistant Program Director for research)
- Dr. Nayef alenezi (Assistant Program director for residents affairs)

**The Residency Program Committee is in charge of:**

1. Developing, operating, evaluating and reviewing the Urology Residency Training Program including educational objectives, resource allocation and teachers
2. Maintaining a mechanism for the evaluation and promotion of residents throughout the program and reviewing an appeal mechanism for residents

3. Developing and reviewing issues related to stress in residency and career counselling

4. Selecting candidates for the program

The Urology Residency Program is constructed of four subcommittees. The job description for each committee is as indicated below:

1. Examination and Evaluation Committee

   Job Description
   - Residents Evaluations (mid-rotation, end of rotation, end of year)
   - Rotation Evaluation
   - Tutor evaluation
   - Exam evaluations
   - Examination production and administration (dates, locations, format, and arrangements of promotion exam, certification exam, and mock exams)
   - Examiners selection, training, and evaluation
   - Identify exam eligibility criteria and success criteria
   - Reset examination policy
   - Final In-Training Evaluation Report (FITER)

   Committee Team
Chief Prof E.) Kehinde
1- Dr. Abdullatif Al-Terki
2- Dr. Saad Aldosari
3- Dr. Mohamed Al-Shazly
4- Dr. Tareq Al-Shaiji

2. Teaching Committee

Job Description
- Identifying program training objectives
- Tutors selection, training, and review of evaluation
- On-Site coordinators selection, training, and review of evaluation
- Teaching hospitals, departments, and units selection, training, and review of evaluation
- Construction of resident rotations fulfilling program objectives

Committee Team
- Head of Committee (Program Director)
- Committee Organizer (Dr. Mohamed Al-Shazly)
- Members: Dr. Tariq Al-Shaiji,

3. Research Committee

Job Description
- Advisory and guidance role on research projects of residents
- Research methodology training of residents
- Conduction of research projects related to postgraduate education
• Identification of scholarly objectives of the program
• Evaluation of research activities of residents

Committee Team
• Head of Committee (Dr Saad Aldosari)
  ▪ Members: program director and staff trained in Research methodology

4. Academic Half Day Committee
Job Description
• Design lecture series according to program objectives
• Lecturers’ selection and review of lecturers’ evaluation
• Identify resident’s tasks and roles in academic half day
• Review lectures evaluations

Committee Team
▪ Head of Committee (Dr.Tariq Al-Shaiji- Assistant Program Director for academic affairs)
▪ Committee Organizer (Chief Resident or senior resident)
▪ Members: program director and interested urologists

Role: Chief Resident

There is one chief resident position at the Urology Residency Training Program. This resident is chosen by election from the residents formally enrolled at the program. The chief resident term last one year and run from October 1st until the end of September of the following year. The chief resident will be elected from the 3rd year residents (as our program is only 3 years old & the chief resident chosen will be acting-chief resident).
Responsibilities:

1. Assist the Program Director in looking after residents issues

2. Act as an advocate for the residents at all levels within the program (Examples include interdepartmental scheduling problems, interpersonal conflicts)

3. Organize, attend and ‘host’ all academic rounds – ensure availability of necessary audiovisual equipment

4. Organize “Special Events”

5. Keep record of resident attendance at weekly rounds and journal clubs

6. Help in organizing staff and site evaluations

7. Coordinate elections of new incoming Chief residents, such that they will assume their new responsibilities by September 1st. The Chief resident should also orient the incoming Chief(s) to their new responsibilities

8. The chief resident will be part of the Academic Half Day Committee
**Role: Site Coordinator**

**Site Coordinator Responsibilities and Duties include:**

1. Liaison between Program Director and Rotation supervisors in respective institution.

2. Assists Program Director with the coordination of academic activities within the institution.

3. Assists in setting up global goals and objectives for rotations.

4. Acts as rotation coordinator in the institution; i.e. coordinates individual resident’s schedule and requests; coordinates residents’ supervision and evaluation, provides timely verbal evaluation at the end of the rotation.

5. Assists Program Director and residents to address difficulties with specific rotations in the given institution.

6. Handles logistical issues concerning site-specific rotations.

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**List of Site Coordinator**

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**Site Coordinators**
### Current Urology Residents at KIMS

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital</th>
<th>Phone Number</th>
<th>E-mail</th>
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<tbody>
<tr>
<td>Dr. Saud Alzafiry</td>
<td>Sabah</td>
<td>66094567</td>
<td><a href="mailto:alzofairi@yahoo.com">alzofairi@yahoo.com</a></td>
</tr>
<tr>
<td>Dr. Saad Aldosari</td>
<td>Mubarak</td>
<td>98882415</td>
<td><a href="mailto:Hhalim96@yahoo.com">Hhalim96@yahoo.com</a></td>
</tr>
<tr>
<td>Dr. Adel Allam</td>
<td>Farwaniya</td>
<td>97180066</td>
<td><a href="mailto:adellam@hotmail.com">adellam@hotmail.com</a></td>
</tr>
<tr>
<td>Dr. Adel Al-Tawheed</td>
<td>Jahra</td>
<td>99635294</td>
<td><a href="mailto:altawheed@yahoo.com">altawheed@yahoo.com</a></td>
</tr>
<tr>
<td>Dr. Abdulatif Al-Terki</td>
<td>Amiri</td>
<td>97647000</td>
<td><a href="mailto:Alatif70@hotmail.com">Alatif70@hotmail.com</a></td>
</tr>
<tr>
<td>Dr. Abdulnaser Al-Saied</td>
<td>Ibn Sina</td>
<td>66992668</td>
<td><a href="mailto:A_alsaid@yahoo.com">A_alsaid@yahoo.com</a></td>
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### Current Residents at KIMS

<table>
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<tr>
<th>Year</th>
<th>Residents</th>
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<tbody>
<tr>
<td>2011</td>
<td>Omar Al-hunidi (Al-Amiri Hospital)</td>
</tr>
<tr>
<td></td>
<td>Meshary Al-Mutairi (Adan Hospital)</td>
</tr>
<tr>
<td></td>
<td>Talal Al-Enezi (Mubarak Hospital)</td>
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<tr>
<td></td>
<td>Ahmed Jaber (Mubarak Hospital)</td>
</tr>
<tr>
<td></td>
<td>Mohammed Al-Kandari (Mubarak Hospital)</td>
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<tr>
<td>Year</td>
<td>Name</td>
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<tr>
<td>------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>2012</td>
<td>Mohamed Dashti</td>
</tr>
<tr>
<td></td>
<td>Abdulrahman Al-Kandari</td>
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<tr>
<td>2013</td>
<td>Mariam malallah</td>
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<td>Mohamed Alruwaished</td>
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<td>Yakob Alkattan</td>
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<td>2014</td>
<td>Saied Yaiesh</td>
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<td>Feras Alajrawi</td>
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<td>Awad Thaher</td>
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CanMEDS Roles

The Royal College of Physician and Surgeons of Canada has adopted and developed the concept of CanMEDS, standing for *Canadian Medical Education Directions for Specialists*. Basically, it is an illustration of the well rounded physician describing the ideal roles and competencies a specialist is expected to fulfill. Consequently, these roles and competencies have been incorporated into the postgraduate training program. There are seven CanMEDS roles: Medical Expert, Communicator, Collaborator, Manager, Advocate, Professional. The Urology Residency Program of Kuwait Institution for Medical Specialization has adapted those roles in the training program objectives. Residents are expected to fulfil those objectives and will be evaluated based on those roles.
CanMEDS Roles Framework:
<table>
<thead>
<tr>
<th>CanMEDS Role</th>
<th>Description</th>
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| 1. Medical Expert | • The central role.  
                    • Demonstrate diagnostic and therapeutic skills for ethical and efficient patient care.  
                    • Access and apply relevant information to clinical practice.  
                    • Demonstrate effective consultation services with respect to patient care, education, and legal opinions. |
| 2. Communicator   | • Establishes therapeutic relationships with patients and families.  
                    • Obtains and synthesizes relevant history and information from patients, families, and health care team. |
| 3. Collaborator   | • Effectively consults with other physicians and health care professionals.  
                    • Effectively works within an interdisciplinary health care team, including patients, colleagues and other healthcare professionals.  
                    • Collaborative care and shared decision making.  
                    • Conflict resolution. |
| 4. Manager        | • Utilizes time and resources effectively to balance patient care, learning needs, outside activities.  
                    • Allocates finite health care wisely.  
                    • Utilizes information technology to optimize patient care, continued self learning and other activities. |
| 5. Advocate       | • Identifies important determinants of health affecting patients.  
                    • Contributes effectively using their expertise and influence to advance the health and well being of patients, communities and populations.  
                    • Recognizes and responds to those issues where advocacy is appropriate. |
| 6. Scholar | • Critically appraises sources of medical information.  
• Facilitates learning of patients, students, residents and other healthcare professionals.  
• Contributes to the development of new Knowledge.  
• Develops, implements and documents personal education strategy. |
|---|---|
| 7. Professional | • Delivers the highest quality of care with integrity, honesty and compassion.  
• Exhibits appropriate personal and interpersonal professional behaviours.  
• Practices medicine ethically consistent with the obligations of a physician. |

**CanMEDS Roles - Urology**

**DEFINITION**

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

Upon completion of training, a resident is expected to be a competent specialist in Urology capable of assuming a consultant’s role in the specialty. The resident must acquire a working knowledge of the theoretical basis of the specialty, including its foundations in the basic medical sciences and research.

A Urology resident must understand the normal function and the pathological processes and diseases that affect the adrenal gland, the kidneys, ureters, bladder, urethra in the male and female, and the prostate and external genitalia of the male. This includes an understanding, appropriate to the practice of Urology, of normal development and embryology, biochemistry and pharmacology, physiology, anatomy, and gross and microscopic pathology of the genito-urinary tract.

Residents must acquire the requisite knowledge, skills, and attitudes for effective patient centered care and service to a diverse population.

In all aspects of a specialist’s practice, the graduate must be able to address issues of gender, age, culture and ethnicity. All of this must be performed in an ethical and professional manner. Because patient care is a shared responsibility in the Kuwait health care system, a close, integrated and collaborative relationship with primary care physicians is essential.

There also needs to be a collaborative relationship with specialists in all fields of surgery, medicine, laboratory medicine, radiology, rehabilitation medicine and social work.

The professional characteristics to be demonstrated and developed include all of the CanMEDS competencies.

UROLOGY COMPETENCIES

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

Medical Expert
Definition:
As Medical Experts, Urologists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Medical Expert is the central physician Role in the CanMEDS framework. Key and Enabling Competencies: Urologists are able to...

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care
   1.1. Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional
   1.1.1. Perform a focused physical examination and urological history, including past and present medical history relevant to the urological care of the patient
   1.1.2. Formulate a differential and provisional diagnosis
   1.1.3. Order or perform, and interpret the required investigations
   1.1.4. Formulate a treatment plan for the urologic patient
   1.1.5. Communicate the consultation, both verbally and in written format, including a clear plan of action or recommendation
   1.2. Identify and appropriately respond to relevant ethical issues arising in patient care
   1.3. Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
   1.4. Demonstrate compassionate and patient-centered care
   1.5. Recognize and respond to the ethical dimensions in medical decision-making
   1.6. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governmental agencies

2. Establish and maintain clinical knowledge, skills and attitudes appropriate to Urology
   2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Urology
   2.1.1. Congenital and developmental abnormalities
   2.1.1.1. Kidney and ureter
   2.1.1.1.1. Cystic disease of the kidney
   2.1.1.1.2. Horseshoe kidney and other renal anomalies
   2.1.1.1.3. Duplication, retrocaval ureter and other ureteric anomalies
   2.1.1.2. Bladder and urethra
   2.1.1.2.1. Vesicoureteral reflux
2.1.1.2.2. Posterior urethral valves
2.1.1.2.3. Epispadias and extrophy
2.1.1.2.4. Hypospadias and chordee
2.1.1.2.5. Other anomalies
2.1.1.3. External genitalia
2.1.1.3.1. Disorders of sexual differentiation
2.1.1.3.2. Undescended testis
2.1.1.3.3. Scrotal and external genital anomalies
2.1.2. Obstructive disease of the upper urinary tract
2.1.2.1. Hydronephrosis and obstructive uropathy
2.1.2.2. Ureteropelvic junction obstruction
2.1.3. Obstructive disease of the lower urinary tract
2.1.3.1. Bladder outflow obstruction
2.1.3.2. Benign prostatic hypertrophy
2.1.3.3. Urethral strictures
2.1.3.4. Obstruction secondary to neurological disorders
2.1.4. Urinary calculus disease
2.1.4.1. Renal and ureteral calculi
2.1.4.2. Bladder and urethral calculi
2.1.5. Urinary fistulae
2.1.6. Urinary and genital infections
2.1.6.1. Bacterial (complicated and uncomplicated) and non-bacterial cystitis and urethritis
2.1.6.2. Pyelonephritis and other renal infections including xanthogranulomatous pyelonephritis
2.1.6.3. Prostatitis including chronic pelvic pain syndrome
2.1.6.4. Sexually transmitted infections
2.1.6.5. Genito-urinary tuberculosis
2.1.6.6. Genito-urinary parasitic disease
2.1.6.7. Fungal urinary tract infections
2.1.6.8. Other genital infections (including necrotizing fasciitis)
2.1.7. Trauma (including the genito-urinary aspects of multi-system trauma evaluation and management)
2.1.7.1. Renal trauma
2.1.7.2. Ureteral trauma
2.1.7.3. Bladder trauma
2.1.7.4. Urethral trauma
2.1.7.5. External genital trauma
2.1.8. Renovascular hypertension
2.1.8.1. Surgically correctable hypertension
2.1.9. Renal transplantation
2.1.9.1. Recipient selection and organ donation
2.1.9.2. Relevant transplantation immunology
2.1.9.3. Principles of immunosuppression
2.1.9.4. Management of surgical complications of renal transplantation
2.1.10. Andrology
2.1.10.1. Male sexual function and dysfunction
2.1.10.2. Fertility and male factor infertility
2.1.10.3. Hypogonadism
2.1.11. Urological oncology
   For all tumours (benign and malignant) of the genito-urinary tract, the resident MUST
   (a) be able to describe the etiology, prevention, natural
   history and pathology;
   (b) be able to diagnose the condition through
   appropriate use of investigative and diagnostic techniques;
   (c) know the staging and grading systems that are in common use;
   (d) know the principles of cancer management, including the role of surgery, radiotherapy, chemotherapy and
   immunotherapy;
   (e) be familiar with the role of percutaneous, angiographic and new techniques and their
   indications; and
   (f) understand the principles of cancer palliation
2.1.11.1. Tumours of the kidney
2.1.11.1.1. Renal epithelial tumours
2.1.11.1.2. Wilms’ tumour
2.1.11.1.3. Urothelial carcinoma of renal pelvis and ureter
2.1.11.1.4. Angiomyolipoma
2.1.11.1.5. Other tumours – adult
2.1.11.1.6. Other tumours - pediatric
2.1.11.2. Tumours of the bladder
  2.1.11.2.1. Urothelial carcinoma
  2.1.11.2.2. Squamous cell carcinoma
  2.1.11.2.3. Other tumours
2.1.11.3. Cancer of the prostate
  2.1.11.3.1. Adenocarcinoma
  2.1.11.3.2. Other tumours
  2.1.11.4. Tumours of the testis
  2.1.11.4.1. Germ cell (including seminoma and non-seminoma)
  2.1.11.4.2. Non-germ cell tumours
  2.1.11.5. Cancer of the penis
  2.1.11.5.1. Squamous cell carcinoma
  2.1.11.6. Cancer of the urethra
  2.1.11.7. Tumours of the adrenal
    2.1.11.7.1. Pheochromocytoma
    2.1.11.7.2. Neuroblastoma
    2.1.11.7.3. Adrenal adenoma
    2.1.11.7.4. Adenocarcinoma
    2.1.11.7.5. Other tumours – adult
    2.1.11.7.6. Other tumours - pediatric
  2.1.11.8. Metastatic cancers to genito-urinary tract
  2.1.12. Voiding disorders including relevant neurourology
    2.1.12.1. Urinary incontinence
    2.1.12.2. Voiding dysfunction due to neurological disease
    2.1.12.3. Nocturnal enuresis
    2.1.12.4. Functional voiding disorders
  2.1.12.5. Interstitial cystitis
  2.1.13. Adrenal diseases
    2.1.13.1. Adrenal cysts, hyperplasia
    2.1.13.2. Adrenal hyperfunction and hypofunction and associated syndromes
  2.1.14. Systemic diseases and other processes affecting the urinary tract
    2.1.14.1. Urological manifestations of systemic diseases (including diabetes mellitus, sepsis, HIV/AIDS and other disorders of immunocompromised patients)
2.1.14.2. The urinary tract in pregnancy (including normal physiologic and anatomic changes and management of urinary tract problems in the pregnant patient)
2.1.15. Disorders of the male external genitalia
2.1.15.1. Hydrocele, varicocele, spermatocele, cysts
2.1.15.2. Torsion of the testis, cord and appendages
2.1.15.3. Inguinal hernia
2.1.15.4. All benign, premalignant and malignant dermatological lesions of the male external genitalia
2.2. Demonstrate knowledge of the mechanism of action and physiological effects of therapeutic technologies relevant to Urology
2.2.1. Laparoscopy
2.2.1.1. Understand the principles of laparoscopy, the role of laparoscopy in benign and malignant diseases, its indications and contraindications, and recognition and treatment of its complications
2.2.2. Electrosurgery
2.2.3. Extracorporeal shock wave lithotripsy
2.2.4. Lasers
2.2.5. Transurethral prostatic hyperthermia / thermotherapy and other alternative modalities used in the management of patients with benign prostatic hyperplasia
2.2.6. Botulinum toxin
2.2.7. Neurostimulation
2.2.8. Radiofrequency ablation
2.2.9. Cryotherapy
2.3. Describe the CanMEDS framework of competencies relevant to Urology
2.4. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
2.5. Contribute to the enhancement of quality care and patient safety in their practice, integrating the available best evidence and best practices

3. Perform a complete and appropriate assessment of a patient
3.1. Identify and explore issues to be addressed in a patient encounter effectively, including the patient’s context and preferences
3.2. Elicit a history that is relevant, concise and accurate to context and preferences for the purposes of prevention and health promotion, diagnosis and/or management
3.3. Perform a focused physical examination that is relevant and accurate for the purposes of prevention and health promotion, diagnosis and/or management
3.4. Select medically appropriate investigative methods in a resource-effective and ethical manner
3.5. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans

4. **Use preventive and therapeutic interventions effectively**
4.1. Implement a management plan in collaboration with a patient and their family
4.2. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Urology
4.3. Ensure appropriate informed consent is obtained for therapies
4.4. Ensure patients receive appropriate end-of-life care

5. ** Appropriately use and interpret diagnostic tests relevant to Urology**
5.1. Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to their practice
   5.1.1. Urinalysis
      5.1.1.1. Routine urinalysis
      5.1.1.2. Urine culture techniques
      5.1.1.3. Urinary collections for metabolic studies
      5.1.1.4. Urine cytological studies
      5.1.2. Semen analysis
      5.1.2.1. Qualitative and quantitative analyses
      5.1.3. Prostatic fluid examination
      5.1.3.1. Microscopic examination
      5.1.4. Biochemical serum studies
      5.1.4.1. Renal function tests
      5.1.4.2. Adrenal function tests
      5.1.4.3. Tumour markers
      5.1.5. Intravenous excretory urography
      5.1.6. Retrograde urethrography, cystography and pyelography
      5.1.7. Antegrade imaging of the kidneys and pelvic vessels
      5.1.8. Loopography
      5.1.9. Voiding cystourethrography
5.1.10. Ultrasonography
5.1.10.1. Kidney
5.1.10.2. Bladder
5.1.10.3. Prostate
5.1.10.4. Scrotal contents
5.1.10.5. Doppler studies of renal, gonadal and penile vessels
5.1.10.6. Ultrasound-guided procedures (aspirations, biopsies, drainage)
5.1.11. Radioisotope studies
5.1.11.1. Renal scans (all types)
5.1.11.2. Voiding cystograms
5.1.11.3. Bone scans for staging of malignant disease
5.1.11.4. Scans for localization of inflammatory lesions
5.1.11.5. Scans for adrenal localization
5.1.12. CT scanning
5.1.12.1. Abdomen and pelvis
5.1.12.2. CT guided procedures (aspirations, biopsies, drainage)
5.1.13. MRI scanning of the urinary tract
5.1.14. Angiography of the renal vasculature
5.1.15. Urodynamic studies
5.1.15.1. Cystometrogram
5.1.15.2. Uroflowmetry
5.1.15.3. Voiding pressure studies
5.1.15.4. Pelvic floor electromyography
5.1.15.5. Videourodynamic studies
5.1.16. Phallodynamics
5.1.16.1. Dynamic infusion cavernosometry and caversography (DICC)
5.1.16.2. Duplex ultrasound scans
5.1.16.3. Combined injection and stimulation test (CIS)
5.1.17. Diagnostic histopathology
5.1.17.1. Malignant lesions of the kidney
5.1.17.1.1. Renal carcinoma
5.1.17.1.2. Wilms’ tumour
5.1.17.2. Benign lesions of the kidney
5.1.17.2.1. Oncocytoma
5.1.17.2.2. Angiomyolipoma
5.1.17.3. Urothelial neoplasms
5.1.17.3.1. Urothelial carcinoma of renal pelvis and ureter
5.1.17.3.2. Bladder carcinomas
5.1.17.3.3. Urethra carcinoma
5.1.17.4. Prostatic neoplasms
5.1.17.4.1. Prostatic adenocarcinoma
5.1.17.4.2. Prostatic intraepithelial neoplasia
5.1.17.4.3. Benign prostatic hyperplasia
5.1.17.5. Testis tumours
5.1.17.5.1. Germ cell tumours (seminoma and non-seminoma)
5.1.17.5.2. Functional tumours of the testis (Leydig cell tumours)
5.1.17.5.3. Sertoli cell tumours
5.1.17.6. Inflammatory lesions of the kidneys
5.1.17.6.1. Xanthogranulomatous pyelonephritis
5.1.17.6.2. Tuberculosis
5.1.17.6.3. Chronic pyelonephritis
5.1.17.7. Inflammatory lesions of the lower urinary tract
5.1.17.7.1. Interstitial cystitis
5.1.17.7.2. Cystitis cystica
5.1.17.7.3. Cystitis glandularis
5.1.17.7.4. Cystitis follicularis
5.1.17.7.5. Prostatitis

6. Demonstrate proficient and appropriate use of procedural skills

6.1. Surgical Procedures List A
The fully trained resident must be competent to individually perform the following procedures, in addition to being able to manage the patient prior to, during, and after the procedure.
Endoscopic and Percutaneous Procedures

6.1.1. Cystoscopy and urethroscopy, ureteric catheterization including ureteric stent insertion and removal, retrograde pyelography
6.1.2. Urethral dilatation and visual internal urethrotomy
6.1.3. Transurethral biopsy of bladder and urethra
6.1.4. Transurethral resection of prostate
6.1.5. Transurethral resection of bladder tumours
6.1.6. Transurethral resection/incision of ureterocele
6.1.7. Manipulation of bladder calculi including litholapaxy
6.1.8. Ureteroscopy, lithotripsy and basket extraction of ureteric calculi
6.1.9. Endoscopic injection for vesico-ureteric reflux
6.1.10. Suprapubic catheter insertion
6.1.11. Percutaneous renal surgery including nephrolithotomy with ultrasound/electrohydraulic/laser lithotripsy

Open Surgical Procedures

6.1.12. Circumcision
6.1.13. Suprapubic cystostomy
6.1.14. Urethral meatotomy, meatoplasty
6.1.15. Meatal repair for glanular hypospadias
6.1.16. Fulguration of venereal warts
6.1.17. Biopsy of penile lesions
6.1.18. Testicular biopsy
6.1.19. Vasectomy
6.1.20. Scrotal surgery - hydrocele, epididymal cyst, epididymectomy, simple orchidectomy
6.1.21. Cavernosal shunting procedures for priapism
6.1.22. Varicocele repair
6.1.23. Pediatric indirect hernia repair
6.1.24. Orchidopexy for inguinal testis
6.1.25. Radical orchidectomy
6.1.26. Repair of testicular torsion
6.1.27. Procedures for correction of stress urinary incontinence
6.1.28. Uretero-neocystostomy
6.1.29. Repair of urinary fistulae - involving bladder, urethra, ureter, kidney
6.1.30. Urinary diversion procedures - ileal conduits
6.1.31. Radical cystectomy and anterior pelvic exenteration
6.1.32. Procedures for ureteral and bladder trauma repair
6.1.33. Pelvic lymphadenectomy
6.1.34. Radical prostatectomy
6.1.35. Pyeloplasty for ureteropelvic junction obstruction
6.1.36. Nephrectomy (simple and radical)
6.1.37. Partial nephrectomy for cancer
6.1.38. Nephroureterectomy
6.1.39. Uretero-ureterostomy

**Laparoscopic Procedures**
6.1.40. Laparoscopic nephrectomy (simple and radical)

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**6.2. Surgical Procedures List B**
The fully trained resident will know how to do the following procedures, including indications, and peri-operative management.
The resident may not have actually done one of these procedures independently during the residency training period.

**Endoscopic and Percutaneous Procedures**
6.2.1. Transrectal ultrasound guided biopsy of the prostate
6.2.2. Resection of posterior urethral valves
6.2.3. Endoscopic pyeloplasty (endopyelotomy)
6.2.4. Extra-corporeal shock wave lithotripsy
6.2.5. Percutaneous nephrostomy

**Open Procedures**
6.2.6. Renal biopsy
6.2.7. Nephrolithotomy and ureterolithotomy
6.2.8. Ureterolysis, ureteroplasty, uretero-pyelostomy
6.2.9. Cutaneous ureterostomy/pyelostomy
6.2.10. Vesicostomy
6.2.11. Procedures for renal trauma repair
6.2.12. Vasovasostomy
6.2.13. Perineal urethrostomy
6.2.14. Trans-uretero-ureterostomy
6.2.15. Inguinal lymphadenectomy for carcinoma penis
6.2.16. Procedures for correction of penile curvature and Peyronie's disease
6.2.17. Penectomy
6.2.18. Urethrectomy
6.2.19. Augmentation cystoplasty
6.2.20. Continent urinary reservoir
6.2.21. Drainage of perinephric, perivesical and retroperitoneal abscess
6.2.22. Cadaveric and live donor renal harvesting for transplantation
6.2.23. Adrenalectomy including surgery of pheochromocytoma
6.2.24. Insertion of testicular prosthesis
6.2.25. Insertion of penile prosthesis
6.2.26. Insertion of artificial urinary sphincter
6.2.27. Simple retropubic prostatectomy
6.2.28. Retroperitoneal lymph node dissection
6.2.29. Radical nephrectomy with vena cava thrombus below diaphragm
6.2.30. Correction of mid and distal shaft hypospadias

**Laparoscopic Procedures**
6.2.31. Laparoscopic orchiopexy/orchiectomy for abdominal testis
6.2.32. Adrenalectomy
6.2.33. Pyeloplasty

### 6.3. Surgical Procedures List C

The fully trained resident will be able to describe the following procedures, the indications for these procedures, and the perioperative complications that might be encountered.
Endoscopic and Percutaneous Procedures
6.3.1. Transurethral excision of external sphincter

Open Procedures
6.3.2. Correction of proximal hypospadias and epispadias
6.3.3. Surgical reconstruction for extrophy
6.3.4. Transplant nephrectomy
6.3.5. Renal transplantation
6.3.6. Anatrophic nephrolithotomy
6.3.7. Removal of vena caval and atrial tumour thrombus for carcinoma of the kidney
6.3.8. Urethral reconstruction for anterior urethral strictures and pelvic fracture distraction injuries
6.3.9. Epididymo-vasostomy with microscope
6.3.10. Post-chemotherapy retroperitoneal lymph node dissection

Laparoscopic Procedures
6.3.11. Varicoceletomy
6.3.12. Prostatectomy
6.3.13. Live donor nephrectomy
6.4. Prepare a patient for surgery and seek appropriate consultation from other health care professionals if necessary
6.5. Ensure appropriate informed consent is obtained for procedures
6.6. Document and disseminate information related to procedures performed and their outcomes
6.7. Ensure adequate follow-up is arranged for procedures performed

7. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise
7.1. Demonstrate insight into their own limitations of expertise
7.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care
7.3. Arrange appropriate follow-up care services for a patient and their family
Communicator

Definition:
As Communicators, Urologists effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter. Key and Enabling Competencies: Urologists are able to…

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families
   1.1. Recognize that being a good communicator is a core clinical skill for Urologists, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
   1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
   1.3. Respect patient confidentiality, privacy and autonomy
   1.4. Listen effectively
   1.5. Demonstrate awareness of and responsiveness to nonverbal cues by being sensitive to non-verbalized fears, anxieties and needs for privacy
   1.6. Facilitate a structured clinical encounter effectively

2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
   2.1. Gather information about a disease and about a patient’s beliefs, concerns, expectations and illness experience
   2.2. Seek out and synthesize relevant information from other sources, such as a patient’s family, caregivers and other professionals

3. Convey relevant information and explanations accurately to patients and families, colleagues and other professionals
3.1. Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable, encourages discussion and participation in decision-making
3.1.1. Communicate bad news to patients and families in an empathic manner

4. Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
   4.1. Identify and explore problems to be addressed from a patient encounter effectively, including the patient’s context, responses, concerns, and preferences
   4.2. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
   4.3. Encourage discussion, questions, and interaction in the encounter
   4.4. Engage patients, families, and relevant health professionals in shared decision making to develop a plan of care
   4.5. Address challenging communication issues effectively, such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding
   4.5.1. Demonstrate awareness of their own feelings and biases and recognize any personal reactions which may be detrimental to the physician-patient relationship

5. Convey effective oral and written information about a medical encounter
   5.1. Maintain clear, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans
   5.1.1. Record accurately and succinctly data collected from patients, laboratory tests and radiological studies
   5.1.2. Communicate opinions clearly in the form of consultation letters, telephone calls to family physicians, other consultant specialists and allied health professionals
   5.2. Present verbal reports of clinical encounters and plans
   5.2.1. Explain clearly and concisely:
   5.2.1.1. The diagnosis and management plans for urological problems in a way that motivates and facilitates patients' willing participation
   5.2.1.2. Management plans to other health care personnel in a way that ensures their effective participation
   5.2.1.3. Steps necessary for problem management when acting as a consultant for other physicians
   5.3. Present medical information effectively to the public or media about a medical issue

**Collaborator**
**Definition:**

As **Collaborators**, Urologists effectively work within a health care team to achieve optimal patient care. **Key and Enabling Competencies: Urologists are able to…**

1. **Participate effectively and appropriately in an interprofessional health care team**
   1.1. Describe the Urologist’s roles and responsibilities to other professionals
   1.2. Describe the roles and responsibilities of other professionals within the urological health care team including but not limited to nurses, occupational and physiotherapists, and imagining technologists
   1.3. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
   1.4. Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
   1.5. Work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
   1.6. Participate in interprofessional urological team meetings
   1.7. Enter into interdependent relationships with other professions for the provision of quality care
   1.8. Describe the principles of team dynamics
   1.9. Respect team ethics, including confidentiality, resource allocation and professionalism
   1.10. Demonstrate leadership in a health care team, as appropriate

2. **Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict**
   2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team
   2.2. Work with other professionals to prevent conflicts
   2.3. Employ collaborative negotiation to resolve conflicts
   2.4. Respect differences and address misunderstandings and limitations in other professionals
   2.5. Recognize one’s own differences, misunderstanding and limitations that may contribute to interprofessional tension
   2.6. Reflect on interprofessional team function

**Manager**

**Definition:**
As Managers, Urologists are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system. **Key and Enabling Competencies: Urologists are able to…**

1. **Participate in activities that contribute to the effectiveness of their health care organizations and systems**
   1.1. Work collaboratively with others in their organizations
   1.2. Participate in systemic quality process evaluation and improvement, such as patient safety initiatives
   1.3. Describe the structure and function of the health care system as it relates to Urology, including the roles of Urologists
   1.4. Describe principles of health care financing, including physician remuneration, budgeting and organizational funding

2. **Manage their practice and career effectively**
   2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
   2.2. Manage a practice including finances and human resources
   2.2.1. Demonstrate knowledge of issues pertaining to running a private office including staffing, billing and maintaining patient records
   2.3. Implement processes to ensure personal practice improvement
   2.4. Employ information technology appropriately for patient care

3. **Allocate finite health care resources appropriately**
   3.1. Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency and access with optimal patient care
   3.2. Apply evidence and management processes for effective cost-appropriate care
   3.2.1. Access appropriate urological diagnostic and therapeutic technology in a timely and efficient manner to benefit their patients
   3.3. Organize a priority list for patients waiting surgery

4. **Serve in administration and leadership roles**
   4.1. Chair or participate effectively in committees and meetings
   4.2. Lead or implement change in health care
   4.3. Plan relevant elements of health care delivery (e.g., work schedules)
Health Advocate

Definition:
As Health Advocates, Urologists responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations. **Key and Enabling Competencies: Urologists are able to…**

1. Respond to individual patient health needs and issues as part of patient care
   1.1. Identify the health needs of an individual Urology patient
   1.2. Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
   1.2.1. Take advantage of opportunities to discuss lifestyle changes that impact urological health

2. Respond to the health needs of the communities that they serve
   2.1. Describe the practice communities that they serve
   2.2. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
   2.2.1. Demonstrate understanding of the role of community based patient support groups
   2.3. Appreciate the possibility of competing interests between the communities served and other populations

3. Identify the determinants of health for the populations that they serve
   3.1. Identify the determinants of health of the populations, including barriers to access to care and resources
   3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

4. Promote the health of individual patients, communities, and populations
   4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve
   4.2. Describe how public policy impacts on the health of the populations served
   4.3. Identify points of influence in the health care system and its structure
   4.4. Describe the ethical and professional issues inherent in health advocacy, including social justice, autonomy, integrity and idealism
   4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
   4.6. Describe the role of the medical profession in advocating collectively for health and patient safety
   4.6.1. Understand the role and function of the Kuwait Urological Association and other provincial and international urological societies
Scholar

Definition:
As Scholars, Urologists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge. Key and Enabling Competencies: Urologists are able to…

1. Maintain and enhance professional activities through ongoing learning
   1.1. Describe the principles of maintenance of competence
   1.1.1. Maintain an inquisitive attitude
   1.1.2. Describe the time commitment required for ongoing self study for the maintenance of competence
   1.2. Describe the principles and strategies for implementing a personal knowledge management system
   1.3. Recognize and reflect on learning issues in practice
   1.4. Conduct a personal practice audit
   1.5. Pose an appropriate learning question
   1.6. Access and interpret the relevant evidence
   1.7. Integrate new learning into practice
   1.8. Evaluate the impact of any change in practice
   1.9. Document the learning process
   1.10. Demonstrate continuing evaluation of their own capabilities and limitations

2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
   2.1. Describe the principles of critical appraisal
   2.2. Critically appraise retrieved evidence in order to address a clinical question
   2.3. Integrate critical appraisal conclusions into clinical care

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others
   3.1. Describe principles of learning relevant to medical education
   3.2. Identify collaboratively the learning needs and desired learning outcomes of others
   3.3. Select effective teaching strategies and content to facilitate others’ learning
   3.4. Demonstrate an effective lecture or presentation
   3.5. Assess and reflect on a teaching encounter
3.6. Provide effective feedback
3.7. Describe the principles of ethics with respect to teaching

4. **Contribute to the development, dissemination, and translation of new knowledge and practices**
   4.1. Describe the principles of research and scholarly inquiry
   4.2. Describe the principles of research ethics
   4.2.1. Demonstrate an understanding of the ethics of animal and human experimentation
   4.2.2. Demonstrate an ability to incorporate gender, cultural and ethnic perspectives in research methodology, data presentation and analysis
   4.3. Pose a scholarly question
   4.3.1. Formulate a scientific research study to answer a clinical question
   4.4. Conduct a systematic search for evidence
   4.4.1. Demonstrate the use of databases for literature searches and reviews
   4.5. Select and apply appropriate methods to address the question
   4.5.1. Describe basic statistical methods used in clinical trials
   4.6. Disseminate the findings of a study

**Professional**

**Definition:**

As Professionals, Urologists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour. *Key and Enabling Competencies: Urologists are able to…*

1. **Demonstrate a commitment to their patients, profession, and society through ethical practice**
   1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
   1.1.1. Demonstrate personal responsibility to patients by availability and confidentiality
   1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
   1.2.1. Demonstrate adherence to the best available practice, including referral to other qualified practitioners when appropriate
   1.2.2. Demonstrate meticulous accuracy in reporting clinical and scientific information
   1.3. Recognize and appropriately respond to ethical issues encountered in practice
1.4. Manage conflicts of interest
1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
1.6. Maintain appropriate relations with patients

2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation
   2.1. Participate in Kuwaiti and international professional organizations
   2.2. Demonstrate knowledge and an understanding of the professional, legal and ethical codes of practice
   2.2.1. Demonstrate knowledge of the ethical problems of human organ procurement for the purposes of transplantation
   2.2.2. Demonstrate a working knowledge of provincial and federal laws and regulations related to the practice of medicine in general and Urology in particular
   2.2.3. Demonstrate an understanding and appreciation for patients' legal rights in matters related to informed consent, delegated consent and informed decision making
   2.3. Fulfill the regulatory and legal obligations required of current practice
   2.4. Demonstrate accountability to professional regulatory bodies
   2.5. Recognize and respond to others’ unprofessional behaviours in practice
   2.5.1. Demonstrate an understanding of medical protective procedures in areas of patient-physician and hospital-physician dispute
   2.6. Participate in peer review

3. Demonstrate a commitment to physician health and sustainable practice
   3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice
   3.2. Strive to heighten personal and professional awareness and insight
   3.3. Recognize other professionals in need and respond appropriately
   3.4. Identify a colleague or faculty member with whom they may discuss personal and professional goals, conflicts and stresses
### Resident’s Rotations Schedules for 2014-2015

<table>
<thead>
<tr>
<th>Urology Resident KIMS 2014-2015</th>
<th>[ PGY1 ]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resident</strong></td>
<td>01-Oct-14</td>
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</table>

<table>
<thead>
<tr>
<th>Urology Resident Schedule KIMS 2014-2015</th>
<th>[ PGY2 ]</th>
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<tbody>
<tr>
<td><strong>Resident</strong></td>
<td>01-Oct-14</td>
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<tr>
<td>Name</td>
<td>Hospital</td>
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</tr>
<tr>
<td>Mohamed Al-Ruwaished</td>
<td>(Farwaniya Hospital)</td>
</tr>
<tr>
<td>Mariam Malallah</td>
<td>(Adan Hospital)</td>
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<tr>
<td>Mubarak Alamiri</td>
<td>(Mubarak Hospital)</td>
</tr>
<tr>
<td>Urology Resident KIMS 2014-2015</td>
<td>[ PGY3 ]</td>
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<tr>
<td><strong>Resident</strong></td>
<td>01-Oct-14</td>
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<tr>
<td>Mohamed Dashti (Mubarak Hospital)</td>
<td>Urology (Jahra)</td>
</tr>
<tr>
<td>Abdulrahman al-khandari (Al-Sabah Hospital)</td>
<td>Urology (Mubarak)</td>
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<tbody>
<tr>
<td><strong>Resident</strong></td>
<td>01-Oct-14</td>
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<tr>
<td>Omar Al-hunidi (Al-Amiri Hospital)</td>
<td>Urology (Fawaniya)</td>
</tr>
<tr>
<td>Talal Al-Enezi (Mubarak Hospital)</td>
<td>Urology (Amiri)</td>
</tr>
<tr>
<td>Mohammed Al-Kandari (Mubarak Hospital)</td>
<td>Urology (Mubarak)</td>
</tr>
</tbody>
</table>
Appendix

- Suggested Readings
- Useful Urology Sites
- In-Training Evaluation Form
- Rotation Evaluation Form
- Academic Half Day Presentation Evaluation Form
- Mid-point Rotation Evaluation Form
- Change of Rotation Form
- Leave Form
- Rejoining from Leave Form
- Rejoining from Sick Leave Form
Suggested Readings

Campbell-Walsh Urology 10th edition

Campbell-Walsh Urology 10th edition/ Review

Practical Urology: Essential Principles and Practice

Interventional Techniques in Uro-oncology

Evidence-based Urology

Glenn's Urologic Surgery 7th edition

Complications of Urologic Surgery, 4th edition

Smith's General Urology
E. A. Tanagho, J. W. McAnich

Clinical Manual of Urology
P. M. Hanno, S. B. Malkowicz, A. J. Wein

Urology Secrets
M. I. Resnick, A. C. Novick

Atlas of Urosurgical Anatomy
F. Hinman and P. H. Stempfen

Pocket Guide to Urology
Jeff Wieder, MD

The 5-Minute Urology Consult
L. G. Gomella ..

Urology Pearls
M. I. Resnick, A. J. Schaeffer ..

Atlas of Urologic Surgery
F. Hinman and P. H. Stempfen

Useful Urology Sites
1-UROLOGY LINKS FOR MEDICAL STUDENTS

- UrologyMatch.com Urology Faculty Survey
- Books for Urology I
- AUA: "What is Urology?"
- ACS: "So You Want to be a Surgeon (Urology)?"
- ACS: Surgical Subspecialties Page
- Medfools: Urology
- SWIU: Student Page
- Medical Student Counseling: MCG

2-UROLOGY FELLOWSHIP LINKS

- UrologyMatch.com Urology Fellowship Guide
- Infertility Fellowship Training
- Female Urology / Urodynamics Fellowship Training
- Laparoscopic Endourologic Fellowship Training
- Pediatric Urology Fellowship Training
- Transplant Fellowship Training
- Trauma and Reconstruction Fellowship Training
- Urologic Oncology Fellowship Training

3-UROLOGY TOOLS

- www.cancernomograms.com
- PSA Kinetics Analysis from Dr. Klotz's Group in Toronto
- Prostate Cancer Nomogram / PSA Calculator from MSKCC
- SEER Cancer Stat Fact Sheet
- The Cancer Risk Calculator for Prostate Cancer (PCPT data)
- R.E.N.A.L. Nephrometry Score
- Charlson Comorbidity Index (CCI) Calculator

4-UROLOGY EDUCATIONAL LINKS

- EMedicine Urology
- Basic Urologic Laparoscopy Guide
- AnatomyAtlases.org
- GU Embryology and Development
- Sketches of Kidney Development
- GU Development by Dr. David Hatch
- McGill's Guide to Normal Development of the Urinary System
- DUJ: Adult Uroradiology Rounds
- DUJ: Pediatric Uroradiology Rounds
- UroRadiology: Interactive Tutorials
- GU Pathology - AUA Path Tutorial
- WebPath: Prostate Pathology
- WebPath: Urinalysis

5- UROLOGY PUBLICATION LINKS

- Journal of Urology - "White Journal"
- UROLOGY - "Gold Journal"
- Urologic Oncology
- Journal of Endourology
- European Urology
- BJU: British Journal of Urology
- Canadian Journal of Urology
- Nature Clinical Practice: Urology
- Urologic Clinics of North America
- Current Opinions in Urology
- Contemporary Urology
- World Journal of Urology
- Urological Research
- Digital Urology Journal

6- OTHER CLINICIAN ORIENTED UROLOGY LINKS

- American Urological Association (AUA)
- American Board of Urology
- UroToday
- TTMed Urology
- Medscape Urology
- Urology Times
- UrologyLinx
- About: Urology
- UroWeb / European Association of Urology
- Society of Urologic Oncology
- Society of Women in Urology
- Society for Male Reproduction and Urology
- Society for Urodynamics and Female Urology
- European Society for Paediatric Urology
- Philadelphia Urological Society
- Academic Ranking Score
- Pediatric Fellowship Blog

7- PATIENT ORIENTED UROLOGY LINKS

- UrologyHealth.org
- AUA Foundation for Urologic Disease
• National Cancer Institute
• Urological Sciences Research Foundation (USRF)
• Urology Channel
• Interstitial Cystitis Association
• National Association for Continence
• ProstateInfo
• National Prostate Cancer Coalition
• Prostate Action
• UPenn Oncolink

8-MISCELLANEOUS

• MedicalStudent.com
• Medical Dictionary
• Anatomy.tv
• PubMed
• USMLE Website
The objectives and your expectations for the rotation should be clear at the start of the rotation. Staff supervisor(s) should ideally discuss any unsatisfactory performance with the resident at the mid-point of the rotation, with the expectation that the resident will demonstrate improvement during the second half of the rotation. When completed, please discuss the evaluation with the resident, preferably during the last week of the rotation.

Check the boxes below as to whether the resident fulfills your EXPECTATIONS commensurate with the level of training:

<table>
<thead>
<tr>
<th>CanMeds Roles/Competencies</th>
<th>Fails</th>
<th>Below</th>
<th>Meets</th>
<th>Above</th>
<th>Exceeds</th>
<th>N/A</th>
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<tr>
<td><strong>The resident as a Medical Expert</strong></td>
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<td>1. Obtaining medical histories</td>
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<td>2. Performing physical examinations</td>
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<td>3. Utilizing diagnostic tests</td>
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<td>4. Making clinical diagnosis/clinical decisions</td>
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<td>5. Documentation/presenting cases</td>
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<td>6. Procedural skills</td>
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<td>7. Emergency management</td>
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<td>8. Basic science knowledge</td>
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<td>9. Clinical knowledge</td>
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<td><strong>The resident as a Communicator</strong></td>
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<td>A. Verbal communication skills:</td>
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<td>10. With patients/families</td>
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<td>11. With other health care professionals</td>
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<td>B. Written communication skills:</td>
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<td>12. Progress notes and orders/clinic notes</td>
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<td>13. Consultation letters/consultancy skills</td>
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<td>14. Discharge summaries</td>
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<td><strong>The resident as a Collaborator</strong></td>
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<td>15. Relationship with patients/families</td>
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<td>16. Relationship with other health professionals</td>
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<tr>
<td>CanMeds Roles/Competencies</td>
<td>Fails</td>
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<td>Meets</td>
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<td>Exceeds</td>
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<td><strong>The resident as a Manager</strong></td>
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<td>17. Formulating management plans</td>
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<td>18. Resource utilization</td>
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<td><strong>The resident as a Scholar</strong></td>
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<td>19. Self-directed learning</td>
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<td>20. Critical appraisal skills</td>
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<td>21. Teaching/supervisory skills</td>
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<td><strong>The resident as a Health Advocate</strong></td>
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<td>22. Risk factor identification</td>
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<td>23. Knowledge/promotion of health resources</td>
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<td><strong>The resident as a Health Professional</strong></td>
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<td>24. Attitudes, values and behaviors</td>
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<td>25. Sense of responsibilities</td>
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<tr>
<td>26. Ethical practice</td>
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<td>27. Self-assessment skills</td>
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<td><strong>Overall Competence for level of training:</strong></td>
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</table>

Were educational objectives/performance expectations discussed with the resident?
At the beginning of the rotation: □ Yes □ No
At the mid-point of the rotation: □ Yes, detail: ________________ □ No
At the end of the rotation: □ Yes □ No

Please outline the resident’s **strengths**:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please outline the resident’s **weakness(es) and area(s) for improvement**:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Any other comments:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Resident’s Name: ___________________________________________________
If remedial work is recommended, please provide specific suggestions (use separate page):

________________________________________________________________________________________

________________________________________________________________________________________

Staff supervisor(s) signature(s): ____________________________ Date: ______________

Resident’s signature: ____________________________ Date: ______________

This evaluation was discussed with me by the staff supervisor(s): □ Yes □ No

Program Director to initial/sign: ____________________________ Date: ______________

Outline any steps taken by Program Director after reviewing this evaluation (if necessary):

________________________________________________________________________________________

________________________________________________________________________________________
**Urology Residency Training Program, Kuwait Institute for Medical Specialization, KIMS**

**RESIDENT EVALUATION OF ROTATION FORM**

### Rotation: __________________________

### Site: __________________________

### Instructions

Rate your experience using these codes:

- 1 = strongly disagree
- 2 = disagree
- 3 = not sure
- 4 = agree
- 5 = strongly agree

### SATISFACTION RATING

<table>
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<tr>
<th>Goals/objectives, expectations and responsibilities of resident are clear</th>
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<tbody>
<tr>
<td>Educational goals are well addressed</td>
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<tr>
<td>Curriculum includes reading and self-directed learning</td>
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<tr>
<td>Teaching rounds/conferences are working well</td>
</tr>
<tr>
<td>Clinical cases and diversity are appropriate</td>
</tr>
<tr>
<td>Residents get appropriate supervision</td>
</tr>
<tr>
<td>Workload and responsibility is appropriate</td>
</tr>
<tr>
<td>Clinical/hospital staff and ancillary services are adequate</td>
</tr>
<tr>
<td>Reading and study time are sufficient</td>
</tr>
<tr>
<td>Evaluation criteria are clearly explained in advance</td>
</tr>
<tr>
<td>Feedback is given in a timely, constructive manner</td>
</tr>
<tr>
<td>The experience provided during this rotation fostered my ability to meet personal learning objectives</td>
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</table>

### COMMENTS - Constructive suggestions for improvement

[Please note particularly strong or weak experience]
**Additional Comments:**
Urology Residency Training Program, Kuwait Institute for Medical Specialization, KIMS

ACADEMIC HALFDAY PRESENTATION EVALUATION FORM

Name (optional): _______________________________________________________________

Presentation Title: ______________________________________________________________

Presenter(s): ___________________________________________________________________

Date: _________________________________________________________________________

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Strongly Disagree 1</th>
<th>Disagree 2</th>
<th>Undecided 3</th>
<th>Agree 4</th>
<th>Strongly Agree 5</th>
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<tr>
<td>Objectives stated clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Contents are appropriate and meet the stated objectives</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>The audiovisual materials are of high quality</td>
<td>1</td>
<td>2</td>
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<tr>
<td>The speaker was knowledgeable about the topic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>Questions were answered appropriately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

Comments and Suggestions:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
MID-POINT ROTATION EVALUATION FORM

Resident Name: ________________________________________________________________

Resident training year: _______________________________________________________

Rotation: _____________________________________________________________________

Rotation Period: _____________________________________________________________________

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<tr>
<th>STRENGTHS</th>
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<th>WEAKNESSES</th>
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<th>ADVICE/COMMENTS</th>
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Supervising Consultant’s Signature: ______________________________________________

Site Coordinator’s Signature: ___________________________________________________

Resident’s Signature: ___________________________________________________________
CHANGE OF ROTATION FORM

Resident Name: _____________________________________________________

Resident training year: _______________________________________________

Rotation to be changed to (new rotation): _________________________________

Date of Rotation: _____________________________________________________

Duration of Rotation: _________________________________________________

Signature of New Rotation Supervisor: _________________________________

Previously Scheduled Rotation: ________________________________________

Signature of Previously Scheduled Rotation Supervisor: _________________

Requesting Resident Signature: _______________________________________

Signature of Chief Resident: _________________________________________

Approval of Program Director: _________________________________________
نموذج طلب إجازة
FORM FOR SUBMITTING LEAVE

الإسم: .................................................................

سنة التدريب: .................................................................

نوع الإجازة:

☐ طارئة

☐ دورية

تاريخ تقديم الإجازة:

تبدأ بتاريخ ........................................ وتنتهي بتاريخ ........................................

عدد أيام الإجازة: .........................................

التوقيع:

طالب الإجازة

المشرف على التدريب

الرئيس المباشر كلية المسالك البولية

Urology Residency Training Program, Kuwait Institution of Medical Specialization, KIMS 2013
FORM FOR REJOINING FROM LEAVE

.................................................................
الاسم: ................................................................
.................................................................
سنة التدريب: ..................................................
.................................................................
 نوع الإجازة: □ طارئة □ دورية
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تاريخ تقديم الإجازة:
.................................................................
تبدأ بتاريخ ..... ونتهي بتاريخ ......
.................................................................
تاريخ المباشرة: ........................................
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التوقيع:
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طالب الإجازة
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المشرف على التدريب
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FORM FOR REJOINING FROM SICK LEAVE

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