



Kuwait Institute of Medical Specialization

Urology Residency Training Program

Ibn-Sina Hospital

Rotation goals and objectives

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### **General objectives:**

Resident from PG year 3 onward will rotate in the pediatric urology unit in IBN SINA hospital, which is the only government hospital in Kuwait, dealing with pediatric urology patients, during their rotation in pediatric urology residents will participate in the daily round and weekly grand round and get actively involved in case discussion and management. Residents will be observed in their interactions with patients and their families, while ensuring an ethical, compassionate care.

The documentations written by the resident will be evaluated by the attending faculty with regards to professional language, content and clear hand writing.

Faculty and attending urologist will observe residents and their management of their own, and any signs of exhaustion or neglect will be addressed, ensuring that professional boundaries are kept.

Residents will attend pediatric urology OPD and learn how to communicate with the patients and parents. They will take a history, examine the patient and decide for investigations to reach the final diagnosis, during all these residents are supervised by senior and consultant.

During this rotation, residents are expected to acquire knowledge, skills and attitudes that are in accordance with the CanMEDS competencies framework, which will allow appropriate assessment, investigation and management of pediatric urological problems in the ambulatory, emergency, and inpatient preoperative, operative, and post-operative settings. It should be recognized that much of the teaching during this rotation will occur during, or a result of, direct patient care.

There is particular emphasis on urolithiasis, laparoscopic surgeries, neurourology and Reconstructive surgery. There is also training in broad-based, general urologic practice including uro-oncology, trauma, and infective and inflammatory diseases. Participating in research activities is mandatory for all residents during rotations.

## **Ibn Sina Hospital:**

Ibn Sina is a governmental tertiary care center located in the capital of Kuwait. It houses a urology unit with a fully equipped department that has multiple examination rooms, multidisciplinary room, a urodynamics assessment room. Other specialties in the hospital are general pediatrics surgery, neurology and neurosurgery.

## **Urology Competencies:**

### ❖ Medical Expert:

The resident will acquire knowledge, learn skills and develop professional attitudes that will allow them to practice in their provision of patient-centered care, utilizing available elements from patient history, physical examination, imaging and lab/special testing.

The component skills include, but are not limited to:

- Perform a focused physical examination and urological history, including past and present medical history relevant to the urological care of the patient.
- Formulate a differential and provisional diagnosis.
- Plan further diagnostic strategies to refine the diagnosis as required with sensitivity to patient concerns, cost and a rationale use of medical testing.
- Plan therapeutic strategies based on the Urologic diagnoses with sensitivity to patient concerns, and cost.
- Counsel patient empathically and an evidence couched approach, respecting their cultural values and ethics.
- Communicate the consultation, both verbally and in written format, including a clear plan of action or recommendation.

- Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems.
- Demonstrate compassionate and patient-centered care.  
Formulate a clear discharge plan with future follow up plan that is convenient to the patient and his family.
- Actively contribute to continuous quality improvement of health care quality and safety.
- Recognize and respond to the ethical dimensions in medical decision- making.

Residents will apply clinical knowledge to better understand multiple conditions encountered that include, but are not limited to:

- **Obstructive disease of the upper urinary tract:**
  - Hydronephrosis and obstructive uropathy.
  - Ureteropelvic junction obstruction.
  - **Urinary calculus disease:** (Diagnostic imaging, metabolic screening Open stone surgery Minimally invasive modalities Stone recurrence )
  - Renal and ureteral calculi.
  - Bladder and urethral calculi.

- **Urinary and genital infections.**
  - **Bacterial (complicated and uncomplicated) and non-bacterial.**
  - **Fungal urinary tract infections**
  - **Other genital infections.**
- **Trauma:** (including the genito-urinary aspects of multi-system trauma evaluation and management)
  - o Renal trauma
  - o Ureteral trauma
  - o Bladder trauma
  - o Urethral trauma
  - o External genital trauma)
- **Prenatal diagnosis:**
  - Postnatal management Diagnostic imaging Protocols and guidelines.
- The acute scrotum Torsion of testicular appendage Epididymoorchitis Idiopathic scrotal oedema **Other acute scrotal pathology.**
  - **Cryptorchidism:** including One-stage/two stage Fowler-Stephens orchidopexy lap or open
  - **Disorder of sex development:**(Investigation Gender assignment Surgical management of DSD Gynaecological disorders of childhood and adolescence
  - **Hypospadias repair surgical techniques :** (Distal hypospadias Tubulization of the incised urethral plate (Snodgrass) Meatal advancement (MAGPI) Meatal-based flaps (Mathieu) Proximal hypospadias Onlay grafts Vascularized inner preputial

transfer flaps (Duckett) Free grafts (skin, buccal mucosa) Two-staged repair

Urethral repositioning

Pedicle- and meatal-based flaps Outcome and complications

- **Hydronephrosis** :(prenatal ,postnatal management treatment option)
- **Vesico ureteric reflux:**(Aetiology and genetic basis of reflux Reflux nephropathy  
Clinical features investigation; diagnostic imaging  
Conservative management  
Endoscopic correction and other surgical options Current controversies.
- **Posterior urethral valves and other urethral abnormalities:**  
(Presentation/investigation Treatment Prognosis Long-term management)
- **Ureterocele pucture , Duplex system Management Duplex-system ureterocoele**
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- **Cystic renal disease**
- **Bladder exstrophy and epispadias Cloacal exstrophy:** management and outcomes Primary epispadias: management and outcomes
- **Neurogenic bladder**
- **Pediatric genitourinary tumors**
  - o **Tumors of the kidney** :Renal epithialial tumours  
Wilms' tumours Rhabdomyosarcoma
- **Other Tumor:**

- Tumor of the bladder
- Tumor of the testis
- **Voiding disorders including relevant Neuro-Urology :**
  - Urinary incontinence
  - Voiding dysfunction due to neurological disease o Nocturnal enuresis
  - Functional voiding disorders
- **Disorders of the male external genitalia:** Hydrocele, varicocele, spermatocele, cysts o Torsion of the testis, cord and appendages
- **Laparoscopic paediatric urology:** Patient selection  
Fundamentals of technique Procedures, indications and outcomes Nephrectomy, Heminephrectomy, Pyeloplasty (including robotic pyeloplasty), Adrenalectomy and others

The resident will develop and demonstrate knowledge of how to appropriately use and interpret diagnostic testing in Urology, including but not limited to:

- Urinalysis
- Micturating cystourethrography (MCUG)
- Alternative methods of cystography (DIC and IRC)
- DMSA scintigraphy
- Dynamic diuresis renography (MAG3 and DTPA)
- Ultrasonography

- o Kidney, Bladder, Prostate and Scrotal contents
  - o Doppler studies of renal, gonadal and penile vessels
  - o Ultrasound-guided procedures
- CT scanning
  - o Abdomen and pelvis
  - o CT guided procedures (aspirations, biopsies, drainage)
- MRI scanning of the urinary tract
- Angiography of the renal vasculature
- Urodynamic studies
  - o Cystometrogram
  - o Uroflowmetry
  - o Voiding pressure studies
  - o Video-urodynamic studies
- Diagnostic histopathology
  - Residents will develop and demonstrate knowledge of the mechanism of action and physiological effects of therapeutic technologies relevant to Urology:
- Extracorporeal shock wave lithotripsy
- Lasers



- Surgical skills and procedures?

Teaching Methods:

These competencies will be taught and assessed in the following ways:

- Attending urologists at Ibn-sina hospital will be oriented and knowledgeable of the rotation goals and objectives and will be highly motivated to ensure each resident has sufficient exposure to clinical material.
- High volume of emergency surgical cases and emergency room consultations where residents will be the primary responders and supervision level will be according to their training level. The responses and initial assessment of the cases will be evaluated with an immediate feedback by the attending urologists. High volume of elective surgical cases that will be assessed and reviewed by the residents, then presented to the attending urologists.  
Review and discussion of the critical cases, recent histopathology reports, and procedural complications during the weekly major meeting held on Sunday mornings, where the most senior resident leads the discussion and involves junior residents in an organized way monitored by the head of unit and other attending urologists.
- Careful review of residents' documentations, including progress notes, discharge summaries, operations reports and consultations to other services.
- Real-time teaching and assessment of technical skills during each procedure.

- Use of an adapted version of the “O-Score sheet” to evaluate the procedural skills and safety in the operative theatre.
- Use of an adapted version of the “O-CAT form” to evaluate resident involvement in outpatient clinics
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Use of an adapted version of the “Mini-CEX” and “Daily Encounter Cards” and rubrics to evaluate resident performance during ward rounds
- Written ITER at the end of each block.
- Face-to-face feed-back during a meeting with the site coordinator at mid and end of the rotation.
- ❖ Communicator:  
The residents will develop and demonstrate skills Urologists use to effectively facilitate the doctor-patient and doctor-patient’s family relationship and the dynamic changes that occur before, during and after the medical encounter. These include, but are not limited to:
  - 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.
- Establish positive therapeutic relationships with patients and their

families that are characterized by understanding, trust, respect, honesty and empathy.

- Respect patient confidentiality, privacy and autonomy.

- Listen effectively.

Demonstrate awareness of and responsiveness to nonverbal cues by being sensitive to non-verbalized fears, anxieties and needs for privacy.

Facilitate a structured clinical encounter effectively.

The resident should develop and demonstrate communication skills in daily practice in multiple forms and situations, including but are not limited to:

Delivering information in a logical, direct and informative manner that is patient centered and encourages discussion with patients and their families.

- Communicate bad news to patients and families in an empathic manner.

- Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making.

- Engage patients, families, and relevant health professionals in shared decision making and informed consent process to develop a plan of care.

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Demonstrate awareness of their own feelings and biases and recognize any personal reactions which may be detrimental to the physician- patient relationship.

- Maintain clear, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans.
- Communicate opinions clearly in the form of consultation letters, telephone calls to other consultant specialists and allied health professionals.
- Present verbal reports of clinical encounters and plans.

Teaching Methods:

These competencies will be taught and assessed in the following ways:

- During direct patient care, the residents will have the opportunity to speak and assess patients in the presence of the attending urologists. Issues related to communication will be explicitly discussed and developed with the attending at an appropriate time.
- In the outpatient clinics, residents will be directly observed during interview with patients, and issues related to communication will be immediately taught and assessed.
- Written consultation letters and telephone calls to other specialties will

be evaluated and assessed by the receiving consultant with regards to communication skills and professionalism, and a feed-back will be given to the attending urologist, who will later discuss it with the resident.

- Two nursing evaluation of the residents' communication skills will be done at the end of the rotation. One is done by the OR nurses to evaluate the communication skills during procedures, and the other evaluation will be done by the ward nurses to evaluate communication skills of the residents in daily management of the admitted patients.
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During scholarly presentations that occur during the rotation (weekly meeting scientific presentations, mortality and morbidity meetings, and research day), the residents will receive feed-back on their presentation skills from the attendings and from their fellow residents.

- Use of an adapted version of the "O-CAT form" to evaluate resident involvement in outpatient clinics with regards to communication skills
- Use of an adapted version of the "Mini-CEX" and "Daily Encounter Cards" and rubrics to evaluate resident performance during ward rounds with regards to communication skills

❖ Collaborator:

The resident will develop and demonstrate skills Urologists use to work effectively within a health care team to achieve optimal patient care. These

include but are not limited to:

- Describe the Urologist's roles and responsibilities to patient and other professionals
- Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own.
- Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients).  
Work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities.  
Participate in interprofessional urological team meetings Describe the principles of team dynamics  
Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team.
- Work with other professionals to prevent conflicts.
- Respect differences and address misunderstandings and limitations in other professionals.
- Demonstrate safe handover of care.

Teaching Methods:

These competencies will be taught and assessed in the following ways:

Residents will participate in daily rounds in addition to the weekly major round, where they will present cases and discuss the active issues

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of the patients with the opinions of other professionals regarding the same patients.

- Residents will attend the outpatient clinics, where they will interact with the attending urologist, nursing staff and professionals from other specialties referring patients to the urology clinic, and these interactions will be evaluated and fed back by the attending faculty.
- Attending the various procedures taking place in the urology department suite, like urodynamics, , ESWL and other procedures will be organized and distributed by the senior resident, and the interaction of the residents with the attending urologists will be evaluated by the senior resident and the attending faculty.
- Collaboration between residents and other attending urologist in the management of the ward and preparing for daily rounds, will be directly observed by the site coordinator.
- Emergency patient management will be observed by the faculty with regards to collaborative skills with ER physicians, nursing staff, and professionals from other specialties involved in the acute management of the same patients.  
In the OR, residents will have a direct feed-back from the attending urologist regarding their collaboration with OR nurses and anaesthesia as well as well as discussing feedback forms from these staff utilizing the “360-Degree” and “Multisource Feedback” forms.

- The residents will receive daily feedback from the attendings on issues of collaboration whenever the situation arises.
- Direct observation of handover of care from one resident to another during periods of transition of care including: evening on-call, daytime on-call, daytime attending service, to another resident/fellow/faculty member, transfer of care to another service, transfer of care to another facility, discharge planning, and discharge summaries.
- Any issue of collaboration or a conflict that arises between the resident and any other healthcare professional must be notified to the most senior resident, who is allowed to call for an urgent meeting with the site coordinator at any time to address the issue.

❖ Leader:

The resident will develop and demonstrate skills that urologists use to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care. These include, but are not limited to:

Work collaboratively with others in their organizations

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Participate in systemic quality process evaluation and improvement, such as patient safety initiatives

- Manage time and priorities appropriately to balance patient care, education and personal
- life.



- Access appropriate urological diagnostic and therapeutic technology in a timely and efficient manner to benefit their patients.
- Utilize information technology appropriately
- Organize a priority list for patients waiting surgery.
- Participate in meetings / rounds and provide leadership when appropriate.
- Plan relevant elements of health care delivery (e.g., work schedules).

- Teaching Methods:

These competencies will be taught and assessed in the following ways:

All residents will be assigned to high quality clinical service, where they will be leading the service in terms of directing inpatient care, discharge status, operative time-out and debriefing.

The most senior resident will be the chief resident at this site, and will develop skills of distributing duties among junior residents, address all issues as they arise, and discuss with the site coordinator ways of improving and developing training.

Participate in monthly Morbidity and Mortality rounds, presenting cases as appropriate and discussing key points.

Residents will not only participate in the daily rounds, but they will take turns in leading the rounds and initiating discussions, and this will be directly observed and assessed by the attending faculty to comment on leadership skills.

Participate in the meetings with IT specialists, social workers, hospital security managers and other specialties in order to help improve the health care system and safety of the patients and professionals.

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❖Health advocate:

The residents will develop skills that will help them use their expertise and influence to advance the health and well-being of individual patients, communities, and populations. These include but are not limited to:

Identifying the health needs of individual, groups and populations of Urological patients

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Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately

- Identify the determinants of health of the populations, including barriers to access to care and resources
- Describe an approach to implementing a change in a determinant of health of the populations they serve.
- Describe how public policy impacts on the health of the populations served.
- Describe the role of the medical profession in advocating collectively for health and patient safety.

- Understand the role and function of the Kuwait Urological Association and other national health societies and international urological societies
- Teaching Methods:  
These competencies will be taught and assessed in the following ways:
- Identify the unique populations served by this hospital and Health Authority and the determinants and barriers to health while interacting with them during ER, inpatient and perioperative periods.
- Residents will work with social workers and other professionals to discuss long term plan for specific patients who have limited social and financial support and are under risk of recurrence or deterioration of their conditions.
- Residents will participate in awareness campaigns that are held by Ibn Sina hospital and nationally that target special populations e.g. men's health awareness campaign that is held in November of each year.
- Residents are to participate in the annual conference held by the Kuwait Urological Association and all its events, where educational and health advocacy events will be held.
  - ❖ Scholar:  
As Scholars, residents will develop skills that urologists use to

demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge. These include but are not limited to:

Describe the principles of maintenance of competence.

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Describe the time commitment required for ongoing self-study for the maintenance of competence.

- Recognize and reflect on learning issues in practice.
- Access and interpret the relevant evidence.
- Integrate new learning into practice, while ensuring the safety of the patients.
- Demonstrate continuing evaluation of their own capabilities and limitations.
- Critically evaluate medical information and its sources, and apply this appropriately to practice decisions.
- Identify collaboratively the learning needs and desired learning outcomes of others.
- Select effective teaching strategies and content to facilitate others' learning.

- Demonstrate an effective lecture or presentation.  
Teaching Methods: These competencies will be taught and assessed in the following ways:
- Residents will participate in daily morning rounds, where they will have discussion with the attending urologist about each case with review of guidelines and updates related to the cases presented.
- Residents will participate in the weekly Sunday meeting, where they will have to present a short talk about specific topic, and this will be directly assessed by attending urologists and fellow residents.
- Residents will participate in the weekly formal Urology Academic Half Day, held every Thursday and lead or participate on topics as assigned.  
Residents must attend the monthly journal club, supervised by an attending faculty, where they will discuss and critically appraise urological articles.  
Residents will participate in the monthly “guidelines meeting”, where they will present specific guidelines regarding an assigned topic, and they will discuss them with attending urologists and fellow residents.  
Senior residents will teach junior residents in daily rounds, OR, outpatient clinic and in special teachings sessions, and these teaching activities will be observed and evaluated by the site by the attending urologists.

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During the rotation at the hospital, residents are obligated to participate in at least one research with supervision of faculty.

❖ Professional:

As professionals, residents will develop skills that will make them committed to the health and well-being of individuals and society through ethical practice, high personal standards of behavior, accountability to the profession and society, profession-led regulation, and maintenance of personal health. These include, but not limited to:

Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism.

Demonstrate a commitment to delivering the highest quality care and maintenance of competence.

- Demonstrate meticulous documentation practices.
  
- Recognize and appropriately respond to ethical issues encountered in practice.
  
- Manage conflicts of interest
  
- Maintain appropriate relations with patients
  
- Participate in Kuwaiti and international professional organizations
  
- Demonstrate knowledge and an understanding of the professional, legal and ethical codes of practice.

- Fulfill the regulatory and legal obligations required of current practice.
- Recognize and respond to others' unprofessional behaviours in practice.
- Balance personal and professional priorities to ensure personal health and a sustainable practice.

Identify a colleague or faculty member with whom they may discuss personal and professional goals, conflicts and stresses.

Teaching Methods:

These competencies will be taught and assessed in the following ways:

Residents will be directly observed in their interactions with other staff in the hospital, including fellow urologists, nursing staff, other services. They will be assessed and evaluated regarding these interactions, and any conflict or unprofessional behavior will be directly addressed.

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