
Kuwait Urology Board – Resident Status Report

The role of the primary reviewer is to review all the data being collected by the program to provide an initial assessment of resident progress. This assessment will be presented to the Competence Committee for further review. Final recommendations will be made to the RPC.

The Competence Committee bears the responsibility for making recommendations to the PGTC regarding trainee progress. The PGTC is responsible for final ratification of recommendations.

Date of Primary Review:

Primary Review

Name of Trainee:

Primary Reviewer:

Last Review:

Reporting Period: Date From Date To

Trainee PGY level:

Trainee CBD Stage of Training:

Actions & Recommendations From Last CC Report:

Rotations Completed Since Last Meeting:



Global EPA Review:

Status with Attempted EPA Observations *(Are there regular and consistent EPA assessments being completed?)*

- A) Progressing as Expected (≥ 3 EPAs/week, ≥ 12 /block)
- B) Slightly behind (2 EPAs/week, 8/block)
- C) Significantly behind (≤ 1 EPA/week, ≤ 4 /block)

Comments

Assessment of EPA Achievement

- A) Progressing as Expected
- B) Slightly behind
- C) Significantly behind
- D) Not applicable

Comments



Specific EPA Assessment Review: (For each EPA, consider the following: diversity of assessors; trend of learning curve; contextual variables as outlined by Royal College; forward progress)

Transition to Discipline

EPA	Previously Achieved	Not Started	In Progress	Achieved/Sign Off
1: Assessing patients with a urological presentation				
2: Admitting patients to the urology service				
3 : Discharging patients from the urology service				
4: Collaborating with other services				

Comments

Foundations

EPA	Previously Achieved	Not Started	In Progress	Achieved/Sign Off
1: Assessing and managing patients with a difficult catheterization in an urgent setting				
2: Recognizing and managing urosepsis in patients with urinary obstruction				
3: Assessing and managing patients with acute scrotal/perineal pain				
4: Assessing and establishing a management plan for patients with common non-emergent urological presentations				
5: Performing rigid cystoscopy with examination in an elective setting				
6: Performing flexible cystoscopy with examination in an elective setting				
7: Opening and closing an abdominal incision in low-complexity patients				
8: Managing urology specific tubes and drains on the ward				

Comments



Core

EPA	Previously Achieved	Not Started	In Progress	Achieved/Sign Off
1: Performing an initial consultation, and developing a plan for investigation or management, for patients presenting to the emergency department				
2: Performing an initial consultation, and developing a plan for investigation or management, for patients presenting in the clinic or inpatient non-urgent settings				
3: Performing an intraoperative consultation for a simple scenario				
4: Assessing and managing urinary tract and/or genital anomalies in children				
5: Performing transurethral resection of bladder tumors				
6: Performing transurethral resection of prostate				
7: Performing a stricture incision of the lower urinary tract				
8: Performing rigid ureteroscopy and lithotripsy of the upper urinary tract				
9: Performing retrograde flexible ureteroscopy/nephroscopy and lithotripsy of the upper urinary tract				
10: Performing percutaneous nephroscopy and lithotripsy of the upper urinary tract				
11: Performing laparoscopic renal surgeries				
12: Performing the surgical skills of open abdominal/retroperitoneal procedures				
13: Performing the surgical skills of open pelvic procedures				
14: Performing genital procedures				
15: Providing care for patients with complications following urologic interventions				
16: Providing post-operative care for children following a urologic intervention				
17: Providing management for patients with benign urologic conditions in the office setting, including monitoring progress and ongoing treatment				
18: Providing management for patients with malignant urologic conditions in the office setting, including monitoring progress and ongoing treatment				
19: Supervising the urology service, including scheduling and teaching the junior learners				
20: Delivering effective teaching presentations				
21: Advancing the discipline through scholarly work				

Comments



Transition to Practice

EPA	Already Achieved	Not Started	In Progress	Achieved/Sign Off
1: Managing patients with urological conditions in the outpatient setting				
2: Coordinating and executing the day's list of endoscopy (cystoscopy) procedures				
3: Coordinating, organizing, and executing the day's list of core surgical procedures				
4: Performing an intraoperative consultation in a complex scenario				
5: Contributing to administrative responsibilities				
6: Developing and implementing a personal learning plan geared to setting of future practice				

Comments

Secondary Metrics:

In Training Assessment Reports (ITAR) Review *(Are there any consistent difficulties identified through training in the following CanMEDS competencies? Select all that apply)*

	No concerns	Some Concerns	Significant Concerns
Medical Expert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			



Specialty-Specific Examinations

Status of Exam Performance (*Surgical Foundations, AUA ISE, In-Training Practice OSCE, others*)

- A) Progressing as Expected
- B) Slightly behind
- C) Significantly behind

Comments

Surgical Logbook Review

Are there an adequate number of level-appropriate surgical cases logged?

- A) Progressing as Expected
- B) Slightly behind
- C) Significantly behind

Comments

Annual report by PD

Comments



Competence Committee Review

IDENTIFIED STRENGTHS:

IDENTIFIED AREAS OF IMPROVEMENTS:

LEARNER TRAJECTORY:

On Trajectory

Off Trajectory

REASONS FOR OFF TRAJECTORY:

- EPAs Missing or Incomplete
- ITARs – Low Performance Flags or recurring concerns
- Exam Performance
- Professionalism Concerns

Comments



STATUS RECOMMENDATION:

- Progressing as expected
- Not progressing as expected (some concerns)
- Progress is accelerated
- Failure to progress (significant concerns)
- Inactive

LEARNER ACTION (*requires notification of PGME):

- Monitor
- Modify Learning Plan
- Promote Learner
- Informal Remediation
- Formal Remediation *
- Withdraw Training*

Comments

ACTION PLAN FOR IMPROVEMENT OR INDIVIDUALIZED LEARNING PLAN, IF APPLICABLE (SMART GOALS):

Smart – are there specific steps and plans on how to accomplish each step?

Measurable – are there measurable outcomes?

Accountable – is the plan linked to the issues that were identified?

Realistic – is it realistic for the resident and program to carry out this plan?

Timeline – does the plan outline a timeline?



PLAN TO INFORM RESIDENT:

- Upload CC Report to Portal/email CC Report to resident
- Meeting with academic advisor
- Meeting with Program Director
- Meeting with PGTC

Date CC Report Completed:





Kuwait Urology Board

Resident: _____ PGY: _____

Evaluator: _____

Rotation: _____

Start Date: _____

End Date: _____

*indicates a mandatory response

ITER – General & Endo-Urology PGYI

Not Applicable (i.e. was not observed throughout the rotation)

1 --- Significant concerns with progress (i.e. formal remediation recommended)

2 --- Some concerns with progress (i.e. expected to improve with increased exposure and ongoing supervision)

3 --- No concerns with progress (i.e. expected to achieve competence in objective(s) prior to senior rotation)

4 --- Competent in junior objective, able to progress to senior rotation specific objective //or if only rotation in training // Competent for independence in the objective

A. MEDICAL EXPERT

	n/a	1	2	3	4
Demonstrates an understanding of the signs and symptoms of common genito-urinary disease and injury.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates an understanding of the mechanism of urinary tract obstruction and the principles of initial management of bladder outlet obstruction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops a knowledge of basic endoscopic instrumentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops a familiarity with the common drugs used in treating genito-urinary diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes information for logical, sound decision-making and clinical judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of pertinent cases and literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technical Skills

	n/a	1	2	3	4
Demonstrates an ability to conduct a proper genito-urinary history and physical examination including a proper examination of the external genitalia and digital rectal examination in the male.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs urethral catheterization in men and women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to safely perform a video-assisted cystoscopic examination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to approach the difficult catheterization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. COMMUNICATOR

	n/a	1	2	3	4
Communicates diagnoses and results to patient and patient's family effectively and in a clear manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates with the patient and patient's family in a manner that is empathetic and establishes good rapport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to appropriately synthesize and document clinical information accurately and in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEADER

	n/a	1	2	3	4
Demonstrates leadership skills in everyday management of resources to enhance healthcare provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributes to a culture that fosters patient safety in everyday practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. HEALTH ADVOCATE

	n/a	1	2	3	4
Identifies opportunities for addressing lifestyle considerations and healthy practice adoption in the patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. SCHOLAR

	n/a	1	2	3	4
Integrates evidence-based practice into their daily decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. COLLABORATOR

	n/a	1	2	3	4
Negotiates responsibilities with other healthcare providers to ensure optimal and ongoing care for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates safe transfer of care via use of appropriate handover techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. PROFESSIONAL

	1 Significant Concerns	2 Some Concerns	3 No Concerns
<p>According to the domains of professionalism listed below, please assess the resident's overall performance in this category throughout the rotation:</p> <ul style="list-style-type: none"> -demonstrates honesty and integrity -demonstrates humility and compassion -demonstrates respect and respect for diversity -maintains confidentiality of patient care and patient information 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recommendation to Resident Training Committee

***Is this resident competent for independent practice within the objectives covered in this rotation?**

- NO
 YES

If yes, please explain and provide specific examples to support your comments. If no, please answer subsequent questions below.

Is this resident progressing at an appropriate rate to achieve competence for independent practice?

- NO
 YES

***Please list areas in which the resident should focus on improvement in order to gain competence for independent practice, as well as areas of strength that indicate the resident is progressing appropriately:**

Do you expect these can be achieved with specific focus in future rotations or is formal remediation required?

- NO
 YES

Please justify your response:

***Did the resident meet the objectives for this rotation?**

- No, due to other reasons (please explain)
 No, due to absence (please explain)
 No, due to unsatisfactory performance (please explain)
 Yes, Partially (please explain)
 Yes, Fully

Please explain:

Note: All scores other than "Yes, Fully" will be identified as a low performance score for the review of program director and RPC

***The assessment of this trainee's performance on this rotation is based on (select all that apply)**

- Informal observation throughout rotation
 Formal direct observation (eg. OCAT, mini-CEX etc.) Written
 exam
 Oral exam
 OSCE
 OSCORE
 other

If selected "Other", please explain

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.



Kuwait Urology Board

Resident: _____ PGY: _____

Evaluator: _____

Rotation: _____

Start Date: _____ End Date: _____

*indicates a mandatory response

ITER – General & Endo-Urology PGY2**Not Applicable (i.e. was not observed throughout the rotation)****1 --- Significant concerns with progress (i.e. formal remediation recommended)****2 --- Some concerns with progress (i.e. expected to improve with increased exposure and ongoing supervision)****3 --- No concerns with progress (i.e. expected to achieve competence in objective(s) with continued exposure -- objective requires future review by RTC)****4 --- Competent for independence in the objective(s)****A. MEDICAL EXPERT**

	n/a	1	2	3	4
Demonstrates knowledge of basic management of bladder outlet obstruction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of basic management of calculous disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to diagnose and manage genito-urinary malignancies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to diagnose and manage genito-urinary infections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of the basic management of clinical and surgical treatment of diseases of the scrotal contents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes information for logical, sound decision-making and clinical judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of pertinent cases and literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technical Skills**ENDOSCOPY**

	n/a	1	2	3	4
Demonstrates ability of acquired skills in urethroscopy, cystoscopy, catheterization of the ureters, technique of electro-coagulation and resection of prostate and bladder lesions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs basics of ureteroscopy and removal of ureteric calculi.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs catheter manipulation in the management of prostatic and bladder hemorrhage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OPEN SURGERY

	n/a	1	2	3	4
Demonstrates acquired skills in inguinal/scrotal surgery (ie. circumcision, hydrocelectomy, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. COMMUNICATOR

	n/a	1	2	3	4
Communicates diagnoses and results to patient and patient's family effectively and in a clear manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates with the patient and patient's family in a manner that is empathetic and establishes good rapport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to appropriately synthesize and document clinical information accurately and in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEADER

	n/a	1	2	3	4
Demonstrates leadership skills in everyday management of resources to enhance healthcare provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributes to a culture that fosters patient safety in everyday practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. HEALTH ADVOCATE

	n/a	1	2	3	4
Identifies opportunities for addressing lifestyle considerations and healthy practice adoption in the patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. SCHOLAR

	n/a	1	2	3	4
Integrates evidence-based practice into their daily decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. COLLABORATOR

	n/a	1	2	3	4
Negotiates responsibilities with other healthcare providers to ensure optimal and ongoing care for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates safe transfer of care via use of appropriate handover techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. PROFESSIONAL

	1 Significant Concerns	2 Some Concerns	3 No Concerns
<p>According to the domains of professionalism listed below, please assess the resident's overall performance in this category throughout the rotation:</p> <ul style="list-style-type: none"> -demonstrates honesty and integrity -demonstrates humility and compassion -demonstrates respect and respect for diversity -maintains confidentiality of patient care and patient information 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recommendation to Resident Training Committee

***Is this resident competent for independent practice within the objectives covered in this rotation?**

- NO
- YES

If yes, please explain and provide specific examples to support your comments. If no, please answer subsequent questions below.

Is this resident progressing at an appropriate rate to achieve competence for independent practice?

- NO
- YES

***Please list areas in which the resident should focus on improvement in order to gain competence for independent practice, as well as areas of strength that indicate the resident is progressing appropriately:**

Do you expect these can be achieved with specific focus in future rotations or is formal remediation required? Please justify your response:

***Did the resident meet the objectives for this rotation?**

- No, due to other reasons(please explain)
- No, due to absence (please explain)
- No, due to unsatisfactory performance (please explain)
- Yes, Partially (please explain)
- Yes, Fully

Please explain:

Note: All scores other than "Yes, Fully" will be identified as a low performance score for the review of program director and RPC

***The assessment of this trainee's performance on this rotation is based on (select all that apply)**

- Informal observation throughout rotation
- Formal direct observation (eg. OCAT, mini-CEX etc.) Written
- exam
- Oral exam
- OSCE
- OSCORE
- other

If selected "Other", please explain:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.



Kuwait Urology Board

Resident: _____ PGY: _____

Evaluator: _____

Rotation: _____

Start Date: _____ End Date: _____

* indicates a mandatory response

ITER – General & Endo-Urology PGY3

Not Applicable (i.e. was not observed throughout the rotation)

1 --- Significant concerns with progress (i.e. formal remediation recommended)

2 --- Some concerns with progress (i.e. expected to improve with increased exposure and ongoing supervision)

3 --- No concerns with progress (i.e. expected to achieve competence in objective(s) with continued exposure -- objective requires future review by RTC)

4 --- Competent for independence in the objective(s)

A. MEDICAL EXPERT

	n/a	1	2	3	4
Demonstrates ability to manage acute stone episode and the appropriate treatment decisions based on stone size, location, composition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to triage definite stone management to shockwave lithotripsy, ureteroscopy or percutaneous renal surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to diagnose and manage genito-urinary malignancies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes information for logical, sound decision-making and clinical judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of pertinent cases and literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technical Skills

ENDOSCOPY

	n/a	1	2	3	4
Demonstrates skills in transurethral resection of bladder tumour (TURBT).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates skills in transurethral resection of prostate (TURP).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of basics of rigid and flexible ureteroscopy as it pertains to the treatment of upper tract urinary lithiasis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OPEN

	n/a	1	2	3	4
Assists +/- primary surgeon for open simple prostatectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assists +/- primary surgeon for cystolithotomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LAPAROSCOPY

	n/a	1	2	3	4
Demonstrates an understanding and demonstrates principles of basic laparoscopic tissue dissection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates familiarity of common laparoscopic instrumentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates basic techniques of laparoscopy, including entering the abdomen, establishment of pneumoperitoneum, port placement and exiting of the abdomen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. COMMUNICATOR

	n/a	1	2	3	4
Communicates diagnoses and results to patient and patient's family effectively and in a clear manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates with the patient and patient's family in a manner that is empathetic and establishes good rapport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to appropriately synthesize and document clinical information accurately and in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEADER

	n/a	1	2	3	4
Demonstrates leadership skills in everyday management of resources to enhance healthcare provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributes to a culture that fosters patient safety in everyday practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. HEALTH ADVOCATE

	n/a	1	2	3	4
Identifies opportunities for addressing lifestyle considerations and healthy practice adoption in the patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. SCHOLAR

	n/a	1	2	3	4
Integrates evidence-based practice into their daily decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. COLLABORATOR

	n/a	1	2	3	4
Negotiates responsibilities with other healthcare providers to ensure optimal and ongoing care for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates safe transfer of care via use of appropriate handover techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. PROFESSIONAL

	1	2	3
	Significant Concerns	Some Concerns	No Concerns
According to the domains of professionalism listed below, please assess the resident's overall performance in this category throughout the rotation:			
-demonstrates honesty and integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-demonstrates humility and compassion			
-demonstrates respect and respect for diversity			
-maintains confidentiality of patient care and patient information			

Recommendation to Resident Training Committee

*Is this resident competent for independent practice within the objectives covered in this rotation?

- NO
 YES

If yes, please explain and provide specific examples to support your comments. If no, please answer subsequent questions below.

Is this resident progressing at an appropriate rate to achieve competence for independent practice?

- NO
 YES

*Please list areas in which the resident should focus on improvement in order to gain competence for independent practice, as well as areas of strength that indicate the resident is progressing appropriately:

Do you expect these can be achieved with specific focus in future rotations or is formal remediation required? Please justify your response:

***Did the resident meet the objectives for this rotation?**

- No, due to other reasons(please explain)
- No, due to absence (please explain)
- No, due to unsatisfactory performance (please explain)
- Yes, Partially (please explain)
- Yes, Fully

Please explain:

Note: All scores other than "Yes, Fully" will be identified as a low performance score for the review of program director and RPC

***The assessment of this trainee's performance on this rotation is based on (select all that apply)**

- Informal observation throughout rotation
- Formal direct observation (eg. OCAT, mini-CEX etc.) Written
- exam
- Oral exam
- OSCE
- OSCORE
- other

If selected "Other", please explain:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

(for the evaluatee to answer...)

***Did you have an opportunity to discuss your performance with your preceptor/supervisor?**

- Yes
- No

***I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.**

- Yes
- No

***Are you in agreement with this assessment?**

- Yes
- No

Please enter any comments you have(if any) on this evaluation.



Kuwait Urology Board

 Resident: _____
 PGY: _____
 Evaluator: _____
 Rotation: _____
 Start Date: _____ End Date: _

* indicates a mandatory response

ITER – General & Endo-Urology PGY5

Not Applicable (i.e. was not observed throughout the rotation)

1 --- Significant concerns with progress (i.e. formal remediation recommended)

2 --- Some concerns with progress (i.e. expected to improve with increased exposure and ongoing supervision)

3 --- No concerns with progress (i.e. expected to achieve competence in objective(s) with continued exposure -- objective requires future review by RTC)

4 --- Competent for independence in the objective(s)

A. MEDICAL EXPERT

	n/a	1	2	3	4
Demonstrates basic management of functional anatomy of the kidney for percutaneous techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates an understanding of the principles of medical stone therapy including indications for evaluation, interpretation of results of metabolic evaluation and formulation of general and specific medical interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates an understanding of the management of complex stone patients, including stones in pregnancy, urinary diversion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of the indications, contraindications, patient position, proper instrumentation, key technical steps, and clinical outcomes for common transperitoneal and/or retroperitoneal laparoscopic procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manages all common peri-operative complications of laparoscopic surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes information for logical, sound decision-making and clinical judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of pertinent cases and literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technical Skills

	n/a	1	2	3	4
Demonstrates ability to achieve percutaneous access and perform percutaneous nephrolithotripsy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs basic extirpative laparoscopic procedures including laparoscopic simple and radical nephrectomy .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates understanding of basics of reconstructive techniques including intracorporeal suturing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assists in lower quadrant retroperitoneal identification and dissection of iliac vessels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates basic techniques of arterial and venous anastomoses in kidney transplantation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assists +/- primary surgeon for standard ureteroneocystostomy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs Gibson incision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. COMMUNICATOR

	n/a	1	2	3	4
Communicates diagnoses and results to patient and patient's family effectively and in a clear manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates with the patient and patient's family in a manner that is empathetic and establishes good rapport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to appropriately synthesize and document clinical information accurately and in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEADER

	n/a	1	2	3	4
Demonstrates leadership skills in everyday management of resources to enhance healthcare provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributes to a culture that fosters patient safety in everyday practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. HEALTH ADVOCATE

	n/a	1	2	3	4
Identifies opportunities for addressing lifestyle considerations and healthy practice adoption in the patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. SCHOLAR

	n/a	1	2	3	4
Integrates evidence-based practice into their daily decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. COLLABORATOR

	n/a	1	2	3	4
Negotiates responsibilities with other healthcare providers to ensure optimal and ongoing care for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates safe transfer of care via use of appropriate handover techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. PROFESSIONAL

	1 Significant Concerns	2 Some Concerns	3 No Concerns
<p>According to the domains of professionalism listed below, please assess the resident's overall performance in this category throughout the rotation:</p> <ul style="list-style-type: none"> -demonstrates honesty and integrity -demonstrates humility and compassion -demonstrates respect and respect for diversity -maintains confidentiality of patient care and patient information 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recommendation to Resident Training Committee

***Is this resident competent for independent practice within the objectives covered in this rotation?**

- NO
- YES

If yes, please explain and provide specific examples to support your comments. If no, please answer subsequent questions below.

Is this resident progressing at an appropriate rate to achieve competence for independent practice?

- NO
- YES

***Please list areas in which the resident should focus on improvement in order to gain competence for independent practice, as well as areas of strength that indicate the resident is progressing appropriately:**

Do you expect these can be achieved with specific focus in future rotations or is formal remediation required? Please justify your response:

***Did the resident meet the objectives for this rotation?**

- No, due to other reasons(please explain)
- No, due to absence (please explain)
- No, due to unsatisfactory performance (please explain)
- Yes, Partially (please explain)
- Yes, Fully

Please explain:

Note: All scores other than "Yes, Fully" will be identified as a low performance score for the review of program director and RPC

***The assessment of this trainee's performance on this rotation is based on (select all that apply)**

- Informal observation throughout rotation
- Formal direct observation (eg. OCAT, mini-CEX etc.) Written
- exam
- Oral exam
- OSCE
- OSCORE
- other

If selected "Other", please explain:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.



Kuwait Urology Board

Resident: _____

PGY: _____

Evaluator: _____

Rotation: _____

Start Date: __ End Date: ____

*indicates a mandatory response

ITER – Pediatric Urology PGY3**Not Applicable (i.e. was not observed throughout the rotation)**

1 --- Significant concerns with progress (i.e. formal remediation recommended)

2 --- Some concerns with progress (i.e. expected to improve with increased exposure and ongoing supervision)

3 --- No concerns with progress (i.e. expected to achieve competence in objective(s) with continued exposure -- objective requires future review by RTC)

4 --- Competent for independence in the objective(s)

A. MEDICAL EXPERT

	n/a	1	2	3	4
Demonstrates ability to fully investigate and manage cases of antenatal hydronephrosis and initiate perinatal management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to fully investigate and manage cases of congenital and developmental abnormalities, including but not limited to, cystic kidney disease, horseshoe kidneys and other abnormalities, UPJO, ureteric abnormalities, VUR, bladder and urethral abnormalities including PUJ, hypospadias, chordee and epispadias, as well as disorders of the external genitalia, prune belly syndrome and disorders of sexual differentiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to fully investigate and manage cases urinary tract infections and calculi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to fully investigate and manage cases of pediatric trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to fully investigate and manage cases of pediatric urological oncology and adrenal diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to fully investigate and manage cases of pediatric voiding dysfunction, including nocturnal enuresis, incontinence, bowel-bladder disorders and neuro-urology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes information for logical, sound decision-making and clinical judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of pertinent cases and literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technical Skills**ENDOSCOPY**

	n/a	1	2	3	4
Demonstrates ability of acquired skills in cystourethroscopy, ureteric catheterization and retrograde pyelography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs basics of urethral dilatation, visual internal urethrotomy, and suprapubic insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs under supervision resection to posterior urethral valve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OPEN SURGERY

	n/a	1	2	3	4
Demonstrates acquired skills in inguinal/scrotal surgery (ie. circumcision, hydrocelectomy, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LAPAROSCOPY

	n/a	1	2	3	4
Demonstrates an understanding and demonstrates principles of basic laparoscopic tissue dissection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates familiarity of common laparoscopic instrumentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates basic techniques of laparoscopy, including entering the abdomen, establishment of pneumoperitoneum, port placement and exiting of the abdomen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. COMMUNICATOR

	n/a	1	2	3	4
Communicates diagnoses and results to patient and patient's family effectively and in a clear manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates with the patient and patient's family in a manner that is empathetic and establishes good rapport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to appropriately synthesize and document clinical information accurately and in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEADER

	n/a	1	2	3	4
Demonstrates leadership skills in everyday management of resources to enhance healthcare provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributes to a culture that fosters patient safety in everyday practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. HEALTH ADVOCATE

	n/a	1	2	3	4
Identifies opportunities for addressing lifestyle considerations and healthy practice adoption in the patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. SCHOLAR

	n/a	1	2	3	4
Integrates evidence-based practice into their daily decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. COLLABORATOR

	n/a	1	2	3	4
Negotiates responsibilities with other healthcare providers to ensure optimal and ongoing care for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates safe transfer of care via use of appropriate handover techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. PROFESSIONAL

	1	2	3
	Significant Concerns	Some Concerns	No Concerns
According to the domains of professionalism listed below, please assess the resident's overall performance in this category throughout the rotation:			
-demonstrates honesty and integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-demonstrates humility and compassion			
-demonstrates respect and respect for diversity			
-maintains confidentiality of patient care and patient information			

Recommendation to Resident Training Committee

***Is this resident competent for independent practice within the objectives covered in this rotation?**

- NO
 YES

If yes, please explain and provide specific examples to support your comments. If no, please answer subsequent questions below.

Is this resident progressing at an appropriate rate to achieve competence for independent practice?

- NO
 YES

***Please list areas in which the resident should focus on improvement in order to gain competence for independent practice, as well as areas of strength that indicate the resident is progressing appropriately:**

Do you expect these can be achieved with specific focus in future rotations or is formal remediation required? Please justify your response:

***Did the resident meet the objectives for this rotation?**

- No, due to other reasons (please explain)
 No, due to absence (please explain)
 No, due to unsatisfactory performance (please explain)
 Yes, Partially (please explain)
 Yes, Fully

Please explain:

Note: All scores other than "Yes, Fully" will be identified as a low performance score for the review of program director and RPC

***The assessment of this trainee's performance on this rotation is based on (select all that apply)**

- Informal observation throughout rotation
 Formal direct observation (eg. OCAT, mini-CEX etc.) Written
 exam
 Oral exam
 OSCE
 OSCORE
 other

If selected "Other", please explain:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.



Kuwait Urology Board

Resident: _____

PGY: _____

Evaluator: _____

Rotation: _____

Start Date: __ End Date: ____

*indicates a mandatory response

ITER – Pediatric Urology PGY4

Not Applicable (i.e. was not observed throughout the rotation)

1 --- Significant concerns with progress (i.e. formal remediation recommended)

2 --- Some concerns with progress (i.e. expected to improve with increased exposure and ongoing supervision)

3 --- No concerns with progress (i.e. expected to achieve competence in objective(s) with continued exposure -- objective requires future review by RTC)

4 --- Competent for independence in the objective(s)

A. MEDICAL EXPERT

	n/a	1	2	3	4
Demonstrates ability to fully investigate and manage cases of antenatal hydronephrosis and initiate perinatal management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to fully investigate and manage cases of congenital and developmental abnormalities, including but not limited to, cystic kidney disease, horseshoe kidneys and other abnormalities, UPJO, ureteric abnormalities, VUR, bladder and urethral abnormalities including PUJ, hypospadias, chordee and epispadias, as well as disorders of the external genitalia, prune belly syndrome and disorders of sexual differentiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to fully investigate and manage cases urinary tract infections and calculi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to fully investigate and manage cases of pediatric trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to fully investigate and manage cases of pediatric urological oncology and adrenal diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to fully investigate and manage cases of pediatric voiding dysfunction, including nocturnal enuresis, incontinence, bowel-bladder disorders and neuro-urology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes information for logical, sound decision-making and clinical judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of pertinent cases and literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technical Skills

ENDOSCOPY

	n/a	1	2	3	4
Demonstrates ability of acquired skills in endoscopic management of nephrolithiasis including ureteroscopy and cystolitholapaxy, as well as percutaneous nephrolithotomy under supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs basics of transurethral incision and resection of ureterocele	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs basics of endoscopic injection for vesicoureteric reflux	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OPEN SURGERY

	n/a	1	2	3	4
Demonstrates acquired skills in surgical repair of hypospadias and meatoplasty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs, under supervision, key steps in open renal procedures including pyeloplasty and nephrectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates acquired skills, and performs under supervision, key steps in urinary diversion procedures including augmentation cystoplasty and uretero-neocystotomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LAPAROSCOPY

	n/a	1	2	3	4
Demonstrates acquired skills and performs key steps of, under supervision, orchiopexy, pyeloplasty, nephrectomy and varicocelectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. COMMUNICATOR

	n/a	1	2	3	4
Communicates diagnoses and results to patient and patient's family effectively and in a clear manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates with the patient and patient's family in a manner that is empathetic and establishes good rapport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to appropriately synthesize and document clinical information accurately and in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEADER

	n/a	1	2	3	4
Demonstrates leadership skills in everyday management of resources to enhance healthcare provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributes to a culture that fosters patient safety in everyday practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. HEALTH ADVOCATE

	n/a	1	2	3	4
Identifies opportunities for addressing lifestyle considerations and healthy practice adoption in the patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. SCHOLAR

	n/a	1	2	3	4
Integrates evidence-based practice into their daily decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. COLLABORATOR

	n/a	1	2	3	4
Negotiates responsibilities with other healthcare providers to ensure optimal and ongoing care for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates safe transfer of care via use of appropriate handover techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. PROFESSIONAL

	1 Significant Concerns	2 Some Concerns	3 No Concerns
According to the domains of professionalism listed below, please assess the resident's overall performance in this category throughout the rotation:			
-demonstrates honesty and integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-demonstrates humility and compassion			
-demonstrates respect and respect for diversity			
-maintains confidentiality of patient care and patient information			

Recommendation to Resident Training Committee

***Is this resident competent for independent practice within the objectives covered in this rotation?**

- NO
 YES

If yes, please explain and provide specific examples to support your comments. If no, please answer subsequent questions below.

Is this resident progressing at an appropriate rate to achieve competence for independent practice?

- NO
 YES

***Please list areas in which the resident should focus on improvement in order to gain competence for independent practice, as well as areas of strength that indicate the resident is progressing appropriately:**

Do you expect these can be achieved with specific focus in future rotations or is formal remediation required? Please justify your response:

***Did the resident meet the objectives for this rotation?**

- No, due to other reasons (please explain)
 No, due to absence (please explain)
 No, due to unsatisfactory performance (please explain)
 Yes, Partially (please explain)
 Yes, Fully

Please explain:

Note: All scores other than "Yes, Fully" will be identified as a low performance score for the review of program director and RPC

***The assessment of this trainee's performance on this rotation is based on (select all that apply)**

- Informal observation throughout rotation
 Formal direct observation (eg. OCAT, mini-CEX etc.) Written
 exam
 Oral exam
 OSCE
 OSCORE
 other

If selected "Other", please explain:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.



Kuwait Urology Board

Resident: _____

PGY: _____

Evaluator: _____

Rotation: _____

Start Date: ___ End Date: _____

*indicates a mandatory response

ITER – Functional, Female & Neuro-Urology PGY3/PGY4**Not Applicable (i.e. was not observed throughout the rotation)**

1 --- Significant concerns with progress (i.e. formal remediation recommended)

2 --- Some concerns with progress (i.e. expected to improve with increased exposure and ongoing supervision)

3 --- No concerns with progress (i.e. expected to achieve competence in objective(s) with continued exposure -- objective requires future review by RTC)

4 --- Competent for independence in the objective(s)

A. MEDICAL EXPERT

	n/a	1	2	3	4
Demonstrates ability to fully investigate and manage cases of male and female lower urinary tract symptoms and non-neurogenic voiding dysfunction, incontinence including post prostatectomy incontinence and female pelvic organ prolapse, including correct choice of investigations including urodynamic studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to fully investigate and manages complex cases of neurogenic voiding dysfunction, including multiple sclerosis, chronic spinal cord injuries, Parkinson's Disease, etc, including correct choice of investigations including urodynamic studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of the indications, technique, and complications of surgical procedures for incontinence, bladder outlet obstruction, and neurogenic voiding dysfunction, including DSD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes information for logical, sound decision-making and clinical judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of pertinent cases and literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technical Skills

	n/a	1	2	3	4
Demonstrates knowledge, assists, and/or performs under supervision key steps in urodynamic studies including patient preparation, set-up, analysis and troubleshooting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates surgical techniques pertaining to the management of urinary incontinence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. COMMUNICATOR

	n/a	1	2	3	4
Communicates diagnoses and results to patient and patient's family effectively and in a clear manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates with the patient and patient's family in a manner that is empathetic and establishes good rapport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to appropriately synthesize and document clinical information accurately and in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEADER

	n/a	1	2	3	4
Demonstrates leadership skills in everyday management of resources to enhance healthcare provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributes to a culture that fosters patient safety in everyday practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. HEALTH ADVOCATE

	n/a	1	2	3	4
Identifies opportunities for addressing lifestyle considerations and healthy practice adoption in the patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. SCHOLAR

	n/a	1	2	3	4
Integrates evidence-based practice into their daily decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. COLLABORATOR

	n/a	1	2	3	4
Negotiates responsibilities with other healthcare providers to ensure optimal and ongoing care for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates safe transfer of care via use of appropriate handover techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. PROFESSIONAL

	1 Significant Concerns	2 Some Concerns	3 No Concerns
<p>According to the domains of professionalism listed below, please assess the resident's overall performance in this category throughout the rotation:</p> <ul style="list-style-type: none"> -demonstrates honesty and integrity -demonstrates humility and compassion -demonstrates respect and respect for diversity -maintains confidentiality of patient care and patient information 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recommendation to Resident Training Committee

***Is this resident competent for independent practice within the objectives covered in this rotation?**

- NO
 YES

If yes, please explain and provide specific examples to support your comments. If no, please answer subsequent questions below.

Is this resident progressing at an appropriate rate to achieve competence for independent practice?

- NO
 YES

***Please list areas in which the resident should focus on improvement in order to gain competence for independent practice, as well as areas of strength that indicate the resident is progressing appropriately:**

Do you expect these can be achieved with specific focus in future rotations or is formal remediation required? Please justify your response:

***Did the resident meet the objectives for this rotation?**

- No, due to other reasons (please explain)
 No, due to absence (please explain)
 No, due to unsatisfactory performance (please explain)
 Yes, Partially (please explain)
 Yes, Fully

Please explain:

Note: All scores other than "Yes, Fully" will be identified as a low performance score for the review of program director and RPC

***The assessment of this trainee's performance on this rotation is based on (select all that apply)**

- Informal observation throughout rotation
 Formal direct observation (eg. OCAT, mini-CEX etc.) Written
 exam
 Oral exam
 OSCE
 OSCORE
 other

If selected "Other", please explain:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.



Kuwait Urology Board

Resident: _____

PGY: _____

Evaluator: _____

Start Date: ___ End Date: _____

*indicates a mandatory response

ITER – Research Block PGY3**Not Applicable (i.e. was not observed throughout the rotation)**

1 --- Significant concerns with progress (i.e. formal remediation recommended)

2 --- Some concerns with progress (i.e. expected to improve with increased exposure and ongoing supervision)

3 --- No concerns with progress (i.e. expected to achieve competence in objective(s) with continued exposure -- objective requires future review by RTC)

4 --- Competent for independence in the objective(s)

A. MEDICAL EXPERT

	n/a	1	2	3	4
Critically review and appraise background information for a research topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates familiarity with basic scientific principles and knowledge about a specific research topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a research question and identify suitable methods for answering it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Research Skills

	n/a	1	2	3	4
Uses computer programs proficiently, including spreadsheets, MS Word, MS PowerPoint or similar, SPSS or similar data entry, computing and data analysis programs, as well as reference management tools e.g. EndNote, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses quantitative methods appropriately for data analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses qualitative methods appropriately for data analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts systematic reviews ± meta-analyses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtains informed consent from research subjects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare a poster ± podium (oral) presentation at a scientific meeting including appropriate choice(s) of suitable meetings for presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write a scholarly manuscript suitable for publication including appropriate choice(s) of suitable journals for submission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. COMMUNICATOR

	n/a	1	2	3	4
Communicates effectively within a team of researchers including interdisciplinary teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates effectively during scientific presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEADER

	n/a	1	2	3	4
Works effectively in various research settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinates research staff and subjects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporates considerations of cost awareness and risk-benefit analysis in research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consults and delegates effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepares an application for ethical board review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepares an application for a grant application to a funding agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. HEALTH ADVOCATE

	n/a	1	2	3	4
Presents research findings effectively to public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes and responds appropriately in advocacy situations regarding health research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. SCHOLAR

	n/a	1	2	3	4
Identifies strengths, deficiencies, and limits in own knowledge and expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiar with major journals and scientific organizations dealing with research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Locates, critically appraises, and integrates evidence from scientific studies from various sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. COLLABORATOR

	n/a	1	2	3	4
Communicates effectively with researchers, physicians, other health professionals and related agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works effectively as a member and/or leader of a research team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. PROFESSIONAL

	1 Significant Concerns	2 Some Concerns	3 No Concerns
<p>According to the domains of professionalism listed below, please assess the resident's overall performance in this category throughout the rotation:</p> <ul style="list-style-type: none"> -demonstrates honesty and integrity -demonstrates humility and compassion -demonstrates respect for research subject privacy and autonomy -demonstrates sensitivity and responsiveness to diverse research subject populations -demonstrates understanding of research ethics and applications 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recommendation to Resident Training Committee

*Has the resident demonstrated competence within the objectives set for this research rotation/project?

- NO
 YES

If yes, please explain and provide specific examples to support your comments. If no, please answer subsequent questions below.

Is this resident progressing at an appropriate rate to achieve competence as a researcher?

- NO
 YES

*Please list areas in which the resident should focus on improvement in order to gain competence as a researcher, as well as areas of strength that indicate the resident is progressing appropriately:

Do you expect these can be achieved with specific focus in future rotations or is formal remediation required? Please justify your response:

*Did the resident meet the objectives for this rotation?

- No, due to other reasons (please explain)
 No, due to absence (please explain)
 No, due to unsatisfactory performance (please explain)
 Yes, Partially (please explain)
 Yes, Fully

Please explain:

Note: All scores other than "Yes, Fully" will be identified as a low performance score for the review of program director and RPC

*The assessment of this trainee's performance on this rotation is based on (please describe research objectives and assessments used)

The following will be displayed on forms where feedback is enabled...

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.



Kuwait Urology Board

Resident: _____ PGY: _____

Evaluator: _____

Rotation: _____

Start Date: ___ End Date: ___

*indicates a mandatory response

ITER – Uro-Oncology PGY4**Not Applicable (i.e. was not observed throughout the rotation)**

1 --- Significant concerns with progress (i.e. formal remediation recommended)

2 --- Some concerns with progress (i.e. expected to improve with increased exposure and ongoing supervision)

3 --- No concerns with progress (i.e. expected to achieve competence in objective(s) with continued exposure -- objective requires future review by RTC)

4 --- Competent for independence in the objective(s)

A. MEDICAL EXPERT

	n/a	1	2	3	4
Performs an appropriate history and physical examination being able to focus on risk factors and physical exam findings for each of the common GU malignancies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of how to correctly work up and stage the common GU malignancies (renal, prostate, bladder & testis).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of the performance of diagnostic tests for GU malignancies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of the TNM classification for all GU malignancies (renal, adrenal, bladder, upper tract urothelial, urethral, penile, prostate, testicular).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides prognostic information to patients before and after cancer surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of the appropriate patient follow up for GU malignancies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of the metabolic complications of patients with intestinal interposition in the urinary tract.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of the characteristics, advantages and disadvantages of various forms of urinary diversion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes information for logical, sound decision-making and clinical judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of pertinent cases and literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technical Skills**ENDOSCOPY**

	n/a	1	2	3	4
Demonstrates skills in transurethral resection of bladder tumour (TURBT).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates skills in advanced rigid and flexible ureteroscopy as it pertains to the treatment of upper tract urothelial carcinoma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OPEN

	n/a	1	2	3	4
Performs a radical inguinal orchiectomy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates the ability to perform a laparotomy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates the ability to perform a flank incision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LAPAROSCOPY

	n/a	1	2	3	4
Demonstrates principles of basic laparoscopic tissue dissection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates familiarity of common laparoscopic instrumentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates basic techniques of laparoscopy, including entering the abdomen, establishment of pneumoperitoneum, port placement and exiting of the abdomen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ROBOTICS

	n/a	1	2	3	4
Demonstrates the techniques of bedside assisting for RALP, including placement of robotic ports, robot docking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	n/a	1	2	3	4
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. COMMUNICATOR

	n/a	1	2	3	4
Communicates diagnoses and results to patient and patient's family effectively and in a clear manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates with the patient and patient's family in a manner that is empathetic and establishes good rapport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to appropriately synthesize and document clinical information accurately and in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEADER

	n/a	1	2	3	4
Demonstrates leadership skills in everyday management of resources to enhance healthcare provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributes to a culture that fosters patient safety in everyday practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. HEALTH ADVOCATE

	n/a	1	2	3	4
Identifies opportunities for addressing lifestyle considerations and healthy practice adoption in the patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. SCHOLAR

	n/a	1	2	3	4
Integrates evidence-based practice into their daily decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. COLLABORATOR

	n/a	1	2	3	4
Negotiates responsibilities with other healthcare providers to ensure optimal and ongoing care for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates safe transfer of care via use of appropriate handover techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. PROFESSIONAL

	1 Significant Concerns	2 Some Concerns	3 No Concerns
According to the domains of professionalism listed below, please assess the resident's overall performance in this category throughout the rotation:			
-demonstrates honesty and integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-demonstrates humility and compassion			
-demonstrates respect and respect for diversity			
-maintains confidentiality of patient care and patient information			

Recommendation to Resident Training Committee

*Is this resident competent for independent practice within the objectives covered in this rotation?

NO

YES

If yes, please explain and provide specific examples to support your comments. If no, please answer subsequent questions below.

Is this resident progressing at an appropriate rate to achieve competence for independent practice?

NO

YES

*Please list areas in which the resident should focus on improvement in order to gain competence for independent practice, as well as areas of strength that indicate the resident is progressing appropriately:

Do you expect these can be achieved with specific focus in future rotations or is formal remediation required? Please justify your response:

*Did the resident meet the objectives for this rotation?

No, due to other reasons (please explain)

No, due to absence (please explain)

No, due to unsatisfactory performance (please explain)

Yes, Partially (please explain)

Yes, Fully

Please explain:

Note: All scores other than "Yes, Fully" will be identified as a low performance score for the review of program director and RPC

*The assessment of this trainee's performance on this rotation is based on (select all that apply)

Informal observation throughout rotation

Formal direct observation (eg. OCAT, mini-CEX etc.) Written

exam

Oral exam

OSCE

OSCORE

other

If selected "Other", please explain:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation



Kuwait Urology Board

Resident: _____ PGY: _____

Evaluator: _____

Rotation: _____

Start Date: ___ End Date: _____

*indicates a mandatory response

ITER – Uro-Oncology PGY5**Not Applicable (i.e. was not observed throughout the rotation)**

1 --- Significant concerns with progress (i.e. formal remediation recommended)

2 --- Some concerns with progress (i.e. expected to improve with increased exposure and ongoing supervision)

3 --- No concerns with progress (i.e. expected to achieve competence in objective(s) with continued exposure -- objective requires future review by RTC)

4 --- Competent for independence in the objective(s)

A. MEDICAL EXPERT

	n/a	1	2	3	4
Assesses in consultation a patient who potentially has a GU malignancy, formulate a differential diagnosis, investigation and treatment plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to evaluate, work-up, stage, and appropriately counsel an oncology patient with regards to treatment and prognosis for their specific cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge in the various treatment options available for each GU malignancy and the pros and cons of each treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes information for logical, sound decision-making and clinical judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of pertinent cases and literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technical Skills

	n/a	1	2	3	4
Performs radical cystectomy with supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs ileal conduit diversion with supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs continent diversion/orthotopic bladder replacement with supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs open radical nephrectomy with supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs open lymphadenectomy for bladder, prostate and renal cancer with supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs open partial nephrectomy with supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs laparoscopic radical nephrectomy with supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of the common robotic-assisted laparoscopic procedures and their indications, contraindications, patient position, proper equipment, key technical steps, and clinical outcomes, and how to troubleshoot robot-specific complications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. COMMUNICATOR

	n/a	1	2	3	4
Counsels a patient with a diagnosis of prostate cancer from the perspective of clinically significant or insignificant cancer, and be aware of the issues that lead to prostate cancer being categorized into either of the two above categories.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discusses with the patient the complications of each potential treatment option for prostate cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates diagnoses and results to patient and patient's family effectively and in a clear manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates with the patient and patient's family in a manner that is empathetic and establishes good rapport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to appropriately synthesize and document clinical information accurately and in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEADER

	n/a	1	2	3	4
Demonstrates leadership skills in everyday management of resources to enhance healthcare provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	n/a	1	2	3	4
Contributes to a culture that fosters patient safety in everyday practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. HEALTH ADVOCATE

	n/a	1	2	3	4
Identifies opportunities for addressing lifestyle considerations and healthy practice adoption in the patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. SCHOLAR

	n/a	1	2	3	4
Integrates evidence-based practice into their daily decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. COLLABORATOR

	n/a	1	2	3	4
Negotiates responsibilities with other healthcare providers to ensure optimal and ongoing care for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates safe transfer of care via use of appropriate handover techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. PROFESSIONAL

	1	2	3
	Significant Concerns	Some Concerns	No Concerns
According to the domains of professionalism listed below, please assess the resident's overall performance in this category throughout the rotation:			
-demonstrates honesty and integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-demonstrates humility and compassion			
-demonstrates respect and respect for diversity			
-maintains confidentiality of patient care and patient information			

Recommendation to Resident Training Committee

*Is this resident competent for independent practice within the objectives covered in this rotation?

NO

YES

If yes, please explain and provide specific examples to support your comments. If no, please answer subsequent questions below.

Is this resident progressing at an appropriate rate to achieve competence for independent practice?

NO

YES

Please list areas in which the resident should focus on improvement in order to gain competence for independent practice, as well as areas of strength that indicate the resident is progressing appropriately:

Do you expect these can be achieved with specific focus in future rotations or is formal remediation required? Please justify your response:

***Did the resident meet the objectives for this rotation?**

- No, due to other reasons(please explain)
- No, due to absence (please explain)
- No, due to unsatisfactory performance (please explain)
- Yes, Partially (please explain)
- Yes, Fully

Please explain:

Note: All scores other than "Yes, Fully" will be identified as a low performance score for the review of program director and RPC

***The assessment of this trainee's performance on this rotation is based on (select all that apply)**

- Informal observation throughout rotation
- Formal direct observation (eg. OCAT, mini-CEX etc.) Written
- exam
- Oral exam
- OSCE
- OSCORE
- other

If selected "Other", please explain:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.



Kuwait Urology Board

Resident: _____

PGY: _____

Evaluator: _____

Rotation: _____

Start Date: ___ End Date: ___

*indicates a mandatory response

ITER – Andrology & Infertility PGY4**Not Applicable (i.e. was not observed throughout the rotation)**

1 --- Significant concerns with progress (i.e. formal remediation recommended)

2 --- Some concerns with progress (i.e. expected to improve with increased exposure and ongoing supervision)

3 --- No concerns with progress (i.e. expected to achieve competence in objective(s) with continued exposure -- objective requires future review by RTC)

4 --- Competent for independence in the objective(s)

A. MEDICAL EXPERT

	n/a	1	2	3	4
Assesses and develops patient appropriate management strategies for all facets of erectile dysfunction including lifestyle modification, risk evaluation and reduction, oral agents, injection therapy, non-injection second line therapy and surgery for erectile dysfunction (penile implant).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assesses and develops patient appropriate management strategies for all facets of male-factor infertility including hormonal and physical work-up, lifestyle modifications, hormone replacement agents and surgical interventions and assisted-reproduction male interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes information for logical, sound decision-making and clinical judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of pertinent cases and literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technical Skills

	n/a	1	2	3	4
Demonstrates knowledge, assists, and/or performs under supervision key steps in penile prosthesis implantation and troubleshooting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge, assists and/or performs under supervision microscopic varicocelectomy and sperm-retrieval procedures in trials of assisted reproduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. COMMUNICATOR

	n/a	1	2	3	4
Communicates diagnoses and results to patient and patient's family effectively and in a clear manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates with the patient and patient's family in a manner that is empathetic and establishes good rapport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to appropriately synthesize and document clinical information accurately and in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEADER

	n/a	1	2	3	4
Demonstrates leadership skills in everyday management of resources to enhance healthcare provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributes to a culture that fosters patient safety in everyday practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. HEALTH ADVOCATE

	n/a	1	2	3	4
Identifies opportunities for addressing lifestyle considerations and healthy practice adoption in the patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. SCHOLAR

	n/a	1	2	3	4
Integrates evidence-based practice into their daily decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. COLLABORATOR

	n/a	1	2	3	4
Negotiates responsibilities with other healthcare providers to ensure optimal and ongoing care for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates safe transfer of care via use of appropriate handover techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. PROFESSIONAL

	1 Significant Concerns	2 Some Concerns	3 No Concerns
<p>According to the domains of professionalism listed below, please assess the resident's overall performance in this category throughout the rotation:</p> <ul style="list-style-type: none"> -demonstrates honesty and integrity -demonstrates humility and compassion -demonstrates respect and respect for diversity -maintains confidentiality of patient care and patient information 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recommendation to Resident Training Committee

***Is this resident competent for independent practice within the objectives covered in this rotation?**

NO

YES

If yes, please explain and provide specific examples to support your comments. If no, please answer subsequent questions below.

Is this resident progressing at an appropriate rate to achieve competence for independent practice?

NO

YES

***Please list areas in which the resident should focus on improvement in order to gain competence for independent practice, as well as areas of strength that indicate the resident is progressing appropriately:**

Do you expect these can be achieved with specific focus in future rotations or is formal remediation required? Please justify your response:

***Did the resident meet the objectives for this rotation?**

No, due to other reasons(please explain)

No, due to absence (please explain)

No, due to unsatisfactory performance (please explain)

Yes, Partially (please explain)

Yes, Fully

Please explain:

Note: All scores other than "Yes, Fully" will be identified as a low performance score for the review of program director and RPC

***The assessment of this trainee's performance on this rotation is based on (select all that apply)**

Informal observation throughout rotation

Formal direct observation (eg. OCAT, mini-CEX etc.) Written

exam

Oral exam

OSCE

OSCORE

other

If selected "Other", please explain:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.



Kuwait Urology Board

Resident: _____

PGY: _____

Evaluator: _____

Rotation: _____

Start Date: ___ End Date: _____

*indicates a mandatory response

ITER – Male Reconstructive Urology PGY5**Not Applicable (i.e. was not observed throughout the rotation)**

1 --- Significant concerns with progress (i.e. formal remediation recommended)

2 --- Some concerns with progress (i.e. expected to improve with increased exposure and ongoing supervision)

3 --- No concerns with progress (i.e. expected to achieve competence in objective(s) with continued exposure -- objective requires future review by RTC)

4 --- Competent for independence in the objective(s)

A. MEDICAL EXPERT

	n/a	1	2	3	4
Demonstrates ability to fully investigate and manage cases of simple, recurrent and complex male urethral strictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes information for logical, sound decision-making and clinical judgement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of pertinent cases and literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technical Skills

	n/a	1	2	3	4
Demonstrates knowledge, assists, and/or performs under supervision key steps in on-table retrograde urethrograms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates surgical techniques pertaining to the management of anterior and posterior urethral strictures and disruption, including buccal mucosal graft urethroplasty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts thorough examination that allows for management of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of surgical procedures and selects correct intervention based on findings presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. COMMUNICATOR

	n/a	1	2	3	4
Communicates diagnoses and results to patient and patient's family effectively and in a clear manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates with the patient and patient's family in a manner that is empathetic and establishes good rapport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to appropriately synthesize and document clinical information accurately and in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEADER

	n/a	1	2	3	4
Demonstrates leadership skills in everyday management of resources to enhance healthcare provision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributes to a culture that fosters patient safety in everyday practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. HEALTH ADVOCATE

	n/a	1	2	3	4
Identifies opportunities for addressing lifestyle considerations and healthy practice adoption in the patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. SCHOLAR

	n/a	1	2	3	4
Integrates evidence-based practice into their daily decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. COLLABORATOR

	n/a	1	2	3	4
Negotiates responsibilities with other healthcare providers to ensure optimal and ongoing care for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates safe transfer of care via use of appropriate handover techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. PROFESSIONAL

	1 Significant Concerns	2 Some Concerns	3 No Concerns
<p>According to the domains of professionalism listed below, please assess the resident's overall performance in this category throughout the rotation:</p> <ul style="list-style-type: none"> -demonstrates honesty and integrity -demonstrates humility and compassion -demonstrates respect and respect for diversity -maintains confidentiality of patient care and patient information 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recommendation to Resident Training Committee

***Is this resident competent for independent practice within the objectives covered in this rotation?**

- NO
 YES

If yes, please explain and provide specific examples to support your comments. If no, please answer subsequent questions below.

Is this resident progressing at an appropriate rate to achieve competence for independent practice?

- NO
 YES

***Please list areas in which the resident should focus on improvement in order to gain competence for independent practice, as well as areas of strength that indicate the resident is progressing appropriately:**

Do you expect these can be achieved with specific focus in future rotations or is formal remediation required? Please justify your response:

***Did the resident meet the objectives for this rotation?**

- No, due to other reasons (please explain)
 No, due to absence (please explain)
 No, due to unsatisfactory performance (please explain)
 Yes, Partially (please explain)
 Yes, Fully

Please explain:

Note: All scores other than "Yes, Fully" will be identified as a low performance score for the review of program director and RPC

***The assessment of this trainee's performance on this rotation is based on (select all that apply)**

- Informal observation throughout rotation
 Formal direct observation (eg. OCAT, mini-CEX etc.) Written
 exam
 Oral exam
 OSCE
 OSCORE
 other

If selected "Other", please explain:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.



Kuwait Institute for Medical Specializations- Kuwait Urology Board End-of-Rotation In-Training Evaluation Report (gITER)



Resident Name:	PGY Level: 1 / 2 / 3 / 4 / 5	Date: / /
Staff:	Site:	Specialty:

Competencies	Meeting Expectations					
	Rarely Meets	Inconsistently Meets	Generally Meets	Sometimes Exceeds	Consistently Exceeds	N/A
Medical Expert						
1. Appropriate basic and clinical knowledge						
2. Accurate history and physical exam						
3. Appropriate clinical decisions						
4. Appropriate emergency management						
5. Appropriate indication for surgical procedures						
Procedures and clinical skills						
6. Performance during endoscopic procedures						
7. Performance during open surgical procedures						
8. Performance during laparoscopic procedures						
9. Achieving the minimum number expected						
Communicator						
10. Appropriate interaction with urology patients						
11. Accurate documentation						
12. Appropriate planning						
13. Clear presentation						
Collaborator						
14. Proper Interaction with health professionals						
15. Proper consultations						
16. Proper management of conflicts						
Leader						
17. Proper use of information technology						
18. Proper understanding of resources						
19. Appropriate time management						
20. Follow policies and procedures						
21. Maximize benefits to patients						
Health advocate						
22. Appropriate responses in advocacy situations						
Scholar						
23. Understand the continuous need for education						
24. Implement an ongoing plan for self-education						
25. Analyze and integrate medical information						
26. Teach others						
27. Completion of the electronic Log-book						
Professional						
28. Proper professional attitude						
29. Understands medical and legal obligations						
30. Punctual						
31. Maintain ethics and morals						
32. Accepts advices						
33. Participates in professional organizations						
Overall						

Please comment on the strengths and weaknesses of the candidate. Make direct reference to the objectives and give specific examples wherever possible (attach extra paper if needed)

Evaluation Methods	Mini-CEX	SCORE	Surgical Logbook	OCAT	360	PEER	
Evaluator Name:	Date	Signature					
Resident Name:	Date	Signature					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

IN-TRAINING EVALUATION REPORT

(SUB)SPECIALTY NAME Urology (20__)

CIVIL ID: _____

Current Residency level R1 R2 R3 R4

Current Fellowship level F1 F2 (Please circle one)

In view of the Residency/Fellowship Program Committee's evaluation, this resident/fellow will proceed to the next level: Yes No (Please circle one)

The following source of information were used for this evaluation:

- Written Exams
- Oral Exams
- OSCEs
- Feedback from healthcare professional
- Other Evaluations _____

COMMENTS:

[Large empty rectangular box for comments]

Date

Name of Program Director

Signature

This is to attest that I have read this document

Date

Name of Resident/ Fellow

Signature

Date

Head of Postgraduate Education Office

Signature

COMMENTS:

[Large empty rectangular box for comments]

Kuwait Institute for Medical Specializations

Name of the Resident: _____

IN-TRAINING EVALUATION REPORT
(SUB)SPECIALTY NAME Urology (20__)

(Please read the attached Explanatory Notes before completing this report)

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
MEDICAL EXPERT					
a. Basic science knowledge					
b. Clinical knowledge					
c. Data gathering (History and physical examination)					
d. Choice and use of ancillary tests (e.g. Lab. Tests)					
e. Soundness of judgment and clinical decision					
f. Performance under emergency conditions					
g. Self-assessment ability (insight)					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

IN-TRAINING EVALUATION REPORT

(SUB)SPECIALTY NAME Urology (20__)

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
PROCEDURES AND CLINICAL SKILLS					
Demonstrates the ability to perform diagnostic and therapeutic procedures required in (Urology)					
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
Minimizes risk and discomfort to patients					
Overall is proficient in clinical and procedural skills relevant to (Urology)					
<p>Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.</p>					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

IN-TRAINING EVALUATION REPORT

(SUB)SPECIALTY NAME Urology (20__)

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
COLLABORATOR					
a. Demonstrates ability to accept, and respects opinions of others					
b. Work effectively in a team environment					
c. Consults effectively with other physician and healthcare providers					
d. Demonstrates ability to accept, and respects opinions of others					
<p>Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.</p>					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

IN-TRAINING EVALUATION REPORT

(SUB)SPECIALTY NAME Urology (20__)

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
LEADER					
a. Manages time effectively					
b. Allocates health care resources effectively					
c. Works effectively in a health care organization					
d. Utilizes information technology effectively					
e. Practices evidence-based medicine					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

IN-TRAINING EVALUATION REPORT

(SUB)SPECIALTY NAME Urology (20__)

<p>A rationale must be provided to support ratings with asterisks.</p>	<p>EXPECTATIONS</p>				
	<p>* Rarely meets</p>	<p>* Inconsistently meets</p>	<p>Generally meets</p>	<p>Sometimes exceeds</p>	<p>* Consistently exceeds</p>
<p>HEALTH ADVOCATE</p>					
<p>a. Is attentive to preventive measures</p>					
<p>b. Is attentive to issue of public health</p>					
<p>c. Advocates on behalf of patients</p>					
<p>d. Involve patients/families in decision making</p>					
<p>Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.</p>					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

IN-TRAINING EVALUATION REPORT

(SUB)SPECIALTY NAME Urology (20__)

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
SCHOLAR					
a. Attends and contribute to rounds, seminars and learning events					
b. Accepts and acts on constructive feedback					
c. Takes an evidence-based approach to the management of problems					
d. Contributes to the education of other trainees, and health care professionals					
Participates/completes a scholarly project related to (name of specialty)	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
<p>Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.</p> 					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

IN-TRAINING EVALUATION REPORT
(SUB)SPECIALTY NAME Urology (20__)

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
PROFESSIONAL					
a. Recognizes limitations and seeks advice when needed					
b. Discharges duties and assignments responsibly and in timely manner					
c. Report facts accurately, including own errors					
d. Maintains appropriate boundaries in work and learning situations					
<p>Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.</p>					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

FINAL IN-TRAINING EVALUATION REPORT
(SUB)SPECIALTY NAME Urology **(20__)**

Civil ID: _____

YES NO

In view of the Residency Program Committee, this resident fulfilled the objective the objectives as prescribed in the General Accreditation Standards and is competent to practice as a specialist.

The following source of information were used for this evaluation:

Written Exams

Oral Exams

OSCEs

Clinical Observations
(ITER)

Feedback from
healthcare professional

Other Evaluations

COMMENTS:

Date

Name of Program Director

Signature

This is to attest that I have read this document

Date

Name of Resident

Signature

Date

Head of Postgraduate Education Office

Signature

COMMENTS:

Kuwait Institute for Medical Specializations

Name of the Resident: _____

FINAL IN-TRAINING EVALUATION REPORT
(SUB)SPECIALTY NAME Urology **(20__)**

Note: if during the period from the date of signature of this document to the completion of training, the Residency Program Committee judges that the candidate's demonstration of competence is inconsistent with the present evaluation, it may declare the document null and void and replace with update FITER. Eligibility for the examination would be dependent on the updated FITER.

Kuwait Institute for Medical Specializations

Name of the Resident: _____

FINAL IN-TRAINING EVALUATION REPORT
(SUB)SPECIALTY NAME Urology **(20__)**

(Please read the attached Explanatory Notes before completing this report)

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
MEDICAL EXPERT					
a. Demonstrates [a consultant's] knowledge of the basic scientific and clinical knowledge required for the competent practice of Urology					
b. Elicits histories and physical examinations that are complete, accurate, well organized and relevant to Urology					
c. Uses all of the pertinent information to arrive at complete and accurate clinical decisions					
d.					
e.					
f.					
g.					
h.					
i.					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

FINAL IN-TRAINING EVALUATION REPORT
(SUB)SPECIALTY NAME Urology **(20__)**

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
PROCEDURES AND CLINICAL SKILLS					
Demonstrates the ability to perform diagnostic and therapeutic procedures described in the Medical Expert section 5.1 of the Objectives of Training in Urology					
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
Minimizes risk and discomfort to patients					
Overall is proficient in clinical and procedural skills relevant to Urology					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

FINAL IN-TRAINING EVALUATION REPORT
(SUB)SPECIALTY NAME Urology (20__)

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
COMMUNICATOR					
a. Develops rapport and trust with patients and families					
b. Obtains appropriate informed consent for medical procedures and treatments					
c. Conveys effective oral information about a medical encounter					
d. Conveys effective written information about a medical encounter					
e. Addresses challenging communication issues effectively, including but not limited to delivering bad news, and addressing anger and misunderstanding					
f.					
g.					
h.					
<p>Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.</p>					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

FINAL IN-TRAINING EVALUATION REPORT
(SUB)SPECIALTY NAME Urology **(20__)**

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
COLLABORATOR					
a. Works with members of an interprofessional care team to optimize patient care					
b. Interacts effectively with other health professionals by recognizing their roles and expertise					
c. Consults and delegates appropriately					
d. Works effectively with other health care professionals to prevent, negotiate and resolve interprofessional conflict					
e.					
f.					
g.					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

FINAL IN-TRAINING EVALUATION REPORT
(SUB)SPECIALTY NAME Urology **(20__)**

<p>A rationale must be provided to support ratings with asterisks.</p>	<p align="center">EXPECTATIONS</p>				
	<p align="center">* Rarely meets</p>	<p align="center">* Inconsistently meets</p>	<p align="center">Generally meets</p>	<p align="center">Sometimes exceeds</p>	<p align="center">* Consistently exceeds</p>
<p>LEADER</p>					
a. Makes cost effective use of health care resources					
b. Employs information technology appropriately for patient care					
c. Demonstrates the ability to allocate finite health care resources appropriately					
d. Sets realistic priorities and uses time effectively in order to optimize professional performance					
e.					
f.					
g.					
<p>Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.</p>					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

FINAL IN-TRAINING EVALUATION REPORT
(SUB)SPECIALTY NAME Urology (20__)

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
HEALTH ADVOCATE					
a. Identifies and responds to the health needs and issues of individual patients and advocates when necessary for appropriate access to resources					
b. Identifies the determinants of health of individual patients, communities, and populations					
c.					
d.					
e.					
<p>Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.</p> 					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

FINAL IN-TRAINING EVALUATION REPORT
(SUB)SPECIALTY NAME Urology **(20__)**

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
SCHOLAR					
a. Develops and implements an ongoing and effective personal learning strategy					
b. Critically appraises medical information					
c. Teaches other members of the health care team effectively					
d. Contributes to the development and dissemination of new knowledge					
e.					
f.					
g.					
Participates/completes a scholarly project related to Urology	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.					

Kuwait Institute for Medical Specializations

Name of the Resident: _____

FINAL IN-TRAINING EVALUATION REPORT
(SUB)SPECIALTY NAME Urology **(20__)**

A rationale must be provided to support ratings with asterisks.	EXPECTATIONS				
	* Rarely meets	* Inconsistently meets	Generally meets	Sometimes exceeds	* Consistently exceeds
PROFESSIONAL					
a. Demonstrates professional behaviours, including integrity, compassion, respect and altruism					
b. Follows accepted professional, ethical and legal codes of practise					
c. Demonstrates an awareness of one's own limits, seeking advice when necessary					
d. Accepts feedback and advice graciously					
e.					
f.					
g.					
Please comment on the strengths and weaknesses of the candidate and provide a rationale for your ratings. Make direct reference to the specific objectives and give specific examples wherever possible.					



Kuwait Urology Board

Resident Report Card

Date:

Name:

PGY level:

Reading Schedule	<ul style="list-style-type: none"><input type="radio"/> Updated<input type="radio"/> Needs improvement<input type="radio"/> Well behind
Logbook	<ul style="list-style-type: none"><input type="radio"/> Updated<input type="radio"/> Behind<input type="radio"/> Number of cases logged:
ITERS	<ul style="list-style-type: none"><input type="radio"/> Completed<input type="radio"/> Non-completed<input type="radio"/> Any comments:
In-Training Practice OSCE	<ul style="list-style-type: none"><input type="radio"/> Pass<input type="radio"/> Fail<input type="radio"/> Score:
Research	<ul style="list-style-type: none"><input type="radio"/> None<input type="radio"/> In process<input type="radio"/> Active<input type="radio"/> Any comments:
Exams	<ul style="list-style-type: none"><input type="radio"/> POS registered<input type="radio"/> POS result:<input type="radio"/> Board exam registered
Electives	<ul style="list-style-type: none"><input type="radio"/> Organized<input type="radio"/> N/A
Career Planning	<ul style="list-style-type: none"><input type="radio"/> Fellowship<ul style="list-style-type: none"><input type="radio"/> Secured<input type="radio"/> In process<input type="radio"/> N/A<input type="radio"/> Employment<ul style="list-style-type: none"><input type="radio"/> In process<input type="radio"/> N/A
Concerns	<ul style="list-style-type: none"><input type="radio"/> None<input type="radio"/> Minor:<input type="radio"/> Major:



Kuwait Urology Board

Resident: _____ PGY: _____

Evaluator: _____

Rotation: _____

Start Date: _____

End Date: _____

* indicates a mandatory response

In-Training Assessment of Resident (ITAR) – Mid-Rotation

Medical Expert (Knowledge)

*Demonstrates a good level of "working" knowledge in the clinic, ER, and ward to function appropriately in these environments

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

*Demonstrates evidence of ongoing knowledge acquisition through dedicated studying, reading and around cases, and asking appropriate questions in the clinical environment

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Medical Expert (Clinical Performance)

*Diagnosis, clinical reasoning, management and focus on patient safety in the clinic, ward and ER

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Medical Expert (Technical Skills)

Diagnosis, clinical reasoning, management and focus on patient safety in the clinic, ward and ER

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Communicator

*Written and verbal communication with and about patients (ie. documentation, case presentations, interactions with patients)

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

***Updates team/supervisors appropriately regarding patient status/handover**

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Collaborator

***Teamwork/works harmoniously with others, interacts well with other services/HCWs (ex with nursing and anesthesia in the OR)**

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Leader

***Displays appropriate level of leadership on the resident team, co-ordinates the work of others, navigates health systems effectively**

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Health Advocate

***Advocates for patients through clinical work (ie. obtaining investigations and treatments in a timely fashion, communicates with other to "get things done" for the patient)**

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Professional

***Trustworthy and responsible, responds well to feedback, knows limitations**

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Scholar

***Reads around cases, presentations at rounds, teaching others, creates and shares knowledge**

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

***OVERALL AREAS OF STRENGTH**

***OVERALL AREAS IN NEED OF IMPROVEMENT**

***Did the resident meet the objectives for this rotation?**

- No, due to other reasons(please explain)
- No, due to absence (please explain)
- No, due to unsatisfactory performance (please explain)
- Yes, Partially (please explain)
- Yes, Fully

Please explain

The assessment of this trainee's performance on this rotation is based on (select all that apply)

- Informal observation throughout rotation
- EPAs (please specify number) _____
- Written exam
- Oral exam
- OSCE
- OSCORE
- OCAT
- Mini-CEX
- 360
- Surgical Logbook
- PEER

If "other" please explain:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.



Kuwait Urology Board

Resident: _____ PGY: _____

Evaluator: _____

Rotation: _____

Start Date: _____

End Date: _____

* indicates a mandatory response

In-Training Assessment of Resident (ITAR) - End of Rotation

Medical Expert (Knowledge)

*Demonstrates a good level of "working" knowledge in the clinic, ER, and ward to function appropriately in these environments

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

*Demonstrates evidence of ongoing knowledge acquisition through dedicated studying, reading and around cases, and asking appropriate questions in the clinical environment

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Medical Expert (Clinical Performance)

*Diagnosis, clinical reasoning, management and focus on patient safety in the clinic, ward and ER

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Medical Expert (Technical Skills)

Diagnosis, clinical reasoning, management and focus on patient safety in the clinic, ward and ER

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Communicator

*Written and verbal communication with and about patients (ie. documentation, case presentations, interactions with patients)

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

***Updates team/supervisors appropriately regarding patient status/handover**

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Collaborator

***Teamwork/works harmoniously with others, interacts well with other services/HCWs (ex with nursing and anesthesia in the OR)**

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Leader

***Displays appropriate level of leadership on the resident team, co-ordinates the work of others, navigates health systems effectively**

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Health Advocate

***Advocates for patients through clinical work (ie. obtaining investigations and treatments in a timely fashion, communicates with other to "get things done" for the patient)**

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Professional

***Trustworthy and responsible, responds well to feedback, knows limitations**

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

Scholar

***Reads around cases, presentations at rounds, teaching others, creates and shares knowledge**

Fails to Meet

Sometimes Meets

Usually Meets

Meets Fully

Consistently Exceeds

Comments

***OVERALL AREAS OF STRENGTH**

***OVERALL AREAS IN NEED OF IMPROVEMENT**

***Did the resident meet the objectives for this rotation?**

- No, due to other reasons(please explain)
- No, due to absence (please explain)
- No, due to unsatisfactory performance (please explain)
- Yes, Partially (please explain)
- Yes, Fully

Please explain

The assessment of this trainee's performance on this rotation is based on (select all that apply)

- Informal observation throughout rotation
- EPAs (please specify number) _____
- Written exam
- Oral exam
- OSCE
- OSCORE
- OCAT
- Mini-CEX
- 360
- Surgical Logbook
- PEER

If "other" please explain:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*I did not have a face to face exit interview but I had ample feedback during the rotation from my supervisor.

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.



Kuwait Institute for Medical Specializations- Kuwait Urology Board
Resident 360-Degree Evaluation Form (360)



Resident Name: _____

Date: _____ / _____ / _____

Residents in our training program are required to develop competency in all 7 parts of the CanMEDS 2015 framework. The 360-degree evaluation tool incorporates feedback from multiple sources including faculty, peers, clinical support staff, and patients to evaluate residents' performance. It rates 15 resident skills which comprise part of the CanMEDS framework of competencies. Please use the assessment scale from 1 to 4 below to provide your feedback. Your participation is voluntary. You are under no obligation to respond and may skip items you are uncomfortable rating. Your feedback is confidential and will be aggregated with other performance information and discussed with the resident. Thank you in advance.

Please specify the nature of your interaction with the resident (e.g. peer, nursing staff, patient): _____

Please indicate by circling the average number of encounters you had in the past month: Fewer than 5 / 5 to 9 / 10 or more encounters

4	3	2	1	
EXCELLENT: Almost Always Demonstrates.	VERY GOOD: Usually Demonstrates.	FAIR: Sometimes Demonstrates.	POOR: Does Not Demonstrate	Did Not Observe

- 1) Does the resident communicate effectively and demonstrate caring and respectful behavior with patients and families?
4 3 2 1 Did not observe
- 2) Does the resident demonstrate interviewing skills that put the patient at ease while gathering pertinent information in an efficient manner?
4 3 2 1 Did not observe
- 3) Does the resident counsel and educate patients and families consistently and effectively?
4 3 2 1 Did not observe
- 4) Is the resident able to perform medical procedures in a complete, efficient and independent fashion?
4 3 2 1 Did not observe
- 5) Does the resident work effectively within a team?
4 3 2 1 Did not observe
- 6) Is the resident able to apply appropriate investigative and analytical thinking to clinical problems?
4 3 2 1 Did not observe

- 7) Does the resident help to facilitate the learning of others?
4 3 2 1 Did not observe
- 8) Does the resident create an appropriate professional relationship with patients?
4 3 2 1 Did not observe
- 9) Does the resident listen to patients attentively, making eye contact and without unnecessary interruption?
4 3 2 1 Did not observe
- 10) Does the resident show respect and altruism in his/her daily interactions with patients and coworkers?
4 3 2 1 Did not observe
- 11) Does the resident display ethical behavior at all times?
4 3 2 1 Did not observe
- 12) Does the resident show sensitivity to cultural, age, gender and disability issues?
4 3 2 1 Did not observe
- 13) Does the resident understand how his/her practice interacts with larger system?
4 3 2 1 Did not observe

- 14) Does the resident practice cost-effective care?
4 3 2 1 Did not observe
- 15) Is the resident an advocate for patients within the health care system?
4 3 2 1 Did not observe

16) Please identify two (2) or more things that this person is really good at and should do more of:
17) Please identify anything that this person does that you wish/feel they should do less:
18) Please list any other general or overall comments regarding this person's performance.

Signature: _____



Kuwait Institute for Medical Specializations- Kuwait Urology Board
Academic Presentation Assessment Form



Resident Name: _____ **Presentation:** _____ **Date:** ____ / ____ / ____

Confidentiality: Your feedback is confidential and will be aggregated with other performance information and discussed with the Resident.

Instructions: Review items in the “Developing” column of the rubric and decide if resident’s performance was below (Opportunities for Growth), at (Developing), or above that level (Achieving). *Check N/A for items you did not experience. Use **Low** and **High** options when performance falls between categories.*

Focus of Assessment	Opportunities for Growth: Close supervision	L	Developing: Supervision readily available	H	Achieving: Ready for independence	N/A
Medical Expert	<input type="checkbox"/> Provided inaccurate or incomplete information <input type="checkbox"/> Had difficulty responding to questions	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Identified key aspects of topic <input type="checkbox"/> Provided limited responses to questions	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Outlined thorough topic summary and important, advanced differentials <input type="checkbox"/> Offered evidence-based responses to questions	<input type="checkbox"/> <input type="checkbox"/>
Scholar	<input type="checkbox"/> Did not set objectives <input type="checkbox"/> Did not engage audience (e.g. didactic)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Set objectives <input type="checkbox"/> Applied standard teaching strategies (e.g. open-ended questions)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Met objectives <input type="checkbox"/> Applied advanced teaching strategies (e.g. analogies, storytelling)	<input type="checkbox"/> <input type="checkbox"/>

Additional Comments: _____

What did you find most interesting? _____

What would you like to learn more about? _____

How could this presentation be improved? _____

Would you recommend this presentation or presenter for best teacher or best presentation awards?

Yes

No



Kuwait Institute for Medical Specializations- Kuwait Urology Board Journal Club Rubric



Resident: _____ PGY: _____ Date: _____ Observer: _____ Title/topic: _____

	Opportunities for growth	Developing	Achieving
Medical expert	<ul style="list-style-type: none"> <input type="checkbox"/> Lacked basic understanding of topic <input type="checkbox"/> Did not respond to questions relating to subject area 	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrated partial understanding of subject area (some incorrect ideas requiring clarification from experts) <input type="checkbox"/> Provided limited responses to questions, relying on experts for answers 	<ul style="list-style-type: none"> <input type="checkbox"/> Considered advanced aspects of topic and/or outlines current controversies <input type="checkbox"/> Offered evidence-based responses to questions
Scholar (understanding of methodology)	<ul style="list-style-type: none"> <input type="checkbox"/> Had not sought necessary expert consultation in advance <input type="checkbox"/> Appeared unprepared (hasn't read or doesn't understand the paper) <input type="checkbox"/> Relied on group for explanations of concepts 	<ul style="list-style-type: none"> <input type="checkbox"/> Sought expert input in advance and addressed more basic statistical concepts <input type="checkbox"/> Appeared familiar with the paper, identified important points <input type="checkbox"/> Explained concepts with confidence, seeking support/clarification from experts as necessary 	<ul style="list-style-type: none"> <input type="checkbox"/> Addressed methodology issues, seeking assistance where needed in explaining complicated statistical concepts <input type="checkbox"/> Complete familiarity with paper, explained important points without referring back to paper for explanation Spoke confidently with good understanding of concepts, independently leading the discussion
Scholar (teacher)	<ul style="list-style-type: none"> <input type="checkbox"/> Didactic review of paper without seeking input from group <input type="checkbox"/> Disorganized review of paper <input type="checkbox"/> Avoided or cuts short the discussion <input type="checkbox"/> Focused the appraisal on clinical implications <input type="checkbox"/> No clear resolution to discussion <input type="checkbox"/> Required significant prompting in order to keep to appropriate time 	<ul style="list-style-type: none"> <input type="checkbox"/> Invited input when needed <input type="checkbox"/> Logical progression through paper missing some essential components <input type="checkbox"/> Prompted discussion <input type="checkbox"/> Research methodology was focus of discussion <input type="checkbox"/> Left some discussion points incomplete or inaccurate <input type="checkbox"/> Kept reasonable control of discussion, running slightly overtime 	<ul style="list-style-type: none"> <input type="checkbox"/> Invited input from all levels of learners <input type="checkbox"/> Based discussion on appropriate critical appraisal guideline (e.g.CASP) with attention to all aspects <input type="checkbox"/> Facilitated discussion ensuring focus was maintained <input type="checkbox"/> Concluded with question about applicability of findings to clinical situation (impact on practice) <input type="checkbox"/> Summarized key points clearly including commentary about opportunities for future research and/or improvements in study design <input type="checkbox"/> Comfortably paced with opportunity for questions and discussion

What did you like most about the presentation?

How could this presentation be improved?



Kuwait Institute for Medical Specializations- Kuwait Urology Board
Mini-Clinical Evaluation Exercise for Trainees (Mini-CEX)



Resident Name:	PGY Level: 1 / 2 / 3 / 4 / 5	Date: / /
Staff:	Site:	Round Setting:

This form is an adaptation of the Mini-Clinical Evaluation Exercise (Mini-CEX) which is an effective tool for assessing short specific tasks within the clinical environment (e.g., history taking, physical exam). This adaptation is a means of assessing the resident during ward rounds. The clinical teachers assess the resident performance on a 9-point scale based on direct observation of performance. Time should be assigned fairly for each observation and constructive feedback with a specific focus, if possible, to be highlighted during the time of assessment.

Focus: Data gathering Diagnosis Therapy Counseling

Criteria	Not Observed	Unsatisfactory			Satisfactory			Superior		
Medical interviewing skills		1	2	3	4	5	6	7	8	9
Physical examination skills		1	2	3	4	5	6	7	8	9
Clinical judgement		1	2	3	4	5	6	7	8	9
Counseling skills		1	2	3	4	5	6	7	8	9
Organization/Efficiency		1	2	3	4	5	6	7	8	9
Humanistic qualities/Professionalism		1	2	3	4	5	6	7	8	9
Overall clinical competence		1	2	3	4	5	6	7	8	9

Based on this observation please rate the level of overall competence the resident has shown by ticking one rating:

Overall Clinical Judgement	
Rating	Description
Below level expected for stage of training	Basic consultation skills resulting in complete history and/or examination findings. Limited clinical judgement following encounter.
Performed at the level expected for stage of training	Sound consultation skills resulting in adequate history and/or examination findings. Basic clinical judgement following encounter.
Performed above the level expected for stage of training	Good consultation skills resulting in a sound history, and/or examination findings. Solid clinical judgement following encounter consistent stage of training.
Performed at the level expected of a urology FY1	Excellent and timely consultation skills resulting in a comprehensive history and /or examination findings in a complex or difficult situation. Good clinical judgement following encounter.

LOW

HIGH

Assessor satisfaction with Mini-CEX exam	1	2	3	4	5	6	7	8	9
Resident satisfaction with Mini-CEX exam	1	2	3	4	5	6	7	8	9

Mini Clinical Evaluation time: Observing: _____ Providing feedback: _____

Comments (including which areas were done well, areas of improvement, agreed learning plan, and resident's reflections)

Resident Signature

Assessor Signature



Kuwait Institute for Medical Specializations- Kuwait Urology Board Outpatient Clinic Assessment Tool (OCAT Form)



Resident Name:	PGY Level: 1 / 2 / 3 / 4 / 5	Date: / /
Staff:	Site:	Clinic:

The purpose of this scale is to assess the trainee's ability to safely and independently run a *clinic in your specialty* (i.e. general urology, uro-oncology, andrology) at the level of a *generalist* (certified graduate of this residency program). With that in mind please use the scale below to rate each item, irrespective of the resident's level of training. Base your rating on the trainee's performance across the entire clinic and not only on one specific patient encounter. Please complete the assessment immediately following the completion of the clinic.

Scale

- 1 – “I had to do”** – i.e. Requires complete guidance, unprepared to do, or had to do for them
- 2 – “I had to talk them through”** - i.e. Able to perform some tasks but requires repeated directions
- 3 – “I had to direct them from time to time”** – i.e. Demonstrates some independence but requires intermittent prompting
- 4 – “I needed to be available just in case”** – i.e. Independence but needs assistance with nuances of certain patients and/or situations, unable to manage all patients, still requires supervision for safe practice
- 5 – “I did not need to be there”** – i.e. Complete independence, can safely manage a general clinic in their specialty

1. History: Efficient data gathering	1	2	3	4	5	
2. Physical Exam: Efficient and accurate examination	1	2	3	4	5	
3. Case Presentation: Synthesis of history and examination, clear presentation	1	2	3	4	5	
4. Differential Diagnosis: Able to make a diagnosis and appropriately consider alternative	1	2	3	4	5	
5. Management Plan: Able to develop relevant plan dependent on context and be decisive (i.e. appropriate investigations, procedures, etc)	1	2	3	4	5	
6. Patient/Family Communication: Effective, sensitive, and respectful communication skills (verbal and non-verbal), language appropriate to patient understanding, able to build rapport and trust	1	2	3	4	5	
7. Documentation within Clinic: Orders, prescription, forms, etc (may not include consultation report)	1	2	3	4	5	
8. Collaboration: Works well with and/or teaches other team members as appropriate (i.e. staff, student, other healthcare professional)	1	2	3	4	5	
9. Time Management of Entire Clinic: Able to economize time, manage interruption, and modify time spent with individual patients appropriately	1	2	3	4	5	
10. If Procedures Were Performed in Clinic: a. Technical Skills: Safely and effectively performs appropriate clinical procedures b. Situational Awareness: Non-technical aspects of procedure (i.e. insight into patient experience, respects patient comfort)	N/A	1	2	3	4	5
		1	2	3	4	5
11. Concerns with Attitude or Professionalism (If yes, please describe in suggestions for improvement below)	No			Yes		
12. Resident is safe to independently manage/run this clinic at a generalist level	No			Yes		
13. Give at least 1 specific aspect of clinic done well						
14. Give at least 1 specific suggestion for improvement						

Staff Signature: _____



Kuwait Institute for Medical Specializations- Kuwait Urology Board Surgical Competency Operating Room Evaluation (SCORE Form)



Resident:	PGY Level: 1 / 2 / 3 / 4 / 5	Date: / /
Staff:	Site:	Procedure:

The purpose of this scale is to assess the trainee's ability to safely and independently perform the abovementioned procedure. With that in mind please use the scale below to rate each item, irrespective of the resident's level of training, in regards to *this* case. Please complete the assessment immediately following the completion of the clinic.

Scale

- 1 – “I had to do” – i.e. Requires complete hands on guidance, did not do, or was not given the opportunity to do
- 2 – “I had to talk them through”- i.e. Able to perform tasks but requires constant direction
- 3 – “I had to direct them from time to time” – i.e. Demonstrates some independence but requires intermittent direction
- 4 – “I needed to be available just in case” – i.e. Independence but unaware of risks and still requires supervision for safe practice
- 5 – “I did not need to be there” – i.e. Complete independence, understands risks and performs safely, practice ready

Relative complexity of this procedure to average of same procedure:

Low

Medium

High

	1	2	3	4	5
1. Procedure plan: Gathers/assesses required information to reach diagnosis and determine correct procedure required	1	2	3	4	5
2. Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications	1	2	3	4	5
3. Knowledge of specific procedural steps: Understands steps of procedure, potentials risks, and means to avoid/overcome them	1	2	3	4	5
4. Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues	1	2	3	4	5
5. Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended	1	2	3	4	5
6. Post-procedure plan: Appropriate complete post procedure plan	1	2	3	4	5
7. Efficiency and flow: Obvious planned course of procedure with economy of movement and flow	1	2	3	4	5
8. Communication: Professional and effective communication/utilization of staff	1	2	3	4	5
9. Resident is able to safely perform <i>this</i> procedure <i>independently</i>	No			Yes	
10. Give at least 1 specific aspect of procedure done well					
11. Give at least 1 specific suggestion for improvement					

Resident Signature: _____

Staff Signature: _____

Adapted from the Ottawa Surgical Competency Operating Room Evaluation (O-SCORE):

Gofton WT et al. The Ottawa Surgical Competency Operating Room Evaluation (O-

SCORE): a tool to assess surgical competence. Acad Med. 2012 Oct;87(10):1401-7



Kuwait Institute for Medical Specializations- Kuwait Urology Board
PEER Resident-Assessment Form



Resident Name: _____

Date: _____ / _____ / _____

Your participation is voluntary. You are under no obligation to respond and may skip items you are uncomfortable rating.

Confidentiality: Your feedback is confidential and will be aggregated with other performance information and discussed with the Resident.

Instructions: Review items in the “Developing” column of the rubric and decide if resident’s performance was below (Opportunities for Growth), at (Developing), or above that level (Achieving). *Check N/A for items you did not experience. Use **Low** and **High** options when performance falls between categories.*

Please indicate by circling *your* level of training: Junior (PGY1/2) / Senior (PGY3/4/5)

Please indicate by circling the average number of encounters you had in the past month: Fewer than 5 / 5 to 9 / 10 or more encounters

Focus of Assessment	Opportunities for Growth: Close supervision	L	Developing: Supervision readily available	H	Achieving: Ready for independence	N/A
Documentation	<input type="checkbox"/> Inaccurate/incomplete documentation <input type="checkbox"/> Writing was illegible	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Documentation was unclear at times <input type="checkbox"/> Writing was difficult to read at times	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Documentation was clear <input type="checkbox"/> Writing was legible	<input type="checkbox"/> <input type="checkbox"/>
Shared decision-making	<input type="checkbox"/> Ignored suggestions from others	<input type="checkbox"/>	<input type="checkbox"/> Receptive to suggestions from other	<input type="checkbox"/>	<input type="checkbox"/> Actively sought input from others	<input type="checkbox"/>
Respect	<input type="checkbox"/> Disrespectful to colleagues	<input type="checkbox"/>	<input type="checkbox"/> Respected colleagues	<input type="checkbox"/>	<input type="checkbox"/> Encouraged respect for others	<input type="checkbox"/>
Conflict	<input type="checkbox"/> Ignored interpersonal conflict	<input type="checkbox"/>	<input type="checkbox"/> Acknowledged interpersonal conflict	<input type="checkbox"/>	<input type="checkbox"/> Managed interpersonal conflict	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/> Overwhelmed team members <input type="checkbox"/> Overwhelmed in emergencies <input type="checkbox"/> Uncertain/indecisive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Delegated workload strategically <input type="checkbox"/> Responded effectively in emergencies <input type="checkbox"/> Solved problems/made decisions with minimal delay	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Inspired confidence/supported excellence <input type="checkbox"/> Assumed leadership in emergencies <input type="checkbox"/> Solved problems/made decisions as they arose	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Feedback seeking	<input type="checkbox"/> Disregarded feedback	<input type="checkbox"/>	<input type="checkbox"/> Accepted feedback	<input type="checkbox"/>	<input type="checkbox"/> Sought feedback	<input type="checkbox"/>
Supporting learning	<input type="checkbox"/> Disregarded others’ learning needs	<input type="checkbox"/>	<input type="checkbox"/> Acknowledged others’ learning needs	<input type="checkbox"/>	<input type="checkbox"/> Supported others’ learning	<input type="checkbox"/>
Safe learning environment	<input type="checkbox"/> Disrespectful to learners	<input type="checkbox"/>	<input type="checkbox"/> Respected other learners	<input type="checkbox"/>	<input type="checkbox"/> Encouraged respect for learners	<input type="checkbox"/>
Responsibility	<input type="checkbox"/> Avoided responsibility/delegated unfairly	<input type="checkbox"/>	<input type="checkbox"/> Accepted responsibility/delegated when necessary	<input type="checkbox"/>	<input type="checkbox"/> Supported others to fulfill responsibilities	<input type="checkbox"/>
Privacy & Confidentiality	<input type="checkbox"/> Disregarded patient privacy & confidentiality	<input type="checkbox"/>	<input type="checkbox"/> Respected patient privacy & confidentiality	<input type="checkbox"/>	<input type="checkbox"/> Encouraged others’ respect for patient privacy & confidentiality	<input type="checkbox"/>

Additional Comments: _____



Kuwait Institute for Medical Specializations- Kuwait Urology Board Rotation & Educational Site (RES) Form



Site:	Rotation:
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This form is intended to rate your *overall experience* on this rotation at this site. It is not tutor-specific (use RATE form for that). In order to ensure this rotation is successful in the future for you and others, your input is necessary to monitor, support and improve this rotation and this site's educational effectiveness. Honest, constructive, professional information about the rotation at each site is an important professional obligation of learners. Your feedback is confidential and will be aggregated with other information and discussed with the Site Coordinator and tutor. A review of the goals and objectives for this rotation may assist you in completing this form.

The rating scale is as follows: 1 =Unsatisfactory Experience 2 =Poor Experience 3 =Good Experience 4 = Very Good Experience 5 =Superior Experience

NOTE: 3 is a 'passing' score for this rotation and site

1. ORGANIZATION of rotation and site (e.g. registration, orientation and scheduling)				
1	2	3	4	5
Unsatisfactory organization of rotation and site, disorganized registration, unacceptable orientation and poor scheduling.		Good organization of rotation and sitesuch as registration, orientation and scheduling.		Superiororganization ofrotation and site such as highly effective registration, superb orientation and scheduling.

Comments:

2. EDUCATIONAL DESIGN of rotationandsite(e.g. utilityofgoals&objectives, effectivenessofformal learning, valueof 'on the job' learning)				
1	2	3	4	5
Unsatisfactory educational design for rotation and site such as goals & objectives weak or not present, ineffective formal learning, limited value of 'on the job' learning.		Good educational design for rotationandsite such asutility of goals&objectives, effectiveness of formal learning, value of 'on the job' learning.		Superior educational design for rotation and site such as utility of goals & objectives, effectiveness of formal learning, exceptional value of 'on the job' learning.

Comments:

3. LEARNING SUPPORTS of rotation and site (e.g. communication, supervision, graded responsibility, feedback)				
1	2	3	4	5
Unsatisfactory learning supports for rotation and site such as weak communication; unavailable supervision; inattentive to graded responsibility; ineffective feedback.		Good learning supports forrotation and sitesuch as communication, supervision, assignments matches ability levels and constructive timely feedback.		Superior learning supports for rotation and site such as excellent communication, excellent supervision, highly responsive to level of skill and ability and regular and detailed coaching and feedback.

Comments:

4. LEARNING CLIMATE of rotation and site (e.g. respectful, collegial, collaborative inter and intra professional teams)				
1	2	3	4	5
Unsatisfactory learning climate for rotationand sitesuch asdisrespectful, not collegial, non-collaborative inter andintraprofessional teams.		Learning environment for rotation and site is respectful, collegial, collaborativeamong interandintraprofessional teams.		Superior learning climate with respectful trusting relationships, and highly collegial, strong collaborative inter and intra professional teams.

Comments:

5. EDUCATIONAL EXPERIENCE of rotation and site (e.g. balance of work assignments to formal/informal learning opportunities; case mix)				
1	2	3	4	5
Unsatisfactory educational experience for rotation and site such as poor balance of work assignments to formal/informal learning opportunities and unresponsive to learner needs for case mix.		Good educational experience for rotation and site such as balance of work assignments to formal/informal learning opportunities and appropriate case mix for learner.		Superior educational experience for rotation and site such as excellent balance of work assignments to formal/informal learning opportunities and attentive to learner needs: case mix.

Comments:

6. FACILITIES of rotation and site (e.g., adequacy, accessibility, safety, good working environment)				
1	2	3	4	5
Unsatisfactory facilities for rotation and site such as inadequate or poor accessibility, concern for safety and poor working environment		Good facilities for rotation and site such as adequacy, accessibility, safety and good working environment		Superior facilities for rotation and site such as adequacy, accessibility, strong safety protocols and culture and excellent working environment

Comments:

7. OVERALL Rating (NOTE: 3 is a 'passing' score for this rotation and educational site evaluation)				
1	2	3	4	5
Significant limitations to suitability of this rotation and/or educational site.	Limitations in suitability of this rotation and/or educational site.	Solid rotation and suitable educational site.	Great rotation and educational site	Top notch rotation and educational site.

Comments:

Describe STRENGTHS of this rotation & site	Actions or Areas FOR IMPROVEMENT
<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3.
OTHER Comments	



Kuwait Institute for Medical Specializations- Kuwait Urology Board Resident Assessment of Tutor Effectiveness (RATE)



Staff Name:	
Site:	Rotation:

The purpose of this form is to gather your feedback about your overall experience in the abovementioned rotation with the attending or clinical tutor you have been attached to during your rotation. The RATE form has 8 key questions and uses a 5-point Likert scale, linked to the overall “how would you rate this rotation?” question. Your feedback is confidential and will be aggregated with other information and discussed with the Site Coordinator and tutor.

The Tutor:

Scale

- 1 – Never or very poor – (this tutor needs help with this)
- 2 – Occasionally or needs improvement
- 3 – Frequently and adequately
- 4 – Usually and skillfully
- 5 – Always and exemplary – (should be a role model for all tutors)

1. Made him/herself available to me so I had the support I needed	1	2	3	4	5	N/A
2. Encouraged me to explore my limits safely	1	2	3	4	5	N/A
3. Provided regular, prompt, meaningful feedback to me	1	2	3	4	5	N/A
4. Demonstrated respect for me as a learner and as a person	1	2	3	4	5	N/A
5. Demonstrated respect for others, including patients and team members	1	2	3	4	5	N/A
6. Stimulated learning as a dedicated and effective teacher	1	2	3	4	5	N/A
7. Was a good role model as a physician, teacher and person	1	2	3	4	5	N/A

Overall Rating of this Tutor:

Scale

- 1 – Terrible learning experience and/or learned nothing useful
- 2 – Unpleasant experience and/or learned very little
- 3 – Good experience and/or learned an adequate amount
- 4 – Very good experience and/or learned more than expected
- 5 – Exceptional experience and/or learned a tremendous amount

8. Overall, this tutor had the following impact:	1	2	3	4	5	N/A
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Comments (including details on certain areas, improvement, and other reflections)



KUWAIT INSTITUTE FOR MEDICAL SPECIALIZATIONS
POSTGRADUATE EDUCATION OFFICE
LEAVE OF ABSENCE REQUEST FORM

NAME : _____ (IN BLOCK LETTERS)													
CIVIL IDENTIFICATION NUMBER: <table border="1" style="margin: auto; width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
MOH FILE NUMBER: <table border="1" style="margin: auto; width: 60%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
NAME OF PROGRAM: _____	(Tick <input checked="" type="checkbox"/> your current level. R=Residency, F=Fellowship) R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5 <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/>												
KINDLY SPECIFY YOUR REASON/S FOR LEAVE OF ABSENCE: (PLEASE ATTACH SUPPORTING DOCUMENTS)													
STARTING DATE OF LEAVE: _____													
ENDING DATE OF LEAVE: _____													
DATE : _____ (of submission by Candidate)	SIGNATURE: _____ (Candidate)												
DATE : _____ (of approval by Program Director)	SIGNATURE: _____ (Program Director)												
DATE: _____ (of approval by Director Postgraduate Education Office, KIMS)	SIGNATURE: _____ (Director Postgraduate Education Office, KIMS)												



KUWAIT INSTITUTE FOR MEDICAL SPECIALIZATIONS
POSTGRADUATE EDUCATION OFFICE
WITHDRAWAL REQUEST FORM

NAME : _____ (IN BLOCK LETTERS)													
CIVIL IDENTIFICATION NUMBER: <table border="1" style="margin: auto; width: 80%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
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NAME OF PROGRAM: _____ DATE OF JOINING THE PROGRAM: _____	(Tick <input checked="" type="checkbox"/> your current level. R=Residency, F=Fellowship) New Admission <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5 <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/>												
KINDLY SPECIFY YOUR REASON/S FOR WITHDRAWAL FROM THE PROGRAM: 													
DATE : _____ (of submission of withdrawal by Candidate)	SIGNATURE: _____ (Candidate)												
DATE : _____ (of approval of withdrawal by Program Director)	SIGNATURE: _____ (Program Director)												
DATE: _____ (of approval of withdrawal by Director Postgraduate Education Office, KIMS)	SIGNATURE: _____ (Director Postgraduate Education Office, KIMS)												



KUWAIT INSTITUTE FOR MEDICAL SPECIALIZATIONS
POSTGRADUATE EDUCATION OFFICE
REFERENCE LETTER REQUEST FORM

NAME : _____ (IN BLOCK LETTERS)													
CIVIL IDENTIFICATION NUMBER: <table border="1" style="margin: auto; width: 100%; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
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NAME OF PROGRAM: _____ DATE OF JOINING THE PROGRAM: _____ DATE OF COMPLETION (IF APPLICABLE): _____	(Tick <input checked="" type="checkbox"/> your current level. R=Residency, F=Fellowship) R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5 <input type="checkbox"/> Residency completed <input type="checkbox"/> OR F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/> Fellowship completed <input type="checkbox"/>												
DATE : _____ (of submission by Candidate)	SIGNATURE: _____ (Candidate)												
DATE : _____ (of approval by Program Director)	SIGNATURE: _____ (Program Director)												

Please submit the filled form to KIMS Postgraduate Education Office for processing.