KUWAIT INSTITUTE FOR MEDICAL SPECIALIZATIONS

Urology Residency Program Manual

2023-2024

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Welcome message from the Program Director

Congratulations and welcome to the Program! You are among a very few selected and privileged individuals to be training in Kuwait Urology Residency Training Program. Kuwait Urology Board (KUB) is a residency program under the Kuwait Institute for Medical Specializations (KIMS). The program was established in 2010 by a joint committee from three training centers in Kuwait. The call on the first applications for admissions was in 2011 and five residents were enrolled into the program. Since then, it has successfully graduated several urology specialists from its 5-year program.

Since its establishment, and in a very short time, the Kuwait Urology residency program has risen to the forefront of KIMS's surgical training programs and is one of KIMS's best and most competitive residency programs. This accomplishment is the result of the hard work and dedication of the board of directors and the residents alike.

During your journey through the 5-year Program, you will find it to be both a very exciting yet demanding experience as you seek excellence and look for to become a leader in this unique specialty. During your residency you will be traveling across many different specialized areas of Urology. KUB alumni have gone on to undertake fellowships and subspecialties in the best training facilities and postgraduate programs in the world. Our current residents are recognized participants in many top international congresses and conferences, presenting scientific work and receiving numerous prestigious prizes and acknowledgements.

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

Work hard and have fun!

Dr. Tariq Faisal Al-Shaiji

Program Director, Urology Residency Training Program

Kuwait Institute for Medical Specializations

Philosophy

The Urology Residency Training Program at Kuwait Institute for Medical Specialization (KIMS) is dedicated to providing excellence in patient care, education, and scientific innovation. Similarly, it is hoped that all trainees will emerge from the program as safe and solid surgeons with first class clinical skills, the ability and desire to continue to learn throughout their career, and the ability to ask appropriate questions and contribute to understanding and knowledge in their field of interest. We aim to graduate general urologists; however, seeking sub-specialization is highly encouraged and is anticipated from our graduates.

General Objectives of the Urology Residency Training Program

1. To provide broad-based clinical and academic training in urology with the goal of creating the foundation required for the academically rigorous practice of general and subspecialty Urology.
2. To provide safe surgical practice and skills with sound decision making.
3. To ensure training in critical appraisal, research methodology, and the application of evidence-based medicine to practice.
4. To emphasize development of teaching and research skills.
5. To provide graded responsibility in the acquisition of leadership skills.
6. To provide the environment, mentorship and experience which will allow each resident to achieve the goals outlined above.
7. The program national standards are set according to the Canadian system with the addition of Kuwait specific standards.

Committees & Members

Urology Residency Program Committee (RPC) / The Postgraduate training committee (PGTC) Members:

- Tariq Al-Shaiji (program director)
  - tshaiji@gmail.com
- Mishari Al-Mutairi (assistant program director for academic affairs)
  - Meshari.uro@gmail.com
- Feras Ajrawi (assistant program director for administrative and residents' affairs)
  - ferasalajrawi@hotmail.com
- Shady Salem (research coordinator)
  - sh_dy@yahoo.com
- Awad Al-Wadaani (residents' wellness and resilience coordinator)
  - drawad88@outlook.com
- Bader Akrouf (site coordinator – Sabah Alahmad Urology Center)
  - b_groof@yahoo.com
- Rawan Al-Yousif (site coordinator – Amiri Hospital)
  - rjalyousef@gmail.com
- Mohamad Ruwaishid (site coordinator – Jabir Hospital)
  - moh.alruwaished@gmail.com
- Saleh Bubishate (site coordinator – Adan Hospital)
  - salehbubishate@gmail.com
- Mohammed Zahir (site coordinator – Jahra Hospital)
  - drzari@yahoo.com
- Yaaqob Al-Qattan(site coordinator – Mubarak Hospital)
  - alqattan1610@hotmail.com
- Ahmad Al-Gurair(site coordinator – Farwaniyah Hospital)
  - Alghurair.ahmad@gmail.com
- AbdulNasser Al-Said (site coordinator – EbnSina Pediatric Hospital)
  - a_alsaid@yahoo.com
- AbdulAziz Al-Shameri(residents' representative)
  - dr.abdulaziz94@gmail.com

Urology Residency Program Assistant:

- Ahmad Al-Buti Butaiban
  - Ahmad-albuti-botaiban@hotmail.com

Urology Residency Program Representative at the Surgical Foundation Program (Principles of Surgery)

- Ahmad Al-Marzooq
  - almarzouq@gmail.com

Urology Competence Committee (Urology CC) members:

CC is a subcommittee of the RPC

- Feras Ajrawi (chair)
  - ferasalajrawi@hotmail.com
- Tariq Al-Shaiji (member / PD)
  - tshaiji@gmail.com
- Shady Salem (member)
  - sh_dy@yahoo.com
- Ahmad Al-Gurair
  - Alghurair.ahmad@gmail.com
- Saleh Bubshaite
  - salehbubishate@gmail.com
- Mohamad Ruwaishid
  - moh.alruwaished@gmail.com
- Ahmad Al-Buti Butaiban (PA - nonvoting member)
  - Ahmad-albuti-botaiban@hotmail.com

Jobs Description & Terms of Reference

The Urology Residency Program Committee (RPC) / The Postgraduate training committee (PGTC) will be responsible for:

-The RPC was established by a decree from the Secretary General. RPC(s) is part of the Specialty Faculty of related specialty.

- Each program director establishes the postgraduate training committee (PGTC) as follows:
1. Program Director - Chair
2. Assistant Program Director(s) - Member(s)
3. Site Coordinator(s) - Member(s)
4. Resident(s) elected - Member(s)

5. Research coordinator – Member
6. Residents' wellness and resilience coordinator – Member
7. Program assistant (program administrative personal) – Nonvoting member

The RPC complies with the decision and recommendation of the Council, The Scientific Council and the Policy Committee with the following responsibilities:

- Developing the curriculum of training and ensures its implementation after approval by the Scientific Council.
- Nominating a list of clinical tutors for the specialty.
- Evaluating the performance of the clinical tutors and the sites of training for the specialty and reports recommendation to the Scientific Council.
- Collaborating with the Competence Committee (CC) to ensure proper and smooth implementation.
- The RPC should report to the Scientific Council and the Postgraduate Office regularly.

Terms of Office

- Five years as defined by KIMS regulations.

(Meetings)

Frequency

- Meeting at least every 8 weeks, or more frequently as needed.
- A member who fails to attend 3 consecutive meetings or 4 total meetings per year without specific reason shall be considered resigned.

Procedures

- The RPC may determine procedures to be used at any meeting.
- Meetings can be either in person, virtual, or some combination of the two.
- Agenda is distributed to all members prior to the meeting.

Decision Making

- Quorum shall be fifty (50) percent of the RPC members.
- A decision of the RPC may be made by consensus or motion.
- A majority vote of the RPC members present at a meeting decides a vote.

Records

- Minutes shall be recorded for all meetings and will be approved by the Committee at its next meeting.
- Minutes will be made available to all Committee members via official email.
- Minutes will be made available to the post graduation training office at KIMS via official email and hardcopies. The committee reports to the post graduation training office on its activities annually and otherwise as directed by Council.

Confidentiality

- All written materials and discussions related to decisions made at the meetings of the Committee are confidential except any information deemed necessary to communicate with stakeholders.
- All members are required to sign a confidentiality and nondisclosure agreement on an annual basis.

Subcommittees

- The Committee may, at its discretion, appoint a sub-committee to assist in the fulfillment of the Committee's roles and responsibilities.
- A sub-committee will have specific, defined tasks and deliverables.

<u>The program director will be responsible for:</u>

- Chairs the postgraduate training committee and/or its subcommittee(s) if applicable except the CC.
- Serves as a member of the CC (non-voting)
- Collaborating with the Competence Committee (CC) to ensure proper and smooth implementation.
- Examines and ratify the CC recommendations regarding the residents in collaboration with the RPC.
- Nominates the acting program director while on leaves or absence and inform the PGE office.
- Participates in the committee(s) and assignments delegated to him/her.
- Prepares the manual of training including the objective of the training for the current two models (conventional time-based training and Competence by Design training), the curriculum plan and curriculum map in coordination and collaboration with the members of the RPC and CC.
- Approves the workshops for the training program.
- Implements and executes KIMS policies related to admission, in-training evaluation, leaves, leave of absence and supervision of residents.
- Collaborates with the chair of the Specialty Faculty and members of the RPC.
- Monitors the evaluation of the clinical tutors and sites of training used in the program.
- Evaluates the resident in training in collaboration with the site coordinators and the clinical tutors as per the policy and inform the chair of the Specialty Faculty of resident performance at regular intervals.
- Fills end of year ITERs, FITERs and resident report cards.
- Prepares the remediation program for resident in difficulty and follows the progress report(s).
- Manages the in-training examinations for the specialty.
- Ensures resident professional and psychological safety and well-being.
- Manages the administrative duties related to the training program and assigned responsibilities by the Scientific Council and the Secretary General.
- Prepares the financial incentive list to members of the training program.
- Implements and executes the decisions and recommendations of the Scientific Council and the Council and collaborates with the KIMS offices.

- Implements all aspects of accreditation process.

The assistant program director for academic affairs will be responsible for (overseen by the program director):

- Setting up the content and schedule for the weekly academic half day.
- Arranging the academic half day invitees and logistics.
- Organize the weekly academic half day.
- Preparing the educational content for the academic half day for the entire academic year.
- Takes the role of acting program director if nominated.
- Organize OSCEs throughout year
- Participates in the committee(s) and assignments delegated to him/her.
- Assist the program director to carry on the program duties.
- Assist with aspects of accreditation process.

The assistant program director for administrative and residents' affairs will be responsible for (overseen by the program director):

- Carry out administrative tasks for the board.
- Delegate tasks to the program assistant.
- Writing the Urology RPC meetings minutes.
- Collection of assessment forms.
- Looking after residents' affairs and concerns pertaining to the program and conveying to the program director and the Urology Postgraduate Training Committee.
- Takes the role of acting program director if nominated.
- Participates in the committee(s) and assignments delegated to him/her.
- Assist the program director to carry on the program duties.
- Assist with aspects of accreditation process.

The research coordinator will be responsible for:

- Providing the residents with support and guidance for their ongoing research.
- Obtaining research ideas and proposals from Urology faculties.
- Assigning projects to the residents.
- Following up residents' research progress.
- Ensuring that deadlines are met in a timely fashion.
- Updating the Urology RPC with research progress.
- Setting up research methodology talks, lectures and workshops.
- Following up residents 'abstracts submissions for local, regional and international venues.
- Following up residents' journals submissions.
- Delegation with KIMS research office.
- Assist and preparation for the annual residents' research day.

The residents' wellness and resilience coordinator will be responsible for:

- Providing the residents with support and guidance regarding their wellness with continues monitoring.
- Working closely with the residents' representative (residents elect) for ongoing updates and concerns.
- Identify factors affecting resident wellness.
- Develop, coordinate and implement measures to improve wellness.
- Provide a voice and direct reporting for resident wellness and those in need and conveying to the PD and RPC.
- Carry out meeting and discussion on an individual level (1:1) with any resident facing difficulties and hardships.
- Allocate resources and liaise with external providers as needed.
- Facilitating appropriate referral and access to medical care.
- Maintain secrecy, dignity and choice as appropriate when dealing with any arising issue or sensitive encounters.

The site coordinator will be responsible for:

- Provides general orientation to the clinical service area including the physical space.
- Provides the resident the learning objectives of the rotation and provides an orientation of the resident expectation, duties and responsibilities.
- Assigns the rotating resident to monthly duty list in coordination with the head of the department.
- Ensures adequate teaching deliver to all rotating residents.
- Ensures that all educational activities agreed on by the program RPC are conducted to the residents.
- Provides orientation to the safety measures including patient safety policies, occupational health and infection control measures related to the site.
- Ensures supervision by tutors is provided appropriate to the level of training.
- Discusses end of rotation evaluation with each resident.
- Demonstrate the physician competencies listed in the Tutor evaluation form and encourage the resident to provide anonymous feedback (Tutor Evaluation and Clinical Rotation Evaluation).

The clinical tutor will be responsible for:

- Provides the resident appropriate supervision according to the level of training to ensure that both patient safety and learning objectives of the program are met.
- Supports the resident to achieve their learning objective of the rotation including demonstrating and providing the knowledge, skills and attitude to achieve the goals and objectives.
- Provides a mid-rotation evaluation (verbally) and end of rotation evaluation (verbally and written) and inform the resident of any major concerns early.
- Provides safe learning environment free of intimidation and harassment.
- Demonstrate the physician competencies listed in the Tutor evaluation form and encourage the resident to provide anonymous feedback (Tutor Evaluation and Clinical Rotation Evaluation).

- Participates in all learning and academic activities pertaining to residents' teaching as directed by the PD and RPC.

The residents' representative (Resident(s) elected – usually R3 or R4) will be responsible for:

- Represent their peers in the training program and communicate their concerns to the Program Director or training program staff regarding issues related to education, training, professionalism, intimidation, leaves or any issues related to the rules and regulations of KIMS.
- Represent their peers and share their input or provide feedback during RPC meetings of the training program.
- Discuss individual cases with the training program staff regarding remediation of a resident and / or their fulfillment of the program training requirements and exam eligibility during RPC meetings.
- Organize and be present for KIMS events (KIMS CARE, Orientation Day, Awareness Day, etc) as an organizer and representative of their training program.
- Attend and represent their peers in various KIMS Committees such as Scientific Council, Appeals and Policy (designated to four annually elected Chief residents).
- Assist the Program Director in looking after resident issues.
- Act as an advocate for the residents at all levels within the program (examples include interdepartmental scheduling problems, interpersonal conflicts).

- Organize special events.
- Keep record of resident attendance at weekly rounds and journal clubs.
- Help in organizing staff and site evaluations.
- Coordinate elections of new incoming Chief resident, such that they will assume their new responsibilities by September 1st.
- The Chief resident should also orient the incoming Chief to their new responsibilities

The program assistant (program administrative personal) will be responsible for:

-Oversees day-to-day operations of the program.
- Provides administrative support for program director, associate program directors, and residents.
- Council residents on program policies and procedures.
- Produces and distributes manuals for residents.
- Produces and distributes annual rotation schedules and monthly changes.
-Track resident/fellow vacations, sick leave, and leaves of absence.
- Process letters of rotation joining.
- Coordinates events (such as retreats, orientations, and graduation banquets).
- Maintains database and/or paper files of current residents.
- Compile data and prepare/submit reports for Program Director.
- Organize resident files.
- Other special projects and duties as assigned.

The Urology Residency Program Representative at the Surgical Foundation Program (Principles of Surgery) will be responsible for:

- Representing Urology Program at the Surgical Foundation Program.

- Attending Surgical Foundation Program committee meetings.
- Liaising and coordinating between both programs regarding any request and updates.
- Liaising and coordinating with Urology residents (PGY1-2) enrolled under the Surgical Foundation Program.
- Informing the PD about any issues or concerns pertaining to the residents.

The academic advisor will be responsible for (CBD program):

- A Faculty or Academic Advisor is a faculty member specifically appointed to individual resident(s) to review the residents' academic progress during residency. Faculty Advisors are an optional role within Competence by Design. The CC under the Kuwait Urology Board decided to adopt them.
- Being assigned to one or more residents in the CBD model.
- Following assigned residents progress throughout residency.
- Ensuring EPAs are done in a timely fashion.
- Gathering information related to the resident assessment (EPAs, ITARs, etc).
- Populating the resident status report.

- Presenting the resident status report to the primary reviewer and CC for assessment and review.

The primary reviewer will be responsible for (CBD program):

- One of the CC members
Each trainee scheduled for review at a Competence Committee meeting is assigned to a designated primary reviewer.
- Collects relative information from the academic advisor
- Responsible for completing a detailed review of the progress of the assigned trainee(s) based on evidence from completed observations and other assessments or reflections included within the file/e-portal.
- The primary reviewer considers the trainee's recent progress, identifies patterns of performance from the observations, including numerical data and comments, as well as any other valid sources of data (e.g. in-training OSCE performance).
-At the meeting, the primary reviewer provides a succinct synthesis and impression of the trainee's progress to the other CC members.
- After discussion, the primary reviewer proposes a formal motion on that resident's status going forward.

The secondary reviewers will be responsible for (CBD program):

- Rest of the CC members
- Responsible for reviewing all residents on the agenda as secondary reviewers
- All secondary reviewers are required to come prepared to discuss all residents' progress

Competence Committee Guidelines –Terms of Reference (adapted from Royal College of Physicians and Surgeons of Canada) – **some modifications have been applied to fit **specific roles in the Kuwait system**

General Considerations

As part of Competence by Design, specialist education is broken down into a series of integrated stages. Promotion or advancement from one stage to the next is determined outside of the individual teacher-learner interaction at a group decision-making process of the Competence Committee. In this way, a Competence Committee is a critical component of Competence by Design (CBD) because it supports the regular, systematic and transparent review of a resident's progress towards competence. The Competence Committee's goal is to ensure that all learners achieve the requirements of the discipline. The Committee achieves this goal through the synthesis and review of qualitative and quantitative assessment data at each stage of training to determine and guide the resident's progress.

This document provides the Postgraduate Dean, Program Director, Clinical Faculty, Competence Committee member Program Administrator as well as the Resident with information on the structure and function of Competence Committees within CBD.

Role

A competence committee allows for an informed group decision-making process where patterns of performance can be collated to reveal a broad picture of a resident's progression toward competence. A Competence Committee mandate is to review and discuss learner portfolios in order to:

- advise/guide resident learning and growth;
- modify a resident's learning plan;
- make decisions on a learner's achievement of EPAs;
- recommend learner status changes to the Residency Program Committee;
- ensure there is a report back mechanism so that the resident is aware of their status following a review.

Responsibility and Authority

The Competence Committee reports to the Residency Program Committee via the Program Director or delegate and will be responsible for:

- Monitoring and making decisions on the progress of each resident in demonstrating achievement of the EPAs or independent milestones within each stage of a competency-based residency training program.
- Synthesizing the results from multiple assessments and observations to make recommendations to the RPC related to:
    - The promotion of residents to the next stage of training;
    - The review and approval of individual learning plans developed to address areas for improvement;
    - Determining readiness to challenge the Royal College examinations;
    - Determining readiness to enter independent practice on completion of the transition to practice stage;
    - Determining that a trainee is failing to progress within the program;

  - Monitoring the outcome of any learning or improvement plan established for an individual resident.
- Maintaining confidentiality and promoting trust by sharing information only with individuals directly involved in the development or implementation of learning or improvement plans.

In some cases, a residency program committee may delegate authority for promotion decisions to its competence committee.

Composition

The Competence Committee will ordinarily be chaired by a member of the clinical teaching faculty affiliated with a Royal College accredited residency program. Typically, the Competence Committee will not be chaired by the Program Director. However, the Program Director should serve as a Committee member. The size of the Committee should reflect the number of residents in the program with a minimum size of three members for smaller programs. Members of the Committee are normally from either the Residency Training/Program Committee or clinical supervisors associated with the program.

Note: programs have the discretion to include additional members. Optional members might include an individual(s) who is 'external' to the teaching faculty. This might be faculty or a program director from other residency programs at the university or from the same discipline at another university, other healthcare professionals, or a public member.

The use of a Faculty Advisor to mentor residents in their learning and development is an option, but not required. A Faculty Advisor is a faculty member specifically appointed to individual resident(s) to review the residents' academic progress during residency.

Key Competencies and Characteristics

The Competence Committee will be composed of individuals with interest, experience and expertise in assessment and medical education relevant to the discipline. The Competence Committee members must be able to interpret multiple sources of qualitative and quantitative observation data to achieve consensus, where possible, in order to make judgments on outcomes.

Reporting

The Competence Committee will report outcomes of discussions and make recommendations to the Residency Program Committee for ratification.

Term of Office

The selection of members of the Competence Committee will be based on established University policies. Ordinarily, members should be appointed by the Program Director to serve a defined term with an appropriate process for renewals.

Meetings

The frequency of Competence Committee meetings must be sufficient for the committee to fulfill its mandate (at least twice a year), though more frequent meetings may be required in many programs particularly for larger programs and to support the transition between stages. This may be reflected in the Terms of Reference of the Committee or be called on an ad hoc basis by the Chair. Meetings may be either virtual, face to face or some combination of the two.

*****Specific points pertaining to KUB Urology CC***

Members

- The size of the CC should reflect the number of residents in the program with a suggested minimum of six members. The total number of CC members can be decided by the RPC to facilitate logistically optimal functioning of the CC.
- Current committee has 6 active voting members and 1 PA (nonvoting member). Number of members can be increased based on the committee discretion and need. The committee may invite academic advisors to attend any given meeting but they are nonvoting invitees.
- The chair is appointed by the PD who is also a member of the committee, after discussion in the RPC. The CC chair is responsible for appointing the members.
- Members can be part of the RPC as well.
- The members should be active tutors with interest, experience and expertise in assessment and medical education relevant to the discipline.
- Members who have attended CBD workshops (arranged by the Royal College & KIMS) and have gained reasonable knowledge regarding CBD implementation and function are preferred.

Terms of Office

- The selection of members will be based on established program process.
- The defined length of the term for each member is suggested to be 3-5 years with an appropriate process for renewals.
- This may be altered to ensure continuity

(Meetings)

Frequency

- Meeting at least every 8 weeks, or more frequently as needed.
- A member who fails to attend 3 consecutive meetings or 4 total meetings per year without specific reason shall be considered resigned.

Procedures

- The CC may determine procedures to be used at any meeting.
- Meetings can be either in person, virtual, or some combination of the two.
- Agenda is distributed to all members prior to the meeting.

Decision Making

- Quorum shall be fifty (50) percent of the RPC members.
- A decision of the CC may be made by consensus or motion.
- A majority vote of the CC members present at a meeting decides a vote.

Records

- Minutes shall be recorded for all meetings and will be approved by the Committee at its next meeting.

- Minutes will be made available to all Committee members via official email.
- Minutes will be made available to the Urology RPC for discussion and approval which in turn reports to post graduation training office at KIMS via official email and hardcopies.

Confidentiality

- All written materials and discussions related to decisions made at the meetings of the Committee are confidential except any information deemed necessary to communicate with stakeholders.
- All members are required to sign a confidentiality and nondisclosure agreement on an annual basis.

Subcommittees

- The Committee may, at its discretion, appoint a sub-committee to assist in the fulfillment of the Committee's roles and responsibilities.
- A sub-committee will have specific, defined tasks and deliverables.

Competence by Design (CBD) - (adapted from Royal College of Physicians and Surgeons of Canada)

**Some changes applied to fit specific roles in the Kuwait system

A Resident's Guide:

The Royal College has implemented Competency-Based Medical Education (CBME) in their jurisdictions which is an outcomes-based approach to the design, implementation, assessment, and evaluation of a medical education program using an organizing framework of competencies. The concept was introduced in the updated version of CanMEDS in 2015.In a CBME system, a curriculum is organized around the outcomes expected of a resident and that resident's advancement is dependent on having achieved those expected outcomes. Competence by Design (CBD) is the Royal College's model of CBME.

The Kuwait Urology Residency Program at KIMS initiated CBME in October 2022 targeting PGY1 residents and onward of the new academic year cycle. Residents cohort already on the traditional model will continue to be assessed based on the time-based model unlike the new patch of PGY1s.

CBD organizes residency training into four developmental stages and clearly lays out markers for teaching and learning at each stage. Each stage of training, and each learning experience, focuses on the identified outcomes for that stage.

1. First stage
    - **Transition to discipline**
        - It emphasizes the orientation and assessment of new trainees.
2. Second stage
    - **Foundations of discipline**
        - It covers broad-based competencies that every trainee must acquire before moving on to the third stage.
3. Third stage
    - **Core of discipline**
        - It covers more advanced, discipline-specific competencies. As part of CBD, the Royal College is also exploring moving the Royal College exam to the end of this stage.
4. Fourth stage (final)
    - **Transition to practice**
        - During this stage the trainee demonstrates readiness for autonomous practice.

Competence by Design key elements:

1. Well-defined learning path
    - The discipline has defined a number of outcomes at each stage of training. These are written as Entrustable Professional Activities (EPAs) and milestones. Residents must attain these outcomes in order to move to the next stage of training.
2. EPAs and milestones
    - As part of CBD, your program will teach and assess you based on a set of standards that include milestones and EPAs.
    - A **milestone** is an observable marker of someone's ability along a developmental continuum; in CBD we write residency milestones using the four stages of the Competence Continuum.
    - An **EPA** is a task in the clinical setting that a supervisor can delegate to a resident who has demonstrated sufficient competence. Typically, an EPA integrates multiple milestones.
    - EPAs are the tasks that must be accomplished, whereas milestones refer to the individual's abilities at different stages of learning or competence. For example, driving to the store is an EPA, safely making a left-hand turn is a milestone.
3. Frequent observations in real life situations and settings
    - CBD places a focus on work-based assessment where learners will be observed in the real clinical environment; you can expect to be assessed frequently in real life situations and settings, either directly or indirectly.

- Your observers (clinical supervisors) will engage you in meaningful discussions (coaching) about your performance and they'll document how you carried out a particular task on a specific day.

4. Meaningful coaching discussions
    - A coach is a person who will guide you through a process to enhance your performance.
    - In CBD, there will be an increased emphasis on direct and indirect work-based observation to facilitate your learning.
5. Flexibility that allows you to focus on your personal development
    - As residents in CBD you will 'own' your learning. You will play a big role in planning your learning experiences and tracking your progress against the EPAs and milestones within your stage of training.
    - In the CBD environment, residents will be proactive and share the responsibility of ensuring that they are receiving an adequate number of assessments in addition to meaningful feedback, in a variety of environments, in order to have their EPAs properly assessed by the Competence Committee.
6. Sufficient time and resources to learn new skills
    - The intention behind CBD is not to shorten or lengthen residency training but to create competent trainees who are ready for practice.
    - The program will ensure that you have sufficient time to learn and practice new skills (measured by milestones/EPAs) in a variety of contexts.
7. Promotion decisions are made by a Competence Committee
    - The collection of many observations of your performance over time, will allow the competence committee to assess how well you are progressing and when you are ready to move on to the next stage of training.
    - Competence committees will also identify those residents who have not attained milestones, and will help to arrange support and find creative ways to coach them to progress (e.g. assigning special mentors, extra readings, or modified rotations).
8. Exams
    - Based on regular low stakes work-based assessments and the decisions of the competence committee, the program will determine whether or not a trainee is ready for their Royal College examination.
9. Resources
    - The Royal College has a lot of resources to help you better understand CBD. (www.royalcollege.ca/cbd)

Competence Committee Guideline: Process and Procedures in Decision Making:

Principles

The roles, responsibilities and activities of a Competence Committee are guided by the following principles.

1. The Competence Committee is a sub-committee of the Residency Program Committee (RPC).

2. The competence committee allows for an informed group decision-making process where patterns of performance can be collated to reveal a broad picture of a resident's progression toward competence.
3. The Competence Committee has authority to make decisions on individual EPA achievement. The Competence Committee presents status change determinations as recommendations to the RPC. The RPC ratifies these status recommendations with input from the Postgraduate Dean (when required).
4. Committee work is guided by the national specialty competency framework, including specialty-specific milestones and EPAs by stage, as established by the specialty committee as well as the relevant university and Royal College assessment policies.
5. The Competence Committee is expected to exercise judgment in making EPA decisions and status recommendations: i.e., they will use Specialty defined EPAs and the expected number of observations as a guideline, but they are not bound to a specific number, context or type of assessments. The key is that the committee must feel it has adequate information on the EPAs to make holistic judgments on the progress of the resident. The wisdom of the Competence Committee is considered the gold standard for EPA decisions and learner status recommendations.
6. In addition to utilizing milestones and EPAs, Committee discussions will be based on all of the assessment tools and relevant evidence from the program.
7. All committee discussions are strictly confidential and only shared on a professional need-to-know basis. This principle is equivalent to patient confidentiality in clinical medicine.
8. Committee decisions must be based on the evidence available in the trainee's file/e-portal at the time of the committee meeting. Individual committee member experience can only be introduced with appropriate documentation within the file/e-portal. Committee members must make every attempt to avoid the introduction of hearsay into the deliberations. Discussions are informed only by the evidence available in the program's file/e-portal.
9. The functioning of the Competence Committee, including its decision making processes, will be a focus of accreditation surveys in the future.
10. Individual trainees, or their Faculty Advisors (for programs that implement this approach), may be invited to discuss their progress with the members of the Competence Committee.
11. Committee work must be timely in order to ensure fairness and appropriate sequencing of training experiences.
12. Competence Committees operate with a growth mindset. This means that Committee work is done in a spirit of supporting each trainee to achieve their own individual progression of competence.
13. Competence Committees have a responsibility to make decisions in the spirit of protecting patients from harm, including weighing a trainees' progress in terms of what they can safely be entrusted to perform with indirect supervision.

Some Committee discussions must be shared to provide focused support and guidance for residents. This principle is equivalent to patient handover in clinical medicine.

14. Competence Committees, on an exceptional basis, have the option to identify trainees who are eligible for an accelerated learning pathway provided that all requirements are met.
15. Competence Committees, on an exceptional basis and after due process, have the responsibility to identify trainees who have met the predefined category of *failure to progress*, and who should be requested to leave the program (see relevant Faculty of Medicine and Royal College policies).
16. Competence Committee decisions/recommendations and their associated rationales must be documented within the program's file/e-portal.

A Faculty Advisor is a faculty member specifically appointed to individual resident(s) to review the residents' academic progress during residency. Faculty Advisors are an optional role within Competence by Design. They are not required.

Competence Committee Process and Procedures

1. **Agenda Development:** Trainees are selected for the agenda of a planned Competence Committee meeting by the Chair of the Committee, the Program Director or their delegate. This must occur in advance of the Committee meeting to provide reviewers (see below) adequate time to prepare for the meeting.
2. **Frequency:** Every trainee in the program must be discussed a minimum of twice per year. However, greater frequency of monitoring is desirable.
3. **Quorum:** There should be at least 50% attendance from the members of the Competence Committee to achieve quorum, with an absolute minimum of 3 clinical supervisors for smaller Committees. The program director (or 'delegate' in large programs) should be present for all discussions.
4. **Selection:** Trainees may be selected for Competence Committee review based on any one of the following criteria:
    - Regularly timed review;
    - A concern has been flagged on one or more completed assessments;
    - Completion of stage requirements and eligible for promotion or completion of training;
    - Requirement to determine readiness for the Royal College exam;
    - Where there appears to be a significant delay in the trainee's progress or academic performance; or
    - Where there appears to be a significant acceleration in the trainee's progress.

5. **Primary Reviewer:** Each trainee scheduled for review at a Competence Committee meeting is assigned to a designated primary reviewer. The primary reviewer is responsible for completing a detailed review of the progress of the assigned trainee(s) based on evidence from completed observations and other assessments or reflections included within the file/e-portal. The primary reviewer considers the trainee's recent progress, identifies patterns of performance from the observations, including numerical data and comments, as well as any other valid sources of data (e.g. in-training OSCE performance). At the meeting, the primary reviewer provides a succinct synthesis and impression of the trainee's progress to the other Competence Committee members. After discussion, the primary reviewer proposes a formal motion on that trainee's status going forward.
6. **Secondary reviewers:** All other committee members are responsible for reviewing all trainees on the agenda as secondary reviewers. All secondary reviewers are required to come prepared to discuss all trainees' progress
7. **Royal College recommended Committee Procedures:**
    - The Chair welcomes members and orients all present to the agenda and the decisions to be made.
    - The Chair reminds members regarding the confidentiality of the proceedings.
    - Each trainee is considered in turn, with the primary reviewer presenting their synthesis, displaying relevant reports from the file/e-porter, and sharing important quotes from any observational comments about the trainee. The primary reviewer concludes by proposing a status for the trainee going forward in the program.
    - If seconded by another committee member, all members are invited to discuss the motion.
    - The Chair will call a vote on the proposed recommendation of the primary reviewer.
    - If the recommendation of the primary reviewer is not seconded or the motion does not achieve a majority of votes, the Chair will then request another motion regarding the trainee.
    - This will continue until a majority of Competence Committee members supports a status motion. The rationale for the recommendation must be documented in the program's file/e-porter system.
    - Status recommendations can only be deferred if additional information is required. However, this deferred recommendation must be revisited within 4 weeks.
    - A status recommendation is recorded in the trainee's file/e-porter and is communicated to the RPC for ratification.
    - Once ratified by the RPC, a status decision is communicated to the trainee and recorded in the committee's archives.
    - Competence Committees should flag EPAs or Milestones which are inconsistently met at a defined stage for a cohort of residents to the Program

Director. The Program Director, in turn, and in conjunction with the Residency Program Committee, should alert the Specialty Committee for a discussion of the appropriateness and expected time of completion of those EPAs.

8. **Post Competence Committee meetings:** As soon as possible after the committee decision and ratification by the RPC, the Program Director, Academic Advisor, or other appropriate delegate will discuss the decision of the Competence Committee with the trainee. Changes to the trainee's learning plan, assessments, or rotation schedule will be developed with the resident and implemented as soon as feasible, if applicable. Each program may take a slightly different approach to CC follow-up. Each resident is discussed in details with a final decision regarding his progress being made by the CC. Residents are notified about the outcome via email, telephone or in person. If a resident is not progressing well then an urgent meeting is carried out. In general, the PD meets every resident every 3 to 6 months.
9. **Appeal Process:** There must be an appeal mechanism in place for the situation where a resident does not agree with the decision of the Competence Committee. This appeal process needs to conform to University or Institution guidelines and the decision at the University is final. We at KUB comply with KIMS guidelines regarding this matter in which the standards and regulations are set clearly by KIMS (policy attached at the end of the manual).

CBD in Kuwait Urology Board

Kuwait Urology Residency Program Curriculum Map:

Can be accessed via the following link:

https://kuwaiturologyboard.com/program-curriculum/

Rotations overview:

Surgical Foundations Rotations: Covered by Surgical Foundations faculty

- Cover Surgical Foundations EPAs found via the following link:
  - https://www.royalcollege.ca/rcsite/documents/cbd/epa-guide-surgical-foundations-v2-e.pdf
- Follow Surgical Foundations Program curriculum map via the following link:
  - https://kuwaiturologyboard.com/wp-content/uploads/2023/03/CurriculumMap-SurgicalFoundations.xlsx
- The Surgical Foundations Program will cover non-urology EPAs. Urology EPAs will be covered simultaneously during the Urology rotations during years 1 & 2. The residents will be monitored and overseen by the Urology representative at the Surgical Foundations Program Committee as well as the academic advisor assigned for each resident in which both report to the CC.

PGY1

- ICU (3 months)
- General surgery (6 months)
- General Urology& Endourology (3 months)

PGY2

- General Urology& Endourology (3 months)
- General anesthesia (1 month)
- General surgery / Trauma (2 months)

- General pediatric surgery (2 months)
- Nephrology (1 month)
- Vascular surgery (2 months)
- Radiology (1 month)

Urology Rotations:

Urology Discipline	No. of months	Years/Stages
General / Endo-urology	17 months	3 months R1 TTD
		3 months R2 F
		5 months R3 UC
		6 months R5 TTP
Pediatrics	6 months	3 months R3 UC
		3 months R4 UC
Oncology	6 months	3 months R4 UC
		3 months R5 UC
Female/ functional/ neuro-urology (FFN)	6 months	3 months R3 UC
		3 months R4 UC
Research	4 weeks	4 weeks R3 UC
Andrology and infertility	3 months	3 months R4 UC
Male reconstruction	3 months	3 months R5 UC

R1	3months General / Endo-urology
R2	3 months General / Endo-urology
R3	5 months General / Endo-urology
	3 months Peds
	3 months FFN
	4 weeks (research)
R4	3 months Peds
	3 months Oncology
	3 months FFN

	3 Months Andrology & Infertility
R5	3 months Male recon
	3 months Oncology
	6 months General / Endo-urology

EPAs Index:

Stage	EPA NO.	EPA
TTD	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
FND	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 nonemergent 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
Core	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 (10 achievements required)
	6	Performing transurethral resection of prostate (10 achievements required)
	7	Performing a stricture incision of the lower urinary tract (3 achievements required)
	8	Performing rigid ureteroscopy and lithotripsy of the upper urinary tract (10 achievements required)
	9	Performing retrograde flexible ureteroscopy/nephroscopy and lithotripsy of the upper urinary tract (10 achievements required)
	10	Performing percutaneous nephroscopy and lithotripsy of the upper urinary tract (5 achievements required)
	11	Performing laparoscopic renal surgeries (Collect 3 observations of

		achievement - At least 1 nephrectomy (radical, simple, donor or partial) - At least 1 nephroureterectomy)
	12	Performing the surgical skills of open abdominal/retroperitoneal procedures (Collect observations in at least 10 procedures - At least 5 observations of achievement in mobilizing renal/perirenal structures - At least 5 observations of achievement in vascular hemostasis - At least 5 observations of achievement in quality components - At least 5 observations during radical or partial nephrectomy - At least 2 observations during RPLND - At least 2 different assessors)
	13	Performing the surgical skills of open pelvic procedures Collect observations in at least 12 procedures - At least 5 observation of achievement in basic components of pelvic procedures - At least 5 observations of achievement in bowel components - At least 2 observation of achievement in ureteral components - At least 2 observation of achievement in bladder/urethral components - At least 2 observations of achievement in vascular hemostasis
	14	Performing genital procedures Collect at least 6 observations of achievement - At least 2 scrotal/inguinal surgeries - At least 2 penile/male urethral surgeries - At least 2 vaginal/pelvic floor surgeries <<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<< Logbook must contain - at least 10 scrotal/inguinal surgeries - at least 1 drainage/debridement of genital abscess - at least 1 exploration for testicular torsion with or without orchidopexy - at least 2 orchiectomies (simple or radical) - at least 2 vasectomies - at least 3 spermatocelectomies/hydrocelectomies - at least 10 penile/male urethral surgeries - at least 2 circumcisions - at least 5 vaginal/pelvic floor surgeries - at least 3 mid-urethral sling
	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
TTP	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 bladder injury; ureteric injury/ need for reimplant; identification of ureter/ ureterolysis; retroperitoneal mass/ hematoma; new renal mass; mass involving bladder
	5	Contributing to administrative responsibilities
	6	Developing and implementing a personal learning plan geared to setting of future practice Supervisor review of resident's submission of a personal learning plan

Resident in CBD model workflow:

Resident in CBD model workflow

Step 1
- Resident picks up the EPA to be evaluated as well as the evaluator
- An Evaluator can suggest an EPA to be completed by a resident

Step 2
- Residents send evaluation request to the evaluator via the KUB on-line portal
- Residents and evaluators alike must ensure prompt communication to execute the assessmnt in a timely fashion

Step 3
- The tutor/evaluator completes the assessemnt in-person and "in the moment" with the resident
- Once completeed, the tutor/evaluator sends back the form to the resident via the on-line portal

Step 4
- Residents to repeat steps 1-3 as needed/required

Step 5
- Assigned academic advisor ensures EPAs filled in a timely fashion and acoording to the suggested time-line

Step 6
- Site coordinator fills resident's ITAR at mid and end of each rotation

Step 7
- Academic advisor collects all EPAs, ITARs, and any other forms as applicable then populates the CC resident status report (appendix 1)

Step 8
- Academic advisor presents the the resident status report to the primary reviewer and CC

Step 9
- CC (secondary reviewers) assesses/examines the data presented for each resident by his assigned academic advisor and sebsequently the CC primary reviewer

Step 10
- CC finalise evaluation and makes decision regarding the resident's progress (EPA sign-off and recommendations on progress status)

Step 11
- The CC makes recommendations to the Urology PD/RPC for final ratification

Best practice guidelines for EPAs completion:

- Residents should generally get a minimum of 2-3 EPA forms completed per week.
- General guidelines for when each stage is expected to be complete

    - **Transition to discipline**: Mid to end of PGY1
    - **Foundation**: End of PGY2
    - **Core**: PGY3, PGY4, and mid of PGY5
    - **Transition to practice**: Last two blocks of PGY5
    - **Summary for Urology timelines for competency based medical education (CBME)**:

Stage	**Transition to Discipline (TD)**	**Foundations (F)**	**Core of Discipline (C)**	**Transition to Practice (TP)**
No. of EPAs	4	8	21	6
Time expected to be completed by	Mid to end of PGY1	End of PGY2	PGY3, PGY4, and mid of PGY5	Last two blocks of PGY5

- Residents should request EPA form completion prior to the actual case/clinical encounter so that the assessor/tutor/evaluator is prepared to do them at some point during the day e.g.
    - At beginning of OR day
    - At the beginning of the clinic
    - During morning round
- Both residents and evaluators must ensure prompt communication to execute the assessment in a timely fashion
- EPA assessments are ideally done in person and in the moment right after the encounter/end of the day. This in turn will facilitate optimal feedback (timely, specific, and to allow for discussion).
- Completing EPA forms is a shared responsibility between residents and assessor/tutor/evaluator - both can suggest a form be done.
- The resident may pre-fill the form as a self assessment which the staff can review, amend, and then finalize.

Surgical Foundations Training (adapted in parts from Royal College of Physicians and Surgeons of Canada)

Surgical Foundations encompasses the core foundational surgical competencies that are required for Urology amongst other surgical specialties. It is that initial period of postgraduate training required to acquire the knowledge, skills and attitudes underlying the basics to the practice of surgery in general and preparatory to further training in a surgical specialty or subspecialty.

Junior urology residents (PGY1 and PGY2) spend the first two years of their postgraduate training under the umbrella of the Surgical Foundations Program in KIMS in preparation for the Principles of Surgery (POS) exam. The POS must be passed in order to be able to write the specialty examination at the end of training.

Surgical Foundations Program runs weekly lectures for the junior residents in which attendance is mandatory. The program also arranges multiple sessions and workshops for basic surgical knowledge and techniques. In addition, Advanced Trauma Life Support (ATLS) course is offered annually for the junior residents.

Starting October 2022, PGY1 residents and onward will be assessed by the CBD model since the Surgical Foundations Program is adapting it at the same time.

In KIMS, the Surgical Foundations Program is using the same objectives of training set by the Royal College of Physicians and Surgeons of Canada. Surgical foundation objectives and competencies can be found at:

- www.royalcollege.ca
- https://www.royalcollege.ca/rcsite/documents/ibd/surgical-foundations-otr-e.pdf
- https://www.royalcollege.ca/rcsite/documents/ibd/surgical-foundations-competencies-e.pdf

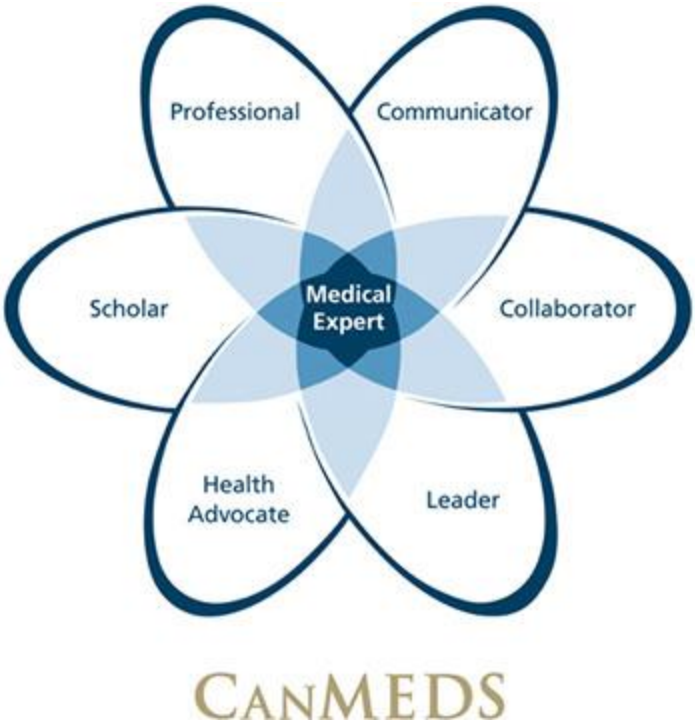
These objectives refer to exit competencies for which a junior surgical resident must be evaluated by the end of PGY2.

CanMEDS Framework

The Royal College of Physician and Surgeons of Canada has adopted and developed the concept of CanMEDS, standing for Canadian Medical Education Directions for Specialists. Basically, it is an illustration of the well rounded physician describing the ideal roles and competencies a specialist is expected to fulfill. Consequently, these roles and competencies have been incorporated into the postgraduate training program.

There are seven CanMEDS roles that can be summarized as the following:

- **Medical Expert**
  - The central role.
  - Demonstrate diagnostic and therapeutic skills for ethical and efficient patient care.
  - Access and apply relevant information to clinical practice.
  - Demonstrate effective consultation services with respect to patientcare, education, and legal opinions.
- **Communicator**
  - Establishes therapeutic relationships with patients and families.
  - Obtains and synthesizes relevant history and information from patients, families, and health care team.
- **Collaborator**
  - Effectively consults with other physicians and health care professionals.
  - Effectively works within an interdisciplinary health care team, including patients, colleagues and other healthcare professionals.
  - Collaborative care and shared decision making.
  - Conflict resolution.
- **Leader**
  - Utilizes time and resources effectively to balance patient care, learning needs, outside activities.
  - Allocates finite health care wisely.
  - Utilizes information technology to optimize patient care, continued self learning and other activities.
- **Health Advocate**
  - Identifies important determinants of health affecting patients.
  - Contributes effectively using their expertise and influence to advance the health and well being of patients, communities and populations.
  - Recognizes and responds to those issues where advocacy is appropriate.
- **Scholar**
  - Critically appraises sources of medical information.
  - Facilitates learning of patients, students, residents and other healthcare professionals.
  - Contributes to the development of new Knowledge.
  - Develops, implements and documents personal education strategy.
- **Professional**
  - Delivers the highest quality of care with integrity, honesty and compassion.
  - Exhibits appropriate personal and interpersonal professional behaviors.
  - Practices medicine ethically consistent with the obligations of a physician.



The Urology Residency Program in KIMS has adapted those roles in the training program objectives. Residents are expected to fulfill those objectives and will be evaluated based on those roles.

Full description for CanMEDS roles can be found at:

- https://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e

CanMEDS Roles - Urology

The professional characteristics to be demonstrated and developed include all of the CanMEDS competencies. Full descriptions for CanMEDS roles pertaining to Urology (Objectives of Training in Urology) can be found at:

- Time-based training (conventional)
  - https://www.royalcollege.ca/rcsite/documents/ibd/urology_otr_e.pdf
- CBD training
  - https://www.royalcollege.ca/rcsite/documents/ibd/urology-competencies-e.pdf

General Program Content

The program curriculum plan is generally based on:

1. CanMEDS roles / Urology Competencies
2. Certain objectives
3. Learning and teaching academic activities
4. Assessment methods
5. Currently the program training is running dual standards:

Time-based standards	Competence by Design standards
Objectives of training (OTR)	Discipline-specific Competencies
Specialty/subspecialty Training Requirements (STR)	Training Experiences
General Standards of Accreditation for Residency Programs	Standards of Accreditation for Residency Programs in [Discipline]

- For CBD trainees cohort, refer to the curriculum map with EPAs
- For Time-Based trainees cohort, refer to Objectives of Training in Urology (rotation specific objectives per year of training)

The Urology Residency Training is a five-year-program

- PGY1 – PGY2
  - Spent in core rotations under the Surgical Foundations program
    - General surgery / Trauma
    - General pediatric surgery
    - General Urology& Endourology
    - General anesthesia
    - Intensive care medicine
    - Vascular surgery
    - Nephrology
    - Radiology
- PGY3 – PGY5
  - Spent in Urology rotations inclusive of sub-specialties
    - General urology
    - Endourology & minimally invasive surgery
    - Uro-oncology
    - ED and male infertility
    - Female urology/Functional urology/Neurourology
    - Pediatric urology
    - Reconstructive urology
    - Renal transplantation* (special conditions: no dedicated rotation, however a resident may perform some cases and attends a clinic with one urologist performing renal transplantation)

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

Rotations

PGY1

- ICU (3 months)
- General surgery (6 months)
- General Urology& Endourology (3 months)

PGY2

- General Urology& Endourology (3 months)
- General anesthesia (1 month)
- General surgery / Trauma (2 months)
- General pediatric surgery (2 months)
- Nephrology (1 month)
- Vascular surgery (2 months)
- Radiology (1 month)

PGY3

- Urology disciplines (9 months)
- Pediatric urology (3 months)

PGY4

- Urology disciplines (9 months)
- Pediatric urology (3 months)

PGY5 (chief resident)

- Urology disciplines (12 months)

Notes:

- Elective period (1 to 3 months in duration) can be offered in third or fourth year in order to provide an opportunity to focus on specific areas of interest. A multitude of elective opportunities exists. All elective requests must be approved in advance by the Program Director in accordance with KIMS and Kuwait Civil Service Commission regulations. All such experiences are evaluated in the same manner as other rotations.

- One-month research rotation is granted during PGY3. The resident is expected to do calls at his/her assigned hospital.

Urology Sub-Specialties Sites

**For each site capacity and features, refer to site-specific objectives.

General and Endo-Urology Rotation (G&E):

- Sites:
  - Adan
  - Amiri
  - Farwaniyah
  - Jaber
  - Jahra
  - Mubarak
  - Sabah Al Ahmad Urology Center
- OPD, emergency, inpatient service
- Special OPD services (Uroflow/UDS/Flexible cystoscopies/TRUS Bx)
- Surgeries

Pediatric Urology Rotation:

- Sites: Ebn Sina Hospital / SAUC peds unit
- OPD, Emergency, inpatient service& theater.

Oncology, laparoscopic and Robotic Rotation (Onc& MIS):

- Sites: Farwaniyah, Amiri and SAUC
  - OPD
  - Inpatient service
  - OT
  - Residents required to finish 10 hours of simulation training on ROBOT

Female, Functional and Neuro-Urology (FFN) rotation:

Sites: Amiri hospital and Jaber hospital

- OPD
- Inpatient service
- SOPD, Flexible cystoscopies, urodynamics
- OT

Andrology and infertility:

Sites: Jahra hospital and SAUC

- OPD
- Inpatient service
- SOPD
- OT

Reconstruction and male urethra:

Sites: Farwaniyah and SAUC

- OPD
- Inpatient service
- OT

Surgical Foundations Rotations:

Covered by Surgical Foundations faculty

PGY1

- ICU (3 months)
  - Multiple sites (assigned by ICU coordinator)
- General surgery (6 months)
  - Mubarak / Farwaniyah / Jabir
- General Urology& Endourology (3 months)
  - All urology sites except Ebn Sina Pediatric Hospital

PGY2

- General Urology& Endourology (3 months)
  - All urology sites except Ebn Sina Pediatric Hospital
- General anesthesia (1 month)
  - Multiple sites (assigned by anesthesia coordinator)
- General surgery / Trauma (2 months)
  - Adan
- General pediatric surgery (2 months)
  - Ebn Sina
- Nephrology (1 month)
  - Mubarak
- Vascular surgery (2 months)
  - Jabir
  - Mubarak
- Radiology (1 month)
  - Farwaniyah

Urology Rotations Overview

Year of Training	Duration & Discipline	Sites
R1	3months GenUro / Endo	○ Adan ○ Amiri ○ Farwaniyah ○ Jaber ○ Jahra ○ Mubarak ○ SAUC
R2	3 months GenUro / Endo	○ Adan ○ Amiri ○ Farwaniyah ○ Jaber ○ Jahra ○ Mubarak ○ SAUC
R3	5 months Gen Uro/ Endo	○ Adan ○ Amiri ○ Farwaniyah ○ Jaber ○ Jahra ○ Mubarak ○ SAUC
	3 months Peds	Ibn Sina / SAUC peds unit
	3 months FFN	Amiri / Jaber
	4 weeks (research)	TBA (any Urology site)
R4	3 months Peds	Ibn Sina / SAUC peds unit
	3 months Oncology	Farwaniyah / Amiri / SAUC
	3 months FFN	Amiri / Jaber
	3 Months Andrology & Infertility	Jahra / SAUC
R5	3 months Male recon	Farwaniyah / SAUC
	3 months Oncology	Farwaniyah / Amiri / SAUC
	6 months Gen Uro / Endo	○ Adan ○ Amiri ○ Farwaniyah ○ Jaber ○ Jahra ○ Mubarak ○ SAUC

Year Specific Objectives

The following is a summary for Year/level Specific Objectives and responsibilities. They are divided into specific rotation objectives per level of training that are assessed by rotation specific ITERs for Urology Rotations. Residents under the Surgical Foundations Program assessment is covered by Surgical Foundations faculty.

Objectives of Training (Time-Based Residents)

- **The objectives of training follow CanMEDS roles. Below are the objectives of training pertaining to the role of Medical Expert and technical skills unique for each rotation. Rest of CanMEDS roles are universal amongst all disciplines and must be adhered to.**
- **Example**

CanMEDS Role	Objective(s)
Medical Expert	Detailed objectives outlined below (rotation-specific per year)
Communicator	• Communicates diagnoses and results to patient and patient's family effectively and in a clear manner. • Communicates with the patient and patient's family in a manner that is empathetic and establishes good rapport. • Demonstrates ability to appropriately synthesize and document clinical information accurately and in a timely fashion.
Leader	• Demonstrates leadership skills in everyday management of resources to enhance healthcare provision. • Contributes to a culture that fosters patient safety in everyday practice.
Health Advocate	• Identifies opportunities for addressing lifestyle considerations and healthy practice adoption in the patient population.
Scholar	• Integrates evidence-based practice into their daily decision-making.
Collaborator	• Negotiates responsibilities with other healthcare providers to ensure optimal and ongoing care for patients. • Demonstrates safe transfer of care via

	use of appropriate handover techniques and protocols.
Professional	• 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 ○ demonstrates humility and compassion ○ demonstrates respect and respect for diversity ○ maintains confidentiality of patient care and patient information

PGY1 and PGY2

These two years are part of the surgical foundations program. PGY1 is designed to provide a broad exposure to general surgery, intensive care medicine and general urology. PGY2 is designed to provide a broad exposure to general urology, general anesthesia, general surgery/trauma, general pediatric surgery, vascular surgery, nephrology and radiology.

Under careful supervision by senior/chief residents and staff, trainees will have ample opportunity to learn and refine basic clinical and technical skills considered fundamental to the above specialties and to begin to build a sound basic surgical and medical knowledge base. Residents are expected to:

- Attend outpatient clinics, inpatient rounds and consultations, emergency department, and operating rooms.
- Properly handle uncomplicated pre-and postoperative care.
- Take roles in teaching clinical clerks and medical students.
- Perform simple endoscopic and minor open surgical procedures under senior supervision as well as observing and assisting with the more complex procedures by the end of PGY2 year.

General Surgery (PGY1) / General Surgery &Trauma (PGY2) / General Pediatric Surgery (PGY2)

Pre-operative assessment:

1. Assessment for fitness for anesthesia
2. Management of associated medical conditions
    - Diabetes
    - Respiratory disease
    - Cardiovascular disease

- Steroids

3. Pre-medications
4. Prophylaxis for Thromboembolic diseases

Operative:

1. Classification of surgical wounds
2. Wound healing
3. Suture material, surgical knots and wound closure
4. Skin antiseptics for surgical wounds
5. Post-operative wound care
6. Local and regional anesthesia

Post-operative management:

1. Pain control
2. Blood transfusion, complications, hazards and its management
3. Nutritional support, total parental nutrition, indications and technique
4. Post-operative complications
    - Prevention
    - Recognition
    - Management

Residents are expected to learn, assist and perform as many procedures as possible:

1. Hernia repair
2. Circumcision
3. Orchidopexy
4. Get acquainted with basics of bowel surgery
    - Different preparation for bowel surgery
    - Bowel resection and its principles
    - End to end anastomosis principles
5. Basics of laparoscopic surgery
6. Different abdominal incisions
7. Wound closure

Residents are expected to learn the principles for managing patients with multiple traumas

Critical Care Medicine (PGY1)

Basics management of:

1. Critically ill patient
2. Polytrauma cases
3. Cases with sepsis and different ICU cases

Vascular Surgery (PGY2)

1. Diagnosis and management of ischemia

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

Nephrology (PGY2)

1. Management of uremic cases
2. Management of patients on dialysis
3. Management of electrolyte and acid base imbalance

Radiology (PGY2)

1. Contrast media principles, preparation and trouble shooting
2. Imaging check lists
3. Indications
4. Interpretation
    - Plain abdominal/KUB x-ray
    - Plain CT-KUB
    - Cystogram
    - Urethrogram
    - MCUG
    - CT urography
    - Abdominal, pelvic and scrotal sonography
    - Abdominal and pelvic MRI including the prostate

General Anesthesia (PGY2)

1. Preoperative assessment (clinic/inpatient)
2. Preoperative clearance
3. Principles of induction
4. Operation room surgical experience pertaining to anesthesia
5. Perioperative care
6. Post operative care

General Urology and Endourology (PGY1 & 2)

Rotation: General Urology & Endourology - PGY1 (3 months)

During this rotation, the resident is introduced to the basic competencies expected from a urology resident in general urology and endourology, which will be the base of further competencies achieved during training. Residents should achieve in-depth knowledge in pathophysiology, investigation including metabolic assessment and surgical management of urinary stone disease.

Residents will receive the bulk of their trauma exposure at the general urology sites. Residents should acquire in-depth knowledge of the approach to the management of the patient with multisystem trauma as well as the patient with injury isolated to the GU system. Techniques involved in stabilizing patients, appropriate investigations and the surgical management of urologic injuries will be learned. Residents will achieve these objectives through personal study, through evaluation of patients in the emergency department and attendance in the operating room.

General objectives of this rotation include:

1) To be able to take a focused urologic history and physical examination and formulate an appropriate diagnostic/management plan for management of patients with/ at risk for urolithiasis

2) To learn how to appropriately diagnose and manage common emergent urologic conditions for example renal colic, urinary retention, genital emergencies (the acute scrotum), and hematuria.

3) To learn how to perform common urologic procedures and investigations including Foley catheter insertion and cystoscopy. Other possible procedures may include urethral dilation, retrograde pyelography, retrograde urethrography and ureteral stent insertion.

4) To be able to effectively communicate a patient's history and physical examination and diagnostic/treatment plan with attending faculty.

5) To acquire comprehensive knowledge of the pathophysiology, investigation and medical/surgical treatment of BPH.

6) Develop an understanding of the role of PSA in prostate cancer screening, the investigation of men with an abnormal PSA and/or DRE

7) To be able to effectively assess, describe, and describe the management of GU trauma

Technical Skills

1) Cystoscopy and urethroscopy, ureteric catheterization including ureteric stent insertion and removal, retrograde pyelography
2) Urethral dilatation and visual internal urethrotomy
3) Suprapubic catheter insertion
4) Circumcision
5) Scrotal surgery - hydrocele, epididymal cyst, epididymectomy, simple orchidectomy
6) Varicocele repair
7) Repair of testicular torsion
8) Basic principles and techniques of laparoscopy

Rotation: General Urology & Endourology - PGY2 (3 months)

PGY2 residents should work in collaboration with the Senior/Chief residents and Consultants and should be involved in all aspects of patient management through attendance in the outpatient clinics, Emergency Department, inpatient units and operating rooms. The resident may be the first one called to see inpatient consultations. The resident should demonstrate the ability to manage urologic emergencies such as:

1. Urinary retention

2. Acute renal colic

3. The difficult catheterization

4. Acute scrotal pain

5. Priapism

6. Renal Failure

7. GU Trauma

PGY2 residents should be able to demonstrate competent handling of uncomplicated pre-and postoperative care.

Technical Skills

At the completion of the PGY2 year, technical expertise in endoscopic techniques and minor open surgical procedures should be acquired. By the end of the rotation, a PGY2 resident will be expected to perform simple endoscopic and minor open surgical procedures with consultant supervision. The resident should also be present to observe and assist with the more complex procedures. If the resident is scheduled to be in clinic on a particular day, he/she has the permission to leave for a portion of the clinic so as to obtain exposure to various PGY-level specific cases in the OR.

The following is a list of procedures that should be mastered in the PGY2 general urology and endourology rotations:

1) Endoscopic Procedures

   a) Cystoscopy and urethroscopy

   b) Urethral dilatation

   c) Vesical and urethral biopsy and fulguration

   d) Visual Internal urethrotomy

   e) Litholapaxy

   f) Basic ureteroscopy skills

2) Open Surgical Procedures

a) Ability to open and close abdominal and flank incisions

b) Urethral meatotomy

c) Insertion of percutaneous suprapubic tube

d) Suprapubic cystostomy

e) Circumcision

f) Excision and fulguration of venereal warts

g) Penile biopsy

h) Testicular biopsy

i) Vasectomy

j) Cystolithotomy

k) Drainage of periurethral/perivesical abscess

l) Scrotal or inguinal surgery

3) Basic principles and techniques of laparoscopy

PGY3 and PGY4

PGY3 and PGY4 residents are expected to function in a supervisory role and are granted greater independence in the clinic, in-patient settings and the operating room. They will have the overall responsibility for running the Urology ward at their hospital under the supervision of the chief resident. They are expected to attend clinics with operating rooms together with teaching junior staff. They should engage in teaching the junior residents and staff.

They should be able to consolidate skills learned during their junior residency and gain more experience in performing endoscopic, laparoscopic/robotic, and open techniques. Furthermore, they will have opportunities for the management of more complex cases.

They will spend time at different training site offering urology sub-specialties:

- General Urology
- Endourology & minimally invasive surgery
- Uro-oncology
- ED and male infertility
- Neurourology
- Female urology / Functional urology
- Pediatric urology

Rotation: General Urology & Endourology - PGY3 (5 months)

PGY 3 residents are given greater independence in the clinic and in-patient settings. Clinical competence in all areas of urology should be demonstrated by the completion of this year of the general urology and endourology rotations at PGY3 level. The resident should be able to describe and carry out appropriate management of more complex urological conditions.

Residents are expected to attend outpatient clinics when not scheduled to be in the OR. The resident will often see the inpatient consultations initially or assist the junior resident in this assessment. The PGY3 resident may, from time to time, be in charge of the inpatient ward in the absence of the Chief Resident.

Technical Skills

Further consolidation of endoscopic and minor surgical skills learned in the PGY 2 year should occur this rotation. The PGY3 resident will be expected to gain experience in more major endoscopic and open surgical techniques.

The following surgical procedures should be performed by the end of this year of training with increasing competence:

1) Endoscopic Procedures

a) Transurethral resection of bladder tumor

b) Transurethral resection/incision of Ureterocele

c) Transurethral prostatectomy

d) Ureteroscopy (flexible and rigid) (diagnostic and therapeutic)

e) Laser lithotripsy

f) Percutaneous nephrolithotomy

g) Transurethral drainage of prostatic abscess

h) ESWL

2) Open Surgical Procedures:

a) Uretero-neocystostomy

b) Diverticulectomy of bladder

c) Partial cystectomy

d) Shunt for priapism

e) Laparotomies, flank, and retroperitoneal incisions and closures

3) Laparoscopic Procedures

a) Basic technical skills including choice of instruments, establishment of pneumoperitoneus and tissue dissection

Rotation: Pediatric Urology - PGY3 (3 months)

Residents should acquire comprehensive knowledge of all common urologic conditions afflicting children including: enuresis, urinary tract infection, vesico-ureteral reflux, ureteropelvic junction obstruction, cryptorchidism and hypospadias. The surgical and clinical objectives of this rotation are tailored to developing precise technical and intellectual skills, which will have a general applicability to the surgical cases residents will see as they enter subsequent years in the program. Similarly, an introduction and basic grounding in clinical evaluation through history and radiologic evaluation will be stressed. Aspects of evaluation of the pediatric patient will be emphasized.

Residents will begin attaining medical expert competence in the field per the following objectives

1. Establish and maintain clinical knowledge in the following conditions
    1. Antenatal hydronphrosis and perinatal management
    2. Congenital and developmental abnormalities
        1. Kidney and ureter
            1. Cystic disease of the kidney
            2. Horseshoe kidney and other renal anomalies
            3. Ureteropelvic junction obstruction
            4. Duplication, retrocaval ureter, megaureter, ectopic ureter and other ureteric anomalies
        2. Bladder and urethra
            1. Vesicoureteral reflux
            2. Posterior urethral valves
            3. Epispadias and exstrophy
            4. Hypospadias and chordee
        3. External genitalia
            1. Disorders of sexual differentiation
            2. Undescended testes
            3. Buried penis
            4. penile rotation
        4. Prune belly Syndrome
    3. Urinary calculus disease
        1. Renal, ureteral and bladder calculi
    4. Urinary Tract infection
        1. Bacterial (complicated and uncomplicated)
        2. Pyelonephritis
    5. Pediatric Trauma
        1. Renal trauma
        2. Ureteral trauma
        3. Bladder trauma

4. Urethral trauma
5. External genital trauma

6. Urological oncology.
    1. Wilms' tumor
    2. Tumors of the testes
    3. Tumors of the adrenal
        1. Pheochromocytoma
        2. Neuroblastoma
    4. Rhabdomyosarcoma
7. Voiding disorders, including relevant neurourology
    1. Nocturnal enuresis
    2. Urinary incontinence
    3. Functional voiding disorders and Bowel Bladder Disorders
    4. Voiding dysfunction due to neurological disease
8. Adrenal diseases
    1. Neonatal Arenal Hemorrhage
    2. Adrenal hyperplasia
    3. Adrenal hyperfunction, hypofunction, and associated syndromes
9. Disorders of the male external genitalia
    1. Hydrocele
    2. Varicocele
    3. Spermatocele, cysts
    4. Torsion of the testes, cord, and appendages
    5. Inguinal hernia

2. Perform a proper pediatric urology consultation**,** including:
    1. Taking urological history, including past and present medical history. Also prenatal, natal and postnatal history when applicable.
    2. Perform a focused physical examination
    3. Order or perform investigations
    4. Communicate the consultation, both verbally and in written format, including a clear plan of action or recommendations
    5. Able to present the assessments and plan in written and/or verbal form when requested.
    6. Understand ethics related to the whole process
3. Proper use and interpret diagnostic tests
    1. Urinalysis
        1. Routine urinalysis
        2. Urine culture
    2. Biochemical serum studies
        1. Renal function tests
    3. Ultrasonography and Doppler study
        1. KUB
        2. Gonadal
    4. Radioisotope studies
        1. Renal scans
            1. DMSA
    5. CT (Tumors and stone disease)

6. Urodynamic studies
7. Uroflowmetry (UFM)
8. Ability to put and execute appropriate admission plan
9. Ability to complete preoperative preparation including laboratory and radiological investigations, consenting and plan documentation

Technical Skills

1) Demonstrate competence to perform, under supervision, a substantial part or all of the following procedures and lead perioperative management including post-operative management of medications, analgesia, IV fluids, oral intake, mobility, wound, catheter and drains care and the ability to devise a discharge plan
    a. Cystoscopy and urethroscopy
    b. Ureteric catheterization, including ureteric stent insertion and removal and retrograde pyelography
    c. Urethral dilatation and visual internal urethrotomyand incision of posterior urethral valves
    d. Suprapubic catheter insertion
    e. Circumcision
    f. Urethral meatotomy and meatoplasty
    g. Hydrocelectomy
    h. Open orchidopexy procedures
    i. Radical orchidectomy
    j. Repair of testicular torsion
2) Demonstrate knowledge of the steps and assist in the following procedures
    a. Percutaneous renal surgery
    b. Vesicostomy
    c. Hypospadias repair
    d. Pyeloplasty
    e. Nephrectomy
    f. Laparoscopic procedures including orchidopexy, orchidectomy, adrenalectomy, pyeloplasty, nephrectomy, and varicocelectomy

Rotation: Functional, Female and Neuro-urology - PGY3 (3 months)

In-depth knowledge of the pathophysiology of urinary incontinence in men and women and the appropriate investigations and treatment should be acquired. An understanding of the practical aspects of performing urodynamics should be achieved through attendance of urodynamic procedures with the urodynamic performing staff. Awareness of common female urologic problems should be achieved through regular attendance in the outpatient clinic and operating room.

At the end of the rotation the residents are expected to:

1) To understand the anatomy, neuro-anatomy and physiology of normal voiding.

2) To develop an understanding of the etiology, pathophysiology, classification, diagnosis and treatment of voiding dysfunction, urinary incontinence, and female pelvic floor disorders as well as pelvic pain disorders

3) To understand the etiology, pathophysiology, classification and treatment of the neurogenic bladder.

4) To be able to manage the urologic conditions associated with acute and chronic spinal cord injured patients.

5) To further develop an understanding of the technical skills and options required to treat lower urinary tract dysfunction including female and male urinary incontinence

6) To be able to counsel a patient regarding the treatment options for urinary incontinence including pharmacological therapy and surgical treatment

Technical Skills

1) Appropriately use and interpret diagnostic tests relevant to the specialty
    a. Urodynamic Studies including voiding pressure studies, uroflowmetry, electromyography, and when available, video assisted urodynamics
    b. Voiding cystourethrogram
    c. Urine culture techniques
2) Demonstrate competence, under supervision, to individually perform all or a substantial part of the following procedures as well as perioperative management
    a. Botulinum toxin A vesical injections
    b. Urinary diversion procedures including ileal conduits

Rotation: Research - PGY3 (1 month)

All residents in the clinical urology years are expected to undertake a research project each year that will be presented at the annual KUB's Research Day. It is hoped that these projects will also be submitted for presentation at regional and international meetings. This rotation allows the resident to concentrate their time and efforts on a significant portion of previous research initiatives or undertake a new project that would require a substantial amount of time and dedication that would be hindered if the resident were to be involved in another rotation. These projects do not have to be completed during this rotation, and the senior residents will be expected to continue research initiated in this rotation before or begin a new project thereafter. It is eventually expected that will all culminate in publication of the work.

Policies for Research Block

1) Proposed research projects, whether new or ongoing, must be submitted, in writing, to the Program Director (PD) for approval and signature a minimum of eight (8) weeks prior to the start of the research rotation.

2) Each proposal must be accompanied by a defined set of objectives for the research, methods and the name and email address of the research supervisor.
3) A mid-rotation progress report should be provided to the research supervisor and the PD for review. A subsequent end of rotation report should showcase progress made on the research project and should be deemed sufficient to justify the 4-week rotation block.
4) Vacations are discouraged during this rotation. Any urgent leave must be approved and requested as per the KIMS policy.
5) During the rotation, the resident must be available to attend all education events, participate in on-calls as assigned by the PD and must check-in with their supervisor on a regular basis.

Rotation: Pediatric Urology - PGY4 (3 months)

In this rotation, residents will continue to build knowledge and skills as outlined in the objectives of the previous rotation, while expanding on demonstrating knowledge and competence in managing more complex pediatric urology conditions, interpreting a larger scope of investigations and attaining further surgical skills

Technical Skills

1) Appropriately use and interpret diagnostic tests relevant to the specialty
    a. Urinary collections for metabolic work up
    b. Adrenal function tests
    c. Tumor markers
    d. Diuretic renograms
    e. Scans for adrenal localization
    f. MRI in complex cases to delineate anatomy
2) Perform independently and competently interpret the following diagnostic procedures
    a. Voiding cystogram
    b. Urodynamic studies including cystometrograms and when available video urodynamics
3) Demonstrate competence to perform, under supervision, a substantial part or all of the following procedures and lead perioperative management including post-operative management of medications, analgesia, IV fluids, oral intake, mobility, wound, catheter and drains care and the ability to devise a discharge plan
    a. Percutaneous renal surgery for nephrolithiasis
    b. Transurethral incision of ureterocele
    c. Endoscopic injections for vesicoureteric reflux
    d. Vesicostomy
    e. Distal and mid shaft hypospadias repair procedures
    f. Pyeloplasty
    g. Nephrectomy
    h. Laparoscopic procedures including orchidopexy, orchidectomy, adrenalectomy, pyeloplasty, nephrectomy, and varicocelectomy

Rotation: Uro-Oncology - PGY4 (3 months)

It is expected that residents will acquire in-depth experience in all aspects of urologic oncology. The theories of urologic tumorigenesis, cancer biology, pertinent investigations and medical/surgical management of all urologic malignancies should be learned. An understanding of the mechanisms of action and indications for radiotherapy and chemotherapy in the treatment of urologic tumors should be obtained. These objectives will be achieved through regular attendance in the outpatient clinics and operating room.

Also, an understanding of the role of PSA in prostate cancer screening, the investigation of men with an abnormal PSA and/or DRE and the technique of TRUS biopsy of the prostate should be acquired. An insight into the management of prostate cancer stage for stage should be attained. This knowledge is expected to be obtained through individual study, attendance at outpatient clinics and the operating room.

General Objectives:

1) To develop an understanding of the etiology, natural history, histopathology (including grading), investigation, classification, diagnosis, staging of urological malignancies.

2) To understand the treatment options, including the role for multidisciplinary care for patients with urological malignancy. An appreciation of non-curative palliative therapies is also required.

3) To further develop the technical skills for uro-oncology surgery.

4) To understand the principles of cancer management as well as surgical oncology with emphasis on the role of chemotherapy, targeted therapies, radiotherapy and palliative care.

5) To develop a familiarity with the controversies in the treatment of urological malignancy and to appreciate the role and need for clinical trials to help solve the aforementioned controversies.

6) To understand the controversies and limitations of screening for urological malignancy.

7) To learn the natural history, diagnosis, staging and treatment outcomes for early stage prostate cancer.

8) To learn the indications and complications of systemic therapies for prostate cancer including androgen deprivation.

9) To counsel patients with early stage disease about treatment options their outcomes and complications (including active surveillance).

10) To learn the natural history, diagnosis, staging and treatment outcomes for urothelial cancers.

11) To learn the natural history, diagnosis, staging and treatment outcomes for testicular tumors

12) To learn the natural history, diagnosis, staging and treatment outcomes for kidney cancers

13) To be able to correspond with colleagues through consultative letters and operative notes.

Technical Skills

1) Appropriately use and interpret diagnostic tests relevant to the specialty
    a. Urine cytological studies
    b. PSA and PSA-adjuncts
    c. Tumor markers
    d. CT, MRI, PET and bone scans for cancer localization and staging, including PSMA studies
    e. Interpretation of histopathological examination and reports
2) Perform independently, under supervision, the following procedures and lead perioperative management
    a. TRUS biopsy
    b. Radical orchidectomy
3) Demonstrate knowledge and ability to assist and perform key steps of the following procedures as well as perioperative management, either in the open, laparoscopic or robotic-assisted approaches
    a. Radical cystectomy and anterior pelvic exenteration
    b. Pelvic lymphadenectomy
    c. Partial and radical nephrectomy
    d. Nephroureterectomy
    e. Radical prostatectomy

Rotation: Functional, Female and Neuro-urology - PGY4 (3months)

At the end of the rotation the residents are expected to build and expand on knowledge and skills attained from the FFN rotation in the previous year, including but not limited to

Technical Skills

1) Appropriately use and interpret diagnostic tests relevant to the specialty
    a. Urodynamic Studies including voiding pressure studies, uroflowmetry, electromyography, and when available, video assisted urodynamics
    b. Voiding cystourethrogram
    c. Urine culture techniques
2) Demonstrate competence, under supervision, to individually perform all or a substantial part of the following procedures as well as perioperative management
    a. Perform urodynamic studies independently
    b. Urinary diversion procedures including ileal conduits
    c. Augmentation cystoplasty
    d. Insertion of artificial urinary sphincter
    e. Male and female continence procedures including slings
    f. Sacral neuromodulation

g. Repair of lower urinary tract fistulae involving bladder and urethra

Rotation: Andrology & Male Infertility – PGY4 (3 months)

Residents will acquire and be able to demonstrate knowledge of the pathophysiology, investigation and medical/surgical management of erectile dysfunction and male infertility. This knowledge is expected to be obtained through individual study, attendance at outpatient clinics and the operating room.

During the rotation the residents will be exposed to all area of men's reproductive medicine with clinical areas of male infertility, sexual health, andropause, Peyronie's Disease and prosthetics.

At the end of the rotation the residents are expected to:

1) Understand the urological investigations for men with infertility, sexual dysfunction, andropause and Peyronie's Disease.

2) Understand the different types of therapies available for men with infertility, sexual dysfunction, andropause and Peyronie's Disease as well as the role, risks and alternatives to each of the therapies.

3) Understand the surgical anatomy of and the surgical approaches to the scrotum, cord structures, penis and inguinal canal.

4) Understand the pre-operative, and post-operative management of these conditions and their potential complications.

5) To understand the anatomy and physiology of erection.

6) To understand the etiology, pathophysiology, classification, diagnosis and treatment of erectile dysfunction

7) To understand and the etiology, diagnosis and management of ED unresponsive to medical management, priapism, trauma or other traumatic causes

Technical Skills

1) Appropriately use and interpret diagnostic tests relevant to andrology and male infertility
    a. Semen analysis
    b. Male hormonal profile in context of infertility and andropause
    c. Penile doppler studies
    d. Combined injection and simulation tests
2) Demonstrate competence, under supervision, to individually perform all or a substantial part of the following procedures as well as perioperative management
    a. Loop-assisted and microscopic varicocelectomy, or laparoscopic
    b. Insertion of testicular prosthesis

c. Insertion of penile prosthesis
d. Sperm-retrieval procedures

PGY5 (Chief Resident)

This is the year in which the resident will be the chief resident which entails running the service and making decisions in a senior registrar capacity. He/she will be responsible for rounding on the inpatients every morning with the more junior house staff members, staff allocation on the ward, clinics, and the OR together with organizing the on-call rota.

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

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

Rotations are spent in three disciplines:

- Male urethra reconstruction
- Uro-Oncology
- General Urology and Endourology

Rotation: Male Reconstructive Urology – PGY5 (3 months)

Residents will acquire and be able to demonstrate knowledge of the pathophysiology, investigation and management of male urethral abnormalities and stricture disease. This knowledge is expected to be obtained through individual study, attendance at outpatient clinics and the operating room.

At the end of the rotation the residents are expected to:

3) To learn how to perform and interpret a retrograde and voiding cysto urethrogram.
4) To learn the approach in managing urethral stricture disease.
5) To be able to collaborate within a multidisciplinary team in investigating and managing genitourinary trauma in the multi-organ traumatized patient.

Technical Skills

3) Appropriately use and interpret diagnostic tests relevant to the specialty
    a. Retrograde urethrogram
    b. Voiding cystourethrogram
    c. Uroflowmetry
4) Demonstrate competence, under supervision, to individually perform all or a substantial part of the following procedures as well as perioperative management
    a. Urethral meatotomy and meatoplasty

b. Penectomy, total or partial
c. Urethrectomy
d. Buccal mucosal graft harvesting
e. Urethroplasty and reconstruction for anterior urethral strictures and pelvic fracture disruption injuries

Rotation: Uro-Oncology - PGY5 (3 months)

As Chief Residents, PGY5 residents in this uro-oncology rotation are expected to lead the rounds, clinics and multidisciplinary meetings that are involved in this subspecialty. They are expected to continue their gains, building on knowledge and skills from the prior rotation, with more specific emphasis on surgical skills.

More specific objectives, include, but are not limited to:

1) Demonstrate mastery in the knowledge of natural history of, diagnosis, staging and treatment options for localized prostate cancer.
2) Applicable knowledge of the indications and complications of androgen deprivation therapy in various stages of prostate cancer.
3) Demonstrate mastery in the knowledge of natural history, diagnosis, staging and treatment options for bladder carcinoma
4) To be able to counsel a patient with any GU malignancy with respect to diagnosis, treatment and/or preoperative consent and oversee complete perioperative management
5) To develop an appreciation for the increasing role of molecular genetics in the understanding and management of urologic malignancy.
6) To be able to collaborate with other medical professions in the multidisciplinary management of the GU cancer patient, including medical and radiation oncology

Technical Skills

Demonstrate competence to perform, under supervision, a substantial part or all of the following procedures and lead perioperative management either in the open, laparoscopic or robotic-assisted approaches

f. Radical cystectomy and anterior pelvic exenteration
g. Pelvic lymphadenectomy
h. Partial and radical nephrectomy
i. Nephroureterectomy
j. Radical prostatectomy

Rotation: General Urology & Endourology – PGY5 (6 months)

The chief resident is in charge of the inpatient ward. The PGY5 resident is responsible for rounding on the inpatients each morning with the more junior house staff members. The chief resident should be aware of all inpatient and emergency room consultations and should review the management plan with the senior and junior residents. The chief resident should spend the majority of his/her time in the operating room. Ambulatory care exposure, however, should also be a part of the chief resident year experience, especially as they prepare for the certification exam.

Technical Skills

The performance of all major urological procedures is mandatory. The chief resident should be competent to complete all open and endoscopic urologic procedures from start to culminating all skills they have attained throughout previous rotations across all subspecialties. The chief resident is not expected to be in the OR for every case. The chief resident is not responsible for procedures in which competence has been achieved and the more minor procedures should be delegated to more junior residents.

1) Open and Laparoscopic Surgical Procedures:

a) Partial nephrectomy

b) Radical nephrectomy (open and laparoscopic) including thoracoabdominal

c) Nephroureterectomy

d) Uretero-sigmoidostomy

e) Ileal and sigmoid conduit

f) Open prostatectomy (Retropubic and suprapubic)

g) Cystectomy

h) Pelvic exenteration

i) Radical prostatectomy

j) Laparoscopic and /or Robot assisted surgery

2) Endoscopic Procedures

a) Percutaneous nephrolithotomy

Teaching

The final year trainee will assist in the preparation and case selection for Grand Rounds, Radiology and Pathology meetings as well other MDM and M&M meetings. The chief resident should function as a role model for the more junior residents. The chief resident may be involved in the teaching of minor surgical skills to the more junior residents and Clinical Clerks.

Off-Service Rotations Specific Objectives (Under the Surgical Foundations Program) – Should be used as general guidelines

Objectives of Surgical Foundations Training:

https://www.royalcollege.ca/rcsite/documents/ibd/surgical-foundations-competencies-e.pdf

General Surgery & Trauma Rotation:

https://www.royalcollege.ca/rcsite/documents/ibd/general-surgery-competencies-e.pdf

Pediatric Surgery:

https://www.royalcollege.ca/rcsite/documents/ibd/pediatric-surgery-competencies-e.pdf

Critical Care Medicine:

https://www.royalcollege.ca/rcsite/documents/ibd/critical-care-medicine-competencies-e.pdf

Vascular Surgery:

https://www.royalcollege.ca/rcsite/documents/ibd/vascular-surgery-competencies-e.pdf

Nephrology:

https://www.royalcollege.ca/rcsite/documents/ibd/nephrology-competencies-e.pdf

General Anesthesia:

file:///C:/Users/tariq/Desktop/Urology%20Manual%20Docs/anesthesiology-competencies-e.pdf

Radiology:

This rotation covers the necessary principles of Uro-radiology expected from urology residents in the Kuwait Urology Board under KIMS. PGY2 residents will join the department under supervision and at the discretion of the site coordinator who will devise the daily clinical and teaching duties, on-call duties, and other activities to satisfy the outline of objectives listed in this document.

The rotation is expected to satisfy the following goals and objectives with respect to the CanMEDS roles of proficiency:

Medical Expert:

• Demonstrate diagnostic and therapeutic skills for ethical and effective patient care.
• Access and apply relevant information to clinical practice.
• Demonstrate effective consultation services with respect to patient care, education and legal opinions.

- Understand the concepts of, indications and contraindications, and attain proficiency in genitourinary (GU) fluoroscopic diagnostic procedures as described above and pertaining to urological applications.
- Understand the principles of plain film radiography as applied to the abdomen and GU tract.
- Sound knowledge of principles of, indications and contraindications, and obtain abdominal radiology including plain film abdominal radiology, as well as GU diagnostic procedures.
- Understand concepts and basic principles of procedures including intravenous urography, cystography, nephrostography, non-contrast and contrast enhanced computed tomography (CT) of the abdomen and GU tract as well as magnetic resonance imaging of the GU tract.
- Perform and interpret intravenous pyelograms, cystograms, urethrograms and nephrostograms.
- Perform and interpret ultrasound studies of the genitourinary tract, including that of the kidney, bladder, and scrotum, in elective and emergency setting, with an understanding of the indications, accuracy and limitations of these studies.

Communicator:

• Establish therapeutic relationship with patients/families.
• Obtain and synthesize relevant history from patients/families/communities.
• Listen effectively.
• Discuss appropriate information with patients/families and the health care team.

Collaborator:

• Consult effectively with other physicians and health care professionals.
• Contribute effectively to other interdisciplinary team activities.

- Participate, under supervision, in the daily readout of the abdominal and KUB plain films, non-contrast and contrast GU CT and MRI.
- In general, the resident will not be the primary operator in the urological interventional procedures but should attend procedures in the elective and emergency setting to orient and assist.

Leader:

• Utilize resources effectively to balance patient care, learning needs, and outside activities.

• Allocate finite health care resources wisely.
• Work effectively and efficiently in a health care organization.
• Utilize information technology to optimize patient care, life-long learning and other activities.

Health Advocate:

• Identify the important determinants of health affecting patient.
• Contribute effectively to improved health of patients and communities.
• Recognize and respond to those issues where advocacy is appropriate.

Scholar:

• Develop, implement and monitor a personal continuing education strategy.
• Critically appraise sources of medical information.
• Facilitate learning of patients, staff and other health professionals.
• Contribute to development of new knowledge.

- Prepare interesting cases for and participate in the departmental meetings and teaching rounds.
- Assist with daily caseload of plain films, and if time permits, the junior resident should mount these radiographs.

Professional:

• Deliver highest quality care with integrity, honesty and compassion.
• Exhibit appropriate personal and interpersonal professional behaviors.
• Practice medicine ethically consistent with obligations of a physician.

Site Specific Objectives (Urology Sites)

**These objectives reflect each site specific urology disciplines (sub-specialties) and should be used as general guidelines. Residents in CBD model must follow the CM with its EPAs for each level of training. Residents in Time-based model must follow the general objectives for each year as set by the rotations specific objectives per year/level of training mentioned earlier that are assessed by the ITERs.

- Adan Hospital
- Amiri Hospital
- Ebn Sina Pediatric Hospital
- Farwaniyah Hospital
- Jabir Hospital
- Jahra Hospital
- Mubarak Hospital

- Sabah Alahmad Urology Center (SAUC)

The PDF files can be downloaded from:
https://kuwaiturologyboard.com/training-sites/

Evaluations and Assessment Forms

Residents' evaluation is based on whether they are on time-based model or competence by design model. The format of the assessment forms is in accordance with CanMEDS roles of The Royal College of Physicians and Surgeons of Canada (RCPSC). The supervisor is expected to discuss the evaluations with the trainees before completing them. Evaluation works both ways in which the resident will have the opportunity to evaluate each rotation and tutor. In addition, members of the RPC conduct an overall revision of the evaluations of each rotation. This information has an important role in the implementation of improvement in the program. Half yearly formal exams (practice OSCE) are arranged by the program to review Academic Half Day topics covered over the preceding six months. The format is designed to monitor residents' progress and help prepare for the final exam. All residents must keep an updated logbook for ongoing assessment.

In general, evaluation is based on the following criteria:

- Evaluation forms
- Input from tutors and faculties
- Practice OSCEs and MOCK exams
- Professionalism
- Mentoring
- Attendance and participation in different activities such as
    - In-patient duties
    - Bed-side teaching
    - Grand rounds
    - Out-patient clinics
    - Minor procedure clinics
    - Operating room
    - Academic half day
    - Journal clubs
    - Workshops
    - Discussion groups
    - Research
    - Symposiums
    - Conferences
    - Health campaigns
    - Career planning

- ❖ Verbal informal feedback must be provided to residents as well as formal feedback and assessment.
- ❖ Residents must be informed of their performance status and deficiencies in a timely manner so that they can have adequate opportunity to remedy them prior to the end of the educational experience.
- ❖ Any feedback must be documented and entered into the resident's file.
- ❖ In CBD programs, CC must provide the RPC with quarterly summative assessments and recommendations.
- ❖ The RPC makes decisions regarding the successful completion of an assessment period, educational experience, rotation, stage of training and academic year or of the program.
- ❖ The CC's mandate is to review and discuss resident's performance and progress in order to advise/guide resident learning and growth, modify a resident's learning plan, make decisions on a resident achievement of EPAs, and recommend trainee status changes to the RPC.
- ❖ Decisions regarding completion of program, reclassification, extension of training, remediation, probation, suspension or dismissal must be ratified by the Vice-Dean/PGME office at KIMS.

Residents who are still on time-based model must do the following assessments:

1. End-of-Rotation In-Training Evaluation Report **(rITER)** – (appendix 2a-l)
    - Performed by the site coordinator except for **Research Block ITER** which is performed by the assigned research tutor/senior investigator
    - Each is a rotation-specific ITER per year/level of training for Urology rotations
    - ITERs should be completed within 14 days of the completion of the rotation/educational experience.
2. End-of-rotation In-Training Evaluation Report **(gITER)** – (appendix 3)
    - Performed by the site coordinator
    - Generic for off-service rotations under the SF program
    - ITERs should be completed within 14 days of the completion of the rotation/educational experience.
    - The form will be obsolete by October 2023 since all PGY1&2 will be under the CBD program as SF program adopted CBD since October 2022
3. End-of-Year In-Training Evaluation Report **(yITER)**- (appendix 4)
    - Performed at the end of each academic year PGY1-PGY4 by the PD
    - Required by KIMS
4. Final In-Training Evaluation Report **(FITER)** for PGY5– (appendix 5)
    - Performed by the PD at the end of PGY5 prior to setting the exam
    - Required by KIMS

Resident in time-based model workflow:

The following is a summary for the assessment process for residents in the time-based model.

Resident in Time-Based model workflow

Step 1
- Resident gets evaluated at the end of each rotation by a rotation specific ITER (generic for off-service SF program & rotation-specific per year/level of training for Urology rotations)

Step 2
- The ITER is filled by the site coordinator assigned for the rotation. Should be completed within 14 days of the completion of the rotation/educational experience.

Step 3
- The resident hands in his/her ITER to the PD or assistent PD

Step 4
- The site coordinator and chief elect ensure that ITERs are delivered to the PD or assistent PD in a timely fashion

Step 5
- Residents to repeat steps 1-4 as needed/required

Step 6
- The PD reviews the ITERs and presents them to the RPC

Step 7
- The PD/Assitent PD fills/updates the resident report card (appendix 6)

Step 8
- The RPC makes a decision regarding the resident progress. The PD communicates the outcome to the resident

Step 9
- At the end of each academic year, the PD fills end of year ITER for residents PGY1-4 and final end of training evaluation report (FITER) for PGY5 residents based on commutative assessment throughout out the training and the recommendations from the PGTC

Residents who have started on the competence by design model **will be assessed by the CC via the required EPAs and its milestones**. They will also be required to do the following assessments for their overall performance:

1. Mid-of-Rotation In-Training Assessment Report **(mITAR)** – (appendix 7)
    - Performed by the site coordinator
2. End-of-Rotation In-Training Assessment Report **(eITAR)** – (appendix 8)
    - Performed by the site coordinator

**Refer to (Resident in CBD model workflow) for a summary for the assessment process.

The Urology program has launched multiple other assessments forms in order to have an in-depth assessment of its activities, residents and tutors. In addition, these forms were adopted in order to prepare the board for the CBD model. Residents in both cohorts are encouraged to fill them as they progress in their residency since the results are taken into count when assessment is done at the end of each rotation or each academic year. These are monitored and collected by the residents' representative (resident elect), assistant program director for residents' affairs and the academic advisors:

1. **Resident 360-Degree Evaluation Form (360)** – (appendix 9)
2. **Academic Presentation Assessment Form** – (appendix 10)
3. **Journal Club Rubric** – (appendix 11)
4. **Mini-Clinical Evaluation Exercise for Trainees(Mini-CEX)** – (appendix 12)
5. **Outpatient Clinic Assessment Tool (OCAT Form)** – (appendix 13)
6. **Surgical Competency Operating Room Evaluation** (SCORE Form) – (appendix 14)
7. **PEER Resident-Assessment Form**- (appendix 15)

In addition, the residents must fill the following forms to assess rotations, sites and tutors which will be anonymous and confidential:

1. **Rotation & Educational Site (RES) Form**- (appendix 16)
2. **Resident Assessment of Tutor Effectiveness (RATE)** – (appendix 17)

**The program is sponsoring PGY5 residents to attend the Queen's Urology Examination and Skills Training (QUEST) didactic course and exam (Kingston, Canada) as preparation for their board certification exam. The results are conveyed to the PD.

Assessment forms summary:

Resident Assessment Forms		
Conventional Model	**CBD Model**	**Both Models**
End-of-Rotation In-Training Evaluation Report **(rITER)** End-of-rotation In-Training Evaluation Report **(gITER)** End-of-Year In-Training Evaluation Report **(yITER)** Final In-Training Evaluation Report **(FITER)**	EPAs Mid-of-Rotation In-Training Assessment Report **(mITAR)** End-of-Rotation In-Training Assessment Report **(eITAR)**	Resident 360-Degree Evaluation Form (360) Academic Presentation Assessment Form Journal Club Rubric Mini-Clinical Evaluation Exercise for Trainees (Mini-CEX) Outpatient Clinic Assessment Tool (OCAT Form) Surgical Competency Operating Room Evaluation PEER Resident-Assessment Form Rotation & Educational Site (RES) Form Resident Assessment of Tutor Effectiveness (RATE)

****Program Evaluation**

This is carried out via different routes in order to stay robust and meet the regulations set by KIMS and the Royal College to obtain accreditation and maintain it:

1. Evaluation by the residents
2. Focus groups
3. Outcomes measures for residents and faculties
4. Discussion at each RPC meeting
5. Bi-annual informal review via the RPC and Urology Faculty at KIMS
6. Formal KIMS internal review taking place every 1-2 years
7. Formal external review by the Royal College every 3 years

Weekly Academic Half Day

- Integral part of the curriculum.
- Held every Thursday from 7.30 a.m. - 12.30 p.m. starting from the beginning of October until the end of June of each academic year.
- Venue is KIMS new building (tutorial room to be assigned each week) unless stated otherwise.
- Attendance is **MANDOTARY** and will be recorded.
- It is a protected time.
- Residents' involvement is essential and according to a prepared schedule.
- It is intended to cover the urology curriculum.
- Academic day's topics are divided into themes.
- Each theme is generally divided into 4 parts:
    1. Case presentation/management/discussion (maximum 1-2 cases per session)
        - Prepared and presented by a resident who is supervised by a staff acting as mentor/tutor for the session.
        - A resident will be chosen to take the (hot seat) position
        - The format should simulate the Royal College Exam
    2. Lecture presentation/State of the Art
        - Given by a resident (supervised by a staff/tutor), or
        - Staff/tutor, or
        - Invited speaker
        - Visiting professor
    3. Tutorials that rotate between different topics such as
        - Campbell's Urology chapters reading (chapter/s will be assigned in advance)
        - Guidelines
        - Uro-Pathology
        - Uro-Radiology
        - Research methodology
        - Urodynamics
    4. Quiz in different format such as
        - Clinical quiz
        - Slides show
        - MCQs
        - Short answers questions

Journal Club

- Takes place once every 6 to 8 weeks
- A number of KIMS urology residents will be assigned papers to comment on and critique

- Evidence based practice and research values will be discussed

- The residents should be able to discuss the research validity of each paper
- Depending on the number of papers discussed, each to have 10-15 minutes with a total number of at least 3 to 4 papers per session
- A staff/staffs (urology) to guide the sessions and provide feed back

Workshops

The Urology Board arranges different kinds of workshops under its umbrella during the entire academic year. Workshops include but not limited to:

1. Wet labs
2. Dry labs
3. Urodynamics
4. Research methodology
5. Laparoscopy
6. Endoscopy
7. Prostate biopsy
8. Attending and participating in cases performed by visiting professors

Once approved, the PD will produce an exemption letter for the residents to attend the desired activity which will be sent to the residents, site coordinators and post grad office at KIMS. Therefore, attendance will be mandatory and residents will be excused from clinical tasks.

Kuwait Urology Board Residents' Research Day

Research is an integral part of training in the era of evidence-based medicine. The Urology board takes pride in being the first board amongst KIMS post graduate programs to initiate and feature an annual research day dedicated for the residents. The board has become a benchmark model for all other KIMS programs.

- Residents' participation is compulsory.
- Medical students, interns, prospective residents, fellows,alumniand faculty members participation is welcome and encouraged provided that at least one current resident is part of the study.
- Projects are assigned and coordinated by the research coordinator.
- Intended to take place annually or every two years spanning for 1 to 2 days. Timing may be subjected to changes at the discretion of the RPC in collaboration with the scientific committee and organizing committee with clear announcement.
- Categories include basic research, clinical research +/- case reports in the form of
    - Podium presentation
    - Moderated poster
    - Non-moderated poster

- Two invited judges (locally, regionally, or internationally) will referee the papers.
- Awards are granted to first and second place of each category.
- Residents are encouraged to further present their work featured in the research day in regional and international conferences/symposiums and eventually score publications in a multitude of peer reviewed international journals.
    - The board shall sponsor a resident having an abstract accepted in a regional or international conference/meeting with proof of official acceptance pending approval from the PD.
    - Registration, accommodation, and flight (economy) fees are covered – conditions apply.
    - The board shall sponsor a total of one regional and one international meeting after approval by the PD – conditions apply.

Examinations

The Urology Residency Training Program examination consists of two parts examination

Part One Examination (Principle of Surgery - POS):

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

- Written examination (consist of 2 papers - multiple choice questions)
    - Paper 1 tests applied basic sciences and principles of surgery, and has 100 single best answer question
    - Paper 2 tests systemic surgery and has 100 single best answer questions

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

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

Both exam components are discussed between head of Surgical Foundations exam committee and exam office at KIMS to release the results. Pass mark for the final examination is set and decided based on the overall performance of the candidates at the discretion of the examination committee and examination office at KIMS.

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

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

Part Two Examination (specialty examination in Urology – Board Certification):

Residents who complete five years of urology training and successfully completed part one exam (POS), as well as Final In-Training Evaluation Report (FITER) for conventional time-based model or successfully completed required EPAs in CBD model will be eligible for part two examination. The exam will be held on October of every year. The exam is set by the Urology Examination Committee which is separate from Urology RPC and governed by the examination office in KIMS in collaboration with the Royal College of Surgeons of Canada.

It consists of both a written exam and OSCE based exam.

- Written Component
    - The written component consists of two three-hour papers on the principles, practice and basic sciences as applied to Urology.
        - Paper 1 - Multiple choice questions
        - Paper 2 - Multiple choice questions

- OSCE Component
    - The OSCE component consists of multiple standardized examination stations, of approximately five hours duration, which:
        - Will include structured oral questions based on clinical cases encountered in urological practice.
        - Will consist of radiologic studies (organ imaging), photographs of imaging or histopathological sections and common urological findings (paper or computer). The candidates will be asked to review these and provide written answers to a series of related questions.
        - May include a simulated patient station. The candidate will be provided with information relative to discuss and answer questions related to the medical problem. Performance on this test will be marked by an observing examiner including communication skills relative to the CanMEDS Communicator Role.
        - May include a telephone consultation from a referring physician where candidates will be asked structured oral questions.

- External examiners will be invited (usually from Canada) to participate in the final examination and feedback from all examiners will be given to the head of urology examination committee at the end of the examination.

Both exam components are discussed between head of urology exam committee and exam office at KIMS to release the results. Pass mark for the final examination is set and decided based on the overall performance of the candidates at the discretion of the examination committee and examination office at KIMS.

For KIMS Examinations Policies and Procedures:

https://kims-pge.org/wp-content/uploads/2021/09/KIMS-Examinations-Policies.pdf

****Recently, KIMS has introduced an R1 exit exam to accommodate the increased number of accepted residents based on recent MOH recommendations. The exam is scheduled at the end of year 1. Passing the exam is a prerequisite to advance to year 2. Those failing to pass will need to repeat post grad year 1. Failing to pass twice means that the resident will be expelled from the program. The exam consists of 100 MCQs prepared by the RPC and approved by the examination office at KIMS.**

Residents' Wellness and Resilience

In Kuwait Urology Residency Program, residents' wellness is a priority. The program has allocated different venues to address this matter. In addition, the residents are free to communicate with PD or his deputies directly to discuss any issue of concern. "Resident issues" which is a standard agenda item of RPC meetings; members of the RPC (coordinators, tutors, or residents) can discuss issue related to wellness and safety during the meeting.

Residents are made aware of support services through:

· Orientation by the program at the beginning of each academic year
· Postgraduate Policy manual
· Meetings with the Residents
· Urology Residency Program Manual
· Through the Residents' representatives in the RPC/PGMEC
. Via the Residents' wellness and resilience coordinator

The program addresses stressors and personal problems through:

1. Residents' wellness and resilience coordinator
    - Responsible for residents' wellness through assigned set of roles (refer to residents' wellness coordinator terms of reference)
    - Member of the RPC

- Input can be provided during the meeting or in writing after discussion with the PD.

2. Discussion with the Program Director during the mid-year and annual meeting with the resident (or earlier at the discretion of the resident) where stressors are discussed, and advice is provided.
3. Private certified stress counselor
   - The resident can contact the program's stress counselor directly (self-referral) via e-mail or phone and can arrange a private counseling session(s) that is completely confidential.
   - Our certified counselor:

     i. Dr. Abdullah Al-Ozairi is the Chair of the Psychiatry Residency Program.
     ii. He is the Head of the Psychiatry Unit in Al Amiri Hospital.
     iii. He is also an Assistant Professor of Psychiatry in Kuwait.
     iv. He is double Board Certified in both Canada and the USA in "General Psychiatry" and "Neuropsychiatry and Behavioral Neurology".
     v. He holds a master's degree in Public Health and has long been interested in Mental Health Promotion in general, and of healthcare professionals in particular.
     vi. Contact information
       - Tel: +965 98829633
       - Email
         a. a.alozairi@ku.edu.com
         b. alozairi@gmail.com
4. KIMS institutional resident's wellness program in which residents can be referred to the assigned KIMS PGE Wellness Officer (Dr. Basma Al-Gallaf).
   - It is (self-referral) via e-mail or phone and completely confidential.
   - Contact information is provided through KIMS

5. Any other wellness recourses outside of the program will be made available such as those provided by the Kuwait Medical Association, Kuwait Urological Association, Kuwait Association of Surgeons, Kuwait Medical School and any other non-profit organizations.

Suggested Readings

Core and Principles of Surgery Exam:

1. Greenfield
2. Schwartz
3. Sabiston's
4. Smith's General Urology

Urology and Urology Certifying Exam:

1. Campbell's Urology 12th Edition (most important and comprehensive)
    - Upgraded to the newest edition once released
2. AUA updates
3. CUA guidelines
4. AUA guidelines
5. EUA guidelines
6. CUAJ review articles
7. Journal of Urology review articles
8. European Urology review articles
9. Landmark papers in Urology

Kuwait Urology Board (KUB) website

http://kuwaiturologyboard.com/

Policies

Note: The Kuwait Urology Residency Program follows policies set by KIMS as the governing institution. Some of these policies are undergoing revision in keeping with adaptation of the CBD model and thus will be updated once available. The revised policy is designed to apply to both time based and competency based educational experiences and programs.

Eligibility

Residency positions are available mainly to Kuwait Citizens as priority but in times 1-2 positions maybe offered to excellent candidates from other countries based on availability. Generally, 3 to 5 seats are offered annually. However, recently KIMS increased the number of acceptance up to 8-10 as per MOH regulations to accommodate increased local needs. Interviews are held every year between October and November to select new trainees. Candidates must carry Bachelor of Medicine and Surgery (MBBS) or its equivalent from KIMS recognized universities. Furthermore, completion of some General Surgery elective, Urology elective and research activities post internship year is highly recommended prior to the application to the program.

Required documents for application (3 copies of the following must be submitted):

1. Completed application form
2. Curriculum vitae in English
3. Copies of degrees and transcripts
4. Internship rotations report
5. Copy of civil ID card
6. Copy of passport

7. Passport size personal photograph
8. Three letters of recommendation
9. Any other relevant documents

- KIMS Policy and Procedure on Admission
  - Introduction
    - Purpose
      - The purpose of the Postgraduate Education Admissions Policies and Procedures is to regulate the process of admissions for Residency and Fellowship Programs.
    - Definitions
      - Residency is a five-year specialty-training program that is completed after one year of internship following medical school. These programs offer supervised and specific training for the resident in their chosen specialty.
  - Timeframe
    - The Postgraduate Education Office must finalize all the timelines related to admissions every academic year before the start of the admissions as per the annual admissions calendar.
    - The admission process shall be sequenced in phases based on the rules of KIMS.
  - Announcement of submission of applications
    - Mode of announcement – Shall be in main national newspapers, official KIMS website, formal letters from the KIMS to the Health Regions, internet social networks and announcement stands.
  - Eligibility criteria for submission of application to Residency Programs
    - Academic qualification must be MBBS, MB BCh, BDS or equivalent.
    - Must be an employee of a governmental authority recognized by Ministry of Health (Applies to Kuwaitis).
    - Must be an employee of Ministry of Health in the applied specialty (Applies only to Non-Kuwaitis).
    - Must have completed the internship by 30th September of the corresponding Academic Year.
    - Must NOT be currently on a valid Scholarship. (Shall apply after official withdrawal – Applies only to Kuwaitis).
    - Must NOT be enrolled in other Residency Programs at the time of application (Shall apply after official withdrawal).
  - Screening of Applications
    - Documents required with the application shall be listed in the application form.
    - Candidates must attach all the required documents with the application form.
    - Any deficiency in documents shall make the application liable to non-acceptance.
    - All applications must be screened for completeness and eligibility at the time of submission by Postgraduate Education Office.
  - Processing of Applications

- Success in an admission test might be required by the Program Postgraduate Training Committee in order to be eligible for interviews.
- A list of eligible candidates for interviews based on complete applications and success in admission test (if applicable) will be finalized by Postgraduate Education Office.
- Postgraduate Training Committees shall call all the eligible candidates for interviews based on the schedule provided by Postgraduate Education Office.

- Interview
  - Format – A standardized interview scoring sheet must be provided to the entire residency by Postgraduate Education Office.
  - Panel – The interview panel for each residency shall comprise of a maximum of five members from the corresponding program and a maximum of two external monitors.
  - External monitors shall not have a vote in the interview selection process or scoring privilege.
  - External monitors shall ensure transparency and equal chances among the candidates and will be provided with an external auditing form to complete and submit to the Postgraduate Education Office.
  - Each applicant's interview shall be conducted in 15 minutes.
  - The interview panels must submit to Postgraduate Education Office a final list of accepted, waiting and rejected candidates for its corresponding residency. The list will rank the candidates according to their score in the admission scoring sheet.
- Approval of the Final List of selected candidates
  - A final list of selected candidates must be approved by KIMS Postgraduate Education Office, the Scientific Council and the Secretary General.
- Disclosure of Admissions Results
  - The final list of selected candidates must be kept confidential.
  - Admissions results must be disclosed to the candidates privately by phone, email or KIMS official website.
- Acceptance of Admissions
  - Acceptance into residency is considered as an offer until the training contract is signed by the candidate.
  - Candidates must sign their residency training contracts within a month of the disclosure of admissions results.
  - Failure to sign the contract within the deadline shall result in a dismissal of the admission.
- Appeals
  - Appeals challenging the admissions results shall be directed to the PGE Office at KIMS within 30 days of the disclosure of results through an official letter.
- Withdrawals
  - Selected candidates deciding to withdraw their selection after signing the residency training contract must submit an official request before the start of program, i.e. October 1st of the corresponding year.

- Decisions on remaining vacancies
  - KIMS Postgraduate Education Office shall take decision on further availability of vacancies produced by non-signing of training contracts, withdrawals or non-occupancy and shall request the corresponding residency program directors for subsequent action.

On-call Duty

In general, all residents are required to do on call duty for a frequency of 1 in 4. Most rotations in the program are on a 1 in 4schedule, residents are expected to do evening rounds on operated and critical cases. All residents should do their calls in their base hospital unless stated otherwise. Residents who experience a busy on-call maybe allowed to leave post call after the morning round and proper hand-over once approved by the responsible senior staff. Residents' weekly academic half day each Thursday (07:30 AM to 12:30 PM) is a protected time, and thus they are excused from any on call duties until they are done (will be covered by their prospective hospital staff). Same goes for junior residents (PGY1 and PGY2) attending compulsory activities under the Surgical Foundation Program.

Leaves

The policies and procedures for leaves during Postgraduate Education is a detailed manual outlining the position of Kuwait Institute for Medical Specialization regarding resident/ fellow's leaves during postgraduate education. The purpose of this policy and procedure manual is to:

1. Provide guidance to the process of leaves throughout the postgraduate education programs at KIMS.
2. Ensure consistent practices among postgraduate education programs at KIMS.

The following outline the summary of the policy:

• Each resident registered in residency program must follow the leave policy at the KIMS.
• The resident must ensure that he/ she meets the minimal training requirement of the training and the eligibility for the examination.
• The resident and the Program Director must ensure that resident's leaves do not affect goals and objectives of the rotation.
• The resident must submit his/her leave request to the Site Coordinator/ Program Director in timely fashion in the designated form.
• The Site Coordinator must ensure that resident's leaves do not interfere with clinical duties.
• The Program Director must approve all residents' leaves prior to final processing.
• The Program Director must capture all residents' leaves and monitor days of leaves.

**ALL LEAVES THAT ARE NOT APPROVED BY THE PROGRAM DIRECTOR AND THE POSTGRADUATE EDUCATION OFFICE MUST BE CONSIDERED VOID.

1. Section One:

1. General Information Postgraduate education of the resident/ fellow at KIMS is an observed process to ensure that he/ she achieves targeted objectives of the rotation and overall goals in an allocated timeframe.
2. The goals and objectives of postgraduate education are achieved by structured rotations designed in sequence and duration in addition to other components such as academic days, workshops, etc.
3. KIMS has established a minimal required period of postgraduate education for its exam eligibility as delineated in the examinations policies.
    i. . Definitions
        - Resident: A physician enrolled in a postgraduate education residency program recognized by KIMS and registered at the Postgraduate Education Office of KIMS for the academic year.
        - Academic Year: A year of education that starts on Oct. 1 of each year and ends on the Sept. 30 of the following year.
        - Effective Training: The time actually spent in clinical and/or structured rotations excluding all leaves (annual leaves, sick leaves, study leaves, maternity leaves of absence, haj leaves, conference leave, etc.). It is counted as months of training.
        - Rotation: A period of time spent in clinical and/or other health-related services. The rotations vary according to the discipline and the program (e.g., a three months' rotation starts on Oct. 1 and ends on Dec. 31)

2. Section Two:
    1. Policy and procedures on Leaves During Postgraduate Education
    2. 1. General rules:
        i. 1. The resident's leave must not affect the goals and objectives of the rotations and hence the following must apply:
            - 1. In two-months or lesser rotation, leaves must not exceed 5 working days.
            - 2. In two-months to four-months rotation, leaves must not exceed 10 working days.
            - 3. In four months or more rotation, leaves must not exceed 30 days including weekends
    3. 2. The maximum allowed time for completion of all requirements of five-years Residency is eight years inclusive of the approved leaves.
    4. 3. 75% attendance is must for the success of a rotation.
    5. 4. Leaves must not be transferred to the next academic year.
    6. 5. All leaves must be approved by the Program Director / designee.
    7. 6. If the total requested leaves exceed 60 days of leaves then "Leave of Absence" rules and regulations shall apply.
    8. 7. On Call Duties, shall not be waived during rotations
3. Leaves Categories:
    1. Annual Leaves: 30 days of annual leaves shall be granted each academic year including the public holidays.
        i. Annual leave is effective from Oct. 1st to Sept 30 of the following year.
        ii. Annual leave must not be transferred.
        iii. 3. General Rules in section 2.1 apply

2. Medical (Sick) Leave: Residents are allowed a total of 15 days of authorized sick leave each academic year.
    i. Medical leaves exceeding 15 days must not be counted towards effective training period.
    ii. Medical leaves exceeding 15 days per year must be approved by the General Medical Council, MOH, Kuwait.
    iii. For resident granted 30 days' continuous medical leaves twice (total of 60 days duration) by the General Medical Council, "leave of absence" rule and regulations shall apply.
    iv. General Rules in section 2.1 apply.
3. Professional Leaves
    i. Study Leaves: A total of 14 days of study leaves shall be granted during residency program
        - The last day of the leave shall be the last day of the exam.
        - The study leave shall only be granted for Kuwait Board Examinations and no other examinations.
        - Study leaves shall be taken as:
            a. (7 days) for Part 1 examination
            b. (7 days) for Final examination
            c. (14 days) for Part 1 examination
            d. (14 days) for Final examination
4. Conference Leaves: Each resident is granted a 5 working days conference leaves each academic year
    i. Evidence of registration to the conference and certificate of attendance is must.
    ii. This shall not grant a financial support or working days
5. Special Leaves for residents
    i. Emergency leaves: Each resident shall be granted emergency leaves in line with MOH regulations and these must be processed as annual leaves.
    ii. Grieving Leaves: A resident shall be granted 4 days of grieving leave upon death of first degree relatives.
    iii. Maternity Leaves: A female resident shall be granted 30 days of maternity leaves twice during residency.
6. Companion Leaves: Each resident shall be allowed a total of 15 days of companion to first degree relative.
    i. An authorized letter from the treating physician and head of department indicating a day of admission and discharge must be provided.
    ii. In case of travel abroad, companion approved letters from treatment abroad office must be provided.
7. Special Leaves for Muslim residents
    i. Hajj Leaves: A Muslim resident can be granted a 30 day of Hajj Leaves once during residency/ fellowship.
        - This leave must not have been granted prior to joining the program.

- The resident must be officially registered by pilgrim group, licensed by the Ministry of Awqaf and Islamic Affairs.
- Evidence of presence in Kingdom of Saudi Arabia during the period of Hajj as shown in resident/ fellow's passport.
- Hajj Official Mission is only allowed once to a resident and shall not consume the Hajj Leaves.

ii. Female widow Grieving Leave: A married Muslim female resident is entitled a grieving leave upon her husband death for 4 months and 10 days as per Civil Service Commission rules and regulations. Official Governmental letter is required.

8. Leave of Absence: Resident may need to interrupt his/ her training due to various reasons. "Leave of Absence" (LOA) is a voluntary leave for a specific period of time that resident may choose to take during residency/ fellowship due to legitimate reasons.
   i. The leave must be discussed and approved by the Program Director.
   ii. The leave must be a minimum of 2 months and maximum of 12 months.
   iii. A resident is allowed a cumulative of maximum of 12 months of LOA during residency.
   iv. It shall be taken as a block of rotation/s and not midrotation.
   v. If under special circumstances, LOA is approved during the rotation, a criterion for maximum allowed leaves during the rotation is applied to credit the successful completion of rotation.
   vi. The Program Director must notify the KIMS Office of Postgraduate Education of the details including the first day and last day of the planned LOA.
   vii. The period of leave must not be considered as effective period of postgraduate education.
9. On-call duties exemption: There are no on-call duty exemptions during the residency program. Unless the resident produces medical paper then this can be looked at by KIMS Committee.

In-Training Evaluation & Evaluating Examination

https://www.kims.org.kw/pge/uploads/pdf/pdf-329414111.pdf

Tutor Evaluation Policy

https://kims-pge.org/wp-content/uploads/2021/11/Tutor-Evaluation-Policy_2021.pdf

Supervision policy

https://kims-pge.org/wp-content/uploads/2021/11/Supervision-policy_2021.pdf

Resident safety policy

https://kims-pge.org/wp-content/uploads/2021/11/Resident-safety-policy_2021-.pdf

Intimidation and Harassment Policy

https://kims-pge.org/wp-content/uploads/2021/11/Intemidation-and-Harrasment-Policy.pdf

Professionalism during training Policy

https://kims-pge.org/wp-content/uploads/2021/11/Professionalism-during-training_Policy_2021.pdf

Protection of Resident and Fellow Files Policy

https://kims-pge.org/wp-content/uploads/2021/11/Protection-of-Resident-and-Fellow-Files-Policy-.pdf

Conflict of interest policy:

https://kims-pge.org/wp-content/uploads/2021/11/Conflict-of-intrest-policy-.pdf

Remediation, Probation, Dismissal and Appeal Policies

https://kims-pge.org/wp-content/uploads/2022/08/Remediation-Probation-Dismissal-and-Appeal-Policies.docx

Promotion policy (as per KIMS and Kuwait Civil Commission Department):

- Residents who successfully pass their POS exam will automatically be promoted to a registrar level.
- Residents who successfully pass their final Urology Board Certifying Exam will automatically be promoted to a senior registrar level. They can apply for a specialist level 3 years post Board Certification.

Vendor/Industry Interactions with Residents:

A conflict of interest occurs when reasonable observers may conclude that professional requirements of a physician's roles are or will be under a question due to the influence by a vendor through gifts or services unrelated to the benefit of patients.

No resident is allowed to interact with any vendor/industry personals during their training. Any gifts or sponsorship deemed not under the umbrella of the board must be approved by the PD.

Appendix

(List of PDF files - FORMS)

1. CC resident status report
2. End-of-Rotation In-Training Evaluation Report **(rITER)**
    a) General Urology & Endourology PGY1
    b) General Urology & Endourology PGY2
    c) General Urology & Endourology PGY3
    d) General Urology & Endourology PGY5
    e) Pediatric Urology PGY3
    f) Pediatric Urology PGY4
    g) Female/Functional/Neurourology PGY3 & PGY4
    h) Research PGY3
    i) Uro-Oncology PGY4
    j) Uro-Oncology PGY5
    k) Andrology & Infertility PGY4
    l) Male Urethral Reconstruction
3. End-of-rotation In-Training Evaluation Report **(gITER)**
4. End-of-Year In-Training Evaluation Report **(yITER)**
5. Final In-Training Evaluation Report **(FITER)** for PGY5
6. Resident report card
7. Mid-of-Rotation In-Training Assessment Report **(mITAR)**
8. End-of-Rotation In-Training Assessment Report **(eITAR)**
9. Resident 360-Degree Evaluation Form (360)
10. Academic Presentation Assessment Form
11. Journal Club Rubric
12. Mini-Clinical Evaluation Exercise for Trainees (Mini-CEX)
13. Outpatient Clinic Assessment Tool (OCAT Form)
14. Surgical Competency Operating Room Evaluation (SCORE Form)
15. PEER Resident-Assessment Form
16. Rotation & Educational Site (RES) Form
17. Resident Assessment of Tutor Effectiveness (RATE)
18. Leave of Absence request form
19. Withdrawal request form
20. Reference letter request form
21. Leave and Rejoining requests are available via MOH e-platform
    - https://eservices.moh.gov.kw/SPCMS/MOHLeaveBackoffice/MOHLeavLogin.aspx