

McMaster University
Physician Assistant Education Program
Clerkship Elective in Urologic Surgery

PREAMBLE

This 2 week selective PA clerkship rotation will provide generalist PA students with the knowledge and skills to enable them to recognize and understand common genitourinary problems. In addition, for the student who may be seeking a career path in urology it will provide the foundations needed to allow them to start to develop the broader knowledge of urologic surgery that will allow them to become effective contributors to urologic surgical teams.

The following outlines some of the knowledge and skills that should be acquired by the end of the rotation. The objectives outlined must be considered as nominal and must not act as a limit to a student's personal learning in the diagnosis and management of genitourinary related diseases. Where the topic is not directly experienced in clinical practice the student should take the opportunity to pursue the topic through independent study.

KNOWLEDGE OBJECTIVES:

Students must be familiar with the following areas (and when applicable with the signs, symptoms, relevant investigations, treatments and prognosis) of:

1. Urinary obstruction and Benign Prostatic Hypertrophy
2. Renal Stone Disease
3. Prostate Cancer
4. Kidney Cancer
5. Bladder Cancer
6. Testicular Cancer
7. Urinary Tract Infections
8. Common Pediatric Urology Conditions
9. Erectile Dysfunction
10. Neurogenic Bladder Disorders and Incontinence
11. Diagnostic investigations of the Urinary tract

SKILLS OBJECTIVES:

1. History taking in the Urology Patient
2. Examination of the Genitourinary System including rectal examination
3. Recognizing urinary retention and confirming it with ultrasound bladder scanning
4. Placement of a foley catheter
5. Principles of diagnostic cystoscopy
6. Recognize common urologic emergencies including:

- testicular torsion
- priapism
- renal colic
- acute renal failure
- autonomic dysreflexia

5. Principles of antisepsis in the Urologic Operating room
6. Principles of assisting in the operating room including retraction, use of a laparoscopic camera and closure of skin incisions

******* In addition the student must -**

1. Attend Urology Outpatient Clinics at the McMaster Institute of Urology
2. Be observed performing a history and physical examination.
3. Record in an acceptable fashion a history and physical examination with formulation of diagnosis and treatment plan, and present this to the Health Care team.
4. Attend surgery for:
 - a). laparoscopic kidney surgery
 - b) transurethral resection of the prostate
 - c) ureteroscopy and laser treatment of stones
5. Write Admission and Post-Op Orders.
6. Perform “on call” duties with the Resident supervisor two week days and one weekend day per rotation.

BEHAVIOUR:

1. Communicate in an appropriate fashion to –
 - a). Colleagues and other members of the Health Care Team
 - b). Patients and family.
2. Demonstrate respect and appreciate the roles of other professionals.
3. Be aware of the necessity for competent and appropriate medical resource management.
4. Manage time effectively.
5. Develop an attitude of curiosity and enthusiasm for lifelong learning.
6. Advocate for and act to optimize patient care.
7. Behave as a professional at all times with honesty, integrity, commitment, compassion, effectiveness, competency and altruism.

ORGANIZATION

A urology faculty surgeon will be designated as the supervisor for the student and they will be evaluated by that individual. There will also be feedback from the resident staff and other faculty members involved in the teaching of the student during this selective.

DATA GATHERING and EVALUATION

For purposes of student assessment (and program evaluation) data on student clinical experience in clerkship rotations will be collected on an ongoing and daily basis by means of an electronic record of student clinical encounters. The student is expected to enter the requisite data on a PDA and to periodically download the data to the Program's data centre. Documentation of the clinical encounter demonstrates that the learning goals related to that encounter have been met. Failure to document will be construed as indicating that the learning objectives have not been met.

The clinical preceptor will evaluate each student at mid and end-unit based on the performance of the student in the clinic and on the clinical wards and on the data gathered on the electronic record. Where housestaff contribute to student supervision, the clinical preceptor will also seek out their input for the assessment. At the completion of the rotation all students will complete an exit survey on their experience.