



## Feedback Tools

### By Type

#### Observed Patient Consultations

##### *Basic Training (in the first year)*

- assessing patients presenting with renal colic and initiating management.
- assessing and managing patients who have retention
  - Acute
  - Chronic
  - Male
  - Female.

##### *Later (remainder of the training program)*

- outlining further assessment, and benefits and risks of prostate cancer treatment, for patients who have an elevated PSA or abnormal DRE.
- discussing treatment options with patients diagnosed with localised prostate cancer, including treatment side effects.
- Assessing, counselling and initiating a management plan with:
  - male patient with LUTS
  - female with incontinence.
- assessing patients presenting with haematuria (including awareness of social and occupational, urothelial malignancy etc) .
- discussing different stone treatment options
  - providing counselling and informed consent discussions (e.g. ESWL, ureteroscopy)
  - with a cultural and linguistically diverse (CALD) patient.
- patients who have acquired neurogenic bladder (MS or trauma related).
- adult patients who have a congenital spinal anomaly (spina bifida).
- explaining the diagnosis of bladder cancer to patients and discussion of treatment (including urinary diversion, role of chemotherapy, radiation therapy).



---

## Case based Discussions

### *Basic Training (in the first year)*

- managing patients who have renal colic.
- managing patients who have an acute scrotum – including presentation, diagnosis, consent and management:
  - paediatric patient focusing on planning the management plan and obtaining consent
  - adult patient
- managing patients who:
  - are difficult to catheterise.
  - have high pressure chronic retention and require management of post obstructive diuresis.

### *Later (remainder of the training program)*

- managing patients who have localised prostate cancer, including patients who have had associated complications such as incontinence.
- managing patients who have an overactive bladder:
  - female patient
  - nocturia in older patient.
- potential causes and management of patients who have refractory haematuria
- assessing patients who have recurrent stone formation and advising on lifestyle and medical preventative strategies.
- diagnosing, staging and management of patients who have:
  - an incidentally identified small solid renal mass
  - a cystic renal mass
  - locally advanced or metastatic renal cancer
- managing patients who have acquired neuropathy.
- managing patients who have congenital neuropathy.
- perioperative management of patients with invasive bladder cancer, including preoperative optimisation, and management of post-operative progress, follow up and complications (including different urinary diversions, palliation of patients with non-treatable cancer).



## **Observed Surgical Performances**

### *Basic Training (in the first year)*

- cystoscopy and insertion of ureteric stents
- flexible cystoscopy with removal of ureteric stents
- scrotal surgery, including testicular fixation
- difficult catheterisations
- insertion of supra pubic catheters.

### *Later (remainder of the training program)*

- needle biopsy of a prostate
- radical prostatectomy
- transurethral resection of the prostate (TURP)
- performing and interpreting urodynamics
- transurethral resection of bladder tumour (TURBT), including >2cm
- cystolitholapaxy
- cystolithotomy
- rigid ureteroscopy and stone fragmentation/extraction
- flexible pyeloscopy and laser fragmentation stone
- percutaneous renal access and nephroscopy
- radical nephrectomy (open, laparoscopic or robotic surgery).
- fluoroscopic urodynamic study
- cystoscopy and Botox injection for neurogenic bladder
- cystectomy
- pelvic node dissection
- formation of an ileal conduit