



Feedback Tools

By Type

Observed Patient Consultations

Basic Training (in the first year)

- assessing patients presenting with renal colic and initiating management.
- assessing patients presenting with an acute scrotum (including suspected testicular torsion and obtaining consent for the procedure).
- 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.
- 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