UROLOGY RESIDENT SEMINAR SCHEDULE - 2024 January to June CanMeds = Medical Expert (ME), Professional (P), Communicator (Com), Scholar (Sc), Collaborator (Col), Leader (L), Health Advocate (HA Note: Assigned Residents are to contact the Preceptor Faculty a minimum of 3 weeks in advance of the session, to determine learning objectives for the session. These objectives are to be sent to the Program Administrator a minimum of 1 week in advance of the session. PRESENTER-SESSION DATE LOCATION **CAMPBELL'S CHAPTERS/TOPICS OBJECTIVES ROYAL COLLEGE COMPETENCIES** TIME TOPIC **FACILITATOR BLOCK 9 - RENAL TRANSPLANTATION** 7:00-12:00 *No Seminars: PGY1-5 = Protected time for research or personal/wellness to be used at the discretion of the individuial resident 2 7:00-11:00 BiAnnual Resident Review Meetings (Zoom) Etiology, pathogenesis and management of renal failure January 1.3.6 Immunology of transplantation; 1.3.8 Pharmacology as it relates to the pharmacokinetics, pharmacodynamics, mechanisms or action, routes of delivery 16 8:00-10:00 am Renal Renal transplantation Dr. Sener Zoom and elimination, and adverse effects of medications used to treat urology conditions; 2.2.6.1 Biochemical studies; 2.2.3 Assess the patient's functional stat Transplantation Urologic complications of renal transplantation M.NeiadMansouri and quality of life; 2.2.6.1 Biochemical studies; 2.2.6.7.2.1. Vascular studies of the renal, gonadal, and penile vessels; Urologic Considerations in Pediatric Renal Transplantation Nephrology 23 8:00-1:00 pm Renal Renal physiology and pathophysiology incl renovascular HT 1.3.2 Anatomy, physiology, and pathology of the genitourinary tract; 1.3.5 Pathophysiology of renovascular hypertension; 2.2.6.7.6 Angiography of the renal vasculature; 2.2.6.1 Biochemical studies; 2.2.6.7.2.1. Vascular studies of the renal, gonadal, and penile vessels Dr.F.Rehman Physiology Renal insufficiency and ischemic nephropathy A.Gupta **BLOCK 10 - TRAUMA AND FISTULA** 1.3.2 Anatomy, physiology, and pathology of the genitourinary tract: 2.2.1 Perform a focused physical exam and urological history, including past and pres 30 8:00-10:00 Upper Urinary Tract Trauma Dr. Bjazevic medical history relevant to the urological care of the patient; 2.2.6.7 Medical imaging; 2.2.6.7.2.1. Vascular studies of the renal, gonadal, and penile vessel Jan. Zoom Trauma am Pediatric Genitourinary Trauma M.Smith 2.4.6. Trauma affecting the urinary tract and external genitalia, including the genitourinary aspects of multi-system trauma; 3.1 Determine the most appropriate procedures or theranies 1.3.2 Anatomy, physiology, and pathology of the genitourinary tract; 2.2.1 Perform a focused physical exam and urological history, including past and 6 8:00-10:00 February Lower Trauma Genital and LUT trauma Dr Welk present medical history relevant to the urological care of the patient; 2.2.6.7 Medical imaging; 2.2.6.7.2.1. Vascular studies of the renal, gonadal, and penil Zoom and Fistula Urinary tract fistulae C.MacLeod vessels; 2.4.6. Trauma affecting the urinary tract and external genitalia, including the genitourinary aspects of multi-system trauma; 2.4.4. Urinary fistulae; 3.1 Determine the most appropriate procedures or therapies 13 8:00-10:00 Shuttleworth Dr.L.Campeau Guest topic thd am Aud SJHC Professor **BLOCK 11 - REPRODUCTIVE & SEXUAL FUNCTION** 1.3.4 Male fertility, sexual, and gonadal function; 2.2.3 Assess the patient's functional status and quality of life; 2.2.1 Perform a focused physical exam and Male reproductive physiology 20 8:00-10:00 Dr. Brock urological history, including past and present medical history relevant to the urological care of the patient; 2.2.6.4. Semen analysis: qualitative and Male infertility date confirmed Reproduction am Wluke quantitative; 2.2.6.6. Histopathology of benign, malignant and inflammatory lesions of the adrenal gland, kidney, urothelium, prostate, testis, and penis; 2.4.8 Surgical management of male infertility Disorders of andrology, including sexual dysfunction, male factor infertility, and hypogonadism; 3.1.15. Genital surgery; 3.1.9. Hormonal therapy February T.Beveridge MSB483 Dr P Crivallero to 27 8:00-12:00 Surgical, radiographic, and endoscopic anatomy of the male reproductive Med.Sci.Bldg Reproductive present via Zoom @ Outline the intrinsic neurovasculature of the penis; Identify the segments of the male urethra and the 1.3.2 Anatomy, physiology, and pathology of the genitourinary tract; 2.2.6.7 Medical imaging; 2.4.10. Disorders of the male external genitalia, including beginning for 30 mins contituent features related to the ejaculatory ducts cutaneous lesions; 3.1.15. Genital surgery; 3.1.10. Diagnostic endoscopy of the upper and lower urinary tract; Anatomy Anatomy Surgery for benign disorders of the penis and urethra Lab, UWO M.Playfair 1.3.4 Male fertility, sexual, and gonadal function; 2.2.3 Assess the patient's functional status and quality of life; 2.2.1 Perform a focused physical exam and MSB483 Physiology of penile erection and pathophysiology of erectile dysfunction T Reveridge 5 8:00-12:00 urological history, including past and present medical history relevant to the urological care; 2.2.3 Assess the patient's functional status and quality of life; Evaluation and management of erectile dysfunction; Diagnosis and Med.Sci.Bldg Erectile Describe the morphology of the erectile tissues, and associated fascia in the penis; Localize and trace Dr. Campbell 22.1 Perform a focused physical exam and urological history, including past and present medical history relevant to the urological care of the patient; 3.1.7 Intracavernosal therapies; 2.2.6.6. Histopathology of benign, malignant and inflammatory lesions of the adrenal gland, kidney, urothelium, prostate, testis, Anatomy Dysfunction management of Peyronie disease the extrinsic neurovasculature of the penis within the pelvis H.Abed Lab LIWO Surgery for erectile dysfunction and penis; 2.4.8. Disorders of andrology, including sexual dysfunction, male factor infertility, and hypogonadism; 3.1.15. Genital surgery 12 8:00-12:00 *No Seminars: PGY1-5 = Protected time for research or personal/wellness to be used at the discretion of the individuial resident (March Break Week March 12-16, 2024) Priapism 1.3.4 Male fertility, sexual, and gonadal function; 2.2.3 Assess the patient's functional status and quality of life; 2.2.1 Perform a focused physical exam and Sexual and Disorders of male organsm and ejaculation 19 8:00-10:00 Campbell/fellow urological history, including past and present medical history relevant to the urological care of the patient; 3.1.7. Intracavernosal therapies; 2.2.6.6. Zoom Frectile Integrated men's health: androgen deficiency, cardiovascular risk, and A.Afenu Histopathology of benign, malignant and inflammatory lesions of the adrenal gland, kidney, urothelium, prostate, testis, and penis; 2.4.8. Disorders of Pathology metabolic syndrome andrology, including sexual dysfunction, male factor infertility, and hypogonadism; 3.1.15. Genital surgery Sexual function and dysfunction in the female **BLOCK 12 - PROSTATE**

Development, Molecular Biology & Phys of Prostate

Minimally Invasive & Endoscopic Mgmt of BPH

Eval and Non-Surgical Mgmt of BPH

BPH: Etiology, Pathophys, Epidemiology & Natural History

Dr. Razvi

B.Li

26 8:00-10:00

Zoom

BPH

1.3.2 Anatomy, physiology, and pathology of the genitourinary tract; 1.3.8 Pharmacology as it relates to the pharmacokinetics, pharmacodynamics,

mechanisms or action, routes of delivery and elimination, and adverse effects of medications used to treat urology conditions: 2.2.3 Assess the patient's

functional status and quality of life; 2.2.4 Assess peri-operative risk; 2.3.6.3 Urine tests; 2.4.2. Obstructive disorders of the upper and lower urinary tract;

3.1.10. Diagnostic endoscopy of the upper and lower urinary tract; 3.1.11. Therapeutic endoscopy of the upper and lower urinary tract; 3.1.14. Pelvic

surgery, 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy

_								
L		BLOCK 13 - PROSTATE						
	2	2 8:00-12:00 pm *No Seminars: PGYI-5 = Protected time for research or personal/wellness to be used at the discretion of the individual pm *No Seminars: PGYI-5 = Protected time for research or personal/wellness to be used at the discretion of the individual pm *No Seminars: PGYI-5 = Protected time for research or personal/wellness to be used at the discretion of the individual pm *No Seminars: PGYI-5 = Protected time for research or personal/wellness to be used at the discretion of the individual pm *No Seminars: PGYI-5 = Protected time for research or personal/wellness to be used at the discretion of the individual pm *No Seminars: PGYI-5 = Protected time for research or personal/wellness to be used at the discretion of the individual pm *No Seminars: PGYI-5 = Protected time for research or personal/wellness to be used at the discretion of the individual pm *No Seminars: PGYI-5 = Protected time for research or personal/wellness to be used at the discretion of the individual pm *No Seminars: PGYI-5 = Protected time for research or personal pm *No Seminars: PGYI-5 = Protected time for research or personal pm *No Seminars: PGYI-5 = Protected time for research or personal pm *No Seminars: PGYI-5 = PGYI-					viduial resident	
		7:00-12:00 pm Sim Lab ??						
	16	6 8:00-10:00 am ?? Hold for potential guest professor						
Anril	23	8:00-10:00 am		Prostate Ca Screening	Epidemiology, Etiology & Prevention of Prostate Ca Prostate Ca Biomarkers Prostate biopsy: techniques and imaging	Dr.Ryan McLarty Urol. Windsor L.Stringer		1.32 Anatomy, physiology, and pathology of the genitourinary tract: 1.3.9.1 Risk factors, incidence and previalence, genetic predisposition, and growth and dissemination patterns, and prognostic variables; 1.3.9.2 Use of tumour markers for screening and surveillance; 2.2.6.7.2.2. Ultrasound guided fine needle aspiration, needle core biopsy, and drainage; 2.4.7. Neoplasms of the genitourinary tract: benign and malignant
	30	8:00-10:00 am		Prostate Ca Diagnosis	Pathology and prostatic neoplasia Diagnosis and staging of prostate cancer Active surveillance of prostate cancer	Dr. Inman A.Gupta		1.3.2 Anatomy, physiology, and pathology of the genitourinary tract; 1.3.9.3 Staging of neoplasms urins tumour-node-metastasis (TNM) staging system or other relevant classification system, and applicable predictive and prognostic indices; 2.2.3 Assess the patient's functional status and quality of life; 2.2.4 Assess peri-operative risk; 1.3.9.2 Use of tumour markers for screening and surveillance; 2.2.6.7.2.2 Ultrasound guided fine needle aspiration, needle core biopey, and drainage; 2.4.7. Neoplasms of the genitourinary tract: benign and malignant
	7	7 *No seminars: AUA Annual meeting May 3-6, San Antonio, Tx						
	14	8-10:00 am		Prostate Ca Local	Active management strategies of localized prostate cancer Treatment of Locally Advanced Prostate Ca Radiation Therapy for Prostate Cancer Focal therapy for Prostate Cancer	Dr. Joelle Helou Oncology V.Turnbull		1.32 Anatomy, physiology, and pathology of the genilourinary tract; 1.3.9.4 Treatment options including the role of surgery, hormonal therapy, radiation therapy, chemotherapy, and immunotherapy, 2.2.3 Assess the patient's functional status and quality of life; 2.2.4 Assess peri-operative risk; 2.2.6.7 Medical imaging; 2.4.7 Neoplasms of the genilourinary tract benign and matignant; 3.1.10. Diagnostic endoscopy of the upper and lower urinary tract; 3.1.11. Therapeutic endoscopy of the upper and lower urinary tract; 3.1.14. Pelvic surgery, 1.3.11.2. Cryotherapy
NOW	21	pm	MSB483 Med.Sci.Bldg Anatomy Lab, UWO		Surgical, radiographic and endoscopic anatomy of the male pelvis Simple prostatectomy: open and robot-assisted lap Open radical prostatectomy Lap & Robotic-Assisted Lap Rad Prostatectomy & PLND	T. Beveridge & Endo Fellow M.Basulto (Dr. Inman to develop objectives) M.NejadMansouri	Apply an understanding of the neurovascular bundle of Walsh and Denonvillier's fascia to perform a nerve-sparing approach to the prostate	1.3.2 Anatomy, physiology, and pathology of the genitourinary tract, 1.3.9.4 Treatment options including the role of surgery, hormonal therapy, radiation therapy, and immunotherapy, 2.2.3 Assess the patient's functional status and quality of life, 2.2.4 Assess peri-operative risk; 3.1.14. Pelvic surgery;
	28			Prostate CA Advanced	Management of biochemical recurrence of prostate Ca Hormonal therapy for prostate Ca Treatment of castration resistant prostate Ca	Dr. Winquist Oncology M.Smith		1.3.9.4 Treatment options including the role of surgery, hormonal therapy, radiation therapy, chemotherapy, and immunotherapy; 1.3.9.5 Principles of palliative and end-of-life care; 2.2.6.7 Umour markers; 2.2.6.7 Medical imaging; 2.4.7. Neoplasms of the gentlourinary tract benign and malignant; 3.1.14. Pelvic surgery; 1.3.8 Pharmacology as it relates to the pharmacokinetics, pharmacodynamics, mechanisms or action, routes of delivery and elimination, and adverse effects of medications used to treat unology conditions; 2.2.6.7.3.3. Bone scan for staging of malignancy
0	4	7:00-11:00 am						
	11							
	18				?? CUA 2024 date			
	25	No Seminars: Transition time (?? Dates for CUA 2024)						