

## UROLOGY RESIDENT SEMINAR SCHEDULE – 2024 July to December

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.

DATE	TIME	LOCATION	SESSION TOPIC	CAMPBELL'S CHAPTERS/TOPICS	PRESENTER-FACILITATOR	OBJECTIVES	ROYAL COLLEGE COMPETENCIES
<b>BLOCK 14 - ORIENTATION</b>							
July	2	7:00 am - 12:00 noon		*No Seminars* PG1s = Surgical Foundations Bootcamp (0900-1615 July 4-14, 2023) <i>PGY2-5 = Protected time for research or personal/wellness to be used at the discretion of the individual resident</i>			
	9	7:00-12:00 pm		*No Seminars* PG1s = Surgical Foundations Bootcamp (0900-1615 July 4-14, 2023) <i>PGY2-5 = Protected time for research or personal/wellness to be used at the discretion of the individual resident</i>			
	16	8:00-10:00 am 10:30-11:30 am	Urol Conf Rm SJHC	Orientation Meeting with the PD's *mandatory for PGY1-5*  Resident Meeting with the New Chiefs (mandatory PGY1-5)	Dr. Wang Dr. Campbell  Chief Residents		
	23	7:00 am - 12:00 noon		*No Seminars* <i>PGY1-5 = Protected time for research or personal/wellness to be used at the discretion of the individual resident</i>			
	30	7:00 am - 12:00 noon		*No Seminars* <i>PGY1-5 = Protected time for research or personal/wellness to be used at the discretion of the individual resident</i>			
August	6	7:00 am - 12:00 noon		*No Seminars* <i>PGY1-5 = Protected time for research or personal/wellness to be used at the discretion of the individual resident</i>			
	13	7:00 am - 12:00 noon		*No Seminars* <i>PGY1-5 = Protected time for research or personal/wellness to be used at the discretion of the individual resident</i>			
	20	7:00 am - 12:00 noon		*No Seminars* <i>PGY1-5 = Protected time for research or personal/wellness to be used at the discretion of the individual resident</i>			
	27	7:00 am - 12:00 noon		*No Seminars* <i>PGY1-5 = Protected time for research or personal/wellness to be used at the discretion of the individual resident</i>			
<b>BLOCK 15 - BLADDER / FEMALE UROLOGY / LUTS</b>							
September	3	8:00-9:00 am	Zoom	Medication Reconciliation	Medication Reconciliation Education	Adriana Too, Pharmacy	
	10	8:00-10:00 am	Zoom	Bladder Physiology & Urodynamics	Pathophysiology and pharmacology of the bladder and urethra Pathophysiology and classification of LUT dysfunction: overview Urodynamic and video-urodynamic evaluation of the LUT	Dr. Blayne Welk (Mehran NejadMansouri)	1.3.2 Anatomy, physiology, and pathology of the genitourinary tract; 1.3.8 Pharmacology as it relates to the pharmacokinetics, pharmacodynamics, mechanisms of action, routes of delivery and elimination, and adverse effects of medications used to treat urology conditions; 2.2.1 Perform a focused physical exam and urological history, including past and present medical history relevant to the urological care of the patient; 2.2.6.7 Medical imaging; 2.2.6.8 Urodynamic studies; 2.4.9. Disorders of voiding including relevant neurourology;
	17	7:00-12:00 pm	MSB483 Med.Sci Bldg Anatomy Lab, UWO	Female Anatomy & Pathology	Surgical, radiographic and endoscopic anatomy of the female pelvis Slings: autologous, biologic, synthetic and midurethral; Complications related to the use of mesh and their repair	Dr. ?? ObGyn tbd (Aurinjy Gupta)	Explore and describe the female pelvic viscera and the associated endopelvic fascia; Compare and contrast the urogenital diaphragm from the pelvic floor  1.3.2 Anatomy, physiology, and pathology of the genitourinary tract; 2.2.6.7 Medical imaging; 2.2.6.8 Urodynamic studies; 2.4.9. Disorders of voiding including relevant neurourology; 3.1.14. Pelvic surgery; 3.1.15. Genital surgery; 2.2.3 Assess the patient's functional status and quality of life
	24	8:00-10:00 am	Zoom	Pelvic Prolapse and Incontinence	Urinary incontinence & pelvic prolapse: epidemiology & pathophys Conservative mgmt of urinary incontinence behavioral and pelvic floor therapy and urethral and pelvic devices Eval & mgmt of women with urinary incontinence and pelvic prolapse	Dr. Yvonne Leong, ObGyn (McKinley Smith)	1.3.2 Anatomy, physiology, and pathology of the genitourinary tract; 1.3.8 Pharmacology as it relates to the pharmacokinetics, pharmacodynamics, mechanisms of action, routes of delivery and elimination, and adverse effects of medications used to treat urology conditions; 1.3.11.1. Botulinum toxin; 1.3.11.10. Neurostimulation; 2.2.1 Perform a focused physical exam and urological history, including past and present medical history relevant to the urological care of the patient; 2.2.3 Assess the patient's functional status and quality of life; 2.3.6.3 Urine tests; 2.2.6.7 Medical imaging; 2.2.6.8 Urodynamic studies; 2.4.9. Disorders of voiding including relevant neurourology; 3.1.5. Neurostimulation; 3.1.8. Intraesicular therapies; 3.1.9. Hormonal therapy; 3.1.10. Diagnostic endoscopy of the upper and lower urinary tract
October	1	8-12:00 pm		*No Seminars* <i>PGY1-5 = Protected time for research or personal/wellness to be used at the discretion of the individual resident</i>			
	8	8:00-10:00 am	Zoom	Female Urologic Surgery	Retropubic suspension surgery for incontinence in women Electrical stimulation & neuromodulation in storage & emptying Fx Bladder and female urethral diverticula	Dr. Yvonne Leong, ObGyn (Carolyn MacLeod)	1.3.2 Anatomy, physiology, and pathology of the genitourinary tract; 2.4.9. Disorders of voiding including relevant neurourology; 3.1.14. Pelvic surgery; 3.1.15. Genital surgery; 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy;
	15	7:00-12:00 pm		*No Seminars* <i>PGY1-5 = Protected time for research or personal/wellness to be used at the discretion of the individual resident</i>			
	22	8:00-12:00 pm		*No Seminars* <i>PGY1-5 = Protected time for research or personal/wellness to be used at the discretion of the individual resident</i>			
	29	8:00-10:00 am		Men with Incontinence	Evaluation and management of men with urinary incontinence Neuromuscular dysfunction of the lower urinary tract	Dr. Jeff Campbell (Ian Janes)	2.2.1 Perform a focused physical exam and urological history, including past and present medical history relevant to the urological care of the patient; 2.2.3 Assess the patient's functional status and quality of life; 2.2.6.7 Medical imaging; 2.2.6.8 Urodynamic studies; 2.4.9. Disorders of voiding including relevant neurourology; 3.1 Determine the most appropriate procedures or therapies
5	8:00-10:00 am		Men with LUTS	Overactive bladder The underactive detrusor Nocturia	Dr. Ryan McLarty, Adjunct Windsor (Danny Matti)	2.2.1 Perform a focused physical exam and urological history, including past and present medical history relevant to the urological care of the patient; 2.2.3 Assess the patient's functional status and quality of life; 2.2.6.7 Medical imaging; 2.2.6.8 Urodynamic studies; 2.4.9. Disorders of voiding including relevant neurourology	

November	12	8:00-12:00 pm	MSB483 Med.Sci.Bldg Anatomy Lab, UWO	Surgery for Men with Incontinence	Surgical procedures for sphincteric incontinence in the male	Hailey Linklater (lab) (Haider Abed)	Conceptualize and trace the innervation of the internal and external urethral sphincters	1.3.8 Pharmacology as it relates to the pharmacokinetics, pharmacodynamics, mechanisms of action, routes of delivery and elimination, and adverse effects of medications used to treat urology conditions; 2.2.6.8 Urodynamic studies; 2.2.6.8 Urodynamic studies; 2.4.9. Disorders of voiding including relevant neurourology; 3.1 Determine the most appropriate procedures or therapies; 3.1.14. Pelvic surgery
	19	8:00-10:00 am		Management of Men with LUTS	Pharmacologic mgmt of LUT storage and emptying failure	Dr. Jenn Bjazevic (Victoria Turnbull)		1.3.8 Pharmacology as it relates to the pharmacokinetics, pharmacodynamics, mechanisms of action, routes of delivery and elimination, and adverse effects of medications used to treat urology conditions; 2.2.6.8 Urodynamic studies; 2.4.9. Disorders of voiding including relevant neurourology; 3.1 Determine the most appropriate procedures or therapies; 3.1.14. Pelvic surgery
	26	8:00-12:00 pm		*No Seminars* re: Interview Review of Program				
December	3	7:00-12:00 pm	Resident Bi-Annual Review Meetings *PGY1-5*			Dr. Wang Dr. Campbell		
	<b>BLOCK 16 - BLADDER</b>							
	10	8:00-10:00 am		Bladder Tumor	Tumors of the bladder Bladder surgery for benign disease	Dr. Jonathan Izawa (Roseanna Ferreira)		1.3.9 Principles of oncology as they apply to neoplasms of the adrenal gland, kidney, urothelium, prostate, testis, penis, and malignancies metastatic to the genitourinary tract; 1.3.9.1 Risk factors, incidence and prevalence, genetic predisposition, and growth and dissemination patterns, and prognostic variables; 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; 1.3.9.4 Treatment options including the role of surgery, hormonal therapy, radiation therapy, chemotherapy, and immunotherapy; 1.3.11.3. Cytotoxic therapy; 1.3.11.4. Electrosurgery; 2.2.6.1 Biochemical studies; 2.3.6.3 Urine tests; 2.2.6.7 Medical imaging; 2.2.6.7.4 Computer tomography (CT) of the abdomen and pelvis, including CT urogram; 2.4.7. Neoplasms of the genitourinary tract: benign and malignant; 3.1.8. Intravesicular therapies; 3.1.10. Diagnostic endoscopy of the upper and lower urinary tract; 3.1.11. Therapeutic endoscopy of the upper and lower urinary tract
	17	8-10:00 am		Management of Bladder Cancer	Mgmt strategies for non-muscle invasive bladder cancer Mgmt of muscle invasive and metastatic bladder cancer	Dr. Brant Inman (Will Luke)		1.3.9 Principles of oncology as they apply to neoplasms of the adrenal gland, kidney, urothelium, prostate, testis, penis, and malignancies metastatic to the genitourinary tract; 1.3.9.1 Risk factors, incidence and prevalence, genetic predisposition, and growth and dissemination patterns, and prognostic variables; 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; 1.3.9.5 Principles of palliative and end-of-life care; 1.3.11.3. Cytotoxic therapy; 1.3.11.4. Electrosurgery; 2.2.6.1 Biochemical studies; 2.3.6.3 Urine tests; 2.2.6.7 Medical imaging; 2.2.6.7.4 Computer tomography (CT) of the abdomen and pelvis, including CT urogram; 2.4.7. Neoplasms of the genitourinary tract: benign and malignant; 3.1.8. Intravesicular therapies; 3.1.10. Diagnostic endoscopy of the upper and lower urinary tract; 3.1.11. Therapeutic endoscopy of the upper and lower urinary tract; 3.1.13. Abdominal/retroperitoneal surgery; 3.1.14. Pelvic surgery; 2.2.6.7.3.3. Bone scan for staging of malignancy
24	8-12:00 PM	*No Seminars* PGY1-5 = Protected time for research or personal/wellness to be used at the discretion of the individual resident						

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