
SMH DIVISION OF UROLOGY WEBSITE

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INTRODUCTION

The Division of Urology at St. Michael's Hospital provides a unique urology experience at the University of Toronto. Trainees will be exposed to a rotation with a particular focus on urolithiasis, endourology, advanced urologic laparoscopy, and renal transplantation in addition to general urology. Trainees have the opportunity to obtain a graded experience in clinic, the Cystoscopy unit, the Lithotripsy Unit, the operating room, the in-patient ward (8 Cardinal Carter South) and in-patient consults.

CLINICAL SCHEDULE

	Dr. Honey	Dr. Pace	Dr. Stewart
Monday	7:30 AM: Urology Rounds		
	AM – Local cysto PM – Clinic	Research	Research
Tuesday	GA in cysto	Litho and Stone Clinic	Main OR
Wednesday	Litho and Stone Clinic	AM – GA in cysto PM – Local cysto/clinic	Clinic
Thursday	Main OR	Main OR	AM – GA in cysto PM – Local cysto
Friday	7:30: Urology or Department of Surgery Rounds		
	GA in cysto	Research	Research

FACULTY LISTING

Dr. R. J. Honey

Head, Division of Urology

Director, Urolithiasis Program, University of Toronto

Co-Director, Endourology & Laparoscopy Fellowship

Telephone: 416-867-3705

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Special clinical interests: endourology, kidney stone disease, renal transplantation

Research interests: clinical studies in endourology and urolithiasis, technology assessment

Dr. K. T. Pace

Co-Director, Endourology & Laparoscopy Fellowship

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Fax: 416-867-3675

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Special clinical interests: advanced urologic laparoscopy, endourology, kidney stone disease

Research interests: clinical trials in endourology, laparoscopy, and urolithiasis; quality of life measurement

Dr. R. J. Stewart

Surgical Director, Renal Transplantation

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Special clinical interests: renal transplantation, oncology

Research interest: basic science research in vascular biology and angiogenesis

EXPECTATIONS OF TRAINEES

Prior to beginning rotation:

1. Coordinate all vacation and conference requests through Dr. Honey's office.
2. Read around areas of focus for rotation, included urolithiasis, endourology, renal transplantation, and laparoscopy

During the rotation:

1. PGY4 and 5 Urology residents
 - The chief resident has primary responsibility for allocating housestaff and medical students to ensure coverage of the various clinical activities during the day (see schedule above)
 - The primary goal of PGY5's during the rotation is to gain experience acting as a consultant urologist and in the operating room. This includes supervision of junior housestaff and medical students, supervision of inpatient and emergency department consultations, the opportunity to evaluate new outpatients in the clinic setting, and the opportunity to refine open, endoscopic, and laparoscopic surgical skills in the operating room and cystoscopy unit.
 - A focus on providing evidence-based urologic care, based on data from the urologic literature should be an important goal of the rotation.
2. PGY1, 2, and 3 Urology residents
 - Urology residents will have a graded exposure to the operating room and cystoscopy suite based on experience. Junior residents should become facile with flexible and rigid cystoscopy, while more senior residents should gain experience with transurethral surgery, endourology, and open surgery. All residents are expected to see patient in the outpatient setting, and to see inpatient and emergency department consults under the supervision of the chief resident.
 - The Stone Clinic provides a unique opportunity to see de novo urolithiasis patients in volume.
 - A virtual reality endourology trainer is available in the Cystoscopy Unit to refine and learn rigid and flexible cystoscopy, rigid and flexible ureteroscopy, and percutaneous renal access techniques.
 - A laparoscopy trainer is also available, and provides a valuable resource for mastering intracorporeal suturing and knot-tying techniques.

- A focus on providing evidence-based urologic care, based on data from the urologic literature should be an important goal of the rotation.

3. PGY1 Radiology and Pathology residents

- Non-urology residents should have a broad exposure to general urology in the outpatient setting and through inpatient and emergency department consults, under the supervision of the chief resident.
- Every effort should be made to obtain clinical-radiographic and clinical-pathology correlation of urologic conditions, including the review of relevant x-rays and pathology where appropriate.
- PGY1 residents have the opportunity of presenting a topic relevant to their training at one of the Monday Urology Rounds.

4. Medical students

- Medical students should have a broad exposure to general urology in the outpatient setting and through inpatient and emergency department consults, under the supervision of the chief resident.
- Exposure to the endoscopic and surgical aspects of urology is another important facet of the rotation.

5. General goals:

- Urology rounds on Monday mornings consist of a mix of topics, including donor nephrectomy radiology rounds, GU pathology rounds, research rounds, and topic specific rounds. Topic specific rounds are the responsibility of the residents, and are generally centered on interesting cases seen in the clinic or operating room, with a review of the relevant literature.
- All inpatients should be seen by the team prior to commencing daily clinical activities and at the end of the day
- On-call duties are on an at-home call basis, no more than 1 in 3 nights. Cross coverage with call at Mount Sinai Hospital is often part of the rotation.
- All emergency and urgent inpatient consults should be seen in a timely fashion. Less urgent inpatient consults should be seen within 24 hours.
- In order to ensure adequate follow-up and disposition of consults, all should be reviewed with the chief resident and staff urologist on call as soon as possible. Copies of the consultation note should be left with the staff urologist's office.
- Prompt attendance at all clinics, the Litho Unit, the Cystoscopy Unit, and the operating room is required. The chart of all patients undergoing procedures should be reviewed prior to commencing the case, and all relevant x-rays should be obtained and examined.

- A computer, collection of textbooks and journals, and work space are available in the SWL Research Office/Resident Resource room.
- A virtual reality endourology trainer is available in the Cystoscopy Unit.
- Please notify any of the staff if there are any concerns or suggestions on how to improve the rotation.

6. Expectations of the staff:

- Staff should review all consults and clinic patients in a timely fashion.
- Staff will round on inpatients throughout the week, with bedside teaching.
- Teaching on specific topics related to clinic patients and consults should occur throughout the clinical week.
- Practice examinations for chief residents can be arranged throughout the rotation.
- Feedback should be provided mid-way through the rotation, and then along with the ITER at the conclusion of the rotation.

**** All residents starting on the rotation should call Dr. Honey's secretary (Maria, at 416-867-3705 or 3671) to schedule meetings with Dr. Honey for their mid-term and final ITER evaluations.****

SUGGESTED READING LIST

1. Junior residents: Smith's Urology chapters on urolithiasis, oncology, and renal transplantation.
2. Senior residents: Campbell's Urology chapters on urolithiasis, endourology, laparoscopy, oncology, and renal transplantation, Smith's Endourology.
3. Trainees should remain current on the urologic literature, particularly as it applies to evidence-based decision making, including such journals as the Journal of Urology, Urology, BJU International (all of which are available online through the University of Toronto library website), and the Journal of Endourology (which is available in the SWL Research Office/Resident Resource Room).