

2020
VERSION 1.0

DEFINITION

Pediatric Urology is the area of enhanced competence within Urology and Pediatric Surgery concerned with the study, investigation, diagnosis, and medical and surgical management of genitourinary conditions in the pediatric population, spanning from the pre-natal period to young adulthood. The most common clinical problems are those congenital or acquired disorders involving the urinary tract, genitalia, and reproductive organs.

GOALS

Upon completion of training, a diplomate is expected to function as a competent specialist in Pediatric Urology, capable of an enhanced practice in this area of focused competence (AFC), within the scope of Pediatric Surgery and Urology.

The AFC trainee must acquire a working knowledge of the theoretical basis of the discipline, including its foundations in science and research, as it applies to medical/surgical practice.

The discipline of Pediatric Urology includes responsibility for:

- assessment and management of fetuses, infants, children, and youth with genitourinary conditions;
- surgical care of infants, children, and youth with genitourinary conditions; and
- longitudinal care of patients with genitourinary conditions through growth and development, including transition of care to another health care setting or professional.

Note: All markers must be signed off by the training supervisor prior to adding to the portfolio.

Note: All submitted cases or clinical material must be de-identified to preserve patient privacy. This requires the removal of key identifiers, including name, birth date, date of consultation, and location (e.g., hospital/clinic, city). In some cases, even without these identifiers, a patient could be identified by other information included in the case or clinical material (e.g., if the patient has a very rare condition, or lives in a remote area with a limited population size). In these instances de-identification may not be sufficient to ensure patient privacy. In such exceptional cases it would be advisable to obtain patient consent for the submission.

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Diplomates must demonstrate the requisite knowledge, skills, and behaviours for effective patient-centred care and service to a diverse population. In all aspects of specialist practice, the diplomate must be able to address ethical issues and issues of gender, sexual orientation, age, culture, beliefs, and ethnicity in a professional manner.

At the completion of training, the AFC trainee must demonstrate evidence of acquisition of the competencies listed on the following pages.

In the view of the AFC Program Committee, this candidate has acquired the competencies of the diploma program as prescribed in the *Competency Portfolio* and is competent to practise as a diplomate.

YES **NO**

COMMENTS

1. Assessment and management of fetuses, infants, children, and youth with genitourinary conditions		
Milestones	Standards of Assessment	Documents to be Submitted
<p>1.1. Perform clinical assessment with focus on genitourinary system</p>	<p>The documents must include:</p> <ul style="list-style-type: none"> • patient history • physical examination • genitourinary developmental status • family context • differential diagnosis, with rationale <p>The submissions must demonstrate:</p> <ul style="list-style-type: none"> • satisfactory gathering, articulation and integration of the clinical information • appropriate differential diagnosis <p>The case mix must include different clinical scenarios, including:</p> <ul style="list-style-type: none"> • one prenatal consult for hydronephrosis • two cases with emergency conditions (at least one testicular torsion) • two cases from outpatient clinic • one case from inpatient ward • one case with a complex congenital anomaly requiring multidisciplinary care 	<p>Seven clinical summaries</p>

<p>1.2. Select and interpret diagnostic tests relevant to the patient's genitourinary condition</p>	<p>The documents must include:</p> <ul style="list-style-type: none"> • summary of the clinical assessment • differential diagnosis • risk/benefit analysis of diagnostic tests, including imaging modalities • summary of selected tests and their results • interpretation of test results • presumptive diagnosis with rationale <p>The submissions must demonstrate:</p> <ul style="list-style-type: none"> • appraisal of clinical utility and limitation of tests • incorporation of clinical context in the interpretation of test results • identification of potential risks for harmful incidents • recognition of the need for downstream investigation or intervention • stewardship and evidence-based approach to resource utilization <p>The case mix must include six of the following conditions:</p> <ul style="list-style-type: none"> • antenatal hydronephrosis • febrile UTI • spina bifida and spinal dysraphism • bladder bowel dysfunction • renal colic • high-grade vesico-ureteral 	<p>Six clinical summaries (may be the same cases as in 1.1)</p>
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	<p>reflux</p> <ul style="list-style-type: none"> • gross hematuria • genitourinary tumour • renal transplant evaluation 	
<p>1.3. Establish a management plan</p>	<p>The documents must include:</p> <ul style="list-style-type: none"> • clinical scenario • differential diagnosis • presumptive diagnosis • management options • management plan <p>The submissions must demonstrate:</p> <ul style="list-style-type: none"> • development of an appropriate management plan • discussion of suitable surgical and non-surgical approaches, and justification of surgical intervention <p>The case mix must include:</p> <ul style="list-style-type: none"> • two cases with operative management • three cases with non-operative management <p>The case mix must include five different conditions, with at least one of each of the following:</p> <ul style="list-style-type: none"> • distal hypospadias • high-grade hydronephrosis • high-grade vesicoureteral reflux 	<p>Five of any combination of the following:</p> <p>Clinic letters</p> <p>OR</p> <p>ER visit documents</p> <p>OR</p> <p>Consult notes</p>

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<p>1.4. Counsel the patient and family</p>	<p>The documents must include:</p> <ul style="list-style-type: none"> • clinical scenario • patient, family and/or physician’s concerns • counseling <p>The submissions must demonstrate:</p> <ul style="list-style-type: none"> • usage of appropriate language for the given audience • recognition of emotional stressors • strategies to address and deal with emotions, such as anxiety, frustration and anger • empathy and compassion • reassurance of patient and family <p>The case mix must include:</p> <ul style="list-style-type: none"> • one aesthetic concern, example include penile anomalies • one other issue, examples include spinal dysraphism, tumours, antenatal care, and exstrophy 	<p>Two cases, including consult notes of the clinical encounter</p> <p>AND</p> <p>Direct observation of communication skills with supervisor sign off</p>
<p>1.5. Collaborate in multidisciplinary teams for the integrated care of patients with genitourinary conditions</p>	<p>The submission must include contributions from at least four respondents. Respondents must include at least two physicians from different disciplines and at least one other health care professional.</p> <p>The submissions must demonstrate:</p> <ul style="list-style-type: none"> • effective communication and collaboration 	<p>Collated results of multisource feedback</p>

	<ul style="list-style-type: none"> • facilitation of shared decision making • advocacy for patients and families • contribution of expertise to the discussion and decision-making as it relates to the genitourinary condition 	
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2. Surgical care of infants, children, and youth with genitourinary conditions		
Milestones	Standards of Assessment	Documents to be Submitted
2.1. Prepare patients for genitourinary surgery	<p>The documents must include a summary of:</p> <ul style="list-style-type: none"> • proposed surgery • informed consent discussion • pre-operative consultations for medical comorbidities • psychosocial evaluations with other health care professionals <p>The submissions must demonstrate:</p> <ul style="list-style-type: none"> • adequate assessment of patient and family readiness for surgery • proper consultation with health care providers • fulfilment of jurisdictional guidelines for substitute decision-making 	Three clinic notes

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	<p>The case mix must include one each of the following:</p> <ul style="list-style-type: none"> • urinary and/or fecal diversion • significant medical comorbidities • concurrent psychosocial and/or developmental issues 	
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<p>2.2. Perform genitourinary surgery</p>	<p>The documents must include:</p> <ul style="list-style-type: none"> • surgical time out • pre-operative care (including positioning, antibiotics, side marking, and anesthetic procedures) • surgical steps • description of unexpected surgical events • intra-operative consultations <p>The submissions must demonstrate:</p> <ul style="list-style-type: none"> • completion of checklist for case preparation • knowledge of general and procedure-specific surgical steps • effective and efficient collaboration with OR team and consultants • situational awareness <p>The case mix must include:</p> <ul style="list-style-type: none"> • One endoscopic/percutaneous procedure • Two open surgical procedures, including one each of the following: <ul style="list-style-type: none"> ○ hypospadias, distal or proximal ○ inguinal pathology 	<p>Ten operative notes with supervisor sign off</p> <p>AND</p> <p>Ten corresponding O-SCORE assessment forms</p>
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	<ul style="list-style-type: none"> • Two laparoscopic procedures, including one each of the following: <ul style="list-style-type: none"> ○ Renal surgery ○ Non-palpable testicle 	
	<p>The logbook must collect information on:</p> <ul style="list-style-type: none"> • diagnosis • age and gender • procedure • role of candidate in the procedure <p>The logbook must demonstrate a wide spectrum of genitourinary conditions and surgical procedures.</p>	<p>AND</p> <p>Logbook of surgical procedures</p>
<p>2.3. Provide post-operative care</p>	<p>The documents must include:</p> <ul style="list-style-type: none"> • patient age and weight • patient’s social context • diagnosis • surgical procedure • course in hospital • management of complications (if applicable) <p>The submissions must demonstrate:</p> <ul style="list-style-type: none"> • consideration of age and weight of child, social context, diagnosis, type of procedure, complications and other relevant clinical details • appropriate management and prescription of medication, fluids, nutrition, and blood products • appropriate management of tubes, catheters, drains, and dressings 	<p>Three clinical summaries</p>

	<ul style="list-style-type: none"> • appropriate selection and timely scheduling of post-op imaging • appropriate medical decision making • stewardship of resources <p>The case mix must include three of the following:</p> <ul style="list-style-type: none"> • one case requiring fluid, electrolyte and pain management • one case requiring multiple post-op imaging studies • one case requiring adjustment of discharge and follow-up plans to patient's diagnosis and social context <p>At least one of the cases must be an infant or small child.</p>	
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<p>3. Longitudinal care of patients with genitourinary conditions through growth and development, including transition of care to another health care setting or professional</p>		
Milestones	Standards of Assessment	Documents to be Submitted
<p>3.1. Provide longitudinal care of patients with genitourinary conditions</p>	<p>The documents must include:</p> <ul style="list-style-type: none"> • summary of the patient history • previous surgical interventions, if applicable • current and potential future issues or complications • plan for longitudinal care of the genitourinary condition <p>The submissions must demonstrate:</p> <ul style="list-style-type: none"> • knowledge of the natural 	<p>Three clinic notes</p>

	<p>history of genitourinary conditions and possible complications</p> <ul style="list-style-type: none"> • knowledge of expected long-term outcomes of surgical interventions and possible complications • proper identification of cases in which further interventions might be necessary • design of a follow-up plan with the family that incorporates contingency plans <p>The case mix must include one of each of the following:</p> <ul style="list-style-type: none"> • One case in which treatment is complete • One case that requires monitoring or follow-up • One case that will require further intervention 	
<p>3.2. Facilitate transfer of care to primary care physician and/or specialist</p>	<p>The documents must include:</p> <ul style="list-style-type: none"> • clinical summary • plan for longitudinal care <p>The submissions must demonstrate:</p> <ul style="list-style-type: none"> • provision of clear, concise and relevant information to the receiving physician • assurance of proper follow-up of genitourinary conditions <p>The case mix must include one of each of the following:</p> <ul style="list-style-type: none"> • transfer of care to family physician or pediatrician • consultation for transfer from the pediatric to adult health care setting, including to a 	<p>Two consult or transfer letters</p>

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	urologist, nephrologist, or gynecologist	
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This document is to be reviewed by the AFC Sub/committee in Pediatric Urology by December 2022.

APPROVED – Specialty Standards Review Committee – October 2019