

*Joseph L. Chin, MD, FRCSC*

Division of Urology, London Health Sciences Centre,  
University of Western Ontario, London, ON

The raison d'être for our residency programs is to "train" physicians to become specialists in their chosen field. A corollary is that residency training programs have the obligation to prepare and assist candidates to successfully complete their evaluation/examination to obtain their specialist certification.

As Chair of the Specialty Committee in Urology with the Royal College of Physicians and Surgeons of Canada, Chair of the Residency Affairs Committee of the Canadian Urological Association and former Chief Examiner for the Urology Fellowship Examination, I periodically ponder over several questions regarding residency training and evaluation. Is our current resident selection process optimal? Are we teaching appropriate material? How should we be teaching? What is the optimal duration of training? How should we evaluate candidates during training? What and how should we be evaluating in the "final examination"? When should the final evaluation take place?

### Is our current resident selection process optimal?

The CaRMS (with electives) and the Urology Fair (for a concentrated interview process) have worked well logistically for urology. We all have slightly different criteria for ranking candidates based on the curriculum vitae, reference letters, interviews, and personal observations in the operating room and the clinic. Should we incorporate a technical skill-testing component in the interview process, as some surgical specialties at certain universities have done? Should we conduct any psychological screening (a common practice in many professions and industries)? The Division of Plastic Surgery at UBC has had some experience with psychological testing in resident selection. The Urology Specialty Committee has considered this model and has decided to assess its utility as a research project in selected residency programs.

### Are we teaching appropriate material?

Although there is some variation in clinical emphasis and content due to geographic and institutional differences, all Canadian training programs adhere to standards set by the Royal College Specialty Committee in Urology (members include all residency program directors, a community urology representative and additional senior members from each geographic region). Our training standards are very rigorous and highly regarded worldwide. The new emphasis on CanMEDS roles has further improved the relevance of our training. The ongoing evolution of our specialty with new technologies and new concepts in diagnosis and therapy mandates regular review and update of documents, such as "Goals and Objectives of Training" and "Specific Standards of Accreditation" by the Specialty Committee.

### How should we be teaching?

The current mentor-apprenticeship model supplemented by didactic teaching still appears to be working reasonably well for the most part. The "service to education" ratio is carefully monitored by the Royal College through the regular site review and accreditation process. For technical and procedural training, surgical skills laboratory and surgical simulators have been a tremendous asset and should be an integral and indispensable component of all surgical residency programs.

### What is the optimal duration of training?

There is ongoing debate whether the residency program should be lengthened, in view of the exponential increase in new didactic knowledge and surgical procedures to be

taught and learned. Should surgical education be more broad-based, well-rounded and less specialty-focused in the junior years? Should we be more selective and less comprehensive in our urologic training? These questions remain unresolved.

### How should we evaluate the candidates during training?

The current in-training evaluation at most programs is more formally structured and more comprehensive than in the past. Most programs conduct regularly scheduled practice examinations and participate in nationwide in-service examinations. The T-Res (Resilience Software Inc., Vancouver, BC) personalized electronic diary, detailing all academic, operative and other clinical encounters, has been successful nationwide and is a useful tool for tracking a resident's progress and can highlight deficiencies to be rectified early on in the training. The Final In Training and Evaluation Report (FITER) to be completed by the program director is another document which is regularly reviewed by the Specialty Committee.

### What and how should we be testing?

The Royal College Fellowship Examination in Urology, with the 3 components of multiple choice, short answers and the objective structured comprehensive examination (OSCE),

tests essential didactic knowledge and clinical judgment and management skills in a comprehensive manner, excluding operative skills. In fact, many jurisdictions around the world have an operative or technical component in the final competency evaluation process. There is ongoing debate on the merits and pitfalls of this approach. Our current examination structure with multiple checks and balances is highly regarded by our counterparts in other countries (there are regular requests to observe our examination process).

### When should the "final" evaluation take place?

Should we conduct the final evaluation earlier or later than the current time frame of May/June of the PGY5 year? There are proponents and opponents for each approach. There does not appear to be any compelling reason why we should change our current schedule.

### Conclusion

---

Debates and unresolved questions aside, our residency training and evaluation process through the Royal College remains one of the most highly regarded in the world. However, we need to constantly re-evaluate the various aspects to ensure that the functionality, quality and relevance of our training and evaluation process are maintained.