

Urology Frequently Asked Questions—2021

1. What are the best things about your specialty?

Urology is a challenging specialty that combines an exciting and diverse operative experience with an active office practice. Of all surgical specialties, urology offers the most diverse surgical experience. Operative techniques include laparoscopy, robotics, open surgery, endoscopy, prosthetics and microsurgery. Urology is at the forefront of a number of technologic advances including diagnostics, lasers, focal therapy (cryosurgery, radiofrequency ablation, high intensity focused ultrasound) and robotics. Similarly, our patient population is quite diverse involving all age groups and both genders. An added bonus in urology is the strength and quality of your colleagues. Urologists tend to be both humorous and enthusiastic. In general, we are fun to work with!

2. What are the worst things about your specialty?

As is the case with all other surgical specialties, urology is dependent upon operative resources that are, at times, limited in a publicly funded health care system.

3. Why did you choose your specialty?

I have never met an unhappy urologist who was disappointed with his or her career choice. This is a very rewarding discipline. The patient population and disease processes we deal with are diverse. Our treatments are efficacious. Urology incorporates a healthy mix of both surgery and medicine.

4. What types of clinical cases do you commonly see?

Urology encompasses both adult and pediatric populations. Urologists can choose a general practice or focus their efforts in one of the many urologic subspecialties. These include pediatric urology, genito-urinary reconstruction, transplantation, oncology, endourology (stone disease), minimally invasive surgery (laparoscopy and robotics), infertility, incontinence/female urology, andrology (erectile dysfunction), and research. Surgical cases range from minimally invasive surgery to open surgery and from endoscopy to microsurgery.

5. Briefly describe a typical day.

Every day is unique! One day may be spent in the office consulting with patients while the next might be spent in the ambulatory clinic performing minor procedures such as vasectomies, cystoscopy and shock wave lithotripsy. Operative days could involve the endoscopic removal of kidney stones from a half-dozen patients or devoting the entire day to removing a cancerous kidney with a tumor thrombus extending into the heart. Variety indeed!

6.What kind of lifestyle can I expect in Urology?

Lifestyle in any surgical or medical practice depends on the individual physician and how they chose to run their practice. For the most part, the lifestyle of the average urologist is very good. Only a very few emergencies necessitate a return to the hospital after daytime hours. The on-call requirements of a urologist specializing in renal transplantation can be more demanding.

7.Specifically, how does your specialty accommodate family life?

Again, lifestyle depends upon the type of practice that one chooses. That being said, the average urologic practice brings with it a good quality of life and affords valuable time with your family. There are numerous examples in Canada of multiple generations of urologists in a single family.

8.Range of incomes?

The median Alberta Health billings are approximately \$500-600,000/yr.

9.How do you see your discipline changing over the next decade?

The discipline is becoming more technically orientated by the day. Numerous alternatives now exist to traditional open surgery: laparoscopy, robotics, cryosurgery, lasers, radio frequency ablation and image-guided therapy. In the future, molecular techniques will become more important in diagnosing and prognosticating different diseases.

Residency Program Questions:

10. What are you looking for specifically in an impressive candidate?

We look for a well-rounded individual with a genuine interest in urology who has exemplary interpersonal skills. This individual must be intelligent and at the same time practical. We are also interested in students that are not afraid to get involved, participate in patient care and join in the health care team.

11. What can a candidate do to become an appealing applicant to your program?

We highly recommend that any student interested in urology perform an elective or selective in our program. This is important not only for us to see the student but also for the student to be able to experience first hand what our program has to offer them.

To be competitive in the CaRMS match it is also recommended that an applicant to Urology complete a small research project. Any member of the Division of Urology would be more than happy to assist a student with a project.

12. How is your residency program organized?

Urology is a five-year training program. The first two years are Surgical Foundation years and are comprised of general surgery, urology, ICU, vascular surgery, pediatric surgery, and selectives (which can include cardiology, internal medicine, nephrology, diagnostic radiology, and emergency medicine). The remaining three years are devoted entirely to urology with rotations in all of the subspecialty areas within urology.

13. What is your residency program's orientation and focus?

Our goal is to provide a well-rounded training experience that will produce a competent urologist capable of practicing as a solo consultant.

14. What is the availability of experiences in subspecialty areas during training?

The Division of Urology has fellowship trained surgeons in every subspecialty area of urology. As such, our residents gain tremendous experience in all areas of urology.

15. Are there elective opportunities during residency training?

Selective opportunities (from a list of optional rotations) exist during the PGY-1 year. Two blocks of elective time is provided in the PGY-4 year. Electives in PGY-4 may be spent at the University of Alberta, outside institutions/universities or community settings.

16. What is the on-call schedule during each year of residency?

All urology rotations involve home call at an approximate frequency of 1:4 to 1:6. Call during off-service rotations in Surgical Foundation years (PGY1&2) is typically in-house performed at a frequency of 1:3 to 1:4

17. What distinguishes the U of A program from other programs?

Our program is relatively small with close interaction between faculty and residents. There is a large clinical volume with tremendous operative experience. We have a tremendous laparoscopic and robotic experience in our program. U of A is one of the few programs across the country that trains the residents in robotic surgery. We are also a center of excellence in reconstructive urology, endourology oncology and transplantation. We are generally well resourced when compared to many other centers.

18. a) Who can we contact for more information or to set up electives? The Undergraduate Office of Surgical Education will assist in providing contact information for surgeons in order to arrange hours for the 12 hour electives associated with MED517 in Year 1 and MED527 in Year 2. Email specsurg@ualberta.ca.

b) Specifically, is there a list of residents whom we can call or email?

Our residents are very receptive to answering any questions a medical student has about the program. Although the resident on call at the University Hospital or Royal Alex Hospital is available through hospital locating (operator), we encourage students to contact the Program Administrator first.

19. How competitive is it to get in, and then to succeed in your field?

Urology, like all surgical subspecialties, is a competitive field. There are ample opportunities to succeed in this discipline; however, success is ultimately going to be determined by the individual and not the training program. We will provide a strong surgical and clinical foundation from which you will have every opportunity to grow and succeed. Typically the majority of qualified applicants match to urology.

20. a) Is there active and/or required research in your residency program?

Each resident is required to participate in clinical (or basic) research throughout their five years of training. Ideally a resident would complete a project each year and present at a regional urological meeting (Prairie Urological Association Meeting or Northwest Section of Urology). For those interested in pursuing in depth research training, sent at a regional urological meeting (Prairie Urological Association Meeting). For those interested in pursuing a greater depth research training, there is the opportunity to complete a Masters or PhD in Experimental Surgery through the Department of Surgery Surgical Scientist Program or the Clinician investigator Program.

b) What role does research play in your career?

This really depends upon what type of career you decide on. In general, research will play a greater and necessary role if one chooses an academic career path. It is usually an expectation that a surgeon in an academic practice will participate in research and publish their work. Alternatively, in a community urologic practice, research is not usually a necessity for the urologist. This doesn't mean that community urologists can't participate in research projects, but it would typically not be a priority for most.

21. What local, national or international conferences would be of benefit to candidates interested in your residency program?

- Prairie Urological Association Meeting
- Canadian Urological Association Meeting (CUA)
- American Urological Association Meeting (AUA)
- Western Section of the AUA Meeting
- Urology Grand Rounds (Fridays during academic year)