

## SPECIALITY TRAINING PROGRAM FOR UROLOGY

Title of the residency study program	State code
UROLOGY	733A30090

Academic awarding institution	Language
Lithuanian University of Health Sciences, Medical Academy, Anaesthesiology and Intensive Care Clinics, A. Mickevičiaus g. 2, LT-44307 Kaunas, Lithuania	Lithuanian

Kind of studies	Cycle of studies	Level of qualification according to Lithuanian Qualification Structure (LKS)
University studies	Non-degree studies	7 <sup>th</sup> level

Mode of the studies and length in years	Volume of the program in ECTS credits	Total amount of student work	Formal teaching and practice hours	Independent self-direct learning hours
Full-time studies, 5 years	330	8800	7738	1062

Area of studies	Main field of the study program	Parallel study program (if available)
Biomedical sciences	Medicine	-

Professional qualification awarded
UROLOGIST

Study program director	Director's contact information
Professor dr. Mindaugas Jievaltas (residency program coordinator prof. dr. Daimantas Milonas)	Office tel.: (+370 37) 326090 E-mail: minjiev@yahoo.com

Institution of accreditation	Accreditation until
Centre for Quality Assessment in Higher Education	

Aim of the residency study program
To prepare a doctor specialist, universally educated, honest, initiative, self-sufficient but responsible ethically, creative, interested in science innovations, upholding democracy, able to solve problems and work in a team, having urologist professional qualification and able to apply acquired knowledge, skills and abilities in practical job.

Program profile		
Disciplines/subject areas	Orientation of the program	Distinctive features of the residency study program
<p>Program consists of obligatory and optional cycles including theory, practice and self-sustaining job. During the first two years of studies obligatory cycles and are targeted to deepen urologist knowledge and skill in: general and urgent surgery, traumatology-orthopaedics, urology, urgent neurosurgery, cardiac surgery, thoracic surgery, angiosurgery, intensive care and anaesthesiology.</p> <p>Plan for the obligatory cycles during third and fifth years of studies are devoted to different subfields of urology: diagnostic methods in urology, urgent urology, outpatient urology, urolithiasis, urological</p>	<p>Applied orientation program is directed to practical activities and development of abilities for scientific research work which provides urologists professional qualification.</p>	<p>Program is prepared in accordance with:</p> <ol style="list-style-type: none"> <li>1. LR legislation.</li> <li>2. European Parliament and Commission directive 2005/36/EB.</li> <li>3. Cumming AD, Ross MT. The Tuning Project (medicine) – learning outcomes / competences for undergraduate medical education in Europe. Edinburgh: The University of Edinburgh, 2008. Access via the internet: <a href="http://www.tuning-medicine.com">http://www.tuning-medicine.com</a>.</li> <li>4. 2011 update of the UEMS recommendations for training in urology, internet access <a href="http://www.uems.net/urology">http://www.uems.net/urology</a>.</li> </ol>

<p>infections, pediatric urology, urooncology, andrology and sexsology, transplantology, operative urology and one optiniol cycle.</p> <p>There are three optional cycles available : Endourology, laparoscopy in urology and prostate cancer.</p>		<p>Unique urology residency program is based on theoretical studies and practical and scientific job integration. Practical skills are obtained and theory course is realised with the help of university professors – residency base specialists. For the urology residency study cycles the main residency base – LUHS Hospital Public Institution “Kaunas Clinics” is accredited.</p> <p>There is an opportunity provided to accomplish part of the residency in other accredited clinics throughout Lithuania: Klaipėda University Hospital, The Institute of Oncology Vilnius University, Kaunas Clinical hospital.</p>
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<b>Admission requirements</b>	<b>Recognition of previous learning</b>
<p>Master degree in medicine and medical doctor professional qualification are obligatory. Admission by the way of general competition. Competitive score structure of is given in the conditions for entrance to the LUHS residency programs. The main components of competitive score is the average assessment of profile subjects and all subjects, studied during integral studies, final exam assessment, clinical medicine practice assessment, student’s scientific activities assessment (appointed by Student Science Association (SMD), motivational interview assessment. Motivational interview takes place according to the schedule set in advance. Motivation Committee is composed of academic urologist staff and residents representatives. Scientific activities in the field of urology as well as qualities of human being are evaluated. Competition is public and takes place separately to every residential study program in two stages (main and additional). Second or additional stage can be organised if after the main admission free places are still available.</p>	<p>Results of previous studies are accepted individually, taking into account the developed competencies and goals of program that correspond to „Urology“ residency study program, with the guidance of procedures set by LUHS Senate.</p>

<b>Access to further education</b>
<p>Third cycle degree studies may be an option (up to 10% choose to proceed to PhD).</p>

<b>Access to professional activities (employability)</b>
<p>Doctor with urology speciality can do practical job in state as well as in private health care institutions, which have a licence to run urology services. Urology licence is given by the State Health Care Accreditation Agency under the Ministry of Health of the Republic of Lithuania, after submitting diploma of completed medical studies program, internship certificate and certificate of completed residency. According to the licence obtained in Lithuania or abroad, can seek a scientific degree in doctoral studies, do pedagogical job.</p>

<b>Learning and teaching approaches</b>	<b>Methods of assessment (of learning achievements)</b>
<p>Learning and teaching includes formal teaching and work-based experiential learning. Formal teaching includes lectures&amp;seminars, consultations, case presentations, journal clubs, grand rounds, clinical skills demonstration and teaching using simulators, research projects.</p> <p>Activities of independent self-directed learning may include reading, maintenance of personal portfolio (log-book, self-assessment, reflective learning, personal development plan), research projects, reading journals.</p> <p>Skills and competences are aquired via their job as residents in Emergency Department, Urology Department, Outpatient Department; Head of the Department led word-rounds, personal word-rounds,</p>	<p>Resident assessment, according to LUHS Regulation on Student’s Achievements Assessments (Decision by LUHS Senate, December 14<sup>th</sup>, 2012, No 25-07) consists of three assessment forms:</p> <p><b>Initial assessment.</b> The goal of this assessment is to check resident’s minimum obligatory preparation for the studies, to set initial level of resident’s knowledge and (or) ability level for further study progress assessment; help professors choose study methods and (or) adjust study content while creating conditions for residents to reach prospective study cycle results more effectively. Usually initial assessment of basic theory knowledge, practical skills and abilities is done during the first year of residency studies. The model order for obtaining and</p>

Multi-disciplinary team meetings. Residents have supervised responsibility for the care of in-patients. This includes day-to-day review of clinical conditions, note keeping, and the initial management of the acutely ill patient with referral to and liaison with clinical colleagues as necessary.

assessing basic theory knowledge, practical skills and abilities is given.

**Forming assessment.** Forming assessment is applied during the residential studies seeking to assess critically and to adjust residents' learning. In these parts of the residency study program, where practical and social skills are important (problem solutions in problematic learning studies, practice, residency programs etc.) with the goal to assess general competencies the forming assessment is done by multisource feedback method (360 degree assessment and other methodology). The forming assessment consists of:

- a. Advanced assessment.** During it resident is learning and is assessed taking into account special urological skills, needed in urology (for example - endoscopic kidney catheterisation, performance of ultrasound guided cystostomy and nephrostomy);
- b. Credit.** It is a forming assessment, done at the each year of studies. During it the course of each residential study year is summarised. Credit is multi-component. During these credits resident is assessed according to LUHS Regulation on Medicine Residency. Urology clinic's credit consists of the following:
  - Revision of theoretical knowledge (thirty test questions and not less than 20 should be answered positive);
  - clinical situation decision;
  - residency (cycle) characteristics – 360 degree assessment according to point 53.4 of LUHS Regulation on Medicine Residency recommendations and point 2.1.2 of LUHS Regulation on Students Assessment, where professors and other staff that works with resident evaluates resident's theoretical, clinical knowledge, punctuality, abilities to work in a team, politeness, deontology as well as discreetness towards patient, friendliness, collegiality, subordination (a multisource feedback);
  - logbook notes assessment;
  - cycles studied using electronic access assessment;
  - other activities (courses studied and certificates obtained, articles surveys presentation in "Journals club", paper preparation and presentation in advanced training courses for doctors and events, presentations, performed studies) assessment.

*Note:* The final resident characteristic is formed at the end of 5<sup>th</sup> study year summarising resident's achievements and characteristics for cycles obtained each year.

**Total assessment.** This assessment summarises knowledge obtained by resident. It is done at the end of residency studies by final residency exam. This exam consists of two parts: practical and theoretical.

General competencies (knowledge, abilities, values and attitudes)		Outcomes (results) of residency study program	
1.	Professional attributes	1.1	Be honest and honourable with patients, follow medicine ethics norms and requirements for good medicine practice, be critical toward others and himself/herself, be able to feel compassion for the patient, be creative and initiative.
2.	Professional activity	2.1	Have ability to evaluate the boundaries of his/her competencies in urology, to act independently, if there is a need, seek for a help, solve problems and take decisions, communicate and work in a team with specialists from other fields, be able to organise work and to plan time properly.
3.	Doctor as an expert	3.1	Be able to choose and to apply the most optimal methods of treatment in urological care, constantly seek perfection in urology while continuing lifelong learning, be able to apply theoretical knowledge in practice, to pass own knowledge and abilities to colleges that have less practice, abilities to plan and to do scientific research.

Subject-specific competences (knowledge, abilities, values and attitudes)		Aims (results) of residency study program	
4.	Patient and/or relatives consultation	4.1	Be able to gather patient disease history, evaluate general physical condition, conduct patient selective urological examination, qualify pain, clarify and interpret existing urological symptoms, asses its severity and influence for subsequent outcome.
		4.2	Be able to explain to the patient and/or his relatives a goal and a meaning for the actions taken to the patient, to discuss further actions, to reassure and to motivate patient and/or his relatives, to understand legal aspects regarding informing patient and/or his relatives.
5.	Making a management plan	5.1	To recognise urological symptoms and diseases, evaluate their seriousness, be able to make a plan for necessary diagnostic tests, interpret these tests results, to perform primary (complaints, anamnesis, total examination) and secondary (interpreting tests' results and planning, performing and interpreting complementary tests' results) differential diagnostics on patients symptoms reasons; to make a relevant treatment plan for an individual patient, to discuss it with a patient and/or his relatives, be able to evaluate possible pharmaceutical mutual interactions and possible side effects as well as evaluate affectivity of prescribed treatment; to inform properly and objectively about possible complications associated with appointed treatment and possible alternatives.
		5.2	Ability to communicate with patient and his/her relatives in case of critical condition; to gain confidence and written agreement from informed person, communicate in written (filling up medical documents), communicate with aggressive patient.
6.	Medical emergencies and resuscitation	6.1	Be able to recognise conditions that need emergency medical treatment, provide first aid, provide intensive care according to the valid recommendations, provide aid in case of trauma, have abilities to treat conditions that require emergency assistance.
7.	Performing or requesting of appropriate investigations and interpretation of the results	7.1	Be able to perform life saving procedures according to valid norms, according to his/her competencies perform and evaluate data of invasive and non-invasive tests, hereunder to choose the most optimal possible patient treatment.
8.	Health promotion, engagement in population health issues and effective work in health care system	8.1	Be able to assess risk for patient's health and apply proper and rational remedies to lower the risk, apply infection control precautions, asses professional activities risk for his/her own health and take precautions to avoid this risk.
		8.2	To participate in health programs on the level of population and of an individual.