

“I think I’ve seen this before” – Reflecting on improving readiness for residency with a urology bootcamp

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Residency represents a period of training during which physicians must undertake the difficult, but necessary learning of the fundamentals of their specialty en route to becoming an independent practitioner.¹ Along that journey, both predictable and unpredictable challenges and learning opportunities might arise at any moment; in fact, this in itself is paradoxically one of the most rewarding and daunting aspects of being a trainee.²

A natural progression throughout residency involves slowly seeing and doing more. The process of exposure, repetition, and consolidation helps bring the anxiety from a page about a septic stone or an “impossible catheter” at 2 am from a 10/10 down to a 3/10 over time. It is not that the pending steps or work involved have changed, but rather the sense that you have the framework and toolbox to deal with the challenge ahead of you that relaxes the mental strain as you juggle your 14 other pending tasks on-call.²

The adjustment that comes with knowing you have got a scaffold to: 1) assess your patient; 2) identify the next step in their care; and 3) most importantly, recognize when to ask for help, is key in opening up the mental capacity to focus simultaneously on the care of the patient and your learning. Although not all patient presentations, ward issues, and procedural requirements are predictable during residency, many are.^{1,2} By identifying these predictable challenges, particularly for common procedures and emergency/on-call presentations, we can make an effort to offer focused teaching and reassurance around diagnosis and management. This intentional instruction is equally as important to bolster knowledge and skills as it is to alleviate anxiety and boost the confidence of our junior-most trainees. The urology bootcamp is a two-day event combining procedural simulation and didactic learning for practice with high-yield clinical scenarios on-call.³

Reflecting on my participation in the bootcamp as a first-year resident, I can appreciate clearly that it offered me: 1) the opportunity to build my knowledge and confidence with management of common and emergent cases; and 2)

a reminder that I did not know what I did not know... that I was now assuming more responsibility than before and would see pathology I was unfamiliar with, and that I had to take the onus upon myself to constantly evaluate my own skills and knowledge to seek help when needed.

Later, as an instructor for the bootcamp, I was able to appreciate that the course does more than offer a base of skills and knowledge that help ease the transition to residency. For one, it allows for the strengthening of a community within and between institutions; a space is created to discuss the hidden curriculum of residency and pass on “lessons learned” — to discuss “what I could have done differently” (or to share where the peanut butter is stocked on the ward). The bootcamp also prompts more senior trainees to reflect on their own learning and management; it is an opportunity to go back to reviewing principles and to think back to the process of how you have gotten from where you were to where you are, and what can be done differently to move forward purposefully as you progress in your training.

A two-day intensive course does not make residency easy, but it does help ease the difficult transition in title, responsibility, and sometimes geography. It is adaptable and portable, and allows for multi-institution collaboration. As competency-based medical education becomes the norm, the introduction of a specialty-focused bootcamp with targeted objectives seems only a logical step in preparing incoming cohorts of trainees.

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