



How to Succeed on Urology Electives 2026

Feb 23rd, 2026 Panel and Discussion with Residents: Dr. Adree Khondker (PGY3, UofT), Dr. Laura Harkness (PGY1, UOttawa), and Dr. Dhiraj Bal (PGY1, Manitoba).

The Big Picture

As a CC4, you're essentially auditioning to be a junior surgical resident.

- Urology works in small teams.
- The unspoken question is: Can this be my junior/co-resident next year?
- They are looking for colleagues.

Your goal should be to step into the junior resident role as much as possible and make their lives easier. Follow the residents' lead and support the team.

- **Be like a junior resident as a CC4.**

Day-to-Day Expectations (Floor + Rounds)

They hope elective students:

- Show up early to pre-round.
- Review what happened overnight.
- Help write discharge summaries.
- Help with building the morning list.
- The days can be long, but there is always something you can help with.

Morning list basics:

- Vitals
- Urine output
- Labs (e.g., Creatinine trends)
 - Clearly acknowledge abnormal labs (e.g., flag a creatinine jump).

Even if EPIC exists (e.g., Toronto), you are still expected to manually review patients to truly know them. Ottawa prints lists in the morning, but the expectation for preparation is the same. By the end of two weeks, some residents may put CC4s on the spot to run the list.

- If you can run the list confidently, that's impressive.
- **Know your team's patients.**
- Taking the time to truly know them shows you care and want to be a good doctor.

After Rounds: Where You Can Really Shine

After morning rounds:

- Surgery teams move quickly and make calls to make sure things move.
- It is often on the junior residents and med students to follow up on what was discussed.
- Calls need to be made.
- Tasks need to move.
- Things discussed need follow-up.

When CC4s follow through on action items, it's really appreciated and shows initiative.

Toronto & Manitoba:

- Go through labs mid-day.

- Write them down.
- Send updates in the group chat.
 - “Lytes ok, no replacements needed.”
 - Flag dropping creatinine.

Consults:

- If using EPIC, you can prepare the consult template before seeing the patient to streamline workflow.

Discharges:

- You can often predict who’s going home based on their surgery.
- Update discharge summaries in advance.
- They usually need to be printed the morning of discharge.

This kind of anticipation makes a big difference for the team.

Notes Matter

SOAP notes are important. Some programs use EMR templates. In general, programs look for good notes from CC4s.

Be careful:

- Don’t copy forward errors.
- Watch the POD.
- Auto populated fields can be wrong.
- Make sure communication and plans are updated.

Some residents have a strict no-template rule because of risk for error.

Working with Junior Residents

R1/R2 life is busy.

- Don’t interpret busyness as them not caring.
- They want you to get good letters and meaningful experiences.
- Most juniors are kind.

If you take tasks off their hands:

- You get more teaching.
- You get more time for discussions about goals.

Laura mentioned that elective students often don’t get much feedback during the rotation, but at the end residents may say:

- “Wow, that was an easy week — the elective student held down the fort.”

You will not go unnoticed.

Red Flags (Things to Avoid)

Professionalism matters.

- Showing up late (especially consistently).
 - Junior residents are always expected to show up on time.
- Talking poorly about anyone.
- Falling asleep in the OR.
- Refusing to see patients.
- Looking disengaged during ON hours.
- You will hear gossip on elective. Stay out of it.

Procedural Expectations

You're expected to know:

- Basic Foley insertion.
- Basic suturing / closing skin.
- Hand tying.

You're not expected to operate.

At their programs:

- Med students often get to try difficult catheters.
- If documenting hematuria, take a picture of the tubing (not the bag) to send to the resident.

Lower your expectations in the OR → not all staff can focus on you.

Clinic is often where you get the most face time and build relationships for letters.

There was an example shared of someone getting red-flagged after getting frustrated closing and yelling at staff.

Be coachable. Know your limitations.

Letters of Recommendation

Staff will ask residents about:

- Teamwork.
- Reliability.
- How you function on the team.

If you want a letter:

- Tell your residents.
- Tell staff directly.
- Make sure it will be a strong letter.

You want staff who:

- Know you well.
- Vibe with you.
- Will advocate for you and call programs on your behalf.

Focus on letters (you realistically have at most four 2-week blocks to build these).

CaRMS Prep During Electives

- Set yourself up early.
- Focus on strong letters.
- Be well balanced.
- Be yourself.
- Know where you're applying.
- Personalize your strengths to programs.
- Practice interviews a lot.

Be the same person in interviews that you were on elective.

If they liked you on elective, they'll like you in interviews.

Elective Performance & Matching

Elective performance is one of the strongest predictors of matching.

- At some programs, most interviewees had completed electives there (e.g., Toronto mentioned that 24 of 25 interviewees had rotated there).
- Face time matters. Ottawa and Toronto both emphasized this.
- If you didn't get an elective somewhere, reach out to the PD or residents you know.
- Ottawa mentioned they do not have a strict cap and encouraged students to reach out.
- Manitoba also encouraged reaching out directly.

The elective system is not perfect, and programs understand that. However, how you perform on elective still carries significant weight.

Reading Around Cases

Depends on site (OR vs clinic).

- Ask residents what to read.
- Know your basic anatomy.
- Review guidelines.

Toronto:

- Hope CC4s have read guidelines.
- Example: know TURP indications.

Ottawa:

- More clinic heavy.
- Staff may pimp guidelines.

Resources mentioned:

- Urology Anki deck.
- Pocket guide.
- UrologySchool.com

Research Expectations

- Publications are nice but not about quantity.
- Clinical skill matters more.
- Some programs (e.g., Toronto, UBC) care more due to research culture / SSTP.
- Research helps if you vibe with academic programs.

You can be red flagged for poor elective performance.

You will not be cancelled for low research numbers.

When everyone applying is strong, what tends to make someone stand out isn't just their CV. It's who they are outside of urology, their life experiences, and how they handle stress and balance things.

Finding Urology Later

It's common to discover urology later in medical school.

- Use that as part of your story.
- Being well rounded can help.
- Frame transitions thoughtfully.

There may be different expectations between surgical vs non-surgical backgrounds.

Competitiveness

- Fluctuates year to year.
- Hard to predict.
- Small specialty.
- Mentioned possible 2-year cycles.

Focus on being prepared and doing well.

Parallel Planning

- Know yourself.
- Some panelists did not parallel plan, while one considered it but ultimately only ranked urology.
- Decide whether you would rather go unmatched or pursue another specialty.
- Don't be scared to parallel plan but be honest with yourself.
- Don't advertise parallel planning on elective.
- Small programs are sensitive to dropouts; if someone leaves, it has a real impact.
- If you're seriously considering a very different field, ask yourself whether you truly want urology.

Non-Urology Electives

Suggested:

- Vascular
- General surgery
- ICU
- GU med onc
- Nephrology (pediatric or adult)
- Internal medicine

How you perform on non-surgical rotations matters.

Final Takeaways

- Help junior residents.
- Be dependable.
- Be coachable.
- Be genuine.
- Be someone people like working with.
- Stay calm if tech issues happen.
- Urology residents are generally happy to talk.

Panel Contacts

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