

## **RESIDENT GOALS AND OBJECTIVES BY ROTATION U-2**

### **U-2 (PGY-3,4) GOALS AND OBJECTIVES BY ROTATION.**

The following G&O's are representative of the unique experience gained at the individual institutions and represent a subset of the overall G&O's for the U-1 year. Duplication of experience in certain areas is expected and may also be reflected in the G&O's below. The General Urology G&O's and Urologic Education Specific G&O's apply to all rotations and will not be further elaborated upon in this section.

Residents should review these G&O's prior to each rotation. Further they should discuss them with the local site director prior to, during and at the conclusion of the rotation to gain feedback and provide input into any revisions necessary.

#### **Methodist Hospital and Methodist Specialty & Transplant Hospital.**

Methodist is a large private hospital with a population of usually well-funded clients. The USA private group provides Urologic care at this institution. MST is a major center for transplant surgery in San Antonio.

#### **Urology Clinical Competency Specific goals:**

Further develop confidence and leadership skills with the clinic team.

Further build on skills that prevent and manage post-operative complications

Further build on teaching skills to assist the more junior residents and students on the service.

Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

Improve evaluation, management and clinic procedure skills and efficiency

Develop a better understanding of more complex urologic problems

Develop a full understanding of renal transplantation

#### **Objectives:**

Appropriately request and interpret postoperative tests/data on urology inpatients & ICU patients.

Develop detailed treatment plans independently

Become fluent at discussing the rationale for the plans with a highly sophisticated (other staff, attendings, consultants) and less sophisticated (patient, family) group.

Become more efficient at assessment, diagnostic procedures and treatment planning.

Successfully manage a busy diagnostic clinic

Confidently interpret history & clinical data and propose initial treatment/evaluation plans for:

- Complex stone disease

- Renal and bladder malignancies

- Prostate, testis and penile malignancies

- Complex voiding disorders

**Mechanism of learning:** Reading, mentoring by upper level residents/faculty, conferences, on-rotation experience.

**Competency:** Patient Care, Medical Knowledge, Interpersonal & Communication skills, Systems-based practice & improvement.

**Documentation:** Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Patient Evaluations, spot checks of clinic notes

### **Emergent, Consultation & Inpatient Care Goals:**

Build on the knowledge base from the U-1 year.

Further develop confidence and leadership skills with the hospital team.

Further build on skills that prevent and manage post-operative complications

Further build on teaching skills to assist the more junior residents and students on the service.

Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

#### **Objectives:**

Demonstrate efficient, accurate and timely evaluation and management plans for patients in the urgent, consultative and inpatient settings

Demonstrate confidence and leadership skill necessary to run the hospital team.

**Mechanism of learning:** Reading, mentoring by upper level residents/faculty, conferences, clinical experience.

**Competency:** Medical Knowledge, Patient Care, Interpersonal & Communication skills, Professionalism

**Documentation:** Global Resident Competency Rating Form, Observation on rounds, Peer & Staff 360 Degree Rating Form, Patient evaluations.

### **Urology Specific Surgical Skills Goals:**

Improve surgical skill level to allow completion of more complex cases both open and endoscopic.

Develop a full understanding of the safe use of all instrumentation in endoscopic surgery

#### **Objectives**

Demonstrate Surgical Skills including: understanding of anatomy; knowledge of indications, benefits and risks of various procedures; familiarity with instrumentation; safety, speed and accuracy in operative performance; and lack of complications for the following (in addition to skills listed under PGY1 – U-1):

Simple prostatectomy

Radical nephrectomy

PCNL

Transurethral resection of large bladder tumor

TURP

Laser prostatectomy procedures

Endopyelotomy

Bladder neck suspension/PV sling

Ureteroscopy for upper tract tumor

Ureteroscopy for complex stones

End-to-end urethroplasty

Urethrectomy

Partial cystectomy/diverticulectomy

Repair of bladder injury/rupture

Vasography

Vaso-vasostomy/vasoepidimostomy

Bladder neck suspension

Cystocele repair

Male and female sling procedures  
Rectocele repair  
Enterocoele repair  
Vaginal and abdominal hysterectomy

**Mechanism of learning:** Reading, mentoring by upper level residents/faculty, conferences, OR experience, Skills lab

**Competency:** Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning, Surgical skills

**Documentation:** Attendance record of conferences, Global Resident Competency Rating Form, Operative evaluation forms, peer and staff 360 rating forms

---

### **Santa Rosa Medical Center**

Santa Rosa Medical Center facility is the major center for GU Oncology and Female Urology for the UT staff physicians. Additionally, the resident attends a Geriatrics clinic weekly. Patient population has mixed socioeconomic strata.

### **Urology Clinical Competency Specific Goals:**

Further develop evaluation and management skills for the most common urologic problems. Develop communication skills to accurately inform and educate patients and other healthcare professionals.

Develop an understanding of the complexities of Geriatric medicine as it relates to the practice of Urology

### **Objectives:**

Confidently interpret history & clinical data and propose initial treatment/evaluation plans for:

- Hematuria
- Female and Male Incontinence
- Priapism
- Peyronie's disease
- Phimosis, Paraphimosis
- Pelvic pain syndromes
- Obstructive voiding symptoms
- Elevated PSA
- Prostatitis syndromes
- BPH
- Uncomplicated nephrolithiasis
- Impotence & ejaculatory disorders
- Adult complicated and uncomplicated urinary tract infections

Provide appropriate metabolic evaluation of stones, hypogonadism, adrenal masses

Provide appropriate staging evaluation of newly-diagnosed neoplasms.

Attend, actively participate in and read for the Geriatrics clinic weekly at the VA Geriatrics clinic.

Be able to discuss findings, diagnoses and treatment plans in lay terms.

Be able to discuss the same with a more sophisticated consultant or attending staff.

**Mechanism of learning:** Reading, mentoring by upper level residents/faculty, conferences,

clinical experience

**Competency:** Medical Knowledge, Patient Care, Practice-based learning & Improvement, Professionalism

**Documentation:** Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Patient evaluations

**Emergent, Consultation & Inpatient Care Goals:**

Continue to provide the highest level of care based upon the previous year's experience.

Further develop confidence and leadership skills with the hospital team.

Use the skills learned on the previous general surgery rotations to manage the acute and chronic health issues of the service's patients and consult patients.

Demonstrate the development of added efficiency of Evaluation & Management skills while seeing patients in the ER or UCC.

Demonstrate effectiveness in patient care by rounding at least twice daily on all service patients and as needed for in-house consult patients.

Write efficient, concise progress notes on all urology patients in the intensive care unit or ward with the input from the senior residents and attending staff.

Demonstrate efficient use of time by being prepared with patient information as it becomes available and integrating the information into the care plan in real time.

Develop skills to prevent and manage post-operative complications

Develop teaching skills to assist the more junior residents and students on the service.

Develop communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

**Objectives:**

Appropriately request and interpret postoperative tests/data on urology inpatients & ICU patients.

Be able to discuss details of the treatment plan and findings equally well with a highly sophisticated (other staff, attendings, consultants) and less sophisticated (patient, family) group.

Recommend and provide appropriate postoperative management following major surgical procedures including:

- Cystectomy

- Partial and total nephrectomy

- Radical prostatectomy

- Transurethral resection of the prostate

- Transurethral resection of bladder tumor

- Ureteroscopic and Percutaneous stone procedures

**Mechanism of learning:** Reading, mentoring by upper level residents/faculty, conferences, clinical experience.

**Competency:** Medical Knowledge, Patient Care, Interpersonal & Communication skills, Professionalism

**Documentation:** Global Resident Competency Rating Form, Observation on rounds, Peer & Staff 360 Degree Rating Form, Patient evaluations.

**Urology Specific Surgical Skills Goals:**

Develop a further understanding of the anatomy related to Urologic surgical procedures.

Understand the indications for urologic surgical interventions along with an appreciation of the

risks & benefits and alternative treatments available for each condition.  
Develop an understanding and familiarity with urologic instrumentation.  
Continue to foster an attitude of patient safety in all surgical care.  
Understand and work to prevent the potential complications and adverse events of the procedures performed.  
Understand the reasons for and become familiar with the management of complications related to urologic procedures.  
Develop an understanding of radiologic techniques commonly used by the urologists in clinic and the OR.  
Develop more refined skills of endoscopy and improve the efficiency and precision of outpatient and minor OR procedures.  
Develop the knowledge base and confidence to take on more complicated endoscopic cases  
Develop the knowledge base and confidence to begin major open and laparoscopic cases.

**Objectives:**

Demonstrate the safe use of fluoroscopy equipment in the operating room including the proper use of shielding for personnel and patient as appropriate.  
Demonstrate the correct and successful use of ultrasound for diagnosis and biopsy of prostate lesions and post-void residual urine measurements.  
Demonstrate an understanding of anatomy, indications, risks & benefits, familiarity with instrumentation and logical operative steps for the following:

**Open Surgery:**

Opening and closing abdominal & flank incisions including the midline, subcostal, chevron, thoracoabdominal, and Gibson.  
Pelvic lymph node dissection  
Urostomy creation & revision  
Ureteral reimplant (adult & pediatric)  
Assist on urologic procedures on high risk patients

**Robotics and laparoscopic surgery:**

Assist with port placement and instrumentation for robotic cases  
Port placement and assistance with laparoscopic renal surgery

**Endoscopic Surgery:**

Transurethral resection of papillary bladder tumor  
Incision of urethral stricture  
Ureteroscopy (diagnostic and therapeutic)  
Transurethral incision or resection of the prostate  
Cystolitholapaxy  
Holmium and KTP laser use

***Minor GU procedures:***

Though the volume is low at this institution, it is expected that the resident will participate in the following procedures as surgeon or first assistant as they come up during the rotation. These may be supervised by a more senior resident or directly by the attending staff. The general format for developing competence will again be contingent upon demonstration of adequate pre-op evaluation, appropriate indication, preparation, handling of the instrumentation & fluid completion of the procedure, and post-op care.

Scrotal incisions, excisions

Suprapubic tube placement  
Stent removal  
Retrograde pyelography  
Simple and radical orchiectomy  
Adult hydrocele repair  
Varicocelectomy/ligation  
Spermatocoelectomy  
Circumcision/dorsal slit  
Excision of genital skin lesions

**Mechanism of learning:** Reading, mentoring by upper level residents/faculty, conferences, clinical experience. Radiation & Laser safety course

**Competency:** Medical Knowledge, Patient Care, Technical Skill

**Documentation:** Global Resident Competency Rating Form, Peer & staff 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports, Patient evaluations.

---

### **VA Hospital**

The Audie L. Murphy Memorial VA Hospital is a tertiary referral center for veterans throughout south Texas. Though demographics are changing slowly, the patient population is largely older males from various socioeconomic strata.

### **Urology Clinical Competency Specific goals:**

Further develop confidence and leadership skills with the clinic team.

Further build on skills that prevent and manage post-operative complications

Further build on teaching skills to assist the more junior residents and students on the service.

Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

Improve evaluation, management and clinic procedure skills and efficiency

Become familiar with the nuances of urologic problems in spinal cord patients

Develop a better understanding of more complex urologic problems

### **Objectives:**

Appropriately request and interpret postoperative tests/data on urology inpatients & ICU patients.

Develop detailed treatment plans independently

Become fluent at discussing the rationale for the plans with a highly sophisticated (other staff, attendings, consultants) and less sophisticated (patient, family) group.

Become more efficient at assessment, diagnostic procedures and treatment planning.

Successfully manage a busy diagnostic clinic

Integrate the basic knowledge of spinal cord injury states with urodynamic findings, and endoscope findings (as appropriate) to develop rational bladder management plans.

Confidently interpret history & clinical data and propose initial treatment/evaluation plans for:

Complex stone disease

Renal and bladder malignancies

Prostate, testis and penile malignancies

Complex voiding disorders  
Spinal Cord injury patients

**Mechanism of learning:** Reading, Spinal cord injury handout, mentoring by upper level residents/faculty, conferences, on rotation experience.

**Competency:** Patient Care, Medical Knowledge, Interpersonal & Communication skills, Systems-based practice & improvement.

**Documentation:** Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Patient Evaluations, spot checks of clinic notes

**Emergent, Consultation & Inpatient Care Goals:**

Build on the knowledge base from the U-1 year.

Further develop confidence and leadership skills with the hospital team.

Further build on skills that prevent and manage post-operative complications

Further build on teaching skills to assist the more junior residents and students on the service.

Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

**Objectives:**

Demonstrate efficient, accurate and timely evaluation and management plans for patients in the urgent, consultative and inpatient settings

Demonstrate confidence and leadership skill necessary to run the hospital team.

**Mechanism of learning:** Reading, mentoring by upper level residents/faculty, conferences, clinical experience.

**Competency:** Medical Knowledge, Patient Care, Interpersonal & Communication skills, Professionalism

**Documentation:** Global Resident Competency Rating Form, Observation on rounds, Peer & Staff 360 Degree Rating Form, Patient evaluations.

**Urology Specific Surgical Skills Goals:**

Improve surgical skill level to allow completion of more complex cases both open and endoscopic.

Develop a full understanding of the safe use of all instrumentation in endoscopic surgery

**Objectives**

Demonstrate Surgical Skills including: understanding of anatomy; knowledge of indications, benefits and risks of various procedures; familiarity with instrumentation; safety, speed and accuracy in operative performance; and lack of complications for the following (in addition to skills listed under PGY1 – U-1):

Simple prostatectomy

Radical nephrectomy

PCNL

Transurethral resection of large bladder tumor

TURP

Laser prostatectomy procedures

Endopyelotomy

Bladder neck suspension/PV sling

Ureteroscopy for upper tract tumor

Ureteroscopy for complex stones

End-to-end urethroplasty  
Urethrectomy  
Partial cystectomy/diverticulectomy  
Bladder neck suspension  
Interstim placement  
Cystocele repair  
Male and female sling procedures  
IPP and AUS placement

**Mechanism of learning:** Reading, mentoring by upper level residents/faculty, conferences, OR experience, Skills lab

**Competency:** Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning, Surgical skills

**Documentation:** Attendance record of conferences, Global Resident Competency Rating Form, Operative evaluation forms, peer and staff 360 rating forms.

---

### **Elective/Supersub:**

The 3 month elective rotation allows time to develop clinical skills in a specialty area and clinical or basic science research projects. Examples of this include rotations outside the institution, interventional radiology and others.

### **Super-Sub:**

This is a clinical part of the elective rotation. In order to provide the most clinical and surgical experience, the super-sub is responsible for covering the services of any U-1 or U-2 on leave. Cases and clinics that would otherwise have to be cancelled are covered by the sub, who gains further experience. When not needed, the super-sub resident continues in the call pool but has time to pursue clinical specialty rotations, QI projects or Research projects.

Goals and Objectives vary and are designed in consultation with the program director and other faculty and departments prior to starting the rotation. These must be clearly stated and documented in the resident's portfolio with assessment mechanisms and a plan for evaluation periodically. There must be clinical activity associated with these rotations if there is a focus on research.

**Mechanism of learning:** Reading, mentoring by upper level residents/faculty, conferences, OR experience

**Competency:** Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning, Surgical skills

**Documentation:** Attendance record of conferences, Global Resident Competency Rating Form, Operative evaluation forms, peer and staff 360 rating forms.