

GENERAL GOALS & OBJECTIVES U-2

U-2 (PGY-3, 4) GENERAL GOALS AND OBJECTIVES

In addition to the goals listed for PGY-1 and U-1, the U-2 resident will add to his/her knowledge base by continuing to participate actively in conferences, presenting at conferences and being called upon as a GU consultant to other services at all of the training sites. Rotations for 2015-2016 include Methodist (including cases at Methodist Specialty & Transplant), VA, Super-Sub and Santa Rosa Medical Center. The U-2 year includes a major exposure to laparoscopic procedures and increasing exposure to more complex open procedures. Some more advanced cases including robotic experience may be available as well. The Super-sub experience allows the resident to take advantage of cases that would otherwise go uncovered during U-1 and U-2 resident leave time. Unassigned Super-sub time becomes elective time with clinical duties at the parent institution. The elective rotation allows time to develop clinical skills in a specialty area and clinical or basic science research projects. The rotation at the VA involves a substantial endoscopic surgery exposure. The goal of this year is to gain a robust surgical experience. While there continues to be some clinical responsibilities (continuity clinics), endoscopic procedures (VA), open surgery (SRMC) and open/laparoscopic/robotic surgery (Methodist) will be the main focus.

General Goals:

Build upon the knowledge base from the previous surgery experience.

Develop further communication skills related to providing consultative services in the hospital and outpatient services.

Nurture and build upon the liaison with other members of the Urologic community and begin to establish a reputation as a professional.

Develop surgical skills in all areas of Urologic Surgery.

Objectives:

Prepare Urology lectures & discussions on topics related to the AUA Curriculum.

Prepare a clinical, basic science research, or QA project.

Present demonstrative clinical cases at conference.

Actively participate in Conferences and Tumor board.

Complete self-assessment and Individualized learning plan.

Complete peer, faculty and program evaluations to help improve the training program.

Maintain candidate membership in the AUA, South Central Section (AUA) and the Texas Urologic Society

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

Competency: Medical Knowledge, Practice-based learning & Improvement, Professionalism, Interpersonal & Communication skills

Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Conference rating forms, Conference attendance forms

Urologic Education Specific Goals

Further develop a mastery level understanding of the physiology and pathophysiology of the major urogenital systems.

Develop a thorough understanding of anatomy including the retroperitoneum, pelvis, abdominal

viscera, genitalia, etc.

Develop an understanding of renal transplantation

Develop an understanding of the health care system as it exists today

Become fluent in the concepts of medical coding.

Objectives:

Be able to describe and outline the detailed:

Neuromuscular anatomy & function of the genitourinary system with respect to anatomy and voiding from birth to senility

Neuromuscular anatomy and endocrine regulation of the male reproductive system including testicular function, libido, sexual activity and reproduction

Physiology of the kidney & upper urinary tract along with the pathophysiology associated with obstruction, stone disease and general comorbid conditions.

Physiology of the adrenal gland and pathophysiology of associated tumors

Be able to discuss the physiologic basis underlying the evaluation of these systems including:

Urodynamics, Video-urodynamics

Tests for evaluation of adrenal pathology

Tests in the evaluation of hypogonadism, infertility, erectile dysfunction and ejaculatory disorders

Tests for the evaluation of undescended testes and intersex disorders

Tests for the metabolic evaluation of stone disease

Actively interpret and design treatment plans around these tests.

Be able to describe the evaluation and selection process for renal donors and recipients

Be able to discuss the immunological basis of transplant rejection and the mechanisms to prevent rejection including immune system modification

Be able to discuss the common complications of renal transplantation and their management.

Be able to describe the rationale around the current coding of diagnoses (ICD-9 and ICD-10) and procedures (CPT) in urology.

Be able to describe the current state of medical care in the United States especially as it relates to provision of needed care to patients in the local practice. This should include a basic understanding of the various entitlement programs (Medicaid, Medicare, VAHCS), public assistance programs (Carelink) and private insurance (HMO, PPO, Other).

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

Competency: Medical Knowledge, Professionalism. System-based practice

Documentation: Global Resident Competency Rating Form, In-service examination scores, performance at conferences.

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

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/Pubovaginal 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
- Interstim placement
- Cystocele repair
- Male and female sling procedures
- Rectocele repair
- Enterocele repair
- Vaginal and abdominal hysterectomy
- Assist with transplant nephrectomy
- Assist with renal transplantation
- IPP and AUS placement

Be able to open, assist with major intra-abdominal operations, perform less complex open operations and close skin & fascia.

Be able to discuss the rationale for and appropriately utilize the types of needles and sutures for open cases.

Be able understand the design of and utilize the various retractors for exposure in open cases.

Be able to elaborate the choices and rationale for drains in the open case.

Be able to understand the rationale and plan & demonstrate accurate placement of ports for laparoscopic and robotically assisted laparoscopic surgeries.

Be able to handle the various instrumentation for open and laparoscopic cases including choice of needle drivers, dissection equipment and stapling devices.

Demonstrate skills in tissue handling and dissection to allow operations to be completed in the most efficient manner with the least trauma and least likelihood of unintended tissue trauma.

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

Research Goals:

Develop an understanding of the complexity of clinical and basic science research

Develop understanding of statistical methods that are necessary to validate clinical research

Objectives:

Continue design and begin implementation of a research project based upon a relevant clinical or basic science question in Urology

Analyze the data with current statistical methodology

Prepare and present the study at the annual resident research day in June (Aust Society Meeting).

Submit abstracts from the study to local, regional or national meetings

Prepare a publication quality document for submission.

Mechanism of learning: Reading, mentoring by faculty research advisor, conferences,

Competency: Medical Knowledge, Technical Skill, Practice-based learning, Professionalism

Documentation: Global Resident Competency Rating Form, Peer & staff 360 Degree Rating Form.

Quality Improvement Goals:

Develop an understanding of the complexity of clinical care and the inherent need for patient safety initiatives

Develop understanding of methods that are necessary to improve patient outcomes, health care efficiency and decrease overall costs of health care.

Objectives:

Continue design and begin implementation of a QI project based upon a relevant clinical question in Urology

Analyze the data with current statistical methodology

Prepare and present the project to the key stake-holders

Submit abstracts from the QI Project to local, regional or national meetings

Prepare a publication quality document for submission.

Mechanism of learning: Reading, mentoring by faculty research advisor, conferences,

Competency: Medical Knowledge, Technical Skill, Practice-based learning, Professionalism

Documentation: Global Resident Competency Rating Form, Peer & staff 360 Degree Rating Form.