INTRODUCTION

The purpose of this Residency Handbook is to provide both residents and faculty members with a blueprint of the learning objectives for the Program in Urological Surgery at the University of Texas Health Sciences Center at San Antonio. This program has a long history of excellence in didactic, clinical, and research contributions to the field of Urologic Surgery and has trained a superb group of urologic surgeons who are now leaders in the field throughout the United States.

All faculty members and residents will be provided with an updated copy of this handbook annually. It is a living document, changing with the constantly changing field of Urologic Surgery as well as the changing needs for resident education.

The raison d’être of the Department of Urology at the UTHSCSA is education of residents and students, married with a dedication to the highest quality healthcare for our patients as well as a commitment to furthering the knowledge base in the field of Urologic Surgery. These three missions are inextricably linked and each enhances the other two. Our strategic goals for the Department of Urology are one and the same with these three fundamental elements of the program.

DEFINITION OF THE SPECIALTY OF UROLOGY

The definition of the Specialty of Urology has been stated by the Accreditation Council for Graduate Medical Education. The definition is:

Urology is the medical and surgical specialty involving disorders of the genitourinary tract, including the adrenal gland. Specialists in this discipline must demonstrate the knowledge, skill, and understanding of the pertinent basic medical sciences. Residency programs must educate physicians in the prevention of urologic disease, and in the diagnosis, medical and surgical treatment, and reconstruction of neoplasms, deformities, and injuries.

SCOPE OF EDUCATION

The Residency Training Program in Urology at the University of Texas Health Sciences Center at San Antonio is a five-year training program.

It is a dynamic and growing residency training program, and is designed to allow maximum development of the individual resident. The breadth of the program prepares one quite well for either the private practice of urology or the pursuit of academic interest. Eight of the most recent twenty-four graduates have either entered academics, obtained the fellowship of their choice or both. The remaining sixteen have entered private practice.

We offer four positions for each of the five years of training. The PGY1 training year is a pre-specialty training year in general surgery and associated disciplines. This year is spent at University Hospital and the Audie Murphy V.A. Hospital. Both are physically adjacent to the Health Science Center.

The graduated responsibilities from the PG-1 through the PG-5 year very well prepare the chief residents for the responsibilities of running the large clinical services at University Hospital and the V.A. As PG-5s, the residents at Santa Rosa and Methodist essentially are chief residents in charge of a private service. An elective block of four months in the fourth year allows residents to benefit from a large fund of urologic knowledge on the elective rotation. Residents are allowed to spend this time on clinical electives related to urology or get involved in clinical or hands-on laboratory research if they desire.

The final twelve months of the urology educational program is spent as a Chief Resident with appropriate clinical responsibility under supervision in participating institutions of the UTHSCSA Residency Training Program in Urology. To be considered a graduate of the program, residents must complete the full length of the educational program meeting all Urology RC and ACGME requirements.
## FACULTY MEMBERS
### DEPARTMENT OF UROLOGY

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<td>Residency Program Director</td>
<td>Joseph Basler, PhD, MD</td>
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<td>Clinical Faculty</td>
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<td>Jeffery Leslie, MD</td>
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<td>Rita Ghosh, PhD</td>
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<td>Susan Padalecki, PhD</td>
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<td>Program Coordinator</td>
<td>Beth Payne</td>
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Participating Institutions

The residency training program utilizes five hospitals to provide a varied experience. These include University Hospital (UH), the V.A. Medical Center (ALMVAH), Santa Rosa Medical Center (SR), San Antonio Community and Southwest Methodist Hospital (MH). The University Hospital is the full service public hospital for Bexar County including the main level 1 trauma center in San Antonio. The Audie L. Murphy VA Hospital Complex includes the inpatient surgical wards, the largest outpatient Urology clinic in the medical center, the spinal cord unit and extended care facilities. The Santa Rosa Medical Center includes both the downtown (SRDT) and the northwest (SRNW) hospitals. The SRDT location is the main site for the pediatric urology rotation. Additional general urologic oncology experience is obtained at SRNW. The Methodist Hospital complex includes Methodist, Methodist Specialty & Transplant and Methodist Children’s Hospitals.
Conferences
Didactic conferences with close interaction between faculty, residents, and medical students are hallmarks of effective teaching. The Department of Urology provides a rich calendar of such learning opportunities designed, not only to address the ACGME mandated competencies of Patient Care, Medical Knowledge, Practice-Based Learning, Interpersonal Communication Skills, Professionalism, and Systems-Based Practice, but also prepare them for the radiology and pathology portions of Part I of the American Board of Urology Examination, heighten their understanding of and promote participation in research taking place at the institution, and familiarize them more intimately with the different urologic subspecialties as well as expose them to the local private practice urologists to better enable them to make decisions regarding their options for fellowship and/or academic practice after residency versus a private practice career.

All conferences are posted in the monthly conference schedule. The urology schedule is also posted on-line for ready access dates, times, locations, and any changes. To access the on-line calendar, go to: http://urology.uthscsa.edu/conf_schedule_current.html click on the top of the list of calendars and it will take you to the previous or next month.

TEACHING CONFERENCES

GRAND ROUNDS
Time/Location: 1st – 3rd Monday of every month at 5:00pm
Location: 444B, Medical School
Responsible Faculty: Joseph Basler, MD
Invited speakers from UTHSCSA and other academic institutions give a one hour lecture reviewing the topic for which they are a recognized expert. They may also present their current clinical or basic science research rationale, approach, and results to the residents, faculty, clinical nurse specialists, physician assistants, and area private practice urologists.

PYELOGRAM IVP
Time/Location: 1st – 3rd Monday of every month at 6:00pm
Location: 444B, Medical School
Responsible Faculty: Joseph Basler, MD
This conference has a case presentation format that mimics part III of the ABU examination. Interesting and challenging cases are presented by senior residents to others unfamiliar with the specific details. Residents are encouraged to develop a methodical approach to evaluation, management and problem solving. Their core knowledge is tested as well as their ability to ‘think on their feet’ in working through the case. Faculty in attendance is encouraged to use a variety of teaching methods to bring out the salient issues and areas of controversy. Two to three cases are presented per conference.

JOURNAL CLUB:
(See monthly schedule for reading assignment)
Frequency: Last Monday of the Month
Location: 221E – Johnson Center
Responsible Faculty: Robert Marcovich, MD
All residents will read articles in Journal of Urology or other articles in journals (e.g., Urology, BJU, Prostate, Endourology, Andrology, NEJM, JAMA) assigned by the
faculty as part of their personal home study routine. At monthly Journal Club, all residents will be asked at random to summarize articles and will be asked to categorize the methodology of the study (e.g., case series, controlled, blinded, etc.), appropriateness of the statistical analysis, alternative study designs that might better answer the hypothesis presented by the authors, and how, if any, the article(s) would change their clinical practice. A subscription to Journal of Urology is provided by the Department of Urology. Other Journals are available on-line as part of the University Library system.

MORBIDITY AND MORTALITY CONFERENCE:
Frequency: Last Monday of the Month
Location: 221E – Johnson Center
Responsible Faculty: Joseph Basler, MD
All Adult and Pediatric Morbidity and Mortality cases are presented by the PGY-4 or PGY-5 residents on the corresponding rotations. The clinical course, complication, and outcome are presented followed by discussion by all faculty and residents to designate any point in the clinical course that the complication could have been avoided, what actions could have prevented or minimized the complication, and how to prevent such complications in the future. A modified version of the VA QA Case reporting form is used to report the group consensus and identify systems-based problems that may contribute to future problems.

URODYNAMICS CONFERENCE:
Frequency: 1st and 3rd Friday of every month
Location: 221E – Johnson Center
Responsible Faculty: Dr. Stephen Kraus
An introductory lecture to the principals and technical aspects of urodynamics will be followed by subsequent lectures in which the clinical histories of patients with voiding dysfunction are presented and tracings, values, and fluoroscopic images of their urodynamic testing are displayed. Residents are called upon to interpret the urodynamics. Once a consensus interpretation is agreed upon, another resident may be called upon to propose treatment plans. These suggestions are discussed and potential alternatives presented. Typically, 3 to 6 cases are discussed over the course of the hour.

UROONCOLOGY CONFERENCE:
Frequency: 2nd, 4th and 5th Friday of every month
Location: 221E – Johnson Center
Responsible Faculty: UroOncology Fellow
Lectures are presented by UTHSCSA faculty and SUO Fellow. Often these lectures are scheduled to reinforce the information in the Campbell’s textbook. Not only do urology faculty present various oncologic urologic disease processes, but the research faculty present the background, methodology, results, and clinical correlation of their basic science studies in respect to UroOncology. Occasional visiting professors are invited to speak on an area of Oncologic expertise.

PRE-OPERATIVE PLANNING CONFERENCE
All Adult and Pediatric surgical cases from the VA, Santa Rosa and University Hospital (other than emergencies) for the following week are presented at pre-op planning conference. Cases are presented by the residents on each of the corresponding rotations. Residents compile the patient history, present requisite radiology studies, and discuss the proposed treatment planning including the operative approach. The indications, alternatives, potential additional studies required, and expected surgical outcomes of each case are discussed at length with input from all faculty. A short didactic review of a pertinent topic is presented periodically to emphasize teaching points. The latter is usually presented by the MS-3 or MS-4 on the service.

PATHOLOGY CONFERENCE
Time: 1st Monday of Every month 7:00 am
Location: UH Pathology Conference Room
Responsible Faculty: Dr. Jamie Furman
A designated Pathology faculty presents specimens from surgical cases with discussion of histologic features, common treatment and outcomes expectations. This provides the residents with unique continuity of care experience.

TUMOR CONFERENCE
Time: Bi-weekly at 5:00 pm
Location: 239 D-VA or CTRC
Responsible Faculty: Dr. Joseph Basler, Dr. Ian Thompson
This conference focuses on discussion of complex cases in Urologic Oncology. A true multidisciplinary conference, the medical oncologists, radiation oncologists and urologists discuss cases presented by the residents and fellows. The conference functions in direct patient care activities and as a sounding board for resident questions and direction.

PROCEDURE LAB CONFERENCE
Time: Varies
Location: 221E – Johnson Center
Responsible Faculty: All
This is a new conference being developed at various sites in the medical center (including the Johnson Center for Surgical Learning IN THE SURGERY DEPARTMENT AT UTHSCSA) that emphasizes development of technical skills and patient safety in various areas of Urology. The skills lab is in the planning stages but will eventually meet weekly for demonstration and training in selected aspects of urologic procedures and surgery. Recently, the endoscopic skills lab brought in representatives from several companies involved in the manufacture of urologic equipment and supplies. Each representative provided equipment and instruction on a one-on-one basis so that the resident could more clearly understand its function and safe use. This included training in Holmium laser systems, ureteroscopic devices, cystoscopic resection/biopsy devices and various stents. The most recent effort included a one-on-one hands on demonstration and skills training in basic robotics technique (suturing, basic dissection, etc) utilizing the new DaVinci Robotics unit at
SRNW. This was attended by all residents as was a success.

**RESEARCH CONFERENCE**
Time: Weekly at 7:00 am  
Location: C7SB Conference Room  
Responsible Faculty: Research Faculty  
The research faculty meet to discuss both the clinical and basic research activities in the department. While mostly administrative, there are presentations of data and updates on pertinent clinical and basic science topics presented periodically. Resident participation is optional but encouraged for residents on the research rotations.

**UROLOGY SAN ANTONIO CASE CONFERENCE**
Time: Weekly  
Location: Private Office of Urology San Antonio  
Responsible Faculty: Dr. Juan Reyna  
This conference is held in the offices of the private practice group associated with Methodist Hospital. Attending surgeons present interesting cases for group discussion and recommendations. Residents on the Methodist rotation are encouraged to attend and discuss their perspectives on the cases.

**URODYNAMICS COURSE**
Time: Annually  
Responsible Faculty: Dr. Stephen Kraus  
This course occurs annually as a SUNA sponsored training course for nurses and professional staff. It is taught by the nurses and physician staff from UTHSCSA providing didactics, a course handout of UDS procedures and hands on training. Registration costs for one or more interested residents is supplied annually.

**VISITING PROFESSORS**
Visiting Professors are invited annually for the year end chief resident’s graduation celebration. This usually involves an internationally known professor with expertise in a specific area of Urology who presents several lectures, may operate with the chief residents and hosts a patient presentation seminar to test the resident’s knowledge base and skills. Additional visiting professors are invited for ad hoc conferences throughout the year. In general, all resident clinical responsibilities are suspended for the time of the conferences.

**RESIDENT FEEDBACK MEETINGS (Educational Portfolio Updates)**
Time: Quarterly  
Responsible Faculty: Dr. Joseph Basler  
These meetings are held quarterly to allow the residents an open forum to discuss improvement projects to enhance the residency program. This time is also open for the Program Director to announce any changes or coming events to the program or department as a whole. The meeting is one hour and is followed by individual resident to program director meeting. This meeting is to update each resident’s educational portfolio or check progress on the current set of goals and objectives set forth by the resident.
**Research**

The Department of Urology at the University of Texas Health Science Center in San Antonio has a tradition of excellence in research. Our focus is in understanding disease processes to optimize prevention and treatment opportunities. We are unwilling to conduct mainstream research that replicates the work of others or makes small steps forward. It is our goal to have a vision of dramatic improvements in understanding, preventing, and treating disease to substantially improve the quality of health in Urologic Disease.

Our primary foci include Urologic Cancers, Minimally-invasive Surgery, Urinary Incontinence, Female Urology, Sexual Function, Stone Disease, and Pediatric Urology.

Our laboratory efforts include researchers in Genetics, Pathology, Cell Signaling and Molecular Biology, Epidemiology, Prevention, Biostatistics, and Nutrition, just to name a few.

The Department of Urology has several assigned and a number of collaborating laboratories. A 500 sq ft laboratory, down the hall from the primary Department offices, is used for much of the stone-related research and contains a number of pieces of measuring equipment for these stones. Two laboratories are located above the Department on the 5th floor and are currently planned for renovation in anticipation of the arrival of a new, Urology-based research group. The primary bench research conducted by Department is performed in the laboratories of the Department of Cellular and Structural Biology across from the Urology 5th floor laboratories. The Department of Urology has partnered with Cellular and Structural Biology to purchase a variety of pieces of equipment to establish a state-of-the-art genetics and cell biology laboratory. Members primarily use these laboratories due to the senior mentorship of Dr. Robin Leach as well as the support technicians who are present.
Overview of Residency
The UTHSCSA Urology program is completing the transition from two residents at each PGY level to three residents at each PGY level. In response to resident education needs for more flexibility in training, the transition from 2 + 4 to 1 + 4 in the overall program length has been approved and is in transition. A further increase in resident complement was granted in June 2008 which will allow 4 residents at each training level. The 2008-2009 year will see the final group of 2 residents complete their chief residency years while the 2009-2010 academic year will see the first group of 4 U-1 residents begin their training. The description below is based upon the 2008-2009 academic year.

General - The PG-1 year is designed to give the resident a broad experience in General surgery and learn the basics of good surgical technique. The core medical competencies (Medical Knowledge, Patient Care, Practice-based Learning & Improvement, Interpersonal & Communication Skills, Professionalism and Systems-based Practice) are emphasized as they are in all later years as the resident becomes familiar with surgical principles. In the PG-2 year these skills are further improved and a transition rotation on the Urology service provides introductory experience with the pathophysiology of Urologic illnesses, the urologic evaluation of patients, management of urologic conditions and familiarization with the basic urologic procedures. In the U-1 year, the evaluation and management of more complex urologic problems are emphasized as are development of skills in endoscopy and minor surgeries. The U-2 year introduces the resident to more complex open and laparoscopic surgeries as confidence is built in the basic endoscopic skills. During the U-3 year, the resident has had exposure to all aspects of urologic surgery and is becoming confident and skilled at their application. Finally, more administrative and supervisory skills are developed during the U-4 year. By the conclusion of the chief residency, the residents are

PG1 – This year is a General Surgery year under the oversight of the General Surgery Program Director. A variety of surgical rotations are used to expose the trainee to the evaluation and management of patients with surgical diseases. Specific goals and objectives of these rotations are available for review in the General Surgery program but overall objectives are to learn the outpatient evaluation of patients with surgical diseases, inpatient management principles, fluid & electrolyte management, antibiotic use, as well as basic procedural techniques such as line placement, hernia repair, laparoscopic port placement, etc. Acceptable rotations include general surgery, vascular, pediatric surgery, trauma surgery, oncology and SICU. Due to the recent changes in the program noted above, there will be no Urology PGY-1 residents in the 2008-2009 academic year.

PG2 – This continues as a General Surgery year for the residents still in the 2+4 part of the program. Starting in the 2009-2010 academic year the PG2 residents will be U1 residents as described below. This year, the PG2 residents spend 8 months on selected General surgery rotations (general surgery, vascular, pediatric surgery, trauma surgery, oncology and SICU) and 4 months on the Urology service at the University Hospital (UH). During the UH rotation, residents get experience on the GU Consult service and beginning experience with development of endoscopic skills and transrectal ultrasonography while attending the Cysto clinics on Tuesday or Thursdays. Clinics at University Urology Specialists office – located at SRNW Tower 2, SRDT and CTRC - provide the resident the opportunity to evaluate outpatients for a wide variety of urologic conditions, plan their care, discuss these plans with faculty, follow patients during their hospitalization or outpatient care, and then track them in clinics thereafter to observe the outcomes and modify their care. This rotation also provides exposure to trauma and other emergency conditions presenting to University Hospital, the largest Level I trauma center in South Texas. Due to the dramatic increase in Urologic Surgery volume at University Hospital, a fourth resident was added to this UH team who hails from
the SAUSEC program in San Antonio. This additional resident (U3) provides upper level supervision and educational input to the experience of the PG2 in addition to the leadership and oversight of the University Hospital Chief Resident (U4). The PG2 training includes urodynamics (UDS) procedures performed at the clinic and residents are exposed to video urodynamics (VUDS) procedures through the South Texas Pelvic Floor Center at UH.

U1 – This year, the first of the full-time Urology residency program, includes three distinct yet complementary experiences. A total of four months in general Urology are spent as the junior resident on a four-resident-team at University Hospital (UH). This four month period allows the resident the opportunity to perform a high volume of outpatient endoscopic procedures twice weekly (Tuesdays and Thursdays) as well as the opportunity to perform open procedures of lower complexity at University Hospital. Clinics at University Urology Specialists office – located at SRNW Tower 2, SRDT and CTRC - provide the resident the opportunity to evaluate outpatients for a wide variety of urologic conditions, plan their care, discuss these plans with faculty, follow patients during their hospitalization or outpatient care, and then track them in clinics thereafter to observe the outcomes and modify their care. This rotation also provides exposure to trauma and other emergency conditions presenting to University Hospital, the largest Level I trauma center in South Texas. Due to the dramatic increase in Urologic Surgery volume at University Hospital, a fourth resident was added to this UH team who hails from the SAUSEC program in San Antonio. This additional resident (U3) provides upper level supervision and educational input to the experience of the U1 in addition to the leadership and oversight of the University Hospital Chief Resident (U4). The U1 training includes urodynamics (UDS) procedures performed at the clinic and residents are exposed to video urodynamics (VUDS) procedures through the South Texas Pelvic Floor Center at UH. The second U1 rotation is a Pediatric Urology rotation at Santa Rosa Hospital (SRDT). During this rotation which includes two residents (U1 and U3), this resident has the opportunity to operate with the two full-time clinical faculty in performing a wide range of surgical procedures. Finally, 4 months are spent on a three resident general urology team at the Audie L. Murphy Veterans Administration Hospital (STVAHCS) where the resident participates in major cases but focuses on becoming more proficient at endoscopic skills and minor procedures. Specific procedure and outpatient clinics are developed for the resident allowing close supervision and oversight of the resident performance. Residents receive their initial exposure to spinal cord injury during this rotation. The electronic medical record at this facility also gives the resident full exposure and initial training in coding and provides a tremendous opportunity in systems-based practice learning.

U2 – The U-2 experience is a three-part experience and the current schedule is based upon input received from previous residents in training during the semiannual reviews and annual program retreats. The 4 month rotations include Elective (Research, Transplant, Infertility-Andrology), VA, and Methodist. **Electives:** The transplant rotation offered at Methodist Specialty & Transplant Hospital under the direction of Dr. Wright, offers an intensive surgical experience that prepares the residents for complex renal surgery in their later years. During the Infertility-Andrology rotation with Dr. John Case, MD., the resident participates in evaluations of patients with infertility, performing vasectomies, as well as more complex surgical infertility procedures including vaso-vasostomies and vaso-epididymostomies. Also during this 4 month period, the resident may spend time on a research (clinical or basic science) rotation. This rotation may be used for a variety of experiences including off-site rotations as requested by the resident. The Program Director has used this opportunity in the past to provide residents who are interested in fellowship training to spend one or more months away from San Antonio on rotations related to their subsequent training interest.
This has included an additional Pediatric Urology rotation for a recent resident and an outside infertility rotation for another. Oversight during the entire U-2 year is provided by the PD and designees for the development of research programs that will assist the resident in the understanding of the conduct of research trials, design, and execution of such trials. A four month rotation during the U-2 year is an opportunity to serve as a senior resident at the VA hospital. It is during this rotation that this resident has the opportunity to perform more complex cases including advanced endoscopic procedures as well as a high volume of oncologic procedures. Grooming of residents during this rotation also occurs to hone their outpatient endoscopic techniques and further emphasis on voiding dysfunction and spinal cord injury patients. A final four month rotation is spent at the Methodist Hospital where the resident gains open & laparoscopic skills through interaction with the Urology San Antonio Group. A wide variety of adult and occasional pediatric conditions are seen by the resident on this rotation. Part of a two resident team, the U2 resident is supervised by Dr. Richie Spence who along with Dr. William Harmon, provide an outpatient continuity of care clinic as well.

U3 – The U-3 year is a unique experience and the product of a vibrant relationship between the clinical faculty in San Antonio and the resident training program. During this year, 4 months are spent at Methodist Hospital (M) under the overall supervision of Dr. C. Ritchie Spence, a leader in Urology with a long history of experience with resident training. The outpatient continuity clinic for this rotation occurs weekly in the offices of Urology San Antonio where the resident experiences first-hand, the organization of an independent private urology practice. Additionally, 4 months are spent at SRDT as the senior resident in Pediatric Urology where the resident functions as the administrative chief and focuses on more complex procedures, evaluation and management issues. The continuity clinic for this rotation occurs weekly at the offices of the pediatric faculty at SRDT and the SRNW university outpatient facility. The final 4 months are spent at the Santa Rosa Medical Center – Northwest (SRNW) Urologic Oncology service as senior resident in a two-resident team that includes the General Surgery PGY-1 residents. The latter rotation allows exposure to a high volume oncology patient population and newer surgical techniques including robotics procedures under the direction of the local site director, Dr. Dipen Parekh. The outpatient continuity clinic for this rotation occurs at the CTRC faculty clinics along side the clinical oncology faculty. These three rotations give residents an opportunity to develop a wide portfolio of clinical expertise as well as new and different methods to manage complex patients. For all institutions, the U-3 residents are functionally a Chief Resident, working side-by-side with the junior residents and clinical faculty.

U4 – During the U-4 year, the residents assume their Chief Resident status at the VA and University Hospitals. They are provided with extensive administrative support for their activities and work side-by-side with the institutional Chiefs – Dr. Ian Thompson at UH and Dr. Joseph Basler at the VA. In addition to their responsibilities of coordinating care at both institutions, they have a number of additional educational opportunities including (1) overseeing resident education of junior residents and medical students, (2) overseeing inpatient care (alongside responsible faculty), (3) providing leadership to the clinical activities at both institutions, (4) performing the most complex surgical cases at both institutions, (5) conducting morbidity and mortality reviews at both institutions, (6) presenting each week’s schedule of operative cases at Preop Conference, (7) serving as senior mentors for Research Conferences and Pyelogram Conferences, and (8) serving as the senior members of the residency team to all faculty-resident strategic conferences and retreats to provide guidance and input to faculty with regards to further developments and enhancements in the training program.
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**KEY:**
- VA - Audie Murphy Veterans Hospital
- UH - University Hospital
- SR-A - Santa Rosa Hospital - Adult
- SR-P - Santa Rosa Hospital - Pediatrics
- M - Methodist Hospital
- Research – Research/Elective rotation
Educational Portfolio – Individual Learning Plans

The ACGME has determined that every Urology resident must maintain a "learning portfolio."

What is a portfolio?
A portfolio is a collection of selected resident work packaged and organized for easy review and evaluation. You are already doing most of this work: your portfolio will provide a framework for presenting it as evidence of your progress in achievement of the Six Competencies required by the ACGME of every graduating resident.

What are the purposes of a portfolio?
Your portfolio will be used by the Program Director, along with other information, to evaluate your evolving competence as an Urologist and physician.

If properly maintained, your portfolio will become a robust document that will enhance your marketability when applying for positions or fellowships. It can also become the basis for your lifetime professional portfolio (which will likely be required by the American Board of Urology and many state licensure boards for certification or recertification in the future. Like it or not, you will be dealing with these Six Competencies for the rest of your professional life).

Mechanics:
You have been provided with a portfolio binder containing some of the required documents. As you progress through your residency you will fill this binder with evidence of your evolving competence as an Urologist and physician. It is your responsibility to maintain it and to make sure that all the necessary documents / components are present for your quarterly and semi-annual review with the Program Director.

Some components of your portfolio/training folder are required, including in-service exam scores, research project, moonlighting permissions, and monthly evaluations by faculty. These and other required components appear in bold type.

The remainder of your portfolio will consist of exhibits which you may choose from the following lists. The headings of the lists are the Six Competencies which the ACGME has identified as essential elements of your training. The definitions have been provided by the ACGME and are, where appropriate, specific to Urology. You must choose at least 6 of the non-required exhibits; at least one must appear under each Competency (though some of the exhibits appear under more than one Competency, you must still choose a total of 6. You should be able to figure this out).

Your portfolio will be primarily paper-based, but you may want to include other media (CDs of PowerPoint presentations, for example, or electronic data files of invasive procedure logs and case logs). For convenience of review and evaluation, however, it would be best to print out everything that can be printed. Please remove patient identifiers from all documents.

How will your portfolio be evaluated?
You will review your portfolio with the program director as part of your quarterly and semi-annual review. It will be scored according to the following criteria:
  Beginning: partial demonstration of required and non-required exhibits
Advancing: substantial demonstration of required and non-required exhibits  
Competent: satisfactory demonstration of required and non-required exhibits  
Above Competence: outstanding demonstration of required and non-required exhibits

Since we are documenting that you are a Competent Physician, you must achieve a score of Competent in all Six Competencies by the end of your residency. Evaluation Sheet attached.

**Resident Portfolio Evaluation Checklist**

Resident__________________________  Date____________

Please have your portfolio organized with all documentation in place. **All items in bold print are required!** You must choose at least 6 of the non-required exhibits; at least one must appear under each Competency (though some of the exhibits appear under more than one Competency, you must still choose a total of 6 non-required exhibits. You should be able to figure this out). For each subsequent 3 & 6-month review you must have additional non-required exhibits.

**How will your portfolio be evaluated?**

You will review your portfolio with the program director as part of your semi-annual review. It will be scored according to the following criteria:

- **Beginning:** partial demonstration of required and non-required exhibits
- **Advancing:** substantial demonstration of required and non-required exhibits
- **Competent:** satisfactory demonstration of required and non-required exhibits
- **Above Competence:** outstanding demonstration of required and non-required exhibits

**PATIENT CARE**
- Invasive procedure/case log, up-to-date/ACGME National Averages
- Monthly faculty evaluations
- Direct observation by faculty of invasive procedures, including obtaining consent, site confirmation, time-out, and advising patients regarding adverse events or outcomes; with faculty evaluation (see form in portfolio)
- Bloodborne Pathogens Safety Training Course

**MEDICAL KNOWLEDGE**
- In-service examination scores
- Presentation and analysis of scientific articles at Journal Club (include copy of articles), with written critique (see form in portfolio)

**PRACTICE BASED LEARNING AND IMPROVEMENT**
- Urology self-assessment modules
- Research project, including manuscript, exhibit and presentation. Documentation of participation in departmental QI/QA and regulatory activities
- Presentation and analysis of scientific articles at Journal Club (include copy of articles), with written critique (see form in portfolio)
- Teaching File case preparation (copies of 10 cases with discussion of each)
- Residents as Teachers Course and related activities
Case conferences: preparation and presentation (include .ppt or other files)
Topical PowerPoint presentation. Include printed notes.
Other publications, with reprints or manuscripts
Participation in interdepartmental Internal Review, with short personal analysis of process.
See Program Director for upcoming Internal Reviews.

INTERPERSONAL AND COMMUNICATION SKILLS
Institutional Core Curriculum Sessions (Informed Consent, Conflict Resolution, Crafting Apologies, Delivering Difficult News) with documentation of attendance.
Multidisciplinary conference; preparation and moderation (show dates and patient lists)
Direct observation by faculty of invasive procedures, including obtaining consent, site confirmation, time-out, and advising patients regarding adverse events or outcomes; with faculty evaluation.

PROFESSIONALISM
Conference attendance record
Online modules: "Patient Confidentiality", "Ethics" Include documentation of completion.
Institutional Core Curriculum (Impaired Physicians, HIPPA instruction). Include documentation of attendance.
U.T. Risk Management Course
Medicare Compliance Ethics Instruction (CDT certificate)

SYSTEM-BASED PRACTICE
Resident analysis of systems-based problem; with data, solution and implementation, if applicable.
Multidisciplinary conference; preparation and moderation (show dates and patient lists)
Online modules: Urology Request, Medical Billing Include printed documentation of completion.
Billing and Documentation Instruction (CDT certificate)
Spring Departmental Planning Retreat
Hospital / school / department committee service
Activity in professional societies
Participation in interdepartmental Internal Review, with short personal analysis of process.
See Program Director for upcoming Internal Reviews.

For reviewer use only:
Overall assessment of progress: Beginning _____ Advancing _____ Competent _____ Above Competence _____
Deficiencies (if applicable) ________________________________________________________________
Plan of action
Reviewer signature______________________ Date___________

After signing, copy this entire form and give to resident for inclusion in portfolio. Keep one copy in departmental file.
You also have a clinical training file that includes the following components; Demographic Summary, Application Documents, Contracts and Professional Liability Insurance, Credentialing Documents, Record of Training and General Correspondence

Confidential Evaluations and In-Service Scores are kept separate from either of these files.
Competency-based Responsibilities for Residency

In compliance with the ACGME minimum program requirements, the Urology Residency Program at UTHSCSA requires its residents to develop competencies in the 6 areas listed below to the level expected of a new practitioner:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
3. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
4. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

While these competencies have always been a part of residency training, their delineation as requirements have mandated specific competency-directed activities and careful documentation. Toward this end, the following knowledge, skill, and attitude requirements, as well as additional urologic surgery technical ability and institutional requirements, have been defined.

**Responsibilities for All Residents on All Rotations**

1. All residents will maintain a full-time position as surgical resident in the Department of Urology. All residents will be responsible for the year-specific job description described hereafter.
   - **Competency:** Institutional Requirement/Professionalism
   - **Documentation:** Graduate Medical Education Office Resident Rolls
2. Upon receiving and reviewing this handbook, all residents should sign the last page, certifying receipt of the handbook, remove the page, and return it to the Program Coordinator, Beth Payne.
   - **Competency:** Institutional Requirement/Professionalism
   - **Documentation:** Receipt of signed certification page by Program Coordinator
3. All residents will engage in the care of patients on the urology in-patient service and the outpatient clinic as well as in the operating room. Residents act as a team under the guidance of the attending surgeon to manage all patient care issues, from the preoperative, perioperative, and postoperative time intervals.
   - **Competency:** Patient Care, Professionalism, Interpersonal and Communication Skills
   - **Documentation:** Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form by Peers, Nursing Staff.
4. All residents will prepare for, attend, and participate actively in all teaching conferences, morbidity and mortality conference, grand rounds, urodynamics conference, UroOncology conferences, and any additional lectures and course instruction deemed mandatory by the faculty. Residents on medical leave, annual leave, or who are called to see a patient for a matter that cannot be otherwise delegated or that cannot wait until the conclusion of the conference, will be excused.

   **Competency:** Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism

   **Documentation:** Record of Attendance, Global Resident Competency Rating Form, In-Service Examination Scores

5. All residents will prepare for and take the annual in-service examination sponsored by the American Board of Urology.

   **Competency:** Medical Knowledge, Professionalism

   **Documentation:** In-Service Examination Scores

6. Residents are responsible for all histories and physicals as well as obtaining preoperative consent under the supervision of the attending urologist. Attending notes are added to comply with the laws of Medicare/Medicaid/Tricare. The residents are to write daily notes and orders, operative notes and orders. A discharge note and complete orders are to be on the chart on the day of discharge prior to beginning daily duties, such as clinic or operations. Discharge summaries and consultations are to be sent to referring physicians. Rounds with faculty responsible for individual in house patients will occur on a daily basis with the exception of weekends when on-call faculty will be available.

   **Competency:** Patient Care, Professionalism, Interpersonal and Communication Skills

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

7. For surgical cases in which the resident is the only resident and/or is the primary surgeon, residents are expected to:

   a. Have familiarized themselves with the patient and their history, discuss any questions with attending

   b. Done the appropriate reading prior to any operation

   c. Have all necessary radiographic studies in the O.R. (or displayed on the monitor in the case of digital images) prior to the start of the case

   d. Prepare the immediate Brief Operative Note per hospital policies and write or dictate operative reports in a timely fashion (within 24 hours). Complete a post-operative check note to indicate successful recovery from the procedure.

   e. Write post-operative admission orders or outpatient orders including prescriptions

   f. Promptly enter cases into their own personal and the ACGME Resident Case Log System. To access the on-line ACGME Resident Case Log System, go to [https://www.acgme.org/residentdatacollection/](https://www.acgme.org/residentdatacollection/) to log-in. If you do not have an ID and password, contact the Program Coordinator, Beth Payne (email: Paynee@uthscsa.edu office 567-5644). You can download a copy of the instruction manual for the Resident Case Log System at: [http://www.acgme.org/acWebsite/downloads/oplog/480Res.pdf](http://www.acgme.org/acWebsite/downloads/oplog/480Res.pdf)

   A list of CPT codes to help expedite entries can be downloaded from: [http://www.acgme.org/acWebsite/downloads/oplog/480byAreaType.pdf](http://www.acgme.org/acWebsite/downloads/oplog/480byAreaType.pdf)

   For problems with the system, call the ACGME Help Desk at contact the ACGME Help Desk 312-755-7464 or email oplog@acgme.org.
8. All residents are to adhere to the 80 hour work week policy described in the “Policy on Duty Hours” portion of this Handbook. Before the duty hour limit is reached, the resident should notify the chief resident and/or supervising faculty member and with them, arrange for coverage before signing-out his or her pager, and leaving the facility.

9. All residents are responsible for monitoring their level of fatigue and that of the more junior residents on the team. If a resident feels as if his or her level of fatigue is compromising their ability to provide patient care, the resident should notify the chief resident and/or supervising faculty member, sign-out his or her pager, and go to an appropriate call room (or home if the resident is not too compromised to travel) for sleep. The resident may return to duty after a nap if he or she feels sufficiently rested and further patient care activities are required or the 80 hour work week limits have not been reached. If a resident is judged to be too fatigued to adequately provide patient care by the chief resident and/or supervising faculty, even if the resident does not agree, the resident will be relieved of duties for the balance of the day.

10. All residents are expected to read other topics on conjunction with care of patients with those topics will read chapters in Campbell’s Urology as part of their personal home study routine and Individualized Learning Plan. The Department of Urology provides each resident with the 4-volume Campbell’s Urology text.

11. All residents will read articles in Journal of Urology or other articles in journals (e.g., Urology, BJU, Prostate, Endourology, Andrology, NEJM, JAMA) assigned by the faculty as part of their personal home study routine. At monthly Journal Club, all residents will be asked to summarize selected articles and/or will be asked to categorize the methodology of the study (e.g., case series, controlled, blinded, etc.), appropriateness of the statistical analysis, and alternative study designs that might better answer the hypothesis presented by the authors. A subscription to Journal of Urology (as part of resident membership in the AUA) is provided by the Department of Urology. Other journals are available on-line through the University Library system.

12. All residents should demonstrate understanding of socioeconomic issues impacting upon the practice of urologic surgery including but not limited to the awareness of limits of coverage for individual patients under Medicare, Medicaid, CareLink, HMO’s or other insurance coverage. The frugal use of expensive tests, medications and procedures and familiarity with social services available to assist patients in need are expected.
**Documentation:** Attendance at Grand Rounds dedicated to socioeconomic topics, 360 evaluations by clinic personnel, patients, observed patient encounters

13. All residents are expected to demonstrate sensitivity to patient diversity issues including but not limited to race, gender, cultural/religious beliefs, sexual orientation, career choice, socioeconomic status, and educational/intelligence level.

**Competency:** Professionalism, Practice-based learning, Systems-based Practice

**Documentation:** Attendance at GME Core Competency Lectures related to Ethics, Evaluations from Faculty, Nursing Staff, Administrative Staff, Peers, Patients

14. All residents are expected to develop and demonstrate values consistent with the highest ethical practice of medicine.

**Competency:** Professionalism

**Documentation:** Attendance at GME Core Competency Lectures related to Ethics, Evaluations from Faculty, Nursing Staff, Administrative Staff, Peers, Patients

15. During clinic, inpatient rounds, surgical procedures, and conferences, residents are expected to take part in the teaching of students, interns, and more junior residents including but not limited to discussions of normal genitourinary anatomy, physiology and embryogenesis; elements of urologic history taking; elements and technique of urologic physical examination; common urologic signs and symptoms, their implications, and components of appropriate evaluation; patient disease processes and congenital anomalies; rationale, indications, and risks of urologic surgical procedures and medical interventions; and general topics such as format and content of preoperative history and physical examinations and postoperative progress notes, sterile technique, sharps safety, universal precautions, and perioperative patient care.

**Competency:** Medical Knowledge, Interpersonal and Communication Skills, Professionalism

**Documentation:** 360 Degree Rating Form by peers and students

16. Residents are expected to participate in academic contributions to the Department of Urology by seeking opportunities for involvement in research such as questioning existing data through literature reviews, formulating research questions, and discussing potential research projects with faculty members. Residents are required to understand and comply with the requirements of the institutional review board. For projects approved by the involved faculty member, residents can access data from existing databases maintained by that faculty member or establish and collect a novel data set from patient chart reviews. After data analysis and interpretation residents are expected to present their findings via manuscript admission. Submission of associated abstracts to scientific meetings is also encouraged.

**Competency:** Medical Knowledge, Practice-Based Learning

**Documentation:** Submitted/Accepted Manuscripts and Abstracts

17. All residents will complete Faculty Evaluations and Program Evaluation annually as well as Self and Peer Evaluation twice yearly. More detailed instructions for the completion of the Faculty and Program Evaluations are available in the “Policy on Resident, Faculty, and Program Evaluation” section of this Handbook. For the Peer Evaluations, residents should complete the 360 Degree Rating Form for each of their fellow residents.

**Competency:** Institutional Requirement, Practice-Based Learning and Improvement, Professionalism

**Documentation:** Completed Evaluation Forms

18. All residents are expected to be familiar with and attain the goals and objectives on the following pages regarding the knowledge, skills, progressive responsibility for patient
management, and other attributes of residents for each major rotation and each year of training (see details on following pages). Along with these goals and objectives, the responsibility given to residents in patient care will also depend upon each resident’s knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient’s status as determined by the supervising faculty member.
PGY-1 Resident General Goals and Objectives for Pre-Urology Residents

The Goals and Objectives for this rotation are adapted from the “Prerequisites for Graduate Surgical Education. A Guide for Medical Students and PGY1 Surgical Residents” published by the American College of Surgeons.

**General Goals:**
- Develop understanding of evaluation & management skills
- Develop the understanding of pathophysiology necessary to recognize and triage acutely ill or injured patients
- Develop understanding & experience in accurate medical documentation.
- Develop an understanding of the unique nature of preoperative evaluations
- Develop an understanding of the natural history of surgical problems, their outcomes and the relevance to post-operative care both short- and long-term.

**Objectives:**
- Demonstrate knowledge of obtaining patient history utilizing document review and interviewing skills both in the emergent and general care settings.
- Demonstrate ability to perform general physical examination skills both in the emergent and general care settings.
- Demonstrate accurate documentation of encounters including chief complaint, history of present illness, past medical and surgical history, allergy status, medication usage, general and area specific review of systems, family & social history, all components of the physical examination, laboratory & imaging review, discussion of the patient’s differential diagnosis list, and development of an individualized evaluation/treatment plan.
- Demonstrate preoperative notes that take into account the comorbid variable for individual patients and document surgical risk assessment.
- Demonstrate an understanding of cardiac, pulmonary and other specific system evaluations and their judicious use in the preoperative setting.
- Demonstrate accurate and concise in-patient progress notes.
- Demonstrate accurate and timely recording of procedure and operative notes based upon local institutional and JCAHO guidelines.
- Demonstrate accurate, concise and timely completion of discharge summaries.
- Demonstrate a high level understanding of potential complications and post-operative natural history of surgical patients through the treatment plans outlined in the discharge summaries.
- Demonstrate concise and cost effective utilization during the radiological evaluation of acutely ill patients.

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

**Competency:** Patient Care, Medical Knowledge, Interpersonal & Communication Skills

**Documentation:** Faculty evaluations, observed patient encounters, Operative performance rating forms, staff & peer 360 evaluations, patient evaluations, ABSITE scores.

**Emergent & Inpatient Care Goals:**
- Understand routine and intensive care management of surgical patients
- Understand the need to consider patient safety in all aspects of daily patient activities.
- Understand the principles of practicing cost-effective medicine.

**Objectives:**
- Demonstrate a clear understanding of surgical principles related to:
  - Bowel preparation
Demonstrate knowledge and develop experience with the prophylactic measures utilized to prevent complications such as:

- Wound infections
- Atelectasis
- Acute GI bleed
- Deep venous thrombosis
- Pulmonary embolus
- Delirium tremens
- Bacterial endocarditis.

Recognize abnormalities in basic radiologic and laboratory tests and learn normal values and ranges.

Interpret basic EKG findings

Know and apply the specific recommendations for tetanus immunization (active and passive). Know the clinical manifestations of rabies in carrier and patient, and agents available to prevent development of the disease.

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

**Competency:** Medical Knowledge, Patient Care, Technical Skill, Interpersonal & communication skills

**Documentation:** Faculty evaluations, observed patient encounters, Operative performance rating forms, staff & peer 360 evaluations, patient evaluations

**General Surgery Specific Goals:**

Develop communication skills with patients and family that will allow a meaningful informed consent process to occur for surgical procedures.

Develop familiarity with the operating room environment, the component staff and principles of
sterility and prevention of infection.
Develop an awareness of patient and staff safety in the operating room environment.
Develop an understanding of the various approaches to surgical intervention including the type of instrumentation and special anesthetic requirements for each.

**Objectives:**
Demonstrate through observed patient interactions, the complete process of informed consent including a detailed discussion of the indications for surgery; the possible alternatives; the risks, benefits & possible long-term consequences of the surgery or other treatment regimen; and the likely outcome.
Demonstrate a clear understanding and be able to articulate the various methods and conditions necessary to prevent the spread of environmental pathogens including contact, airborne and blood-borne pathogens.
Demonstrate a clear understanding and be able to articulate the mechanisms of preventing patient & staff injury and adverse events including:
- Electrical or laser injury
- Instrument and sponge count issues
- Positioning injuries
- Falls
- Correct patient and laterality issues
- Documentation errors

Demonstrate knowledge of:
- Surgical gown and glove technique
- Sterile surgical technique
- Technique for draping surgical site
- Various patient positioning devices & techniques and their safe use.
- General surgical instruments and retractors and their safe use.
- Electrocautery devices and their safe use.
- Types of lasers and their safe use.
- Basic laparoscopic instrumentation and safe use.

Demonstrate an ability to work both in a 3-dimensional (open) and 2-dimensional (most laparoscopic) surgical arena.

Demonstrate facile handling of surgical instrumentation and:
- One-hand knot tying
- Two-hand knot tying
- Instrument knot tying
- Surgeons knot
- Running closure
- Interrupted closure
- Mattress closure
- Purse-string closure

Demonstrate basic surgical technique:
- Learn basic techniques of dissection and handling of tissues.

Under supervision:
- Excise benign lesions of skin and subcutaneous tissues.
- Perform lymph node biopsy.
- Remove superficial foreign bodies.
- Incise and drain an abscess.
- Repair simple lacerations.
Repair umbilical and type I and II inguinal hernias.
Perform appendectomy.
Perform extensive debridement with supervision

**Mechanism of learning:** Reading, mentoring by upper level residents/faculty, conferences, on rotation experience, surgical skills simulation lab

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

**Documentation:** Faculty evaluations, observed patient encounters, operative performance rating forms, staff & peer 360 evaluations, patient evaluations.
PGY-2 Resident Responsibilities, Goals and Objectives
The general surgery part of the PGY-2 year has the same goals and objectives as the PGY-1 year noted above. While not an absolute requirement at present due to cost issues, the residents are encouraged to sit for and pass part III of the USMLE as soon as practical. The Urology rotation during the PGY-2 year has the following Urology specific goals and objectives. (Note: The PGY-2 year will become the U-1 year starting with the 2009-2010 academic year.)

General Urology Goals:
Residents will become well read in all areas of the care of surgical patients as initiated in the PGY-1 year.
Develop a full understanding of the Urology specific history and review of systems.
Develop the capability of performing and understand the nuances of the Urology specific physical examination.
Develop an understanding of the cost-effective laboratory evaluation of genitourinary complaints as part of the overall evaluation process.
Develop and understanding of the types of radiologic evaluations and their limitations in the overall evaluation of genitourinary complaints.
Develop a more sophisticated understanding of the pathophysiology and time course of common genitourinary problems and design treatment regimens that take the level of seriousness and natural history into account.
Continue to develop good documentation habits.

Objectives:
Be able to obtain, articulate and document appropriate full genitourinary history.
Be able to perform, articulate and document appropriate full genitourinary examination
Be able to select, order and review the results of appropriate laboratory and imaging studies in a timely fashion.
Demonstrate an appropriate level of concern and urgency for the subsequent testing and treatment of patients.
Integrate clinical information to develop differential diagnosis and most likely diagnosis
Interpret the results of laboratory and imaging studies in a timely fashion and within the overall context of the patient’s treatment planning.
Identify and overcome barriers to timely and cost-effective patient care strategies.
Be able to cogently present interesting or challenging cases selected by the Chief Resident or a Faculty Member at Pyelogram or Tumor Conference

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:
Continue to provide the highest level of care based upon the previous year’s experience. Develop further team skills as the junior member of the Urology team.

Objectives:
Demonstrate effectiveness in patient care by rounding at least twice daily on all service patients and in-house consult patients as needed.
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. Be able to teach and help manage the schedule of more junior residents and medical students on service. 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. 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.

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

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

**Documentation:** Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, review of notes, patient evaluations, peer and staff 360 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.

**Objectives:**
[Note: Specifics of the 2 procedures below are provided to demonstrate the detail required in the training of all GU procedures. As the resident does more cases and becomes more facile, emphasis is placed on improving the more complex part of the procedure and more latitude is given to independently performing the steps already mastered.]

**Cystoscopy:** Under supervision, be able to perform cystoscopy as a diagnostic procedure including adequate demonstration of the following:
- Pre-cystoscopy evaluation of the underlying issues and appropriate indications
- Counseling of the patient and adequately documented informed consent.
- Positioning, prepping and local anesthesia administration.
- Facile handling of the flexible or rigid cystoscope.
- Adequate inspection of all surfaces and identification of landmarks.
- Removal of the instrumentation.
- Documentation and coding of the procedure.
- Treatment planning based upon the findings and previous evaluation.

**Transrectal ultrasonography (TRUS) with prostate biopsy:** Under supervision, be able to perform the TRUS with instrumentation provided at the rotation site including:
- Pre-TRUS evaluation including DRE findings, PSA levels and urinalysis
- Counseling of the patient and adequately documented informed consent.
- Positioning, prepping and local anesthesia administration
Handling of the ultrasound instrumentation
Performing the measurements necessary to document the study
Performance of administration of injectable local anesthesia
Demonstrate correct interpretation of images and appropriate location for biopsies
Perform transrectal needle biopsy of the prostate
Post-operative care of the patient
Provide adequate documentation of the procedure
Schedule appropriate follow-up for the patient to do treatment planning based on the results of the biopsy.

Minor GU procedures:
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 preop evaluation, appropriate indication, preparation, handling of the instrumentation & fluid completion of the procedure, and postop care.

- Scrotal incisions, excisions
- Orchiopexy for torsion
- Intracorporal injection
- Suprapubic tube placement
- Stent removal
- Retrograde pyelography
- Simple and radical orchiectomy
- Adult hydrocele repair
- Varicocelectomy/ligation
- Spermatocelectomy
- Circumcision/dorsal slit
- Excision of genital skin lesions
- Vasectomy

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

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

Documentation: Morbidity and Mortality Reports, Global Resident Competency Rating Form, Operative Performance Rating Form, Patient evaluations, Peer & staff 360 evaluations
U-1 (PGY-3) Resident Responsibilities, Goals and Objectives
In addition to the goals listed for PGY-1 and PGY-2, the U-1 resident will add to his/her knowledge base by participating actively in conferences, presenting at conferences and being called upon as the primary GU consultant to other services at all of the training sites. Rotations for 2008-2009 include University Hospital, VA and Santa Rosa Pediatrics. The U-1 year includes a major exposure to endoscopic procedures, pediatric urology and GU minor open procedures. Some more advanced cases including laparoscopic experience may be available as well.

**General Goals:**
Build upon the knowledge base from the previous surgery experience.
Develop communication skills related to providing consultative services in the hospital and outpatient services.
Develop liaison with other members of the Urologic community and begin to establish a reputation as a professional.

**Objectives:**
Prepare 2 Urology grand rounds lectures on topics related to the individualized learning plan.
Prepare a clinical or basic science research project for presentation at the end of the academic year.
Present at the Pyelogram conference.
Actively participate in Journal club, M&M conference and Tumor board.
Complete self assessment and Individualized learning plan.
Complete peer, faculty and program evaluations to help improve the training program.
Apply for 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, AUA Basic Science review course.

**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**
Develop a more detailed understanding of the physiology and pathophysiology of the major urogenital systems.

**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.

Learn the physiologic basis underlying the evaluation of these systems including:
- Urodynamics, Videourodynamic
- 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.
Be able to interpret and design treatment plans around these tests.

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

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

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

- Hematuria
- Incontinence
- Priapism
- Peyronie’s disease
- Pelvic pain syndromes
- Obstructive voiding symptoms
- Elevated PSA
- Prostatitis syndromes
- BPH
- Uncomplicated nephrolithiasis
- Impotence & ejaculatory disorders
- Adult and pediatric complicated and uncomplicated urinary tract infections
- Undescended testes
- Hypospadias
- Vesicoureteral reflux
- Pediatric urinary obstruction
- Phimosis
- Chordee

Provide appropriate metabolic evaluation of stones, hypogonadism, adrenal masses
Provide appropriate staging evaluation of newly-diagnosed neoplasms.
Be able to discuss findings, diagnoses and treatment plans in lay terms.
Be able to discuss the same with 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:**
Further develop confidence and leadership skills with the hospital team.
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
 - AUS & penile prosthesis placement.

**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 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, Gibson, lumbotomy and flank incisions.
- Correction of Peyronie’s
- Placement of initial penile prosthesis or AUS
- Pelvic lymph node dissection
- Urostomy revision
- CO2 laser use
- Bladder repair (trauma)
- Hypospadias repair (pediatric)
Circumcision (adult and pediatric)
Orchiopexy (pediatric)
UPJ repair (Pyeloplasty)
Ureteral reimplant (adult & pediatric)
ESWL
Assist on urologic procedures on high risk patients

*Endoscopic Surgery:*
Cystoscopy (pediatric)
Resection of valves (pediatric)
Transurethral resection of papillary bladder tumor
Incision of urethral stricture
PCNL
Ureteroscopy (diagnostic and therapeutic)
Transurethral incision of the prostate
Cystolithalopaxy
Holmium and KTP laser use

**Mechanism of learning:** Reading, mentoring by upper level residents/faculty, conferences, clinical experience. 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
U-2 (PGY-4) Resident Responsibilities, Goals and Objectives

In addition to the goals listed for PGY-1, PGY-2 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 2008-2009 include Methodist (including cases at Methodist Specialty & Transplant), VA and Research/Elective. The U-2 year includes a major exposure to laparoscopic procedures and increasing exposure to more complex open procedures including transplantation. Some more advanced cases including robotic experience may be available as well. The research rotation (4 months) allows time to develop clinic or basic science projects. The rotation at the VA involves a substantial endoscopic surgery exposure.

**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.

**Objectives:**

Prepare 2 Urology grand rounds lectures on topics related to the individualized learning plan.

Prepare a clinical or basic science research project for presentation at the end of the academic year.

Present at the Pyelogram conference.

Actively participate in Journal club, M&M conference 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 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, Videourodynamics
- 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 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, In-service examination scores, performance at 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 – PGY3):

- 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
Assist with transplant nephrectomy
Assist with renal transplantation

**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:**
Design and carry out 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.
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
U-3 (PGY-5) Resident Responsibilities and Objectives
The U-3 resident serves as the senior resident (functional chief) while on the Methodist, Santa Rosa adult and Santa Rosa pediatric services. Each has a two resident team with responsibilities for the ER, outpatient clinic, inpatient ward and inpatient consult service. During this year, the resident will be introduced to nearly all of the more complex surgical cases and will work on improving on operative skills. The resident is also now called upon to develop administrative skills that will serve as the basis for moving to the U-4 year.

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

Objectives:
Prepare 2 Urology grand rounds lectures on topics related to the individualized learning plan.
Prepare a clinical or basic science research project for presentation at the end of the academic year.
Present at the Pyelogram, Tumor Board and preoperative conferences.
Actively participate in Journal club, M&M conference 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 faculty/fellows, conferences.

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

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

Urologic Education Specific Goals
Further develop mastery level understanding of the physiology and pathophysiology of the major urogenital systems (See U-2).
Further develop fluency in the concepts of medical coding.

Objectives:
Demonstrate clear understanding of anatomy, physiology and pathophysiology through improvement in in-service exam scores
Demonstrate teaching capabilities through presentations at grand rounds and other conferences
Be able to teach the physiologic basis underlying the evaluation of these systems including:
- Urodynamics, Videourodynamicstests 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 accurately use the current coding of diagnoses (ICD-9) and procedures (CPT) in urology.
Keep up to date on 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.

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**Urology Clinical Competency Specific goals:**
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 independent administrative skills including management of all aspects of the resident team for the assigned hospital
Develop an appreciation of the complexity of the specific health care system for the rotation
Develop a conceptualization of how the urologic care fits into the overall context of the patient’s health
Develop an attitude of patient advocacy
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.
Supervise (with faculty input) the junior residents in minor procedures

**Objectives:**
Demonstrate functionality in the specifics of scheduling cases, presenting at preoperative conferences, and presentations at M&M conferences
Create compliant call and coverage schedules for the service
Demonstrate professionalism through team management to assure timely attendance at conferences, clinics and OR assignments
Demonstrate leadership by monitoring the junior residents with respect to their educational, clinical and personal development
Demonstrate leadership by monitoring the team for signs of fatigue
Demonstrate understanding of systems-based practice by adjusting team activities to conform to healthcare system policies
Demonstrate an ability to use the health care system in creative ways in order to expedite patient diagnostics and care as indicated by their clinical needs
Demonstrate understanding of the bigger clinical picture for each patient through judicious use of consultants and open dialog with the patient’s primary care team

**Mechanism of learning:** Reading, mentoring by fellows/faculty, conferences, on rotation experience, rounds with attendings

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

**Documentation:** Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, Peer & staff 360 Degree Rating Form, Patient Evaluations, spot review of clinic notes,
Emerged, Consultation & Inpatient Care Goals:
Build on the knowledge base from the U-2 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 confidence and successful administration of the hospital team.
Demonstrate leadership by helping the more junior residents develop efficient, accurate and timely evaluation and management plans for patients in the urgent, consultative and inpatient settings
Demonstrate leadership and teaching skills by allowing the more junior residents to begin to function independently while carefully guiding them to ensure patient safety
Demonstrate clinical thoroughness that maximizes preoperative planning and minimizes post-operative complications and less than optimal outcomes

Mechanism of learning: Reading, mentoring by fellows/faculty, conferences, clinical experience, faculty teaching rounds

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, M&M reports

Urology Specific Surgical Skills Goals:
Improve skill level to allow completion of more complex cases in open, laparoscopic and endoscopic surgery.
Develop a further understanding of the safe use of all instrumentation in laparoscopic surgery
Develop skills to handle more complex pediatric surgical cases.

Objectives
Demonstrate Surgical Skills including:
- understanding of anatomy
- knowledge of indications for surgical intervention
- benefits and risks of procedures
- alternative treatments available including non-surgical alternatives
- facile use of laparoscopic, open and endoscopic instrumentation
- accuracy, safety and efficiency in operative performance
- preparation, patience and technique to minimize complications for the following (in addition to skills listed under PGY1 – U-2):
  - Adrenalectomy (open/laparoscopic)
  - Radical nephrectomy (complicated)
  - Radical nephrectomy with tumor thrombus
  - Laparoscopy/hand-assisted nephrectomy
  - Partial nephrectomy
  - Pediatric partial nephrectomy
  - Revision pyeloplasty
  - PCNL with multiple access/concomitant ureteroscopy
  - Segmental ureterectomy
  - Ureteral reimplantation for reimplant failures, ureteral disruption, Distal
ureterectomy
Bladder augmentation, Mitrofanoff, MACE
Repair of vesico-enteric fistula
Cystoprostatectomy and conduit/continent diversion
Female cystectomy/anterior exenteration with conduit
Cystectomy and continent diversion/bladder substitution
Radical prostatectomy
Salvage prostatectomy
Urethrolysis/revision female pelvic reconstruction
Replace/revise artificial urinary sphincter
Graft urethroplasty
Inguinal/pelvic/retroperitoneal lymph node dissection
Correction of Peyronies with plaque excision and grafting
Total penectomy with urethrostomy

**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:** Global Resident Competency Rating Form, Operative evaluation forms, peer and staff 360 rating forms
U-4 (PGY-6) Resident Responsibilities and Objectives

The U-4 residents are Chief Residents on the two most complex services in the UTHSCSA system – University Hospital and VAHCS. The UH has a four resident team with responsibilities for the level 1 trauma center, general ER, outpatient clinics, inpatient ward and inpatient consult service. The VA has a general ER, multiple outpatient clinics, an inpatient ward, spinal cord service, and an inpatient consult service. During this year, the chief resident is called upon to hone administrative skills that will serve as criteria for graduation and the basis for running a practice later. The resident will also participate in the more complex open, laparoscopic and endoscopic cases while guiding the surgical development of the more junior residents.

General Goals:
Build upon the knowledge base from the previous surgery experience.
Refine communication skills related to providing supervision of consultative services in the hospital and outpatient services.
Nurture and continue to build upon the liaison with other members of the Urologic community and establish a reputation as a professional.
Prepare for part 1 of the Urology Board Certification examination
Begin the process of obtaining a permanent license if not already completed

Objectives:
Prepare 2 Urology grand rounds lectures on topics related to the individualized learning plan.
Prepare a clinical or basic science research project for presentation at the end of the academic year.
Present at the Pyelogram, Tumor Board and preoperative conferences.
Actively participate in Journal club and M&M conference.
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 faculty/fellows, conferences.
Competency: Medical Knowledge, Practice-based learning & Improvement, Professionalism, Interpersonal & Communication skills
Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, Peer & staff 360 Degree Rating Form, Conference rating forms, Conference attendance forms

Urologic Education Specific Goals
Further develop mastery level understanding of the physiology and pathophysiology of the major urogenital systems (See U-2).
Further develop fluency in the concepts of medical coding.

Objectives:
Demonstrate clear understanding of anatomy, physiology and pathophysiology through improvement in in-service exam scores
Demonstrate teaching capabilities through presentations at grand rounds and other conferences
Be able to accurately use the current coding of diagnoses (ICD-9) and procedures (CPT) in urology.
Keep up to date on 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:**
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 higher level independent administrative skills including management of all aspects of the resident team and support personnel for the assigned hospital
Develop an appreciation of the complexity of the specific health care system for the rotation
Develop a thorough understanding of how the urologic care fits into the overall context of the patient’s health
Further nurture an attitude of patient advocacy
Further build on skills that prevent and manage post-operative complications
Further build on teaching skills to assist the more junior residents, students and support personnel on the service.
Supervise (with faculty input) the junior residents in minor procedures

**Objectives:**
Demonstrate functionality in the specifics of scheduling cases, presenting at preoperative conferences, and presentations at M&M conferences
Create ACGME compliant call and coverage schedules for the service
Demonstrate *professionalsm* through team management to assure timely attendance at conferences, clinics and OR assignments
Demonstrate *leadership* by monitoring the junior residents, students and support personnel with respect to their educational, clinical and personal development
Demonstrate *leadership* by monitoring the team for signs of fatigue
Demonstrate understanding of *systems-based practice* by adjusting team activities to conform to healthcare system policies
Demonstrate an ability to use the health care system in creative ways in order to expedite patient diagnostics and care as indicated by their clinical needs
Demonstrate understanding of the bigger clinical picture for each patient through judicious use of consultants and open dialog with the patient’s primary care team

**Mechanism of learning:** Reading, mentoring by fellows/faculty, conferences, on rotation experience, rounds with attendings

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

**Documentation:** Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, Peer & staff 360 Degree Rating Form, Patient Evaluations, spot review of clinic notes

**Emergent, Consultation & Inpatient Care Goals:**
Build on the knowledge base from the U-3 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, students and support
personnel 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 confidence and successful administration of the hospital team.
Demonstrate leadership by helping the more junior residents develop efficient, accurate and timely evaluation and management plans for patients in the urgent, consultative and inpatient settings.
Demonstrate leadership and teaching skills by allowing the more junior residents to begin to function independently while carefully guiding them to ensure patient safety.
Demonstrate clinical thoroughness that maximizes preoperative planning and minimizes post-operative complications and less than optimal outcomes.
Demonstrate a thorough knowledge of the healthcare system in discharge planning.

**Mechanism of learning:** Reading, mentoring by fellows/faculty, conferences, clinical experience, faculty teaching rounds.

**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, M&M reports.

**Urology Specific Surgical Skills Goals:**
Develop the atmosphere around the ‘operation’ that promotes communication among providers with emphasis on patient and staff safety.
Improve skill level to allow independent completion of more complex cases in open, laparoscopic and endoscopic surgery.
Develop more efficiency in all types of cases through careful planning, knowledge of operative steps and efficient use of assistants.
Use past experience to develop new surgical approaches to urologic problems.

**Objectives**
Demonstrate mastery of surgical skills including:
- understanding of anatomy
- knowledge of indications for surgical intervention
- benefits and risks of procedures
- alternative treatments available including non-surgical alternatives
- facile use of laparoscopic, open and endoscopic instrumentation
- accuracy, safety and efficiency in operative performance
- preparation, patience and attention to detail to minimize complications
- dealing with unexpected events during surgery

Demonstrate the ability to communicate well with the operative team (anesthesia, nursing, technicians, etc) to maintain an environment conducive to patient safety.
Demonstrate the ability to utilize equipment in a safe manner.
Demonstrate clear understanding of the operative steps in all previously learned operations and procedures including alternate positioning, incisions, dissection and closures.
Demonstrate the ability to handle unexpected problems during surgery including methods of:
- bleeding control
- repair of consequential injuries to organs,
- safely aborting a procedure with appropriate steps taken to allow later completion
- judicious use of intraoperative consultations.
other steps as needed

**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:** Global Resident Competency Rating Form, Operative evaluation forms, peer and staff 360 rating forms
**Medical Student Clerkships:**
Medical students rotate on Urology service on a periodic basis. Generally, they include those MS3’s who are on a component of their surgical rotation as well as medical students from other institutions who have an interest in the Urology program at UTHSCSA. There are generally 2-6 senior medical students (MS-4) who will rotate either on clinical or research rotations at UTHSCSA due to an interest in Urology. These rotations are generally during the months of July through October due to the early Urology match. The students are assigned equally to the VA, Pediatric & University Hospital and switch services weekly. **Residents have a primary teaching responsibility for these students during their rotations.** To help in the resident’s development as a teacher, medical student goals & objectives are outlined below and should form the basis for instruction. The students should present their own patients during rounds and one short didactic presentation on a topic of relevance at pre-op conference during the rotation.

**MS 3 and 4 Clerkship Goals & Objectives:**
**Goals:**
Develop an understanding of the field and science of Urology.
Develop the skills necessary to conduct the Urologic history and physical examination.
Develop an understanding of common Urologic problems in the adult and children.
Develop skills for simple Urologic procedures.

**Objectives:**
At the conclusion of their rotations on Urology, the medical students should have accomplished the following:

1. **GU Imaging**
   - Understand what an IVP demonstrates and when it is indicated
   - Interpret an IVP and understand its limitations
   - Understand the indications and use of other urologic imaging (CT, US, MR)
   - Understand the safe use of intravenous contrast and imaging agents
2. **Urinalysis**
   - How to perform and interpret a urinalysis and urine microscopy
3. **Hematuria**
   - List common causes for hematuria
   - Know when it is appropriate to refer a patient for a hematuria evaluation
   - Be able to describe an adequate evaluation of hematuria
4. **Pediatric/Adolescent Urology**
   - Discuss the differential diagnosis, evaluation and treatment of a painful, swollen testicle
   - Be able to discuss the pros and cons of circumcision and when it is contraindicated
5. **Oncology**
   - Understand the risk factors for renal, urothelial, penile, and testicular malignancies
   - Understand reasons for and evaluated PSA and in whom it is appropriately used for prostate cancer screening
   - Be able to detect a prostate that is suspicious for malignancy on rectal examination
   - Understand the typical management and follow-up of bladder tumors
   - Understand the 4 management options for prostate cancer
6. **Urinary Calculi**
   - Know the typical presentations of a kidney stone
• Understand the typical presentation of a uric acid stone
• Learn the 4 indication to admit patients with a renal stone
• Understand the physics of ESWL and follow a patient through this procedure

7. Impotence
• Demonstrate the ability to take a good sexual history
• Be able to discuss the options available to these patients and their partners
• Understand the indications and contraindication of Viagra®

8. Benign Prostate Enlargement
• Learn the irritative and obstructive voiding complaints
• Learn the medical and anatomic causes of urinary obstruction
• Learn the appropriate management of post-obstructive diuresis and when to suspect it
• List 3 medical and 3 surgical therapies for BPH
• Understand how to safely prescribe and the side effects of alpha-antagonists

9. Incontinence
• List 2 bladder specific and 2 urethral/sphincteric specific causes for incontinence
• Understand the following three mechanisms of incontinence (stress, urge, and overflow)
• Learn the medicines which may result in a neuropathic bladder
• List the 4 risk factors of stress urinary incontinence

10. Foley Catheter Placement
• Learn and demonstrate the proper technique of foley catheter placement
• Describe what a coude catheter is and how it works
• Describe how to determine proper placement and when to suspect faulty placement of the catheter
• Learn to request to consultation of a Urologist

11. GU Trauma
• Learn when it is appropriate to consult a Urologist
• Learn the 3 basic signs of urethral trauma and when a urethrogram is required
• Learn the two basic types of bladder injuries and how they are typically managed

12. Urinary Tract Infections
• Describe the typical presentations of acute and chronic bacterial prostatitis, pyelonephritis, and urethritis
• Describe the minimal evaluation for a UTI in a child and a man

RECOMMENDED RESOURCES:
• Urology, Michael T. McFarlane: House Officer Series, 2nd edition.

Medical Student inpatient care responsibilities:
As an active participant of the team, students have several important responsibilities. The efficient running of the service and students development as a professional depend on acceptance of these responsibilities. Evaluations should be based upon punctuality, industriousness, compassion, dependability, and honesty. This is the time in their career to develop good work habits which will determine the quality of care that their patients receive and their reputation as a physician.
Irrespective of interest in Urology, students should be taught the basics of urology to allow them to function in a primary care environment. The demonstration of good personal qualities is actually more important than the demonstration of facts and specific skills in Urology. A knowledgeable doctor that is unreliable, lazy or insensitive is rarely valued.

Hospital ward:
- Every patient admitted to the hospital is followed by a medical student. In general, students follow the patients in which they assist in admitting or surgery.
- Students are expected to round on their patients before morning rounds to collect the patient’s vital signs, record input and output, overnight events. The patient’s chart, data entered on the computer, and patients’ nurse are excellent resources.
- Students should present a concise summary of their patient and this data to the Chief Resident on morning rounds and the Attending on evening rounds.
- Students are expected to be knowledgeable of diagnostic information gathered on patients through their course and report this information on rounds.
- Students should have the first opportunity to place catheters and intravenous access for patients.

Operating room:
- A medical student is requested to be scrubbed for most operative cases.
- Students should meet patients prior to surgery in the holding area and review their history.
- Students help the anesthesiologist transport the patient to the operating room.
- Students learn how to write post-operative orders for common procedures.
- Students help the anesthesiologist transport the patient to the recovery room.
- Students check on patients post-operatively and write a post-operative note in their chart.

Outpatient Clinics:
Here, students should be given the opportunity to learn how to evaluate the typical conditions seen in a urology office. When examining female patients, male students must have a chaperone. Female students are encouraged to request a chaperone when they feel the need. A rectal exam is usually required in every male patient. In order to properly screen patients for prostate cancer and BPH in the future, students must perfect skill in this simple but subtle examination.
Policies and Procedures

For a complete list of UTHSCA – Graduate Medical Education Policies please visit: http://www.uthscsa.edu/gme/gmepolicies.asp

POLICY – CRITERIA AND PROCESSES FOR SELECTION OF RESIDENTS

Resident Eligibility
As per ACGME Institutional Requirements, applicants for residency training at UTHSCSA must meet one of the following qualifications:

1. Graduate of medical school in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA).

2. Graduate of an international medical school, meeting one of the following qualifications:
   a. Have a currently valid ECFMG certificate or
   b. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.

3. Graduate of international medical school who has completed a Fifth Pathway program provided by an LCME-accredited medical school.

The Department of Urology participates in the Matching Program of the American Urological Association. Details with regards to the Matching Program can be found at the AUA Web Site at www.auanet.org.

Residency programs' resident selection committees rank candidates on the basis of the group's assessment of the individual's potential contributions in that particular specialty of medicine. These judgments are based on the applicant's academic performance, the assessment of their faculty as reflected in letters of recommendation, and personal qualities evaluated during the interview process conducted by faculty and resident representatives, including motivation, integrity, and communication skills.

Initial inquiries for residency applications materials are forwarded from the Department office in the summer before entry into the program. An example of the packet of materials sent to applicants is attached below. Upon receipt of completed packets including cover sheet, curriculum vitae, transcripts, and letters of recommendation, an initial screening of applicants is accomplished. The application packet is broken down into several sections, each of which are evaluated by a separate faculty committee. The first committee looks at board scores and transcripts. The second committee reviews personal statements and community service activities. The third committee reviews the applicants research activities and publications. The final committee reviews letters of recommendation. Each committee score is weighted and a final tally of the individual scores is obtained. The top 30-40 individuals are selected for interview. (Rating Form attached)

Interviews are conducted by a peer selected four member faculty committee including the chairman and program director. The 20 minute interviews are scheduled over a two-day period in November of each year. At this time the applicants are encouraged to meet with the current resident staff in an informal setting, including dinner the night prior to the interview day and during tours of the hospital facilities. Residents are encouraged to fill out evaluations of the candidates based on their
interactions. These evaluations are considered at the time of the final rank meeting before submitting the final rank list to the match. Following the interviews, an evaluation including a numerical ranking for the entire group is completed by each interviewer. A data matrix is developed which includes the rankings from each of the previous committees and the interview scores. A final rank order is obtained from the matrix and presented to the faculty for comments and adjustments. The completed rank list is then submitted to the residency match program.

As Urology is a challenging specialty with many areas of subspecialty coverage (infertility, impotence, oncology, endourology, calculus disease, minimally invasive surgery, neurourology – to name just a few), the Residency Program in Urology seeks only the most highly-qualified applicants for a position. While it is not possible to definitely characterize the ideal candidate, qualities that are sought include – collegial personality, a history of initiative (doing more than is expected), an interest in academics, and an ability to assimilate and process information.

If all positions do not fill through the match, residents may subsequently be appointed to unfilled positions from the pool of unmatched students, or other sources, as long as they meet institutional standards.

All resident applicants must be screened against Office of the Inspector General (OIG) and General Services Administration (GSA) lists; individuals listed by a federal agency as excluded, suspended, or otherwise ineligible for participation in federal programs (Institutional Compliance Agreement p.6 of 18) are ineligible for residency or fellowship at UTSCSA.

Non-citizens must have permanent resident status or a J-1 visas for medical residency positions at the UTHSCSA.

Resident Selection and Appointment
It is the policy of the UTHSCSA and its affiliated hospitals to sustain resident selection processes that are free from impermissible discrimination. In compliance with all federal and state laws and regulations, the University of Texas System Policy, and Institutional Policy, no person shall be subject to discrimination in the process of resident selection on the basis of gender, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.

In addition to the guidelines above, the TSBME mandates a postgraduate resident permit for all residents entering Texas programs. These rules essentially make it necessary for the resident to demonstrate that he/she will be eligible for permanent licensure in Texas. Residents are expected to be familiar with the regulations at http://www.tsbme.state.tx.us/rules/171.htm.
The UTHSCSA urology residency program participates in the program administered through the American Association of Medical College's centralized Electronic Residency Application Service (ERAS) matching system. Access to the ERAS system is available at http://www.aamc.org/students/eras/.

RESIDENT CONTRACT
A copy of the resident contract can be found at: http://www.uthscsa.edu/gme/residentsfellows.asp
Welcome to San Antonio! We hope that your visit here at the University of Texas Health Science Center at San Antonio is enjoyable and informative.

During your visit, your principal contact will be Ms. Beth Payne. She can be reached at 210-567-5644 or via email at Paynee@uthscsa.edu.

Our interview process takes place over a 2 day period. We typically try to interview up to 35 applicants during the month of November. Each of the interviews with each faculty member will be for a period of 20 minutes. During these interviews, faculty will ask you to describe yourself and your goals. Please also feel free to ask questions of faculty as well. We want you to understand as much about our program as possible.

During your visit, we like to have you spend time with our residents to ‘get a feel’ for what the program is like. You will be taken to dinner the night prior to the day of your interview. At this time, we encourage you to ask as many questions as you can about the experience here. We’ve found from our research into resident education and into the match process that most interviewees have found the information obtained from residents to be the most helpful in their decision-making. After dinner, you should feel free to spend a few hours of additional time with the residents as well during lunch the next day.

As a part of the full disclosure of your visit, attached please find a copy of both the resident contract as well as the institutional GME policies. You can find updates of the institutional GME policies at the UTHSCSA website: www.uthscsa.edu/gme.

Enjoy your visit!
POLICY - RESIDENT PROMOTION

By the end of each academic year (June 30th of each year), an exhaustive self-evaluation is conducted by each resident and provided to the Program Director. The input from residents (self reflection documents, self evaluation, Individual Learning Plan goals) is reconciled by the program director with their other evaluations (bi-annual faculty, 360 degree, patient, peer, operative skills, patient encounter, and global competency evaluations) and in-service scores. This is condensed into a master document that is provided to the resident and recommendations are provided for improvement. After this review of performance a letter of promotion is provided to each resident. If the resident is graduating, a letter of completion of program requirements is provided to the resident and maintained in his GME file.

An example of the letter provided to each resident is attached.

Should a resident not meet the criteria for advancement or graduation, steps will be taken to remediate issues or deficiencies that have led to this action. As necessary, training years or the training program may be extended. Such extensions will be coordinated with both the GME office at UTHSCSA as well as the Urology Residency Coordinator for the Residency Review Committee of the ACGME.
Memorandum for: Resident name

From: Joseph Basler, PhD, M.D., Program Director in Urology

Subject: Promotion in residency

Date:

It gives me great pleasure to inform you that, on the basis of our comprehensive review of your submitted documents as well as faculty performance evaluations, you are formally promoted to your postgraduate year ____ in the Residency Program in Urology.

In addition to my congratulations, let me offer several challenges:

- Keep up your reading. Read every day.
- When you see a patient with a condition that you don’t understand, read about it that day.
- Continually work on reaching the goals of your Individual Learning Plan and expanding your Educational Portfolio.
- You should be working on a research project now. If you don’t have a project, see me. The resident research conference will be next Spring. Spring will come very quickly.
- Take every advantage to scrub in the OR. Take every chance you can to practice in the Johnson Center simulation and laparoscopy skills lab.
- Finally, spend time with family and friends. Eat a good diet. Take time to exercise.

Again, congratulations!
Memorandum for:  Resident name  
From: Joseph Basler, PhD, M.D., Program Director in Urology  
Subject: Completion of Residency Requirements  
Date: 

It is with great pleasure that I write this memorandum to inform you that, after a final review of your performance during the Residency Program in Urology at the University of Texas Health Science Center at San Antonio, you have met all requirements for program completion.

The Residency Program in Urology at UTHSCSA is a rigorous academic and clinical training program that tests the intellectual and technical skills of all residents. It has a track record of training some of the finest academicians and surgeons around the U.S.

In accordance with the policies of the ACGME, the Department of Urology will maintain a copy of this letter in your files.

Please accept the congratulations of all members of the Department. We wish you all the best in your career in Urology.
POLICY – CRITERIA AND PROCESSES FOR DISCIPLINE, REMEDIATION, AND DISMISSAL OF RESIDENTS

It is the policy of the Department of Urology that due process be afforded to all residents in manners of performance of their duties and in the residency training program. As such, as noted above, the evaluation of residents is a day-to-day ongoing effort. It is anticipated that improvements in technical skills, cognitive, and interpersonal skills will continue to improve through the training program and that faculty are integral factors in that improvement process.

However, should issues arise regarding resident performance, a stepwise process begins with the goal of creating a remedy for the problem. Should steps be undertaken to remedy problems that are identified for an individual resident, at each step, extensive documentation is prepared. At each step, the resident shall be provided a copy of this documentation and shall sign a copy for his or her files. The first step, upon recognition of failures of a resident to meet the training or performance standards of the program, is for immediate faculty feedback. This may take the form of an on-the-spot correction or a private conference. Should problems persist, the faculty member may repeat counseling and report the deficiency to the Site Supervisor, who may further counsel the resident. Should it be determined that the informal counseling is ineffective, the following step is a formal meeting with the Program Director who will determine the need for any further action or remediation. If necessary a formal plan of action or remediation will be developed and presented to the resident. This will include a time frame for completion of the required elements. During this time the resident will be considered on Administrative Status. If after the administrative status period expires, the resident has not completed the requirements a formal request for Probation will be sent to the GMEC. This request is submitted to the GME Committee of UTHSCSA and includes: a detailed summary of the problems with the resident that led to the request; the recommended remedy; a period of time for probation (generally not to exceed 90 days); and a metric to be used to determine if the resident has achieved an adequate improvement in performance. Generally, at the time of a request for probation, the resident will be assigned a faculty mentor to assist him or her in the efforts to achieve a satisfactory performance. The faculty mentor cannot be the Residency Program Director. It should be extremely rare that a second period of probation is requested after a first period but a request for extension can be made under extenuating circumstances and only upon approval of the UTHSCSA GME Committee. Should a resident be found to have not progressed sufficiently during the probationary period, a request for dismissal may be referred to the GME Committee. All teaching faculty members of the Department of Urology will participate in each step of this process.
POLICY - RESIDENT TRANSFER
Residents who apply for transfer from another GME program are subject to all elements of the Department of Urology Resident Selection and Appointment Policy, as well as additional requirements.

Per ACGME requirements, 1. Before accepting a resident who is transferring from another program, the UTHSCSA Urology program director must obtain written or electronic verification of previous educational experiences and a summative competency based performance evaluation of the transferring resident. 2. A UTHSCSA program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.

In addition to the guidelines above, the TMB mandates a postgraduate resident permit for all residents entering Texas programs. Residents will not be allowed to enroll in programs until they have been issued a permit or a Texas medical license.
POLICY - PROCESSES FOR EVALUATION OF RESIDENTS
Residents in the Urology program are evaluated in a 360 degree method. Meaning they are not only evaluated by the program but also by the staff with whom they work, their peers and their patients.

360 Degree Evaluations:
This is perhaps the longest of the four evaluations and are CONFIDENTIAL. The anonymous 360 degree team includes nurses, administrative staff and other specialty faculty who interact with the resident at each training site. They are selected each year by the Program Coordinator and asked to complete an overall evaluation of each resident bi-annually. This form is completed by any person in the resident’s sphere of influence and usually includes other physicians, nurses, clerical and ancillary staff. This tool assesses two competencies, Professionalism and Interpersonal and Communication Skills.

Observed Patient Encounter Evaluations:
Observed Patient Encounter forms are completed on each resident by their respective attending staff in clinic up to twice per week on each rotation. This tool is used to assess an encounter between a resident and patient in the outpatient clinic setting.

Operative Performance Evaluations
Operative Performance Evaluation forms are completed on each resident by their attending OR staff weekly during the rotations. Residents and staff are provided with copies of the form and encouraged to complete them after as many cases as possible. The post-operative debriefing allows immediate constructive feedback and earlier improvement of skills. This tool is used to assess resident performance in specific urologic surgical cases. It is completed by faculty at the completion of Urology “index” cases and is a measure of surgical proficiency.

Global Competency Evaluation
This evaluation form is completed at the end of every rotation by the site supervisor or the faculty member with the most interaction with the resident while on service. This tool is used to assess resident performance in all six competencies will be completed by clinical faculty. In response to specific questions, residents are rated on a nine-point scale for each.

End of Year Evaluations
At the end of the academic year the residents are asked to complete a final self evaluation to be compared to the previous year’s. This evaluation allows the residents and Program Director to know if the residents are progressing at an appropriate rate.

All evaluations are retained in the residency office for the resident to review at their leisure. The confidential evaluations are kept in a secure location at all times and are put into summative format for their review at the bi-annual program evaluation meetings with the program director. The compilation of confidential evaluations is then kept in the resident portfolio.
# Global Resident Competency Rating Form

**Resident:** ___________________________  **PGY Level:** ______  **Rotation:** ______________

**Faculty:** ___________________________  **Date:** ______________

Please circle the number corresponding to the resident’s performance in each area, irrespective of training level

**Unsatisfactory** = Several behaviors performed poorly or missed (ratings 1, 2, or 3)

**Satisfactory** = Most behaviors performed acceptably (ratings 4, 5, or 6); satisfactory performance is described below

**Superior** = All behaviors performed very well (ratings 7, 8, or 9)

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accepts responsibility and follows through on tasks</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>2. Practices within the scope of his/her abilities</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>3. Responds to each patient’s unique characteristics and needs</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>4. Demonstrates integrity and ethical behavior</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal &amp; Communication Skills</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Demonstrates care and concern for patients and their families</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>6. Communicates effectively with patients and their families</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>7. Communicates effectively with other healthcare professionals</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>8. Works effectively with other members of the healthcare team</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Demonstrates basic science and clinical knowledge</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>10. Demonstrates up-to-date knowledge</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>11. Uses knowledge &amp; analytical thinking to address clinical questions</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>
### 360° Rating Form

**Resident:** __________________________  
**Rotation:** ________________

**Staff:** __________________________  
**Date:** ________________

*For each item, circle the number that corresponds with how characteristic the behavior is of the resident you are evaluating.*

<table>
<thead>
<tr>
<th>PROFESSIONALISM (1-10), INTERPERSONAL &amp; COMMUNICATION SKILLS (11-20)</th>
<th>Not at all Characteristic</th>
<th>Highly Characteristic</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Follows through on tasks he/she agreed to perform</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Responds to requests, including pages, in a helpful and prompt manner</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Knows the limits of his/her abilities and asks for help when needed</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Takes responsibility for actions, admits mistakes and does not blame others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Makes patient care and well-being a priority</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Provides equitable care regardless of patient culture and socioeconomic status</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Is willing to act on feedback or other information to improve patient care</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Maintains respectful demeanor in demanding and stressful situations</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Is honest in interactions with others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Takes on extra responsibilities when the need arises</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Easily establishes rapport with patients and their families</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Is respectful and considerate in interactions with patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Responds to patients’ needs, feelings, or wishes</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. Uses non-technical language when explaining and counseling</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Spends adequate amount of time with patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. Is willing to answer questions and provide explanations</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Is courteous to and considerate of nurses and other staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Discusses patient issues clearly with staff and faculty</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Listens to and considers what others have to say about relevant issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. Maintains complete and legible medical records</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

SECURE Working Group, 2004
Operative Performance Rating Form

Resident: ____________________________  Staff: ____________________________

Date of Surgery: ___________  Procedure: _________________  CPT Code: __________

Please circle the number corresponding to the resident’s performance in each area, irrespective of training level.

Knowledge of Operative Steps

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unfamiliar with steps of the operation; Unable to recall or describe many operative steps</td>
</tr>
<tr>
<td>2</td>
<td>Knows and can explain most of the operative steps but unsure of some</td>
</tr>
<tr>
<td>3</td>
<td>Obvious knowledge of all operative steps; Able to give details of steps without hesitation</td>
</tr>
</tbody>
</table>

Instrument Handling

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Makes tentative or awkward moves by inappropriate use of instruments</td>
</tr>
<tr>
<td>2</td>
<td>Competent use of instruments but occasionally appears stiff or awkward</td>
</tr>
<tr>
<td>3</td>
<td>Fluid moves with instruments and no awkwardness</td>
</tr>
</tbody>
</table>

Knowledge of Instruments

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Frequently asks for wrong instrument or uses inappropriate instrument</td>
</tr>
<tr>
<td>2</td>
<td>Knows names of most instruments and uses appropriate instruments</td>
</tr>
<tr>
<td>3</td>
<td>Obviously familiar with the instruments and their names</td>
</tr>
</tbody>
</table>

Flow of the Operation

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Frequently stopped operating and seemed unsure of next move</td>
</tr>
<tr>
<td>2</td>
<td>Demonstrated some forward planning with reasonable progression of procedure</td>
</tr>
<tr>
<td>3</td>
<td>Obviously planned course of operation with effortless flow from one move to next</td>
</tr>
</tbody>
</table>

Comments:

Resident Signature: ____________________________  Date: _________________

Staff Signature: ____________________________
### Observed Patient Encounter Rating Form

**Resident:** ___________________________  **Rotation:** ___________________________

**Faculty:** ___________________________  **Date:** ___________________________

Please circle the number corresponding to the resident’s performance in each area, **Irrespective of training level**

**Unsatisfactory** = Several behaviors performed inadequately or missed (ratings 1, 2, or 3)

**Satisfactory** = Most behaviors performed acceptably (ratings 4, 5, or 6); satisfactory performance is described below

**Superior** = All behaviors performed very well (ratings 7, 6, or 9)

<table>
<thead>
<tr>
<th>Medical Interview</th>
<th>UNSATISFACTORY</th>
<th>SATISFACTORY</th>
<th>SUPERIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initiating interview</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>2. Taking history - content</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>3. Taking history - process</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

**Physical Examination**

<table>
<thead>
<tr>
<th>4. Preparing for exam</th>
<th>1 2 3</th>
<th>4 5 6</th>
<th>7 8 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Conducting exam - content</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>6. Conducting exam - process</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

**Clinical Judgment**

<table>
<thead>
<tr>
<th>7. Assessing the information</th>
<th>1 2 3</th>
<th>4 5 6</th>
<th>7 8 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Identifying the problem</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>9. Addressing the problem</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
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</table>

**Explanation & Planning**

<table>
<thead>
<tr>
<th>10. Explaining the problem</th>
<th>1 2 3</th>
<th>4 5 6</th>
<th>7 8 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Discussing the plan</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
<tr>
<td>12. Closing the session</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

SECURE Working Group, 2004
POLICY - CONFIDENTIAL EVALUATION OF FACULTY, EDUCATIONAL EXPERIENCES, AND OVERALL PROGRAM BY RESIDENTS

Evaluations are performed in order to provide the urology residents with meaningful feedback, and a framework upon which to evolve personally and professionally. An equally important part of the perpetual process of the residency program is evaluation of the faculty and the program as a whole by the residents.

Twice annually, residents are requested to complete a comprehensive evaluation of the faculty, educational experience, and overall program quality. In addition, residents are encouraged to give feedback to the local Site Supervisors during each rotation for program improvements.

These evaluations are collected centrally and amalgamated to create an overall sense from the residents of the quality of the program. Confidentiality is assured through collection by the Residency Coordinator.

Information obtained in this manner is shared with the Program Director and among all faculty. As appropriate, changes are made to the curriculum or other aspects of the program. As ‘teaching’ is an essential characteristic and requirement for the promotion of teaching faculty, this information is used in considerations by the Department Chair for any promotion or tenure actions.
System for Evaluation of Competencies in Residencies for Urology  
Program Evaluation Form

What is being evaluated? ______________________________________

Date: __________________ Evaluator: _________________________

Please rate a specific rotation or the residency program overall in the following areas.

**Unsatisfactory** = Several behaviors performed inadequately or missed (ratings 1, 2, or 3)  
**Satisfactory** = Most behaviors performed acceptably (ratings 4, 5, or 6)  
**Superior** = All behaviors performed very well (ratings 7, 8, or 9)

<table>
<thead>
<tr>
<th></th>
<th>UnSatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
<th>NA</th>
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<tr>
<td>Volume and variety of surgical cases</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
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<tr>
<td>Quality and quantity of academic conferences</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>NA</td>
</tr>
<tr>
<td>Exposure to research</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>NA</td>
</tr>
<tr>
<td>Urology subspecialty exposure</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>NA</td>
</tr>
<tr>
<td>Faculty supervision and teaching of residents</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
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<tr>
<td>Accessibility of the faculty for consultation and/or questions</td>
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<td>4 5 6</td>
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<tr>
<td>Financial and administrative resources and support</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
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<tr>
<td>Contribution of participating institutions and outside rotations</td>
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<tr>
<td>Overall impression of the urology training program</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Comments:**

SECURE Working Group, 2004
System for Evaluation of Competencies in Residencies for Urology
Faculty Evaluation Form

Faculty: ___________________________ Date: __________________
Evaluator: _______________________

Please rate the program faculty member in the following areas.

**Unsatisfactory** = Several behaviors performed inadequately or missed (ratings 1, 2, or 3)
**Satisfactory** = Most behaviors performed acceptably (ratings 4, 5, or 6)
**Superior** = All behaviors performed very well (ratings 7, 8, or 9)

<table>
<thead>
<tr>
<th></th>
<th>UNSATISFACTORY</th>
<th>SATISFACTORY</th>
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<tr>
<td>Ability to teach surgical</td>
<td>1   2   3</td>
<td>4   5   6</td>
<td>7   8   9</td>
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<tr>
<td>technique</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to teach research</td>
<td>1   2   3</td>
<td>4   5   6</td>
<td>7   8   9</td>
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</tr>
<tr>
<td>technique</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Commitment to the</td>
<td>1   2   3</td>
<td>4   5   6</td>
<td>7   8   9</td>
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<td>educational program</td>
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<td></td>
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<tr>
<td>Ability to motivate</td>
<td>1   2   3</td>
<td>4   5   6</td>
<td>7   8   9</td>
<td>NA</td>
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<tr>
<td>Approachability</td>
<td>1   2   3</td>
<td>4   5   6</td>
<td>7   8   9</td>
<td>NA</td>
</tr>
<tr>
<td>Receptiveness to questions</td>
<td>1   2   3</td>
<td>4   5   6</td>
<td>7   8   9</td>
<td>NA</td>
</tr>
<tr>
<td>Clinical knowledge</td>
<td>1   2   3</td>
<td>4   5   6</td>
<td>7   8   9</td>
<td>NA</td>
</tr>
<tr>
<td>Scholarly and research</td>
<td>1   2   3</td>
<td>4   5   6</td>
<td>7   8   9</td>
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<tr>
<td>activities</td>
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<tr>
<td>Overall value to the</td>
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<td>4   5   6</td>
<td>7   8   9</td>
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</tr>
<tr>
<td>residency program</td>
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</tbody>
</table>

**Comments:**

SECURE Working Group, 2004
POLICY - RESIDENT SUPERVISION

Section I. Introduction
The Urology Department has adopted the general supervision policy as provided by the UTHSCSA-GMEC. A link to the UTHSCSA GMEC site is provided:
http://www.uthscsa.edu/gme/Policies/2.1.5%20Resident%20Supervision%20wb.pdf

The purpose of GME is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident's ethical, professional and personal development while ensuring safe and appropriate care for patients.

Careful supervision and observation are required to determine the trainee’s abilities to perform technical and interpretive procedures and to manage patients. Although they are not licensed independent practitioners, trainees must be given graded levels of responsibility while assuring quality care for patients. Supervision of trainees should be graded to provide gradually increased responsibility and maturation into the role of a judgmentally sound, technically skilled, and independently functioning credentialed provider.

Section II. Definitions
The following definitions are used throughout the document:

Resident – a professional post-graduate trainee in a specific specialty or subspecialty
Licensed Independent Practitioner (LIP) – a licensed physician who is qualified usually by board certification or eligibility to practice his/her specialty or subspecialty independently
Medical Staff – an LIP who has been credentialed to provide care in his/her specialty or subspecialty by a hospital
Staff Attending – the immediate supervisor of a resident who is credentialed in his/her hospital for specific procedures in their specialty and subspecialty that he/she is supervising

Section III. General Guidelines
Written descriptions of this resident supervision policy are distributed annually and are made readily available in the residency handbook to all residents and faculty/attending physicians for the Urology residency program. At all times, patient care will be the responsibility of a licensed independent practitioner with appropriate clinical privileges.

JCAHO standards
• At all times, patient care will be the responsibility of a licensed independent practitioner with appropriate clinical privileges in that health care system.

• Written descriptions of the roles, responsibilities, and patient care activities of the residents, by level, are available to medical faculty and to health care staff.

• The descriptions identify mechanisms by which the faculty site supervisor and program director make decisions about an individual resident’s progressive involvement and independence.

• Delineation of order-writing privileges, including which orders if any must be countersigned.

On-call schedules and rotation schedules for Urology are developed to give residents an organized
experience which provides a variety of patient care educational experiences consistent with the
guidelines of the Urology RC. Backup is available at all times through more senior residents and
appropriately credentialed attending physicians.

**Graded Responsibility:** Careful supervision and observation are required to determine the trainee’s
abilities to perform technical and interpretive procedures and to manage patients. Although they are
not licensed independent practitioners, trainees are given graded levels of responsibility while
assuring quality care for patients. Supervision of trainees is graded to provide gradually increased
responsibility and maturation into the role of a judgmentally sound, technically skilled, and
independently functioning credentialed provider. At each Urology training site, the residents are
immediately supervised by the attending staff who are themselves responsible to the Site Supervisor
regarding their involvement with the resident training. These providers will determine the
competency of the residents’ procedural techniques and adequacy of their evaluation and
management of ambulatory and hospitalized patients.

**Section IV. Procedures**

A. Residents will be supervised by credentialed providers ("staff attendings") who are licensed
independent practitioners on the medical staff of the UTHSCSA teaching hospital in which they are
attending. The staff attendings must be credentialed in that hospital for the specialty care and
diagnostic and therapeutic procedures that they are supervising. In this setting, the supervising staff
attending is ultimately responsible for the care of the patient.

B. The UTHSCSA Urology Program Director defines policies in the discipline specifying how
trainees in that program progressively become independent in specific patient care activities in the
program while still being appropriately supervised by medical staff. **Because Urology residency is
an advanced surgical specialty with residents having had at least 1 year of prerequisite surgery
training, all residents are responsible for all aspects of daily patient care and may write orders
without co-signature from senior staff.** The Program Director maintains a listing of resident
clinical procedural activities that are expected to be learned by year of training, the required level of
supervision for each activity, and any requirements for performing an activity without direct
supervision. The Program Director of Urology will submit the listing of clinical activities by
postgraduate year to the Office of the Associate Dean for Graduate Medical Education (GME) and to
the Graduate Medical Education Committee (GMEC) for review.

C. Annually, the Urology Program Director will review the job descriptions and listing of resident
clinical activities and make changes as needed. The Program Director will submit any new job
descriptions and their updated listing of clinical activities by postgraduate year to the Office of the
Associate Dean for Graduate Medical Education (GME) and to the Graduate Medical Education
Committee (GMEC) for review.

D. The Program Director will ensure that all supervision policies are distributed to and followed by
trainees and the medical staff supervising the trainees. Compliance with the UTHSCSA resident
supervision policy will be monitored by the Program Director.

E. Annually, the Program Director will determine if residents can progress to the next higher level of
training. The requirements for progression to the next higher level of training will be determined by
standards set by each Program Director. These include documentation of sufficient numbers of
operative cases for the training level, adequate time on clinical services and acceptable evaluations
as described in the section on resident evaluations. This assessment will be documented in the
annual evaluation of the trainees.
Specific Details of Procedures by Training Year:
Each resident at these levels will become facile performing the following outpatient procedures. Initially, all procedures will be performed under direct supervision of an attending physician with or without the assistance of a more senior level resident scrubbed in for the case. As the senior staff becomes convinced that the resident is capable of performing the steps with appropriate pre-procedure planning, consent counseling, local anesthesia use, instrument handling, surgical technique, follow-up planning and documentation/coding, the resident will be given more independence. In determining the competence of a given resident to do these procedures, the complication rate, patient evaluations and 360 evaluations by ancillary staff may also be considered. No specific number of cases is required to prove proficiency since the learning environment will always be supervised. All procedure clinics will be supervised on site by at least one attending physician independent of the number of more senior residents available.

PGY-1, PGY-2 Non-Urology residents
Documentation of complete competence in General Surgical procedures is available from the general surgery service.

U-1 (PGY-2, PGY-3)
At this level, the resident will be introduced to the basics of GU minor procedures under direct supervision of the clinic attending staff and senior residents. The following list contains the types of procedures that will be learned at this level with further skills in these developed over the course of the rest of the residency.

Outpatient Clinical Procedures
Cystoscopy
Bladder biopsy
Endoscopic removal of foreign objects
Transrectal Ultrasonography
Prostate Biopsy
Penile and scrotal surgery
  Local excision of minor lesions
  Circumcision
  Vasectomy
  Meatotomy
  Other minor ablative/ biopsy procedures
Suprapubic cystostomy
Cystography, antegrade & retrograde pyelography, fluoroscopy
Ultrasonography
Complex urethral catheterization
Newborn circumcision
Lysis of penile skin bridges (pediatric)

U-2 (PGY-3, PGY-4) and above.
A few more complex procedures are added at this level in addition to those of the lower level. By the end of the U-2 year, nearly all outpatient procedures should be mastered with further honing of skills through graduation.

Additional Outpatient Clinical Procedures
Transurethral needle ablation of prostate
Dilation/ablation of urethral strictures
Placement of fiduciary seeds for RT planning
Section V. Supervision of Trainees in the Inpatient Setting

A. All lines of authority for inpatient care delivered by inpatient ward or ICU teams will be directed to a credentialed staff provider. The attending staff provider has the primary responsibility for the medical diagnosis and treatment of the patient. Trainees may write daily orders on inpatients for whom they are participating in the care. These orders will be implemented without the co-signature of a staff physician. It is the responsibility of the resident to discuss their orders with the attending staff physician. Attending staff may write orders on all patients under their care. Trainees will follow all local teaching hospital policies for how to write orders and notify nurses and will follow verbal orders policies of each patient care area.

B. General job descriptions of trainees by year of training:

The Urology program will have PGY-1 and PGY-2 rotators from other services assigned to various Urology services throughout the year. The descriptions below are adopted from the UTHSCSA-GMEC descriptions of work activity by these residents.

1. Postgraduate year 1 (PGY1) resident:

A PGY1 resident will take a complete history and physical examination (H&P) on all new admissions to the teaching service requiring an H&P and will document them on the approved hospital forms in the patient’s chart or in a computerized clinical record. After discussion with the attending physician and supervising resident, the PGY1 will write an assessment and initial management plan and institute a therapeutic intervention. The PGY1 resident, under the supervision of the senior resident and attending physician, will participate in daily rounds and write daily progress notes which include an interim history and physical exam, laboratory and radiographic data, and an assessment and plan. If a significant new clinical development arises, there will be timely communication by a member of the resident team with the attending. The house staff and attending must communicate with each other as often as is necessary to ensure the best possible patient care. The PGY1 resident may be responsible for completion of discharge summaries. Transfer notes and acceptance notes between critical care units and floor units, when required, can be written by the PGY1 resident. Such transfer notes shall summarize the hospital course and list current medication, pertinent laboratory data, active clinical problems, and physical examination findings. The supervising resident and the attending must be involved to ensure that such transfer is appropriate. All PGY1 residents, when leaving an inpatient team, must write an “off-service” note summarizing pertinent clinical data about the patient. The new resident team must notify the attending physician of the change in resident teams and review the management plan with him/her.

2. Postgraduate year 2 (PGY2) resident:

PGY2 residents, when assigned to the service, will take responsibility for organizing and supervising the teaching service in concurrence with the attending physician and will provide the PGY1 residents and medical students under his/her supervision with a productive educational experience. In this role, they work directly with the PGY1 residents in evaluating all new admissions and reviewing all H&Ps, progress notes, and orders written by the PGY1 resident daily. They will also supervise, in consultation with the attending physician, all procedures performed by the PGY1. PGY2 residents may perform any of the PGY1 tasks outlined above at the discretion of the attending or patient care area policies. PGY2 residents must maintain close contact with the attending physician for each patient and notify the attending as quickly as possible of any significant changes in the patient’s condition or therapy. All decisions related to invasive procedures, contrast radiology, imaging modalities, and significant therapies must be approved by the attending.

3. Postgraduate year 3 and above (PGY3) residents:
PGY3 residents will follow all responsibilities of the PGY2 outlined above when acting in a similar supervisory capacity. PGY3 residents may perform any of the PGY1 or PGY2 tasks outlined above at the discretion of the attending or patient care area policies. They will also be available to provide assistance with difficult cases and provide instruction in patient management problems when called upon to do so by other residents. They will assume direct patient care responsibilities when needed to assist more junior residents during times of significant patient volume or severity of illness.

C. Staff supervision of care for hospitalized patients must be documented in the inpatient record. Documentation requirements for inpatient care are outlined below. These are the minimal requirements and may be more stringent depending on the UTHSCSA teaching hospital.

D. Documentation that must be performed by staff and by trainees

Documentation, in writing, by staff must be made to show concurrence with the admission, history, physical examination, assessment, treatment plan, and orders. Concurrence with major therapeutic decisions, such as “Do Not Resuscitate” status, when any major change occurs in the patient’s status, such as transfer into or out of an intensive care unit must be in accordance with hospital policies. Documentation, in writing, by trainees must also be in accordance with hospital policies.

Section VI. Supervision of Trainees on Inpatient Consult Teams

All inpatient consultations performed by trainees will be documented in writing, with the name of the responsible staff consultant recorded. The responsible staff consultant must be notified verbally by the trainee doing the consult within an appropriate period of time as defined by the particular consulting service. The consulting staff is responsible for all the recommendations made by the consultant team.

Section VII. Supervision of Trainees in Outpatient Clinics

All outpatient visits provided by trainees will be conducted under the supervision of a staff provider. This staff provider will interview and examine the patient at the staff’s discretion, at the trainee’s request, or at the patient’s request. The staff doctor has full responsibility for care provided, whether or not he/she chooses to verify personally the interview or examination.

Section VIII. Supervision of Trainees in the Emergency Department

The responsibility for supervision of trainees providing care in the Emergency Department (ED) to patients who are not admitted to the hospital will be identical to that outlined in the schema for outpatient supervision above. The responsibility for supervision of trainees who are called in consultation on patients in the ED will be identical to that outlined in the schema for consultation supervision above. Consulting staff should be notified appropriately of ED consultations.

Section IX. Supervision of Trainees Performing Procedures

A trainee will be considered qualified to perform a procedure if, in the judgment of the supervising staff and his/her specific training program guidelines, the trainee is competent to perform the procedure safely and effectively. Residents (U-1 through U-4) in the Urology training program are deemed competent to perform certain procedures without direct supervision (Listed below). In these instances, trainees may perform routine procedures that they are deemed competent to perform for standard indications without prior approval or direct supervision of staff. However, the resident’s staff of record will be ultimately responsible for all procedures on inpatients. In addition, residents may perform emergency procedures without prior staff approval or direct supervision when life or limb would be threatened by delay. All outpatient procedures will have the staff of record documented in the procedure note, and that staff will be ultimately responsible for the outpatient
Routine procedures for which no direct supervision is required for Urology residents:
Line placement (arterial, venous)
Urinary catheterization including complex with fluoroscopy or cystoscopy
Incision & drainage of abscesses and fluid collections
Irrigation and treatment of priapism
Detorsion maneuvers
Catheter irrigations
Retrograde urethrography, cystography with fluoroscopy

Section X. Specialty-Specific Additions or Exceptions to This Policy
None

POLICY - WORK ENVIRONMENT
The UTHSCSA Department of Urology strives to ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education have priority in the allotment of residents’ time and energies. Providing residents with a sound academic and clinical education is also carefully balanced with concerns for patient safety.
POLICY - RESIDENT DUTY HOURS
The Urology Residency Training Program recognizes that a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations. All duty hour polices have been created in compliance with ACGME and Urology RRC requirements.

Intent:
It is the intent of this policy to adhere as closely as possible to the ACGME Duty Hours Policy without compromising patient care or the health and well being of the resident staff.

Definitions:
Teaching institution is the hospital, clinic or other work site to which a resident is assigned with clinical responsibilities.
Urology Patient Care standard Tour of Duty (TOD) begins at 06:00 and ends at 20:00.
Drive time to and from the teaching institution is not counted as TOD unless it is between two or more active TOD sites without stopping at home in between.
Extended Tour of Duty (eTOD) is defined as continuous on site time beyond 14 hrs in a given calendar day.
10 hour rule (10HR) defines the expected time per day outside of the teaching institution which may be free time or time spent on ‘home call’.
On call TOD (cTOD) is defined as time spent in the teaching institution for direct patient care activities requiring a return from home call.

Policy Statement:
If deemed necessary for patient care, an alternate tour of duty that follows the basic ACGME requirements may be developed by local site supervisors in consultation with the program director. It is expected that free time between patient care activities during the normal TOD should be utilized to prepare for the next TOD and patient care conferences.

Time spent electively on-site after 20:00 for non-patient care activities (research, reading, chatting, etc) does not count toward the 80hr week or the 10HR period.

On-site duty extending beyond 20:00 must be approved by the Chief Resident on service and reported to the Program Director on the eTOD form.

Time spent at home on administrative activities, research, reading, etc does not count toward the 80hr week.

On-site time in excess of 14 hr in a day (eTOD) must be reported and categorized:
1- Continuation of OR, post-op care
2- Continuation of ward, ER, UCC, Consultation care
3- Preparation time for patient care conferences (GU Tumor, Pre-op)
4- Other - Any other purpose must be reviewed prospectively for eligibility by the PD or Department Chair. If denied, resident should go home to complete the non-qualifying activity and in any case will not count subsequent on-site hours against the 80hr week or 10HR.
If a resident has approved and/or qualifying eTOD time between regular daily TOD, every effort will be made to release him/her as early as practical during the following TOD as long as patient care is not compromised. This decision will be made by the CR and/or local site supervisor for the individual training institution.

**On-Call Duties:** The Department of Urology has only at-home call. On-Call duties are functionally different from eTOD in that they may require a return to the training institution for patient care activity. On-call returns to the ER, UCC or Hospital for direct patient care activities are part of the training experience but must be monitored. Residents showing signs of fatigue and impairment due to lack of sleep from on-call activities must be evaluated by the chief resident (CR) at the beginning of the TOD and periodically thereafter. Post-call residents may be released from activities during the following TOD if in the judgment of the CR, Attending, local site supervisor, Program Director or Department Chair, the resident and patients would best be served by his/her absence. Such resident may return no less then 10 hr after being released or at the beginning of the following day’s TOD.

**Recognition of Fatigue and Countermeasures**
Faculty and residents are educated annually to recognize the signs of fatigue and to adopt and apply measures to prevent and counteract the potential negative effects of fatigue. Currently Jennifer Peel, PhD has presented for the current training year and has been asked to present each year for all incoming and current residents.

**Institutional Policy:** Duty Hours Requirements
The Urology Residency Training Program oversees residents’ duty hours and working environment. During all clinical rotations within the Urology Residency Training Program, trainees and staff shall conform to existing ACGME, RRC, and institutional duty hour policies. Duty hours are defined as activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

The program’s policies and procedures, including supervision, moonlighting, and duty hours policies, are distributed to the residents and the faculty.

**Specific ACGME Duty Hour Limitations**
1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call (including at home call). One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities (including home call).
3. A 10 hour time period for rest and personal activities must be provided between all daily duty periods, and after in-house call.
4. In-house call must occur no more frequently than every third night, averaged over a four-week period
5. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.

6. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics.

7. When an individual RRC maintains a more restricted requirement, the RRC requirement will supersede the requirements listed above.

**Contingency Plan**

The program director will establish a contingency or backup system that enables patient care to continue safely during periods of heavy use, unexpected resident shortages, or other unexpected circumstances. The program director and supervising faculty will monitor residents for the effects of sleep loss and fatigue, and take appropriate action in instances where overwork or fatigue may be detrimental to residents’ performance and the well-being of the residents or the patients or both.

**Duty Hour Policy Compliance Monitoring**

The program director and faculty will monitor compliance with this policy by monitoring call and duty schedules, direct observation of residents, interviews/discussions with residents, and review of residents’ evaluations of rotations. Residents are instructed to notify the Program Director if they or other residents are requested or pressured to work in excess of duty hours limitations. The Program Director and DIO maintain an open-door policy so that any resident with a concern can seek immediate redress. If problems are suspected, the Program Director will notify the Designated Institutional Official and gather direct duty hour data to clarify and to resolve the problem. In addition, the GMEC’s Duty Hours Subcommittee will confirm program compliance during its biannual duty hours surveys of all programs. The residents are also provided with the UTHSCSA hotline in the event that they need to report duty hour violations in confidentiality.

Dr. Basler Office: 210-567-6868
Dr. Bready Office: 210-567-4511
ACGME Duty Hours Hotline (Anonymous): 1-800-500-0333
The Department of Urology does not allow any form of moonlighting as a Urology Resident.

Moonlighting is defined as compensated clinical work performed by a resident during the time that he/she is a member of a residency program. The Graduate Medical Education Committee and the UTHSCSA-sponsored graduate medical education (GME) programs take seriously the responsibility of ensuring a high quality learning environment for the residents, notably by ensuring a proper balance between education and patient care activities within duty hour limitations as prescribed by the ACGME Institutional and Program Requirements. Because of these concerns, moonlighting is, in general, discouraged for residents in ACGME-accredited programs sponsored by UTHSCSA. During residency training, the resident's primary responsibility is the acquisition of knowledge, attitudes, and skills associated with the specialty in which he/she is being instructed.

Under special circumstances, a resident may be given permission by his/her program director to engage in moonlighting. In such cases, the moonlighting workload must not interfere with the ability of the resident to achieve the goals and objectives of his or her GME program. Each program may have its own policy on such outside activities, which may be more restrictive than that of the Institution.

Two forms of moonlighting are considered in this policy:

1. Moonlighting
2. Internal moonlighting

Moonlighting - the compensated clinical work is not a part of the residency program, it occurs outside of the institution, and the UTHSCSA does not provide professional liability coverage for the activity. Without compromising the goals of resident training and education, a program director may allow a resident to moonlight if all of the following conditions are met:

- The responsibilities in the moonlighting circumstance are delineated clearly in writing and are approved in writing by the resident's program director.
- The written documentation of the moonlighting activity is filed with resident records and is available for GME Committee monitoring.
- The moonlighting workload is such that it does not interfere with the ability of the resident to achieve the goals and objectives of the GME Program.
- The moonlighting opportunity does not replace any part of the clinical experience that is integral to the resident's training program.
- The resident is licensed for unsupervised, independent medical practice in the state where the moonlighting will occur.
- The total hours in the combined educational program and the moonlighting commitment must not exceed the limits set by the program or the Residency Review Committee.

In addition, the resident considering moonlighting should seek written assurance of professional liability (including "tail" insurance), and workers' compensation coverage from any outside employer. Professional liability insurance is provided by the U.T. System Medical Liability Self-
Insurance Plan only for those activities that are an approved component of the training program. There is NO coverage for professional activities outside of the scope of the residency program. 

**Internal moonlighting** - the compensated clinical work occurs within the residency program, and is simply an extension of the same type and location of clinical work performed as a requirement of the GME program. For a resident to participate in internal moonlighting, all of the following conditions must be met:

- The resident must be a current resident in the program, and must be in good standing.
- The situation must meet ACGME requirements, including requirements for faculty supervision.
- Faculty supervision is not necessary if the resident has completed training in a primary residency program and is working in that capacity (e.g., a resident in Gastroenterology may perform internal moonlighting as an internist without faculty supervision).
- The additional work performed by the resident must be considered part of his/her residency training program, except as outlined above. Evaluation of the residents in that situation must occur as in other training venues.
- The patient care site must be specified. A current affiliation agreement must be in effect between UTHSCSA and the site, and the program must have a current program agreement with the site.
- The total hours in the combined educational program and the moonlighting commitment must not exceed the limits set by the program or the Residency Review Committee.

For the resident to receive professional liability insurance coverage by the U.T. System Medical Liability Self-Insurance Plan for internal moonlighting, the program director must first submit a written request to the Executive Vice Chancellor for Health Affairs, which outlines the conditions of the proposed work. The GME Office can provide assistance with this request. 
(http://www.uthscsa.edu/gme/index.asp)
POLICY - VACATION
Residents receive a total of 21 days of vacation each year. Residents are not allowed to take simultaneous vacation. Every effort will be made to accommodate residents’ vacation requests. However, there may occasionally be irresolvable conflicts that result in denial of specific leave requests. The following policy will apply:
1. Requests will ONLY be considered on July 1st of the new academic year. If no request is filed by 17:00 on July 1st, vacation days will be assigned after consideration of available requests. Attempts will be made to distribute leave among the services equitably so that no single service will be allocated disproportionate absences.
2. Vacation schedules will be distributed in July of the Academic year by the program director (PD) to each service. Any requested changes thereafter should be made in writing to the PD at least 1 month prior to the date. It will be the responsibility of the person requesting the change to make all arrangements for coverage prior to granting the alterations in schedule (see section 7 below).
3. No vacations will be granted during the first (July) and last (June) months of the Academic year.
4. Employment or Fellowship Interviews may be scheduled on shorter notice but will be at the expense of other vacation time. Coverage for short-notice (after July 1 of the academic year) absences is the responsibility of the resident requesting the leave (see section 7 below).
5. Priority of vacation requests:
   PGY-6 > PGY-5 > PGY-4 > PGY-3.
6. Priority of vacation requests for PGY-1 and PGY-2 will be considered by General Surgery Service.
7. Military rotators (PGY-4, PGY-5) must also submit their requests as above and will be considered for leave based upon the same considerations. See especially 5 above and 8 below.
   PGY-5 (1 week leave for meeting and/or vacation)
8. Military rotators (PGY-4, PGY-5) must also submit their requests as above and will be considered for leave based upon the same considerations. See especially 5 above and 8 below.
   PGY-5 (1 week leave for meeting and/or vacation)
9. Every effort should be made to avoid vacations during scheduled visiting professor lectures.
10. Vacation time will be 15 working days per the resident contract renewed annually.

POLICY - OUTSIDE CONFERENCES AND MEETINGS
The following represents the official departmental policy regarding resident attendance at education/scientific meetings. Urology may assume the responsibility for expenses that are otherwise unfunded by the meeting sponsors or grantors. Approved meetings for which the department may fund travel, registration and allow the resident time-off from clinical responsibilities are:
1. **U-2** - AUA Basic Science Course
2. **U-2** - Cleveland Clinic Pelvic Floor Reconstruction course
3. **U-4** - Annual AUA Meeting
4. Any **U-1 through U-4** with an abstract or paper accepted to the following:
   - AUA National Meeting
   - AUA South Central Sectional Meeting
   - Kimbrough
   - TUS Annual Meeting (when in Texas).

The resident requesting the funding should be the presenter of the poster or podium session. Other authors will not be funded without specific approval of the Chairman and Program Director. Clinical responsibilities during the absence must be considered as describe below.

Residents who have abstracts or presentations accepted at other meetings may be funded on an *ad hoc* basis. Justification for the presentation, potential alternate funding sources, and a detailed expense estimate should be submitted at the time of notification of abstract acceptance (or abstract submission, if possible).

**Responsibility of Resident attending any meeting:**
1. Alert rotation Service Chief, Program Director, Academic Coordinator, service Chief Resident, and all residents on the service, to the affected of the dates of potential absence.
2. Arrange for changes in Clinic, OR and On Call coverage that will allow the affected service to continue functionality during the absence.
3. While every effort will be made to allow meeting presentations, realize that there will be occasions when absence will not be practical, possible or fundable. In such cases, arrangements may be made to have another meeting participant present the poster or podium session.

All meetings must be pre-approved by the Program Director and faculty. Travel must conform to UTHSCSA guidelines.
POLICY - MEDICAL/FAMILY/EDUCATIONAL LEAVE
The Department of Urology adheres to the guidelines for medical and family leave described in the Housestaff Manual described below.

POLICY - SALARY
Resident salaries for the 2007-2008 academic year are as follows:

<table>
<thead>
<tr>
<th>PGY</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>44,906.29</td>
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<tr>
<td>6</td>
<td>46,287.00</td>
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POLICY - GENERAL HOUSESTAFF BENEFITS
The University of Texas Health Science Center Policies and Instructions for Housestaff can be found in the UH Housestaff Manual, a printed version of which can be obtained from the Graduate Medical Education office or from the Program Coordinator or it can be viewed on-line at http://www.uthscsa.edu/gme/documents/HouseStaffManual2008-2009_000.pdf. In addition to institutional policies, this manual includes general information on pagers, parking, ID pages, meals, and other operational issues as well as benefits. Policies specific to the Department of Urology are listed below.

POLICY - UROLOGY RESIDENT BENEFITS
1. Resident membership in the American Urological Association is strongly encouraged. Qualified residents are encouraged to submit applications. The Department of Urology will pay residency membership dues.
2. The Department will pay annual licensure fees for the Resident in-training permit through the TSBME.
Responsibilities of the residency program director include all of the following (references are to the ACGME Institutional Requirements—www.acgme.org):

Section 4 Policy 4.1. - Responsibilities of the Residency Program Director

Policy In UTHSCSA sponsored GME programs, the residency program director is responsible for the organization and implementation of educational objectives for his/her program. Specific responsibilities may be delegated by the program director, but he/she is responsible to the GME Committee, the Designated Institutional Official (DIO), and to the ACGME Residency Review Committee for the timely and accurate completion of all tasks.

In addition to the ACGME, a number of other regulatory bodies impose requirements on our GME programs. These agencies include (but are not limited to) the University of Texas System, Texas Department of Health, Texas Medical Board, Joint Commission, the University Health System, South Texas Veterans Health Care System, and Christus Santa Rosa Health Care System. Compliance with these requirements is the responsibility of the program directors, working in concert with the institution.

Physicians-in-training include residents and fellows, who, for the purposes of this policy, will be referred to as "residents" (see GME General Policies).

Responsibilities of the residency program director include all of the following: Participation in the Institutional governance of GME programs

• Maintain current knowledge of and compliance with UTHSCSA GME Policies (www.uthscsa.edu/gme/policies)
• Maintain current knowledge of and compliance with ACGME Institutional and Program Requirements (www.acgme.org) Participate in GME Committee, subcommittees and task forces, and Internal Review panels as requested including program representation at all GMEC meetings
• Cooperate promptly with requests by the GME Office and/or GME Committee for information, documentation, etc.
• Maintain accurate and complete program files in compliance with institutional records retention policies
• Ensure that residents comply with periodic surveys by ACGME and by the GME Committee

ACGME accreditation (Residency Review Committee) matters

• Maintain qualifications consistent with ACGME requirements – board certification in the specialty, Texas medical licensure, medical staff appointment, and any other requirements as stipulated by the specific RRC
• Maintain current knowledge of and compliance with the ACGME Manual of Policies and Procedures for GME Review Committees (www.acgme.org)
• Maintain current knowledge of and compliance with the ACGME Program Requirements pertaining to his/her program
• Maintain accurate and complete program files in compliance with ACGME requirements
• Prepare accurate and complete Program Information Form (PIF) prior to RRC site visits
• Ensure that the DIO reviews and cosigns all program information forms and any correspondence or document submitted to the ACGME
• Prepare documentation of Internal Review materials and reports as required by the GME Committee protocol
• Develop action plans for correction of areas of noncompliance as identified by the Internal Review, RRC site visit, and/or other mechanisms
• Update annually both program and resident records through the ACGME's Accreditation Data
• Prepare Program letters of Agreement (Program Agreements) with all clinical sites outside of the primary teaching facilities, employing the current institutional template form, and reviewing and revising these Program Agreements at least every 3 years
• Ensure that Business Associate Agreement forms (template on the ACGME site) are prepared for any clinical training site in which residents have access to protected health and/or demographic information

Educational Aspects of the Program

Develop an educational curriculum as defined in the ACGME Program Requirements for the specialty or, if a non-ACGME accredited program, periodic review/revision of the educational curriculum. Provide instruction and experience with quality improvement, including the tracking of autopsy results for patients cared for by the program's residents. Develop and use dependable measures to assess residents' competence in the "General Competencies" of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Use dependable measures to assess residents' competence in other areas as defined in the ACGME Program Requirements for the specialty. Employ a process that links educational outcomes with program improvement. Ensure that each resident develops a personal program of learning to foster continued professional growth. Facilitate residents' participation in the educational and scholarly activities of the program, and ensure that they assume responsibility for teaching and supervising other residents and students. Assist residents in obtaining appointment to appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care. Procure confidential written evaluations of the faculty and of the educational experiences by the residents, at least annually. Ensure residents' attendance at educational offerings required by the institution and the agencies listed in the second paragraph. Ensure at least annual review of the educational effectiveness of a program via a formal documented meeting for which written minutes are kept.

Administrative and Oversight Aspects of the Program

Maintain effective communication with appropriate personnel of other institutions participating in the residency training. Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program. Approve a local director at each participating site who is accountable for resident education; Approve the selection of program faculty as appropriate; Evaluate program faculty and approve the continued participation of program faculty based on evaluation; Monitor resident supervision at all participating sites; Ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution. Provide verification of residency education for all residents, including those who leave the program prior to completion. Maintain current and continuous enrollment of all program residents with clinical responsibilities in the UT System Self Insurance Plan. Ensure that each resident maintains current and continuous Physician in
Training Permit status with Texas State Board of Medical Examiners, until/unless resident obtains a Texas Medical License
• Create, implement, review annually, and distribute to faculty and residents program-specific policies consistent with UTHSCSA GME policies for the following:
  - Resident selection
  - Resident evaluation
  - Resident promotion
  - Resident transfer
  - Resident discipline
  - Resident dismissal
  - Resident duty hours

Moonlighting policy and written documentation for any resident participating in moonlighting
Monitor residents' duty hours and report findings to the DIO Facilitate institutional monitoring of resident duty hours. Adjust schedules as necessary to mitigate excessive service demands and/or fatigue. Monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged. Ensure that non-eligible residents are not enrolled in the program. Ensure that all interviewed residency applicants are provided, at a minimum, a written information sheet containing the URL at which the terms and conditions of employment and benefits, visa policies, and the resident contract may be found. Ensure that written notice of intent not to renew a resident's contract is provided no later than four (4) months prior to the end of the resident's current contract, unless there are extenuating circumstances. Provide appropriate supervision of residents (via the program faculty) so as to allow progressively increasing responsibility by the resident, according to their level of education, ability, and experience. Manage clinical scheduling of residents including, but not limited to; Creating clinical rotation and on-call schedules, Entering these schedules into institutional electronic tracking software, and revising schedules at each cycle completion (e.g., monthly) and communicating the revised schedule to the University Hospital System Reimbursement Specialist and the GME Office to enable accurate IRIS reporting. Structuring on-call schedules to provide readily available supervision to residents on duty, and that appropriate backup support is available when patient care responsibilities are especially difficult or prolonged. Structuring duty hours and on-call time periods so as to focus on the needs of the patient, continuity of care, and the educational needs of the resident, and to comply with requirements as set by the institution, ACGME, and the appropriate RRC.
Resident Ethics

American Urological Association

Code of Ethics

1. Recognizing that the American Urological Association seeks to exemplify and develop the finest standards of urologic care, I hereby pledge myself, as a condition of membership, to live in strict adherence with its principles and regulations. I pledge myself to pursue the practice of urology with honesty and place the welfare and rights of my patients above all else. I pledge to deal with each patient as I would wish to be dealt with myself. I will render services to humanity with full respect for human dignity, giving full measure of service and devotion, and using my skills to the very best of my abilities. I pledge myself to cooperate in advancing and extending the art and science of urology by my attentive diligent membership in the American Urological Association.

2. I will maintain my qualifications by continued study using the scientific basis of evidence and proof, for medical knowledge must continuously be maintained and improved. All this so that I may select the best alternative for a particular patient’s care. I will advance my knowledge and skills, respect my colleagues, seek their counsel when in doubt about my own abilities, and assist my colleagues whenever requested. I will accept that “competence” includes having adequate and proper knowledge to make professionally appropriate and acceptable decisions regarding management of the patient’s problems, as well as the ability and skill to perform what is necessary to be done and to ensure that the aftercare is the best available to the patient.

3. I will safeguard the public and the profession from physicians deficient in moral character or professional competence, and will expose to the proper authorities without hesitation any illegal or unethical conduct of fellow members of the profession, or of those who engage in fraud or deception. I will encourage impaired physicians to seek help and to withdraw from those aspects of practice affected by their impairment. I will report to appropriate authorities suspected abuse or neglect of patients, sexual harassment and exploitation, and/or sexual misconduct in patient-physician relationships.

4. Physician-patient-confidences will be safeguarded within the constraints of the law.

5. Pre- and post-operative care of my surgical patient and continuing care of my medical patient will be my personal responsibility unless specifically designated to a competent substitute. Any delegation of my services will be to appropriately trained physicians or physician extenders (PA’s or NP’s). I will accept income only for medical services actually rendered or supervised by me, and my remuneration will be commensurate with services rendered, regardless of who pays the bill.

6. Any advertising I use will be honest and straightforward, not false, misleading, fraudulent, extravagant, or deceptive. My communications with the public will be accurate, and I will not misrepresent my training, my credentials, my experience, or my ability. When asked or when presenting data that may involve a conflict of interest, I will disclose any personal commercial interests, including any gifts of more than minimal value from commercial firms or significant stock and security investments in commercial firms if there may be any effect on patient care, research, medical decisions, etc. I recognize that failure to do so will invite disciplinary action. I will be truthful, honest, and fair in dealing with patients and colleagues. If I am asked to give expert testimony in the courtroom or outside the court, my testimony will be based on recent and substantive experience in the region in which it is given. I will thoroughly review the medical facts and testify to the content fairly, honestly, and impartially to the best of my knowledge, ability, and experience, neither condoning practices clearly within accepted standards nor excusing performances clearly outside such standards.

7. I will conduct my research and perform my academic activities in an honest, fair, truthful, and complete fashion, recognizing my responsibilities to myself, my reputation, my colleagues, my institution, society in general, and to posterity to do so. The dissemination of information is inherent in the pursuit of investigation. Timely and appropriate reporting of results is a responsibility I accept in doing research of any kind. As an author, I will verify that I and my associates in the research are familiar with and have adhered to the guidelines for responsible ethical research. I will assure that the use of clinical trials or investigational procedures follow the accepted guidelines and standards as drawn up by local Institutional Review Boards that monitor investigations or by the similar Institutional Review Boards at the National Institutes of Health. Any support by commercial firms for my research will be completely disclosed by all involved in a written statement when reporting such research in any forum whatsoever.

8. I will acknowledge that my commitment to a patient is total once I accept the case, and if I withdraw from providing that care, I will endeavor to assist in obtaining an adequate substitute. I will condemn unnecessary surgery as an extremely serious ethical violation, and will not engage in fee splitting or itinerant surgery—surgery anywhere without appropriate preoperative evaluation or adequate and skilled postoperative care.

9. I will consider informed consent integral to providing appropriate medical or surgical care. I recognize that my patient must be provided with all of the information necessary to consent and to make his own choice of treatment, regardless of my own advice or judgment. The information provided must include known risks and benefits, costs, reasonable expectations and possible complications, available alternative treatments and their cost, as well as the identification of other medical personnel who will be participating directly in the care delivery. Wherever feasible, I will respect my patient’s rights and be limited by the scope of my patient’s consent.

10. I will obey the law. I will seek to change laws that are contrary to the best interests of the patient. I will accept the profession’s self-imposed discipline.

11. I believe my responsibilities to the community and to society are part of a physician’s code and that a physician must safeguard the public.

12. I will work constantly to improve this Code of Ethics, thereby improving the care I deliver and its value to society. I recognize that there will be a need from time to time to amend or change some portions of this Code. Emerging issues inevitably will appear involving "Ethics." Those must be judiciously considered in the light of the best interests of the individual, of society, and of the yet-unforeseen consequences of the various alternative actions. Hopefully this Code of Ethics will serve as a frame work for evaluating and deciding on these emerging issues.

These I pledge.
IMPORTANT CONTACT INFORMATION

Department of Urology- Administration Office
7703 Floyd Curl Drive - Mail Code 7845
San Antonio, Texas 78229-3900
Location: Room 306L
Phone: (210) 567-5643
Fax: (210) 567-6868

Urology Residency Academic Office
Program Coordinator - Beth Payne
Email: PayneE@uthscsa.edu
Program Director - Joseph Basler, PhD, MD
Email: basler@uthscsa.edu
Location: Room 206L
Phone: (210) 567-5644
Fax: (210) 567-6868

Christus Santa Rosa Healthcare Systems
2833 Babcock Road Suite 200
San Antonio, Texas 78229
Phone: (210) 562-5700
Fax: (210) 562-5733

South Texas Veterans Administration Healthcare System Clinic
7400 Merton Minter Boulevard - Mail Stop 112C
San Antonio, Texas 78229-4404
Location: Hall 2C
Phone: (210) 617-5171
Fax: (210) 949-3311

Graduate Medical Education Office- UTHSCSA
7703 Floyd Curl Drive, MC 7790
San Antonio TX 78229-3900
Designated Institutional Official: Lois Bready, MD
Phone: 210-567-4431

ACGME Duty Hours Hotline – For Anonymous Complaints
1-800-500-0333

Urology Residency Review Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone (312)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Paul O’Conner</td>
<td>755-5039</td>
</tr>
<tr>
<td>Sara Thomas</td>
<td>755-5495</td>
</tr>
</tbody>
</table>
Handbook Receipt Certification
I hereby certify that I have received a copy of the 2008-2009 Edition of the University of Texas Health Science Center Department of Urology Residency Handbook, and have familiarized myself with its content.

____________________________________________
Name (please print)

____________________________________________
Signature

____________________________________________
Date