Overview of Residency

The UTHSCSA Urology program has completed the transition from two residents at each level to three residents at each level in 2008. A further increase in resident complement was granted in June 2008, which will allow 4 residents at each training level by 2011. In response to resident education needs for more flexibility in training, the transition from a 2 + 4 program to 1 + 4 in the overall program length has been approved and the transition will be complete in 2011. The description below reflects the completed transition to the 1 + 4 schedule with 4 residents at each level.

**General** - The PGY-1 year is designed to give the resident a broad experience in General surgery and learn the basics of surgical patient care and good surgical technique. The core medical competencies (Medical Knowledge, Patient Care, Practice-based Learning & Improvement, Interpersonal & Communication Skills, Professionalism and System-based Practice) are emphasized as they are in all later years as the resident becomes familiar with surgical principles. In the U-1 year these skills are further built upon and a transition to 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. At the beginning of the U-1 year, residents attend an intensive 2-day course of instruction that includes training in basic urologic patient evaluation, consultation skills, minor procedures, laser and radiation safety training and other topics that will allow the resident to function from day one on the clinical services. Later 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. The goal of our training program is that by the conclusion of the chief residency, the residents will be capable of running doing any urologic procedure and run their own practice.

Specifics by year:

**PGY1** – 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.

**U-1 (PGY-2)** – This year, the U-1 residents rotate on the 4 main services: University Hospital (UH), Santa Rosa Pediatric (SRCC), Santa Rosa Adult (SRMC) and Veterans
Administration (VA) Hospital. 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 cystoscopy clinics on Tuesday or Thursdays. Continuity clinics at University Urology Specialists office – located at the University’s MARC building - 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. This three-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. The U-1 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 U-1 rotation is a Pediatric Urology rotation at Santa Rosa Hospital (SRCC). During this rotation, which includes two residents (U-1 and U-3), the U-1 resident has the opportunity to operate with the two full-time clinical faculty in performing a wide range of surgical procedures. Continuity clinics are based at both the MARC and SRCC locations. Outpatient pediatric urodynamics instruction is available at the MARC location.

The third U-1 rotation is at the Santa Rosa Medical Center, which includes exposure to urologic oncology including robotics, urodynamics, voiding dysfunction and a weekly attendance at the Geriatrics clinic at the VA hospital. Continuity clinics are at the MARC location in addition to a Monday Morning Geriatrics clinic at the VA location.

Finally, 3 months are spent on a four resident general urology team at the Audie L. Murphy Veterans Administration Hospital where the resident participates in major cases but focuses on becoming more proficient at endoscopic skills and minor procedures. Specific procedure and outpatient clinics under the direction of Dr. Edward Mueller have been developed for the resident allowing close supervision and oversight of the resident performance. Residents receive their initial exposure to the urologic manifestations of spinal cord injury during this rotation. Complex voiding dysfunction and interpretation of urodynamics studies are emphasized as well. 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 multi-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 rotations include Elective (Research, Transplant, Infertility-Andrology, Radiology), VA, and Methodist. The transplant rotation offered at Methodist Specialty & Transplant Hospital under the direction of Dr. Francis Wright, MD 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 3-month period, the resident may spend time on a **research** (clinical or basic science) project in conjunction with clinical responsibilities. Elective rotations may also be used for a variety of experiences in other departments (e.g. Radiology) 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 another recent resident and outside infertility and oncology rotations for others. 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. One rotation during the U-2 year includes an opportunity to serve as a 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 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 U-2 resident is supervised by Dr. Richie Spence, MD who along with Dr. William Harmon, MD, 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, 3 months are spent at Methodist Hospital (M) under the overall supervision of Dr. C. Ritchie Spence, MD, 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, 3 months are spent at SRCC as the chief 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 SRCC and the MARC university outpatient facility. An additional rotation at the VA Hospital provides exposure to management of a complex service and participation in oncology cases of increasing complexity. Primary responsibility for the spinal cord service and voiding dysfunction clinics highlight the increased complexity of training at this level. 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. Finally, an elective rotation allows the resident to delve further into an area of specialization, improve on an area of weakness or expand of research efforts begun during the previous year.

**U4** – During the U-4 year, the residents assume their Chief Resident status at the VA, University and Santa Rosa Medical Center hospitals. They are provided with extensive administrative support for their activities and work side-by-side with the institutional
Chiefs – Dr. Robert Marcovich at UH, Dr. Joseph Basler at the VA and Dr. Dipen Parekh at SRMC. In addition to their responsibilities of coordinating care at these institutions, they have a number of additional educational opportunities including (1) overseeing 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 all institutions, (5) conducting morbidity and mortality reviews at both institutions, (6) presenting each weeks’ 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. The VA and SRMC services provide extensive Urologic Oncology experience. 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 MARC faculty clinics along side the clinical oncology faculty. The fourth rotation during the U-4 year is under evaluation as of this update but will be developed by the Spring of 2011.