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'etre* 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:

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, diagnosis, and medical management & surgical treatment including reconstruction necessary due to urologic disease processes.

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. We offer four positions for each of the five years of training. Three of these are civilian positions and one is reserved for a designated military trainee. The PGY1 training year is a pre-specialty training year in general surgery and associated disciplines according to the Urology RC guidelines. For the civilian trainees, this year is spent at the hospitals associated with the UTHSCSA Department of Surgery program. The military trainees are usually assigned to a surgical internship through San Antonio Military Medical Center before joining the program in the PGY-2 (U-1) year. Some of these residents have finished more than one pre-urology year anticipating this residency.

The graduated responsibilities from the U-1 (PGY-2) through the U-3 (PGY-4) year prepare the chief residents very well for the responsibilities of organizing and day-to-day

operations of the large clinical services at University Hospital, Santa Rosa Health Care System and the V.A. Health Care System. As U-3s, the residents on the Pediatrics and Methodist rotations are essentially chief residents in charge of a service.
The final twelve months of the urology educational program is spent as a Chief Resident (U-4) 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 which meets all Urology Review Committee (RC) and ACGME requirements.

There are occasions when residents may require additional time in training to complete the program. This complicates the training of the residents following and may or may not be fundable. Additional Training time for any resident must be approved by the CCC, PEC, Program Director and the Department Chair.

Non-adherence to the proscribed educational plan of the residency program may result in the completion of time in the program without being ABU certifiable.

PROGRAM EVALUATION COMMITTEE (PEC):
The PEC meets on a regular basis to assess the overall educational program. Input from the Clinical Competency Committee (CCC - see below) is also taken into account when addressing developmental issues for the program. All aspects of the program are reviewed at least annually including the curriculum, rotation schedules, goals & objectives for each rotation, performance of the graduates, research opportunities, responses to ACGME recommendations, internal review recommendations, faculty assignments, faculty & resident rotation and program evaluations, resident survey results, faculty survey results, etc. The goal of this committee is to continually improve the character and efficiency of the educational effort. We hope to turn out the best-educated, clinically competent and surgically talented group of new urologists each year.

FACULTY MEMBERS - DEPARTMENT OF UROLOGY

University Teaching Faculty

Basler, Joseph MD, PhD	Professor / Clinical **Residency Program Director** **Site Director - STVAHCS**
Hernandez, Javier MD	Associate Professor / Clinical **Assistant Program Director**
Jones, LeRoy MD	Assistant Professor / Clinical **Site Director - Methodist**
Kaushik, Dharam MD	Assistant Professor / Clinical
Kraus, Stephen MD	Professor **Vice-Chairman**
Liss, Michael MD	Assistant Professor / Clinical
Rodriguez, Ronald MD, PhD	Professor **Chairman**
Rozanski, Thomas MD	Professor / Clinical **Director - Clinical Operations - MARC**
Svatek, Robert MD	Associate Professor

	Site Director - SRMC
Thompson Jr., Ian MD	Professor **Director - Cancer Therapy and Research Center**
Tseng, Timothy MD	Assistant Professor / Clinical **Site Director - UH**
Crystal M. Montez	**Academic Program Coordinator**

University Research Faculty

Robin Leach, PhD	Professor
Pratap Kumar, PhD	Professor
Rita Ghosh, PhD	Associate Professor
Susan Padalecki, PhD	Associate Professor
Dean Bacich, PhD	Associate Professor / Research
Denise O'Keefe, PhD	Associate Professor / Research
Teresa Johnson-Pais, PhD	Associate Professor / Research
Donna P. Ankerst, PhD	Professor
Mithilesh Jha, PhD	Assistant Professor
Ping Wu, PhD	Senior Research Scientist
James Nkambwe Mubiru, PhD	Assistant Professor (Adjunct)

Adjunct/Adjoint Clinical Faculty

Cantrill, Christopher MD	Clinical Assistant Professor
Case, John MD	Clinical Instructor (Pending)
Centeno, Arthur S. MD	Clinical Assistant Professor
Dabbous, Ash M. MD	Clinical Assistant Professor **Site Director Methodist Stone Oak**
Furman, Jaime MD	Assistant Professor / Clinical
Harmon, William J. MD	Clinical Associate Professor
Hlavinka, Timothy C. MD	Clinical Instructor
Hudnall, Clayton MD	Clinical Instructor
Kavoussi, Parviz MD	Clinical Instructor (Pending)
Leslie, Jeffrey MD	Assistant Professor / Clinical **Site Director - Pediatric Urology (Methodist, UH, CHOSA)**
Peel, Jennifer PhD	Associate Professor of Anesthesiology (Pending)
Phillips, Timothy	Assistant Professor / Clinical
Prieto, Juan MD	Assistant Professor / Clinical
Ruiz, Henry MD	Assistant Professor / Clinical **Site Director - Renaissance Hospital**
Saltzstein, Daniel MD	Clinical Instructor
Singleton, Randall MD	Clinical Associate Professor
Spence, Ritchie MD	Clinical Professor (Retired)
Stallman, Kenneth MD	Clinical Instructor (Pending)

Vassar, George J. MD	Clinical Assistant Professor
Wolff, Hugh L. MD	Clinical Professor (Retired 2016)

PARTICIPATING INSTITUTIONS

The residency training program utilizes five hospital systems to provide a varied experience. These include University Hospital (UH), the South Texas V.A. Health Care System (VA), Santa Rosa Health Care System (SRMC, CHOSA), St. Luke's Baptist Hospital and Southwest Methodist Hospital System (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, the poly-trauma unit and extended care facilities. The Santa Rosa Health Care System includes Children's Hospital of San Antonio and the northwest medical center (SRMC) hospital. The main site for the pediatric urology rotation is the University Hospital, though there is a growing presence at the Methodist Children's Hospital. The Methodist Hospital System includes Southwest Methodist, Methodist Specialty & Transplant and Methodist Children's Hospitals all within walking distance from the medical school. A new agreement with Forest Park Medical Center may be approved soon and allow residents to participate in cases at that institution.

CONFERENCES

The AUA curriculum for residency training has been adopted as the official guide for training at our institution. Didactic conferences with close interaction between faculty, residents, and medical students are hallmarks of effective teaching. Incorporation of the AUA Curriculum and ACGME requirements has led to an amalgamation of the didactic presentations, journal club and the 'pyelogram' conference with a focus on updated topical knowledge. 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 all portions of Part I of the American Board of Urology Examination. Conferences are designed to heighten the residents' understanding of, and promote participation in research taking place at the institution, as well as to familiarize them more intimately with the different urologic subspecialties. Exposure to the local private practice urologists helps the trainee to better make decisions regarding their options for fellowship and/or academic practice after residency versus a private practice career. The Department provides membership in the AUA for the residents. This allows access to the AUA Curriculum and the Journal of Urology. Campbell's Urology is available on-line through the University Library System. Additional texts, subscriptions, the AUA Update Series, and other educational materials can be purchased with educational funds provided by the department.
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.

Policy on Conferences

Conference time is protected educational time for the residents. As such, any activities of patient care (floor rounds, elective cases, etc) should be scheduled in such a way that the entire resident team for all services is free during that time. Elective cases should be scheduled after conference or arrangements made to have other assistance until the residents are available.

Mandatory Attendance:

Attendance records will be kept for all conferences. It is expected that all residents will attend the scheduled conferences on Mondays and Fridays as well as the Pathology conference on the first Tuesday and Journal Club on the fourth Wednesdays.

Residents on non-San Antonio rotations, on vacation or other approved leave are not required to attend but are responsible for the content of the conference topic. If emergency situations arise, the educational benefit of the conference should be taken into account in triaging personnel. In general, the more junior residents would likely benefit most from conference; the more senior resident on service would likely be able to handle the urgency more efficiently and be able to return to conference sooner. Chief residents on each service are responsible for resident

triage in these situations. Residents leaving conference are still responsible for the conference content.
The Wednesday Pre-op conference is designed to discuss planned cases for Pediatrics, UH, Santa Rosa and the VA. The Methodist team should attend if not busy with cases.

Teaching Conferences:

Urology Curriculum Conference

Time/Location: 1st, 2nd Monday of every month at 07:00 – 08:30
Location: Urology Conference Room in the Medical School (238A)
Format: Lectures, Case Presentations and Journal Article Reviews
Responsible Faculty: Various Faculty Assigned
Residents, Fellows, Faculty and invited speakers from UTHSCSA or other academic institutions review the topic for which they are recognized experts. Case presentations are used to solidify the clinical relevance of the topic and finally, relevant current journal articles are reviewed to complete the topic of discussion.

Case Conference:

Time: 3rd Monday of every month 07:00 – 08:00
Location: Urology Conference Room in the Medical School (238A)
Responsible Faculty: Dharam Kaushik, MD
The format of this conference will be similar to part II of the ABU examination. Interesting cases will be presented in the board format and the residents will work through the case. Emphasis will be on knowledge of AUA guidelines and recommendations. 2-3 cases will be presented per conference.

Pediatric Urology Conference

Time/Location: 4th Monday of every month at 07:00 – 08:30
Location: Urology Conference Room in the Medical School (238A)
Responsible Faculty: Jeff Leslie, MD; Juan Prieto, MD and Timothy Phillips, MD
Format: Lectures, Case Presentations and Journal Article Reviews
After a lecture, 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 pediatric urology knowledge is tested as well as their ability to 'think on their feet' in working through the case. The faculty in attendance are encouraged to use a variety of teaching methods to bring out the salient issues and areas of controversy. One to two cases are presented per conference. The conference concludes with discussion of relevant current journal articles.

Preoperative Planning Case Conference:

Time: 1st and 3rd Wednesday at 07:00 – 08:00
Location: Urology Conference Room in the Medical School (238A)
Responsible Faculty: Joseph Basler, PhD, MD
Format: All Adult and Pediatric elective surgical cases from the VA, Santa Rosa, Pediatrics and University Hospital for the following week are presented at pre-op planning conference. The residents present cases from 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 selected cases are discussed 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.

Complications Conference:

Time/Location: 2nd Wednesday of every month at 07:00 – 08:30
Frequency: Monthly
Location: Urology Conference Room in the Medical School (238A)
Responsible Faculty: Joseph Basler, PhD, MD
Format: All Adult and Pediatric Morbidity and Mortality cases are presented by 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. The conference concludes with review of chapters from Taneja's Complications of Urologic Surgery text and any current relevant journal articles.

Journal Club:

Time: 4th Wednesday of every month 07:00 – 08:00
Location: Urology Conference Room in the Medical School (238A)
Responsible Faculty: Various Faculty rotating monthly
This conference resurrects the Journal Club but presents focused education on reading the literature including focused skills on biostatistics and interpretation of studies. Current literature is also reviewed in the curriculum presentations. Journal Club will be reformatted this year to allow a thorough review of the major areas of urology. Each area will be reviewed by a team including an attending staff, a junior and a senior resident. They will be responsible for reviewing all of the major journals for their topic and presenting a short review and one or two key articles to the group each month.

Neurourology and Female Urology Conference:

Frequency: 2nd and 4th Friday of every month
Location: Urology Conference Room in the Medical School (238A)
Responsible Faculty: Stephen Kraus, MD
The series covers the broad range of lower GU tract dysfunction with emphasis on evaluation through urodynamics. An introductory lecture to the principals and technical aspects of urodynamics is 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, 2-4 cases are discussed over the course of the hour. A literature review completes the sessions covering pertinent new journal articles.

Uro-Oncology Conference:

Frequency: 1st, 3rd Friday of every month at 07:00 – 08:00
Location: Urology Conference Room in the Medical School (238A)
Responsible Faculty: Dr. Michael Liss, Dr. Dharam Kaushik, and the Uro-Oncology Faculty
Format: Lectures are presented by Residents, UTHSCSA faculty, the SUO Fellow and invited guest faculty. Often these lectures are scheduled to reinforce the information in the Campbell's textbook. Current literature reviews and case presentations add timeliness and clinical relevance to the presentations**.**

Pathology Conference:

Time: 1st Tuesday of every month 07:00 – 08:00
Location: Urology Conference Room in the Medical School (238A)
Responsible Faculty: Jamie Furman, MD
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.

Combined Tumor Board:

Time: 1st and 3rd Wednesday 17:00 – 18:00
Location: (Various rooms) Medical School
Responsible Faculty: Joseph Basler, PhD, MD; Rob Svatek, MD
This conference focuses on discussion of complex cases in Urologic Oncology. A true multidisciplinary conference, the medical oncologists, radiation oncologists, pathologists, radiologists 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.

VA Tumor Board:

Time: 2nd Wednesday 16:00 – 17:00
Location: VA pathology Conference Room
Responsible Faculty: Dr. Joseph W. Basler, MD; Dr. Javier Hernandez, MD, Michael Liss, MD
Format: Case discussion.
This conference incorporates the more traditional approach of discussing all of the new cancer diagnoses for the prior month. A clinical database of cases for QI purposes will be maintained.

GME Competency Series

Time: Quarterly and On-line
Location: Medical School
Responsible Faculty: Dr. Jennifer Peel, PhD (Anesthesiology)
Format: Lecture, discussion
This monthly conference covers topics related to GME requirements and core competency lectures.

Translational Science Conference:

Time: 2nd Friday 17:00 – 18:00
Location: CTRC
Responsible Faculty: Ian M. Thompson, MD.
Format: Discussion
This monthly conference reviews all currently open clinical trials and serves as a sounding board for new ideas and trial concepts. Residents are encouraged to attend and become familiar with available trials at their respective institutions.

Research Conference:

Time: 5th Monday 07:00 – 08:00
Location: Urology Conference Room (238A)
Responsible Faculty: Ron Rodriguez, MD, PhD; Robin Leach, PhD
Format: Discussion, Lab Research Presentations, Idea Generation
This periodic conference will highlight the research efforts of the scientific faculty and help to encourage new ideas and projects.

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Urology Conference Schedule 2015-2016 rev 06-07-2015						
January, March, May, July, September, November						
DAY	**TIME**	**1st Week**	**2nd Week**	**3rd Week**	**4th Week**	**5th Week**
Monday	**07:00 - 08:30**	Trauma & Reconstruction	Reproductive, Sexual Med., Infertility	Case Conference	Pediatric Urology	Research
Tuesday	**07:00 - 08:00**	Pathology		Faculty Meeting		
Wednesday	**06:30 - 07:00**	GME Series				
	07:00 - 08:00	Pre-op (UH, VA, SLB, SR)	Morbidity and Mortality	Pre-op (UH, VA, SLB, SR)	Journal Club	Pre-op (UH, VA, SLB, SR)
	17:00 - 18:00	Tumor Board	Tumor Board	Tumor Board		
Friday	**07:00 - 08:00**	UroOncology	Voiding Dysfunction, Female, UDS	UroOncology	Voiding Dysfunction, Female, UDS	Resident Meeting
February, April, June, August, October, December						
DAY	**TIME**	**1st Week**	**2nd Week**	**3rd Week**	**4th Week**	**5th Week**
Monday	**07:00 - 08:30**	General Urology, BPH, Infections, etc	Calculus Dis, Endourology	Case Conference	Pediatric Urology	Research
Tuesday	**07:00 - 08:00**	Pathology		Faculty Meeting		
Wednesday	**06:30 - 07:00**	GME Series				
	07:00 - 08:00	Pre-op (UH, VA, SLB, SR)	Morbidity and Mortality	Pre-op (UH, VA, SLB, SR)	Journal Club	Pre-op (UH, VA, SLB, SR)
	17:00 - 18:00	Tumor Board	Tumor Board	Tumor Board		
Friday	**06:45 - 08:00**	UroOncology	Voiding Dysfunction, Female, UDS	UroOncology	Voiding Dysfunction, Female, UDS	Resident Meeting

Format for the Monday Topic Conferences will be to include Lectures/Case Presentations/Journal Articles and other formats as appropriate.
Format for the Friday Conferences will be Lectures/Interactive UDS-VUDS/Journal Articles and other formats as needed but not necessarily on same day.
M&M Conference will include case presentations from all hospital and clinic sites and one didactic presentation on GU Complications.
Journal Club will be reformatted to allow a thorough review of the major areas of urology. Each area will be reviewed by a team including an attending staff, a junior and a senior resident. They will be responsible for reviewing all of the major journals for their topic and presenting a short review and one or two key articles to the group each month.

Additional Resources:

Procedure Lab
Time: Varies
Location: 221E – Johnson Center, Others
Responsible Faculty: All
This is a new resource being developed at 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 Urology skills lab is in the planning stages but will eventually meet weekly for demonstration and training in selected aspects of urologic procedures and surgery. The most recent application has been in development of the Resident Boot Camp designed to develop basic surgical skills and competence in bedside and clinical procedures for the most junior residents who are coming onto the Urology services (U-1 year). In the past, an 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. Another effort included a one-on-one, hands-on demonstration and skills training in basic robotics technique (suturing, basic dissection, etc.) utilizing the DaVinci Robotics unit at UH and SRMC and the VA.

Research Lab Conference
Time: Weekly on Mondays at 08:00 – 09:00
Location: Medical School
Responsible Faculty: Research Faculty
The research faculty members 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 with research interests.

Urology San Antonio Case Conference:
Time: Fridays Biweekly
Location: Private Office of Urology San Antonio
Responsible Faculty: Dr. Roy Jones
Format: Case presentation, Discussion.

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 Professorships
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 Sessions
Time: Quarterly
Responsible Faculty: Joseph Basler, PhD, MD
Format: Discussion.
These meetings are usually held on the 5th Fridays 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. A separate Winter and Summer meeting is followed by individual resident-to-program director semiannual progress meeting. In addition to reviewing the resident's clinical evaluations, in-service scores and case logs, this meeting is also used to update each resident's educational portfolio and check progress on the current set of research goals and objectives set forth by the resident.

Geriatric Urology Symposium and Lecture Series:
Time: Annual
Format: Lectures, Discussion, Panel Discussions
This series is supported by a grant from the American Geriatrics Society and began in 2009. Selected topics of relevance to Urologists are presented in an intensive 1-day symposium annually. Lectures and discussion groups from UTHSCSA Geriatrics faculty or invited outside experts are part of this effort.

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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. 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. Laboratories are located above the Department in the Medical School on the 5th floor and in the newly completed South Texas Research Facility (Rm 233-237) on campus. 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.

Resident Research and Quality Improvement - Expectations

All residents are required to maintain up-to-date CITI training and WOC Research appointment for the VA and at UT in order to participate in ongoing research activities. This training is mandatory. ***Each resident will be responsible for successful completion of at least one major research and one quality improvement project (basic science and/or clinical) during the residency.*** To accomplish this, each resident will pick a research mentor from the clinical or basic science research faculty no later than the end of the PGY-1 year. During the U-1 year the resident will develop the research thesis, design the protocol and begin to work out the details of getting the study underway: funding, lab space if needed, IRB/Research Committee approval, etc.

By the beginning of the U-2 year, the resident should be starting the project and with the assistance of the research mentor, provide quarterly progress reports to the Program Director indicating progress on the projects. By the end of the U-3 year, the project should be at or near completion with the expectation that one or more publications based upon the results will be submitted to peer-reviewed journals. **Submission of at least one manuscript will be required to progress to the U-4 year.** Abstract submission and presentation at a major regional or national meeting is encouraged but not in and of itself sufficient to replace manuscript submission. **At least one publication is required to graduate from the program**.

DEPARTMENT OF UROLOGY
RESIDENT RESEARCH PROGRESS FORM

Resident Name:
Date:_____
PGY-1 Start Date: _____ U-4 completion date:
_____
Basic Science Research Mentor:_____
Clinical Research Mentor:_____
Research Title and Brief Description:

U-1 Year: Research Idea Completed (IRB, Funding, Lab, etc.)
Mentor Signature: _____
Date:_____
Resident Signature: _____
Date:_____

U-2 Year: Research Initiated
Mentor Signature: _____
Date:_____
Resident Signature: _____
Date:_____

U-3 Year: Research Project Update: In Progress Completed Meeting Abstract Publication
Mentor Signature: _____
Date:_____ Resident Signature:
_____ Date:_____

U-4 Year: Research Project Update: Completed Meeting Abstract Publication
Mentor Signature: _____
Date:_____ Resident Signature:
_____ Date:_____

DEPARTMENT OF UROLOGY
RESIDENT QUALITY IMPROVEMENT PROGRESS FORM

Resident Name: Date:_____
PGY-1 Start Date: _____ U-4 completion date: _____
Quality Improvement Mentor:_____
QI Project Title and Brief Description:

U-1 Year: QI Idea Completed
Mentor Signature: _____
Date:_____
Resident Signature: _____
Date:_____

U-2 Year: Project Initiated
Mentor Signature: _____
Date:_____
Resident Signature: _____
Date:_____

U-3 Year: Project Update: In Progress, Completed, Meeting, Abstract, Publication.
Mentor Signature: _____
Date:_____ Resident Signature:
_____ Date:_____

U-4 Year: Project Update: Completed, Meeting, Abstract, Publication,
Mentor Signature: _____
Date:_____ Resident Signature:
_____ Date:_____

OVERVIEW OF RESIDENCY

The UTHSCSA Urology program 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 allowed 4 residents at each training level. 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 was approved and the transition completed 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 Systems-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 doing any urologic procedure and running their own practice.

By year:

PGY1 – This year is a General Surgery year under the oversight of the General Surgery Program Director. A variety of surgical rotations is 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, SICU and Urology.

U-1 (PGY-2) – This year, the U-1 residents rotate on 3 main services: University Hospital (UH), Pediatric (UH, Methodist, CHOSA), and Veterans Administration (VA)

Hospital. During the 2 UH rotations, residents get experience on the GU Consult service and beginning experience with development of endoscopic skills under the mentorship of Dr. Timothy Tseng, MD. A focused Neurourology & Voiding Dysfunction experience under the direction of Dr. Steven Kraus gives the resident a comprehensive knowledge base in these areas and prepares them for the remaining years. The U-1 training includes urodynamics (UDS) procedures performed at the clinic and exposure to video urodynamics (VUDS) procedures through the South Texas Pelvic Floor Center at MARC. Continuity clinics at University Urology Specialists office – located at the University's Medical Arts & Research Center (MARC) and the Robert Brady-Green UHS Outpatient Clinic (RBG) - 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. The 6 months at UH allows the resident the opportunity to perform a high volume of outpatient endoscopic procedures as well as the opportunity to perform and assist with open procedures of varying complexity at University Hospital.
The second U-1 rotation is a Pediatric Urology rotation. During this rotation, which includes two residents (U-1 and U-3), the U-1 resident has the opportunity to operate with the full-time clinical faculty in performing a wide range of surgical procedures. Continuity clinics are based at both the MARC and RBG as well as the Pediatrix Urology clinics. Outpatient pediatric urodynamics instruction is available at the MARC 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 UT Faculty 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/Super-Sub (Funded Research, Infertility-Andrology, Radiology, Doctor's Hospital Renaissance, etc.), Santa Rosa Medical Center, VA, and Methodist. **The Elective/Super-Sub (E/SS) rotation, the resident has options to participate in several focused areas of instruction.** During an ***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, if funded, the resident may spend time doing a ***research*** (clinical or basic science) project in conjunction with limited clinical responsibilities (usually at the UH or VA Hospitals). 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 several weeks 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 developing an understanding of the conduct, design and execution of research trials. The Super-Sub part of the rotation includes covering the resident absences from other services (Vacations, etc) so that the operative experiences on those services are not missed. Another 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. LeRoy Jones, MD who along with the entire teaching faculty of the USA group, 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. LeRoy Jones, 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 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 and at the RBG & MARC university outpatient facility. An additional rotation at the University Hospital provides exposure to management of a complex service and participation in oncology cases of increasing complexity. 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. The 4th rotation, Elective/Research, allows the residents to again take advantage of on- and off-site elective rotations and research activities with clinical responsibilities integrated into the time.

U4 – During the U-4 year, the residents assume their Chief Resident status at the VA, University Hospital, and Santa Rosa Medical Center hospitals. A fourth , Administrative rotation based at UH focusses on developing skills in management and systems-based practice. They are provided with extensive administrative support for their activities and work side-by-side with the institutional Chiefs – Dr. Tim Tseng at UH, Dr. Joseph Basler at the VA, Dr. Ron Rodriguez at UH and Dr. Robert Svatek at SRMC. As Administrative

chief, the U-4's cover excess upper level cases at the core institutions but will also cover leave time of the upper level residents. The latter experience insures that no index cases will be lost to the resident staff. However, a big part of their experience is management of call schedules and the educational curriculum including medical student education. The administrative chiefs each have responsibility for certain administrative and educational activities including: 1. Resident call and leave schedule throughout the year, 2. Membership on the Program Evaluation Committee (PEC), 3. Developing the curriculum for the U-1 orientation at the beginning of the academic year, and 4. Participation in the development of the Geriatric Urology Symposium.

In addition to their responsibilities of coordinating care at these institutions, the U-4's 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 Pre-op Conference, (7) serving as senior mentors for junior residents, and (8) serving as the senior members of the residency team to all faculty-resident strategic conferences and retreats. The latter involvement provides guidance and input to faculty with regards to further developments and enhancements in the training program.

The SRMC service provides extensive Urologic Oncology experience. This 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. Rob Svatek. The outpatient continuity clinic for this rotation occurs at the MARC faculty clinics along side the clinical oncology faculty. The VA service is designed to give the chief resident a balanced experience with clinic, operative and administrative experiences in an environment that requires development of superior organizational skills. This rotation provides an additional operative experience in open, laparoscopic and robotic experience with responsibility for the educational development of the junior residents and medical students. The expected outcome is a mature, well-rounded and organized surgeon capable of managing a complicated OR and clinic schedule.

Resident Rotation Assignments 2015 – 2016 (General Outline)

		July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
U-4		VA	VA	VA	AC	AC	AC	SRMC	SRMC	SRMC	UH	UH	UH
U-4		UH	UH	UH	VA	VA	VA	AC	AC	AC	SRMC	SRMC	SRMC
U-4		SRMC	SRMC	SRMC	UH	UH	UH	VA	VA	VA	AC	AC	AC
U-4		AC	AC	AC	SRMC	SRMC	SRMC	UH	UH	UH	VA	VA	VA
U-3		E/Res	E/Res	E/Res	Ped	Ped	Ped	M	M	M	UH	UH	UH
U-3		UH	UH	UH	E/Res	E/Res	E/Res	Ped	Ped	Ped	M	M	M
U-3		M	M	M	UH	UH	UH	E/Res	E/Res	E/Res	Ped	Ped	Ped
U-3		Ped	Ped	Ped	M	M	M	UH	UH	UH	E/Res	E/Res	E/Res
U-2		M	M	M	SRMC	SRMC	SRMC	SS	SS	SS	VA	VA	VA
U-2		VA	VA	VA	M	M	M	SRMC	SRMC	SRMC	SS	SS	SS
U-2		SS	SS	SS	VA	VA	VA	M	M	M	SRMC	SRMC	SRMC
U-2		SRMC	SRMC	SRMC	SS	SS	SS	VA	VA	VA	M	M	M
U-1		UH-V	UH-V	UH-V	Ped	Ped	Ped	UH-En	UH-En	UH-En	VA	VA	VA
U-1		VA	VA	VA	UH-V	UH-V	UH-V	Ped	Ped	Ped	n	UH-En	UH-En
U-1		UH-En	UH-En	UH-En	VA	VA	VA	UH-V	UH-V	UH-V	Ped	Ped	Ped
U-1		Ped	Ped	Ped	UH-En	UH-En	UH-En	VA	VA	VA	UH-V	UH-V	UH-V

KEY:

VA-Audie Murphy Veterans Hospital
UH - University Hospital
UH-En – Endourology
UH-V– Voiding Dysfunction/Neurourology
SRMC - Santa Rosa Hospital - Adult
SLB – St. Lukes Baptist (Phased out 08-16-20015)
Ped- Pediatrics
M - Methodist Hospital
DHR – Doctor's Hospital, Renaissance
E – Elective
SS - Supersub; AC - Administrative Chief

Note: U-1 Rotations = 3 months
U-2 Rotations = 3 months
U-3 Rotations = 3 months
U-4 Rotations – 3 months

EDUCATIONAL PORTFOLIO – INDIVIDUAL LEARNING PLANS - MILESTONES

The ACGME has determined that every Urology resident must maintain a "learning portfolio" that begins to integrate the Urology Milestones.

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?
The 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, the 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 many state licensure boards for certification or recertification in the future). Like it or not, you will be dealing with the Six Competencies for the rest of your professional life.

Mechanics:
The Program Coordinator will provide a digital portfolio binder that will house the required documents. As you progress through your residency you will fill this binder with evidence of your evolving competence as a Urologist and physician. It is your responsibility to maintain it and to make sure that all the necessary documents / components are present for your semi-annual review with the Program Director.

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

Your portfolio will be primarily a digital file though some parts may continue as a paper-based document. You may want to include other media (Power-point presentations, for example, or electronic data files of invasive procedure logs and case logs). *Please remove patient identifiers from all documents.*

Resident Portfolio Evaluation Checklist

Resident_____ Date_____

Please have your portfolio organized with all documentation in place. **All items in bold print are required!**

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 exhibits
Advancing: substantial demonstration of required exhibits
Competent: satisfactory demonstration of required exhibits
Above Competence: outstanding demonstration of required exhibits
Though not a surrogate for the Milestones, you can see that these evaluations dovetail into the Milestones process and may be considered in the overall Milestones evaluation.

Patient Care

____Invasive procedure/case log, up-to-date/ACGME Minimum Numbers
____Rotational 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 handbook)
____Blood-borne Pathogens Safety Training Course (UTHSCSA, VA)
____Radiation & Laser Safety Training Course (UTHSCSA, VA)

Medical Knowledge

____In-service examination scores
____Extracurricular Urology conferences, Urology courses, Progression through the AUA Curriculum and Urology self-assessment (SASP) modules.
____Participation in the formal Curriculum including: Presentations (include a copy of all presentations), case discussions (include a brief discussion summary with references and outcomes) and analysis of scientific journal articles with written critique (include copy of articles)
____Research project, including manuscript, exhibit and presentation.

Practice-based Learning & Improvement

____Urology self-assessment modules (e.g. SASP)
____Quality Improvement project, including manuscript, exhibit and presentation.
____Documentation of participation in hospital QI/QA and regulatory activities
____Case presentations at conferences: preparation and presentation (include .ppt or other files)
____Participation in interdepartmental Internal Review, with short personal analysis of process. See Program Coordinator for upcoming Internal Reviews.

Interpersonal Communication Skills

____Institutional Core Competencies Sessions (Informed Consent, Conflict Resolution, Crafting Apologies, Delivering Difficult News, etc) with documentation of attendance.
____Multidisciplinary oncology 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.
____Residents as Teachers Course and related activities (UTHSCSA)

Professionalism

____Conference attendance record
____Online modules: "Patient Confidentiality", "Ethics"
Include documentation of completion.
____Institutional Core Competencies (Impaired Physicians, HIPPA instruction).
Include documentation of attendance.
____U.T. Risk Management Course
____Medicare Compliance Ethics Instruction (CDT certificate)
____Membership & Activity in professional societies

System-based Practice

____Multidisciplinary conference; preparation and moderation
(show dates and patient lists)
____Quality Improvement Project - Resident analysis of systems-based problem; with data, solution and implementation, if applicable.
____Billing and Documentation Instruction (CDT certificate)
____ Departmental Planning Retreat (Usually Chief Residents)
____Hospital / school / department committee service
____Participation in interdepartmental Internal Review, with short personal analysis of process. See Program Coordinator 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 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.
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Individual Learning Plan (ILP)

The ILP takes into consideration the differing needs of the individual learners and attempts to delineate the steps necessary to build on the resident's strengths and improve the weaknesses. While the in-service examination is designed to test basic knowledge and the ability to follow proscribed guidelines and best practices, the ILP includes development of surgical and other skills necessary to become a superior urologist. The ILP should be reviewed periodically during the year by the resident and used as a discussion tool for study planning. It will also be reviewed at the PD's semiannual review session.

ILP Form
This form will be placed in your portfolio as your self directed Individual Learning Plan (ILP). You will complete this annually and make adjustments as you attain each goal.

Name: **PGY Level:** **Date:**

Goals for current PGY year:
1.
2.
3.

Objectives to reach PGY year goals:
1.
2.
3.

Goals for Urology Residency:
1.
2.
3.

Objectives to reach Urology Residency goals:
1.
2.
3.

In-Service Exam Problem Areas:

Plan of Action to resolve ISE problem areas:

What do you consider to be your <u>strengths</u>?
How can you build on them?

What do you consider to be your <u>weakness</u>?
How can you improve them?

What <u>opportunities</u> lie ahead that will benefit you education?
How can you realize them?

What <u>threats</u> do you perceive to your successful educational objectives?
How can you obviate or prevent them?

MILESTONES

The 32 Urology Milestones are listed on the ACGME website. They cover general areas of clinical functionality mostly focused on the 6 core competencies.
Each resident must be evaluated with respect to the competencies which is then translated to progress in the milestones on a semiannual basis.
The basic descriptions of the milestones is available at the following link.
https://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/UrologyMilestones.pdf

COMPETENCY-BASED RESPONSIBILITIES FOR ALL RESIDENTS

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 has mandated specific competency-directed activities and careful documentation. Toward this end, the following knowledge, skill, and attitude requirements, as well as additional urologic surgical technical ability and institutional requirements, are defined.

Responsibilities for All Residents on All Rotations

1. ***Appointment.*** 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. ***Handbook.*** 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, Stephanie Radassao.
   Competency: Institutional Requirement/Professionalism
   Documentation: Receipt of signed certification page by Program Coordinator

3. ***Clinical Care.*** 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. ***Conferences.*** All residents will prepare for, attend on time, and participate actively in all teaching conferences, morbidity and mortality conference, urodynamics conference, uro-oncology 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 but remain responsible for the educational content of the conference
   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. ***Examination.*** All residents will prepare for and take the annual in-service examination sponsored by the American Urologic Association.
   Competency: Medical Knowledge, Professionalism
   Documentation: In-Service Examination Scores

6. ***Clinical Documentation.*** 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 rules of Medicare/Medicaid/Tricare/VA. 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. ***Surgical Documentation.*** 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. Perform the operation, with oversight from the senior resident and/or attending staff, in such a way that patient safety and favorable therapeutic outcomes are the paramount goals.
e. Prepare the immediate Brief Operative Note per hospital policies and write or dictate thorough operative reports in a timely fashion (usually within 24 hours). Complete a post-operative check note to indicate successful recovery from the procedure.
f. Write post-operative observation/admission orders or outpatient orders including prescriptions
g. 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/ to log-in. If you do not have an ID and password, contact the Program Coordinator, Crystal Montez (email: Montezcm@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
A list of CPT codes to help expedite entries can be downloaded from:
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.

Competency: Patient Care, Technical Skills, Institutional Requirements, Delinquent Dictation Reports from Medical Records
Documentation: Global Resident Competency Rating Form, Resident Case Logs

8. ***Duty Hours.*** 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.
Competency: ACGME/Institutional Regulations, Patient Care, Professionalism
Documentation: Duty Hour Logs, Institutional Duty Hour Log Audit Reports

9. ***Fatigue.*** 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.

Competency: Professionalism, Patient Care/Patient Safety

Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form by peers

10. ***Curriculum.*** The AUA Curriculum and integrated ACGME required topics will be covered in the conference schedule about every 18 months. Though each resident will have an assignment to help teach one of the conferences on a monthly basis, the reading assignments are meant for the entire resident staff and should be completed prior to conference for optimal educational effect. All residents are expected to read other topics in conjunction with care of patients. While the formal curriculum is helpful, each resident will develop a more intensive reading plan utilizing the AUA Curriculum In Urology which links to chapters in AUA Updates and Campbell's Urology as part of their personal home study routine and Individualized Learning Plan (ILP). The Department of Urology provides each resident with the 4-volume Campbell's Urology on-line access, AUA Update series and AUA Candidate Membership which gives them direct access to the Journal of Urology and the AUA Curriculum website.

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

    Documentation: In Service Scores, Individualized Learning Plan Meetings

11. ***Continuing Education.*** All residents will read articles in Journal of Urology (JU) or other articles in journals (e.g., Urology (U), BJU, Prostate, Endourology, Andrology, NEJM, JAMA) assigned by the faculty as part of the conference reading. At conferences, 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. Additionally, residents are encouraged to read the table of contents for JU and U each month, flagging articles relevant to current conference topics for further review. **All review articles should be read each month.** *A subscription to Journal of Urology (as part of resident candidate membership in the AUA) is provided by the Department of Urology. Other journals are available on-line through the University Library system.*

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

    Documentation: Conference Attendance Record, Global Resident Competency Rating Form

12. ***Socioeconomics.*** 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.

Competency: Systems-Based Practice, Professionalism

Documentation: Attendance at Grand Rounds dedicated to socioeconomic topics, 360 evaluations by clinic personnel, patients, observed patient encounters

13. ***Diversity.*** 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. ***Ethics.*** All residents are expected to develop and demonstrate values consistent with the highest ethical practice of medicine. Voluntary adherence to the AUA Code of Ethics (below) is encouraged.

    Competency: Professionalism

    Documentation: Attendance at or on-line review of GME Core Competency Lectures related to Ethics; Evaluations from Faculty, Nursing Staff, Administrative Staff, Peers, Patients

15. ***Resident Teaching.*** 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. ***Research.*** 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 information 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 submission. Submission of associated abstracts to scientific meetings is also encouraged.
Competency: Medical Knowledge, Practice-Based Learning
Documentation: Submitted/Accepted Manuscripts and Abstracts

17. ***Evaluation.*** 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. ***Goal & Objective based Training.*** 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.
Competency: Practice-Based Learning and Improvement, Professionalism
Documentation: Completed Evaluation Forms
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GENERAL GOALS & OBJECTIVES PGY-1

PGY-1 GENERAL GOALS AND OBJECTIVES

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. 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. Additionally, PGY-1 residents are required to read the "Smith's Urology" text during the year and review the chapters with assigned faculty during monthly review sessions.

General Goals:

Develop understanding of:

- Evaluation & management skills relevant to surgical conditions
- The need for accurate medical documentation.
- Pathophysiology of common surgical conditions
- The unique nature of preoperative evaluations
- The natural history of surgical problems, their outcomes and the relevance to post-operative care both short- and long-term.

Develop experience necessary to recognize and triage acutely ill or injured patients

General 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 TJC 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
- Antimicrobial prophylaxis and therapy
- Antifungal prophylaxis and therapy
- Pain management
- Wound care
- Enteral nutrition
- Parenteral nutrition
- Renal dysfunction dose adjustments
- Postoperative diet advancement
- Postoperative fever assessment
- Postoperative nausea assessment
- Postoperative hypoxia assessment
- Postoperative hypotension assessment
- Fluid / electrolyte management
- Acid / base management
- Blood product utilization / transfusion
- Intravenous line/injection
- Intramuscular injection
- Foley catheter placement
- Removal/placement of drains
- Removal/placement of skin staples
- Nasogastric tube placement
- Reducing use of unnecessary therapies and testing/Cost containment

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.

Urology Specific Goals:
Develop a basic understanding of the pathophysiology of common genitourinary conditions
Develop a general understanding of interventions both medical and surgical that are necessary to treat common genitourinary conditions
Begin to develop a clinical or basic science research project.
Objectives:
Read the entirety of the 'Urology - Lecture Notes' text during the course of internship (PGY-1).
Participate in the monthly urology discussion group sessions dedicated to this review.
Participate in Urology conferences while rotating on service
Work with the faculty mentor to develop the basics of the research project (concept, initial application for funding, IRB approval, etc)
Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, on rotation experience
Competency: Patient Care, Medical Knowledge, Interpersonal & Communication Skills
Documentation: Faculty evaluation

GENERAL GOALS & OBJECTIVES U-1

U-1 (PGY-2, 3) GENERAL GOALS and OBJECTIVES

In addition to the goals listed for PGY-1, 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 2014-2015 include University Hospital (2), VA, and Pediatrics. The U-1 year includes a major exposure to endoscopic procedures, neurourology/voiding dysfunction, pediatric urology and GU minor open procedures. Some more advanced cases including laparoscopic experience may be available as well.

General Urology Goals:

Residents will:

Build upon the knowledge base from the previous surgery experience.

Become well read in all areas of the care of surgical patients as initiated in the

PGY-1 year.

Use the AUA Curriculum to develop an organized approach to reading the core information in Urology.

Continue to develop good documentation habits.

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 an 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.

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

Develop liaisons with other members of the Urologic community and begin to establish a reputation as a professional.

Objectives:

Residents must demonstrate **clinical competence** in the following areas:

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.

Integrate clinical information to develop differential diagnosis and most likely diagnosis

Realization of an appropriate level of concern and urgency for the subsequent testing and treatment of patients.

Interpretation of the results of laboratory and imaging studies in a timely fashion and within the overall context of the patient's treatment planning.

Understanding the indications for endoscopic and urodynamics testing.
Performance of basic endoscopic procedures including cystoscopy, ureteroscopy and straight-forward percutaneous renal endoscopic procedures.
Perform and interpret urodynamic procedures.
Evaluation and treatment of straight forward to moderately complex voiding dysfunction problems.
Identification and development of mechanisms to overcome barriers to timely and cost-effective patient care strategies.

Residents must demonstrate **academic & professional competence** in the following areas:

Actively participate in M&M conference and Tumor board.
Be able to cogently present the details of interesting or challenging cases at Conference
Prepare Urology grand rounds lectures, case presentations and literature reviews for topics related to the core curriculum.
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
Begin a quality improvement project.
Continue work on a clinical or basic science research project.

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, Professionalism
Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Patient Evaluations, spot checks of clinic notes, Conference attendance forms

<u>Urologic Education Specific Goals</u>

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

Objectives:

Be able to describe and outline the detailed:

Development of the human genitourinary system
Neuromuscular anatomy & function of the genitourinary system with respect to: anatomy and voiding from birth to senility.
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 describe the physiologic basis underlying the evaluation of these systems including:

Urodynamics, Video-urodynamics
Tests for evaluation of adrenal pathology
Tests in the evaluation of hypogonadism, infertility, erectile dysfunction, and ejaculatory disorders.

Tests for the evaluation of undescended testes and intersex disorders
Tests for the metabolic evaluation of stone disease.

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.

<u>Urology Clinical Competency Specific Goals:</u>
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:
Demonstrate confidence in interpretation of history & clinical data and propose initial treatment/evaluation plans for:

All levels of trauma patients
Hematuria
Incontinence
Priapism
Peyronie's disease
Phimosis, Paraphimosis
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 a more sophisticated consultant or attending staff.
Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, clinical experience
Competency: Medical Knowledge, Patient Care, Practice-based learning & Improvement, Professionalism
Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Patient evaluations

Emergent, Consultation & Inpatient Care Goals:

Residents will:

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

Further develop confidence and leadership skills with the hospital team.

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

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

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

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

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

Develop skills to prevent and manage post-operative complications

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

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

Objectives:

Residents will demonstrate clinical competence in the following areas:

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

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:

Residents will:

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

Understand the indications for urologic surgical interventions along with an appreciation of the risks & benefits and alternative treatments available for each condition.

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

Objectives:

Demonstrate the safe use of fluoroscopy equipment in the operating room including the proper use of shielding & radiation monitoring for personnel and patient as appropriate.
Demonstrate the correct and successful use of ultrasound for delineation of renal anatomy, diagnosis and biopsy of prostate lesions, and bladder anatomy including 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*:**

Assistant or primary surgeon for the following:

Opening and closing abdominal & flank incisions including the midline, subcostal, chevron, thoracoabdominal, Gibson, lumbotomy and flank incisions.Pelvic lymph node dissection
Urostomy creation & revision Bladder repair (trauma)
Hypospadias repair (pediatric)
Circumcision (adult and pediatric)
Orchidopexy (pediatric)
UPJ repair, pyeloplasty (adult & pediatric)
Ureteral reimplant (adult & pediatric)
Simple and radical orchiectomy
Hydrocele repair (adult & pediatric)
Varicocelectomy/ligation
Spermatocelectomy
Orchidopexy for torsion
Correction of Peyronie's Disease
Placement of initial penile prosthesis or AUS
CO2 laser use
Bladder neck suspension/Pubovaginal sling
Bladder neck suspension
Male and female sling procedures
Interstim placement
Cystocele repair
Rectocele repair
Enterocele repair

Assist on urologic procedures in high-risk patients

***Endoscopic Surgery*:**
Assistant or primary surgeon for the following:
Cystoscopy (pediatric and adult)
Resection of valves (pediatric)
Transurethral resection of papillary bladder tumor
Incision of urethral stricture
Transurethral incision of the prostate
Cystolitholapaxy
ESWLUreteroscopy (diagnostic and therapeutic)Holmium and KTP laser use
PCNL

[Note: Specifics of the 2 procedures below are provided to demonstrate an example of 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
Pre-TRUS orders including assessment for appropriate antibiotic prophylaxis
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-procedure 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 pre-op evaluation, appropriate indication, preparation, handling of the instrumentation & fluid completion of the procedure, and post-op care.

Urodynamics
Scrotal incisions, excisions
Intracorporal injection
Suprapubic tube placement
Stent removal
Retrograde pyelography Circumcision/dorsal slit
Excision of genital skin lesions
Vasectomy

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

Competency: Medical Knowledge, Patient Care, Technical Skill

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

GENERAL GOALS & OBJECTIVES U-2

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

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

General Goals:

Build upon the knowledge base from the previous surgery experience.
Develop further communication skills related to providing consultative services in the hospital and outpatient services.
Nurture and build upon the liaison with other members of the Urologic community and begin to establish a reputation as a professional.
Develop surgical skills in all areas of Urologic Surgery.

Objectives:

Prepare Urology lectures & discussions on topics related to the AUA Curriculum.
Prepare a clinical, basic science research, or QA project.
Present demonstrative clinical cases at conference.
Actively participate in Conferences and Tumor board.
Complete self-assessment and Individualized learning plan.
Complete peer, faculty and program evaluations to help improve the training program.
Maintain candidate membership in the AUA, South Central Section (AUA) and the Texas Urologic Society

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences.
Competency: Medical Knowledge, Practice-based learning & Improvement, Professionalism, Interpersonal & Communication skills
Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Conference rating forms, Conference attendance forms

Urologic Education Specific Goals

Further develop a mastery level understanding of the physiology and pathophysiology of the major urogenital systems.
Develop a thorough understanding of anatomy including the retroperitoneum, pelvis, abdominal

viscera, genitalia, etc.
Develop an understanding of renal transplantation
Develop an understanding of the health care system as it exists today
Become fluent in the concepts of medical coding.

Objectives:

Be able to describe and outline the detailed:

Neuromuscular anatomy & function of the genitourinary system with respect to anatomy and voiding from birth to senility
Neuromuscular anatomy and endocrine regulation of the male reproductive system including testicular function, libido, sexual activity and reproduction
Physiology of the kidney & upper urinary tract along with the pathophysiology associated with obstruction, stone disease and general comorbid conditions.
Physiology of the adrenal gland and pathophysiology of associated tumors

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

Urodynamics, Video-urodynamics
Tests for evaluation of adrenal pathology
Tests in the evaluation of hypogonadism, infertility, erectile dysfunction and ejaculatory disorders
Tests for the evaluation of undescended testes and intersex disorders
Tests for the metabolic evaluation of stone disease
Actively interpret and design treatment plans around these tests.

Be able to describe the evaluation and selection process for renal donors and recipients
Be able to discuss the immunological basis of transplant rejection and the mechanisms to prevent rejection including immune system modification
Be able to discuss the common complications of renal transplantation and their management.

Be able to describe the rationale around the current coding of diagnoses (ICD-9 and ICD-10) and procedures (CPT) in urology.
Be able to describe the current state of medical care in the United States especially as it relates to provision of needed care to patients in the local practice. This should include a basic understanding of the various entitlement programs (Medicaid, Medicare, VAHCS), public assistance programs (Carelink) and private insurance (HMO, PPO, Other).

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences,
Competency: Medical Knowledge, Professionalism. System-based practice
Documentation: Global Resident Competency Rating Form, In-service examination scores, performance at conferences.

Urology Clinical Competency Specific goals:

Further develop confidence and leadership skills with the clinic team.
Further build on skills that prevent and manage post-operative complications
Further build on teaching skills to assist the more junior residents and students on the service.
Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

Improve evaluation, management and clinic procedure skills and efficiency
Become familiar with the nuances of urologic problems in spinal cord patients
Develop a better understanding of more complex urologic problems

Objectives:

Appropriately request and interpret postoperative tests/data on urology inpatients & ICU patients.
Develop detailed treatment plans independently
Become fluent at discussing the rationale for the plans with a highly sophisticated (other staff, attendings, consultants) and less sophisticated (patient, family) group.
Become more efficient at assessment, diagnostic procedures and treatment planning.
Successfully manage a busy diagnostic clinic
Integrate the basic knowledge of spinal cord injury states with urodynamic findings, and endoscope findings (as appropriate) to develop rational bladder management plans.
Confidently interpret history & clinical data and propose initial treatment/evaluation plans for:

- Complex stone disease
- Renal and bladder malignancies
- Prostate, testis and penile malignancies
- Complex voiding disorders

Mechanism of learning: Reading, Spinal cord injury handout, mentoring by upper level residents/faculty, conferences, on rotation experience.
Competency: Patient Care, Medical Knowledge, Interpersonal & Communication skills, Systems-based practice & improvement.
Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Patient Evaluations, spot checks of clinic notes

<u>Emergent, Consultation & Inpatient Care Goals:</u>

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.

<u>Urology Specific Surgical Skills Goals</u>:

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

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

Objectives

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

- Simple prostatectomy
- Radical nephrectomy
- PCNL
- Transurethral resection of large bladder tumor
- TURP
- Laser prostatectomy procedures
- Endopyelotomy
- Bladder neck suspension/Pubovaginal sling
- Ureteroscopy for upper tract tumor
- Ureteroscopy for complex stones
- End-to-end urethroplasty
- Urethrectomy
- Partial cystectomy/diverticulectomy
- Repair of bladder injury/rupture
- Vasography
- Vaso-vasostomy/vasoepidimostomy
- Bladder neck suspension
- Interstim placement
- Cystocele repair
- Male and female sling procedures
- Rectocele repair
- Enterocele repair
- Vaginal and abdominal hysterectomy
- Assist with transplant nephrectomy
- Assist with renal transplantation
- IPP and AUS placement

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

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

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

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

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

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

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

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

experience, Skills lab
Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning, Surgical skills
Documentation: Attendance record of conferences, Global Resident Competency Rating Form, Operative evaluation forms, peer and staff 360 rating forms

Research Goals:
Develop an understanding of the complexity of clinical and basic science research
Develop understanding of statistical methods that are necessary to validate clinical research
Objectives:
Continue design and begin implementation of a research project based upon a relevant clinical or basic science question in Urology
Analyze the data with current statistical methodology
Prepare and present the study at the annual resident research day in June (Aust Society Meeting).
Submit abstracts from the study to local, regional or national meetings
Prepare a publication quality document for submission.
Mechanism of learning: Reading, mentoring by faculty research advisor, conferences,
Competency: Medical Knowledge, Technical Skill, Practice-based learning, Professionalism
Documentation: Global Resident Competency Rating Form, Peer & staff 360 Degree Rating Form.

Quality Improvement Goals:
Develop an understanding of the complexity of clinical care and the inherent need for patient safety innitiatives
Develop understanding of methods that are necessary to improve patient outcomes, health care efficiency and decrease overall costs of health care.
Objectives:
Continue design and begin implementation of a QI project based upon a relevant clinical question in Urology
Analyze the data with current statistical methodology
Prepare and present the project to the key stake-holders
Submit abstracts from the QI Project to local, regional or national meetings
Prepare a publication quality document for submission.
Mechanism of learning: Reading, mentoring by faculty research advisor, conferences,
Competency: Medical Knowledge, Technical Skill, Practice-based learning, Professionalism
Documentation: Global Resident Competency Rating Form, Peer & staff 360 Degree Rating Form.

GENERAL GOALS & OBJECTIVES U-3

U-3 (PGY-4, 5) GENERAL GOALS AND OBJECTIVES

The U-3 resident serves as the senior resident (functional chief) while on the Methodist, and 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. A period of elective time allows further development of specialty skills and completion of QI & Research projects started in the U-2 year. The super-chief responsibilities include coverage of services while the other U-3 and U-4 residents are on leave. The resident is also now called upon to develop administrative skills in the UH rotation 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 Urology lectures on topics related to the AUA Curriculum.
Prepare a clinical, basic science research, or QI project.
Present demonstrative clinical cases at conference.
Actively participate in Conferences and Tumor board.
Complete self-assessment and individualized learning plan.
Complete peer, faculty and program evaluations to help improve the training program.
Maintain candidate membership in the AUA, South Central Section (AUA) and the Texas Urologic Society

Mechanism of learning: Reading, mentoring by 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, Video-urodynamics
- Tests for evaluation of adrenal pathology
- Tests in the evaluation of hypogonadism, infertility, erectile dysfunction and ejaculatory disorders
- Tests for the evaluation of undescended testes and intersex disorders
- Tests for the metabolic evaluation of stone disease

Actively interpret and design treatment plans around these tests.
Be able to 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.

<u>Urology Clinical Competency Specific goals:</u>
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,

Emergent, 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 (open/robotic)
- Pediatric partial nephrectomy
- Revision pyeloplasty
- PCNL with multiple access/concomitant ureteroscopy
- Segmental ureterectomy
- Distal ureterectomy
- Ureteral reimplantation for ureteral disruption
- 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 Peyronie's 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.

Quality Improvement Goals:
Develop an understanding of the complexity of clinical care and the inherent need for patient safety initiatives
Develop understanding of methods that are necessary to improve patient outcomes, health care efficiency and decrease overall costs of health care.
Objectives:
Continue design and begin implementation of a QI project based upon a relevant clinical question in Urology

Analyze the data with current statistical methodology
Prepare and present the project to the key stake-holders
Submit abstracts from the QI Project to local, regional or national meetings
Prepare a publication quality document for submission.
Mechanism of learning: Reading, mentoring by faculty research advisor, conferences,
Competency: Medical Knowledge, Technical Skill, Practice-based learning, Professionalism
Documentation: Global Resident Competency Rating Form, Peer & staff 360 Degree Rating Form.

GENERAL GOALS & OBJECTIVES U-4

U-4 (PGY-5, 6) GENERAL GOALS AND OBJECTIVES

The U-4 residents are Chief Residents on the three most complex services in the UTHSCSA system – University Hospital, VAHCS and Santa Rosa Adult service. The fourth rotation is Administrative Chief Resident. The UH has a three 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. The Santa Rosa Service encompasses the Medical Center facility where most of the surgical activity occurs. 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, robotic and endoscopic cases while guiding the surgical development of the more junior residents. The Administrative rotation involves coverage of leave for the other residents as well as taking a lead role in educational efforts - especially the MS-3 and MS-4's rotating on the services.

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
Successfully compete for Fellowship or private practice opportunity.

Objectives:

Prepare Urology lectures on topics related to the AUA Curriculum.
Prepare a clinical, basic science research, or QA project for presentation at the end of the academic year.
Present demonstrative clinical cases at conference.
Actively participate in Conferences and Tumor board.
Present at the Tumor Board and preoperative conferences.
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-3).
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, ICD-10) 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.

<u>Urology Clinical Competency Specific goals:</u>

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 *professionalism* 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, robotic 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 intra-operative 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

Quality Improvement Goals:

Develop an understanding of the complexity of clinical care and the inherent need for patient safety initiatives
Develop understanding of methods that are necessary to improve patient outcomes, health care efficiency and decrease overall costs of health care.

Objectives:

Continue design and begin implementation of a QI project based upon a relevant clinical question in Urology
Analyze the data with current statistical methodology
Prepare and present the project to the key stake-holders
Submit abstracts from the QI Project to local, regional or national meetings
Prepare a publication quality document for submission.

Mechanism of learning: Reading, mentoring by faculty research advisor, conferences,
Competency: Medical Knowledge, Technical Skill, Practice-based learning, Professionalism
Documentation: Global Resident Competency Rating Form, Peer & staff 360 Degree Rating Form.

RESIDENT GOALS AND OBJECTIVES BY ROTATION U-1

U-1 (PGY-2,3) GOALS AND OBJECTIVES BY ROTATION

The following G&O's are representative of the unique experience gained at the individual institutions and represent a subset of the overall G&O's for the U-1 year. Duplication of experience in certain areas is expected and may also be reflected in the G&O's below. The General Urology G&O's and Urologic Education Specific G&O's apply to all rotations and will not be further elaborated upon in this section.
Residents should review these G&O's prior to each rotation. Further they should discuss them with the local site director prior to, during and at the conclusion of the rotation to gain feedback and provide input into any revisions necessary.

University Hospital

The University Hospital (UH) is also known as the Bexar County Hospital and as such serves as the main facility for care of the population of the county surrounding San Antonio. It has a level 1 trauma center and accepts a large number of otherwise unfunded or subsidized patients. There are 2 distinct rotations at UH, the Neuro-Urology focus and the Endourology focus. In addition to the general Goals & Objectives, specific information for these is noted below.

Urology General Clinical Competency Specific Goals:

Further develop evaluation and management skills for the most common urologic problems.
Develop communication skills to accurately inform and educate patients and other healthcare professionals.
Develop an awareness of the unique patient population of the University Hospital including the indigent population.
Appreciate the social complexity and gain awareness of the social support structures that allow breach of the significant barriers to care for this population.

Objectives:

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

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

Provide appropriate metabolic evaluation of stones, hypogonadism, adrenal masses
Provide appropriate staging evaluation of newly-diagnosed neoplasms.

Be able to discuss findings, diagnoses and treatment plans in lay terms.
Be able to discuss the same with a more sophisticated consultant or attending staff.
Provide avenues for eliminating the barriers to adequate health care in the indigent patient setting.
Develop patterns of practice that incorporate social services and counseling to allow continued access to the health care system for the indigent patients.
Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, clinical experience
Competency: Medical Knowledge, Patient Care, Practice-based learning & Improvement, Professionalism
Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Patient evaluations

Emergent, Consultation & Inpatient Care Goals:
Continue to provide the highest level of care based upon the previous year's experience.
Further develop confidence and leadership skills with the hospital team.
Use the skills learned on the previous general surgery rotations to manage the acute and chronic health issues of the service's patients and consult patients.
Demonstrate the development of added efficiency of Evaluation & Management skills while seeing patients in the ER.
Demonstrate effectiveness in patient care by rounding at least twice daily on all service patients and as needed for in-house consult patients.
Write efficient, concise progress notes on all urology patients in the intensive care unit or ward with the input from the senior residents and attending staff.
Demonstrate efficient use of time by being prepared with patient information as it becomes available and integrating the information into the care plan in real time.
Develop skills to prevent and manage post-operative complications
Develop teaching skills to assist the more junior residents and students on the service.
Develop communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.
Objectives:
Appropriately request and interpret postoperative tests/data on urology inpatients & ICU patients.
Be able to discuss details of the treatment plan and findings equally well with a highly sophisticated (other staff, attendings, consultants) and less sophisticated (patient, family) group.
Recommend and provide appropriate postoperative management following major surgical procedures including:

- Cystectomy
- Partial and total nephrectomy
- Radical prostatectomy
- Transurethral resection of the prostate
- Transurethral resection of bladder tumor
- Ureteroscopic and Percutaneous stone procedures
- 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 a further understanding of the anatomy related to Urologic surgical procedures.
Understand the indications for urologic surgical interventions along with an appreciation of the risks & benefits and alternative treatments available for each condition.
Develop an understanding and familiarity with urologic instrumentation.
Continue to foster an attitude of patient safety in all surgical care.
Understand and work to prevent the potential complications and adverse events of the procedures performed.
Understand the reasons for and become familiar with the management of complications related to urologic procedures.
Develop an understanding of radiologic techniques commonly used by the urologists in clinic and the OR.
Develop more refined skills of endoscopy and improve the efficiency and precision of outpatient and minor OR procedures.
Develop the knowledge base and confidence to take on more complicated endoscopic cases
Develop the knowledge base and confidence to begin major open and laparoscopic cases.
Objectives:
Demonstrate the safe use of fluoroscopy equipment in the operating room including the proper use of shielding for personnel and patient as appropriate.
Demonstrate the correct and successful use of ultrasound for diagnosis and biopsy of prostate lesions and post-void residual urine measurements.
Demonstrate an understanding of anatomy, indications, risks & benefits, familiarity with instrumentation and logical operative steps for the following:

Open Surgery:
Opening and closing abdominal & flank incisions including the midline, subcostal, chevron, thoracoabdominal, Gibson, lumbotomy and flank incisions.
Pelvic lymph node dissection
Urostomy revision
CO2 laser use
Bladder repair (trauma)
Circumcision (adult)
Ureteral reimplant (adult)
ESWL
Assist on urologic procedures on high risk patients

Endoscopic Surgery:
Cystoscopy (Adult)
Transurethral resection of papillary bladder tumor
Incision of urethral stricture
Ureteroscopy (diagnostic and therapeutic)
Transurethral incision of the prostate

Cystolithalopaxy
Holmium and KTP laser use

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 pre-op evaluation, appropriate indication, preparation, handling of the instrumentation & fluid completion of the procedure, and post-op 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, clinical experience. Radiation & Laser safety course
Competency: Medical Knowledge, Patient Care, Technical Skill
Documentation: Global Resident Competency Rating Form, Peer & staff 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports, Patient evaluations

Endourology Focus Rotation:
This rotation, under the direction of Dr. Timothy Tseng, will introduce residents to all aspects of endourology and stone disease. In addition to cases at UH, the MARC surgi-center, and the Brady-Green surgi-center, the resident will have continuity clinics at the Brady-Green clinic and see patients with Dr. Tseng at the MARC clinic.

Specific Goals:
Develop a thorough understanding of the pathophysiology of stone disease.
Develop an understanding of the relationship of other common metabolic conditions with stone formation.
Develop and understanding of the treatment of stones by expected composition, density, size, and location.
Develop a thorough understanding of the metabolic evaluation and steps necessary to prevent new stone growth and recurrence after treatment.

Specific Objectives:
Be able to recognize the common presentation of stone disease including signs, symptoms, associated complaints, exam findings, laboratory and imaging results.
Be able to recognize associated findings that modify the urgency and type of treatment including fever, pyuria, UTI, intractable nausea/emesis/pain, etc.
Be familiar with the current accepted treatment modalities:
- Medical (expulsive, dissolution, etc)
- Endoscopic (ureteroscopic – flexible/semi-rigid; laser, EHL, etc)
- Percutaneous (placement options, technique)

Be able to discuss the relative merits of different treatments based upon:
- Expected composition
- Size
- Density
- Location
- Comorbid conditions

Be able to discuss and understand the use of sequential therapies in successful stone management
Develop endoscopic skills that allow the use of multiple tools and techniques to access the upper urinary tract:
- Cystoscopy (rigid, flexible)
- Retrograde catheterization
- Wire and catheter use techniques
- Fluoroscopic imaging techniques
- Ureteral manipulation (dilation, sheath placement, etc)
- Ureteroscopy (semirigid, flexible)
  - Atraumatic passage
  - Basket, laser use
  - Stone manipulation
- Stent placement techniques

Develop basic skills for percutaneous access and treatment of stones
- Understand the lie of the calyces with respect to external and radiographic landmarks
- Image guidance (Ultrasound, fluoroscopic)
- Percutaneous needle and wire placement
- Securing access
- Dilation techniques
- Nephroscope use with tools for stone destruction/removal
- Completion of the procedure

Be able to discuss and plan follow-up management including imaging to assure a successful treatment outcome.
Be able to discuss, plan and interpret the metabolic stone evaluation.
Be able to discuss the overall prevention strategy for new stones based upon stone type and metabolic evaluation.
Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, clinical experience. Radiation & Laser safety course
Competency: Medical Knowledge, Patient Care, Technical Skill
Documentation: Global Resident Competency Rating Form, Peer & staff 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports, Patient

evaluations

Neuro-urology Focus Rotation:

This rotation, under the direction of Dr. Stephen Kraus, will introduce residents to all aspects of neuro-urology, voiding dysfunction and incontinence. In addition to cases at UH, the MARC surgi-center, and the Brady-Green surgi-center, the resident will have continuity clinics at the Brady-Green clinic and see patients with Dr. Kraus at the MARC and VA clinics.

Specific Goals:

Develop a thorough understanding of the CNS, spinal and autonomic nerve plexi involved in the storage and micturition

Understand the relationship of other physiologic and pathophysiologic processes that affect storage and micturition

Develop and understanding of and the skills necessary to perform an adequate urodynamic assessment when indicated

Develop an understanding of the nuances of these studies and be able to accurately interpret and report the findings.

Understand the indications and implications of findings of ancillary studies that can assess lower urinary tract structure & function

Develop a thorough understanding of the treatment options for voiding dysfunction and incontinence related to their etiology and comorbid variables

Develop a systematic approach to treatment and follow-up for these patients

Develop a clear understanding of the management of spinal cord injury patients with respect to voiding and upper tract preservation

Specific Objectives:

Be able to discuss the neurophysiology and neuroanatomy of normal storage and micturition

Discuss the various receptors and medications available to modulate micturition and storage

Be able to articulate the history, exam findings, related lab and imaging results necessary to assess storage and voiding problems

Be able to articulate the indications for imaging, urodynamics, cystoscopy and other studies necessary to complete a thorough evaluation of storage and micturition problems

Be able to articulate the expected lower urinary tract disorder associated with the level of nervous system injury

Be able to set up, perform and develop a cogent report for standard and video urodynamics studies

Be able to interpret the results of standard urodynamic studies

Be able to accurately document and code for urodynamic studies

After interpretation, be able to develop a cogent plan for intervention including medical and surgical management.

Be able to develop and execute a clear follow-up plan after medical intervention including medication adjustment, etc.

Hone skills in the following surgical procedures related to incontinence and voiding dysfunction:

- Sling procedures (male & female)
- Other bladder suspension techniques
- AUS insertion
- Bladder augmentation
- Botox injections

Be able to discuss and manage the common post-op course of these operations
Be able to discuss the management of common complications of these operations
Be able to develop a follow-up plan for reassessment after intervention with further management options as indicated.

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

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VA Hospital

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

Urology Clinical Competency Specific Goals:

Further develop 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
- Phimosis, Paraphimosis
- Obstructive voiding symptoms
- Elevated PSA
- Prostatitis syndromes
- BPH
- Uncomplicated nephrolithiasis
- Impotence & ejaculatory disorders
- Adult complicated and uncomplicated urinary tract infections

Provide appropriate metabolic evaluation of stones, hypogonadism, adrenal masses
Provide appropriate staging evaluation of newly-diagnosed neoplasms.
Be able to discuss findings, diagnoses and treatment plans in lay terms.
Be able to discuss the same with a more sophisticated consultant or attending staff.
Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, clinical experience
Competency: Medical Knowledge, Patient Care, Practice-based learning & Improvement, Professionalism
Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Patient evaluations

Emergent, Consultation & Inpatient Care Goals:

Continue to provide the highest level of care based upon the previous year's experience.
Further develop confidence and leadership skills with the hospital team.
Use the skills learned on the previous general surgery rotations to manage the acute and chronic health issues of the service's patients and consult patients.
Demonstrate the development of added efficiency of Evaluation & Management skills while seeing patients in UCC.
Demonstrate effectiveness in patient care by rounding at least twice daily on all service patients and as needed for in-house consult patients.
Write efficient, concise progress notes on all urology patients in the intensive care unit or ward with the input from the senior residents and attending staff.
Demonstrate efficient use of time by being prepared with patient information as it becomes available and integrating the information into the care plan in real time.
Develop skills to prevent and manage post-operative complications
Develop teaching skills to assist the more junior residents and students on the service.
Develop communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

Objectives:

Appropriately request and interpret postoperative tests/data on urology inpatients & ICU patients.
Be able to discuss details of the treatment plan and findings equally well with a highly sophisticated (other staff, attendings, consultants) and less sophisticated (patient, family) group.
Recommend and provide appropriate postoperative management following major surgical procedures including:

- Cystectomy
- Partial and total nephrectomy
- Radical prostatectomy
- Transurethral resection of the prostate
- Transurethral resection of bladder tumor
- Ureteroscopic and Percutaneous stone procedures
- 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 a further understanding of the anatomy related to Urologic surgical procedures.
Understand the indications for urologic surgical interventions along with an appreciation of the risks & benefits and alternative treatments available for each condition.
Develop an understanding and familiarity with urologic instrumentation.
Continue to foster an attitude of patient safety in all surgical care.

Understand and work to prevent the potential complications and adverse events of the procedures performed.
Understand the reasons for and become familiar with the management of complications related to urologic procedures.
Develop an understanding of radiologic techniques commonly used by the urologists in clinic and the OR.
Develop more refined skills of endoscopy and improve the efficiency and precision of outpatient and minor OR procedures.
Develop the knowledge base and confidence to take on more complicated endoscopic cases
Develop the knowledge base and confidence to begin major open and laparoscopic cases.

Objectives:

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

Open Surgery:
Opening and closing abdominal & flank incisions including the midline, subcostal, chevron, thoracoabdominal, Gibson, lumbotomy and flank incisions.
Correction of Peyronies
Placement of initial penile prosthesis or AUS
Pelvic lymph node dissection
Urostomy revision
CO2 laser use
Circumcision (adult)
Ureteral reimplant (adult)
ESWL
Assist on urologic procedures on high-risk patients

Endoscopic Surgery:
Cystoscopy (Adult)
Transurethral resection of papillary bladder tumor
Incision of urethral stricture
PCNL
Ureteroscopy (diagnostic and therapeutic)
Transurethral incision of the prostate
Cystolitholapaxy
Holmium and KTP laser use

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 pre-op evaluation, appropriate indication, preparation, handling of the instrumentation & fluid completion of the procedure, and post-op 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, clinical experience. Radiation & Laser safety course
Competency: Medical Knowledge, Patient Care, Technical Skill
Documentation: Global Resident Competency Rating Form, Peer & staff 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports, Patient evaluations

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Pediatric Urology

The San Antonio pediatric patient population spans all socioeconomic strata and are generally representative of the pediatric populations in any large metropolitan area.

Urology Clinical Competency Specific Goals:

Further develop evaluation and management skills for the most common pediatric urologic problems.
Understand the embryology of the GU tract and its significance for genital malformations.
Develop communication skills to accurately inform and educate patients, their parents and other healthcare professionals.
Understand the indications for imaging in the context of pediatric presentation and diagnosis or urologic disease processes.
Understand the indications for diagnostic endoscopy and laparoscopy in the overall context of pediatric urologic care

Objectives:

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

All levels of pediatric trauma patients
Ambiguous genitalia
Dermatologic lesions
Hematuria
Incontinence

Phimosis, Paraphimosis
Uncomplicated nephrolithiasis
Pediatric complicated and uncomplicated urinary tract infections
Dysfunctional voiding
Neuropathic bladder
Exstrophy – Bladder, cloacal
Myelomeningocoel
Undescended testes
Testis masses
Testis torsion
Hydrocoel, hernia
Hypospadias
Epispadias
Phimosis
Chordee
Hydronephrosis
Vesicoureteral reflux
Ureteropelvic junction obstruction
Renal dysplasia
Solid renal mass
UVJ obstruction

Provide appropriate metabolic evaluation of stones.
Provide appropriate staging evaluation of pediatric neoplasms.
Appropriately request, perform and interpret pediatric urodynamics procedures
Clearly describe the indications for and be able to interpret the result of:
Ultrasonography
VCUG
CT
MRI, MRU
Nuclear scintigraphy including the selection of imaging agents
Clearly describe the indications for cystoscopy and laparoscopy and the appropriate preoperative evaluation and patient preparation for each.

Read for and be actively involved as the urologic consultant in the multidisciplinary spina bifida clinic.
Be able to discuss findings, diagnoses and treatment plans in lay terms.
Be able to discuss the same with a more sophisticated consultant or attending staff.

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, clinical experience
Competency: Medical Knowledge, Patient Care, Practice-based learning & Improvement, Professionalism
Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Patient evaluations

Emergent, Consultation & Inpatient Care Goals:

Demonstrate continued provision of the highest level of care based upon the previous year's experience.
Demonstrate expansion of the skills learned on the previous pediatric general surgery rotations to manage the acute and chronic health issues of the service's patients and consult patients.
Further develop confidence and leadership skills with the hospital team.
Demonstrate the development of added efficiency of Evaluation & Management skills while seeing patients in the ER.
Demonstrate effectiveness in patient care by rounding at least twice daily on all service patients and as needed for in-house consult patients.
Demonstrate efficient use of time by being prepared with patient information as it becomes available and integrating the information into the care plan in real time.
Develop skills to prevent and manage post-operative complications
Develop teaching skills to assist the more junior residents and students on the service.
Develop communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

Objectives:

Appropriately request and interpret postoperative tests/data on urology inpatients & ICU patients.
Be able to discuss details of the treatment plan and findings equally well with a highly sophisticated (other staff, attendings, consultants) and less sophisticated (patient, family) group.
Read for and be actively involved as the urologic consultant for the SRCC ER and hospital inpatient services.
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.
Recommend and provide appropriate postoperative management following major surgical procedures including:

- Circumcision
- Hypospadias repair
- Orchiopexy
- Hydrocoel, hernia repair
- Ureteral reimplantation
- Valve ablation
- Ureteroscopic and Percutaneous stone procedures
- Bladder augmentation
- Pyeloplasty

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, clinical experience.
Competency: Medical Knowledge, Patient Care, Interpersonal & Communication skills, Professionalism
Documentation: Global Resident Competency Rating Form, Observation on rounds, Peer & Staff 360 Degree Rating Form, Patient evaluations.

Urology Specific Surgical Skills Goals:

Develop a further understanding of the anatomy related to Urologic surgical procedures.
Understand the indications for urologic surgical interventions along with an appreciation of the

risks & benefits and alternative treatments available for each condition.
Develop an understanding and familiarity with urologic instrumentation.
Continue to foster an attitude of patient safety in all surgical care.
Understand and work to prevent the potential complications and adverse events of the procedures performed.
Understand the reasons for and become familiar with the management of complications related to urologic procedures.
Develop an understanding of radiologic techniques commonly used by the pediatric 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 of renal and bladder pathology 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
Hypospadias repair (pediatric)
Orchidopexy (pediatric)
UPJ repair (Pyeloplasty)
Nephrectomy (pediatric)
Ureteral reimplant (Pediatric)
Hydrocoel and hernia repair (Pediatric)
Assist on urologic procedures on high risk patients

Endoscopic and Laparoscopic Surgery:
Cystoscopy (pediatric)
Resection of valves (pediatric)
Laparoscopy for undescended testes

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 pre-op evaluation, appropriate indication, preparation, handling of the instrumentation & fluid completion of the procedure, and post-op care.

Scrotal incisions, excisions
Orchiopexy for torsion
Suprapubic tube placement
Varicocelectomy/ligation

Circumcision/dorsal slit
Excision of genital skin lesions

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, clinical experience. Radiation & Laser safety course
Competency: Medical Knowledge, Patient Care, Technical Skill
Documentation: Global Resident Competency Rating Form, Peer & staff 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports, Patient evaluations.

RESIDENT GOALS AND OBJECTIVES BY ROTATION U-2

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

The following G&O's are representative of the unique experience gained at the individual institutions and represent a subset of the overall G&O's for the U-1 year. Duplication of experience in certain areas is expected and may also be reflected in the G&O's below. The General Urology G&O's and Urologic Education Specific G&O's apply to all rotations and will not be further elaborated upon in this section.
Residents should review these G&O's prior to each rotation. Further they should discuss them with the local site director prior to, during and at the conclusion of the rotation to gain feedback and provide input into any revisions necessary.

Methodist Hospital and Methodist Specialty & Transplant Hospital.

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

Urology Clinical Competency Specific goals:

Further develop confidence and leadership skills with the clinic team.
Further build on skills that prevent and manage post-operative complications
Further build on teaching skills to assist the more junior residents and students on the service.
Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.
Improve evaluation, management and clinic procedure skills and efficiency
Develop a better understanding of more complex urologic problems
Develop a full understanding of renal transplantation

Objectives:

Appropriately request and interpret postoperative tests/data on urology inpatients & ICU patients.
Develop detailed treatment plans independently
Become fluent at discussing the rationale for the plans with a highly sophisticated (other staff, attendings, consultants) and less sophisticated (patient, family) group.
Become more efficient at assessment, diagnostic procedures and treatment planning.
Successfully manage a busy diagnostic clinic
Confidently interpret history & clinical data and propose initial treatment/evaluation plans for:

- Complex stone disease
- Renal and bladder malignancies
- Prostate, testis and penile malignancies
- Complex voiding disorders

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, on-rotation experience.
Competency: Patient Care, Medical Knowledge, Interpersonal & Communication skills, Systems-based practice & improvement.
Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Patient Evaluations, spot checks of clinic notes

Emergent, Consultation & Inpatient Care Goals:

Build on the knowledge base from the U-1 year.
Further develop confidence and leadership skills with the hospital team.
Further build on skills that prevent and manage post-operative complications
Further build on teaching skills to assist the more junior residents and students on the service.
Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

Objectives:

Demonstrate efficient, accurate and timely evaluation and management plans for patients in the urgent, consultative and inpatient settings
Demonstrate confidence and leadership skill necessary to run the hospital team.

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

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

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

Urology Specific Surgical Skills Goals:

Improve surgical skill level to allow completion of more complex cases both open and endoscopic.
Develop a full understanding of the safe use of all instrumentation in endoscopic surgery

Objectives

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

Simple prostatectomy
Radical nephrectomy
PCNL
Transurethral resection of large bladder tumor
TURP
Laser prostatectomy procedures
Endopyelotomy
Bladder neck suspension/PV sling
Ureteroscopy for upper tract tumor
Ureteroscopy for complex stones
End-to-end urethroplasty
Urethrectomy
Partial cystectomy/diverticulectomy
Repair of bladder injury/rupture
Vasography
Vaso-vasostomy/vasoepidimostomy
Bladder neck suspension
Cystocele repair

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

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, OR experience, Skills lab
Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning, Surgical skills
Documentation: Attendance record of conferences, Global Resident Competency Rating Form, Operative evaluation forms, peer and staff 360 rating forms

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Santa Rosa Medical Center

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

Urology Clinical Competency Specific Goals:

Further develop evaluation and management skills for the most common urologic problems.
Develop communication skills to accurately inform and educate patients and other healthcare professionals.
Develop an understanding of the complexities of Geriatric medicine as it relates to the practice of Urology

Objectives:

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

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

Provide appropriate metabolic evaluation of stones, hypogonadism, adrenal masses
Provide appropriate staging evaluation of newly-diagnosed neoplasms.
Attend, actively participate in and read for the Geriatrics clinic weekly at the VA Geriatrics clinic.
Be able to discuss findings, diagnoses and treatment plans in lay terms.
Be able to discuss the same with a more sophisticated consultant or attending staff.
Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences,

clinical experience
Competency: Medical Knowledge, Patient Care, Practice-based learning & Improvement, Professionalism
Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Patient evaluations

Emergent, Consultation & Inpatient Care Goals:
Continue to provide the highest level of care based upon the previous year's experience.
Further develop confidence and leadership skills with the hospital team.
Use the skills learned on the previous general surgery rotations to manage the acute and chronic health issues of the service's patients and consult patients.
Demonstrate the development of added efficiency of Evaluation & Management skills while seeing patients in the ER or UCC.
Demonstrate effectiveness in patient care by rounding at least twice daily on all service patients and as needed for in-house consult patients.
Write efficient, concise progress notes on all urology patients in the intensive care unit or ward with the input from the senior residents and attending staff.
Demonstrate efficient use of time by being prepared with patient information as it becomes available and integrating the information into the care plan in real time.
Develop skills to prevent and manage post-operative complications
Develop teaching skills to assist the more junior residents and students on the service.
Develop communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.
Objectives:
Appropriately request and interpret postoperative tests/data on urology inpatients & ICU patients.
Be able to discuss details of the treatment plan and findings equally well with a highly sophisticated (other staff, attendings, consultants) and less sophisticated (patient, family) group.
Recommend and provide appropriate postoperative management following major surgical procedures including:

- Cystectomy
- Partial and total nephrectomy
- Radical prostatectomy
- Transurethral resection of the prostate
- Transurethral resection of bladder tumor
- Ureteroscopic and Percutaneous stone procedures

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, clinical experience.
Competency: Medical Knowledge, Patient Care, Interpersonal & Communication skills, Professionalism
Documentation: Global Resident Competency Rating Form, Observation on rounds, Peer & Staff 360 Degree Rating Form, Patient evaluations.

Urology Specific Surgical Skills Goals:
Develop a further understanding of the anatomy related to Urologic surgical procedures.
Understand the indications for urologic surgical interventions along with an appreciation of the

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

Objectives:

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

***Open Surgery*:**

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

Robotics and laparoscopic surgery:

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

Endoscopic Surgery:

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

Minor GU procedures:

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

Scrotal incisions, excisions

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

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, clinical experience. Radiation & Laser safety course
Competency: Medical Knowledge, Patient Care, Technical Skill
Documentation: Global Resident Competency Rating Form, Peer & staff 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports, Patient evaluations.

VA Hospital

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

Urology Clinical Competency Specific goals:

Further develop confidence and leadership skills with the clinic team.
Further build on skills that prevent and manage post-operative complications
Further build on teaching skills to assist the more junior residents and students on the service.
Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.
Improve evaluation, management and clinic procedure skills and efficiency
Become familiar with the nuances of urologic problems in spinal cord patients
Develop a better understanding of more complex urologic problems

Objectives:

Appropriately request and interpret postoperative tests/data on urology inpatients & ICU patients.
Develop detailed treatment plans independently
Become fluent at discussing the rationale for the plans with a highly sophisticated (other staff, attendings, consultants) and less sophisticated (patient, family) group.
Become more efficient at assessment, diagnostic procedures and treatment planning.
Successfully manage a busy diagnostic clinic
Integrate the basic knowledge of spinal cord injury states with urodynamic findings, and endoscope findings (as appropriate) to develop rational bladder management plans.
Confidently interpret history & clinical data and propose initial treatment/evaluation plans for:
Complex stone disease
Renal and bladder malignancies
Prostate, testis and penile malignancies

Complex voiding disorders
Spinal Cord injury patients

Mechanism of learning: Reading, Spinal cord injury handout, mentoring by upper level residents/faculty, conferences, on rotation experience.
Competency: Patient Care, Medical Knowledge, Interpersonal & Communication skills, Systems-based practice & improvement.
Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form, Patient Evaluations, spot checks of clinic notes

Emergent, Consultation & Inpatient Care Goals:

Build on the knowledge base from the U-1 year.
Further develop confidence and leadership skills with the hospital team.
Further build on skills that prevent and manage post-operative complications
Further build on teaching skills to assist the more junior residents and students on the service.
Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

Objectives:

Demonstrate efficient, accurate and timely evaluation and management plans for patients in the urgent, consultative and inpatient settings
Demonstrate confidence and leadership skill necessary to run the hospital team.

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, clinical experience.
Competency: Medical Knowledge, Patient Care, Interpersonal & Communication skills, Professionalism
Documentation: Global Resident Competency Rating Form, Observation on rounds, Peer & Staff 360 Degree Rating Form, Patient evaluations.

Urology Specific Surgical Skills Goals:

Improve surgical skill level to allow completion of more complex cases both open and endoscopic.
Develop a full understanding of the safe use of all instrumentation in endoscopic surgery

Objectives

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

Simple prostatectomy
Radical nephrectomy
PCNL
Transurethral resection of large bladder tumor
TURP
Laser prostatectomy procedures
Endopyelotomy
Bladder neck suspension/PV sling
Ureteroscopy for upper tract tumor
Ureteroscopy for complex stones

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

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, OR experience, Skills lab
Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning, Surgical skills
Documentation: Attendance record of conferences, Global Resident Competency Rating Form, Operative evaluation forms, peer and staff 360 rating forms.

Elective/Supersub:

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

Super-Sub:

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

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

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, OR experience
Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning, Surgical skills
Documentation: Attendance record of conferences, Global Resident Competency Rating Form, Operative evaluation forms, peer and staff 360 rating forms.

RESIDENT GOALS AND OBJECTIVES BY ROTATION U-3

U-3 (PGY-4,5) GOALS AND OBJECTIVES BY ROTATION

The following G&O's are representative of the unique experience gained at the individual institutions and represent a subset of the overall G&O's for the U-1 year. Duplication of experience in certain areas is expected and may also be reflected in the G&O's below. The General Urology G&O's and Urologic Education Specific G&O's apply to all rotations and will not be further elaborated upon in this section.
Residents should review these G&O's prior to each rotation. Further they should discuss them with the local site director prior to, during and at the conclusion of the rotation to gain feedback and provide input into any revisions necessary.

Methodist Hospital

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,

Emergent, 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, robotic and endoscopic surgery.
Develop a further understanding of the safe use of all instrumentation in laparoscopic surgery
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, robotic, 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 primary 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 (open, robotic)
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

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University Hospital

The University Hospital is also known as the Bexar County Hospital and as such serves as the main facility for care of the population of the county surrounding San Antonio. It has a level 1 trauma center and accepts a large number of otherwise unfunded or subsidized patients.

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 an appreciation of the complexity of the specific health care system for the rotation – especially Care-link intricacies.
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,

<u>Emergent, Consultation & Inpatient Care Goals:</u>

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
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
    - PCNL with multiple access/concomitant ureteroscopy
    - Segmental ureterectomy
    - Ureteral reimplantation for reimplant failures, ureteral disruption,
    - Distal ureterectomy
    - 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

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Pediatric Urology

The pediatric patient population spans all socioeconomic strata and is generally representative of the pediatric populations in any large metropolitan area.

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

- Prepare all aspects of interesting pediatric cases for presentation at Pediatric case and preop conferences
- Assume primary responsibility for posting of cases along with details of duration, special equipment needs, blood products, etc.

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

Be able to clearly discuss the evaluation and management of:

- Ambiguous genitalia/intersex states
- All forms of hypospadias
- Epispadias / exstrophy
- Undescended testis
- Scrotal and inguinal pathology

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 pediatric 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 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 surgical technique to minimize complications for the following (in addition to skills listed under U-1):

- Pediatric partial and total nephrectomy
- Adrenal mass resection
- Pyeloplast including revision pyeloplasty
- PCNL with multiple access/concomitant ureteroscopy
- Ureteral reimplantation including reoperation for reimplant failures, ureteral disruption, etc
- Ureterocoel repair
- Bladder augmentation, Mitrofanoff, MACE
- Complex hypospadias repair, reoperation
- Exstrophy repair

Appropriate selection and handling of intestinal segments for use in the urinary system.

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

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Elective

The 3 month elective rotation allows time to develop clinical skills in a specialty area and clinical or basic science research projects. Examples of this include rotations outside the institution, interventional radiology and others. The residents often pursue other surgical interests as part of the UH team during this time. The focused learning may also include Quality Improvement projects that can be implemented at several sites.
Goals and Objectives vary and are designed in consultation with the program director and other faculty and departments prior to starting the rotation. These must be clearly stated and documented in the resident's portfolio with assessment mechanisms and a plan for evaluation periodically. There must be clinical activity associated with these rotations if there is a focus on research.

Mechanism of learning: Reading, mentoring by upper level residents/faculty, conferences, OR experience
Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning, Surgical skills
Documentation: Attendance record of conferences, Global Resident Competency Rating Form, Operative evaluation forms, peer and staff 360 rating forms.

RESIDENT GOALS AND OBJECTIVES BY ROTATION U-4

U-4 (PGY-5, 6) GOALS AND OBJECTIVES BY ROTATION

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

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

University Hospital

The University Hospital is also known as the Bexar County Hospital and as such serves as the main facility for care of the population of the county surrounding San Antonio. It has a level 1 trauma center and accepts a large number of otherwise unfunded or subsidized patients.

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 – especially Care-link intricacies.

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

Demonstrate the ability to manage the resident staff in multiple roles and settings including the operating room, hospital ward and outpatient clinics.

Create ACGME 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, 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 a clear understanding of the Care-Link system including the eligibility, process for enrollment and cost containment strategies for the system.
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, robotic, 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 intra-operative 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, Professionalism
Documentation: Global Resident Competency Rating Form, Operative evaluation forms, peer and staff 360 rating forms.

VA hospital

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

Urology Clinical Competency Specific goals:

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 *professionalism* 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
Develop an appreciation of the complexity of the specific health care system for the rotation – especially VA HCS intricacies.
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 intra-operative 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.

Santa Rosa Medical Center

Santa Rosa Medical Center facility is the major center for GU oncology and Female Urology for the UT staff physicians. Patient population has mixed socioeconomic strata.

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 *professionalism* 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
Develop an appreciation of the complexity of the specific health care system for the rotation – especially the management of unfunded patients including Care-link intricacies.
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

<u>Emergent, Consultation & Inpatient Care Goals:</u>

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, robotic, open and endoscopic instrumentation
- Laparoscopic and Robotic-assisted laparoscopic port placement
- Intricacies of robotic docking with the patient
- Handling of laparoscopic instrumentation
- Manipulation of robotic assist instrumentation
- Proficiency with camera manipulation, instrumentation changing and troubleshooting the devices
- 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 intra-operative 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

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St. Luke's Baptist Medical Center

St. Luke's Baptist Medical Center (SLBMC) facility is the major center for GU oncology for the UT staff physicians. Patient population has mixed socioeconomic strata. This rotation complements the Santa Rosa Service in that the main focus will be renal and prostate malignancies while the latter service will continue to focus on bladder cancer. Unfortunately, due to administrative decisions by SLB, support for the resident at this location will not be available after 08-15-2015. The resident assigned here will be given other similar responsibilities after that time (See below).

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 *professionalism* 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
Develop an appreciation of the complexity of the specific health care system for the rotation – especially the management of unfunded patients including Care-link intricacies.
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, robotic, open and endoscopic instrumentation
- Laparoscopic and Robotic-assisted laparoscopic port placement
- Intricacies of robotic docking with the patient
- Handling of laparoscopic instrumentation
- Manipulation of robotic assist instrumentation
- Proficiency with camera manipulation, instrumentation changing and troubleshooting the devices
- 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 intra-operative 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.

Administrative Chief

The U-4 on this service will be designated as administrative chief and stationed for most clinical activity at the VA facility. He/she will have administrative duties and cover the vacations and other leave of the senior residents (U-3, U-4) throughout the year. This will allow the residents to take advantage of all index cases that would otherwise go uncovered at the various services. Residents in this rotation are encouraged to complete Research, QI and other projects as well as to complete submission of abstracts and papers started in prior years. Since these residents will be functioning as senior level residents in clinic and the operating room, the Goals & Objectives for this rotation are the same as those for the other U-4 rotations. Additionally, this resident will assume responsibility for MS-3 and MS-4 educational activities throughout the year including helping the students through the AUA medical student curriculum.

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 Urologic Sonography, CT Urogram and MR Urogram demonstrate and when they are indicated
    - Interpret a CTU and understand its limitations
    - Understand the limitations and safe use of 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 - Lecture Notes. Kaisary, Ballaro and Pigott , current edition
- Urology. Michael T. McFarlane: House Officer Series, current edition.
- Clinical Manual of Urology. Hanno and Wein: current edition.

Medical Student Conference Responsibilities:

All students are required to attend the scheduled Urology conferences including the resident conferences noted above and the medical student conference held weekly with the administrative chief resident. Students must be released from clinical responsibilities during these times. Additionally, each student will be required to do a short (10') presentation on a selected Urology topic during the rotation. Residents may assist in the selection and development of the presentation as needed.

Medical Student Inpatient Care Responsibilities:

As an active participant of the team, students have several important responsibilities. The efficient running of the service, and student 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 must be followed by a medical student. In general, students follow the patients in whom 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' nurses 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 required 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 & PROCEDURES

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

The sections below are a compilation of Policies for the UTHSCSA Residency Program. Some are required to be formally approved by the GME Committee at UTHSCSA and some are recapitulation or referenced from University Hospital policies. The latter institution serves as the parent Hospital for the program. Some policies are adopted to provide guidance in response to specific issues of the program.

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.

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/. The application process opens on September 15th annually.

Upon completion of the required documentation in ERAS, an initial screening of applicants is accomplished. The application packet is broken down into several sections, each of which is 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 applicant 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 32 individuals are selected for interview.

Interviews are conducted by selected four or five-member faculty committee, including the program director. The chair conducts separate interviews as well. The 20-30 minute panel interviews are scheduled over a two-day period in November or December of each year. The actual interview date can be found on the Department web site

(www.urology.uthscsa.edu). 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), perseverance, adaptability and an ability to assimilate & process complex 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 Texas State Board of Medical Examiners (TMB) mandates a postgraduate Physician-in-Training permit (a.k.a. PIT license) for all residents entering Texas programs who do not have a permanent Texas license to practice medicine. 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.

RESIDENT CONTRACT

A copy of the resident contract can be found at:
http://uthscsa.edu/gme/residentsfellows.asp

RESIDENT PROMOTION AND GRADUATION

CCC:

The Clinical Competency Committee, composed of 4 faculty members and the program director (chair of the committee), will evaluate each resident every 4 months during the academic year (October, February, June). The committee is charged with determining the resident's success at progression through the training program and making recommendations regarding promotion. At each session, the committee will review in-service scores, evaluations, clinical skills assessments, research project progression and other relevant information. In keeping with University policy, any recommendation of non-promotion will be acted upon by the program director and follow the guidelines below. The discussions at the CCC meetings will be the basis for entering the Milestones information for the semiannual reporting to the ACGME. Milestone progression will be considered in recommendations for promotion and graduation.

Milestones:

The Milestones project of the ACGME requires that the program present information regarding each resident's progress through the training program twice yearly. This information will be kept locally through the New Innovations software. The content of the evaluation system is available at the ACGME web site (Milestones). Presently, the evaluation tools noted below are being integrated into the NI application to allow more efficient use of the evaluation system.

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 in the appendix to this document.

Should a resident not meet the criteria for advancement or graduation, steps may be taken to remediate issues or deficiencies that have led to this action. In exceptional instances, 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. Notwithstanding the above statement, it is expected that the residents will complete their training within the 4-year (U-1 through U-4) time period. ***Since funding for additional time may not be available and additional training time may seriously dilute the training of subsequent residents in the program, every effort should be made to avoid circumstances that***

require extensions.
Successful completion of the residency may not be equivalent to specific board eligibility, though every effort will be made to adjust the program to prepare for the ABU examination. Residents are encouraged to visit the ABU web site for details and updates regarding eligibility for the examination process.

Graduation:
The Urology graduate must complete a minimum of 46 weeks of clinical training in each of the 4 years of training in order to satisfy program and ABU requirements. The graduation date from the program will be June 25th each year. Residents are expected to complete training through this date and may not petition for earlier severance from the program. It is expected that the week prior to graduation will be used for patient care transition to the upcoming resident staff. Additional information is in the section on Leave and vacation.

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.

Definitions:

Regular Status – This indicates that the resident may continue to participate in the curriculum and rotations as scheduled. Scrutiny of performance will be through regularly scheduled evaluations though there may be specific AOC's that need to be addressed. It is assumed that the resident is on regular status unless specifically changed by the CCC.

Area of Concern (AoC) – An area of performance identified by faculty or other evaluators that is lagging behind the expected measures for level of training. It can be in any of the major core competencies or a specific skill set that needs more attention. These are generally identified through evaluations and enumerated at the CCC meetings. The AoC may also be identified and articulated by a site director or the program director (PD).

Administrative Status (AS) – This status assigned by the PD or CCC indicates that the resident has significant AoC's that require closer monitoring in order to assure that he/she is meeting the educational and performance goals of the program. As such, a time frame for improvement will be set. The site director for the resident's rotations during that time frame will be advised to provide constructive feedback and thoroughly evaluate the resident's performance with whatever tools he/she deems necessary. A report to the Program Director will be made monthly during the rotations within the time frame. Rotation schedules may be changed and resident participation in clinical activities may be modified as necessary to allow for the resident to resolve the issues.

Probationary Status (PS) – This status assigned by the CCC indicates that one or more AoC has not been adequately addressed during a period of AS. The PS will be accompanied by a statement of time frame for resolution and a specific set of clearly defined objectives as described in the UTHSCSA GME handbook. Failure to achieve a resolution of the PS will result in dismissal from the program.

Informal Counseling. 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, 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 **(Area of Concern, AoC)**, 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.

Formal Counseling. 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 action plan will be developed with specific goals to be met over a specific time frame and including a defined evaluation process that must be completed. The time frame for this action/remediation plan will be short (<30 days). The formal counseling session must be documented, acknowledged (signed) by the Resident and kept in the administrative file.

Administrative Status. If the formal counseling does not produce the desired result, the Program Director will then convene a meeting of the CCC - if it is judged that the problem cannot wait until the regular CCC meeting. If necessary the formal plan of action or remediation previously developed may be modified and presented to the resident. During this time the resident will be considered on Administrative Status. The period of administrative status will be determined by the CCC but should not exceed 3 months. During that time, frequent evaluations must be prepared to document progress or lack there of.

Probation. If after the administrative status period expires, the resident has not completed the requirements a formal request for **Probation Status (PS)** 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. Texas statutes require that the department file a report with the TMB regarding any resident with a Physician-In-Training (PIT) license/permit who is placed on probationary status. 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. At the conclusion of the probationary period, if sufficient progress has been made, the resident will be returned to normal active status. 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.

The UTHSCSA GME Department has outlined overarching policies that guide all departmental rules regarding promotion, dismissal and grievance procedures. These can be found at the GME web site: http://uthscsa.edu/gme/gmepolicies.asp

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.

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.

The American Board of Urology has placed limitations on the number and timing of transfers. Any resident wishing to transfer in or out of a program should familiarize themselves with the requirements in order to assure that they remain eligible for board certification at the completion of a hybrid residency. More information can be found at www.abu.org

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.

PROCESSES FOR EVALUATION OF RESIDENTS

There are multiple levels of evaluation, which serve to assess a resident's progress through the program and attainment of specific ACGME Competencies. The evaluation scheme and tools are summarized below. Some of these are available through the New Innovations on-line tool and others are provided as paper documents that are later summarized. Evaluations are available in the resident office and on-line for review at any time after completion. For instructions on how to obtain access, please contact the program coordinator, Ms. Crystal Montez at 210-567-5644.

UTHSCSA Department of Urology Evaluation **Frequency** Schema					
Evaluators	PD	Faculty	Residents	Ancillary Staff	Patients
Evaluatees					
PD		annual	annual	n/a	n/a
Program		annual	annual	n/a	n/a
Faculty	annual	annual	rotational	n/a	n/a
Rotations	annual	annual	rotational	n/a	n/a
Institutions	annual	annual	rotational	n/a	n/a
Residents	semi-annual	rotational	rotational	rotational	Rotational
Evaluation Tools:					
Faculty	Specific forms for: Resident rotation, 360, OPE, Op Performance, GPE				
Residents	Specific forms for: Faculty performance, Resident cohort, self, rotation, institutional, PD and Program				
Ancillary staff	Staff 360				
Patient	Patient 360				

360 Degree Evaluations:

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 - essentially, everyone around them.

This is perhaps the longest of the four evaluations and is 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 per rotation. 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 & Communication Skills.

Observed Patient Encounter (OPE) 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 feed-back 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 (GPE)
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 years. 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 and individualized learning plan (ILP) meetings with the program director. The compilation of confidential evaluations is then kept in the resident portfolio.

As can be seen by the evaluation scheme above, every aspect of the program is under evaluation to allow constant opportunities for improvement. A progress report on the residency by the PD is presented to the faculty at monthly departmental meetings. Additionally, the faculty meets at least annually in a departmental retreat to reassess and change the program as needed for optimal training experience.

Evaluations of performance based upon the goals and objectives for each rotation are under development at this time (06/24/2016) but will be instituted later as another means of following progression and assisting with the Milestone progression reporting.

Please see the link entitled **"Education Evaluation Forms"** at the end of the Table of Contents.

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.

Rotationally and at least 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 of the data 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.

RESIDENT SUPERVISION DEPARTMENT OF UROLOGY
(Revised 12-31-2011)

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.asp

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 or "Staff" – 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.

The following standards are recognized in the guidelines.

ACGME Common Program Requirements on Resident Supervision:
The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients.
Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member.
For many aspects of patient care, the supervising physician may be a more advanced

resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

Levels of Supervision - To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:
a) **Direct Supervision** – the supervising physician is physically present with the resident and patient.
b) **Indirect Supervision**:
(1) with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
2) with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
c) **Oversight** – the supervising physician is available to provide review of procedures and/or encounters with feedback provided aftercare is delivered.

TJC (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. ***This is a standard integrated policy for all rotations. 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 Review Committee. Backup is available at all times through more senior residents and appropriately credentialed attending staff physicians.***

• 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 roles and responsibilities of residents per year and rotation are available for unrestricted access on the Urology Department web site. At UH and STVHCS, those clinic and ward processes and procedures that urology residents are "approved" to perform without immediate presence of the staff can be found on the procedure tracker in New Innovations.

• The descriptions identify mechanisms by which the faculty site supervisor and program director make decisions about an individual resident's progressive involvement and independence. ***Graded Responsibility and Progression to Independent Practice: 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 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.

Progression to independent practice (the "approved" performance of processes or procedures without the immediate availability of staff) is determined by the Program Director in conjunction with Core Teaching Faculty, and is codified at monthly scheduled faculty meetings. Such approvals generally follow the progression through postgraduate years as outlined below, unless, by exception, the Program Director indicates that a resident requires more training before such approval occurs. Progression through training is further documented to ACGME through the Milestones reporting scheme beginning with the 2013-2014 academic year.

• Delineation of order-writing privileges, including which orders if any must be countersigned. ***No countersignature is necessary for U-1 through U-4 Urology residents unless specific orders are restricted to attending staff by the Bylaws of individual health care institutions. See below.***

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 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. Independent practice with respect to bedside and clinic procedures is the expected goal of the residency. Attending ***presence*** for procedures may be required by individual institutional regulations but the residents will be allowed to progress to independence in performing procedures ***without the attending actually scrubbing in*** for the case, if the residents have been judged competent to do so based upon previous training. All cases in the OR will have attending presence and residents will be given graded responsibility until they are judged capable of performing the procedure independently. Daily or weekly operative evaluations will be reviewed with the residents in the process of this progression***. During the chief resident year (U-4), residents will be expected to be able to teach basic urologic operations in the clinic, at the bedside and in the OR to the more junior residents with the attending staff monitoring progress but not actually scrubbed in on the cases.***
Starting in 2009, the Urology RRC and ACGME have adopted a minimum case number system for presumed competency in several general areas of Urologic Surgery. Logs of these numbers will be monitored monthly and additional numbers required of the individual residents if in the opinion of the teaching faculty, the resident requires additional training prior to being judged competent to perform the procedures independently. Case log numbers for each resident are monitored and discussed at the monthly faculty meeting.

<u>PGY-1, PGY-2 Non-Urology residents</u>

Supervision Level: Direct by U-1 (PGY-2/3) through U-4 (PGY-5/6) Urology Residents

Indirect by faculty with direct supervision available

Documentation of complete competence in General Surgical procedures is available from the general surgery service.

U-1 (PGY-2 , PGY-3) Urology Residents

Routine ward & clinic procedures learned during General Surgery for which no direct supervision is required for Urology residents:

Supervision Level: Indirect by U-2 to U-4 residents and faculty with direct supervision available

Line placement (arterial, venous, central)
Incision & drainage of abscesses and fluid collections
Uncomplicated urinary catheterizations
Procurement of blood and urine samples for laboratory studies
Cutaneous lesion biopsy/ excisional biopsy procedures under local anesthesia
Catheter irrigations

Procedures for which specific instruction is given at the beginning of residency (U-1 year). At the completion of this training, all Urology residents are deemed competent to perform:

Supervision Level: Indirect by U-2 to U-4 residents and faculty with direct supervision available

Local anesthesia for genital, urethral and bladder biopsies
Genital cutaneous lesion biopsy, excision
Dorsal slit for phimosis/paraphimosis
Reduction maneuvers for paraphimosis
Irrigation and treatment of priapism
Detorsion maneuvers
Suprapubic aspiration & tube placement
Urinary catheterization including complex with fluoroscopy or cystoscopy
Removal of 'stringed' ureteral stents

Procedures that are learned during this year of training. Competence for independent practice will be documented as described above.

Supervision Level: Direct by U-2 to U-4 residents and faculty

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 or perfected at this level with further skills in these developed over the course of the rest of the residency.

Outpatient Clinical Procedures

Cystoscopy
Cystoscopy with retrograde pyelography
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)

Competency to perform procedures independently will be documented in New Innovations. Minor Procedure Documentation Forms for this can be found in the appendix to this document.

U-2 (PGY-3, PGY-4) and above.

A few more complex clinic 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. Competence for independent practice will be documented as described above.

Additional Outpatient Clinical Procedures

Supervision Level: Direct by faculty until skills mastered then
Indirect by faculty with direct supervision available

Transurethral needle ablation of prostate
Dilation/ablation of urethral strictures
Placement of fiduciary seeds for RT planning
Ureteral stent placement
Urodynamics procedures

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. The

Urology Team at all institutions functions as a unit with the most senior resident directing the activities of the more junior residents. All patients admitted to the Urology service are considered patients of the Urology Team and not an individual resident. The named attending for an individual patient is ultimately responsible for that patient's care and will direct the team activities through direct communication with the residents.

1. Postgraduate year 1 (PGY1) resident:

Supervision Level: Direct by U-1 (PGY-2/3) through U-4 (PGY-5/6) Urology Residents

Indirect by faculty with direct supervision available

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 or U-1) residents:

Supervision Level: Direct by U-2 (PGY-3/4) through U-4 (PGY-5/6) Urology Residents

Indirect by faculty with direct supervision available

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 minor procedures performed by the PGY1 and for which they have been judged to be able to perform independently (see PGY-1 procedures above).*** 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 (PGY3 or U-2) and above (U-3, U-4) residents:

Supervision Level: Direct by U-3 or U-4 Urology Senior/Chief Residents
Indirect by faculty with direct supervision available

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

Supervision Level: Direct by U-3 or U-4 Urology Senior/Chief Residents
Indirect by faculty with direct supervision available

All inpatient consultations performed by PGY-1 to PGY-3 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

Supervision Level: Direct by faculty

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

Supervision Level: Direct by U-3 or U-4 Urology Senior/Chief Residents
Indirect by faculty with direct supervision available

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

Supervision Level: Indirect by faculty with direct supervision available

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 above). In these instances, trainees may perform routine procedures that they are deemed competent to perform for standard indications without prior approval or direct hands-on assistance of staff. However, the resident's attending 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 procedure.

Section X. Specialty-Specific Additions or Exceptions to This Policy

None

TRANSITION OF CARE & CALL COVERAGE SIGN-OUT
(Rev. 10-13-2014 submitted for approval to UTHSCSA GMEC)

The Urology residency program has established a well-defined, structured mechanism for hand-offs. (see attached template)

Purpose
The purpose of this policy is to have a structured process of transitions of care to insure the safety of patients during the transitions of care periods, which have become increasingly more frequent due to duty hours restrictions and other mandates.
The new program requirements set forth by the ACGME, which took effect in July 2011 concerning transitions of care, are as follows:
• _Programs must design clinical assignments to minimize the number of transitions in patient care.
• _Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
• _Programs must ensure that residents are competent in communicating with team members in the hand-over process.

Resident Requirements
All Urology residents will have completed the Department of Surgery training on hand-offs during the PGY-1 year.

Protocol
A resident hand-off report must occur whenever resident responsibility for a patient's care changes. This includes situations such as patient transfers between units and/or services, night call and weekend coverage. Rules regarding transition of care documentation, including medicine reconciliation notes, are governed by the individual institutions.

Background
Urology call is home call and coverage by the resident team includes 2 major hospital services during the week. Because of lack of immediate vicinity and the fact that some services complete their work earlier than others, face-to-face check-out of patients to the on-call team generally does not happen. Instead, the teams communicate by phone, skype or other direct communication mechanism. The general scheme of weekday coverage involves teams from the following grouping of hospitals: UH/VA; SLB/SRMC(chief level); SRMC/Pediatric Urology (junior level); Methodist/MSTH. Some of the Hospitals provide 'Hospitalists' to provide general medical care overnight. When these providers are involved, the resident team discusses the relevant issues for each of the assigned patients with the hospitalists as well before checking out to the on-call resident. The hospitalists must have clear instruction as to which Urology resident (Junior, Senior) and attending staff are available for overnight consultation.

Nuts & Bolts of the Process:
Hand-off is done formally each afternoon and morning during the week. In the

afternoon, after formal rounds with the senior resident on service, the junior residents from each service give detailed verbal check-out and provide the filled-out call template to the on-call resident for the evening. This form is completed by the junior resident in the hospital workroom and sent via encrypted email to both the junior resident on call (U-1 or U-2), the senior resident on call (U-3 or U-4) and the attending staff on call. This encrypted email is followed by a call from the junior resident to the recipient junior resident to discuss all aspects of the patients on the list (see discussion outline below). The senior residents on service generally will also call their counterparts to discuss the list and specifics of the more challenging patients on the list. Faculty on-call are given a general update by the senior resident early in the evening and are available for consultation and to come to the hospital at all times during the on-call period.

Quality Assurance:

The faculty on call and the faculty from each service will periodically call the residents on call to assess the adequacy of the hand-off knowledge transfer. (See spot-check evaluation form).

At least twice during each rotation, the site supervisor (or designee) will observe the hand-off process and provide feedback (see Transition evaluation form)

Senior residents are responsible for assuring that their call team is current on all aspect of patient care and responsive to consultations from the ER and other services during coverage hours. The attending staff on-call are to be kept up to date on all significant medical decision making. This is especially important when it comes to decisions for major interventions and admissions.

Confidentiality

Care must be taken to maintain patient confidentiality by allowing only those involved with the patient's care to hear or view protected healthcare information. Physicians must be aware of and comply with HIPAA regulations.

Language

Language differences may interfere with the accurate transfer of information. Using standardized medical terminology avoids errors in communication that may occur when colloquialisms are used. The use of abbreviations, other than those that are well-known and widely accepted, is discouraged.

Recommended General Check-out Procedure

- Use interactive communications, face to face if possible, to facilitate questioning, clarification, and collaborative cross-checking.
- Ensure that all members of the call team are aware that they are on-call and have appropriate phone/pager numbers to communicate with one another.
- Inpatients on the Urology Service are primary concern but the patients on the consult service must be considered based upon their level of severity. It is best to go over the entire list at each check-out.
- Present each patient on the list as if they are the **only** patient on the list (don't skip important details).
- The focus should be on ensuring patient safety. Effective communication, with emphasis on abstraction, synthesis, and summation of information is crucial.

- It is not necessary to replicate large amounts of non-critical information, either verbally or on paper, since this is already in the patient's medical record and available to the on-call resident.
- The roles and responsibilities of all on-call participants should be clear. Emphasize tasks that need to be initiated/completed and by whom.
- A care plan, no matter how routine, should be stated for each patient.
- Anticipate complications and problems that might occur and articulate a contingency plan.

Locations: Urology Work Room, University Hospital, 10h Floor
Urology Work Room VA Hospital, 2nd Floor
Santa Rosa Medical Center Physician Lounge, 3rd floor SRMC
MSTH Physician Work Room, 1st floor MSTH
Methodist Hospital Physician Work Room, sublevel, Meth

Times:
06:00 – AM report by on call team to primary service for any overnight events, consults
18:00 – PM check out to the on call team

At each sign-out:
Both the checking out resident and the on-call resident need to have the same list.

Additional Communication Methods that May be Helpful
Performing handoffs in a routine time and manner also can improve the sharing of information. Patient handoffs should take priority over all other duties except for emergencies.
The TeamSTEPPS™ developed by the Agency for Healthcare Research and Quality and the United States Department of Defense, is an evidence-based teamwork system to improve communication and teamwork skills among healthcare providers. It includes strategies to enhance information exchange during transitions of care. The TeamSTEPPS™ program includes the "I PASS THE BATON" mnemonic, as shown in Table 1, which may facilitate the process for handoffs and health care transitions.

Table 1. "I PASS THE BATON" Mnemonic for Handoffs and Health Care Transitions

I	Introduction	Introduce yourself and your role or job (include patient)
P	Patient	Name, identifiers, age, sex, location
A	Assessment	Present chief complaint, vital signs, symptoms, and diagnosis
S	Situation	Current status or circumstances, including code status, level of (un)certainty, recent changes, and response to treatment
S	SAFETY Concerns	Critical lab values or reports, socioeconomic factors, allergies, and alerts (eg, falls or isolation)
The		

B	Background	Comorbidities, previous episodes, current medications, and family history
A	Actions	What actions were taken or are required? Provide brief rationale.
T	Timing	Level of urgency and explicit timing and prioritization of actions
O	Ownership	Who is responsible (person or team) including patient or family?
N	Next	What will happen next? Are there anticipated changes? What is the plan? Are there contingency plans?

SBAR Assessment (Situation, Background, Assessment, Recommendation)[2]

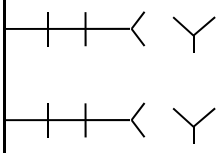
SBAR is another standardized way of communicating which promotes patient safety because it helps individuals communicate with each other with a shared set of expectations. Staff and physicians can use SBAR to share patient information in a concise and structured format. It improves efficiency and accuracy. (Table 2)

Situation	▪ Identify yourself, occupation, and where you are calling from. ▪ Identify the patient by name, date of birth, age, sex, reason for report. ▪ Describe reason for phone call or current status of the patient; if urgent, say so.
Background	▪ Give patient's presenting complaint ▪ Give patient's relevant past medical history ▪ Brief summary of background
Assessment	▪ Vital signs: heart rate, respiratory rate, blood pressure, temperature, oxygen saturation, pain scale, level of consciousness ▪ List if any vital signs are outside of parameters; what is your clinical impression ▪ Severity of patient, additional concern
Recommendation	▪ Explanation of what you require, how urgent and when action needs to be taken ▪ Make suggestions of what action is to be taken ▪ Clarify what action you expect to be taken

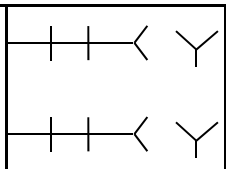
Table 3. GU UH Handoff Tool

Date:

Chief/Senior Res./Junior Res.

Patient Info	Vital Signs	Labs	IV/Diet/Med	To Do List & Contingencies	OVERNIGHT EVENTS & ISSUES TO BE DEALT WITH
Name xxxx Brief Hx GU Attending	Tm: Tc: HR: BP: R: Sat: I/O: UOP:		IVF: Diet: Abx: GU:		

CONSULTS:

Name xxxx Brief Hx GU Attending Admitting Service	Tm: Tc: HR: BP: R: Sat: I/O: UOP:		IVF: Diet: Meds:		

RADAR:
Location, Name (xxxx), Brief Hx; To do and check list; contingencies

Important contacts:

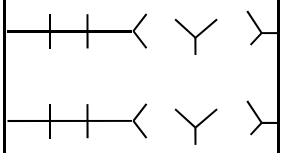
Cysto resident area 14065, 14237,13521 14076/14715	Cysto Work area 2c 14252, 14860, 12082	Inpt. Pharmacy 15795	UCC Med Director: 286-6498	Med A
OR holding 15497 14328/14683	PACU 16265/16246	OR 9 17163	Outpt Pharmacy 19400	Med B
2 WEST 14402 / 4B 14620 14613/14614	OR front desk 15103 / OPS 16266	OR 10 14280	(GU SW) 14531, 203-9169	Med C
Chem Lab 14806 14329/14330	Heme lab. 14993	ER: 15930	Micro Lab 14999 UA 16017	Med F
Special proc. 15856/7 14606/14608	Workroom 14205	Surg clinic: 15900	Radiology Front Desk 15841, 19729	Med P
CT scan 16706, 16707 14121/14125	CXR: 17396, 15424	AOD 617-5162	Bed control 857-4405/857-4426	MICU
Nutritionist 4S 203-0877, 14569	PICC 316-4379, 203-9230, 14120	SCI nursing station 1-5265	GU front desk# 17554,10552 1-7094	
IR 14141/15857/15856	SCI 16834	SW 17130		

CHECK-OUT		**CHECK-IN**	
TIME	_____	**TIME**	_____
CHECKOUT RESIDENT	_____	**ON-CALL RESIDENT**	_____
ON-CALL RESIDENT	_____	**TEAM RESIDENT**	_____
ON-CALL CHIEF RESIDENT	_____		
ON-CALL ATTENDING STAFF	_____		

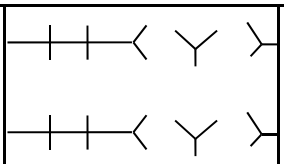
Table 4. GU VA Handoff Tool

Date:

U-4, U-3, U-1

Patient Info	Vital Signs	Labs	IV/Diet/Med	To Do List
	Tm: Tc: HR: BP: R: Sat: I/O: UOP:		IVF: Diet: Abx: GU:	

CONSULTS:

	Tm: Tc: HR: BP: R: Sat: I/O: UOP:		IVF: Diet: Meds	

RADAR:

Cysto resident area 14065, 14237,13521 14076/14715	Cysto Work area 2c 14252, 14860, 12082	Inpt. Pharmacy 15795	UCC Med Director: 286-6498	Med A
OR holding 15497 14328/14683	PACU 16265/16246	OR 9 17163	Outpt Pharmacy 19400	Med B
2 WEST 14402 / 4B 14620 14613/14614	OR front desk 15103 / OPS 16266	OR 10 14280	GU SW 14531, 203-9169	Med C
Chem Lab 14806 14329/14330	Heme lab. 14993	ER: 15930	Micro Lab 14999 UA 16017	Med F
Special proc. 15856/7 14606/14608	Workroom 14205	Surg clinic: 15900	Radiology Front Desk 15841, 19729	Med P
CT scan 16706, 16707 14121/14125	CXR: 17396, 15424	AOD 617-5162	Bed control 857-4405/857-4426	MICU
Nutritionist 4S 203-0877, 14569 IR 14141/15857/15856	PICC 316-4379, 203-9230, 14120 SCI 16834	SCI nursing station 1-5265 SW 1-7130	GU front desk# 17554,10552, 1-7094	

Urology Spot-check Hand-off Form

Observer: _____Date: _____**Time: _____**

Service: __UH, __VA, __SRMC, __Meth, __Peds, __SLB

On Call Resident: _____**Level**: __U-1, __U-2,__U-3,__U-4

	Adequate	**Inadequate**
Could name residents and faculty on-call		
Had information on all inpatients		
Had information on all consults, ER patients		
Index patient query:		
Clarity of index patient presentation		
Clarity of index patient safety concerns		
Clarity of index patient actions required		
Clarity of index patient care plan		
Understanding of rationale behind treatment		

Overall Understanding of the patients.	Poor – unable to articulate or express understanding.	Acceptable – missed a few things but not important issues	Excellent – on top of patient info, details & treatment plan.

Comments:

Urology Observation of Transition Evaluation Form

Observer: _____Date: _____**Time: _____**

Service: __UH, __VA, __SRMC, __Meth, __Peds, __SLB

Check-out Res.: _____**Recipient**: _____

	Adequate	**Inadequate**
Structure		
Clarity of patient presentation		
Clarity of safety concerns		
Clarity of actions that are required		
Clarity of residents and faculty who are on-call		
Clarity of care plan		
Recipient was able to express questions/concerns		

Length	Appropriate	Too Short	Too Long

Comments:

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.
eTOD Reporting Form – see Forms Appendix below

PGY-1 rotating residents:
Interns on the service will be governed by the ACGME Duty Hours regulations that went into effect on 07-01-2011. As such, interns will not participate in night call and must have 10hr off between duty periods. Except in unusual circumstances, week-end call is to be avoided as well.

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. Duty hours will be logged on a daily basis by the resident in the New Innovations web site. Instructions for logging hours can be obtained through the Program Coordinator's office.
Briefly, there are 5 possible categorizations of time:
1. No categorization – time spent away from patient care activities after TOD and not on call.
2. On Duty, Patient care – time spent in **scheduled** patient care activities.
3. On Duty – non-patient care – time spent at conferences, meetings, etc during TOD
4. Call (Pager): not called in – this represents time away from duty during a TOD (e.g.

lunch, running errands, working out, snoozing, etc) or home call after duty hours.
5. Call (Pager): called in – specifically for times that resident is called back after duty hours for patient care activities. Once patient care activity is completed, the time reverts to "Call: Pager (not called in)".

If residents leave the facility for non-patient care activities for any period of time during a normal TOD, the time away should be logged as "Call: Pager (not called in)" until the technical end of the TOD. This will eliminate confusion regarding the time between duty periods.

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 off period.

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

On-site patient care duty extending beyond 20:00 must be approved by the Chief Resident on service and reported to the Program Director on the extended tour-of-duty (eTOD) form (see Appendix below).

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: 210-567-5948

Dr. Bready Office: 210-567-4511

ACGME Duty Hours Hotline (Anonymous): 1-800-500-0333

eTOD Reporting Form

UTHSCSA Department of Urology

Date: ___/___/_____

Resident requiring eTOD: _____
Circumstances necessitating request for eTOD:

Category of eTOD: (circle)
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 –

Note: 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.

Chief Resident _____

Signature: _____

Resident: _____

Signature: _____

Attending, Local PD, Dept Chair: _____

Signature: _____

MOONLIGHTING

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. **UTHSCSA does not provide professional liability coverage** for any moonlighting activity.

***After careful consideration, the faculty of The Department of Urology have decided that it will not allow any form of moonlighting by Urology Residents*.**
Therefore, under **NO** circumstances will a Urology resident be given permission by the chairman, program director or other faculty to engage in external or internal moonlighting.

RESIDENT CASE LOGS

All residents are responsible for maintenance of their case logs through the ACGME web site. These logs are monitored to assess our success at providing the necessary mix of cases for resident certification. If these are not entered in a timely fashion, it may adversely affect the resident's ability to sit for the board examinations. In order to have the system work successfully, the following guidelines must be followed:

1. **Update the case logs weekly** (or more frequently if possible).
2. Contact Residency Coordinator (210-567-5644) for any problems with the system.
3. Review log numbers after each rotation. If there are cases or categories of cases that are not being entered in significant volumes please contact the program director's office to discuss a solution.
4. Please be sure to accurately record your involvement in the cases (surgeon, assistant) and the exact part of the operation for which you are taking credit. Hospitals are required to verify this information to the program and ultimately the ACGME.
5. Letters of support for Board testing can only be generated after a thorough review of the logs.

EDUCATIONAL EXPENSES, CONFERENCES AND MEETINGS

The Urology Department will provide each resident an educational stipend per academic year for educational and meeting expenses. These funds will be applied to expense requests submitted to the program coordinator starting July 1 of the academic year. Debts and balances may not carry over to the following year.

2016-2017 Stipends:
U-1 $1200.00
U-2 $1500.00
U-3 $1700.00
U-4 $2000.00

Non-meeting expenses:
These expenses include books (hard copy or electronic), devices that assist in clinical and surgical duties (e.g. Loupes, leaded glasses, etc) and other items that comply with the University rules. . The Department provides membership in the AUA for the residents. This allows access to the AUA Curriculum and the Journal of Urology. Campbell's Urology is available on-line through the University Library System. Additional texts, subscriptions, the AUA Update Series, and other educational materials can be purchased with educational funds provided by the department.
All durable equipment must be approved prior to purchase and remains the property of UTHSCSA if purchased using State (Urology Department) funds. There is currently no buy-out provision at the completion of residency. Other expenses may include USMLE Step 3.

Examples of expenses **not** fundable by the resident stipend include:
1. Expenses for job of fellowship interviews.
2. Mileage, Lodging, Food or dining expenses not associated with an approved meeting.
3. Expenses for educational activities and other certifications occurring after graduation, including travel and ABU certification test fees.
4. State licensure fees other than the physician-in-training (PIT) license. The only exception may be if the state license (permanent) is required as a result of contractual agreement for service with the department. The latter requires specific approval from the Chairman.
4. Cell phones and computers (Pads, Laptops or PCs/Mac).
5. Other expenses that are necessary to maintain candidacy in the training program or that are generally necessary to allow continued practice of medicine (e.g. USMLE part 3 expenses, ECFMG certificates or expenses, VISA expenses, etc).

Meeting Expenses:
The Department of Urology encourages resident physicians to be actively involved in clinical and basic science research projects as well as Quality Improvement projects throughout the period of residency. An important part of any research effort is presentation of the results of these works at meetings with other physicians and scientists. The policies outlined below serve to clarify the funding mechanisms that enable the resident staff to present their research efforts. The administration will do its best to support credible research that is beneficial for the career of

the resident and reputation of the faculty & department.

In general, there are three components necessary for meeting participation: scientific value, coverage for clinical responsibilities and funding. The following represents the official departmental policy regarding resident attendance at education/scientific meetings.

Scientific Value:
This is largely determined through your interaction with the faculty research mentor or the individual faculty member supporting the research effort. Acceptance of an abstract at a regional, national or international should serve to confirm this as well. In addition to the abstract and presentation, the resident must have a completed manuscript (suitable for publication) submitted to the program director prior to the meeting. This is required even if a submission to a peer-reviewed journal is not immediately planned.

Coverage for Clinical Responsibilities:
Unless the meeting in question occurs during a previous scheduled and approved period of leave, the resident must take responsibility to obtain coverage of clinical responsibilities as part of planning to attend the meeting. If additional leave time is granted for a meeting, it is still the responsibility of the resident to arrange clinical coverage.

Leave for Presentations at Meetings:
When residents have abstracts accepted for poster or podium presentations at regional or national meetings, the resident will be granted additional leave time for the presentation which will include the day of the presentation and 2 days for travel to & from the meeting. For multiple presentations on multiple days at the same meeting, each presentation day and a maximum of 2 travel days leave will be granted. Funding (see below) for the travel, lodging, registration, etc should first be sought from any grant monies available before departmental funds can be tapped. The latter must be approved by the Department Chair before making any arrangements. All activities must comply with UTHSCSA rules and regulations.

Leave for Educational Meetings:
On occasion, residents request to attend educational meetings at which they do not present or have an administrative duty. These meetings may be funded by the resident's educational stipends up to the remaining balances for the year but the time off must come from the vacation time which is governed by the "Policy on Vacation" described below. If a resident elects to attend such an educational meeting, the resident must adjust the other vacation time already requested to reflect the absence. A negative leave balance will not be allowed.

<u>Funding (read carefully):</u>
In general, funding for registration, travel, meals, lodging, etc should be sought from meeting sponsors (travel grants, etc), UH (if eligible), grant funds from the faculty sponsor, faculty discretionary funds, other designated funds or the resident educational stipend. The source of funding should be considered prior to submitting abstracts or planning meeting attendance.

<u>Supplemental Funding:</u>
Regional or National Meetings:

The Department of Urology **may** assume the responsibility for expenses that are otherwise unfunded by regional or national meeting sponsors or grantors and in excess of the yearly educational fund budget per resident only in rare & exceptional instances. The resident requesting the funding should be the presenter of a 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 above. Also as noted above, this situation will also require that the resident have a completed manuscript (suitable for publication) submitted to the program director prior to the meeting.

International Meetings:
Residents who have abstracts or presentations accepted at **international** meetings **may** be funded or partially funded on case-by-case basis. Justification for the presentation, potential alternate funding sources, and a detailed expense estimate should be submitted at the time of abstract submission.

Additional funds **may** occasionally be available to help fund presentations, registrations, travel and lodging if the education stipend for the year has been exhausted and the faculty and program director determine that the activity requiring funds is of exceptional educational or scientific value. Requests for such funding will be considered on an individual basis and must be submitted to the program director no less than 30 days prior to the event. 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). *However, despite adequacy of requests, there is no guarantee that funds over the annual educational stipend will be available.*

General Protocol for Residents Attending any Meeting:

1. Work on project with faculty mentor
2. Faculty & resident submit abstract, paper, etc, to meeting venue. Consider cost details pending acceptance.
3. Acceptance notice must be submitted to Faculty mentor and Program Director (PD) via Ms. Montez , Academic Program Coordinator (PC)
4. Alert Rotation Site Director, service Chief Resident, and all residents on the service, to the affected dates of potential absence.
5. Meet with Ms. Montez regarding:
    a. Poster, presentation acquisition costs
    b. Airfare, transportation, hotel costs
    c. Meeting registration costs
    d. Manuscript preparation to be completed prior to the meeting.
6. Meet with Administrative Chief Resident regarding coverage for the time necessary to be away at the meeting.
    a. Secure appropriate coverage agreements for clinics and OR as well as on-call trades to allow attendance.
    b. Secure approval of these arrangements from PD

    c. Note: If coverage for the clinical service cannot be arranged, the resident may not be able to attend.
7. Costs for the meeting must be assigned and approved prior to making any arrangements:
    a. First discuss with Faculty mentor to see if there are available grant funds related to the study being presented. Faculty may also have available discretionary funds to apply.
    b. Obtain funding commitment memorandum for Ms. Montez
    c. For regional and national meetings, if there are insufficient funds in the faculty grant, the faculty mentor and resident may petition for departmental funds to Ms. Diana Morrison (Dept. Administrator), who will present the request to Dr. Rodriguez. Local and minor meetings may or may not be fundable by the department. In either case, funding via this mechanism is at the discretion of the chair and may or may not be available.
    d. If funding for the meeting/presentation is not available from departmental funds, the resident may choose to use Educational Allotment funds up to its limit for the year.
    e. Unless other outside funding is found (UHS grants, meeting grants, etc), the rest of the cost will be responsibility of the resident presenting at the meeting.
8. Once funding is secured, the resident may proceed to the PC (Ms. Montez) to book flights, hotels, registrations, etc. The manuscript must be submitted to Ms. Montez prior to leaving for the meeting.
9. No retroactive funding can be considered.

Reimbursement for costs associated with meeting attendance will only be considered if the policies and rules of the department, the University and the State of Texas are followed. Please review all appropriate policy statements to assure compliance.

Meeting/Presentation Worksheet
Resident:
Date:

Project/Abstract Title:
Meeting:
Faculty Mentor:

Abstract Submitted
Date Submitted:
Date Accepted:
___ Mentor, PC and PD notified

Requisite Workflow:
___ Scientific Validity – Attested by Mentor, Acceptance letter
___ Clinical Coverage: Attach summary of call/clinic/OR coverage)
___ Funding Assessment: (attach commitment from any/all sources)
___ Meeting/Travel expenses from Grant
___ Faculty Discretionary Funds
___ Meeting Venue Assistance (AUA, SCS, etc)
___ Institutional Assistance (UH, VA, etc)
___ Educational Stipend
___ Departmental Supplementation

Funding Worksheet:
_____ Travel (Flights, ground transportation, etc)
_____ Lodging (Hotel, etc) ___days
_____ Meals, etc
_____ Presentation expenses: (Poster, etc)
_____ Other
_____ Total

Departmental Approval:

_____ _____
Program Director/Date Chairman/Date

VACATION & LEAVE

Residents receive a total of 15 working days of vacation each year. Residents on the same service 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 allocated disproportionate absences. Residents will not be granted vacation/leave more than once (up to a total of 5 working days) from any given rotation.

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: U-4 > U-3 > U-2 > U-1.

6. Vacation requests for PGY-1 will be considered by General Surgery Service.

7. Patient care must take a priority so the following guidelines are adopted:

a. A chief level call person (U-4, U-3) must always be available to cover UH and VA services.

b. A service cannot be shorted to the extent that ≥2 residents are absent at any one time.

c. It is preferable that no more than one assigned resident (PGY-1 through U-4) be absent from a service at a given time.

d. It is the responsibility of any resident requesting leave after July first of the academic year to assure that there is adequate coverage of clinical responsibilities during their absence:

- The rotation service chief resident and site director must be advised of the planned absence as far ahead of time as possible to assure that patient care is not compromised.
- Clinics for which the resident has sole responsibility should be rescheduled
- If clinics are shared, they should be cut back to reflect the absence.
- Surgical schedules must be checked and coverage arranged in the event that the attending staff or fellows cannot fill in.
- Call schedules must be adjusted to reflect the absence.

8. Every effort should be made to avoid vacations during scheduled visiting professor lectures or residency interviews.

9. Vacation time will be 15 working days per the resident contract renewed annually. There is no provision for carry-over from year to year. There is no reimbursement available for unused vacation time. Please see the contract agreement with the sponsoring institution (UH) for further details on vacation, FMLA and sick leave.
10. Any and all changes to vacation and leave schedules must be reported to the program coordinator as early as possible prior to the leave date in order to comply with UHS policies. Failure to do so may result in denial of leave. Verbal agreements for leave changes will not be honored without formal documentation on file with the program coordinator.

Leave request form in Appendix below.

Leave for Presentations at Meetings:

When residents have abstracts accepted for poster or podium presentations at regional or national meetings, the resident will be granted additional leave time for the presentation which will include the day of the presentation and 2 days for travel to & from the meeting. For multiple presentations on multiple days at the same meeting, each presentation day and a maximum of 2 travel days leave will be granted. Funding (see section on Educational Expenses) for the travel, lodging, registration, etc should first be sought from any grant monies available before departmental funds can be tapped. The latter must be approved by the Department Chair before making any arrangements. All activities must comply with UTHSCSA rules and regulations.

Leave for Educational Meetings:

On occasion, residents request to attend educational meetings at which they do not present or have an administrative duty. These meetings may be funded by the resident's educational stipends up to the remaining balances for the year but the time off must come from the vacation time which is governed by the "Policy on Vacation" described above. If a resident elects to attend such an educational meeting, the resident must adjust the other vacation time already requested to reflect the absence. A negative leave balance will not be allowed.

Out-processing and Transition time for Chief Residents:

U-4 Resident out-processing and transition of U-3 to U-4 begins on the 3rd Monday in June each year. During this time, the current U-4 residents must be available to aid in the transition of their services to the new team leadership. Once the transition process has been completed to the satisfaction of the site director, the current U-4 residents will focus on out-processing. During this time the U-4 residents may still be called upon for clinical & educational duties as needed. Graduation celebrations and award ceremonies may occur at various times in June but the final out-processing will occur on June 24 (or the closest working day if this is on a weekend). The U-4 residents will have no further clinical activities as of June 25 and may transition to their post-graduate positions. It is up to the U-4 resident to assure that all training requirements of the ABU (www.ABU.org), including the requirement for 46 weeks of training annually, are met in order to sit for part 1 of the board examinations.

POLICY - MEDICAL/FAMILY/EDUCATIONAL LEAVE

The Department of Urology adheres to the guidelines for medical and family leave described in the Housestaff Manual:
http://uthscsa.edu/gme/documents/HS%20MANUAL%202012-2013.pdf

ROTATIONS AT OTHER INSTITUTIONS

If a resident requests an outside rotation to obtain experience substantially unavailable through this training program, the following guidelines apply:

1. Request must be made in writing no less than 6 months prior to the absence and during the Academic year (July – June) prior to the expected rotation.
2. Arrangements for the rotation (acceptance of training responsibility by the outside program, transportation, housing, meals, etc) are the responsibility of the resident.
3. Outside rotations must occur during the 'Elective' rotation unless otherwise approved by the Chairman and Program Director. Coverage during a scheduled non-research rotation may be impractical and may result in denial of the request.
4. An official letter of invitation/confirmation from the residency coordinator of the outside rotation must be received by the Program Director prior to commencement of the rotation. This should include a statement of the inclusive dates of the rotation, name of the supervising physician under whom study will take place, and the goals & objectives of the rotation.
5. An evaluation of the resident's performance by the supervising physician and/or Program Director of the off-site rotation must be received within 30 days of completion of the rotation.

GENERAL HOUSESTAFF BENEFITS

The University of Texas Health Science Center Policies and Instructions for House staff can be found in the UH House staff 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://uthscsa.edu/gme/documents/HS%20MANUAL%202012-2013.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 – RESIDENT FUNDING (rev. 06-07-2015)

This section is added to bring the department into compliance with existing University policies. University policy defines the PGY levels for residents in training programs. While more senior residents may enter a training program from higher levels of pre-urology training, the residency program is only approved for funding according to the following table. Military residents are not funded by this mechanism and are subject to the rules & regulations of the branch of service from which they originate.

Resident salaries for the 2015-2016 academic year are as follows:

- PGY-1 PGY-I - $50,017.50
- U-1 PGY-II - $51,395.48
- U-2 PGY-III - $53,048.87
- U-3 PGY-IV - $54,909.02
- U-4 PGY-V - $56,792.14

GME policy defines the U-1 year as PGY-2 year responsibilities and so forth for each subsequent year. These funding levels are based upon levels of responsibility in the program, not years of experience. Residents not participating in clinical training for a period of time (Research Associates, etc) may have different pay schedules and are referred to the departmental administration for further information.
Despite additional years of pre-Urology training, the salaries for the Urology residents will follow the above scheme.

POLICY – ADDITIONAL UROLOGY RESIDENT BENEFITS

The Department will pay annual licensure fees for the Resident in-training permit through the TSBME.
Resident membership in the American Urological Association is strongly encouraged. ALL Qualified residents are encouraged to submit applications. The Department of Urology will pay candidate membership dues.

OVERSIGHT

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
Program Policies & Procedures Responsibilities of the Residency Program Director Effective: December 2001 Revised: January 2005, May 2008 Responsibility: Associate Dean for Graduate Medical Education

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:
• Maintain current knowledge of and compliance with UTHSCSA GME Policies (http://www.uthscsa.edu/gme/)
• 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.
Participation in the Institutional governance of GME programs
• 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 (This is handled by UTHSCSA GME Office)

Educational Aspects of the Program

The Program Director will:

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. The Curriculum in Urology as developed by the American Urologic Association has been adopted for use in this program.

Provide instruction and experience with quality assurance/performance 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
The Program Director will:
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.

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 condemning 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 investigative 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
Academic Program Coordinator – Crystal M. Montez
Email: montezcm@uthscsa.edu
Program Director - Joseph W. Basler, MD, PhD
Email: basler@uthscsa.edu
Location : Room 273A
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

St. Luke's Baptist Medical Center
7930 Floyd Curl Dr
San Antonio, TX 78229
Phone: (210) 297-1261
http://www.baptisthealthsystem.com/baptist-locations/st-luke's-baptist-hospital

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

Name	Phone
Dr. Michael Coburn, MD	312-755-5013
Mary Turner	312-755-5013

Handbook Receipt Certification

I hereby certify that I have received a copy of the **2016-2017** 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

Appendix – Forms

DEPARTMENT OF UROLOGY
RESIDENT RESEARCH PROGRESS FORM

Resident Name: Date:_____
PGY-1 Start Date: _____ U-4 completion date: _____
Basic Science Research Mentor:_____
Clinical Research Mentor:_____
Research Title and Brief Description:

U-1 Year: Research Idea Completed (IRB, Funding, Lab, etc.)
Mentor Signature: _____ Date:_____
Resident Signature: _____ Date:_____

U-2 Year: Research Initiated
Mentor Signature: _____ Date:_____
Resident Signature: _____ Date:_____

U-3 Year: Research Project Update: In Progress Completed Meeting Abstract Publication
Mentor Signature: _____ Date:_____
Resident Signature: _____ Date:_____

U-4 Year: Research Project Update: Completed Meeting Abstract Publication
Mentor Signature: _____ Date:_____
Resident Signature: _____ Date:_____

DEPARTMENT OF UROLOGY
RESIDENT QUALITY IMPROVEMENT PROGRESS FORM

Resident Name: Date:_____
PGY-1 Start Date: _____ U-4 completion date: _____
Quality Improvement Mentor:_____
QI Project Title and Brief Description:

U-1 Year: QI Idea Completed
Mentor Signature: _____ Date:_____
Resident Signature: _____ Date:_____

U-2 Year: Project Initiated
Mentor Signature: _____ Date:_____
Resident Signature: _____ Date:_____

U-3 Year: Project Update: In Progress, Completed, Meeting, Abstract, Publication.
Mentor Signature: _____ Date:_____
Resident Signature: _____ Date:_____

U-4 Year: Project Update: Completed, Meeting, Abstract, Publication,
Mentor Signature: _____ Date:_____
Resident Signature: _____ Date:_____

UTHSCSA Department of Urology
Minor Procedure Verification Log

Residents are required to perform five (5) procedures in the presence of faculty or senior resident before being certified to perform these procedures without direct supervision (progression to independent practice).

Procedure:
- ☐ Cystoscopy
- ☐ Transrectal Ultrasound with Biopsy
- ☐ Circumcision
- ☐ Vasectomy
- ☐ Genital Biopsy
- ☐ Suprapubic Tube Placement
- ☐ Other:

Competency with these procedures is based upon observation of adequate performance with respect to the following:
Patient selection, appropriate indication, pre-procedure evaluation, informed consent process, compliance with patient safety standards (Time-Out, etc), Positioning, Preparation, local anesthesia administration, Performance of the procedure, post procedure communication, treatment planning, continuity of care (follow-up) planning, documentation and coding.

I certify that Dr. _____ has demonstrated competence in all above areas for the procedure indicated.

_____, MD Date: ____/____/_____

_____, MD Date: ____/____/_____

_____, MD Date: ____/____/_____

_____, MD Date: ____/____/_____

_____, MD Date: ____/____/_____

Based upon the above documentation by the teaching faculty at UTHSCSA Department of Urology, I certify that the resident named above is capable of performing the indicated procedure without direct supervision (independent practice).

Joseph W. Basler, PhD, MD _____ Date: ___/___/_____
Program Director

Minor Procedure Verification Worksheet

Resident: _____MD Staff: _____

Date: ___/___/_____ Patient ID:

Procedure:
- ☐ Cystoscopy
- ☐ Transrectal Ultrasound with Biopsy
- ☐ Circumcision
- ☐ Vasectomy
- ☐ Genital Biopsy
- ☐ Suprapubic Tube Placement
- ☐ Other:

Evaluation Criteria:

☐ Patient selection,
☐ Appropriate indication,
☐ Pre-procedure patient evaluation,
☐ Informed consent process,
☐ Compliance with patient safety standards (Time-Out, etc),
☐ Positioning,
☐ Preparation,
☐ Administration of Local anesthesia,
☐ Performance of the procedure,
☐ Post procedure communication,
☐ Treatment planning,
☐ Continuity of care (follow-up) planning,
☐ Documentation
☐ Coding.

Attach a copy of the note from the patient's record (de-identified)

Staff Comments and Recommendations:

I have observed and evaluated the resident who performed this procedure.

Staff Signature: _____

eTOD Reporting Form

UTHSCSA Department of Urology

Date: ___/___/_____

Resident requiring eTOD: _____
Circumstances necessitating request for eTOD:

Category of eTOD: (circle)
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 –

Note: 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.

Chief Resident _____

Signature: _____

Resident: _____

Signature: _____

Attending, Local PD, Dept Chair: _____

Signature: _____

Resident Portfolio Evaluation Checklist

Resident_____ Date_____

Please have your portfolio organized with all documentation in place. **All items in bold print are required!**

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 exhibits
Advancing: substantial demonstration of required exhibits
Competent: satisfactory demonstration of required exhibits
Above Competence: outstanding demonstration of required exhibits

Though not a surrogate for the Milestones, you can see that these evaluations dovetail into the Milestones process and may be considered in the overall Milestones evaluation.

Patient Care

____Invasive procedure/case log, up-to-date/ACGME Minimum Numbers
____Rotational 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 handbook)
____Blood-borne Pathogens Safety Training Course (UTHSCSA, VA)
____Radiation & Laser Safety Training Course (UTHSCSA, VA)

Medical Knowledge

____In-service examination scores
____Extracurricular Urology conferences, Urology courses, Progression through the AUA Curriculum and Urology self-assessment (SASP) modules.
____Participation in the formal Curriculum including: Presentations (include a copy of all presentations), case discussions (include a brief discussion summary with references and outcomes) and analysis of scientific journal articles with written critique (include copy of articles)
____Research project, including manuscript, exhibit and presentation.

Practice-based Learning & Improvement

____Urology self-assessment modules (e.g. SASP)
____Quality Improvement project, including manuscript, exhibit and presentation.
____Documentation of participation in hospital QI/QA and regulatory activities____Case presentations at conferences: preparation and presentation (include .ppt or other files)
____Participation in interdepartmental Internal Review, with short personal analysis of process. See Program Coordinator for upcoming Internal Reviews.

Interpersonal Communication Skills

____Institutional Core Competencies Sessions (Informed Consent, Conflict Resolution, Crafting Apologies, Delivering Difficult News, etc) with documentation of attendance.
____Multidisciplinary oncology 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.
____Residents as Teachers Course and related activities (UTHSCSA)

Professionalism

____Conference attendance record
____Online modules: "Patient Confidentiality", "Ethics" Include documentation of completion.
____Institutional Core Competencies (Impaired Physicians, HIPPA instruction). Include documentation of attendance.
____U.T. Risk Management Course
____Medicare Compliance Ethics Instruction (CDT certificate)
____Membership & Activity in professional societies

System-based Practice

____Multidisciplinary conference; preparation and moderation (show dates and patient lists)
____Quality Improvement Project - Resident analysis of systems-based problem; with data, solution and implementation, if applicable.
____Billing and Documentation Instruction (CDT certificate)
____ Departmental Planning Retreat (Usually Chief Residents)
____Hospital / school / department committee service
____Participation in interdepartmental Internal Review, with short personal analysis of process. See Program Coordinator 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 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.

==========

Resident Education Portfolio –
Individual Learning Plan by Resident

This form will be placed in your portfolio as your self directed Individual Learning Plan (ILP). You will complete this annually and make adjustments as you attain each goal.

Name:
PGY Level:
Date:

Goals for current PGY year:
1.
2.
3.

Objectives to reach PGY year goals:
1.
2.
3.

Goals for Urology Residency:
1.
2.
3.

Objectives to reach Urology Residency goals:
1.
2.
3.

In-Service Exam Problem Areas:

Plan of Action to resolve ISE problem areas:

What do you consider to be your strengths?

What do you consider to be your weakness?

What are the threats to your education & career?

What Opportunities lie ahead that should be pursued?

Urology Spot-check Hand-off Form

Observer: _____Date: _____**Time:** _____

Service: __UH, __VA, __SRMC, __Meth, __Peds, __SLB

On Call Resident: _____**Level**: __U-1, __U-2,__U-3,__U-4

	Adequate	**Inadequate**
Could name residents and faculty on-call		
Had information on all inpatients		
Had information on all consults, ER patients		
Index patient query:		
Clarity of index patient presentation		
Clarity of index patient safety concerns		
Clarity of index patient actions required		
Clarity of index patient care plan		
Understanding of rationale behind treatment		

Overall Understanding of the patients.	Poor – unable to articulate or express understanding.	Acceptable – missed a few things but not important issues	Excellent – on top of patient info, details & treatment plan.

Comments:

Urology Observation of Transition Evaluation Form

Observer: _____Date: _____**Time: _____**

Service: __UH, __VA, __SRMC, __Meth, __Peds, __SLB

Check-out Res.: _____**Recipient**: _____

	Adequate	**Inadequate**
Structure		
Clarity of patient presentation		
Clarity of safety concerns		
Clarity of actions that are required		
Clarity of residents and faculty who are on-call		
Clarity of care plan		
Recipient was able to express questions/concerns		

Length	Appropriate	Too Short	Too Long

Comments:

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_____

Name (please print)

_____

Signature

_____

Date

House Staff Physician's Leave Form

FUNDING: ☐ UHS ☐ VAH ☐ UTHSC ☐ Military ☐ Santa Rosa

NAME: _____
(Last/First/Middle)

DEPARTMENT/DIVISION: Urology

MONTH/YEAR: _____ **ASSIGNED LOCATION**: _____

DAY																															
DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
CODE																															

CODES: V=Vacation S=Sick M=Meeting L=Leave of Absence NC=No Call/No Late Stay RC= Request Call AR=Authorized Rotation O=Other

☐ **MEETING/CONFERENCE/SEMINAR (type and location):**

_____

_____

_____

☐ **AUTHORIZED ROTATION (name and address of facility):**

_____

_____

☐ **OTHER (specify – licensure exam, board exam, jury duty, military reserves and location):**

_____

_____

☐ **LEAVE OF ABSENCE (temporary disability, maternity, personal – accompanied by memo of explanation by Program Director)**

_____

_____ _____

House Staff Physician's Signature and Date Program Director's Signature and Date

_____

University Hospital System Official and Date

DISTRIBUTION: UHS Physician Affairs Office,
UT House Staff Coordinator,
UH or VA Secretary
House Staff Member