

PGY-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 PGY-4 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:

1. Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.
2. Improve evaluation, management and clinic procedure skills and efficiency
3. Develop independent administrative skills including management of all aspects of the resident team for the assigned hospital
4. Develop an appreciation of the complexity of the specific health care system for the rotation
5. Develop a conceptualization of how the urologic care fits into the overall context of the patient's health
6. Develop an attitude of patient advocacy
7. Further build on skills that prevent and manage post-operative complications
8. Further build on teaching skills to assist the more junior residents and students on the service.
9. Supervise (with faculty input) the junior residents in minor procedures

Objectives:

1. Demonstrate functionality in the specifics of scheduling cases, presenting at preoperative conferences, and presentations at M&M conferences
2. Create compliant call and coverage schedules for the service
3. Demonstrate *professionalism* through team management to assure timely attendance at conferences, clinics and OR assignments
4. Demonstrate *leadership* by monitoring the junior residents with respect to their educational, clinical and personal development
5. Demonstrate *leadership* by monitoring the team for signs of fatigue
6. Demonstrate understanding of *systems-based practice* by adjusting team activities to conform to healthcare system policies
7. 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
8. 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, and spot review of clinic notes.

Emergent, Consultation & Inpatient Care Goals:

1. Build on the knowledge base from the U-2 year.
2. Further develop confidence and leadership skills with the hospital team.
3. Further build on skills that prevent and manage post-operative complications
4. Further build on teaching skills to assist the more junior residents and students on the service.
5. Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

Objectives:

1. Demonstrate confidence and successful administration of the hospital team.
2. 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
3. Demonstrate leadership and teaching skills by allowing the more junior residents to begin to function independently while carefully guiding them to ensure patient safety
4. 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:

1. Improve skill level to allow completion of more complex cases in open, laparoscopic, robotic and endoscopic surgery.
2. Develop a further understanding of the safe use of all instrumentation in laparoscopic surgery

Objectives:

1. Demonstrate Surgical Skills including:
 - a. Understanding of anatomy
 - b. Knowledge of indications for surgical intervention
 - c. Benefits and risks of procedures
 - d. Alternative treatments available including non-surgical alternatives

- e. Facile use of laparoscopic, robotic, open and endoscopic instrumentation
- f. Accuracy, safety and efficiency in operative performance
- g. Preparation, patience and technique to minimize complications for the following (in addition to skills listed under PGY1 – PGY-3):
 1. Adrenalectomy (open/laparoscopic)
 2. Radical nephrectomy (complicated)
 3. Radical nephrectomy with tumor thrombus
 4. Laparoscopy/hand-assisted nephrectomy
 5. Partial nephrectomy (open, robotic)
 6. Pediatric partial nephrectomy
 7. Revision pyeloplasty
 8. PCNL with multiple access/concomitant ureteroscopy
 9. Segmental ureterectomy
 10. Ureteral reimplantation for primary reimplant failures, ureteral disruption
 11. Distal ureterectomy
 12. Bladder augmentation, Mitrofanoff, MACE
 13. Repair of vesico-enteric fistula
 14. Cystoprostatectomy and conduit/continent diversion
 15. Female cystectomy/anterior exenteration with conduit
 16. Cystectomy and continent diversion/bladder substitution
 17. Radical prostatectomy (open, robotic)
 18. Salvage prostatectomy
 19. Urethrolisis/revision female pelvic reconstruction
 20. Replace/revise artificial urinary sphincter
 21. Graft urethroplasty
 22. Inguinal/pelvic/retroperitoneal lymph node dissection
 23. Correction of Peyronie’s with plaque excision and grafting
 24. Total penectomy with urethrostomy
 25. Penile implant surgery
 26. Artificial urinary sphincter surgery

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.

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:

1. Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.
2. Improve evaluation, management and clinic procedure skills and efficiency
3. Develop independent administrative skills including management of all aspects of the resident team for the assigned hospital
4. Develop an appreciation of the complexity of the specific health care system for the rotation
5. Develop an appreciation of the complexity of the specific health care system for the rotation – especially Care-link intricacies.
6. Develop a conceptualization of how the urologic care fits into the overall context of the patient's health
7. Develop an attitude of patient advocacy
8. Further build on skills that prevent and manage post-operative complications
9. Further build on teaching skills to assist the more junior residents and students on the service.
10. Supervise (with faculty input) the junior residents in minor procedures

Objectives:

1. Demonstrate functionality in the specifics of scheduling cases, presenting at preoperative conferences, and presentations at M&M conferences
2. Create compliant call and coverage schedules for the service
3. Demonstrate *professionalism* through team management to assure timely attendance at conferences, clinics and OR assignments
4. Demonstrate *leadership* by monitoring the junior residents with respect to their educational, clinical and personal development
5. Demonstrate *leadership* by monitoring the team for signs of fatigue
6. Demonstrate understanding of *systems-based practice* by adjusting team activities to conform to healthcare system policies
7. 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
8. 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:

1. Build on the knowledge base from the PGY-3 year.
2. Further develop confidence and leadership skills with the hospital team.
3. Further build on skills that prevent and manage post-operative complications

4. Further build on teaching skills to assist the more junior residents and students on the service.
5. Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

Objectives:

1. Demonstrate confidence and successful administration of the hospital team.
2. 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
3. Demonstrate leadership and teaching skills by allowing the more junior residents to begin to function independently while carefully guiding them to ensure patient safety
4. 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:

1. Improve skill level to allow completion of more complex cases in open, laparoscopic and endoscopic surgery.
2. Develop a further understanding of the safe use of all instrumentation in laparoscopic surgery

Objectives:

1. Demonstrate Surgical Skills including:
 - a. Understanding of anatomy
 - b. Knowledge of indications for surgical intervention
 - c. Benefits and risks of procedures
 - d. Alternative treatments available including non-surgical alternatives
 - e. Facile use of laparoscopic, open and endoscopic instrumentation
 - f. Accuracy, safety and efficiency in operative performance
 - g. Preparation, patience and technique to minimize complications for the following (in addition to skills listed under PGY1 – U-2):
 1. Adrenalectomy (open/laparoscopic)
 2. Radical nephrectomy (complicated)
 3. Radical nephrectomy with tumor thrombus
 4. Laparoscopy/hand-assisted nephrectomy
 5. Partial nephrectomy (open, robotic)
 6. PCNL with multiple access/concomitant ureteroscopy
 7. Segmental ureterectomy
 8. Ureteral reimplantation for reimplant failures, ureteral

- disruption, Distal ureterectomy
9. Repair of vesico-enteric fistula
 10. Cystoprostatectomy and conduit/continent diversion
 11. Female cystectomy/anterior exenteration with conduit
 12. Pelvic exenteration
 13. Cystectomy and continent diversion/bladder substitution
 14. Radical prostatectomy (open, robotic)
 15. Salvage prostatectomy
 16. Urethrolisis/revision female pelvic reconstruction
 17. Replace/revise artificial urinary sphincter
 18. Graft urethroplasty
 19. Inguinal/pelvic/retroperitoneal lymph node dissection
 20. Correction of Peyronie's with plaque excision and grafting
 21. 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.

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. Residents rotate at UHS and participate in outpatient clinics under the tutelage of the UT Faculty Dr. Goetz and Baumgartner.

Urology Clinical Competency Specific goals:

1. Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.
2. Improve evaluation, management and clinic procedure skills and efficiency
3. Develop independent administrative skills including management of all aspects of the resident team for the assigned hospital
4. Develop an appreciation of the complexity of the specific health care system for the rotation
5. Develop a conceptualization of how the urologic care fits into the overall context of the patient's health
6. Develop an attitude of patient advocacy
7. Further build on skills that prevent and manage post-operative complications
8. Further build on teaching skills to assist the more junior residents and students on the service.
9. Function as Chief Resident for the service.
10. Supervise (with faculty input) the junior residents in minor procedures

Objectives:

1. Demonstrate functionality in the specifics of scheduling cases, presenting at preoperative conferences, and presentations at M&M conferences
2. Prepare all aspects of interesting pediatric cases for presentation at Pediatric case and preop conferences
3. Assume primary responsibility for posting of cases along with details of duration, special equipment needs, blood products, etc.
4. Create compliant call and coverage schedules for the service
5. Demonstrate *professionalism* through team management to assure timely attendance at conferences, clinics and OR assignments
6. Demonstrate *leadership* by monitoring the junior residents with respect to their educational, clinical and personal development
7. Demonstrate *leadership* by monitoring the team for signs of fatigue
8. Demonstrate understanding of *systems-based practice* by adjusting team activities to conform to healthcare system policies
9. 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
10. 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
11. Be able to clearly discuss the evaluation and management of:
 - a. Disorders of Sexual Development
 - b. All forms of hypospadias
 - c. Epispadias / exstrophy
 - d. Undescended testis
 - e. 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:

1. Build on the pediatric knowledge base from the PGY-2 year.
2. Further develop confidence and leadership skills with the hospital team.
3. Further build on skills that prevent and manage post-operative complications
4. Further build on teaching skills to assist the more junior residents and students on the service.
5. Improve communication skills to accurately communicate with patients, their families and other health care professionals regarding patient care issues and treatment plans.

Objectives:

1. Demonstrate confidence and successful administration of the hospital team.
2. 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
3. Demonstrate leadership and teaching skills by allowing the more junior residents to begin to function independently while carefully guiding them to ensure patient safety
4. 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:

1. Improve skill level to allow completion of more complex cases in open, laparoscopic, robotic and endoscopic surgery.
2. Develop a further understanding of the safe use of all instrumentation in laparoscopic and robotic surgery
3. Develop skills to handle more complex pediatric surgical cases.

Objectives:

1. Demonstrate Surgical Skills including:
 - a. Understanding of anatomy
 - b. Knowledge of indications for surgical intervention
 - c. Benefits and risks of procedures
 - d. Alternative treatments available including non-surgical alternatives
 - e. Facile use of laparoscopic, open and endoscopic instrumentation
 - f. Accuracy, safety and efficiency in operative performance
 - g. Preparation, patience and surgical technique to minimize complications for the following (in addition to skills listed under U-1):
 1. Pediatric partial and total nephrectomy
 2. Adrenal mass resection
 3. Pyeloplasty including revision pyeloplasty
 4. PCNL with multiple access/concomitant ureteroscopy
 5. Ureteral reimplantation including reoperation for reimplant failures, ureteral disruption, etc.
 6. Ureterocele repair
 7. Bladder augmentation, Mitrofanoff, MACE
 8. Complex hypospadias repair, reoperation
 9. Exstrophy repair
 10. Laparoscopic and robotic surgery

- h. 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.

Super Chief

The 3-month rotation is primarily designed to cover the leave & vacation of the upper level residents so that the educational value of cases are not lost during resident absences. It also allows flexible time to further develop clinical skills, learn administrative skills and participate in clinical/basic science research or QI projects. Examples of this include rotations outside the institution, interventional radiology and others. The residents often pursue other surgical interests as part of the VA team during this time. The focused learning should also include Quality Improvement projects that can be implemented at several sites.

During the times when the super chief is not actively covering a PGY-4 or PGY-5 service, this resident will have one clinic day assignment per week that will usually be at the VAH clinics. Additionally, the resident may be called upon to assist with other cases as needed. Involvement in a research or QI project is expected. If no project requires attention, the resident should seek out opportunities to participate in educational activities such as OR time, specialty clinics, teaching medical students, developing suturing skills, reading, etc. This is not additional leave time. Call should be assigned for this resident only from the services being covered and only during the time of coverage.

Goals and Objectives vary and are to be 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 described and associated with these rotations even 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.