

GOALS AND OBJECTIVES BY ROTATION PGY-3

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-2 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.

General Urology Men's Health Focus (Urol-3)

Methodist Hospital and Methodist Specialty & Transplant Hospital.

Methodist is a large private hospital with a representative population of patients. The USA private group provides Urologic care at this institution. MSH 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
- Develop a full understanding of Men's Health issues and treatments through Dr. Jones' Clinic

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
- Evaluate the patient with erectile dysfunction, LUTS and infertility
 - Understand the issues around testosterone deficiency
 - Be able to demonstrate skill in management of male health issues

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 PGY-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 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
- Develop skills in prosthetic 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 – PGY-2):
 - Simple prostatectomy
 - Radical nephrectomy
 - PCNL

- Transurethral resection of large bladder tumor
- TURP
- Laser prostatectomy procedures
- **Implantation skills for penile prosthesis and artificial sphincter**
- 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
- Enterocèle 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.

Introduction to Urologic Oncology (Onc-1)

Santa Rosa Medical Center

Santa Rosa Medical Center facility is a major center for GU Oncology and Female Urology for the UT staff physicians. 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.
- 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
- Cystolitholapaxy
- 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
- Spermatocoeleectomy
- 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.

Advanced Endourology (Endo-2):

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):
 - Enucleation 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.

Substitute and Quality Improvement Rotation (SubOI-1):

Goals:

The 3-month rotation allows flexible time to develop clinical skills in a specialty area and clinical or basic science research or QI projects as time permits. Examples of this include rotations outside the institution, interventional radiology and others. In order to provide the most clinical and surgical experience, the SubQI-1 resident (super-sub) is responsible for covering the services of any PGY-2 or PGY-3 on leave. Cases and clinics that would otherwise have to be cancelled are covered by the sub, who gains further experience.

During the times when the super sub is not actively covering a PGY-2 or PGY-3 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 & 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.