



OVERVIEW OF RESIDENCY

The UTHSCSA Urology program has grown from two residents at each level in 1998 to 4 residents by June 2008. 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. In the 2019-2020 academic year, the program eliminated the first year of General Surgery and became a 5-year (60 month) program as directed by the ACGME RC on Urology. The description below reflects the completed transition to the 1 + 4 schedule with 4 residents at each level. As the 60-month schedule continues to develop, there will be periodic updates.

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 (PGY-2) year these skills are further built upon and 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 (PGY-3) year introduces the resident to more complex open and laparoscopic surgeries as confidence is built in the basic endoscopic skills. A good part of the U-2 rotation involves development of skills in more advanced endoscopic surgical skills. During the U-3 (PGY-4) 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 (PGY-5) year. The goal of our training program is that by the conclusion of the chief residency, the residents will be capable of doing any general urologic procedure and running their own practice.

By Year

PGY1 – This year will include six months of General Surgery under the oversight of the General Surgery Department. A variety of surgical rotations are used to expose the trainee to the evaluation and management of patients with surgical diseases. Specific goals and objectives of these rotations are available for review in the General Surgery program, but overall objectives are to learn the outpatient evaluation of patients with surgical diseases, inpatient management principles, fluid and electrolyte management, antibiotic use, as well as basic procedural techniques such as line placement, hernia repair, laparoscopic port placement, etc. Acceptable rotations include general surgery,

vascular, pediatric surgery, trauma surgery, oncology, and SICU. The other 6 months are divided among Urology (3 months – UHS service), Anesthesia (1 month), Nephrology (1 month) and Radiology – Interventional (1 month).

U-1 (PGY-2) – This year, the U-1 residents rotate on three main services: University Hospital (UH), Pediatric (UH), and Veterans Administration (VA) Hospital. During the two 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. This mentorship rotation allows the resident to gain competence in all aspects of surgical and medical management of stone disease.

A focused Neurourology and Voiding Dysfunction experience under the mentorship 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 and 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 six 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 third 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 (Dr. Jessica Goetz, DO) and part-time clinical faculty (Dr. Tim Baumgartner, MD) in performing a wide range of surgical procedures at UHS and RBG. Continuity clinics are based at the MARC and RBG Urology clinics. Outpatient pediatric urodynamics instruction is available at the MARC location.

Finally, three 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, etc.), Santa Rosa Medical Center, VA, and Methodist. **During the Super-Sub (SS) rotation, the resident has options to participate in several focused areas of instruction.** During an *Infertility-Andrology* rotation with Drs. John Case, MD & Leroy Jones, 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 clinical responsibilities (resident clinic VA Hospital). 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 residents have 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 and 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, three 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, three 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. This experience begins to groom the resident for the chief resident year. 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 fourth rotation, Super Chief, allows the residents to again take advantage of on and off-site elective rotations and research activities with clinical responsibilities integrated into the time. The clinical responsibilities include coverage of the upper level vacations and leave and a weekly VA Oncology clinic.

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 Chief rotation based at UH focuses on developing skills in management, education and systems-based practice. They are provided with extensive administrative support for their activities and work side-by-side with the institutional site directors – Dr. Tim Tseng at UH, Dr. Joseph Basler at the VA, and Dr. Robert Svatek at SRMC. As Administrative chief, the U-4's cover excess upper level cases at the core institutions but **may** also cover leave time of the upper level residents. The latter experience ensures that no index cases will be lost to the resident staff. However, a big part of their experience is management of the educational curriculum including medical student education. The administrative chiefs each have responsibility for certain administrative and educational activities including: 1. Membership on the Program Evaluation Committee (PEC), 2. Developing the curriculum for the U-1 orientation at the beginning of the academic year, and 3. 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

surgery 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 2019 – 2020 (General Outline)

PGY	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
5	VA	VA	VA	AC	AC	AC	SRMC	SRMC	SRMC	UH	UH	UH
5	UH	UH	UH	VA	VA	VA	AC	AC	AC	SRMC	SRMC	SRMC
5	SRMC	SRMC	SRMC	UH	UH	UH	VA	VA	VA	AC	AC	AC
5	AC	AC	AC	SRMC	SRMC	SRMC	UH	UH	UH	VA	VA	VA
4	SC	SC	SC	Ped	Ped	Ped	M	M	M	UH	UH	UH
4	UH	UH	UH	SC	SC	SC	Ped	Ped	Ped	M	M	M
4	M	M	M	UH	UH	UH	SC	SC	SC	Ped	Ped	Ped
4	Ped	Ped	Ped	M	M	M	UH	UH	UH	SC	SC	SC
3	M	M	M	SRMC	SRMC	SRMC	SS	SS	SS	VA	VA	VA
3	VA	VA	VA	M	M	M	SRMC	SRMC	SRMC	SS	SS	SS
3	SS	SS	SS	VA	VA	VA	M	M	M	SRMC	SRMC	SRMC
3	SRMC	SRMC	SRMC	SS	SS	SS	VA	VA	VA	M	M	M
2	UH-V	UH-V	UH-V	Ped	Ped	Ped	UH-En	UH-En	UH-En	VA	VA	VA
2	VA	VA	VA	UH-V	UH-V	UH-V	Ped	Ped	Ped	UH-En	UH-En	UH-En
2	UH-En	UH-En	UH-En	VA	VA	VA	UH-V	UH-V	UH-V	Ped	Ped	Ped
2	Ped	Ped	Ped	UH-En	UH-En	UH-En	VA	VA	VA	UH-V	UH-V	UH-V
1	Uro-UH	GS	GS	Neph	Uro-UH	GS	GS	Anesth	Uro-UH	GS	GS	Radiol/IR
1	Neph	Uro-UH	GS	GS	Anesth	Uro-UH	GS	GS	Radiol/IR	Uro-UH	GS	GS
1	GS	Neph	Uro-UH	GS	GS	Anesth	Uro-UH	GS	GS	Radiol/IR	Uro-UH	GS
1	GS	GS	Neph	Uro-UH	GS	GS	Anesth	Uro-UH	GS	GS	Radiol/IR	Uro-UH

KEY

- VA - Audie Murphy Veterans Hospital
- UH - University Hospital
- UH-En – Endourology
- UH-V– Voiding Dysfunction/Neurourology
- Uro-UH – PGY-1 Urology at UH
- GS – General Surgery Rotations
- Anesth – Anesthesiology
- Neph – Nephrology
- Radiol/IR – Interventional Radiology
- SRMC - Santa Rosa Hospital - Adult
- Ped - Pediatrics
- M - Methodist Hospital
- SC – Super Chief
- SS - Super Sub
- AC - Administrative Chief

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