

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 six 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 residents in the Department of Urology. All residents will be responsible for the year-specific job description described hereafter. **Residents must pass part 3 of the USMLE prior to starting the PGY-2 year.**

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, Mrs. Kimberly Cortez.
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 daily except for 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 displayed in the O.R. prior to the start of the case.
- d. Be familiar with the tools and instrumentation to be used in the case **prior to** starting the case. If unfamiliar, the resident should seek to learn functionality of

the tools and instrumentation from the attending or appropriate OR personnel before the case.

- e. 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.
- f. Prepare the immediate Brief Operative Note per hospital policies and write or dictate thorough operative reports in a timely fashion (usually within 24 hours).
- g. Write post-operative observation/admission orders or outpatient orders including prescriptions.
- h. Complete a post-operative check note in the chart to indicate successful recovery from the procedure. This applies to both inpatient and outpatient cases.
- i. 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 ((**Need correct link here**)) to log-in. If you do not have an ID and password, contact the Program Coordinator, Kimberly Cortez (email: <mailto:cortezk1@uthscsa.edu> ;office 567-5644). You can download a copy of the instruction manual for the Resident Case Log System at: [Case Log User Guide](#)

A list of CPT codes to help expedite entries can be downloaded from:

[Tracked CPT codes](#)

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, Stress & Burnout.** 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. The Wellness Curriculum aims to develop awareness of the causes of stress

and burnout during the course of the residency. Residents are expected to actively participate in the Wellness curriculum activities.

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 24 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 has links to articles, 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 through the UTHSCSA Library, 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, European Urology) 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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