



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 (extended Tour of Duty)

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, Site Director, PD, or 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.

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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.
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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:

Table 3. GU VA 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: HR: 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:		
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RADAR:

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

Important contacts:

Cysto resident area 14065, 14237,13521
 OR holding 15497
 2 WEST 14402 / 4B 14620
 Chem Lab 14806
 Special proc. 15856/7
 CT scan 16706, 16707
 Nutritionist 4S 203-0877, 14569
 IR 14141/15857/15856

Cysto Work area 2c 14252, 14860, 12082
 PACU 16265/16246
 OR front desk 15103 / OPS 16266
 Heme lab. 14993
 Workroom 14205
 CXR: 17396, 15424
 PICC 316-4379, 203-9230, 14120
 SCI 16834

Inpt. Pharmacy 15795
 OR 9 17163
 OR 10 14280
 ER: 15930
 Surg clinic: 15900
 AOD 617-5162
 SCI nursing station 1-5265
 SW 17130

UCC Med Director: 286-6498
 Outpt Pharmacy 19400
 (GU SW) 14531, 203-9169
 Micro Lab 14999 UA 16017
 Radiology Front Desk 15841, 19729
 Bed control 857-4405/857-4426
 GU front desk# 17554,10552 1-7094

Med A 14076/14715
 Med B 14328/14683
 Med C 14613/14614
 Med F 14329/14330
 Med P 14606/14608
 MICU 14121/14125

CHECK-OUT

TIME _____
 CHECKOUT RESIDENT _____
 ON-CALL RESIDENT _____
 ON-CALL CHIEF RESIDENT _____
 ON-CALL ATTENDING STAFF _____

CHECK-IN

TIME _____
 ON-CALL RESIDENT _____
 TEAM RESIDENT _____

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Handbook Receipt Certification

I hereby certify that I have received a copy of the **2019-2020** 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

